

<b>Change</b>	<b>Description of Change</b>
<b>General Changes (for clarification, practicality, consistency, and Federal/State compliance)</b>	
Updated HMAA’s address throughout the Description of Coverage (DOC)	HMAA <b>220 South King Street</b> , Suite 1200 Honolulu, HI 96813
Revised definition of Eligible Charge for Compliance with Federal Law (No Surprises Act, or “NSA”).	For most medical services, except for emergency <b>and air ambulance</b> services provided by non-participating providers <b>and certain services provided by non-participating providers in participating facilities</b> , the <b>Eligible Charge</b> is the lower of either the provider's <i>actual charge</i> or the amount we establish as the <i>maximum eligible fee</i> . HMAA's payment and your coinsurance are based on the eligible charge. Exception: For services provided by participating facilities, HMAA's payment is based on the maximum eligible fee, and your coinsurance is based on the lower of the actual charge or the <i>maximum eligible fee</i> . Your copayment is a fixed dollar amount that does not change based on the eligible charge.  <b>The base amount on which your coinsurance and/or copayment is calculated for emergency and air ambulance services rendered by non-participating providers, as well as certain non-emergent services provided by non-participating providers in participating facilities, is calculated in accord with federal law.</b>
<b>Benefit Changes (Additions and Exclusions)</b>	
Revised “Artificial Insemination” to “Intra-uterine Insemination” in Chapter 3: Summary of Benefits and Your Payment Obligations; and Chapter 4: Description of Benefits, Special Benefits for Women.	<b>Intra-uterine Insemination</b> Covered.  Coverage for other related services such as office visits, labs and radiology are described in other sections of this DOC.
Revised “Orthodontic Treatment for Orofacial Anomalies” in Chapter 3: Summary of Benefits and Your Payment Obligations; and Chapter 4: Description of Benefits, Other Medical Services and Supplies.	<b>Orthodontic Treatment for Orofacial Anomalies</b>  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 <b>\$6,898</b> per treatment phase. The number of visits to an orthodontist is excluded from the maximum benefit which will be adjusted annually for inflation.
Revised “Hair Loss” benefits in Chapter 6: Services Not Covered, Miscellaneous Exclusions	<b>Hair Loss</b>  You are not covered for services or supplies related to the <b>prevention and/or</b> treatment of baldness or hair loss regardless of condition. This includes hair transplants and topical medications.

**Par = Participating Provider. Non-Par = Non-Participating Provider.**

Refer to the 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.