



EUTF ACTIVE – HMA PPO 2010

Plan Provisions	PPO In-Network	PPO Out-of-Network
General		
Deductible (Single/Family)	None ¹	\$100/\$300
Out-of-Pocket Limit (Single/Family)	\$2,000/\$6,000	\$2,000/\$6,000
Lifetime Benefit Maximum	None	None
Policy Year Benefit Maximum	None	None
Physician Services		
Primary Care Office Visit	10%	30%
Specialist Office Visit	10%	30%
Routine Physical Exams	No Charge	Balance after 100% of EC Paid by HMA*
Screening Mammography	10%	30%*
Immunizations	No Charge	Balance after 100% of EC Paid by HMA*
Well Baby Care Visits	No Charge	30%*
Maternity	Same as any other condition	Same as any other condition
Second Opinion Surgery	10%	30%
Emergency Room (ER Care)	10%	10%*
Ambulance	10%	30%
Inpatient Hospital Services		
Room & Board	10%	30%
Ancillary Services	10%	30%
Physician Services	10%	30%
Surgery	10%	30%
Anesthesia	10%	30%
Outpatient Services		
Chemotherapy / Radiation Therapy	10%	30%
Surgery	10%	30%
Diagnostic Lab	10%	30%
Diagnostic X-ray	10%	30%
Anesthesia	10%	30%
Mental Health Services		
Inpatient Care	10%	30%
Outpatient Care	10%	30%
Other Services		
Durable Medical Equipment	10%	30%
Home Health Care	No Charge	30%
Hospice Care	No Charge	Not Covered
Nursing Facility-Skilled Care	10%, 120 days per year	30%, 120 days per year
Physical & Occupational Therapy	10%	30%

¹ Except for Nutritional Counseling
 * Deductible does not apply

EC = Eligible Charge
 NOTE: Full-Time Student Coverage - Age 19 through Age 23

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