

Hawaii Employer- Union Health Benefits Trust Fund (EUTF)

Royal State National Dual-Coverage Medical & Prescription Drug Benefits Plan

Underwritten by Royal State National Insurance Company, Limited

FEATURES:

This plan provides reimbursements of your out-of-pocket medical care expenses up to a monthly maximum.

ELIGIBILITY:

You are eligible to enroll in the Dual-Coverage Medical and Prescription Drug Benefits Plan if:

- You have medical coverage through a private sector or federal government medical plan.

This dual-coverage benefits plan reimburses your out-of-pocket costs paid by you for medical care up to the maximum amount per month. Medical care means the diagnosis, cure, mitigation, treatment or prevention of disease, prescribed drugs, and treatments affecting any part or function of the body. Medical care must be primarily to alleviate or prevent a physical or mental defect or illness. Only expenses for medical care you have paid, and which cost is not recoverable from any other person including any insurance policy, is eligible for reimbursement under this Plan. The following medical care expenses are eligible for reimbursement:

- Acupuncture
- Ambulance
- Appliances/medical equipment
- Birth control pills
- Chiropractic
- Contact lenses
- Dental services
- Drug addiction
- Eyeglasses
- Eye surgery
- Fertility enhancement
- Hospital services
- Laboratory and x-rays
- Learning disability
- Massage therapy
- Medical services
- Nutritional supplements
- Prescription Drugs
- Surgical services
- Weight-loss program

Plan covered medical care services must be medically necessary and prescribed by a physician.

Maximum Out-of-Pocket Reimbursement Per Month (July 1, 2006 – June 30, 2007)

ALL Employees:

Single \$ 40.00
Family \$125.00

Carryforward Benefit. The maximum reimbursement amount is per month as described above. If the out-of-pocket expense is less than the monthly maximum, the benefit amount not used is carried over to future months, but no further than to the end of the plan year or termination date, whichever is earlier. If the out-of-pocket amount is more than the monthly maximum, additional reimbursement for the same out-of-pocket claim expense may be paid in future months, but no more than the allowable maximums and no further than to the end of the plan year or termination date, whichever is earlier.

Claim Submittal Requirements

1. You are responsible to collect and keep all receipts or statements that show that you have paid out-of-pocket medical care expenses incurred during the plan year.
2. You must fill out a claim form approved by us and attach copy of all receipts or statements as proof of your out-of-pocket paid expenses. The dates of service must be clearly itemized with your out-of-pocket expense indicated. Your reimbursement is based on the date of service, not when the service was paid for. For additional rules and requirements, you must follow the Company's claim form instructions.
3. All services for out-of-pocket reimbursement must be received or incurred during the plan year.
4. We must receive your claim by the last day of a month in order to be processed for that month. If your claim is received after the last day of the month, your claim will be processed for the following month.

Timely Submission of Claims. We must receive your claims before end of the 90-day period after the end of the plan year or after your termination date, whichever is earlier. The Plan will not pay any claims received after this 90-day period.

Payment of Benefits. Approved claims shall be paid on monthly basis and after the close of the month. All reimbursement payments are payable directly to you.

Plan Certificate and Claim Forms. The Company will mail you within 15 business days from the date the Company receives your enrollment information from the Hawaii Employer-Union Health Benefits Trust Fund your plan certificate and claim form. A new claim form will be enclosed with every reimbursement benefit payment to you. For additional claim forms or questions, please contact **(808) 539-1621; toll free 1-800-890-9022.**

This summary describes plan highlights only. Please refer to Plan Certificate and Master Policy for benefit details, limitations and exclusions.