

STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DISABILITY COMPENSATION DIVISION

APPROVED HEALTH CARE PLANS

The following plans are approved under Section 393-7(a), Hawaii Revised Statutes (HRS).

**Hawaii Management Alliance Association (Phone: 808-591-0088)**

Option Plus One  
Option Plus Two  
Comprehensive Plus  
Comprehensive Basic  
HMAA 90/10 PPO

**Hawaii Medical Service Association (Phone: 808-948-5555 or 1-800-618-4672)**

Preferred Provider Plan  
Preferred Provider Plan 2010  
Preferred Provider Plan – A  
CompMED  
CompMED Choice  
Health Plan Hawaii Plus  
Health Plan Hawaii – A  
HMSA's Small Business Preferred Provider Plan – A  
HMSA's Small Business CompMED – A  
HMSA's Small Business CompMED Choice – A  
HMSA's Small Business Health Plan Hawaii – Plus  
HMSA's Small Business Health Plan Hawaii Platinum – A

**Kaiser Foundation Health Plan Inc. (Phone: 808-432-5919 or 808-432-5453)**

Kaiser Permanente Group Plan  
Kaiser Permanente Group Added Choice 80/20 Plan  
KP Platinum – \$14  
KP Platinum – \$15  
KP Platinum I – \$20  
KP Gold – \$15L  
KP Gold I – \$20

**United HealthCare Insurance Company**

**(Groups of 1-99 phone: 866-288-4993, option #1. Groups of 100+: 818-484-9028)**

United HealthCare Options PPO  
United HealthCare Options PPO – SB

**University Health Alliance (Phone: 808-532-4009)**

UHA 600  
UHA 600 – S  
UHA 600 – T  
UHA 3000  
UHA 3000 90/10 Preferred  
UHA 3000 – S  
UHA 3000 – T

STATE OF HAWAII  
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
DISABILITY COMPENSATION DIVISION

APPROVED HEALTH CARE PLANS (continued)

The following plans are approved under Section 393-7(b), HRS. Employers providing a plan approved under Section 393-7(b), HRS, are required to contribute at least one-half of the premium cost of dependent coverage.

**Hawaii Management Alliance Association**

Executive Plan Option  
HMAA PPO Plan (7B)

**Hawaii Medical Service Association**

Preferred Provider Plan – B  
CompMED – B  
Health Plan Hawaii – B  
HMSA's Small Business Preferred Provider Plan – B

**Kaiser Foundation Health Plan, Inc.**

Kaiser Permanente Group \$25/\$150 (20% Lab, Imaging, and Testing) Plan  
Kaiser Permanente Group \$20/20%/\$300 Plan  
KP Gold – \$15