

**HSTA VEBA TRUST
HMSA SUPPLEMENTAL MEDICAL, DRUG & VISION PLAN
FOR ACTIVES**

(Please refer to the plan document for a complete description of the benefits)

PLAN BENEFITS	MEMBER PAYS
Physician Visits	10% of Eligible Charge plus any charges exceeding E.C.
Immunizations	10% of Eligible Charge plus any charges exceeding E.C.
Surgical Services	10% of Eligible Charge plus any charges exceeding E.C.
Anesthesiology	10% of Eligible Charge plus any charges exceeding E.C.
Hospital Room/Board and Inpatient Services	10% of Eligible Charge plus any charges exceeding E.C.
Emergency Room	10% of Eligible Charge plus any charges exceeding E.C.
Outpatient & Inpatient Lab & X-Ray	10% of Eligible Charge plus any charges exceeding E.C.
Chemotherapy	10% of Eligible Charge plus any charges exceeding E.C.
Skilled Nursing Facility (120 days/Calendar Year)	10% of Eligible Charge plus any charges exceeding E.C.
Home Health Care Services (150 visits/Calendar Year)	10% of Eligible Charge plus any charges exceeding E.C.
Maximum Allowance paid by the Plan/Calendar Year	\$160,000 per Person
PRESCRIPTION DRUGS	PLAN PAYS
Generic Drugs – Retail 30 Day Supply	Up to \$10.00
Brand Name Drugs – Retail 30 Days Supply	Up to \$25.00
Mail Order – 90 Days Supply	Up to \$27.00
VISION	PLAN PAYS
Eye Examination – one per 12 months	Up to \$35.00
Single Vision Lenses – once per 12 months	Up to \$30.00
Multi focal lenses – once per 12 months	Up to \$55.00
Contact Lenses – once per 12 months	Up to \$90.00
Frame Only – one per 24 months	Up to \$35.00

For information or assistance please visit the HMSA website at: www.hmsa.com