



Comprehensive *basic*

Medical Plan Schedule of Benefits

Annual Deductible	\$100 per person / \$300 maximum per family
Stop Loss (Per Calendar Year)	\$2,000 co-insurance per person / \$6,000 per family
Lifetime Maximum	\$1,500,000 per covered person per lifetime
Student Coverage	Available up to age 26

BENEFITS	PARTICIPATING PROVIDER		NON-PARTICIPATING PROVIDER	
	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:
				Will be calculated on a lower eligible charge. The member is responsible for paying the applicable co-payments, co-insurance & deductibles plus any remaining balances over the eligible charge up to the full billed amount.
Physician Services				
• Office Visits	No	100% after \$15 co-pay	No	100% after \$15 co-pay
• Hospital Visits	No	80%	No	80%
Hospital Services				
• Room & Care (semi-private rate)	No	80%	No	80%
• Intensive Care Unit, Coronary Care Unit, Ancillary Services, Inpatient Lab & X-Ray	No	80%	No	80%
Surgical Services				
• Surgery and Anesthesiology	No	80%	No	80%
Outpatient Lab & X-Ray				
• Non-Hospital & Office Based	No	100% after \$10 per visit	No	100% after \$10 per visit
• Hospital Outpatient	No	80%	No	80%
Mental Health Services				
• Inpatient or Partial Day	No	80%	No	80%
• Individual, Group or Family Therapy	No	100% after \$15 co-pay	No	100% after \$15 co-pay
• Psychological Testing	No	100% after \$25 per visit	No	100% after \$25 per visit

Note: Reimbursement is based on a percentage of HMAA's eligible charges, not the billed charges. Eligible charges may be based on a procedure fee schedule, a percentage of billed charges, per day (per diem) fees, per case fees, per treatment fees, or other methods.

This document is for illustration purposes only. Refer to the Summary Plan Description for specific details.

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Medical Plan Schedule of Benefits (*continued*)

BENEFITS	PARTICIPATING PROVIDER		NON-PARTICIPATING PROVIDER	
	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:
Other Services				Will be calculated on a lower eligible charge. The member is responsible for paying the applicable co-payments, co-insurance & deductibles plus any remaining balances over the eligible charge up to the full billed amount.
• Allergy Testing/Treatment (one series per year)	Yes	80%	Yes	80%
• Allergy Shots	No	100% after \$5 co-pay	No	100% after \$5 co-pay
• Chemotherapy	Yes	80%	Yes	80%
• Dialysis	Yes	80%	Yes	80%
• Outpatient Injections	Yes	80%	Yes	80%
• Physical Therapy, Speech Therapy, Occupational Therapy (60 visits maximum)	Yes	80%	Yes	80%
• Emergency Room	No	80%	No	80%
• Ambulance - Land	No	80%	No	80%
• Ambulance - Air	Yes	80%	Yes	80%
• Skilled Nursing Facility (120-day maximum per calendar year)	No	80%	No	80%
• Hospice	No	80%	No	80%
• Home Health Care (150 visits per calendar year)	No	80%	No	80%
Preventive Care				
• Physical Exams (Ages 6-18, one per year; 18-49, one every two years; 49+, one per year)	No	100% after \$10 co-pay	No	100% after \$10 co-pay
• Well Baby Care (through age 5)	No	100%	No	100%
• Immunizations (through age 5)	No	100%	No	100%
• Immunizations (age 6+)	No	100% after \$5 co-pay	No	100% after \$5 co-pay
• Mammograms (routine screening: age 35-39, one baseline; age 40+, one every 12 months)	No	100% after \$10 co-pay	No	100% after \$10 co-pay
• Pap Smears (one per calendar year)	No	100%	No	100%
• Prostate Specific Antigen	No	100% after \$10 co-pay	No	100% after \$10 co-pay
Employee Assistance Program (EAP)	N/A	Up to 6 visits per calendar year at no charge	N/A	Not a benefit
<p>Included with Medical Plan. HMAA's Employee Assistance Program (EAP) has one primary goal - to help employees live healthier, more fulfilling lives. By helping employees resolve their personal and work-related problems, we can boost productivity and morale at the workplace.</p>				

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