

# Royal State National Insurance Co., Ltd.

*Serving the People of Hawaii since 1961.*

808-539-1621 or 888-942-2447 (Neighbor Islands)

## Supplemental Health Plan

The supplemental health plan is designed for employee-beneficiaries who are covered under a private sector or federal government health plan.

SCHEDULE OF BENEFITS	
<b>Eligibility</b>	You must be eligible under the Hawaii Employer-Union Health Benefits Trust Fund and be covered under a private sector or federal government health plan.
<b>Plan Type</b>	This is group supplemental health plan. Your primary health plan must pay first and this plan reimburses you eligible out-of-pocket medical expenses up to the Policy Year Maximum. This plan does not coordinate benefits with any providers or insurance carriers.
<b>Plan/Policy Year (July through June) Maximum Benefit Payable</b>	\$3,000 per insured person
<b>Eligible Medical Expenses</b>	Those out-of-pocket medical/hospital/surgical expenses listed under Covered Expenses.
<b>Prescription Drug Benefit</b>	Reimbursement for prescription drug co-payments charges shall not exceed \$10 per prescription drug (RX) up to \$100 if enrolled in single coverage or \$300 if enrolled in family coverage per Policy Year. Reimbursement for prescription drugs co-payments counts towards the Policy Year Maximum Benefit Payable.

### 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 policy 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, Nurse Midwives, etc. working under the direct supervision of a physician

#### Other Services

- Ambulance
- Appliances, braces, etc.
- 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

*The descriptions provided in this flyer are just highlights. Please refer to Plan Certificate for complete information on benefits, limitations and exclusions.*

## Exclusions

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

- Benefits or services not paid or covered by your primary group health plan
- Alternative Medical Services
  - Aromatherapy
  - Behavior testing
  - Chiropractic
  - Hypnotherapy
  - Massage therapy
  - Naturopathy
  - Rest cure
  - Sleep therapy
- Artificial Aids
  - Eyeglasses; corrective lenses
  - Hearing aids
- Counseling for Bereavement, Genetic, Sexual Identification
- Dental Care Services
- Disposable take home supplies
- Fertility/Infertility Procedures
  - Reversal of voluntary sterilization
  - Cost of storing or processing sperm
  - Charges for donor sperm or ova
- Over the counter drugs
- Prescription drugs 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
- Sexual transformation or 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
- 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 Policy
- Expenses incurred after your termination date of this Policy
- Expenses exceeding the maximum benefit amount allowed under this Policy
- Expenses paid or payable under any other source including insurance plan/policy
- Expenses not listed (eligible) under Covered Expenses in this Policy.

## Claim Submission Requirements

1. You must follow the rules and claim filing requirements as detailed in the Company's claim form.
2. Your provider must submit all claims to your group health plan first.
3. Submit our claim form and attach payment reports (i.e. Explanation of Benefits – EOB's) from your primary group health plan carrier. For Kaiser members attach co-payment receipts. Copies are eligible for submission.
4. Eligible claims received by the last working day of the month will be processed at the close of the month.
5. All claim payments will be payable to you.
6. Note that this policy does not coordinate benefits with any insurance or provider.

## Deadline Submission of Claims

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