



Summary of Plan Changes

Effective January 1, 2026

Questions? Contact our Customer Service Center at 808.941.HMAA or toll-free 888.941.HMAA 8 am to 4 pm HST Mon-Fri, or at hmaa.com/contact-us.

Change	Description of Change
General Changes (for clarification, practicality, consistency, and Federal/State compliance)	
Verbiage added for Clarification and Compliance with State and Federal Network Adequacy requirements	<p>Chapter 1: Important Information; What You Should Know About This Description of Coverage (DOC)</p> <p>About Your PPO Program</p> <p>If there are no Participating Providers for a covered service or supply, the service rendered or supply provided by a Non-Participating Provider will be covered at Participating Provider benefit levels.</p>
Verbiage added for Compliance with federal law (Mental Health Parity and Addiction Equity Act ("MHPAEA"))	<p>Chapter 4: Description of Benefits, section: About This Chapter, subsection:</p> <p>Continuity of Care</p> <p>You may be eligible for continuity of care if you are a continuing care patient receiving a course of treatment from a participating provider and one of the following occurs:</p> <ul style="list-style-type: none"> ▪ The contractual relationship between the participating provider and HMAA is terminated; ▪ Benefits provided under your plan with respect to the participating provider are terminated because of a change in the terms of the participation of such participating provider in such plan. <p>With respect to the above occurrences, "terminated" does not include a termination of a contract for failure to meet applicable quality standards or for fraud. For more details, see Chapter 10: General Provisions, Continuity of Care.</p>
Added "General Nursing" to Ambulatory Surgical Center (ASC), Extended Care Facility (Skilled Nursing, Sub-Acute, and Long-Term Acute Facilities; Hospital Room and Board sections to specify as a hospital benefit	<p>Chapter 4: Description of Benefits; Hospital and Facility Services</p> <p>Ambulatory Surgical Center (ASC)</p> <p>Covered, including operating rooms, surgical supplies, drugs, dressings, anesthesia services and supplies, oxygen, antibiotics, blood transfusion services, routine lab and x-ray related to surgery, and general nursing services.</p> <p>Extended Care Facility (Skilled Nursing, Sub-Acute, and Long-Term Acute Facilities)</p> <p>Covered, including routine surgical supplies, drugs, dressings, oxygen, antibiotics, blood transfusion services, diagnostic and therapy services, regular and special diets, and general nursing services.</p> <p>Hospital Ancillary Services</p> <p>Covered, including surgical supplies, hospital anesthesia services and supplies, diagnostic and therapy services, drugs, dressings, oxygen, antibiotics, hospital blood transfusion services, regular and special diets, and general nursing services.</p>
Added "Regular and Special Diets" to Extended Care Facility (Skilled Nursing, Sub-Acute, and Long-Term Acute Facilities; Hospital Room and Board sections to specify as a hospital benefit	<p>Chapter 4: Description of Benefits; Hospital and Facility Services</p> <p>Extended Care Facility (Skilled Nursing, Sub-Acute, and Long-Term Acute Facilities)</p> <p>Covered, including routine surgical supplies, drugs, dressings, oxygen, antibiotics, blood transfusion services, diagnostic and therapy services, regular and special diets, and general nursing services.</p> <p>Hospital Ancillary Services</p> <p>Covered, including surgical supplies, hospital anesthesia services and supplies, diagnostic and therapy services, drugs, dressings, oxygen, antibiotics, hospital blood transfusion services, regular and special diets, and general nursing services.</p>

Change	Description of Change
General Changes (for clarification, practicality, consistency, and Federal/State compliance), <i>continued</i>	
Added reference to location of medical policies for Colonoscopy, Sigmoidoscopy, and Fecal Occult Blood Test (FOBT) screenings	Chapter 4: Description of Benefits; Surgical Services; Testing, Laboratory, and Radiology Covered in accord with federal law and HMAA’s medical policies which can be found at Preventive Services Covered Under the Affordable Care Act (ACA) - HMAA .
Added “Cardiac Rehabilitation” section for Compliance with State law (Hawaii Prepaid Health Care Act (“PHCA”))	Chapter 4: Description of Benefits, section: Rehabilitation Therapy, subsection: Cardiac Rehabilitation Covered in accord with HMAA’s current medical policy for cardiac rehabilitation, which can be provided upon request.
Added section for clarification/ definition purposes	Chapter 10: General Provisions; Eligibility for Coverage Categories of Coverage There are different categories of coverage you may hold. With single coverage, you the subscriber are the only one covered. With family coverage, you the subscriber, and your spouse, and each of your eligible dependent children are eligible for enrollment in the plan. Each covered family member enrolled in the plan must be listed on the subscriber’s enrollment form or added later as a new dependent.
Added/updated section to include additional relevant Federal/State laws [REFER TO DOC FOR SPECIFICS]	Chapter 10: General Provisions; Other Applicable Federal and State Laws The Health Insurance Portability and Accountability Act (HIPAA) of 1996 (Effective August 1, 1996) HIPAA Privacy Rule and Reproductive Health Care (RHC) of 2024 (Update Effective December 23, 2024) HIPAA Privacy Rule and Reproductive Health Care (RHC) of 2024 (Update Effective February 16, 2026) Transparency in Coverage Rule of 2020 Non-Disclosure of Adolescent Mental Health Services (Effective 2021) (Updated Effective 2025) The Consolidated Appropriations Act (CAA) of 2021 (Effective 2021) No Surprises Act (“NSA”) (Effective January 1, 2022) Out-of-State (“OOS”) Prescriptions (Effective June 27, 2024) Mammography Benefit Levels (Effective July 1, 2025)
Added sections to Notice of Privacy Practices for Federal Compliance	Chapter 11: Required Notices and Disclosures; HIPAA Notice of Privacy Practices How the Plan May Use and Disclose Your Health Information <ul style="list-style-type: none"> • Substance Use Disorder (SUD) Records. In some cases, information about SUD treatment cannot be used or shared without your permission. The Plan must ask for your permission to allow us to use or disclose some SUD records for certain treatment purposes, payment purposes, or for operating our business. This information may not be used or disclosed in legal proceedings against you unless you’ve given permission or a court order requires it. Your Rights Regarding Health Information About You <ul style="list-style-type: none"> • SUD Treatment Information. In no event will we use or disclose your information or provide testimony that describes the information contained in your records in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against you, unless authorized by your consent or the order of a court after it provides you notice of the court order.

Change	Description of Change
Benefit Changes (Additions and Exclusions)	
<p>Added/revised verbiage to include relevant definitions</p> <p>[REFER TO DOC FOR SPECIFICS]</p>	<p>Chapter 12: Glossary</p> <ul style="list-style-type: none"> • Cardiac Rehabilitation • Dependent • Family Coverage • Family Member • Member • Qualified Medical Child Support Order (QMCSO) • Single Coverage • Spouse • Subscriber • Substance Abuse Services • You and Your Family
<p>Added “Cardiac Rehabilitation” section for Compliance with State law (Hawaii Prepaid Health Care Act (“PHCA”))</p>	<p>Chapter 3: Summary of Benefits and Your Payment Obligations</p> <p>Rehabilitation Therapy</p> <p>Cardiac Rehabilitation</p> <p>Specific to Option Plus One, Option Plus Two, EPO Covered at 90% with Participating Provider; Deductible does not apply Covered at 70% with Non-Participating Provider; Deductible applies.</p> <p>Specific to Comprehensive Plus Covered at 90% with Participating Provider; Deductible does not apply. Covered at 90% with Non-Participating Provider, Deductible does not apply.</p> <p>Specific to 90/10 and PPO Plan Covered at 90% Participating Provider; Deductible does not apply. Covered at 75% Non-Participating Provider; Deductible applies.</p>
<p>Removed “90-day limit” (generally not longer than 90 days, defined as the number of visits) from Physical and Occupational Therapy section for Compliance with State and Federal law.</p>	<p>Chapter 4: Description of Benefits; Rehabilitation Therapy</p> <p>Physical and Occupational Therapy</p> <ul style="list-style-type: none"> ▪ The therapy is short-term, necessary to improve or restore neurological or musculoskeletal function required to perform normal activities of daily living, such as grooming, toileting, feeding, etc. Therapy beyond this is considered long-term and is not covered. Maintenance therapy, defined as activities that preserve present functional level and prevent regression, are not covered.
<p>Removed Developmental Delay Exclusion for Compliance with State and Federal law.</p>	<p>Chapter 6: Services Not Covered</p> <p>Miscellaneous Exclusions</p> <p>Developmental Delay [Removed]</p> <p>You are not covered for treatment of developmental delay or services related to developmental delay that are available through government programs or agencies.</p>

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.