



# Benefit Plan Summary

## UHA 3000

The following chart displays a summary of plan provisions and benefits<sup>1</sup>

### QUESTIONS?

Call Customer Services  
(808) 532-4000  
Toll-free: 1-800-458-4600

### Plan Provisions

#### Dependent child coverage

Up to age 26

Annual deductible<sup>2</sup>

\$200 per person; \$600 per family

Annual co-pay maximum

\$2,500 per person; \$7,500 per family

Lifetime maximum<sup>3</sup>

Unlimited

Medical Services	Participating YOU PAY	Non-participating YOU PAY
<b>PREVENTIVE CARE SERVICES</b>		
Annual deductible does not apply to the following services		
Physical exam (office visit) once per calendar year	No co-payment	No co-payment
Preventive screening services: Mammography, Pap Smear, PSA Test	No co-payment	No co-payment
Well child care visit	No co-payment	No co-payment
Childhood Immunizations	No co-payment	No co-payment
Adult Immunizations	No co-payment	No co-payment
Laboratory	No co-payment	No co-payment
<b>MATERNITY SERVICES</b>		
Annual deductible does not apply to the following services		
*Maternity care	No co-payment	No co-payment
Birth room	No co-payment	No co-payment
Newborn nursery	No co-payment	No co-payment
<b>DISEASE MANAGEMENT PROGRAMS</b>		
Annual deductible does not apply to the following services		
Smoking cessation	No co-payment	Not covered
**Nutrition counseling	No co-payment	No co-payment
Disease education	No co-payment	Not covered
<b>PHYSICIAN SERVICES</b>		
Annual deductible does not apply to the following services		
Physician office visit	\$12	\$12
<b>HOSPITAL SERVICES</b>		
Room & Board (semi-private room)	20% of EC	20% of EC
Ancillary Inpatient Services	20% of EC	20% of EC
Laboratory & pathology (inpatient)	20% of EC	20% of EC
<b>EMERGENCY SERVICES</b>		
Emergency room services	20% of EC	20% of EC
Ambulance services - Ground/Air	20% of EC	20% of EC
<b>COMPLEMENTARY ALTERNATIVE MEDICINE</b>		
Annual deductible does not apply to the following services		
Chiropractic/Acupuncture Services Benefits limited to treatment of conditions of the neuromusculoskeletal system by licensed providers	\$10 co-payment per visit First set of x-rays at 50% of EC; full charge for add'l sets \$500 combined maximum per calendar year	Plan pays up to \$20 per visit X-rays not covered \$500 combined maximum per calendar year

- The information above is intended to provide a condensed explanation of UHA medical plan benefits. Please refer to the appropriate Medical Benefits Guide (MBG) for complete information on benefits and provisions. In case of a discrepancy between this comparison and the language contained in the MBG, the MBG will take precedence.
- Annual deductible does not apply to all services. Refer to your Medical Benefits Guide to verify which services apply.
- Annual maximum of \$2,000,000 per member per calendar year with no lifetime maximum.

EC = Eligible Charge. Refer to your Medical Benefits Guide for detailed definition.

\*Covered, including prenatal, false labor, delivery, and postnatal services provided by your physician or midwife. Maternity care does not include related services such as nursery care, labor room, hospital room and board, diagnostic testing, and other lab work and radiology. Please refer to the specific benefits for more information on those services.

\*\*Covered, but only when counseling is provided and **prior authorization** has been obtained, except where treatment is for diabetes. Please see Medical Benefits Guide for more information.