



# Comprehensive *plus*

## Medical Plan Schedule of Benefits

<b>Annual Deductible</b>	\$100 per person / \$300 maximum per family
<b>Stop Loss (Per Calendar Year)</b>	\$2,000 co-insurance per person / \$6,000 per family
<b>Lifetime Maximum</b>	\$1,500,000 per covered person per lifetime
<b>Student Coverage</b>	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.
<b>Physician Services</b>				
• Office Visits	No	100% after \$15 co-pay	No	100% after \$15 co-pay
• Hospital Visits	No	80%	No	80%
<b>Hospital Services</b>				
• 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%
<b>Surgical Services</b>				
• Surgery and Anesthesiology	No	80%	No	80%
<b>Outpatient Lab &amp; X-Ray</b>				
• Non-Hospital & Office Based	No	100% after \$10 per visit	No	100% after \$10 per visit
• Hospital Outpatient	No	80%	No	80%
<b>Mental Health Services</b>				
• 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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BENEFITS	PARTICIPATING PROVIDER		NON-PARTICIPATING PROVIDER	
	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:
<b>Other Services</b>				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%
<b>Chiropractic and Acupuncture</b>				
• Chiropractic Care (Maximum benefit of \$750 per year)	Yes	80%	Yes	80%
• Acupuncture Care (Maximum benefit of \$300 per year)	No	80%	No	80%
<b>Preventive Care</b>				
• 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 per day	No	100% after \$5 co-pay per day
• 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
<b>Employee Assistance Program (EAP)</b>	No	Up to 6 visits per calendar year at no charge	N/A	Not a benefit

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.

**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.

## Prescription Drug Plan Schedule of Benefits

Prescription & Vision are packaged for groups with less than 50 enrolling employees

BENEFITS	Rx Plan 12/24/48 w/ Co-insurance
<b>RETAIL</b>	
Generic	\$12 co-pay
Preferred Brand Name	\$24 co-pay
Non-Preferred Brand Name	\$48 co-pay
All prescriptions over \$150	20% of ingredient cost
<b>Diabetic Supplies:</b>	
Generic	\$12 co-pay
Preferred Brand Name	\$12 co-pay
Non-Preferred Brand Name	\$12 co-pay
All prescriptions over \$150	20% of ingredient cost
<b>Insulin:</b>	
Preferred Brand Name	\$12 co-pay
Non-Preferred Brand Name	\$24 co-pay
All prescriptions over \$150	20% of ingredient cost
<b>MAIL ORDER</b>	
up to 90-day supply	
Generic	\$24 co-pay
Preferred Brand Name	\$48 co-pay
Non-Preferred Brand Name	\$96 co-pay
All prescriptions over \$150	20% of ingredient cost
<b>Diabetic Supplies:</b>	
Preferred Brand Name	\$24 co-pay
Non-Preferred Brand Name	\$48 co-pay
All prescriptions over \$300	20% of ingredient cost
<b>Insulin:</b>	
Preferred Brand Name	\$24 co-pay
Non-Preferred Brand Name	\$48 co-pay
All prescriptions over \$300	20% of ingredient cost

\*This Rx Plan is a mandatory generic plan, which means if there is a generic equivalent available and a brand name drug is dispensed, then the member is responsible for the respective brand name co-pay PLUS the cost difference between the generic and the brand name drug.

Rx plan 12/24/48 allows members to only pay the respective brand name co-pay, even if there is a generic available, if a Provider prescribes the brand and states "dispense as written."



## High Option Vision Plan Schedule of Benefits

VISION PLAN		
BENEFITS	HIGH OPTION VISION	
	Participating Provider Plan Pays:	Non-Participating Provider Plan Pays:
<b>Examination &amp; Diagnosis</b>		
• Vision Exam	100% after \$25 deductible	\$40
<b>Frames</b>		
• Standard Frames	100% (for frames up to \$105) Plus, 20% off any out-of-pocket costs	\$45
<b>Lenses</b>		
• Single Vision Lens	100%	\$40
• Bifocal Lens	100%	\$60
• Trifocal Lens	100%	\$80
<b>Contact Lenses</b>		
• In Lieu of Frames and Lenses	\$105 Plus, 15% off cost of contact lens exam	\$105
<b>Frequency Of Services</b>		
• Examination	Once every 12 months	
• Lenses	Once every 12 months	
• Frames	Once every 24 months	

Note: Polycarbonate lenses for dependent children up to age 19 are covered in full.

Vision Plans are underwritten by Vision Service Plan (VSP)

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# Dental Plan F

## Schedule of Benefits

BENEFITS	Participating Provider Plan Pays:	\$25 Deductible Applies:	Limits
<b>Annual Maximum</b>	\$1,000		
<b>Basic Services</b>			
• Oral Exams	100%		Twice per calendar year
• Bitewing X-rays	100%		Under age 15: twice per calendar year 15 and older: once per calendar year
• Full Mouth X-rays	100%		Once every 5 years
<b>Preventive Services</b>			
• Cleanings	70%	✓	Twice per calendar year
• Cleaning/Perio Maintenance - Pregnancy	70%	✓	3 times per calendar year
• Cleaning/Perio Maintenance - Diabetic	70%	✓	4 times per calendar year
• Fluoride Treatments	70%	✓	Once per calendar year up to age 20
• Fluoride Varnish-High Risk	70%	✓	Once per calendar year
• All other X-rays (as required)	100%		
• Sealants	70%	✓	Up to age 19
• Space Maintainers	70%	✓	Up to age 18
<b>Restorative Services</b>			
• Restorative Treatment	70%	✓	
• Palliative Treatment	70%	✓	
• Oral Surgery	70%	✓	
• Endodontics	70%	✓	
• Periodontics	70%	✓	
<b>Major Services</b>			
• Crowns **	50%	✓	
• Bridges and Dentures ** (repairs and adjustments)	50%	✓	
• Implants	50%	✓	

\* Major dental services are available to members who have been enrolled continuously with the same HMAA group for the 12 months preceding the date of service.

\*\* Replacements are covered if the existing crown, bridge, or denture is at least 5 years old.

The above reimbursement percentages are based on participating provider negotiated charges. If you go to a non-HMAA dental provider, benefits will be calculated on a lower eligible charge. The member is responsible for paying any remaining balance over the eligible charge up to the full billed amount.