



Benefit Plan Summary

UHA 600

QUESTIONS?

Call Customer Services

(808) 532-4000

Toll-free: 1-800-458-4600



The following chart displays a summary of plan provisions and benefits¹

Plan Provisions

Dependent child coverage	Up to age 26
Annual deductible	None
Annual co-pay maximum	\$2,500 per person; \$7,500 per family
Lifetime maximum ²	Unlimited

Medical Services	Participating YOU PAY	Non-participating YOU PAY
PREVENTIVE CARE 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
MATERNITY SERVICES		
*Maternity care	10% of EC	30% of EC
Birthing room	No co-payment	20% of EC
Newborn nursery	10% of EC	30% of EC
DISEASE MANAGEMENT PROGRAMS		
Smoking cessation	No co-payment	Not covered
**Nutrition counseling	No co-payment	30% of EC
Disease education	No co-payment	Not covered
PHYSICIAN SERVICES		
Physician office visit	10% of EC	30% of EC
HOSPITAL SERVICES		
Room & Board (semi-private room)	10% of EC	30% of EC
Ancillary Inpatient Services	10% of EC	30% of EC
Laboratory & pathology (inpatient)	10% of EC	30% of EC
EMERGENCY SERVICES		
Emergency room services	10% of EC	10% of EC
Ambulance services - Ground/Air	20% of EC	30% of EC
COMPLEMENTARY ALTERNATIVE MEDICINE		
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

1. 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.

2. 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.