



GOLD PLAN

How the StayWell Gold Plan Works

The StayWell Gold Plan provides coverage with low fixed co-payments. The benefits offered in this Gold Plan are covered with certain benefits subject to limitations. When seeing a Participating Provider, Gold Plan members are required to pay a fixed co-payment for most benefits before StayWell pays the remaining eligible charges. While members may see any doctor anywhere in the world, StayWell highly encourages its members to seek care within its network of Participating Providers. By staying within the network, members will save a substantial amount of money. Additionally, members have the freedom to see any doctor without a referral.



GOLD PLAN FOR PRIVATE ENTERPRISE EMPLOYEES

Benefits are paid based on eligible charges.

MEDICAL BENEFITS	Participating Provider	Non-Participating Provider
Airfare to Center of Excellence	100% coverage when qualifications are met	NOT AVAILABLE
Allergy Testing and Treatment • \$500 annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Ambulatory Surgi-Center Care	\$50 co-pay with precertification from StayWell	70% STWL – 30% Member
Breast Reconstructive Surgery (after mastectomy)	\$50 co-pay for outpatient services 100% coverage at Center of Excellence	70% STWL – 30% Member
Blood Bank Administration • Blood products not covered	\$8 co-pay	70% STWL – 30% Member
Cardiac Surgery • \$50,000 annual maximum • Additional \$150,000 at a Center of Excellence	100% at Center of Excellence	70% STWL – 30% Member
Chiropractic Care • \$25 per visit/12 visits maximum	100% coverage	70% STWL – 30% Member
Chronic Orthopedic Condition • Pre-certification required • \$2,000 annual maximum	\$8 co-pay for professional fee \$50 co-pay for facility fee	70% STWL – 30% Member
Circumcision	\$8 co-pay per visit	70% STWL – 30% Member
Congenital Abnormalities • \$20,000 annual maximum • Additional \$30,000 at a Center of Excellence	\$8 co-pay for professional fee \$50 co-pay for facility fee	70% STWL – 30% Member
Diagnostics, Lab, X-rays, Radiotherapy	\$8 co-pay per visit	70% STWL – 30% Member
Doctor's Office Visit	\$8 co-pay per visit	70% STWL – 30% Member
Durable Medical Equipment • Rental of crutches, wheelchair or bed • 90 day maximum	100% coverage	70% STWL – 30% Member
Emergency Care	80% STWL – 20% Member 100% coverage at Center of Excellence	80% STWL – 20% Member
Eye Exams • \$25 annual maximum	100% coverage	70% STWL – 30% Member
Home Health Care • 15 visits annual maximum	\$8 co-pay per visit	70% STWL – 30% Member
Hospice Care • \$50 per day, 180 days/lifetime 1 confinement/lifetime	80% STWL - 20% Member	70% STWL – 30% Member
Hospitalization (In area)	\$50 co-pay per in-patient confinement (GMH and CHC)	70% STWL – 30% Member (USNH)
Hospitalization (Out of area)	100% coverage at Center of Excellence with precertification \$50 co-pay at participating provider	70% STWL – 30% Member
Hospital (Outpatient services)	\$50 co-pay \$8 co-pay for radiological visit	70% STWL – 30% Member
Immunizations (CDC recommended)	100% coverage	70% STWL – 30% Member
Implants/Reconstructive Surgery • Limited to cardiac pacemakers, cardiac stents and breast implants as required by WHCRA of 1998 • Cardiac stents covered up to \$1,950	80% STWL - 20% Member 100% at Center of Excellence	70% STWL – 30% Member
Mammogram	\$8 co-pay	70% STWL – 30% Member
Maternity Care • Prenatal & Postnatal care	\$8 co-pay	70% STWL – 30% Member
Maternity Care • Delivery	\$50 co-pay for facility fee	70% STWL – 30% Member
Mental Health Care • Outpatient Care Only	\$8 co-pay for first 20 visits 50% co-pay thereafter	50% STWL – 50% Member
Newborn Care at Hospital after delivery	\$50 co-pay for facility fee	70% STWL – 30% Member
Newborn Hearing Screening	\$8 co-pay	70% STWL – 30% Member

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Benefits are paid based on eligible charges.

MEDICAL BENEFITS	Participating Provider	Non-Participating Provider
Nuclear Medicine • \$100,000 annual maximum	\$8 co-pay	70% STWL – 30% Member
Pap Smear	\$8 co-pay	70% STWL – 30% Member
Periodic Screening Test/Exams • \$300 annual maximum	\$8 co-pay	70% STWL – 30% Member
Physical Therapy • Neuromuscular Rehabilitation (90 consecutive days maximum)	\$10 co-pay for first 20 visits 50% co-pay thereafter	70% STWL – 30% Member for first 20 visits 50% STWL – 50% Member thereafter
Prescription Drugs – FORMULARY	\$8 co-pay for brand name medication \$5 co-pay for generic medication	70% STWL – 30% Member
Prescription Drugs – NON-FORMULARY	50% STWL – 50% Member	50% STWL – 50% Member
Radiation Therapy • \$100,000 annual maximum	\$8 co-pay	70% STWL – 30% Member
Screening Colonoscopy and Sigmoidoscopy • Qualifications must be met • Precertification required • \$1,000 annual maximum	100% coverage	70% STWL – 30% Member
Skilled Nursing Facility Care (60 days annual maximum)	\$50 co-pay	70% STWL – 30% Member
Tubal Ligation / Vasectomy	\$8 co-pay for professional fee \$50 co-pay for facility fee	70% STWL – 30% Member
Well Child Care • 5 visits per child under 2 years	\$8 co-pay	70% STWL – 30% Member
CO-PAYMENT MAXIMUM	Individual \$1,500 Family \$4,500	NO MAXIMUM NO MAXIMUM
Lifetime Maximum	\$1 Million Dollars	
Off-island coverage	\$100,000 - Annual maximum Additional \$400,000 at Center of Excellence	\$100,000

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, unless otherwise specified
- 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