



Important Notice to Subscribers

Summary of Changes UHA 3000 and UHA 600 Medical Plans

Effective: January 1, 2020

Questions?
Call Customer Services
808.532.4000
Toll-Free: 1.800.458-4600

UHA's priority is making sure you have access to better care. That is why we review our health plans throughout the year to make sure your benefits allow you to enjoy better health and a better life with coverage that simply and quickly gets you the services you need. Login to your UHA member portal at uhahealth.com/member to view your specific plan benefits.

This notice contains a summary of the changes that will be made to your plan; please use this document for general information only. The 2020 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 2020 MBG, the 2020 MBG takes precedence.

BENEFIT CHANGES	
Diabetes Prevention Program	<ul style="list-style-type: none"> This program is a structured health behavior change intervention that provides practical training in long-term dietary change, increased physical activity, and problem-solving strategies for overcoming challenges to sustaining weight loss and a healthy lifestyle. There is no added cost to you when provided by a program that is under contract with UHA.
Complementary Alternative Medicine	<ul style="list-style-type: none"> Exclusion language will be added to clarify non-coverage of other imaging services ordered or performed by participating or non-participating chiropractors.
Advance Care Planning	<ul style="list-style-type: none"> There are no limits on Advance Care Planning discussions with no added cost to you when seeing a provider(s) in our network. Advance care planning lets your doctor and family know how you want to be cared for if you can't make healthcare decisions on your own. These visits can be completed in physician offices, during a hospital stay, in a skilled nursing facility, during inpatient and outpatient consultations, and at home or in an urgent care center.
Outpatient Pulmonary Rehabilitation	<ul style="list-style-type: none"> This service is a multidisciplinary approach to reducing symptoms and improving quality of life in patients with compromised lung function. The service requires prior authorization and will be covered at the same benefit level as other similarly covered services.
LANGUAGE CLARIFICATIONS	
Services requiring Prior Authorization	<ul style="list-style-type: none"> The list will be removed from the Medical Benefits Guide. The language will be revised to provide common examples of things that require Prior Authorization. Please call Health Care Services at 532-4006 (or 1-800-458-4600, extension 300, from the neighbor islands) to see if a service has been added to or deleted from the list, which is also available on our website at uhahealth.com under "Member Forms."
IVF Language	<ul style="list-style-type: none"> Language will be revised to clarify coverage for a member and spouse or civil union partner.

Inpatient Notification	<ul style="list-style-type: none"> Language will be revised to clarify the requirement for notification of emergency and non-elective admissions from within one business day of admission to within two business days.
Duplicate item	<ul style="list-style-type: none"> The exclusion language will be added to clarify non-coverage of duplicate medical equipment, appliance, and supplies.
Physical Examinations	<ul style="list-style-type: none"> The exclusion language will be revised to clarify instances in which physical examinations are not covered benefits.
PRESCRIPTION DRUGS & SUPPLIES	
Annual Maximum Out-of-Pocket (MOOP)	<ul style="list-style-type: none"> The annual MOOP for all drug plans will change from \$4,850 per person/\$7,200 per family to \$5,400 per person/\$8,300 per family.
20% Coinsurance Tier	<ul style="list-style-type: none"> The language will be changed to clarify that this coinsurance applies to <i>any</i> prescription, regardless if the medication is a generic, preferred or non-preferred brand. Also the reference to the coinsurance being 20% of the ingredient charge will be changed to 20% of the eligible charge. This applies to UHA drug plans P, S and T.