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 HI Platinum 0/15

KP HI Platinum 0/20

KP Gold – \$15L

KP Gold I - \$20

KP Platinum Added Choice

KP HI Platinum 0/20 Rx Ded

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

One Plan

One Plan - 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 HI Gold 300/20 – B