

Prepaid Health Care Advisory Council Meeting

State of Hawaii
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 209
Hearing Room #3
Honolulu, HI 96813

Also via Microsoft Teams

May 27, 2025
1:31 p.m. to 3:11 p.m.

Council members present

Ms. Bonnie Pang, Chair
Mr. Derek Kanehira
Mr. Wayne Graves
Mr. Mike Hogan
Ms. Lauren Yee
Ms. Leocadia Conlon
Dr. John McDonnell

Staff present

Ami Aiona
Jodie Murakami
Stacey Hiranaka
Jung Yun (Kelly) Ha, Deputy Attorney General

With a quorum present, Ms. Pang called the meeting to order at 1:31 p.m. Approval of minutes

Ms. Pang asked if there were any additions, corrections, or comments to the circulated minutes of the March 12, 2025 meeting. Ms. Yee amended page 3, paragraph 4, 6th sentence to “Ms. Yee stated she understood...” Ms. Yee amended page 4, paragraph 1, 5th sentence to “Ms. Yee stated that maybe a reference like see page 26 or referencing the chapter and benefit header for example would force members to look further into the document.” A motion was made by Mr. Graves to approve the minutes of the March 12, 2025 meeting as amended. The motion was seconded by Dr. McDonnell and carried by unanimous vote.

Review of Plans

University Health Alliance

UHA was represented by Alyson Estrella. Chair Pang asked Alyson Estrella to take the group through the University Health Alliance (UHA) plans.

UHA 600

UHA informed the Department of benefit and language changes made to the plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella stated language changes for prior authorization search tools on their website. Instead of pointing to a list of the services that require prior authorization, they provided instructions to get to a search tool on their website. Updated the examples of services that required a prior authorization and indicated that PET scans no longer require a prior authorization.

Ms. Estrella stated language changes were made to comply with the mental health parity federal rules that were released last year.

Ms. Estrella stated UHA rearranged some benefits in the contraceptive benefits area for benefits specific to women so that they are listed in alphabetical order.

Ms. Estrella stated language changes to comply with Hawaii Revised Statutes (HRS) for coverage specific to contraceptive methods and have aligned the coordination of benefits language for oral chemotherapy drugs, contraceptives, and diabetes drug, supplies and insulin.

Ms. Estrella stated outpatient cardiac rehabilitation was added to the plan guide. It was always a benefit and is called out to align with the prevailing plan.

Ms. Estrella stated language revisions were added to comply with the No Surprise Act.

Ms. Estrella stated a benefit change increasing benefit max for orthodontic treatment of oral facial anomalies to align with the prevailing plans 2025 limits, which was a little bit greater than the Department of Commerce and Consumer Affairs (DCCA) limit.

Ms. Estrella stated language changes adding and revising specific plan exclusion language to align with the prevailing plan.

Ms. Estrella stated UHA updated its hours of operation to be open Monday through Friday until 5:00 p.m.

Ms. Estrella stated updating the acronym for independent review organizations for medical necessity appeal and revised language to comply with Hawaii Revised Statutes for external appeals.

Ms. Estrella stated language was clarified regarding applicable state tax for member responsibility.

Ms. Estrella stated after reviewing the DLIR checklist, stem cell transplant will be added to the Medical Benefits Guide (MBG). Stem cell transplant has always been a covered benefit, it was just not specifically stated in the MBG so it will be added.

Chair Pang asked Council members if there were any questions for UHA regarding the plan.

Ms. Yee questioned staff calling out the cardiac rehab as an issue or concern. Ms. Estrella stated in other plans they have a standard flat \$12 office visit/professional service copay and DLIR staff questioned the \$20 copay for participating and nonparticipating providers and how it lined up against the prevailing plan that had a 20% participating provider coinsurance or a 30% non-participating coinsurance. The \$20 copayment was consistent when UHA looked at the HMSA

prevailing plan that has a Ornish program participating provider coinsurance of 20% and non-participating provider coinsurance of 30%. UHA checked with their claims and benefits how a \$20 copay stacked up against a coinsurance of 20% and 30% and was told that it was a facility claim and a \$20 copay would be less out of pocket for a member than 20% of an eligible charge for a facility which might be in the hundreds of dollars. Ms. Yee asked if there is information that would show that the \$20 would be less than the 20% and asked if there is a range that UHA can provide of what they have found out from their contact. Ms. Estrella stated she would provide that information when they submit their written response. Ms. Yee stated that her hunch was that the \$20 is probably less than the 20% especially since the prevalent plan is subject to the \$100 deductible. Ms. Yee stated the plan has a \$12 flat copay for other medical conditions and asked if there was a reason why cardiac rehabilitation is singled out as a medical condition to receive a higher cost share at \$20. Ms. Estrella stated she does not know the history behind the Doctor Ornish Program and how that \$20 copay was established. Ms. Estrella stated their benefits staff had said that it's the same - whether or not someone goes through the Ornish program or through outpatient cardiac rehab, the copay would be the same. Ms. Estrella stated she does not know the history on how long it has been around and can find out more information. Ms. Yee stated she was just curious to know why that particular medical condition was being singled out as receiving a different cost share.

Ms. Yee questioned the participating outpatient implant benefit. Ms. Yee stated she sees a 20% coinsurance with no deductible on page 19 of the MBG. Ms. Estrella stated there is no deductible in the UHA 600 plan and agreed that outpatient implants are 20% coinsurance with no deductible. Ms. Yee stated the prevalent plan for participating provider outpatient implant benefit is no cost to the member but subject to deductible. Ms. Yee questioned the Council if there is a problem where the coinsurance for the UHA plan is 20% and prevalent plan is 0% but UHA has no deductible and the prevalent plan has a \$100 deductible.

Ms. Pang asked Council members if there were any comments or questions.

Mr. Hogan stated that the Council discussed in the past having an independent actuary for guidance when there might be benefit differentials.

Chair Pang stated a thought that comes to mind is that a \$100 deductible is \$100 deductible but implants can be quite pricey at times probably exceeding that dollar value.

Chair Pang asked to hear feedback from Dr. McDonnell.

Mr. McDonnell stated he doesn't think it matters much to the patients but deductibles, or whatever else we'd call it, they have to pay. With regard to why cardiac rehab is being treated differently, he's never understood that.

Mr. Graves questioned if the differences to the prevalent plan represent a change from the previous iteration that was reviewed a year ago, or was this always a pre-existing difference. Ms. Estrella stated they have not made a change to the cost share for this line item and don't know if there was any change to the prevailing plan or not from the previous iteration. Ms. Yee stated it may be because she's been here for a year and does not have the background but it is something that she noticed from a fresh set of eyes looking at it. Mr. Graves stated it was a good catch because this came up in one of his first meetings where there were differences between the guide

versus the prevalent plan and his understanding at that time was in situations where a plan that was previously approved by the Council with a difference to the prevalent plan, it was ok to let them go through as opposed to letting new things go through. Mr. Graves referred to Mr. Hogan's comments about having an actuary to determine if a plan was actuarially equivalent to the prevalent plans. Mr. Kanehira stated most recently the Council said if there were no changes, the Council would continue to grandfather the approval. Only if a change being requested that was different from the prevalent plan would the Council question it. Chair Pang stated it sounded like the Council was ok that the benefit remained as it is.

Ms. Yee asked Ms. Estrella to clarify the cost share for inpatient physical therapy (PT), occupational therapy (OT), and speech therapy (ST) from a participating provider. Ms. Estrella stated she thinks that because it's not split into inpatient and outpatient, the cost share would be the same. Her understanding is that when the member is in the hospital, the hospital will submit a hospital claim and if a member is receiving physical therapy services it would be a line item on the claim so the inpatient benefit would be in line with whatever the hospital inpatient room and board is, because that all falls under the same kind of claim. Ms. Estrella believes the hospital cost share is 20% participating provider and 30% for non-participating providers. Ms. Yee asked if the 20% shown on page 21 refers to inpatient or outpatient PT/OT/ST and if the 10% shown on page 15 refers to inpatient services. Ms. Estrella stated she would follow up with the benefit staff and will respond in writing to DLIR staff. Ms. Yee stated she brings it up because prevalent plan is 10% no deductible for PT/OT participating provider inpatient and she would like to know if UHA's benefit is 10% no deductible on page 15 under the hospital benefit or if it is 20% no deductible on page 21 which would need to be changed if it is because it does not match the 10% no deductible from the prevalent plan. Ms. Estrella stated she would clarify if page 21 should specifically say outpatient and then make a note somewhere that inpatient falls under the room and board benefit.

Chair Pang asked Ms. Estrella to clarify the benefit for PT/OT regarding the prior authorization requirement and how it aligns to the prevalent plan providing up to 90 days. Ms. Estrella stated her understanding of PT/OT benefit is that a member can get a combination of those PT/OT services up to 8 visits or 32 units in the calendar year without prior authorization and then after that prior authorization is required and then coverage would continue for anything that is medically necessary. Ms. Estrella stated she does not know how that compares to the 90-day coverage under the prevailing plan and does not know anything about that benefit or how that works on the prevailing side. Chair Pang stated she would like to ensure what UHA is providing is equivalent to what is provided under the prevalent plan that states they provide 90 days of coverage. Chair Pang stated she would be ok if UHA members are able to get 90 days of coverage even with the prior authorization. Ms. Estrella stated she would ask medical staff regarding the equivalence.

Chair Pang stated looking at page 42 of the certificate under speech therapy it says therapy is not for developmental delay or developmental learning disabilities. Chair Pang stated she believes this has been spoken about in previous meetings and with respect to autism that should be a covered benefit. Ms. Estrella stated it had been copied from the prevalent plan but they would make it specific so the exclusion does not apply to an autism diagnosis.

Ms. Conlon followed up on physical therapy and occupational therapy and commented if the prior authorization could go up to 90 days and not having to go back for prior authorizations to get up to the 90 days. Ms. Estrella stated she thinks that each prior authorization is evaluated from medical necessity and does not know if a provider can ask for 90 days of services or if it would be limited to a shorter amount of time. Chair Pang stated it would be helpful if UHA can provide clarification around how this benefit is administered. Ms. Estrella agreed. Dr. McDonnell stated he does not know what the prevalent plan says but it sounds reasonable to him that if someone is supposed to get 90 days of therapy they shouldn't have to go back every third day to get a prior authorization for what was already approved. If someone needs 90 days worth of physical therapy or some sort of outpatient therapy and if they get approved for the one time it should be considered approved as medically necessary for the whole 90 days unless otherwise stated in the approval.

Mr. Graves stated this is a group conversation and maybe Council needs to force some of these carriers to align their language to what the prevalent plan language is. He did not want to be in a position where this is worded in a way where the Council is agreeing to something that could potentially be non-compliant with a prevalent plan. Mr. Graves stated he thinks its just cleaner in the approval process. When something like this comes up, we'll just agree to standardize the language because otherwise we're guessing whether the application of this is going to work in compliance with our mandate. Chair Pang acknowledged Mr. Graves point. Dr. McDonnell questioned if Council can approve it subject to its agreement with the prevalent plan based on what Mr. Graves had just brought up. Dr. McDonnell thought it would be reasonable require compliance with the prevalent plan. Ms. Yee stated she agrees with Mr. Graves and it makes sense to her because the language can be complicated when there's different wording to it. Ms. Yee stated to tag on with Dr. McDonnell's motion of subject to, she knows that UHA will research the participating tier inpatient benefit for PT/ST/OT and she is recommending that approval is subject to the benefit being 10% no deductible instead of a 20% no deductible since the prevalent plan is at 10% no deductible. Ms. Yee stated she would like it to be a part of the recommendation so that it comes back to Council and the Council can find out whether or not they match the prevalent plan or not.

A motion was made by Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible; and
3. Exclusion of Speech Therapy due to developmental delays is removed.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Mr. Graves and carried by unanimous vote.

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared the language revisions for the prior authorization search tool on the website, updated examples of prior authorization services, and updated that PET scans no longer require a prior authorization.

Ms. Estrella shared the language changes to comply with the mental health parity federal final rules.

Ms. Estrella shared they rearranged contraceptive benefits specific to women to be in alphabetical order.

Ms. Estrella shared plan was aligned to the prevailing plan by adding the cardiac rehabilitation to their MBG.

Ms. Estrella shared the language changes to comply with the No Surprise Act.

Ms. Estrella shared benefit change of an increase in the benefit limit of orthodontic treatment of oral facial anomalies to align with the prevailing plan 2025 limit.

Ms. Estrella shared language change adding and revised specific plan exclusion language to align with the prevailing plan.

Ms. Estrella shared updated hours of operation.

Ms. Estrella shared language change in reference to independent review organizations and revised language for external appeals to comply with HRS.

Ms. Estrella shared language clarification on state tax stating that it's a member responsibility.

Ms. Estrella stated that because this is the Affordable Care Act (ACA) small group MBG, specific to essential health benefits, UHA added drug copay language to clarify member copay.

Ms. Estrella shared adding specifically stem cell transplant to the MBG that was previously covered but not specifically stated.

Ms. Estrella shared similar to discussions about PT/ST/OT, UHA will clarify that the inpatient benefit aligns with the hospital benefit and separate it out from outpatient PT/OT/ST and looking at aligning prior authorizations language.

Ms. Estrella shared language change to remove the speech therapy exclusion for developmental delay with the respect of the diagnosis of autism.

Chair Pang asked if member had any questions regarding the plan. Dr. McDonnell questioned what does it mean that "we'll take a look at" complying with the provisions that were just made for the last plan. Ms. Estrella stated they would look at the language for prior authorization and make sure that it is not in conflict with the prevailing plan language.

A motion was made by Mr. Kanehira to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;

2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible; and
3. Exclusion of Speech Therapy due to developmental delays is removed.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Dr. McDonnell and carried by unanimous vote.

UHA 600-T

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared language revisions for prior authorizations with updated examples and the removal of the prior authorization requirements for PET scans.

Ms. Estrella shared language revisions to comply with the federal Mental Health Parity Act final rule.

Ms. Estrella shared rearranging contraceptive benefits in the guide to be in alphabetical order.

Ms. Estrella shared language changes adding outpatient cardiac rehabilitation to the MBG to align with the prevailing plan.

Ms. Estrella shared No Surprise Act language changes.

Ms. Estrella shared increase in the orthodontic treatment of orofacial anomalies to align with the limit of the prevailing plan 2025 document.

Ms. Estrella shared language revisions for exclusions to align with the prevailing plan.

Ms. Estrella shared updating hours of operation closing at 5:00pm.

Ms. Estrella shared updating independent review organization references and external appeals language to comply with HRS.

Ms. Estrella shared language clarification regarding state tax as a member's responsibility and since it is also an essential health benefit plan, drug copay language was added to clarify member copayments.

Ms. Estrella shared adding stem cell transplants specifically to the MBG.

Ms. Estrella shared this plan is an 80/20 plan so the inpatient and outpatient for PT/ST/OT should already have the same percent cost share so she does not believe that there's a revision there that's necessary.

Ms. Estrella shared removal of speech therapy exclusion for developmental delay with respect to the diagnosis of autism.

Chair Pang asked if there were any questions.

Ms. Yee questioned if the coinsurance for inpatient PT/ST/OT is 20%. Ms Estrella agreed the coinsurance for inpatient PT/ST/OT is 20%. Ms. Yee stated seeing the prevalent plan at 10% with no deductible. Ms. Estrella stated this plan was approved over a decade ago with an 80/20 cost share, so the inpatient physical therapy aligned with the inpatient cost share of the medical benefit. Ms. Yee stated she was not sure but something doesn't fit right with her that it should not have match the prevalent plan. Ms. Estrella stated they were instructed to point out on the DLIR checklist when the plan was originally approved with a cost share that differed from the prevailing plan. They were never instructed to change the cost share of this plan to align with the prevailing plan and is not sure how to answer the concern. Ms. Yee stated she may not have the history of the rationale and if contractor is able to provide a rationale that makes sense to the Council she understands that but if there's not a rationale beside this is the way it has always been done and it doesn't seem to meet the Prepaid Healthcare Act and the cost share does not equal the prevalent plan then she has concerns about it. Ms. Estrella questioned whether this rationale or explanation would also apply to any other carrier that has a plan with primarily 80/20 benefits, but does not offer a 90/10 plan. Ms. Yee stated yes, if the plan being reviewed does not match up or equal to the prevalent plan then she would raise a concern no matter who the contractor is or who is on the agenda. Ms. Estrella questioned if they would be required to provide rationale before the plans could be approved for continued approval. Ms. Yee stated that would be helpful if there is rationale why there's a difference from the prevalent plan and rationale would be brought back to Council for discussion. Chair Pang asked Council members if there were any thoughts on the discussion. Mr. Hogan stated he concurs that the basis of the prevalent plan is for a specific purpose therefore the language whether or not its identical there's nothing in our precedents that says it has to be identical, but it has to speak to the same spirit. Mr. Hogan stated he does not feel comfortable with just because it was in this specific case. Mr. Graves stated he would agree and does not like where there's differences in this. Mr. Hogan questioned staff if there were any notes if an exception was granted and why before this plan is approved. DLIR staff agreed to gather notes on history of this plan. Chair Pang stated this plan will be approved subject to that clarification of why it was approved at a different level which is a little different than the other plans. Mr. Graves stated the plan could be tabled until the next meeting to get the explanation. Chair Pang stated plan 600-T will be deferred to the next meeting. Ms. Estrella questioned if the discussion was around Plan 3000 as she might have been confusing things and if all the Council would roll back the recommendation to approve on all the plans. Ms. Yee stated she understands Ms. Estrella's question and that her question is the same for all of the 600 plans since they were all 90/10 and that the recommendation subject to clarification of this benefit UHA would look at whether or not it's 10% no deductible under the hospital benefit or 20% no deductible on page 21 that Chair Pang was referring to and if it's 20% unless there is a rationale that can be brought up at the next meeting, it should be matched or it should be changed to 10% no deductible.

A motion was made by Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible; and

3. Exclusion of Speech Therapy due to developmental delays is removed.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Mr. Hogan and carried by unanimous vote.

UHA 3000

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella stated plan 3000 and the Essential Health Benefits equivalents S, T and the 90/10 Preferred are all primarily 80/20 plans and going back to the rationale the plan was approved originally by prepaid in 2025 [*sic*] and does not know any history as to why the plan was approved as an 80/20 plan and not mirroring a 90/10 plan like the prevailing plan. Ms. Estrella questioned if Council would like to go over the list of all the changes for these plans. Chair Pang stated they would like to go over the changes to capture comments in the minutes for the staff.

Ms. Estrella shared language revisions for prior authorizations: referring to the search tool on the website and updated the examples of services that require prior authorizations and updated the MBG to indicate that PET scans no longer require a prior authorization.

Ms. Estrella shared language revisions to comply with the federal Mental Health final rule.

Ms. Estrella shared that contraceptive benefits were rearranged to be alphabetized.

Ms. Estrella shared language revisions to comply with HRS: clarified contraceptive methods and aligned coordination of benefit language for the state mandated drugs (oral chemo, contraceptives, and diabetic drugs, supplies, and insulin).

Ms. Estrella shared adding outpatient cardiac rehabilitation to the MBG to align with the prevailing plan.

Ms. Estrella shared language revisions to comply with the No Surprise Act.

Ms. Estrella shared the benefit change to increase maximum benefit for orthodontic treatment for oral facial anomalies to align with the prevailing plans 2025 limit.

Ms. Estrella shared language revisions to plan exclusions to align with the prevailing plan.

Ms. Estrella shared updating hours of operations.

Ms. Estrella shared language revisions regarding independent review organizations and external appeal revisions to comply with HRS.

Ms. Estrella shared language clarification regarding state tax is being an out-of-pocket responsibility for the member.

Ms. Estrella shared adding stem cell transplants to the MBG.

Ms. Estrella shared removing speech therapy exclusion for developmental delay with respect to autism.

Ms. Estrella shared UHA will review the PT/ST/OT prior authorization language to align with the prevailing plan and inpatient and outpatient PT/ST/OT cost share for this plan would be 20% to align with the hospital room and board and outpatient PT/ST/OT should have a \$12.00 copay.

Chair Pang asked if there were any questions from Council.

Ms. Yee questioned Ms. Estrella cost share for participating provider tier inpatient implants. Ms. Estrella shared implants are 20% coinsurance participating and non-participating with an applicable deductible. Ms. Yee stated she would make a recommendation for discussion by the Council that it matched the prevalent plan which is 10% with no deductible. Ms. Yee stated UHA plan implants is 20% subject to the \$200 deductible. Mr. Graves and Mr. Hogan concurred.

Ms. Yee stated she had a question about or concern about the \$200 deductible and stated at the October 15th meeting last year Cigna submitted their 2025 subsection 7(a) coinsurance plan and one of the things staff identified on the HC-16 was that the \$200 deductible did not meet the prevalent plan because the prevalent plan was \$100 and Council recommended or approved the recommendation to have Cigna reduce their \$200 deductible on the coinsurance plan to \$100 deductible to match the prevalent plan. Ms. Yee questioned DLIR staff whether or not that recommendation by the Council was approved by the director. DLIR staff confirmed. Ms. Yee stated to Ms. Estrella this is an example that would apply to level of playing field for all contractors and is putting it out there for Council discussion and recommending that UHA 3000 plan deductible will be reduced from \$200 to \$100 to meet the prevalent plan or match the prevalent plan and to treat all contractors the same since Cigna was asked to make that change. Chair Pang asked Council for comments. Ms. Conlon concurred if there was a change with another contractor based on Council's recommendations. Mr. Graves and Mr. Kanehira concurred.

Ms. Yee stated on page 15 emergency room is 20% and subject to the deductible and questioned Ms. Estrella if she was reading it correctly. Ms. Estrella concurred. Ms. Yee stated in the prevalent plan page 14 it's the same cost share or same coinsurance of 20% but not subject to the deductible. Ms. Yee recommend that UHA remove the subject to deductible for emergency room on the participating and non-participating provider tiers. Mr. Graves, Mr. Kanehira, and Mr. Hogan stated no objections. Dr. McDonnell stated is it safe to assume that when we say emergency room that it points to emergency department visits. Dr. McDonnell shared concern that when people talk about emergency room it includes charges for a person to go into the department of the hospital that has the emergency designation and all treatments that follow from that be considered part of the emergency department bill. Chair Pang clarified when an individual goes into the emergency room is it just emergency room and some will be sent to urgent care depending on the diagnosis. Ms. Conlon clarified that the benefit of emergency room

versus department should be used interchangeably when looking at the plan. Chair Pang concurred and stated there is a majority consensus regarding a change to the emergency room benefit to remove the deductible.

Ms. Yee stated implants on page 21 shows 20% subject to the deductible for the participating but on the prevalent plan, implants participating tier for inpatient is 10% no deductible. Ms. Yee recommended discussion that UHA change the coinsurance and remove the deductible to match the prevalent plan. Chair Pang stated same as the other plans. Mr. Graves and Mr. Hogan concurred.

Ms. Yee questioned Ms. Estrella to clarify what the cost share for PT/OT/ST participating tier for inpatient is. Ms. Estrella stated for inpatient it should be the same as hospital room and board, which would be 20% coinsurance participating and non-participating provider and the deductible is applicable. Ms. Yee stated in the prevalent plan page 16 participating tier for inpatient PT/OT/ST is 10% no deductible and is putting out for Council discussion and recommendation that UHA change participating tier inpatient for PT/OT/ST from 20% subject to the deductible to 10% no deductible to match the prevalent plan. Chair Pang asked Council for comments. Mr. Kanehira stated he had no objections and questioned Ms. Yee for clarification that the prevalent plan for non-participating providers is 30% so UHA has the option of changing non-participating to 30%. Ms. Yee concurred and stated that neither the participating or the non-participating is subject to the deductible for inpatient PT/OT/ST. Mr. Kanehira, Mr. Hogan, and Mr. Graves concurred with the recommendation.

Ms. Yee questioned Ms. Estrella if she had any background or rationale of why the deductible applies to most of the UHA plan benefits whereas in the prevalent plan, it doesn't apply. Ms. Estrella stated having no background she suspects that the benefit categories were picked in 2024 [sic] when it was approved for 2025 [sic] with the plan 3000 but is unsure why. Chair Pang stated this plan design was intended to provide more generous coverage for preventive services and the thought was to cover preventive services at 100% and have a fixed copayment for basic office visits. Major medical type of services that were more expensive including inpatient would be subject to the deductible and covered up to 80%. Chair Pang stated they concluded that this plan did meet the actual equivalent of a 7(a) status plan. Mr. Hogan concurred with Chair Pang and stated there was a balance between preventive care versus the most frequently used pieces of any plan, the aggregate deductible instead of a separate deductible per occurrence or per benefit, and what services the deductible applied to. Chair Pang asked Dr. McDonnell if he had any thoughts. Dr. McDonnell concurred with Mr. Hogan. Ms. Yee questioned if at one point HMSA CompMED plan as the prevalent plan. Chair Pang disagreed. Mr. Hogan stated back in the 80's it was HMSA Plan 4 and this was before the preferred provider networks were built and was the equivalent almost to the CompMED plans today. Ms. Yee recalled Plan 4 as a benchmark at the time.

Chair Pang questioned Ms. Estrella if the \$12 copay for applied behavioral analysis for autism is intended to be \$12 in-network and out-of-network. Ms. Estrella concurred.

Chair Pang questioned Ms. Estrella if the \$10 copay for cardiac rehab non-participating providers is correct. Ms. Estrella stated the \$10 is a typo and will be changed to \$20.

A motion was made by Mr. Hogan to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible;
3. Exclusion of Speech Therapy due to developmental delays is removed;
4. The typo for the Non-Participating Provider Cardiac Rehabilitation copayment is corrected to \$20;
5. Participating Provider Implants inpatient is covered at least 90% with no deductible;
6. Annual individual deductible is capped at \$100 (Participating Provider/Non-Participating Provider combined); and
7. Emergency Room deductible is removed.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Mr. Kanehira and carried by unanimous vote.

UHA 3000-S

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared language revisions to prior authorization to refer to the search tool on the website and updated examples of services that require prior authorizations and stated PET scans no longer require a prior authorization.

Ms. Estrella shared language revisions to comply with the federal Mental Health Parity final rules.

Ms. Estrella shared that contraceptive benefits were rearranged and listed in alphabetical order.

Ms. Estrella shared adding outpatient cardiac rehabilitation as a facility benefit to align with the prevailing plan.

Ms. Estrella shared language revisions to comply with the No Surprise Act.

Ms. Estrella shared benefit change increasing the maximum of orthodontic treatment of oral facial anomalies to align with the prevailing plans 2025 limit.

Ms. Estrella shared language changes for the exclusions to align with the prevailing plan.

Ms. Estrella shared updating hours of operation.

Ms. Estrella shared language clarification about independent review organizations and external appeals to align with or comply with the HRS.

Ms. Estrella shared language clarification regarding applicable state tax as being a member out-of-pocket responsibility.

Ms. Estrella shared adding drug copay language in the essential health benefit chapter to clarify member copay.

Ms. Estrella shared UHA will be adding specific language for coverage of stem cell transplants.

Ms. Estrella shared removal of speech therapy exclusion for developmental delay with respect to the autism diagnosis.

Ms. Estrella shared UHA will review the prior authorization language for PT/OT and align it with the prevailing plan.

Ms. Estrella shared similar to the UHA 3000 plan, will decrease the annual deductible from \$200 to \$100.

Ms. Estrella shared for inpatient facility emergency room, the deductible will be removed and participating providers coinsurance will be 10% instead of 20%.

Ms. Estrella shared removal of the deductible and participating provider cost share to 10% for implants.

Ms. Estrella shared inpatient PT/OT/ST removing the deductible and decreasing the cost share for the participating providers benefit to 10%.

Chair Pang asked Council if there were any questions.

A motion was made by Ms. Yee to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible;
3. Exclusion of Speech Therapy due to developmental delays is removed;
4. Participating Provider Implants inpatient is covered at least 90% with no deductible;
5. Annual individual deductible is capped at \$100 (Participating Provider /Non-Participating Provider combined); and
6. Emergency Room is at least 90% with no deductible.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Mr. Hogan and carried by unanimous vote.

UHA 3000-T

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared 3000-T is another ACA small group plan and shared making language revisions for prior authorization to refer members to the website search tool, updated examples

of services that require prior authorization and updated to state that PET scans no longer require a prior authorization.

Ms. Estrella shared language revisions to comply with the federal Mental Health Parity final rule.

Ms. Estrella shared contraceptive benefits were rearranged to be in alphabetical order.

Ms. Estrella shared facility benefit for outpatient cardiac rehabilitation was added to align with the prevailing plan.

Ms. Estrella shared language revision to comply with the No Surprise Act.

Ms. Estrella shared benefit change to increase benefit maximum for orthodontic treatment for oral facial anomalies to align with the 2025 prevailing plan limit.

Ms. Estrella shared language revisions to the exclusions to align with the prevailing plan.

Ms. Estrella shared updated UHA hours of operation.

Ms. Estrella shared language revisions in external appeals language and independent review organizations to comply with HRS.

Ms. Estrella shared language clarification regarding applicable state taxes and member out-of-pocket responsibility.

Ms. Estrella shared language revisions in the essential health benefits chapter adding drug copay language to clarify member copay.

Ms. Estrella shared adding coverage and reimbursement stem cell transplant.

Ms. Estrella shared removal of speech therapy exclusion for developmental delay with respect to the diagnosis of autism.

Ms. Estrella shared aligning prior authorization language for PT/OT to align with the prevailing plan.

Ms. Estrella shared decreasing plan deductible from \$200 to \$100 per calendar year.

Ms. Estrella shared increasing benefit coverage for emergency room by lowering the cost share for the facility portion to 10% and removing the deductible.

Ms. Estrella shared increasing the coinsurance to 10% and removing the deductible for inpatient implants.

Ms. Estrella shared increasing benefit to make it a 10% coinsurance and removing the deductible for inpatient PT/ST/OT.

Chair Pang asked Council if there were any questions.

A motion was made by Ms. Conlon to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible;

3. Exclusion of Speech Therapy due to developmental delays is removed;
4. Participating Provider Implants inpatient is covered at least 90% with no deductible;
5. Annual individual deductible is capped at \$100 (PPO/NPO combined); and
6. Emergency Room is at least 90% with no deductible.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Mr. Kanehira and carried by unanimous vote.

UHA 3000 90/10 Preferred

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared 3000 90/10 Preferred is an ACA small group plan and shared making language revisions for prior authorization to refer folks to the website search tool, updated examples of services that require prior authorization and updated the MBG to state that PET scans no longer require a prior authorization.

Ms. Estrella shared language revisions to comply with the federal Mental Health Parity final rule.

Ms. Estrella shared contraceptive benefits were rearranged to be displayed in alphabetical order.

Ms. Estrella shared facility benefit for outpatient cardiac rehabilitation was added to align with the prevailing plan.

Ms. Estrella shared language revisions to comply with the No Surprise Act.

Ms. Estrella shared a benefit change to increase the benefit maximum for orthodontic treatment for oral facial anomalies to align with the 2025 prevailing plan limit.

Ms. Estrella shared language revisions to the plan exclusions to align with the prevailing plan.

Ms. Estrella shared updated UHA hours of operation.

Ms. Estrella shared language changes to the reference to independent review organizations and language revisions to external appeals to comply with the HRS.

Ms. Estrella shared language clarification regarding applicable state taxes and member out-of-pocket responsibility.

Ms. Estrella shared language revisions in the essential health benefits chapter adding drug copay language to clarify member copay.

Ms. Estrella shared adding specific coverage and reimbursement of stem cell transplant.

Ms. Estrella shared removing speech therapy exclusion for developmental delay with respect to the diagnosis of autism.

Ms. Estrella shared aligning prior authorization language for PT/OT to align with the prevailing plan.

Ms. Estrella shared decreasing plan deductible from \$200 to \$100 per calendar year.

Ms. Estrella shared increasing benefit coverage for the facility portion of the emergency room to a 10% coinsurance for the member and no deductible applies.

Ms. Estrella shared increasing the benefit for inpatient implants with a member coinsurance to 10% for participating provider coverage and no applicable deductible.

Ms. Estrella shared increasing benefit to make it a 10% coinsurance and no applicable deductible for inpatient PT/ST/OT.

Chair Pang asked Council if there were any questions.

A motion was made by Ms. Yee to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible;
3. Exclusion of Speech Therapy due to developmental delays is removed;
4. Participating Provider Implants inpatient is covered at least 90% with no deductible;
5. Annual individual deductible is capped at \$100 (Participating Provider/Non-Participating Provider combined); and
6. Emergency Room is at least 90% with no deductible.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Dr. McDonnell and carried by unanimous vote.

UHA One Plan

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared making language revisions for prior authorization referring members to the website search tool, updated examples of services that require prior authorization and indicated that PET scans no longer require a prior authorization.

Ms. Estrella shared language revisions to comply with the federal Mental Health Parity final rule.

Ms. Estrella shared contraceptive benefits were rearranged to appear in alphabetical order.

Ms. Estrella shared language revisions to comply with HRS regarding the state mandated drugs, clarifying coverage for contraceptive methods and aligned language for oral chemotherapy drugs, contraceptives and diabetic drugs, supplies and insulin.

Ms. Estrella shared facility benefit for outpatient cardiac rehabilitation was added to align with the prevailing plan.

Ms. Estrella shared language revisions to comply with the No Surprise Act.

Ms. Estrella shared a benefit change to increase the benefit maximum for orthodontic treatment for oral facial anomalies to align with the 2025 prevailing plan limit.

Ms. Estrella shared language revisions to the plan exclusions to align with the prevailing plan.

Ms. Estrella shared updated UHA hours of operation.

Ms. Estrella shared language changes to the reference to independent review organizations and language revisions to external appeals to comply with the HRS.

Ms. Estrella shared language clarification regarding applicable state taxes as it is a member responsibility.

Ms. Estrella shared adding specific coverage and reimbursement of stem cell transplant.

Ms. Estrella shared removing speech therapy exclusion for developmental delay with respect to the diagnosis of autism.

Ms. Estrella shared aligning prior authorization language for PT/OT to align with the prevailing plan.

Chair Pang asked the Council if there were any questions.

Ms. Yee questioned Ms. Estrella if the PT/ST/OT participating tier for inpatient was a cost share of 20% with no deductible under the hospital benefit. Ms. Estrella concurred and stated the plan does not have a deductible. Ms. Yee stated prevalent is a 10% with no deductible but UHA is at 20% and recommended UHA lower their coinsurance to 10% to match the prevalent plan. Chair Pang stated it is the same recommendations from previous plans discussed. Ms. Yee concurred. Chair Pang asked if there were any discussions or questions regarding the recommendation. Mr. Graves stated he had no objections. Ms. Conlon questioned about implants being changed to 10% to be consistent with all the other recommendations that were made. Chair Pang concurred.

A motion was made by Dr. McDonnell to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible;
3. Exclusion of Speech Therapy due to developmental delays is removed; and
4. Participating Provider Implants inpatient is covered at least 90% with no deductible.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Mr. Hogan and carried by unanimous vote.

UHA One Plan-T

UHA submitted to the Department benefit and language changes made to this plan and requested continued approval under Section 393-7(a). Changes would be effective January 1, 2026.

Ms. Estrella shared One Plan-T is an ACA small group plan. UHA is making language revisions for prior authorization referring members to the website search tool, updated examples of services that require prior authorization and updated that PET scans no longer require a prior authorization.

Ms. Estrella shared language revisions to comply with the federal Mental Health Parity final rule.

Ms. Estrella shared contraceptive benefits were rearranged to appear in alphabetical order in the guide.

Ms. Estrella shared facility benefit for outpatient cardiac rehabilitation was added to align with the prevailing plan.

Ms. Estrella shared language revisions to comply with the No Surprise Act.

Ms. Estrella shared a benefit change to increase the benefit maximum for orthodontic treatment for oral facial anomalies to align with the 2025 prevailing plan limit.

Ms. Estrella shared language revisions to the plan exclusions to align with the prevailing plan.

Ms. Estrella shared updated UHA hours of operation.

Ms. Estrella shared language changes to the reference to independent review organizations and language changes to external appeals to comply with the HRS.

Ms. Estrella shared language clarification regarding applicable state taxes as it is a member responsibility.

Ms. Estrella shared making changes to the Central Health Benefits chapter adding drug copay language to clarify member copay.

Ms. Estrella shared adding specific language for coverage and reimbursement of stem cell transplant.

Ms. Estrella shared removing speech therapy exclusion for developmental delay with respect to autism.

Ms. Estrella shared aligning prior authorization language for PT/OT to align with the prevailing plan.

Ms. Estrella shared aligning PT/OT prior authorization language with the prevailing plan and increasing the inpatient benefit for PT/ST/OT to a 10% participating provider coinsurance to the member.

Ms. Estrella shared increasing the benefit to a 10% coinsurance for the member for implants.

Chair Pang asked the Council if there were any questions.

A motion was made by Mr. Hogan to recommend continued approval of the plan under Section 393-7(a) provided:

1. Stem Cell Transplants are listed as a benefit;
2. Physical, Occupational, and Speech Therapy inpatient participating provider is covered at least 90% with no deductible;

3. Exclusion of Speech Therapy due to developmental delays is removed; and
4. Participating Provider Implants inpatient is covered at least 90% with no deductible.

The council requested clarification on Physical, Occupational, and Speech Therapy Prior Authorization language and how it aligns with the prevalent plan.

The motion was seconded by Dr. McDonnell and carried by unanimous vote.

Chair Pang thanked Council members for giving their time generously, preparing for the meeting, and providing comments and staff for making sure that the council can review the plans efficiently and thoroughly, and UHA for presenting the plans.

Adjournment

The meeting was adjourned at 3:11 p.m.