

**Better Health. Better Life.**
UHA 600 – The Traditional PPO Plan

UHA offers a Preferred Provider Organization (PPO) plan that provides the state's top comprehensive medical benefits, paying at 90% of the eligible charge for most services rendered by a participating provider.

We take pride in focusing on providing you with quality health care and customer service, as well as improving your quality of life by promoting healthy lifestyle changes.

UHA 600**No annual deductible****We pay 90% of physician services****We pay 90% of hospital and emergency room****We pay 90% of maternity care****Access to an unsurpassed network of physicians and quality care.****Chiropractic and Acupuncture Services**

Complementary alternative medicine included.

**Vaccinations**

Our benefits cover the full spectrum of recommended* vaccinations for children and adults – including an annual flu shot!

- Seasonal Flu Vaccine
- Adult Immunizations*
- Childhood Immunizations*

*All ACIP recommended

Plan Provisions¹

Dependent Child Coverage

Less than 26 years of age

Annual Deductible²

None

Annual Maximum Out-of-Pocket

\$2,500 per person; \$7,500 per family

Lifetime Maximum³

Unlimited

Medical Services

You Pay

Participating Provider

Non-participating Provider

PREVENTIVE CARE SERVICES⁴

Physical Exam (office visit)

once per calendar year

Preventive Screening Services

Well Child Care Visit

Childhood Immunizations

Adult Immunizations

Screening Laboratory Services - Outpatient

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 Program

Asthma Education Program

Diabetes Self-Management Training

& Education Program

Nutritional Counseling Programs

No co-payment

PHYSICIAN SERVICES

Physician Office Visit

10% of EC*

30% of EC*

HOSPITAL SERVICES

Room & Board (semi-private room)

Hospital Ancillary Services

Laboratory & Pathology - Inpatient

10% of EC*

30% of EC*

EMERGENCY SERVICES

Emergency Room Services

10% of EC*

10% of EC*

Ambulance (ground or inter-island air)

20% of EC*

30% of EC*

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).

* 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.