Summary of Plan Changes
Effective January 1, 2027

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 reference HMAA's Access to Care Travel Program.	**Chapter 1: Important Information; Care While You Are Away From Home** **Referrals to a Specialist on Another Island** If your physician refers you to a specialist on another island, you may be eligible for HMAA's Access to Care Travel Program. For details, visit our website at Interisland Access to Care Travel program.
Verbiage revised for clarification and added for Compliance with federal law (No Surprises Act, or "NSA")	**Chapter 4: Description of Benefits** **Emergency Services; Physician Visits – Emergency Room** Covered, but only if a prudent layperson could reasonably expect the absence of immediate medical attention to result in: ▪ Serious risk to the health of the individual (or, with respect to a pregnant woman, the health of the woman and her unborn child). ▪ Serious impairment to bodily functions. ▪ Serious dysfunction of any bodily organ or part. *Please note:* If you are admitted as an inpatient after a visit to the emergency room, hospital inpatient benefits apply, and not emergency room benefits. Services received from non-participating providers are subject to the No Surprises Act as described in *Chapter 10: General Provisions, No Surprises Act Emergency Services and Surprise Bills.*
Section added for clarification purposes and consistency with State Law (Prepaid Health Care Act ("PHCA"))	**Chapter 4: Description of Benefits; Emergency Services; Physician Visits – Emergency Room** **Emergencies Outside of Hawaii** For emergencies in another state or country, these guidelines apply: ▪ If the provider participates with Cigna in any state other than Hawaii, the provider will file a claim for you. We will reimburse the provider directly. *Please note:* Remember to show the provider your HMAA member identification card. ▪ If the provider does not participate with Cigna and the claims fall under the No Surprises Act, the provider may file a claim with us and we will reimburse the provider directly. ▪ If the provider is in a foreign country, you are responsible for paying the claims and then submitting for reimbursement, see *Chapter 7: Filing Claims*.
Verbiage added for clarification and coordination of benefits purposes	**Chapter 4: Description of Benefits; Other Medical Services and Supplies** **Durable Medical Equipment and Supplies** *Please note:* If you receive benefits from your drug plan for equipment or supplies, such as for diabetes, your drug plan benefits apply, and not the benefits described in this document. For benefit details, please refer to your Prescription Drug Rider certificate, as benefits may differ from those listed in this document. For example, the copayment you pay for equipment and supplies covered by your drug plan apply to the drug plan's annual copayment maximum, not the annual copayment maximum described in this document. There shall be no duplication or coordination of benefits between this plan and your drug plan.

Change	Description of Change
General Changes (for clarification, practicality, consistency, and Federal/State compliance), *continued*	
Verbiage revised for clarification and compliance with State Law	**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 as set forth and in accordance with Hawaii Law and HMAA's medical policies and as published by the Hawaii Insurance Commissioner. The number of visits to an orthodontist is excluded from the maximum benefit and the maximum is adjusted for inflation. The maximum benefit can be found at https://cca.hawaii.gov/ins/maximum-benefit-for-treatment-of-orofacial-anomalies/.
Verbiage removed for State and Federal Compliance	**Chapter 4: Description of Benefits; Rehabilitation Therapy** **Physical and Occupational Therapy** Covered, but only when all of the following are true: ▪ The diagnosis is established by a physician, physician assistant or advanced practice registered nurse and the medical records document the need for skilled physical and/or occupational therapy. ▪ The therapy is ordered by a physician, physician assistant or advanced practice registered nurse under an individual treatment plan. ▪ The therapy is provided by a qualified provider of physical or occupational therapy services. A qualified provider is one who is licensed appropriately, performs within the scope of his/her licensure and is recognized by HMAA. ▪ The therapy is necessary to achieve a specific diagnosis-related goal that will significantly improve neurological and/or musculoskeletal function due to a congenital anomaly, or to restore neurological and/or musculoskeletal function that was lost or impaired due to an illness, injury, or prior therapeutic intervention. (Significant is defined as a measurable and meaningful increase in the level of physical and functional abilities as documented in the medical records.) ▪ The therapy is 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 not covered. Maintenance therapy, defined as activities that preserve present functional level and prevent regression, are not covered. ▪ The therapy does not duplicate services provided by another therapy or available through schools and/or government programs. ▪ The therapy and diagnosis are covered as described as covered in HMAA's medical policies for physical and occupational therapy. Information on our policies can be found at www.hmaa.com.
Section Renamed and revised for clarification/consistency with the Prevalent Plan	**Chapter 4: Description of Benefits; Special Benefits – Disease Management and Preventive Services** **Preventive Health** Covered, in accord with HMAA's medical policy for preventive health. Preventive health services include, but are not limited to the following recommendations or guidelines: ▪ Screenings and counseling services with a grade A or B recommendations by the United States Preventive Services Task Force (USPSTF). ▪ Bright Futures Recommendations for infants, children and adolescents supported by the Health Resources and Services Administration (HRSA). ▪ Preventive care and screening for women supported by HRSA guidelines. ▪ Immunizations recommended by the Centers for Disease Control's Advisory Committee on Immunization Practices (ACIP).

Change	Description of Change
General Changes (for clarification, practicality, consistency, and Federal/State compliance), *continued*	
Section Renamed and revised for clarification/consistency with the Prevalent Plan *(cont'd)*	*Please Note:* The USPSTF, HRSA and/or ACIP recommendations may change. If you need more information about USPSTF-recommended screenings, including a current list of recommendations, please visit our website at http://www.hmaa.com/USPSTF-Recommendations-List or call us at the telephone numbers on the front cover of this DOC. Coverage may include (but is not limited to): ▪ Periodic evaluations such as well-woman visits ▪ Immunizations ▪ Cancer screenings such as mammograms, pap smears or colonoscopy ▪ Preventive counseling and screening for diabetes or depression ▪ Screening for HIV, syphilis, gonorrhea and chlamydia *Please note:* If you receive benefits from your drug plan for immunizations, your drug plan benefits apply, and not the benefits described in this Guide. For benefit details, please refer to your Prescription Drug Rider certificate, as benefits may differ from those listed in this Guide. For example, the copayment you pay for immunizations covered by your drug plan apply to the drug plan's annual copayment maximum, not the annual copayment maximum described in this Guide. There shall be no duplication or coordination of benefits between this plan and your drug plan.
Verbiage added for clarification and coordination of benefits purposes	**Chapter 4: Description of Benefits; Special Benefits for Children** **Well Child Care Immunizations** Covered, in accord with Hawaii law and the guidelines set by the Advisory Committee on Immunization Practices (ACIP). *Please note:* If you receive benefits from your drug plan for immunizations, your drug plan benefits apply, and not the benefits described in this Guide. For benefit details, please refer to your Prescription Drug Rider certificate, as benefits may differ from those listed in this Guide. For example, the copayment you pay for immunizations covered by your drug plan apply to the drug plan's annual copayment maximum, not the annual copayment maximum described in this Guide. There shall be no duplication or coordination of benefits between this plan and your drug plan.
Verbiage revised for clarification and consistency purposes	**Chapter 6: Services Not Covered; Provider Type** **Provider as an Immediate Family Member** You are not covered for professional services or supplies when furnished to you by a provider, who is within your immediate family. Immediate Family includes: ▪ husband and wife, ▪ natural or adoptive parent, child, and sibling, ▪ father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, sister-in-law, ▪ grandparent and grandchild; and spouse of grandparent and grandchild, ▪ yourself.
Verbiage added for clarification and coordination of benefits purposes	**Chapter 9: Coordination of Benefits and Third Party Liability; What Coordination of Benefits Means** **Coverage that Provides Same or Similar Coverage** *Please note*: There shall be no duplication or coordination of benefits between this plan and any other similar benefit of your drug plan.

Change	Description of Change
Benefit Changes (Additions and Exclusions)	
Definitions revised for clarification and consistency purposes **[REFER TO DOC FOR SPECIFICS]**	**Chapter 12: Glossary** ▪ Emergency ▪ Immediate Family member
Revised benefit for compliance with State Law (Prepaid Health Care Act ("PHCA"))	**Chapter 3: Summary of Benefits and Your Payment Obligations** **Special Benefits for Children** **Newborn Circumcision** Participating Provider; Deductible does not apply.
Revised to include coverage for Non-participating Providers	**Chapter 3: Summary of Benefits and Your Payment Obligations** **Special Benefits for Women** **Breast Pump** Covered at 100% with Participating Provider; Deductible does not apply. Covered at 100% with Non-Participating Provider, Deductible does not apply. **Chapter 4: Description of Benefits; Special Benefits for Women** **Special Benefits for Women** **Breast Pump** Covered, for purchase of one device including attachments per pregnancy.
Revised benefit for compliance with State Law (Prepaid Health Care Act ("PHCA")) **(Specific to Option Plus One, Option Plus Two, and 90/10 plans)**	**Chapter 3: Summary of Benefits and Your Payment Obligations** **Special Benefits for Women** **Maternity Care** Covered at 100% with Participating Provider; Deductible does not apply.
Removed postpartum visit limit	**Chapter 4: Description of Benefits; Special Benefits for Women** **Maternity Care** Covered, for routine prenatal visits, delivery, and postpartum visits. HMAA pays physicians a global fee related to a bundle of maternity care. If benefit payments are made separately before delivery, payments will be considered an advance and we will deduct the amount from the global payment for maternity care.
Added Exclusion consistent with State Law (Prepaid Health Care Act ("PHCA"))	**Chapter 6: Services Not Covered; Dental Drug and Vision** You are not covered for: ▪ Prescription drugs and supplies except as stated in Chapter 4: Description of Benefits under Prescription Drugs and Supplies and as identified on the U.S. Preventive Services Task Force list of Grade A and B Recommendations. ▪ Replacement for lost, stolen, damaged, or destroyed drugs and supplies. ▪ Drugs from foreign countries. ▪ Products not approved by the United States Food and Drug Administration (FDA).
Added Exclusion consistent with State Law (Prepaid Health Care Act ("PHCA"))	**Chapter 6: Services Not Covered; Miscellaneous Exclusions** **Air Ambulance** Air Ambulance services outside of the United States are not covered.

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.

Last updated November 6, 2026