



Important Notice to Employers

Summary of Changes UHA 3000 and UHA 600 Medical Plans

Effective: January 1, 2022

Questions?
Call Client Services
808.532.4000, Ext. 358
Toll-Free: 1.800.458.4600, Ext. 358

UHA's priority is making sure you have access to optimal care. That is why we review our health plans throughout the year to make sure your benefits allow you to enjoy a better health and a better life, while stretching your budget further.

This notice contains a summary of the changes that will be made to your plan; please use this document for general information only. The 2022 Medical Benefits Guide (MBG) will contain complete information on these changes as well as other benefits and applicable exclusions and limitations of your plan. In the case of a discrepancy between this summary and the language contained in the 2022 MBG, the 2022 MBG takes precedence.

BENEFIT MODIFICATIONS

- **Artificial Insemination.** This service will be covered for the treatment of infertility for a member and covered spouse or civil union partner. This service requires Prior Authorization with a 20% coinsurance (deductible applies to UHA 3000 members) when rendered by a provider in our network.
- **Advance Care Planning.** This service will be covered at 100% when seeing a provider outside of our network.

LANGUAGE CLARIFICATIONS

- **Services Outside the Service Area.** The language will be revised to clarify coverage of medical care provided on the mainland to COBRA members.
- **Eligibility and Enrollment Rules.** This language will be revised to provide additional detail on enrolling for coverage when an individual first becomes eligible, as well as what steps to take to enroll at a later date if there is a loss of other coverage.
- **Children with Special Needs.** This language will be revised to state that a Social Security disability certification letter or identification card from the Centers of Medicare & Medicaid will no longer be a requirement for coverage.
- **Infertility Treatment.** The exclusion language will be revised to clarify non-coverage of services related to the treatment of infertility.
- **Non-Related Items Exclusion.** The exclusion language will be added to clarify non-coverage of any service, procedure, or supply that is directly or indirectly related to a non-covered service, procedure or supply.
- **Requesting a Formal Appeal.** This language will be revised to clarify that a member must ask for an appeal if he or she is not satisfied to our response to his or her concern, or if the member does not wish to request an informal reconsideration review.
- **Coordination of Benefits.** This language will be revised to clarify a member's out-of-pocket responsibility for secondary coverage.
- **Third Party Liability Rules.** This language will be revised to clarify member responsibilities and our recovery rights in third party liability situations.

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