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THE HOPI TRIBE

NON-FEDERAL GOVERNMENTAL PLAN OPT-OUT RIGHTS

Group health plans sponsored by non-Federal governmental employers must generally comply with Federal law requirements in title XXVII of the Public Health Service Act. However, these employers are permitted to elect to exempt a plan from the requirements listed below for any part of the plan that is "self-funded" by the employer, rather than provided through a health insurance policy:

1. Protection against limiting hospital stays in connection with the birth of a child to less than 48 hours for a vaginal delivery, and 96 hours for a cesarean section.
2. Protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the plan.
3. Certain requirements to provide benefits for breast reconstruction after a mastectomy.
4. Continued coverage for up to one year for a dependent child who is covered as a dependent under the plan solely based on student status, who takes a medically necessary leave of absence from a postsecondary educational institution.

The Hopi Tribe reserves the right to exempt its self-insured non-federal governmental Plan benefits from the above rules. These exemptions, when elected, will be in effect for the Plan Year of election and may be renewed for subsequent Plan Years. See the Plan Administrator for more information pertaining to your benefits for a given Plan Year.

NOTICE OF WAIVER UNDER THE MENTAL HEALTH PARITY ACT FOR

PLAN YEAR: JANUARY 1, 2023 – DECEMBER 31, 2023

Effective January 1, 2023 through the Plan Year ending December 31, 2023, the Hopi Tribe has elected to exempt the **Hopi Tribe Employee Health & Welfare Benefits Plan** from the protections against having benefits for mental health and substance use disorders be subject to more restrictions than apply to medical and surgical benefits covered by the Plan. The election may be renewed for subsequent plan years.

This Notice does not mean that benefits will be eliminated or changed for mental health and substance use disorders. Rather, the waiver is intended to allow the Plan greater flexibility to adjust benefit levels to maximize the efficiency of Plan resources and address the needs of Plan participants.