

# EUTF ACTIVES

## Medical Plan Coverage Chart (HMSA, Kaiser, RSN) – EUTF continued

Plan Design	EUTF 75/25 PPO Plan		Supplemental
Carrier	HMSA		Royal State
General	In-Network	Out-of-Network*	
Calendar Year Deductible Single/Family	\$300/\$900		None/None
Calendar Year Maximum Out-of-Pocket Single/Family	\$5,000/\$10,000		None
Lifetime Benefit Maximum	None		None
Plan Year Benefit Maximum	None		Medical Services:\$3,500; Rx: \$\$\$350/\$700/\$1,000
<b>Physician Services</b>	<b>YOU PAY*:</b>		<b>YOU PAY:</b>
Primary Care Office Visit	\$20**	\$20**	Co-pay covered
Specialist Office Visit	\$20**	\$20**	Co-pay covered
Routine physical exams	No Charge**	No Charge**	Co-pay covered
Screening Mammography	No Charge**	No Charge**	Co-pay covered
Immunizations	No Charge**	No Charge**	Co-pay covered
Well Baby Care Visits	No Charge**	No Charge**	Co-pay covered
Maternity	25%	25%	Co-pay covered
Second opinion – surgery	\$20**	\$20**	Co-pay covered
Emergency Room (ER care)	\$100, Facility Services	\$100, Facility Services	Co-pay covered
Ambulance	25%	25%	Co-pay covered
<b>Inpatient Hospital Services</b>			
Room & Board	25%	25%	Co-pay covered
Ancillary Services	25%	25%	Co-pay covered
Physician services	\$20	\$20	Co-pay covered
Surgery	25%	25%	Co-pay covered
Anesthesia	25%	25%	Co-pay covered
<b>Outpatient Services</b>			
Chemotherapy/ Radiation Therapy	25%	25%	Co-pay covered
Surgery	25%	25%	Co-pay covered
Diagnostic Lab	No Charge	No Charge	Co-pay covered
Diagnostic X-ray	25%	25%	Co-pay covered
Anesthesia	25%	25%	Co-pay covered
<b>Mental Health Services</b>			
Inpatient Care	25%, Facility Services	25%, Facility Services	Co-pay covered
Outpatient Care	25%, Facility Services	25%, Facility Services	Co-pay covered
<b>Other Services</b>			
Durable Medical Equipment	25%	25%	Co-pay covered
Home Health Care	25%	25%	Co-pay covered
Hospice Care	No Charge	No Charge	Co-pay covered
Nursing facility - Skilled Care	25%, 120 days/CY	25%, 120 days/CY	Co-pay covered
Physical & Occupational Therapy	25%	25%	Co-pay covered
<b>Notes:</b>	<p>* If you receive services from a nonparticipating (out-of-network) provider you are responsible for the copayment plus any difference between the actual charge and the eligible charge.</p> <p>**Deductible does not apply</p> <p>For prescription drug coverage, refer to the PPO plan on page 24</p>		<p>For the Royal State Supplemental Plan, reimbursement for prescription drug co-payments charges shall not exceed \$20 per prescription drug (RX) up to \$350 if enrolled in single coverage or \$700 if enrolled in 2-party coverage and \$1,000 if enrolled in family coverage per plan year. Reimbursement for prescription drugs co-payment count towards the Plan Year Maximum Benefit Payable.</p>