

August 19, 2021

4000 PETSMART INC 19601 N 27TH AVE 007440 PHOENIX, AZ 85027

Dear Employer,

At HMSA, your health and the health of your employees are our top priority. Since the COVID-19 pandemic began, we've kept you informed about your health plan benefits. We've expanded some of these benefits, which have been in effect since the start of the public health emergency, to help you pay for tests and treatments related to COVID-19.

These benefits remain in effect with one change. As of Jan. 1, regular plan benefits were reinstated for telehealth. For more information, visit hmsa.com/help-center/covid-19-benefit-changes. Your current COVID-19 benefits are in the enclosed *Summary of Benefits and Coverage Addendum*.

We'll keep doing all we can to make sure that you and your employees are healthy and safe. If you have questions, contact your account representative or call (808) 948-5555, option 2, or 1 (800) 620-4672, option 2. We're here to help.

Sincerely,

Dale Goya

Assistant Vice President Account Management & Sales

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HAWAI'I MEDICAL SERVICE ASSOCIATION BLUE CROSS BLUE SHIELD OF HAWAII

SUMMARY OF BENEFITS AND COVERAGE (SBC) ADDENDUM EFFECTIVE MARCH 1, 2020

COMPMED PLANS: COMPMED, COMPMED CHOICE, COMPMED – A, COMPMED – B, COMPMED HRA

PPO PLANS: PREFFERED PROVIDER PLAN, PREFERRED PROVIDER PLAN 2010

PREFERRED PROVIDER PLAN – A, PREFERRED PROVIDER PLAN – B

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.

In response to COVID-19, HMSA has expanded some health care benefits and coverage policies to help ensure that our members have access to the care they need during this time. This notice contains a summary of the changes that will be made to your plan. Please use this document for general information only. Unless otherwise noted, the changes below will remain in effect through the end of the public health emergency to be defined by the secretary of the U.S. Department of Health and Human Services. This notice is subject to change. Any additional coverage changes related to COVID-19 will be posted on our website. Search for "Covid-19 Coverage Changes" at www.hmsa.com.

ADMINISTRATIVE CHANGES

 Preauthorization. HMSA will waive preauthorization for diagnostic tests and covered services that meet HMSA's payment determination criteria and are consistent with CDC guidance for members diagnosed with COVID-19.

BENEFIT CHANGES*

- Tests and testing-related services for COVID-19. HMSA is waiving all copayments, coinsurances, and
 deductibles for diagnostic tests and testing-related services that meet HMSA's payment determination criteria
 and are consistent with CDC guidance related to COVID-19 and applicable law. This applies to COVID-19
 testing and the related health care provider visit and other appropriate laboratory services, such as a flu test.
- Treatment for COVID-19. If a diagnostic test confirms that a member has COVID-19, HMSA will waive all
 copayments, coinsurances, and deductibles for all treatment and services administered at a health care
 provider's office, urgent care facility, or emergency room and inpatient hospital stays that meet HMSA's
 payment determination criteria.
- COVID-19 Vaccines. HMSA is waiving all copayments, coinsurances, and deductibles for all Advisory
 Committee on Immunization Practices (ACIP) approved COVID-19 vaccines and their administration. In
 addition, we will waive cost-sharing for the treatment of an adverse reaction to a COVID-19 vaccine.
- Telehealth. HMSA expanded telehealth coverage and waived all copayments, coinsurances, and deductibles
 for all telehealth visits, virtual check-ins, and e-visits. This change remained in effect through December 31,
 2020. On or after January 1, 2021, telehealth coverage will return to plan benefit. We will also continue to
 cover audio-only check-ins at plan benefit through the end of the public health emergency period. For more
 information about our expanded telehealth benefits, search for "Telehealth Resources and Hotlines" at
 www.hmsa.com.
- Teledentistry. In response to COVID-19, HMSA introduced a teledentistry benefit that enabled members to get help from their dentist remotely. Effective January 1, 2021 teledentistry has been added as a permanent benefit for all group and individual HMSA dental plans. With this benefit, a member who has a dental problem can call his or her dentist to talk about the problem and get advice on how to manage it. There are no copayments, coinsurances, or deductibles for this service. For more information about our expanded teledentistry benefits, search for "Teledentistry Coverage" at www.hmsa.com.

^{*}Out-of-network providers: Depending on your plan benefits, HMSA may also cover services from out-of-network providers. However, it's important to remember that HMSA does not contract with providers outside of our network, so members may be responsible for paying the difference between HMSA's rate for the service and what an out-of-network provider charges for that service. For help finding a network provider, use HMSA's Find a doctor tool at www.hmsa.com.