

Supplemental Health Plan

The supplemental health plan provides reimbursement of eligible out-of-pocket medical expenses for employee-beneficiaries who are covered under a non-EUTF health plan.

SCHEDULE OF BENEFITS	
Plan Type	The group supplemental medical/hospital/surgical plan is secondary payer.
Plan Year Maximum Benefit Payable	\$3,100 per insured person.
Eligible Medical Expenses	Those out-of-pocket medical/hospital/surgical expenses listed under Covered Expenses.
Prescription Drug Benefit	Reimbursement for prescription drug co-payment charges shall not exceed \$15 per prescription drug (RX) and up to \$200 per year if enrolled in single/self coverage or \$600 per year if enrolled in two-party or family coverage. Reimbursements for prescription drug co-payments count towards the \$3,100 Plan Year Maximum Benefit Payable.
Plan Year	July 1, 2014 through June 30, 2015.

Covered Expenses

The following medical/hospital/surgical care expenses are eligible under this supplemental health plan:

Preventive Services

- Newborn and well-baby care
- Immunizations
- One routine office visit/exam per year
- Routine well-woman exam
- Routine pap smear
- Routine mammogram
- Prostate screening
- Colorectal screening

Testing

- Allergy testing
- Diagnostic laboratory and pathology
- Radiology, CT scans, ultrasound and nuclear medicine

Chemotherapy and Radiation Therapy

Hospital and Facility Services

- Ambulatory surgical center
- Emergency room
- Outpatient hospital ancillary services
- Inpatient hospital room and board
- Inpatient anesthesia services
- Skilled nursing facility
- Birth center

Physician Services

- Office, hospital and emergency room visits
- Consultations
- Routine obstetrical care
- Surgeon, assistant surgeon and anesthesia
- Physician Assistants and Nurse Midwives working under the direct supervision of a physician

Other Services

- Ambulance
- Appliances and braces
- Behavioral health services (in and outpatient)
- Cardiac Rehabilitation (short-term)
- Dialysis and related supplies
- Durable medical equipment
- Home therapies and health care
- Hospice care
- Inhalation (or respiratory) therapy
- Injections
- Physical therapy
- Prosthetics
- Speech therapy
- Tissue and organ transplants

Exclusions

This supplemental plan does not pay for government taxes, your primary group health plan deductibles or enrollment fees, services not specified as Covered Expenses, and services or benefits not paid by your primary group health plan, including but not limited to the following:

- Aromatherapy
- Behavior testing
- Chiropractic
- Hypnotherapy
- Massage therapy
- Naturopathy
- Rest cure
- Sleep therapy
- Eyeglasses; corrective lenses
- Hearing aids
- Counseling for Bereavement, Genetic, Sexual Identification
- Dental Care Services
- Disposable take home supplies
- Fertility/Infertility
- Reversal of voluntary sterilization
- Cost of storing or processing sperm
- Charges for donor sperm or ova
- Over the counter drugs
- Prescription drug charges in excess of the benefit maximum or annual prescription drug benefit maximum
- Services for which the patient has no responsibility to pay due to:
 - Military or service-related condition
 - Workers' Compensation liability
 - Automobile related condition
- Government covered services
- Physical Examinations Related to
 - Employment
 - Insurance
 - Licensing
 - Court-order such as parole or probation
- Provider is an Immediate Family Member
- Transplants
 - Services for or transportation of a living donor
 - Mechanical or non-human organs
 - Organ purchase
- Acupuncture
- Biofeedback
- Bionic devices
- Blood or blood products
- Cosmetic surgery
- Complications of a non-covered procedure
- Custodial care
- Experimental or investigational services
- Eye exams, eye exercises
- Hair loss
- Homemaker services
- Oral travel immunizations
- Personal convenience items
- Photo-refractive keratectomy
- Radial keratotomy
- Routine foot care (unless medically necessary, e.g., diabetic)
- Self-help or self-cure
- Services not medically necessary
- Gender reassignment
- Stand-by time
- Travel and lodging cost
- Weight reduction programs
- Wigs
- Charges in excess of the eligible/allowable rates negotiated between any group health/medical plan and the provider or entity providing the service to the employee-beneficiary
- Group health plan deductibles that you have to satisfy in your primary group health plan
- Expenses or care that are not medically necessary or not prescribed by a licensed physician
- Expenses or care for cosmetic surgery performed mainly to change a person's appearance
- Expenses incurred prior to your coverage effective date of this plan
- Expenses incurred after your termination date of this plan
- Expenses exceeding the maximum benefit amount allowed under this plan
- Expenses paid or payable under any other source including insurance plan/policy
- Benefits not covered by your primary group health plan
- Expenses not listed (eligible) under Covered Expenses in this plan.

Claim Submission Requirements

1. Your provider must submit all claims to your primary medical plan first.
2. Once you obtain the Explanation of Benefits (EOB) or Kaiser co-payment receipt, you must file a completed Claim Form so we can process your claim under this supplemental plan. Claim filing requirements are listed on the Claim Form.
3. All claim payments will be payable to you.

Timely Submission of Claims

We must receive your claim before the end of the 120-day period after the end of the plan year (June 30) or after your termination date, whichever is earlier. The plan will not pay any claims received after this 120-day period.

Payment of Benefits

If your claim is approved, you can expect to receive your reimbursement within 10 to 15 business days. All reimbursement payments are payable directly to you. This plan does not coordinate benefits with any providers.

SUPPLEMENTAL HEALTH PLAN FOR HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND (EUTF)

Frequently Asked Questions related to the EUTF Supplemental Health Plan

Q: Am I eligible to enroll in this plan if I am NOT covered by a group medical plan?

A: No, you must be covered under a non-EUTF medical plan in order to enroll in this plan.

Q: I am a retiree covered by another group medical plan, am I eligible to enroll in this plan?

A: No, this plan is designed for active EUTF participants.

Q: Will I receive an insurance identification card to show my doctor?

A: This plan is a group supplemental plan so an insurance identification card will not be issued.

Q: How do I file a claim?

A: Complete and sign the Royal State National claim form and attach the payment report (EOB) or Kaiser co-payment receipt from your primary health plan. Mail or fax the form and reports to Royal State National, Claims Dept., 819 South Beretania Street, Honolulu, Hawaii 96813. Fax: (808) 566-0914

Q: When will I receive my reimbursement?

A: If your claim is approved, you can expect to receive your reimbursement within 10 to 15 business days.

Q: How does the prescription drug benefit work?

A: The plan will reimburse you for each co-payment for a prescription drug up to a maximum of \$15 per prescription (30-day supply or less). The total plan year limit is \$200 for single coverage and \$600 for two-party and family coverage.

Q: What are the maximum benefits allowed under the plan?

A: The plan year maximum benefit is \$3,100 per person for eligible out of pocket medical expenses.

Q: Does this plan coordinate benefits with Medicare?

A: No, the plan does not coordinate with Medicare or any other medical plan.

Q: What is the deadline for filing my claim?

A: We must receive your claim form and supporting documents within 120 days after the end of the plan year, or the termination of your enrollment in the plan.

Q: Are co-payments for dental and vision services covered?

A: No, dental and vision are not covered under the plan.

The information contained herein is not intended to replace information contained in the contract for supplemental health plan benefits. Should there be any conflict between the documents, the information in the contract shall prevail.