Benefit Plan Summary
UHA 3000

UHA HEALTH INSURANCE

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

*** EC = Eligible Charge**

Plan Provisions[1]

Lifetime Maximum[2]	Unlimited
Annual Maximum Out-of-Pocket	$2,200 per person; $6,600 per family
Annual Deductible[3]	$200 per person; $600 per family

Benefits	Participating Provider You Pay	Non-participating Provider You Pay
PREVENTIVE CARE SERVICES[4] †		
Well Child Care Physician Office Visits Childhood Immunizations Well Child Care Laboratory Tests Annual Physical Exam Breast Cancer (Mammography) Screening Cervical Cancer (Pap Smear) Screening Colorectal Cancer Screening Prostate Specific Antigen (PSA) Test	No co-payment	
DISEASE MANAGEMENT PROGRAMS†		
Smoking Cessation Program	No co-payment	Not covered
Asthma Education Program	No co-payment	Not covered
Diabetes Self-Management Training & Education Program	No co-payment	No co-payment
Nutritional Counseling Programs	No co-payment	No co-payment
PHYSICIAN SERVICES (Includes Mental Health)†		
Office Visits Hospital Visits Physical and Occupational Therapy Services	$12 co-payment	
MATERNITY SERVICES		
Maternity Care	No co-payment (refer to Maternity Care Brochure for details)	
HOSPITAL SERVICES		
Hospital Room and Board Emergency Room	20% of EC*; deductible applies	
SURGICAL SERVICES		
Cutting and Non-Cutting Surgery—Inpatient Cutting and Non-Cutting Surgery—Outpatient	20% of EC*; deductible applies	
DIAGNOSTIC TESTING, LAB, AND RADIOLOGY SERVICES		
Diagnostic Testing—Inpatient	20% of EC*; deductible applies	20% of EC*; deductible applies
Diagnostic Testing—Outpatient	20% of EC*; no deductible	20% of EC*; no deductible
Lab and Pathology —Inpatient	20% of EC*; deductible applies	20% of EC*; deductible applies
Lab and Pathology —Outpatient	No co-payment; no deductible	No co-payment; no deductible
X-Ray & Radiology —Inpatient	20% of EC*; deductible applies	20% of EC*; deductible applies
X-Ray & Radiology —Outpatient	20% of EC*; deductible applies	20% of EC*; deductible applies
COMPLEMENTARY ALTERNATIVE MEDICINE†		
Chiropractic/Acupuncture Services Office Visit	$10 co-payment (annual maximum $500 for combined services)	Plan pays up to $20 per visit (Annual maximum $500 for combined services)
OTHER MEDICAL SERVICES		
Medical Equipment and Appliances Ambulance (ground or inter-island air)	20% of EC*; deductible applies	

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 No annual or lifetime maximum.
3 Annual deductible does not apply to all services. Refer to your Medical Benefits Guide to verify which services apply.
4 All U.S. Preventive Services Task Force (USPSTF) A and B recommended screening services are covered at 100% as required under the provisions of the Patient Protection and Affordable Care Act (ACA).
† UHA 3000 annual deductible does not apply.
***** EC (Eligible Charge) Refer to your Medical Benefits Guide for detailed definition.