



**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 Provisions<sup>1</sup>

<b>Dependent Child Coverage</b>	<b>Less than 26 years of age</b>
Annual Deductible <sup>2</sup>	None
Annual Maximum Out-of-Pocket	\$2,500 per person; \$7,500 per family
Lifetime Maximum <sup>3</sup>	Unlimited

### Medical Services

	You Pay	
	Participating Provider	Non-participating Provider
<b>PREVENTIVE CARE SERVICES<sup>4</sup></b>		
Physical Exam (office visit) once per calendar year	<b>None</b>	
Preventive Screening Services		
Well Child Care Visit		
Childhood Immunizations		
Adult Immunizations		
Screening Laboratory Services - Outpatient		
<b>MATERNITY SERVICES</b>		
**Maternity Care	10% of EC*	30% of EC*
Birthing Room	<b>None</b>	20% of EC*
Newborn Nursery	10% of EC*	30% of EC*
<b>DISEASE MANAGEMENT PROGRAMS</b>		
Smoking Cessation Program	<b>None</b>	
Asthma Education Program		
Diabetes Self-Management Training & Education Program		
Nutritional Counseling Programs		
<b>PHYSICIAN SERVICES</b>		
Physician Office Visit	10% of EC*	30% of EC*
<b>HOSPITAL SERVICES</b>		
Room & Board (semi-private room)	<b>None</b>	
Hospital Ancillary Services		
Laboratory & Pathology - Inpatient		
<b>EMERGENCY SERVICES</b>		
Emergency Room Services	10% of EC*	10% of EC*
Ambulance (ground or inter-island air)	20% of EC*	30% of EC*
<b>COMPLEMENTARY ALTERNATIVE MEDICINE</b>		
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

<sup>1</sup> 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.

<sup>2</sup> Annual deductible does not apply to all services. Refer to your Medical Benefits Guide to verify which services apply.

<sup>3</sup> No annual or lifetime maximum.

<sup>4</sup> 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.