



Plan Summary

Medical UHA 600/3000
Drug p
Vision 100

Welcome to UHA

This booklet is a summary of benefits available to you.

Need more information?

- Visit www.uhahealth.com
- Register for UHA Online Member Services to view your plan documents
 - See next page for details
- Call UHA Member Services
1-800-458-4600



You and your health are very important to us. UHA's web site is dedicated to helping you live a better and healthier life.

Please visit us at www.uhahealth.com and click on the "Members" tab for the following information:

- Get to know UHA
- Online Member Services
- Programs for Members
- Wellness & Prevention
- Health Tools & Resources
- And more!



Once you receive your Member ID Card, register for UHA's Online Member Services and have 24/7 access to:

- View your medical and drug claim information
- View your plan benefits
- Print your medical and drug ID cards



Simply log on to <https://portal.uhahealth.com/Member/Account/LogOn> to register.

UHA 3000 and UHA 600

The following chart displays a summary of plan provisions and benefits when seeing a participating provider¹

Plan Provisions	UHA 3000	UHA 600
Dependent child coverage	Up to age 26	Up to age 26
Annual deductible ²	\$200 per person; \$600 per family	None
Annual co-pay maximum	\$2,500 per person; \$7,500 per family	\$2,500 per person; \$7,500 per family
Lifetime maximum ³	Unlimited	Unlimited

Medical Services	UHA 3000	UHA 600
PREVENTIVE CARE SERVICES	UHA 3000 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
MATERNITY SERVICES	UHA 3000 annual deductible does not apply to the following services	
*Maternity care	No co-payment	10% of EC
Birthing room	No co-payment	No co-payment
Newborn nursery	No co-payment	10% of EC
DISEASE MANAGEMENT PROGRAMS	UHA 3000 annual deductible does not apply to the following services	
Smoking cessation	No co-payment	No co-payment
**Nutrition counseling	No co-payment	No co-payment
Disease education	No co-payment	No co-payment
PHYSICIAN SERVICES	UHA 3000 annual deductible does not apply to the following services	
Physician office visit	\$12	10% of EC
HOSPITAL SERVICES		
Room & Board (semi-private room)	20% of EC	10% of EC
Ancillary Inpatient Services	20% of EC	10% of EC
Laboratory & pathology (inpatient)	20% of EC	10% of EC
EMERGENCY SERVICES		
Emergency room services	20% of EC	10% of EC
Ambulance services - Ground/Air	20% of EC	20% of EC
COMPLEMENTARY ALTERNATIVE MEDICINE	UHA 3000 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	\$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

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 deductible does not apply to all services. Refer to your Medical Benefits Guide to verify which services apply.

3. 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 Benefit Guide for more information.

UHA Drug Plan P

UHA Drug Plan P features a tiered co-payment structure. Your co-payment is based on the type of drug that is used to fill your prescription.

- Refills will be covered for up to twelve (12) months from the date the original prescription was written
- Drugs must be federally approved and obtained with a prescription from a physician

DRUG TYPE (NON-DIABETIC)	DAYS' SUPPLY	PARTICIPATING PHARMACY YOUR CO-PAYMENT	NON-PARTICIPATING PHARMACY YOUR CO-PAYMENT
Generic	30	\$7*	Any charges that exceed UHA's payment of 70% of Eligible Charge
Preferred Brand	30	\$20*	Any charges that exceed UHA's payment of 70% of Eligible Charge
Non-Preferred Brand	30	\$40*	Any charges that exceed UHA's payment of 70% of Eligible Charge
Mail Order Generic	90	\$7*	Not Covered
Mail Order Preferred Brand	60	\$20*	Not Covered
Mail Order Non-Preferred Brand	60	\$40*	Not Covered
DIABETIC BENEFITS	DAYS' SUPPLY	PARTICIPATING PHARMACY YOUR CO-PAYMENT	NON-PARTICIPATING PHARMACY YOUR CO-PAYMENT
Diabetic Supplies —Generic or Preferred Brand	30	\$0	Any charges that exceed UHA's payment of 70% of Eligible Charge
Diabetic Drugs & Insulin —Generic or Preferred Brand	30	\$7	Any charges that exceed UHA's payment of 70% of Eligible Charge
Diabetic Supplies, Drugs & Insulin — Non-Preferred Brand	30	\$40*	Any charges that exceed UHA's payment of 70% of Eligible Charge
Mail Order Diabetic Supplies —Generic or Preferred Brand	90	\$0	Not Covered
Mail Order Diabetic Drugs & Insulin —Generic or Preferred Brand	90	\$7	Not Covered
Mail Order Diabetic Supplies, Drugs & Insulin — Non-Preferred Brand	60	\$40*	Not Covered

*Or 20% of Eligible Charge if the Eligible Charge for a 30-day supply is over \$200.00 for each original prescription or each covered refill.

Mandatory Generic Substitution Policy

If a Preferred or Non-Preferred Brand Covered Drug or Diabetic Supply is obtained when a generic equivalent is available, the member is responsible for (i) the difference in Eligible Charge between the Preferred or Non-Preferred Brand Covered Drug or Diabetic Supply and the generic equivalent, and (ii) the generic co-payment. By requesting generic drugs you can reduce your costs. Speak with your physician about the drug that is appropriate for your medical condition.

See back page for more information, or
call UHA Member Services at 532-4000, or 1-800-458-4600 from the neighbor islands

UHA Vision Plan 100

Eye Examination

- Plan pays 80% of the eligible charge for one eye examination per member, per calendar year
- The benefit reimbursement is the same for both participating and non-participating UHA vision providers

Appliances

- Up to \$100 per calendar year towards the purchase of eyeglasses, contact lenses, frames, lenses or any combination thereof

Vision Care Providers

Members have the choice of going to a participating or non-participating UHA vision provider who must be a licensed Ophthalmologist (M.D.) or Optometrist (O.D.)

Limitations and Exclusions

The following services are not covered:

- Repair or replacements of frame parts and accessories
- Eye refractions
- Sunglasses, prescriptions, inserts for diving masks, non-prescription industrial safety goggles, and tinting of glasses

Please refer to your plan summary description for specific information on vision plan benefits.

How to File a Vision Claim for Services from a Non-Participating Provider

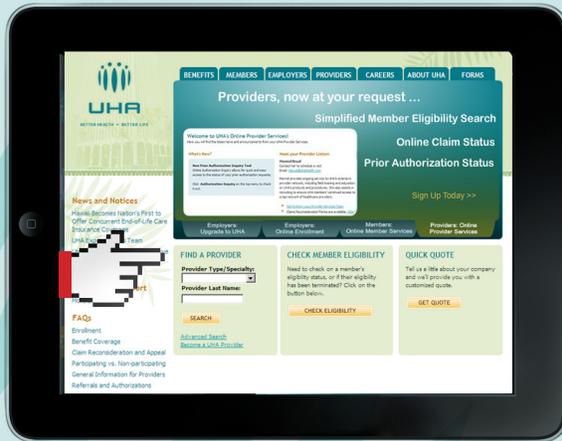
- Present UHA member identification card to the provider of services
- Ask the provider of services to file a claim on behalf of the member
- All claims must be filed within one year after the date of service; claims filed one year after the date of service will not be paid



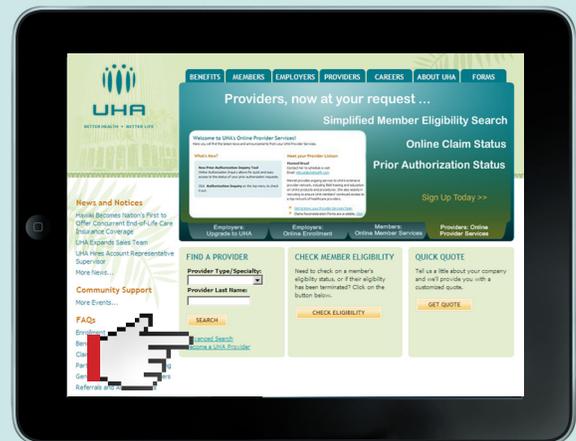
Participating Providers

Need to find a Provider?

- Use our online directory:



Visit www.uhahealth.com, under “Find a Provider.” You can search by island, city, zip code, specialty or provider name/company name.



For a more detailed search, click on the Advanced Search link.

- For those without internet access or if you wish to speak to a Member Services Representative, please call UHA Member Services: 1-800-458-4600



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