

# OPTION PLUS *two*

## Medical Plan Schedule of Benefits

<b>Annual Deductible</b>	<b>\$100 per person / \$300 maximum per family</b>
<b>Stop Loss (Per Calendar Year)</b>	<b>\$2,500 co-insurance per person / \$7,500 per family (Excludes co-payments)</b>
<b>Lifetime Maximum</b>	<b>\$2,000,000 per person</b>
<b>Dependent Coverage</b>	<b>Available up to age 26</b>

BENEFITS	PARTICIPATING PROVIDER		NON-PARTICIPATING PROVIDER		
	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:	
<b>Physician Services</b>				Benefit level will be at a lower percentage & 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.	
<ul style="list-style-type: none"> <li>Office Visits</li> <li>Hospital Visits</li> </ul>	No No	90% 90%	Yes Yes		70% 70%
<b>Hospital Services</b>				\$200 in addition to Annual Deductible 70% after \$200 Hospital Deductible	
<ul style="list-style-type: none"> <li>Hospital Deductible Per Confinement</li> <li>Room &amp; Care (semi-private rate)</li> <li>Intensive Care Unit, Coronary Care Unit, Ancillary Services, Inpatient Lab &amp; X-Ray</li> </ul>	No No	None 90% 90%	Yes Yes		70%
<b>Surgical Services</b>					
<ul style="list-style-type: none"> <li>Surgery and Anesthesiology (includes maternity benefits)</li> </ul>	No No	90% 80% non-cutting	Yes	70%	
<b>Outpatient Lab &amp; X-Ray</b>					
<ul style="list-style-type: none"> <li>X-Ray Films, Diagnostic Services &amp; Radiotherapy</li> </ul>	No	80%	Yes	70%	
<b>Mental Health Services</b>					
<ul style="list-style-type: none"> <li>Hospital &amp; Doctor Services (30 days max per calendar year - inpatient)*</li> <li>Psychiatrist &amp; Psychologist Services (24 visits max per calendar year - outpatient)*</li> <li>Psychological Testing</li> </ul>	No No Yes	90% 90% 80%	Yes Yes Yes	70% 70% 70%	

\* Mental health service maximums do not apply to groups with more than 25 employees

**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.

BENEFITS	PARTICIPATING PROVIDER		NON-PARTICIPATING PROVIDER	
	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:	\$100 ANNUAL DEDUCTIBLE APPLIES	Plan Pays:
<b>Other Services</b> <ul style="list-style-type: none"> <li>Allergy Testing/Treatment (one series per year)</li> <li>Appliances &amp; Equipment, Blood, Chemotherapy, Dialysis &amp; Supplies, Organ Donor Services, Outpatient Injections</li> <li>Physical Therapy, Speech Therapy, Occupational Therapy (pre-certification required after 10 visits)</li> <li>Emergency Room</li> <li>Urgent Care Center</li> <li>Ambulance</li> <li>Skilled Nursing Facility (60-day maximum per calendar year)</li> <li>Hospice (150-day maximum per lifetime)</li> <li>Home Health Care (150 visits per calendar year)</li> </ul>	Yes Yes Yes No No Yes No No No	80% 80% 80% 90% 90% 80% 90% 100% 100%	Yes Yes Yes Yes Yes Yes N/A Yes	70% 70% 70% 70% 70% 70% 70% after \$200 Hospital Deductible Not a benefit 70%
<b>Chiropractic, Naturopathic, Acupuncture</b> <ul style="list-style-type: none"> <li>Initial Examination</li> <li>Treatment</li> </ul> (Maximum of 20 examinations/treatments per calendar year for all benefits in this category)	No No	100% after \$5 co-pay 100% after \$5 co-pay	Yes Yes	\$20 maximum after \$10 co-pay \$20 maximum after \$10 co-pay
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>Physicals (including related tests and immunizations) (\$125 maximum per age category: Ages 6-39, every 36 months; 40-49, every 24 months; 50+, every 12 months)</li> <li>Well Baby Care (through age 5)</li> <li>Immunizations (through age 5)</li> <li>Mammograms (routine screening: age 35-39, one baseline; age 40+, one every 12 months)</li> <li>Pap Smears (one per calendar year)</li> </ul>	No No No No No	90% 90% 100% 80% 80%	N/A No No No Yes	Not a benefit 70% 100% 70% 70%
<b>Employee Assistance Program (EAP)</b> 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 help boost productivity and morale at the workplace.	No	Up to 6 visits per calendar year at no charge	N/A	Not a benefit

**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.



**Plan Amendment**  
**to**  
**Option Plus Two**  
**Medical Plan Schedule of Benefits**

Implemented pursuant to the Patient Protection and Affordable Care Act, amended by Health Care and Education Reconciliation Act of 2010 ("PPACA").

**The following changes are made to your Plan effective**  
**January 1, 2011:**

Lifetime Maximum Benefits Limit:	Unlimited
Annual Maximum Benefit Limit:	\$2,000,000
Preventive Care:	Plan pays 100% of the In-Network Eligible Charge
Emergency Services:	No Pre-Authorization is required, and Out-of-Network Benefits are paid at the In-Network (Par) Benefit level
Adult Children Coverage:	Available up to Age 26 (regardless of marital status, enrollment in school, financial dependency or residency)

This plan amendment is being implemented pursuant to the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010), amended by Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010) ("PPACA"). If any relevant provision of PPACA, or the application thereof to any person, entity, or circumstance shall, to any extent or for any reason, be held to be invalid, illegal, or unenforceable in any respect by a court or government entity of competent jurisdiction, then this plan amendment shall be deemed immediately null, void, and of no further force or effect.