

About

MLH-PPO EAGLE PPO Plan¹



New!

- Choices... You have access to UnitedHealthcare's *national* network. You have access to MAMSI Health Plans¹ local network. And, you can use any doctor outside our networks.
- Member Services Department available 24 hours a day, seven days a week at 1-800-447-6267
- Convenient Web-based services and health education information at www.mamsi.com

New!

- NurseLine available to help answer your health care questions – 1-888-315-7257, PIN 757

¹ MAMSI Life and Health Insurance Company (MLH)

Benefits	In-Network*	Out-of-Network**
Deductible	None	\$250 Individual/\$500 Family
Out-of-Pocket Maximum	None	\$3,000 Individual/\$6,000 Family
Lifetime Maximum	\$2,000,000 Combined in-and out-of-network	
Physician Office Visits (illness)		
Primary Physician	100% after \$15.00 Copayment (includes Family Practitioner, General Practitioner, Internist, OB/GYN and Pediatrician)	80% after deductible
Specialist	100% after \$25.00 Copayment	80% after deductible
Inpatient Care	100%	80% after deductible
Outpatient Care	100%	80% after deductible
Hospitalization		
Inpatient (Pre-authorization required)	100%	80% after deductible
Outpatient (Pre-authorization required)	100%	80% after deductible
Maternity		
Pre/Postnatal Care, Delivery	100%	80% after deductible
Newborn Care (must be enrolled within 60 days of birth)	100%	80% after deductible
Diagnostic Laboratory and X-ray	100%	80% after deductible
Whole Blood and Blood Products	100%	80% after deductible
Durable Medical Equipment/Diabetic Equipment and Supplies	100%	80% after deductible
Acupuncture for Chronic Pain Management (requires pre-authorization)	100% after \$20.00 per visit Copayment	80% after deductible
Physical Therapy/Occupational Therapy/Speech Therapy*** (up to 50 combined visits per incident or injury per year)	100% after \$25.00 Copayment	80% after deductible
Chiropractic Services	100% after \$20.00 per visit Copayment	80% after deductible
Chemotherapy/Radiation Therapy	100%	80% after deductible
Ambulance	100% for Medical Emergencies	100% for Medical Emergencies
Emergency Room Services (inside and outside service area)	100% after \$50.00 Copayment for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis	100% after \$50.00 Copayment for ER diagnosis; 50% of allowable amount plus \$50.00 Copayment for non-ER diagnosis
Emergency Physician Services	100% after \$50.00 Copayment (waived if admitted)	100% after \$50.00 Copayment
Urgent Care	100% after \$20.00 Copayment	80% after deductible plus \$20.00 Copayment
Mental Health and Substance Abuse		
Outpatient (Pre-authorization required)	Refer to Benefits Booklet provided by your Employee Benefits Department for information on specific mental health practitioner	
Inpatient (Pre-authorization required)		
Skilled Nursing Facility (up to 180 days per calendar year - Pre-authorization required)	100%	80% after deductible
Mammography	100%	80% after deductible
Annual OB/GYN Checkup	100% after \$15.00 Copayment	80% after deductible
Well Baby Care (8 visits to age 2; 1 visit ages 2-12)	100% after \$15.00 Copayment	80% after deductible
Medical Health of the Eye	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
Physical Exams (One every three years for ages 13 and older)	100% after \$15.00 Copayment	80% after deductible
Hearing Exam and Hearing Aids	100% after \$15.00 Copayment for exam 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 100% for hearing aid per hearing impaired ear every 36 months, for children under 19 up to \$1,400 per ear	80% after deductible 100% for standard adult model hearing aid; one exam and hearing aid every 36 months 80% after deductible for hearing aid per hearing impaired ear every 36 months, for children under 19 up to \$1,400 per ear
Allergy Testing	100% after \$15.00 Copayment (PCP) 100% after \$25.00 Copayment (Specialist)	80% after deductible
Diabetic Nutritional Counseling	100% after \$15.00 Copayment	80% after deductible
Home Health Care	100% up to 120 days per year	80% after deductible
Prescription Drugs and Dental Services	Not covered by medical plan	Not covered by medical plan

This outline is intended as a summary only. For a detailed description of the benefits available, please refer to the MLH Eagle PPO Plan Guide (Form No.: 0726299-0105MD) or for more information, call 1-800-447-6267.

*When received from a preferred provider. Reimbursement is based on contracted fees.

**When received from a non-preferred provider. Reimbursement is based on Usual, Customary and Reasonable Charges. Member may be billed for difference between Usual, Customary and Reasonable Charges and Requested Charges.

***Physical and occupational therapy requires pre-authorization after the sixth visit; speech therapy requires pre-authorization at first visit and number of visits is based on medical necessity.