



Benefit Plan Summary

UHA 600

QUESTIONS?
 Call Customer Services
 * EC = Eligible Charge

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

Plan Provisions¹

Lifetime Maximum ²	Unlimited
Annual Maximum Out-of-Pocket	\$2,500 per person; \$7,500 per family
Annual Deductible ³	None

Benefits	Participating Provider You Pay	Non-participating Provider You Pay
PREVENTIVE CARE SERVICES⁴		
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	10% of EC*	30% of EC*
Hospital Visits	10% of EC*	30% of EC*
Physical and Occupational Therapy Services	20% of EC*	30% of EC*
MATERNITY SERVICES		
Maternity Care	10% of EC* (refer to Maternity Care Brochure for details)	30% of EC* (refer to Maternity Care Brochure for details)
HOSPITAL SERVICES		
Hospital Room and Board	10% of EC*	30% of EC*
Emergency Room	10% of EC*	10% of EC*
SURGICAL SERVICES		
Cutting and Non-Cutting Surgery—Inpatient Cutting and Non-Cutting Surgery—Outpatient	10% of EC*	30% of EC*
DIAGNOSTIC TESTING, LAB, AND RADIOLOGY SERVICES		
Diagnostic Testing—Inpatient	10% of EC*	30% of EC*
Diagnostic Testing—Outpatient	20% of EC*	30% of EC*
Lab and Pathology —Inpatient	10% of EC*	30% of EC*
Lab and Pathology —Outpatient	20% of EC*	30% of EC*
X-Ray & Radiology —Inpatient	10% of EC*	30% of EC*
X-Ray & Radiology —Outpatient	20% of EC*	30% of EC*
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*	30% of EC*

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).

* EC (Eligible Charge) Refer to your Medical Benefits Guide for detailed definition.