HMSA periodically reviews your health plans to ensure that they provide your employees with quality health plan benefits in compliance with state and federal laws and are structured to best manage health care costs.

This notice contains a summary of the changes that will be made to your plan. Please use this document for general information only. It should not be used as the certificate for the plan. The 2016 Guide to Benefits or plan certificate will contain complete information on these changes as well as other benefits and applicable exclusions and limitations of your plan. In the case of a discrepancy between this summary and the language contained in the 2016 Guide to Benefits or plan certificate, the 2016 Guide to Benefits or plan certificate takes precedence.

Benefit Modifications

- **Advanced Care Planning.** The Physician Visit benefit description will be revised to allow office visits for advanced care planning services. This will enable members to be in control of and responsible for informed choices about advanced care planning.

- **Annual Copayment Maximum for Prescription Drugs and Supplies.** The annual copayment maximum will change from $4,100 per person/$5,700 per family to $4,350 per person/$6,200 per family.

- **Autism Spectrum Disorders – Diagnosis and Treatment.** The plan will provide coverage for the diagnosis and treatment of autism spectrum disorders in accord with Hawaii law and HMSA’s medical policies. Coverage includes behavioral health treatment, psychiatric care, psychological care, therapeutic care, and these additional services:
  - **Applied Behavior Analysis Rendered by a Behavior Analyst Recognized by Us.** Covered, but only for autism spectrum disorders, as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, in children through age thirteen, in accord with Hawaii law and HMSA’s medical policy. Benefits are limited to a maximum of $25,000 per calendar year. Services must be provided in the state where you reside by a Behavior Analyst recognized by us. Services will be covered at the same benefit level as behavioral health outpatient physician services, not subject to the Annual Deductible. Copayments for behavior analysts do not apply toward meeting the Annual Copayment Maximum.
  - **Autism Spectrum Disorders Drugs.** Prescription drugs to treat autism spectrum disorders for children through age thirteen will be added to the Prescription Drugs and Supplies benefit.

- **Cardiac Rehabilitation Disease Management Program.** This is a new benefit that will be covered when ordered by a physician. It is an intensive cardiac rehabilitation disease management program, “The Dr. Dean Ornish Program,” designed to help members with heart disease and related health issues to assess, track and manage their condition and improve key factors such as eating habits, stress management and physical activity.
  - The copayment is $20 per session. This benefit may be subject to the annual deductible. Refer to the Guide to Benefits for more information.
  - The program is limited to 18 sessions. One session may be up to four hours, with no more than 4 sessions occurring in one day.

- **Durable Medical Equipment and Supplies, Orthotics and External Prosthetics, and Vision and Hearing Appliances.** The copayment will be changed from 50% to 20% of eligible charge. This change is being made to comply with the Prepaid Health Care Law which requires benefits equal to those offered by the prevalent HMO plan.

- **Orthodontia Services for the Treatment of Orofacial Anomalies.** This is a new benefit that will cover orthodontic services for members through age twenty-five for the treatment of orofacial anomalies resulting from birth defects or birth defect syndromes, in accord with Hawaii law and HMSA’s medical policy. Benefits are limited to a maximum of $5,500 per treatment phase.
Administrative Changes

- **Complementary and Alternative Medicine Exclusion.** The exclusion for complementary and alternative providers will be updated with a list of therapy services not covered by the plan.

- **Hospital and Facility Services – Hospital Room and Board.** Language will be added to clarify that when inpatient treatment is downgraded from acute care to skilled nursing care, you must transfer to the first available skilled nursing facility. If you do not transfer, the acute care will not meet our payment determination criteria and no benefits will be provided for the acute care services.

- **IV Therapy.** The section describing IV therapy benefits will be revised to clarify that coverage includes services received at an outpatient ambulatory infusion suite.

- **Maternity Care.** The section describing maternity care benefits will be revised to clarify that coverage is limited to routine prenatal visits, delivery, and one postpartum visit. All other covered maternity related services are described under other applicable benefit sections of the GTB or plan certificate (e.g. Physician Visits, Emergency Room, Radiology-Outpatient, Laboratory and Pathology-Outpatient).

- **Skilled Nursing Facility** - The section describing hospital and facility services will be revised to clarify that services received from out-of-state providers and nonparticipating providers must be precertified.