

January 2022

**TO: Eligible Active and Retired Participants Enrolled under the Self-Funded Comprehensive Medical Plan
AFL Hotel and Restaurant Workers Health and Welfare Trust Fund**

FROM: Board of Trustees

SUBJECT: Addition of Provider Network of America (PNOA) Provider Network

Access to Participating Providers Outside the State of Hawaii

Effective immediately, members covered under the Self-funded Comprehensive Medical Plan will have access to participating providers on the Mainland (U.S. states other than Hawaii) through Provider Network of America, (PNOA).

To access PNOA participating providers, you must use your new membership ID card, which was recently mailed to you. The new membership ID card has the PNOA logo on the back of your ID card (as shown below). **You may have difficulty accessing PNOA participating providers on the Mainland if you do not use the updated ID card.** If you have not received your new ID card, please contact the Trust Fund office.

If you need assistance locating a participating provider or to find out if your health care provider is a PNOA participating provider, please contact Pacific Southwest Administrators (PSWA) at (808) 275-2520 or toll-free at 1 (844) 808-2520. If you or your family members intend to temporarily reside or travel outside the State of Hawaii, please contact PSWA at least two (2) weeks prior to your departure date, or immediately if your departure date is within less than two (2) weeks.

You may also go to the PNOA website at <http://providersearch.pnoa-ppo.com/AFL.php> to search for an out of state participating provider or to check if your out of state provider is in the PNOA network.

When using the website:

1. Select "Network" as PNOAE-Provider Network of America (Exclusive). Selecting a Network and State are mandatory.
2. Select other fields to narrow your search and click on "Submit".

The provider name, address, phone number, specialty and gender will display. If there are no participating providers based on your search, no responses will be displayed. If you have a specific out of state provider and would like to request the provider be contacted by PNOA to see if they are willing to be a participating provider, please contact PSWA.

The addition of **the PNOA national network does not change the network of participating providers in the State of Hawaii, which continue to be available.**

Should you have any other questions visit the Trust Fund's website at www.unitehere5trustbenefits.com or contact the Trust Fund Office at 523-0199; neighbor islands, call toll free at 1 (866) 772-8989. If you are unable to contact the Trust Fund Office during normal business hours, inquires may be emailed to hiaflinfo@brmsonline.com

Disclosure of Grandfathered Status

The Trust Fund believes its group health plans are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Benefit & Risk Management Services, Inc., at 560 North Nimitz Highway, Suite 209, Honolulu, Hawaii 96817-5315 or 1-(808) 523-0199. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This Web site has a table summarizing which protections do and do not apply to grandfathered health plans.

In accordance with ERISA reporting requirements, this document serves as your Summary of Material Modifications to the Plan. Please keep this important notice with your Plan Document/Summary Plan Description (SPD) for easy reference to all Plan provisions