

Change	Description of Change
General Changes (for clarification, practicality, consistency, and Federal/State compliance)	
Verbiage/Exception added for Clarification and Compliance with Federal Law (No Surprises Act (“NSA”))	<p>Chapter 1: Important Information; Questions We Ask When You Receive Care; From What Provider Category Did You Receive Care?</p> <p>Exception: For certain out-of-network services that may be subject to the No Surprises Act of 2021, your cost-share may be different based on the requirements of the law.</p> <p>Chapter 2: Payment Information; Eligible Charge</p> <p>Exception: For services included in the No Surprises Act of 2021 rendered by an out-of-network provider, you will not have to pay the difference between the actual charge and the maximum allowable fee, but your cost-share may be different based on the requirements of the law.</p>
Expanded/Separated benefit for clarification and consistency	<p>Chapter 3: Summary of Benefits and Your Payment Obligations; Prescription Drugs and Supplies; Chemotherapy – Oral Drugs</p> <p>Oral Chemotherapy — Non-Specialty Drugs Oral Chemotherapy — Specialty Drugs</p>
Verbiage revised throughout section to be consistent with Prepaid Health Care Act requirements	<p>Chapter 4: Description of Benefits; Prescription Drugs and Supplies</p> <p>Please refer to the above-referenced section of your DOC for specific revisions.</p>
Verbiage revised for clarification and consistency	<p>Chapter 9: Coordination of Benefits and Third Party Liability; What Coordination of Benefits Means</p> <p>If you are covered under this plan and another group medical plan or Medicare, the benefits of this plan and those of the other plan will be coordinated and adjusted so that you do not receive more than 100% of the eligible expenses incurred. In order to coordinate benefits, it is important to understand which plan is primary (pays first) and which plan is secondary (pays second) for each family member. This will assist the provider of service in the proper filing of claims.</p>
Verbiage deleted for compliance with federal law (Mental Health Parity and Addiction Equity Act (“MHPAEA”))	<p>Chapter 4: Description of Benefits, section: Rehabilitation Therapy, subsection: Speech Therapy Services</p> <p>Covered, for the treatment of communication impairments and swallowing disorders but only when all of the following statements are true:</p> <ul style="list-style-type: none"> ▪ [DELETED] The therapy is not for developmental delay/developmental learning.
Benefit Changes (Additions and Exclusions)	
Revised “Intra-uterine Insemination” to “Artificial Insemination”	<p>Chapter 3: Summary of Benefits and Your Payment Obligations; and Chapter 4: Description of Benefits, Special Benefits for Women</p> <p>Artificial Insemination</p> <p>Covered.</p> <p>Coverage for other related services such as office visits, labs and radiology are described in other sections of this DOC.</p>

Change	Description of Change
Benefit Changes (Additions and Exclusions), <i>continued</i>	
Affected plans' Air Ambulance benefit revised specific to plan for Compliance with federal law (No Surprises Act ("NSA")).	Ambulance benefit separated into Air and Ground categories and Air Ambulance benefit revised to be the same benefit level for par and non-par providers pursuant to the NSA. Please refer to your DOC to identify specific changes to affected plan benefits.
Contraceptives revised per plan to be consistent with Prepaid Health Care Act requirements	Chapter 3: Summary of Benefits and Your Payment Obligations; Prescription Drugs and Supplies Please refer to the above-referenced section of your DOC for specific revisions to affected benefits.
Revised "Orthodontic Treatment for Orofacial Anomalies"	Chapter 3: Summary of Benefits and Your Payment Obligations; and Chapter 4: Description of Benefits, Other Medical Services and Supplies. Orthodontic Treatment for Orofacial Anomalies Medically necessary orthodontic services for the treatment of orofacial anomalies resulting from birth defects or syndromes are covered in accordance with Hawaii Law and HMAA's medical policies subject to a maximum benefit of \$6,930 per treatment phase. The number of visits to an orthodontist is excluded from the maximum benefit, which will be adjusted annually for inflation.
Exclusion revised for clarification	Chapter 6: Services Not Covered, Fertility and Infertility Contraceptives You are not covered for contraceptives services, or contraceptives including diaphragms, cervical caps, oral contraceptives, and other contraceptive methods, except as described in <i>Chapter 3: Summary of Benefits and Your Payment Obligations</i> and <i>Chapter 4: Description of Benefits under Special Benefits for Women and Drugs and Supplies</i> .
Added exclusion	Chapter 6: Services Not Covered, Miscellaneous Exclusions Recreational Therapy You are not covered for recreational therapy and/or programs such as: <ul style="list-style-type: none"> • wilderness therapy, • health resorts, • swimming with dolphins, • outdoor skills programs, • relaxation or lifestyle programs, and • any other services provided in conjunction or related to (or as part of) those programs.

Par = Participating Provider

Non-Par = Non-Participating Provider

Refer to your Description of Coverage (DOC) for definitions and further information. **This is only a summary.** In the case of a discrepancy between this document and the language contained within the DOC, the latter will take precedence.