



2010

# PLATINUM PLAN

## **How the StayWell Platinum Plan Works**

The Platinum Plan provides coverage with fixed co-payments and 80/20, depending on the service rendered. The benefits offered in this Platinum Plan are covered with certain benefits subject to limitations. When seeing a Participating Provider, Platinum Plan members are required to pay the applicable co-payment before StayWell pays the remaining eligible charges. While members have the provider freedom of choice and 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.



# PLATINUM PLAN FOR PRIVATE ENTERPRISE EMPLOYEES

Benefits are paid based on eligible charges.

MEDICAL BENEFITS	Participating Provider	Non-Participating Provider \$250 deductible/person/year
Airfare to Center of Excellence	100% coverage when qualifications are met	NOT AVAILBALE
Allergy Testing and Treatment • \$500 annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Ambulatory Surgi-Center Care/Outpatient Surgery (Professional Fee and Facility Fee) • Precertification required	80% STWL – 20% Member 100% at Center of Excellence	70% STWL – 30% Member
Breast Reconstructive Surgery (after mastectomy)	80% STWL – 20% Member	70% STWL – 30% Member
Blood Bank Administration • Blood products not covered	80% STWL – 20% Member Administration only	70% STWL – 30% Member Administration only
Cardiac Care • \$50,000 annual maximum • Additional \$150,000 at a Center of Excellence	\$12 co-pay for professional fee 80% STWL – 20% Member for facility 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	\$12 co-pay for professional fee 80% STWL – 20% Member for facility	70% STWL – 30% Member
Circumcision	\$12 co-pay per visit	70% STWL – 30% Member
Congenital Abnormalities • \$20,000 annual maximum • Additional \$30,000 at a Center of Excellence	\$12 co-pay for professional fee 80% STWL – 20% Member	70% STWL – 30% Member
Diagnostics, Radiotherapy and Imaging • Pre-certification required (Outpatient MRI/CT Scan is limited to two tests per contract period per anatomical region)	80% STWL – 20% Member	70% STWL – 30% Member
Doctor's Office Visit	\$12 co-pay per visit	70% STWL – 30% Member
Durable Medical Equipment • Pre-certification required • Rental of crutches, standard manual wheelchair or standard manual bed • 90 day maximum	80% STWL – 20% Member	Not covered
Emergency Care (To include emergency services, ambulance and professional fees)	80% STWL – 20% Member	80% STWL – 20% Member (Deductible is not required for emergency services rendered at Non-Participating Provider)
Eye Exams • \$25 annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Home Health Care • 15 visits annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Hospice Care • \$50 per day, 180 days/lifetime • 1 confinement/lifetime	100% of eligible charges	70% STWL – 30% Member
Hospitalization (In area)	80% STWL – 20% Member (GMH and CHC)	70% STWL – 30% Member (USNH)
Hospitalization (Out of area)	80% STWL – 20% Member 100% coverage at Center of Excellence	70% STWL – 30% Member
Hospital (Outpatient services)	80% STWL – 20% Member	70% STWL – 30% Member
Immunizations (CDC recommended)	100% of eligible charges	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
Injectibles and supplies dispensed at Pharmacy	80% STWL – 20% Member	70% STWL – 30% Member
Laboratory (Outpatient services)	\$12 co-pay per visit	70% STWL – 30% Member
Mammogram & Dexascan	80% STWL – 20% Member	70% STWL – 30% Member
Maternity Care (Member or Spouse) • Prenatal & Postnatal care	\$12 co-pay per visit	70% STWL – 30% Member
Maternity Care • Delivery	80% STWL – 20% Member	70% STWL – 30% Member
Mental Health Care • Outpatient Care Only (GUAM)	\$12 co-pay for first 20 visits 50% STWL – 50% Member thereafter	50% STWL – 50% Member
Mental Health Care • Outpatient Care Only (CNMI) • 20 visits annual maximum	\$12 co-pay for first 20 visits only	50% STWL – 50% Member

"This handbook is for informational purposes only. Its contents are subject to the provisions of the Group Contract between the Employer/Member and StayWell Insurance. In the event of a discrepancy between this handbook and the contract, the terms of the contract will prevail."

# PLATINUM PLAN FOR PRIVATE ENTERPRISE EMPLOYEES

Benefits are paid based on eligible charges.

MEDICAL BENEFITS	Participating Provider	Non-Participating Provider \$250 deductible/person/year
Newborn Care at Hospital after delivery	80% STWL – 20% Member	70% STWL – 30% Member
Nuclear Medicine • \$100,000 annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Periodic Screening Test/Exams • \$300 annual maximum	\$12 co-pay	70% STWL – 30% Member
Physical Therapy • Neuromuscular Rehabilitation (90 consecutive days maximum)	80% STWL – 20% Member for first 20 visits 50% STWL – 50% Member thereafter	70% STWL – 30% Member for first 20 visits 50% STWL – 50% Member thereafter
Prescription Drugs – FORMULARY	\$15 co-pay for brand name medication \$5 co-pay for generic medication 80% STWL – 20% Member for injectibles	70% STWL – 30% Member
Prescription Drugs – NON-FORMULARY	50% STWL – 50% Member	50% STWL – 50% Member
Prescription Drugs - Mail Order	Formulary - 100% of eligible charges Non-formulary - 50% STWL – 50% Member	NOT COVERED
Radiation Therapy • \$100,000 annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Screening Colonoscopy and Sigmoidoscopy • Qualifications must be met • Precertification required • \$1,000 annual maximum	80% STWL – 20% Member	70% STWL – 30% Member
Skilled Nursing Facility Care (60 days annual maximum)	80% STWL – 20% Member	70% STWL – 30% Member
Tubal Ligation / Vasectomy	80% STWL – 20% Member	70% STWL – 30% Member
Well Child Care (including immunization) • 5 visits per child under 2 years	100% of eligible charges	70% STWL – 30% Member
X-ray (Plain film)	\$12 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