



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

| Plan Provisions¹ | | |
|--|---|--|
| 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) | None | |
| 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.