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 (“GTB”) or plan certificate takes precedence.

Benefit Modifications

- **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 outpatient physician visits, not subject to the Annual Deductible. Copayments for behavior analysts do not apply toward meeting the Annual Copayment Maximum.
  - **Autism Spectrum Disorders Drugs.** Covered for children through age thirteen. The copayments are as follows:
    - Generic and Preferred Drugs. The copayment is 20% for participating and nonparticipating providers.
    - Other Brand Name Drugs. The copayment is 30% for participating and nonparticipating providers.
    - Mail Order Generic and Preferred Drugs. The copayment is 20% for participating providers and not a benefit for nonparticipating providers.
    - Mail Order Other Brand Name Drugs. The copayment is 30% for participating providers and not a benefit for nonparticipating providers.
- **Behavioral Health.** The copayment amount for the following service will be adjusted to match the copayment amount of other similar medical services, as required by the Federal Mental Health Parity Act:
  - **Physician Services – Inpatient.** The copayment will change from no copayment to 20% of eligible charge after annual deductible for a participating and nonparticipating provider.
- **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.