



HI IntegrativeCareSM

Summary of Benefits Health Insurance Rider

This summary provides a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the Guide to Benefits, which may be obtained from your employer, for complete information on benefits. In the case of discrepancy between this summary and the language contained within the Guide to Benefits, the latter will take precedence.

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This supplemental rider covers certain integrated care benefits. When the member elects to access these integrated care benefits, they may be obtained In-Network or Out-of-Network. Family Health Hawaii encourages our members to use a participating Provider to help ensure a lower Out-of-Pocket cost to the member.

You pay the specialty care visit co-payment or coinsurance listed below in the Summary of Benefits for services received under this integrated care services rider. These co-payments or coinsurance are not subject to your annual deductible and do not accumulate towards your out-of-pocket maximum. There is a Calendar Year Benefit Maximum for care obtained under the Integrated Care Rider. After you reach the benefit maximum, we will not cover any more services under this rider for the rest of the calendar year. It is the member’s responsibility to pay the full amount of any charges incurred for services received that exceeds the benefit maximum per calendar year. The Family Health Hawaii Integrated Care Rider is a geographically limited plan, which means that Coverage is limited to integrated care services obtained in Hawai’i.

This Supplemental Rider has been sold to your employer’s company by Family Health Hawaii. These Benefits will end if the member leaves the Group through which this Rider is issued or the member no longer meets the participation requirements which makes the member eligible for the Benefits under this Rider.

All Coverage provided under this Supplemental Rider is subject to the restriction of the Eligible Charge maximum for each Care Service. The Eligible Medical Expense (EME*) = the lesser of the Contracted Fee or the Billed Amount (If there is No Contracted Fee, then 90% of Medicare is used to determine that component of the EME).

Integrative Care Rider Services

- Chiropractic
- Acupuncture
- Naturopathic
- Massage Therapy
- Bereavement
- Respite
- Cardiac and Pulmonary Rehabilitation
- TMJ (Temporomandibular) Treatment

Coverage Under the Integrative Care Rider

Chiropractic, Acupuncture, Naturopathic and Massage Therapy have a Calendar year Benefit Maximum of \$650.00 paid by Family Health Hawaii for any and all Chiropractic, Acupuncture, Naturopathic and Massage Therapy Care Services Covered under this section of the Rider.

- 1. Chiropractic** - We cover care that is determined to be medically necessary. Coverage is provided for Care Services rendered by a Chiropractor, which may include benefits in any one, up to all, of the following four categories:

Covered Services	In-Network	Out-of-Network
Spinal Manipulation	\$15	\$25
Physical Therapy	\$10	\$15
Office Visit (Examination)	\$10	\$15
X-Rays (First Set, additional sets are not covered)	50% of EC	Not Covered

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Coverage Under the Integrated Care Rider (Cont.)

2. Acupuncture - Coverage is provided for the following Acupuncture services. Each are subject to a Co-Pay per visit.

Covered Services	In-Network	Out-of-Network
Evaluation and Management	\$15	\$25
Acupuncture	\$15	\$25
Electro-Acupuncture	\$15	\$25

3. Naturopathic - Is a holistic approach to the diagnosis, treatment, and prevention of illness. The Coverage is subject to a Co-Pay per visit. Dispensed items are excluded from Coverage. Also excluded are Laboratory Tests and other Diagnostic Studies, whether performed in the office or sent out by the Naturopath. Covered services include:

Covered Services	In-Network	Out-of-Network
Initial Office Visits (Examinations)	\$15	\$25
Follow-up Office Visits (Advice and/or Examinations)	\$15	\$25

4. Massage Therapy - Covered services involves the manipulation of soft tissue structures of the body to help pain, muscle discomfort and stress by helping promote health and wellness. We cover up to 6 visits per calendar year. Must have a prescription from your treating Physician or Chiropractor. Covered services include:

Covered Services	In-Network	Out-of-Network
Evaluation and Management	20% Co-Pay per visit	Not Covered

5. Bereavement Care - Family Health Hawaii understands the painful feelings surrounded by the death of a loved one. Some people reach a resolution on their own and with social and family support. Others benefit from the support of a grief counselor. Family Health Hawaii offers 10 Bereavement counseling visits per covered member per calendar year. Family Health Hawaii pays 80% of the EME* (Benefit maximum applies).

6. Respite Care - Is the provision of short-term, temporary relief for the Family Health Hawaii member who is terminally ill or the Family Health Hawaii member who is providing the care to an immediate family member who is terminally ill. Family Health Hawaii will cover 15 days / 20 visits per Calendar Year to the member as follows:

Inpatient Respite Care	A maximum Benefit of 15 days per covered member per calendar year. Family Health Hawaii pays 80% of the EME* (Benefit maximum applies)
Outpatient Respite Care	A maximum Benefit of 20 Visits per covered member per calendar year. Family Health Hawaii pays 80% of the EME* (Benefit maximum applies)

7. Cardiac and Pulmonary Rehabilitation - Any combination of doctor monitored Cardiac and/or Pulmonary Rehabilitation ambulatory care visits rendered to a member who have had an adverse cardiac event or who have a chronic debilitating pulmonary disease, such as Chronic Obstructive Pulmonary, and/or Cardio-Pulmonary Rehabilitation Services and are covered under this Integrated Care Rider and Guide to Benefits. This benefit has a maximum of 30 visits per member per calendar year. Family Health Hawaii pays 80% of the EME* (Benefit Maximum applies).

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Coverage Under the Integrated Care Rider (Cont.)

- 8. TMJ (Temporomandibular) Treatment** - Diagnosing TMJ disorders is often complex and therefore should be conducted by an oral and maxillofacial surgeon — experts in the field of the mouth, teeth and jaw. An accurate diagnosis of TMJ is very important before starting a treatment plan. Coverage for TMJ benefits must meet Family Health Hawaii's clinical criteria and is required to have a Prior Authorization review. If medical necessity has been met, Family Health Hawaii will pay up to \$1,500 per member per Calendar Year.

Please note: When services are recommended or provided by a Participating Provider, that provider is responsible for obtaining any required Prior Authorization on the member's behalf. If you are using a Non-Participating Provider it is the member's responsibility to make sure that the Non-Participating Provider has filed the Prior Authorization on your behalf. It is very important that the member works closely with their provider to ensure that the Prior Authorizations have been met. If the member receives services from a non-participating provider and approval for certain services is not obtained, benefits may be denied. In some cases, benefits are denied entirely.

Any additional services or treatments not listed above are not covered under this rider and will be excluded from coverage under the Integrated Care Rider. For a list of benefits that fall under your medical plan, please see the Summary of Benefits and Guide to Benefits booklet for more details on services that are covered and/or excluded under your medical plan. If you have questions on coverage please contact Family Health Hawaii at (808) 457-3277 or toll free at (855) 206-3277. You may also visit us on the web at www.familyhealthhawaii.com for more information.