



Important Notice to Subscribers

Summary of Changes UHA 600 and UHA 3000 Medical Plans

Questions?
Call Customer Services
808.532-4000
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Effective: January 1, 2019

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 2019 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 2019 MBG, the 2019 MBG takes precedence.

Eligibility & Enrollment Rules	<ul style="list-style-type: none"> Termination for Fraud: To comply with Hawaii and federal law, 30 day advance notice is required for termination of coverage if UHA determines that you or your employer has committed fraud or made an intentional misrepresentation or concealment of material facts.
Summary of Benefits & Payment Obligations	<ul style="list-style-type: none"> Disease Management Programs: Coverage for smoking cessation programs & asthma education programs with non-participating providers will be covered at 100%.
Description of Benefits	<ul style="list-style-type: none"> Preventive Services – Mammography for Breast Cancer Screening: Language will be clarified. Annual screening for women under 40 is allowed with a physician's order for women with a personal history of breast cancer, a history of chest irradiation, a family history of breast cancer in a first degree relative or a known genetic predisposition to breast cancer.
Services Not Covered	<ul style="list-style-type: none"> Miscellaneous Exclusions – Weight Reduction Programs: Removing reference to "prescription" drugs, which implies drugs covered under a prescription drug plan. The medical plan exclusion is for drugs covered under the medical plan; language will read: you are not covered for weight reduction programs and supplies (including dietary supplements, food, equipment, laboratory testing, examinations, and drugs), whether or not weight reduction is medically appropriate.
Health Care Services Program	<ul style="list-style-type: none"> Updated list of services that require Prior Authorization
If you Disagree with our Decision	<ul style="list-style-type: none"> Language for appeals will be revised, adding details about the appeals process and including a requirement to complete a form if a member would like to designate an authorized representative to submit an appeal in his/her behalf.
Essential Health Benefits	<ul style="list-style-type: none"> Routine Pediatric Vision Services: Language added to clarify that members are responsible for paying the provider the difference between UHA's payment and the total actual charge for vision appliances (glasses, contacts).
Prescription Drugs	<ul style="list-style-type: none"> Drug S: Clarification of language to indicate that diabetic supplies, drugs and insulin are exempt from the 20% coinsurance tier. Drug T: Clarification of language regarding non-preferred brand copayments and day supply limit for mail order and extended fill drugs regardless of brand tiering.