



EUTF RETIREE – HMA PPO 2010

Plan Provisions	PPO In-Network	PPO Out-of-Network
General		
Deductible (Single/Family)	\$100/\$300	\$100/\$300
Out-of-Pocket Limit (Single/Family)	\$2,500/\$7,500	\$2,500/\$7,500
Lifetime Benefit Maximum	None	None
Physician Services		
Primary Care Office Visit	10%*	30%
Specialist Office Visit	10%*	30%
Routine Physical Exams	Not Covered	Not Covered
Mammography	20%*	30%*
Second Opinion Surgery	10%*	30%*
Emergency Room (ER Care)	10%*	10%*
Ambulance	20%	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	20%	30%
Radiation Therapy	20%*	30%
Surgery	10%* (Cutting)	30%
Allergy Testing	20%	30%
Other Diagnostic, Lab, X-Ray & Psychological Testing	20%*	30%
Anesthesia	10%*	30%
Mental Health Services		
Inpatient Care	10%*	30%
Outpatient Care	10%*	30%
Other Services		
Durable Medical Equipment	20%	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	20%	30%

- * Deductible does not apply
- Note that the prescription drug benefit is administered by Informed Rx

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