



Member Handbook

for Better Health and Better Life





Better Coverage.

Better Access.

Better Health.

Better Life.



Providing
You Access
to Hawaii's
Largest*
Physician
Network.

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We're committed to the health and
well-being of our members
Because We're Physician Founded.

The UHA team strives to keep health insurance affordable by improving the current health of its members.



Because We're Physician Founded
Our quality healthcare plans are physician guided and designed to support the doctor-patient relationship. We offer the highest quality healthcare coverage at a competitive rate.

Recognizing that wellness and prevention are the cornerstones of good health, UHA helps members better their lives by bettering their health. We do this by providing benefits directed at maintaining health and preventing illness.

Better Health, Better Lives

At UHA we create a culture where making the healthy choice is the easy choice. UHA's wellness efforts are presented to employees not as a "program," but as an approach to work life.

UHA believes that when we take care of our employees, they in turn will take care of our customers and members.

Guided by the credo "Better Health, Better Life," UHA is committed to enriching the lives of our employees and shaping healthier communities by delivering better access, coverage and care to the people of Hawaii.

Happy, Healthy Workforce

UHA promotes the importance of collaboration and learning to build effective workplace wellness practices.

A healthy, productive workforce is the goal of every employer. At UHA, our **Work WellSM** team offers Hawaii organizations proven, personalized solutions that can enhance employee well-being. Following our "Believe, Belong, BecomeSM" wellness model, employees discover how healthy behaviors can improve their life in immediate, positive ways.



Learn more | uhahealth.com/workwell

Plans Focused On Keeping You Well

We offer comprehensive coverage including medical plans, prescription drug, vision, and dental riders with access to virtually all of Hawaii's health care providers.

UHA was the first health insurance company in Hawaii to offer a health insurance plan that offered full, complete, 100% coverage for wellness and preventive medicine.

Currently we offer three comprehensive Preferred Provider Organization (PPO) medical plans that continue to offer 100% coverage for wellness and preventive medicine along with access to the largest* network of physicians and quality care in the state.

Better Coverage

All of our plans have no co-payments for services that keep members healthy, detect diseases early, and manage chronic disease.

- Drug and vision plans
- Dental plans
- Prevention and Illness Management Benefits
- Healthy Lifestyle Programs
- Travel
- Chiropractic and Acupuncture Services
- Extended Fill Program
- Prescription Mail Order

We support organizations that promote better health.





Be Well:
Prevent and
Manage Illness

UHA Health Insurance plans include a free annual physical examination as well as a variety of tests to identify health risks – and to detect cancer and other conditions – with no co-payment, and no deductible! That’s basically no cost¹ to you.



Vaccinations (Seasonal Flu Vaccine)

Your benefits cover the full spectrum of ACIP recommended vaccinations for both children and adults – including an annual flu shot. Influenza is a deadly disease – protect yourself so you don’t spread it to keiki and kupuna.



Asthma Management Program

Asthma is one of the most common chronic diseases in Hawaii. To help you take control over your asthma, we are offering an asthma management program as a covered benefit.



Chronic Kidney Disease Education Classes

Our collaboration with Aloha Kidney can give you the skills and information you need to help you manage or prevent chronic kidney disease.



Diabetes Management Education Classes

Diabetes can be debilitating and deadly – but it’s very much manageable if you put in the time and effort. We offer several programs and resources to help.



Nutritional Counseling

Covered to help you manage your diagnosed chronic condition(s) when counseling is provided by a Registered Dietitian, Certified Nutrition Specialist, or Certified Diabetes Educator.

- Office Visits & Screenings**
- Preventive Medicine Office Visits
 - Well Woman Exams
 - Outpatient Screening Laboratory Services
 - Well Child Care - Office Visits, Laboratory Tests
 - Chlamydia Screening
 - Osteoporosis Screening*
 - Tuberculin Test
 - Colorectal Cancer Screening

^{*}Peripheral Dexa scan or Ultrasound of the heel
¹Additional taxes may be assessed by your provider’s office.



Live Well:
Maintain a Healthy Life

How do you maintain a healthy life? These are huge impactors on a person's health: Physical fitness and healthy body weight, smoking, and diabetes. Our lifestyle programs can help put you on the path to well-being.



Weight Watchers® Weight Loss Assistance

There is a way. The Weight Watchers® program is based on the science-backed SmartPoints® system – it encourages you to eat more fruits, veggies, lean protein, and less sugar and unhealthy fats. It really works.



Smoking/Tobacco Cessation Program

If you've ever tried quitting tobacco, you know it's much easier said than done. UHA offers smoking cessation classes, prescribed medication, as well as nicotine replacement products to aid you in your efforts.



Prediabetes/Diabetes Prevention

Many adults in Hawaii have prediabetes. Fortunately, prediabetes can be addressed and reversed before it develops into diabetes through exercise and healthy eating.



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 most maternity services

We pay 100% of preventive care services



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



Care When and Where You Need It

Know When to Choose Primary Care, Urgent Care, or the ER

Because we're founded by physicians, we understand the importance of having access to your primary care physician to maintain better health. What if you can't see your primary care physician (PCP) because it's after hours or the office is closed on a weekend?

The emergency room is often the first place that comes to mind when someone needs immediate medical attention. But did you know that urgent care can be the better choice in many situations? Familiarize yourself with available care options so you can make an informed decision on where to go.*



Finding a Provider

Finding a provider for non-emergency care is easy via the UHA mobile app or [UHAhealth.com](https://www.uhahealth.com). Go to page 11 for more information.

Choose Primary Care for:

- Regular check-ups
- Prescriptions
- Non-emergency issues

Choose Urgent Care for:

- Prescription refills
- Work notes
- Minor illnesses or injuries
- Symptoms of a chronic problem for which you are currently being treated
- Conditions for which you have already visited your PCP
- Follow-up visit for a condition which has already been treated (e.g. removing stitches from a previous ER visit)

Choose the ER for serious or life-threatening conditions, including:

- Serious injuries (*broken bones, poisoning, head trauma, etc.*)
- New or worsening symptoms (*severe allergic reaction, trouble breathing, convulsions, etc.*)
- Symptoms from serious medical conditions (*such as uncontrolled diabetes, asthma or heart disease*) that your doctor has told you to be concerned about
- Emergent concerns after discharge from a recent hospitalization or surgery

Choose Telemedicine for:

- Non-emergency issues that don't require treatment in a medical facility

Understanding your available care options is important for everyone in our community. When only those with true emergencies go to the ER, the department can operate efficiently, providing life-saving care to those who need it. If you know with 100% certainty that you are experiencing a non-emergency, choose an urgent care center—you'll receive faster, more tailored service; avoid unnecessary costs; and allow ER doctors to focus their attention on saving lives.

*Go to page 9 for information about receiving medical care outside of Hawaii.



Access to medical providers across the mainland for travel emergencies and for dependent children studying out-of-state.

While Away from Hawaii

Learn more
UHAhealth.com/whileaway

Benefits when traveling, studying, or working out-of-state

Although UHA's service area is within Hawaii, benefits are available when you travel away from home. Hawaii will always be your island home, but sometimes, work or school requires national or international travel. In these situations, UHA keeps members cared for with certain types of coverage.

Visit UHAhealth.com/whileaway or scan the QR code.



While Away from Hawaii

For more details on coverage for you and your family while away from Hawaii, visit UHAhealth.com.

Travel Tips

- **Ensure you understand the difference between Urgent Care and the Emergency Room (ER).** Did you get stung by a bee, or a swarm of bees? Did you step on a mouse trap, or a bear trap? Trips to the ER should be for emergencies only; most medical needs can be addressed at an urgent care facility.
- **Save the numbers for Global Emergency Assistance Service* from Assist America (Reference Number: 01-AA-UHA-01183): 1-800-872-1414** if you're traveling on the mainland, and **1-609-986-1234** if you're traveling internationally. This concierge service will immediately connect you to doctors, hospitals, pharmacies, and other services if you experience a medical emergency while traveling 100 miles or more away from your permanent residence. Visit UHAhealth.com/assistamerica or scan the QR code.
- **UHA does reimburse for emergency medical services incurred while traveling internationally.** Visit our Member FAQ at UHAhealth.com/members for more information.
- **Call UHA before you step onto the plane.** Getting your questions answered and receiving clarification on your coverage prior to leaving will help ensure you get the care you need while you're away. Call Customer Services at **532-4000**.



Global Emergency Assistance Service



SOURCE: HCR-0727-081820



While Away from Hawaii

Studying on the U.S. Mainland

Staying healthy is important — and UHA makes that possible for your college student while they're away from home. If you have a dependent under 26 years old living on the U.S. Mainland as a student, your UHA benefits will cover emergency services, urgent care visits, and preventive care visits through a provider in UnitedHealthcare's Options PPO Network.

Eligible Students:

- Are dependent children under 26 years of age attending school or living on the U.S. Mainland
- Coverage through COBRA and living on the U.S. Mainland will be reviewed on a case by case basis
- Have access to medical providers across the U.S. Mainland with the providers participating in UnitedHealthcare's Options PPO Network. **1-800-458-4600 or 808-532-4000.**
Monday - Friday, 8:00am - 4:00pm HST.

Other Members Living on the U.S. Mainland

Eligible Members:

- Are working for a Hawaii-based employer
- Coverage through COBRA and living on the U.S. Mainland will be reviewed on a case by case basis
- Have access to medical providers across the U.S. Mainland with the providers in UnitedHealthcare's Options PPO Network. **1-800-458-4600 or 808-532-4000.**
Monday - Friday, 8:00am - 4:00pm HST.

Whether you're studying or working on the U.S. Mainland, if an eligible member has two addresses, UHA will only recognize the Hawaii address which provides coverage in the plan's service area. Insurance covers costs involved according to the limits of your plan. There are coverage limitations for specialized or elective services.

Physician-referred Care Outside of Hawaii

Important Points About Specialized & Elective Services**

- UHA's healthcare network is within the state of Hawaii only.
- You will pay substantially more for services you receive on the U.S. Mainland if the service can be done in Hawaii.
- If you choose to go to the U.S. Mainland for specialized, elective or non-physician referred treatment when the same or similar covered service is available here locally there are limitations on what is covered and what UHA will pay. Please contact our Health Care Services team at **(808) 532-4006** to discuss your options.
- Visit **[UHAhealth.com/mainlandcare](https://uhahealth.com/mainlandcare)** for more information or scan the QR code.



Referred Care
Outside of Hawaii

**Assist America's Global Emergency Assistance Services program does not replace medical insurance during medical emergencies away from home. All medical costs incurred should be submitted to your health plan and are subject to the policy limits of your health coverage.*

***It is imperative that you understand this completely before any U.S. Mainland services are received.*



Life Events



Life happens—when it does, UHA is there.

Families grow, children go off to college, and complex care demands arise. Major life events require different types of medical needs; understanding your coverage will help ensure you receive the appropriate care when you need it.

Studying on the U.S. Mainland

If your dependent is under 26 years of age and a student living on the U.S. Mainland, your UHA benefits will cover emergency services, urgent care visits, and preventive care visits through a provider participating with UnitedHealthcare's Options PPO Network. Visit UHAhealth.com/whileaway or scan the QR code.



While Away from Hawaii

For more details on coverage for you and your family while away from Hawaii, visit UHAhealth.com.

Care While Away from Hawaii

Visit page 8 for more info on receiving medical care outside of Hawaii.

Having a Baby

UHA understands that pregnancy is an exciting time for members. Understanding your benefits can help ensure you receive the best care possible for yourself and your newborn.

Maternity care coverage:

- Prenatal and postnatal visits
- Vaginal or caesarean delivery
- Birthing room
- Fetal non-stress test or monitoring
- Amniocentesis
- Chorionic villus sampling
- Cervical cerclage

Additional services for mom (covered at different benefit levels):

- Ultrasounds
- Certain laboratory and diagnostic tests
- Anesthesia

- False labor
- Office visits not related to the pregnancy
- Other radiology services

Services for Baby:

Ensure your baby's claims are paid by enrolling baby onto your plan within 31 days from the date of birth. Visit UHAhealth.com/maternity or scan the QR code below.

- Nursery Care plus Room & Board
- Circumcision
- Well Child Care Physician Visit (billed as office visit)



Maternity Care

All of the benefits listed are for services rendered by a Participating Provider for a normal pregnancy with no complications. Visit UHAhealth.com for detailed information regarding maternity benefits.

Complex Healthcare Needs

When complex healthcare needs arise, UHA Care Management is available. A team of dedicated Registered Nurse (RN) Care Specialists provide individualized attention to develop a plan of care and goals with safe, timely and cost-effective health care options—with no additional cost to you. Visit UHAhealth.com/nurses or scan the QR code.



Care Management

SOURCE: CLI-0015-070122

Get Started

Save Time Online

Medical

Prescription Drug*

Vision*

Dental*

*If applicable

Your Plan Benefits

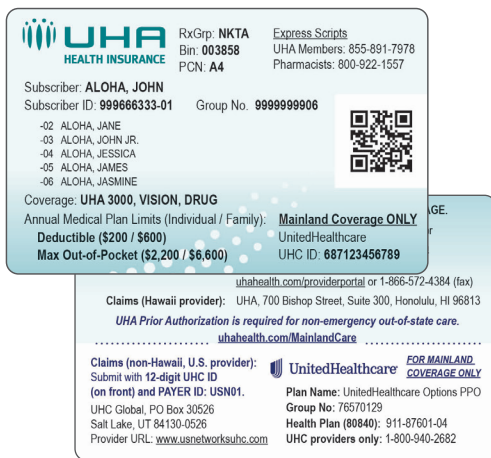
Connect with UHA

You and your health are very important to us. UHA's online resources are dedicated to helping you live well and be well—for better health and a better life.

Save Time with UHA

Always available at: UHAhealth.com

Secure 24/7 access to your health plan information from a PC, laptop, tablet, or phone—no matter where you are!



Example 2022 ID card is for illustration only.

1 Step One: Register at UHAhealth.com/memberportal

Whether you're using a desktop, mobile device, or tablet, our member portal lets you access your plan benefits, view or print your member ID card, and track your claim.

- Once you've received your member ID card, visit UHAhealth.com/memberportal to create your UHA Online Member Services account.
- Don't have your member ID card yet? Call UHA Customer Services to request your member ID number.
 - 532-4000 (Oahu), (800) 458-4600 (Neighbor Islands)
 - 8:00 AM-4:00 PM, Monday-Friday

2 Step Two: Get to Know Your Benefits

Member pages are designed to help you manage, understand and use your coverage benefits.

- Visit UHAhealth.com/members to learn about:
 - Member programs
 - Wellness & prevention benefits
 - Prescription drug tips and tools
- Visit UHAhealth.com/ctd for recipes and helpful tips on:
 - Healthy eating
 - Well-being
 - Activity & exercise
 - Healthcare
- Login to your member portal account to:
 - View your specific plan benefits
 - View or print a digital copy of your member ID card
 - Track your claims

• Connect with us @UHAhealth



3 Step Three: Find a provider



- Visit UHAhealth.com and click on "Find Care Providers & Drugs" at the top of the screen.
- You can search by island, city, zip code, specialty, or provider name/organization.



UHA Online
Member Services

Plan Provisions ¹		
Dependent Child Coverage	Less than 26 years of age	
Annual Deductible ²	None	
Annual Maximum Out-of-Pocket	\$2,500 per person; \$7,500 per family	
Lifetime Maximum ³	Unlimited	
Medical Services	You Pay	
	Participating Provider	Non-participating Provider
PREVENTIVE CARE SERVICES⁴		
Physical Exam (office visit) once per calendar year	None	
Preventive Screening Services		
Well Child Care Visit		
Childhood Immunizations		
Adult Immunizations		
Screening Laboratory Services - Outpatient		
MATERNITY SERVICES		
Maternity Care**	10% of EC*	30% of EC*
Birthing Room	None	20% of EC*
Newborn Nursery	10% of EC*	30% of EC*
DISEASE MANAGEMENT PROGRAMS		
Smoking Cessation Program	None	
Asthma Education Program		
Diabetes Self-Management Training & Education Program		
Nutritional Counseling Programs		
PHYSICIAN SERVICES		
Physician Office Visit	10% of EC*	30% of EC*
HOSPITAL SERVICES		
Room & Board (semi-private room)	10% of EC*	
Hospital Ancillary Services		
Laboratory & Pathology - Inpatient		
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.

** Maternity care includes professional services provided by your physician or Certified Nurse Midwife. Refer to your Medical Benefits Guide for more information on these and other services related to pregnancy and delivery.



Prescription Drug Benefits



Getting the Most Out of Your Plan

Whether you pick up prescriptions or have them delivered, UHA provides members with quick and convenient access to these benefits.

Benefit Plans

Annual Maximum Out-of-Pocket:

- \$5,400 per person
- \$8,300 per family

Prescription Drug Home Delivery

Purchase maintenance medications through Express Scripts. It's quick and convenient and can save you money with 60-day or 90-day supply purchases. **Most medications can be sent to your home or office with free standard shipping.**

Get started with Express Scripts Home Delivery:

- To access Express Scripts' Home Delivery sign up, log into your existing UHA member portal account at uhahealth.com/members. (Next click: **Express Scripts tab** --> **Prescriptions** header, select **Pharmacy Options** from the drop down.)
- Don't have a UHA Member Portal account? Register for one at uhahealth.com/members.
- For added convenience, download Express Scripts' free mobile app to set up long-term prescriptions for home delivery, order refills and renewals, check order status and more. **Scan the QR code** with your mobile device or search for "Express Scripts" in your app store.
- Or, call Express Scripts' Patient Customer Service at 1-800-282-2881



Express Scripts mobile app

Extended Fill

Obtain an extended supply of your maintenance medications at most UHA-participating retail pharmacies within the Express

Scripts network. Purchase a 60-day supply (for most brand name drugs) or a 90-day supply (for generic drugs) for prescription maintenance medication. Simply show your Member ID Card when picking up your prescription from the pharmacy and ask if you are eligible for an extended fill.

Drug Plan S

Generic	\$10
Preferred Brand*	\$20
Non-Preferred Brand*	\$40
20% of Eligible Charge	If 30-day Supply is Over \$250

Mail Order† and Extended Fill Program

Generic	90 day – \$15
Preferred Brand*	60 day – \$30
Non-Preferred Brand*	60 day – \$60
20% of Eligible Charge	Eligible Charge Increasing to \$500 (31-60 day supply) and \$750 (61-90 day supply)

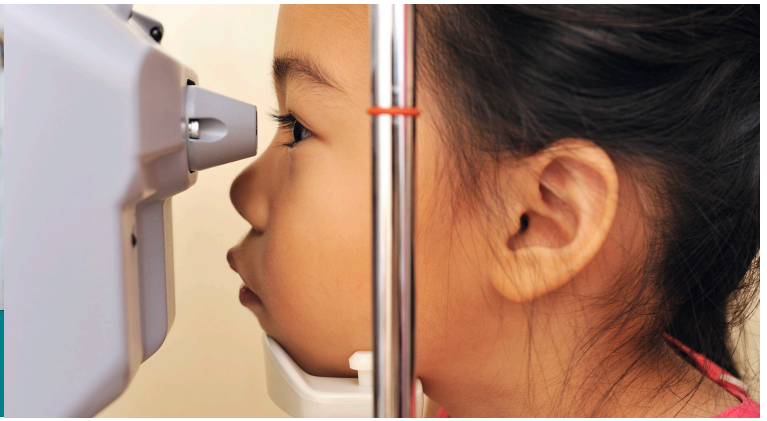
For more details, login to your [Online Member Services](#) account and refer to your drug plan flyer.

Tips to Save Money on Prescription Drugs

- Ask for generic drugs
- If a generic drug is not available, ask for a preferred brand
- Choose medication samples with a generic equivalent, or one from the UHA Preferred Drug List
- Take advantage of Express Scripts benefits like the online medication lookup and pricing tool

*Mandatory Generic Substitution Policy applies

†Specialty Medications are limited to a 30-day supply and are not included in the Mail Order Program.



Vision Benefits

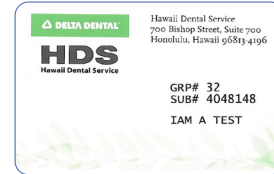
Setting Your Sights Clearly

Vision benefits are just as important as your main UHA benefits—it's all part of a commitment to health. Annual, routine eye exams are part of preventive care, and members receive coverage for 100% of these eligible charges every calendar year. In addition, up to \$150 is available annually for glasses or contact lenses—and you have the option of visiting a provider outside of the UHA network.

Vision 100	
VISION EXAM	VISION CARE PROVIDERS
<p>Plan pays 100% of the eligible charge for one routine vision examination and refraction per member, per calendar year.</p>	<p>Members have the choice of going to a participating or non-participating UHA vision provider who must be a licensed Ophthalmologist (M.D. or D.O.) or Optometrist (O.D.).</p>
APPLIANCES	LIMITATIONS & EXCLUSIONS
<p>Up to \$150 every calendar year towards the purchase of prescription eyeglasses, prescription contact lenses, frames, prescription lenses, or any combination thereof. The member is responsible for paying the provider the difference between UHA's payment and the total actual charge.</p>	<p>The following services are not covered:</p> <ul style="list-style-type: none"> • Contact lens fitting • Repair or replacements of frame parts and accessories • Contact lenses or eyeglasses which are required after cataract surgery • Non-prescription eyeglasses and lenses, including sunglasses, reading glasses, blue light filtering lenses, and magnification lenses • Inserts for diving masks • Non-prescription industrial safety goggles • Coating or tinting of lenses



HDS \$1,500
HDS Group No. 2345
Summary of Dental Benefits
Effective: 01/01/2023



ID card sample is for illustration only.

This summary is a brief description of a Hawaii Dental Service (HDS) member's dental benefits. Some limitations, restrictions, and exclusions may apply. Plan benefits are governed by the provisions detailed in the group's and/or subscriber's agreement with HDS, HDS's Procedure Code Guidelines and Delta Dental National Policies when applicable. Certain provisions may vary across group agreements such as waiting periods, frequency and age limitations, etc. and may not be included in this summary. For additional information, please contact HDS Customer Service. As an HDS member, you may visit any licensed dentist, but your out-of-pocket costs may be lower when visiting an HDS participating dentist. All dental claims must be filed within 12 months of the date of service to be eligible for HDS claims payment.

	MEMBERS THROUGH AGE 18	MEMBERS AGE 19 AND OVER
Maximum Out of Pocket (MOOP) The most you will pay before your dental plan begins to pay 100% of your benefit. Out-of-pocket payments made for non-covered services, alternate benefits and non-medically necessary orthodontics will not count toward the MOOP.	\$375 per child per calendar year \$750 for 2+ children per calendar year	N/A
Plan Maximum The most HDS will pay for each person for all covered dental services performed.	N/A	\$1,500 per calendar year
HDS PLAN PAYS		
DIAGNOSTIC	MEMBERS THROUGH AGE 18	MEMBERS AGE 19 AND OVER
Examinations	100 % 2 per calendar year	100 % 2 per calendar year
Bitewing X-rays	70 % 2 per calendar year	100 % 1 per calendar year
Other X-rays	70 % Full mouth x-rays 1x/5 yrs	70 % Full mouth x-rays 1x/5 yrs
PREVENTIVE		
Cleanings	100 % 2 per calendar year	100 % 2 per calendar year
Fluoride	100 % 2 per calendar year Allowed through age 18	Not Covered
Silver Diamine Fluoride	100 %	100 %
Sealants One treatment per tooth per lifetime to permanent molar teeth when there are no prior fillings on biting surfaces.	100 % Allowed through age 18	Not Covered
Space Maintainers	100 % Allowed through age 18	Not Covered
TOTAL HEALTH PLUS BENEFITS		
If the member has multiple conditions, they will only be eligible for the benefit with the most cleaning(s) and/or gum maintenance treatments of a single condition. All benefits are covered at 100% unless otherwise noted.		
Diabetes • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year

Cancer (other than Oral) • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 2 per calendar year	Additional 2 per calendar year Additional 2 per calendar year
Oral Cancer • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year	Additional 2 per calendar year Additional 4 per calendar year
Sjogren's Syndrome • Cleanings/Gum Maintenance • Fluoride	Additional 2 per calendar year Additional 4 per calendar year	Additional 2 per calendar year Additional 4 per calendar year
Stroke • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Heart Attack, Congestive Heart Failure • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Kidney Failure • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Organ Transplant • Cleanings/Gum Maintenance	Additional 2 per calendar year	Additional 2 per calendar year
Pregnancy (Expectant Mothers) • Cleanings/Gum Maintenance	Additional 1 per calendar year	Additional 1 per calendar year
Medical Risk for Cavities • Fluoride	Additional 3 per calendar year	Additional 3 per calendar year
BASIC CARE		
Fillings Once every two years per tooth per surface.	70 % White-colored fillings limited to front teeth.	70 % White-colored fillings limited to front teeth.
Root Canals	70 %	70 %
Gum/Bone Surgeries Once every three years per quad.	70 %	70 %
Gum Maintenance	70 %	70 %
Oral Surgeries	70 %	70 %
MAJOR CARE		
Crowns & Gold Restorations	50 % 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.	50 % 1x/7yrs per tooth White crowns limited to front teeth and bicuspid.
Fixed Bridges & Dentures	50 % 1x/7yrs per tooth	50 % 1x/7yrs per tooth
Implants	Not Covered	50 %
OTHER SERVICES		
Emergency Treatment of Dental Pain (Palliative Treatment) Once per visit per dental office for relief of pain but not to cure	70 %	70 %
Athletic Mouth Guards	70 % 1 per 24 months Allowed through age 18	70 % 1 per 24 months Allowed through age 18
Adjunctive General Services	70 % Nitrous oxide, IV sedation, and hospital care are covered.	70 %

Medically Necessary Orthodontics Limited to dependent children for those cases involving repair of the cleft lip and/or cleft palate, severe facial birth defects, or an incurred injury that affects the function of speech, swallowing, and/or chewing.	50 % Allowed through age 18	Not Covered
ORTHODONTICS		
	50 % For children. \$1,500 lifetime maximum amount paid (8 Payments Quarterly)	50 % For children. \$1,500 lifetime maximum amount paid (8 Payments Quarterly)

Special Considerations: Assessment of salivary flow is covered. Orthodontic services are not covered if services were started prior to the date the patient became eligible under this employer's plan. If a patient's eligibility ends prior to the completion of the orthodontic treatment, payments will not continue. If your employer elects to remove the orthodontic benefit, coverage will end on the last day of the month that the change occurred. Self-administered or at-home applications (or any type of "do it yourself") orthodontics is not a covered benefit. Orthodontics must be performed by a licensed dentist or supervised staff.

Getting active just got easier™



The Active&Fit Enterprise™ program supports every unique member.

For only \$10 per month for a fitness center membership and \$10 per program year for a home kit, enjoy all of the following, anytime, anywhere:



On-Demand Workout Videos

View a variety of workout videos for all fitness levels including strength, yoga, cardio, and more.



Standard and Premium Fitness Network Choices

Join one of thousands of participating fitness centers. You also have access to Premium locations including fitness centers, studios, and unique fitness experiences for a buy-up price.¹



Healthy Living Coaching

A certified health coach will help you meet your fitness, nutrition, and lifestyle goals during scheduled phone, video, or chat sessions.



Workout Plans

Answer a few online questions about your fitness level and goals. You'll get workouts to help you start an exercise routine.



Home Fitness Kits

Pick your favorite kit (one per program year):²

- Fitbit® Wearable Fitness Tracker Kit
- Garmin® Wearable Fitness Tracker Kit
- Pilates Kit
- Beginner Strength Kit
- Intermediate Strength Kit
- Advanced Strength Kit
- Beginner Swim Kit
- Advanced Swim Kit
- Beginner Yoga Kit
- Intermediate/Advanced Yoga Kit



Fitness Tracking

Sync your wearable fitness tracker or mobile app to the Active&Fit Connected!™ tool and track your activity.³

Go to www.ActiveandFit.com to get started today!

For questions, call us toll free at 1.877.771.2746, Monday through Friday, 9 a.m. to 5 p.m. Hawaii time.



¹Fees vary by Premium location. Please refer to the fitness center search on the Active&Fit Enterprise website.

²Home Fitness Kit promotional codes cannot be used in combination with any other promotions on third-party vendor websites. Once selected, **kits cannot be exchanged**. Kits are subject to change.

³Purchase of a wearable fitness tracker or app may be required to use the Connected! tool and is not reimbursable by the Active&Fit Enterprise program.

Your use of the Active&Fit Connected! tool serves as your consent for American Specialty Health Fitness, Inc. (ASH Fitness) to receive information about your tracked activity. The Active&Fit Enterprise program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Please talk with your doctor before starting or changing your exercise routine. All programs and services are not available in all areas. The people in this piece are not Active&Fit Enterprise members. Active&Fit Enterprise, Getting active just got easier, Active&Fit Connected!, and the Active&Fit Enterprise logo are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Nonstandard services at fitness centers that call for an added fee are not part of the Active&Fit Enterprise program. Fitness center participation may vary by location and is subject to change.

This program is optional. Please check with your employer for coverage details.

Contact UHA

Customer Services and General Information

For questions on benefits, claim status, eligibility, replacement member ID cards

808.532.4000 (Oahu)
1.800.458.4600 (Neighbor Islands)
Available 8:00 AM-4:00 PM,
Monday-Friday

Health Care Services

For help with:

- prior authorizations and requirements
- questions about seeking care on the mainland
- Care Management services
- signing up for Express Scripts Home Delivery

808.532.4006 (Oahu)
1.800.458.4600, ext. 300
(Neighbor Islands)

While Away From Hawaii

Global Emergency Assistance Service by Assist America

Concierge service for emergency services when 100 miles or more away from home

1.800.872.1414 (Mainland)
1.609.986.1234 (International)

Prescription Drug Home Delivery

Express Scripts

Patient Customer Service
1.800.282.2881

You may also call UHA's Health Care Services Specialists for assistance with signing up for Express Scripts Home Delivery (see above).

Glossary

Allowed Amount or Eligible Charge

Maximum amount on which payment is based for covered health care services. This may be called “eligible expense,” “payment allowance” or “negotiated rate.” If your provider charges more than the allowed amount, you may have to pay the difference. (See **Balance Billing**.)

Balance Billing

When a provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is \$100 and the allowed amount is \$70, the provider may bill you for the remaining \$30. A preferred provider may not balance bill you for covered services.

Co-payment

A fixed amount (for example, \$15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible

The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay. For example, if your deductible is \$1000, your plan won't pay anything until you've met your \$1000 deductible for covered health care services subject to the deductible. The deductible may not apply to all services.

Network

The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Non-Preferred or Non-Participating Provider

A provider who doesn't have a contract with your health insurer or plan to provide services to you. You'll pay more to see a non-preferred provider. Check your policy to see if you can go to all providers who have contracted with your health insurance or plan, or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers.

Out-of-Pocket Limit

The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100% of the allowed amount. This limit never includes your premium, balance-billed charges or health care your health insurance or plan doesn't cover. Some health insurance or plans don't count all of your co-payments, deductibles, co-insurance payments, out-of-network payments or other expenses toward this limit.

Prior Authorization or Preauthorization

A decision by your health insurer or plan that a health care service, treatment plan, prescription drug or durable medical equipment is medically necessary. Sometimes called prior authorization, prior approval or precertification. Your health insurance or plan may require preauthorization for certain services before you receive them, except in an emergency. Preauthorization isn't a promise your health insurance or plan will cover the cost.

Participating Provider or Preferred Provider

A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a “tiered” network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also “participating” providers. Participating providers also contract with your health insurer or plan, but the discount may not be as great, and you may have to pay more.

Primary Care Physician

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine) who directly provides or coordinates a range of health care services for a patient.

Visit uhahealth.com/glossary or scan the QR code to view a list of other commonly used health insurance terms.



Glossary of Health Coverage and Medical Terms

Because **We're Physician Founded.**



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