UHA HEALTH INSURANCE

Benefit Plan Summary UHA 3000

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

Plan Provisions[1]		
Dependent Child Coverage	**Less than 26 years of age**	
Annual Deductible[2]	$200 per person; $600 per family	
Annual Maximum Out-of-Pocket	$2,200 per person; $6,600 per family	
Lifetime Maximum[3]	Unlimited	
Medical Services	**You Pay**	
	Participating Provider	**Non-participating Provider**
PREVENTIVE CARE SERVICES[†] [4]		
Physical Exam (office visit) once per calendar year	No co-payment	
Preventive Screening Services		
Well Child Care Visit		
Childhood Immunizations		
Adult Immunizations		
Screening Laboratory Services - Outpatient		
MATERNITY SERVICES		
**Maternity Care	No co-payment	
Birthing Room[†]		
Newborn Nursery[†]		
DISEASE MANAGEMENT PROGRAMS[†]		
Smoking Cessation Program	No co-payment	**Not covered**
Asthma Education Program		**Not covered**
Diabetes Self-Management Training & Education Program		**No co-payment**
Nutritional Counseling Programs		**No co-payment**
PHYSICIAN SERVICES[†]		
Physician Office Visit	$12 co-payment	
HOSPITAL SERVICES		
Room & Board (semi-private room)	20% of EC*; deductible applies	
Ancillary Inpatient Services		
Laboratory & Pathology - Inpatient		
EMERGENCY SERVICES		
Emergency Room Services	20% of EC*; deductible applies	
Ambulance (ground or inter-island air)		
COMPLEMENTARY ALTERNATIVE MEDICINE[†]		
Chiropractic/Acupuncture Services Benefits limited to treatment of conditions of the neuromusculoskeletal system by a licensed provider	$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 deductible does not apply to all services. Refer to your Medical Benefits Guide to verify which services apply.
[3] No annual or lifetime maximum.
[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.
[**] 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.

MKT-0943-100517

UHA Drug Plan S

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Annual maximum out-of-pocket $4,850 per person; $7,200 per family (Excludes mandatory generic substitution or other dispense as written [DAW] penalties)

Prescription Drug Benefits	Your co-payment/coinsurance		
	Participating Pharmacy 30 day retail	Participating Pharmacy Mail Order/Extended Fill	Non - Participating Pharmacies 30-Day Retail Only
Generic	$10	90 day - $15	30% of EC
Preferred Brand	$20	60 day - $30	30% of EC
Non-Preferred Brand	$40	60 day - $60	30% of EC
All Prescriptions over $250[1] (per 30-day supply)	20% of ingredient cost	20% of ingredient cost	30% of EC
Diabetic Supplies[2]			
Preferred brand	$5	90 day - $5	30% of EC
Non-preferred brand	$7	90 day - $7	30% of EC
Diabetic Drugs			
Generic or preferred brand	$10	90 day - $10	30% of EC
Non-preferred brand	$40	90 day - $40	30% of EC
Insulin			
Preferred brand	$10	90 day - $10	30% of EC
Non-preferred brand	$40	90 day - $40	30% of EC
U.S. Preventive Services Task Force (USPSTF) Recommended Drugs[3]	None	(90 day/generic, 60 day/brand) - None	30% of EC
Oral chemotherapy drugs	None	30 day - None	30% of EC
Oral Contraceptives & Other Contraceptive Methods (i.e. diaphragms, cervical caps)			
Generic	None	90 day - None	30% of EC
Preferred brand (Single Source)	None	60 day - None	30% of EC
Preferred brand (Multi Source, if any)	$20[4]	60 day - $20[4]	30% of EC
Non-preferred brand	$40[4]	60 day - $40[4]	30% of EC
Smoking Cessation: patches, gum, Chantix, Zyban[5]	None	(90 day/generic, 60 day/brand) - None	30% of EC
Spacers & Peak Flow Meters for Asthma	Please refer to the applicable generic, preferred & non-preferred co-payments or 20% coinsurance above		30% of EC

Mandatory Generic Substitution Policy

If a brand name Covered Drug is obtained when a generic equivalent is available, you are responsible for (i) the difference in Eligible Charge between the brand name Covered Drug 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.

[1] For mail order/extended fill, ingredient cost increasing to $500 (31-60 day supply) and $750 (61-90 day supply)
[2] Any brand not designated as preferred or non-preferred is excluded from coverage from this drug plan; you will be responsible for the entire cost of the supply
[3] USPSTF A & B recommended drugs are covered if your physician orders them as part of your treatment and writes a prescription for the items to be purchased at a pharmacy
[4] For a 30-day supply, if ingredient cost is greater than $250, coinsurance is 20% of ingredient cost. For mail order/extended fill, ingredient cost increasing to $500 (31-60 day supply) and $750 (61-90 day supply). The mandatory generic penalty applies
[5] This benefit is limited to coverage for 180 days in a 360 day period

Note: If you go to a non-participating mail order pharmacy, no coverage is provided. If you go to a participating retail pharmacy who is not in the extended fill network, you will be limited to a 30-day supply of your medication. If you go a non-participating retail pharmacy, you must pay the full cost of your drug at the pharmacy and submit a claim to UHA. UHA will reimburse you based on the eligible charge minus the 30% coinsurance. You will be responsible for any remaining balance over the eligible charge up to the full drug cost.

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

MKT-0941-072517

About this Plan

- UHA Drug Plan S 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, medically necessary and obtained with a prescription from a licensed provider with prescriptive authority. Medically Necessary means the definition established in Hawaii Revised Statutes (sect. 432E-1.4).
- For a list of drugs that require Prior Authorization, please refer to UHA's list of Drugs That Require Prior Authorization on our website at uhahealth.com/webForms/drugsearch.
- Drugs in certain ongoing drug therapy categories could be subject to Step Therapy, which is a program designed to reduce your costs. Please refer to UHA's Preferred Drug list on our website at uhahealth.com/uploads/forms/list_prefdrug.pdf to find out if this program applies to any of your drugs.

Mail Order and Extended Fill Program

You may obtain an extended supply of your maintenance medications through mail order or at pharmacies in the National Plus 90 Day Network. These services allow you to purchase a 60-day supply (for brand name drugs) or a 90-day supply (for generic drugs) under the listed co-payment for their prescription maintenance medication. Please visit uhahealth.com/page/benefit-tips for more information about these services, and to locate the most current list of participating pharmacies (under "Choose Specialty", select "PHARMACY EXTENDED-FILL").

How To File A Prescription Drug Claim

When drugs are purchased from a non-participating pharmacy, or you are asked to pay for the full cost of your drugs at a participating pharmacy, you will need to complete a Prescription Drug Claim form. Contact UHA Customer Services to obtain a Prescription Drug Claim form, or download this form from our website at uhahealth.com/uploads/forms/form_prescrip_drug_claim.pdf. Claims must be filed within ninety (90) days from the date the drug is purchased.

30 Day Restriction On Coverage

All Covered Drugs are limited to a thirty (30) day supply, with the following exceptions:

- A single standard size package may be dispensed even though a smaller quantity is prescribed for the following:
  1. Fluoride, tabs and drops
  2. Children's vitamins with fluoride (unbreakable package)
  3. Nitroglycerine products (unbreakable package)
  4. Miscellaneous: Prenatal vitamins (requiring prescription); Creams and ointments (standard package size); Liquids (standard package size)
  5. Diabetic Supplies (unbreakable package): Syringes, needles, test strips, lancets
- Up to a sixty (60) day supply for brand name drugs (non-diabetic) or a ninety (90) day supply for generic and diabetic drugs may be dispensed for medications obtained by mail order service or Extended Fill Program

Drugs Not Covered

The following are expressly not covered by this drug plan:

- Injectable drugs except Lovenox, Glucagon, Imitrex, Depo Provera, Insulin and anaphylaxis (Epinephrine) kits
- Fertility agents
- Drugs used for cosmetic purposes
- Supplies, appliances and other non-drug items, except Diabetic Supplies
- Drugs furnished to hospital or skilled nursing facility inpatients
- Drugs prescribed for treatment plans that are not Medically Necessary
- Anti-obesity drugs
- Sexual function drugs
- Any drug that may be purchased without a prescription over-the-counter (OTC), except as specified below
- OxyContin (or its generic equivalents) and all other extended-release and long-acting narcotics, unless prescribed in compliance with UHA's Prior Authorization conditions and payment policies
- Drugs for which Prior Authorization is required but has not been obtained
- For drugs in a therapeutic class in which a former prescription drug in that class converts to an OTC drug, UHA reserves the right to provide coverage only for the former prescription drug that has converted to an OTC drug and to exclude from coverage all other drugs in that class
- Drugs and/or Diabetic Supplies obtained by mail order or extended fill from a Non-Participating Pharmacy
- Non-essential, low value and no value drugs; some of which are non-FDA approved, some are approved but hold no identifiable advantage over other more well-tested agents and some are considered to be of lower value by pharmacologists, professional organizations, other authorities, or all three. This list is to be updated annually.
- Products that are chemically-similar drugs and share the same mechanism of action to an existing, approved chemical entity and offer no significant clinical benefit
- Drugs that are determined by the Pharmacy Benefits Manager due to availability of equally effective and safe alternatives. The current list of excluded drugs is available on our website at uhahealth.com/uploads/forms/list-excluded-drugs.pdf.

This information is intended to provide a condensed explanation of UHA drug plan benefits. Please refer to the appropriate drug plan rider with your employer for complete information on benefits and provisions. In case of a discrepancy between this summary and the language contained in the rider, the rider will take precedence.

UHA Vision Plan 100

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UHA Vision 100

Eye Examination

- Plan pays 100% of the eligible charge for one eye examination and refraction per member, per calendar year

Appliances

- Up to $130 every 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:

- Contact lens fitting
- Repair or replacements of frame parts and accessories
- Sunglasses
- Prescription inserts for diving masks
- Nonprescription industrial safety goggles
- Tinting of glasses

How To File A Vision Claim For Services From A Non-Participating Provider

- Present your UHA member identification card to the provider of services
- Send your receipt or invoice and copy of your UHA medical card

  Via Mail:
  700 Bishop Street, Suite 300
  Honolulu, HI 96813

  Via Fax:
  (866) 572-4393

- All claims must be filed within one year from the date of service; claims filed after one year will not be paid

If you have any questions about your vision plan benefits, please contact UHA Customer Services at (808) 532-4000, or 1-800-458-4600 from the neighbor islands.

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