



2009

BRONZE PLAN

How the StayWell Bronze Plan Works

The StayWell Bronze Plan is a deductible plan. A deductible is the amount required to be paid by you for services rendered before the plan participates in paying your covered medical expenses. Covered health care charges accumulating towards the deductible shall apply towards any benefit limitations or maximums of this plan.

The deductible amount is based on Eligible Charges only. An Eligible Charge is the maximum amount payable to a StayWell contracted provider for a covered benefit. Charges incurred under the dental plan do not count towards the annual deductible.



BRONZE PLAN FOR PRIVATE ENTERPRISE EMPLOYEES

Benefits are paid based on eligible charges.

MEDICAL BENEFITS	Participating Provider	Non-Participating Provider
Periodic Screening Test/Exams • \$300 annual maximum	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible
Physical Therapy • Neuromuscular Rehabilitation (90 consecutive days maximum)	80% STWL – 20% Member for first 20 visits 40% STWL – 60% Member thereafter after deductible	70% STWL – 30% Member for first 20 visits 50% STWL – 50% Member thereafter after deductible
Prescription Drugs – FORMULARY	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible
Prescription Drugs – NON-FORMULARY	50% STWL – 50% Member after deductible	50% STWL – 50% Member after deductible
Radiation Therapy • \$100,000 annual maximum	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible
Screening Colonoscopy and Sigmoidoscopy • Qualifications must be met • Precertification required • \$1,000 annual maximum	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible
Skilled Nursing Facility Care (60 days annual maximum)	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible
Tubal Ligation / Vasectomy	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible
Well Child Care • 5 visits per child under 2 years	80% STWL – 20% Member after deductible	70% STWL – 30% Member after deductible

CO-PAYMENT MAXIMUM	Individual \$1,500 Family \$4,500	NO MAXIMUM NO MAXIMUM
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Lifetime Maximum	\$1 Million Dollars	
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Off-island coverage	\$100,000 - Annual maximum Additional \$400,000 at Center of Excellence	\$100,000
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Deductible	Individual \$500	Family \$1500
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DENTAL BENEFITS	Participating Provider	Non-Participating Provider
MAXIMUM COVERAGE	\$1,000	
Examination and restorative care • Exam • X-ray • Cleaning • Routine filling • Bitewing • Sealant - only allowed for members up to age 13 once in a lifetime benefit and limited to permanent molars and premolars	100% STWL	70% STWL – 30% Member
Surgery, endodontic treatment • Extraction • Root canal treatment • Impaction • Pulpotomy	50% STWL – 50% Member	35% STWL – 65% Member
Prosthetic care • Crowns • Bridges • Dentures	50% STWL – 50% Member	35% STWL – 65% Member
Sedation • General anesthesia - only allowed when medically/dentally necessary • Nitrous oxide/analgesia (laughing gas/conscious sedation) - only allowed for member under 13 years old	80% STWL – 20% Member	56% STWL – 44% Member

EXCLUSIONS AND LIMITATIONS

- Abortion (voluntary termination of pregnancy)
- Acts of war injuries
- Acupuncture
- AIDS (groups with fewer than 15 employees)
- Air and non-emergency ground ambulance
- Alcohol and drug-related rehabilitation unless option is purchased by employer
- Allergy testing and treatment, unless otherwise specified
- Alternative medicine including massage therapy, homeopathic medicine and the like
- Amyotrophic Lateral Sclerosis
- Benefits and services not specified as covered
- Blood and blood derivatives
- Care furnished by government agencies and available at no cost to you, i.e. Medicare
- Charges exceeding the eligible charge
- Consultations with doctors by telephone or facsimile
- Contacts and other corrective lenses
- Corrective appliances, artificial aids and durable equipment, including inhalation therapy related equipment
- Cosmetic surgery except as required by WHCRA of 1998
- Dental appliances
- Dental care except oral surgery*
- Dependent of non-spouse dependent coverage
- Dependent parents
- Diagnostic workups to determine infertility
- Dialysis / ESRD
- Durable and disposable medical equipment and supplies
- Elective or voluntary enhancement procedures, surgeries, services, supplies and medications even if prescribed by a physician
- Expenses from confinement primarily for custodial and domiciliary care
- Experimental drugs or procedures
- Eye glasses
- Fees for missed appointment or voluntary transfer of records
- Fertility and infertility procedures
- Gastric bypass, stapling or reversal
- Growth hormone treatment
- Hearing aids
- Hospital take home drugs
- Hyperbaric treatment
- Implants other than cardiac pacemakers, cardiac stents, and breast implants as required by WHCRA of 1998
- Intelligence, IQ, aptitude ability, learning disorders or interest testing not necessary to determine the appropriate treatment of a psychiatric condition
- Item or substance that is available without a prescription, except for medicines and supplies Medically Necessary for inpatient care
- Liposuction
- Non-spouse dependent maternity care
- Occupational and/or speech therapy
- Off-island living expenses
- Off-road and drag racing injuries
- Other health and accident insurance coverage and third party liability settlements
- Over-the-counter drugs or drugs for which a prescription from a licensed physician is not required under federal law
- Personal comfort items such as, but not limited to, telephone, television and guest tray
- Physician's exams required for sport or obtaining or continuing employment, insurance or governmental licensing
- Psychological testing, measurement, neuropsychology and services related thereto
- Replacement of joints
- Rest cures
- Restoration of pre-existing loss of sight or hearing
- Reversal of voluntary sterilization
- Services and supplies not medically necessary
- Sex transformations, sexual dysfunctions or inadequacies
- Suicide, attempted suicide, and intentionally self-induced or intentionally self-inflicted injuries or illnesses, unless resulting from a medical condition (including physical or mental conditions) or from domestic violence
- Temporomandibular joint disorder (TMJ)
- Testing of donor blood
- Transplants and related expenses
- Treatment for injuries incurred while in active military service
- Treatment for injuries incurred while operating a motorized vehicle while under the influence of alcohol or controlled drugs and substances
- Treatment for injuries received while committing a criminal act
- Treatment for weight reduction
- Treatment for mental retardation and mental deficiency
- Tuberculosis
- Worker's Compensation and Employer's Liability Law cases

* Covered under dental plan when you opt for that coverage.

DENTAL EXCLUSIONS AND LIMITATIONS

- Dental implants or tooth preparation for over-dentures
- Dental work for cosmetic purposes
- Excessive charges – any difference between your dentist's bill and the amount allowed by the plan
- Orthodontia and related dental services (treatment and appliances for straightening irregularly placed teeth)
- Prosthodontic services or devices (including crowns and bridges) started prior to membership in StayWell dental plan
- Replacement of lost or stolen appliances, or any appliance damaged while not in the mouth
- Services related to TMJ (temporomandibular joint syndrome) or craniomandibular disorders
- Work in progress on the effective date of coverage
- Intentionally inflicted injury unless resulting from a medical condition (including physical or mental conditions) or from domestic violence