



The HM Care Advantage Surgical Benefit pays an amount for surgical procedures performed at a licensed hospital, outpatient facility or physician's office as listed in the Schedule of Surgical Benefits to the maximum benefit as shown on your Schedule of Benefits. Claim allowances/payments are applied in the order claims are received; however:

- If you have two or more procedures that are performed through the same incision or operative field, the benefit paid will be for only the procedure that has the larger benefit.
- If you have more than one procedure, but each is done through a separate incision or in a separate operative field, the amount payable will be the specified amount for the primary procedure plus 50 percent of the amount payable for all other surgical procedures performed.
- Additionally, there are 74 minimal surgical procedures that are eligible for a scheduled payment, but do not apply to your maximum number of procedures limitation.

For example, if your maximum surgery benefit was \$2,500 and you had three surgical procedures, your benefit would be paid as illustrated below in the different scenarios. Shaded areas represent claims that count toward the surgical procedure limitation. The second page of this document lists the 74 minimal surgical procedures that do not count toward the surgical procedure allowance.

Scenario 1

Claim	Claim Rec'd. Date	Procedure Date	CPT Code	Procedure	Scheduled Benefit	Benefit Payment
1	2/12/08	2/3/08	29086	Application Cast; Finger	\$60	\$60
2	3/19/08	3/1/08	64721	Carpal Tunnel Surgery	\$720	\$720
3	4/24/08	3/22/08	19120	Removal of Breast Lesion	\$460	\$460
4	8/22/08	8/6/08	65410	Biopsy of Cornea	\$100	\$0
5	9/10/08	8/18/08	36416	Collection of Capillary Blood Specimen	\$10	\$10
Total Benefit Payment						\$1,250

Claims 1, 2 & 3 paid – first, second and third procedure allowance

Claim 4 not paid – procedure allowance is exhausted

Claim 5 paid – procedure is one that does not count toward procedure allowance

Scenario 2

Claim	Claim Rec'd. Date	Procedure Date	CPT Code	Procedure	Scheduled Benefit	Benefit Payment
1	1/30/08	1/23/08	23660	Open Treatment of Acute Shoulder Dislocation	\$1,090	\$1,090
2	2/12/08	2/2/08	30210	Displacement Therapy	\$30	\$30
3	4/5/08	3/22/08	38120	Laparoscopy Surgical Splenectomy	\$1,460	\$1,460
4	7/12/08	6/29/08	44950	Appendectomy	\$720	\$720
5	8/23/08	4/12/08	69100	Biopsy External Ear	\$120	\$0
Total Benefit Payment						\$3,300

Claim 1 paid – first procedure allowance

Claim 2 paid – procedure is one that does not count toward procedure allowance

Claims 3 & 4 paid – second and third procedure allowance

Claim 5 not paid – exhausted procedure allowance; claims are paid in the order they are received

Claims paid in order received

Scenario 3

Claim	Claim Rec'd. Date	Procedure Date	CPT Code	Procedure	Scheduled Benefit	Benefit Payment
1	3/5/08	2/26/08	29130	Application of Finger Splint; Static	\$40	\$40
2	5/3/08	4/5/08	63075	Neck Spine Disk Surgery and during the same surgery setup also had	\$2,310	\$2,310
			63030	Low Back Disk Surgery in a separate incision/operative field	\$2,240	\$1,120
3	9/10/08	8/22/08	64721	Carpal Tunnel Surgery	\$720	\$720
4	10/2/08	9/21/08	38120	Laparoscopy Surgical Splenectomy	\$1,460	\$1,460
5	10/5/08	9/28/08	29700	Removal/Bivalving; Gauntlet-Boot/Body Cast	\$40	\$40
Total Benefit Payment						\$5,690

Claim 1 paid – procedure is one that does not count toward procedure allowance

Claim 2 paid – first procedure allowance; procedures done during same surgery setup but through separate incision/operative field pays full benefit for the primary procedure plus 50% for the secondary procedure

Claim 3 paid – second procedure allowance

Claim 4 paid – third procedure allowance

Claim 5 paid – procedure is one that does not count toward procedure allowance

The benefit amounts shown on this document provide only an explanation of how the HM Care Advantage surgical benefit is paid. The actual benefit amount you would receive is determined by your coverage election. Only the Group Policy or Participation Certificate and the Certificate of Insurance set forth the rights and obligations of the group policyholder, the member and HM Life Insurance Company.

74 Minimal Surgical Procedures

Administratively, the following 74 minimal surgical procedures, in CPT Code order, do not apply to the maximum number of procedures limitation.

CPT Code	Description	CPT Code	Description
10040	Acne surgery	29550	Strapping; toes
11000	Debrid ext eczem/inf skin; up 10% body surface	29580	Strapping; unna boot
11001	Debrid ext eczem/inf skin; ea add 10% body surface	29700	Removal/bivalving; gauntlet-boot/body cast
11040	Debridement; skin partial thickness	29705	Removal or bivalving; full arm or full leg cast
11055	Par/cut ben hyperkeratotic lesion; single lesion	29720	Repair of spica body cast or jacket
11056	Paring/cut ben hyperkeratotic lesion; 2-4 les	29730	Windowing of cast
11057	Paring/cut ben hyperkeratotic lesion; > 4 les	29740	Wedging of cast
11101	Bx skin subq tissue &/mucous membrane; ea add	29750	Wedging of clubfoot cast
11201	Removal skin tags any area;ea add 10 lesions	30200	Injection into turbinate therapeutic
11300	Shav epid/derm 1 les trunk arms/legs; 0.5cm/less	30210	Displacement therapy
11719	Trimming of nondystrophic nails; any number	33968	Removal intra-aorte balloon assist device perq
11720	Debridement of nail by any method; one to five	36400	Venipuncture under age 3 years; femoral/jugular
11721	Debridement of nail by any method; six or more	36405	Venipuncture under age 3 years; scalp vein
11730	Avul nail plate partial/complete simple; single	36406	Venipuncture under age 3 years; other vein
11732	Avul nail plat part/cmpl smpl; ea add nail plat	36410	Venipuncture age 3 years md skill-sep proc not routine
11740	Evacuation of subungual hematoma	36415	Collection of venous blood by venipuncture
11900	Injection intralesional; up to & incl 7 lesions	36416	Collection of capillary blood specimen
15787	Abrasion; each additional four lesions or less	36540	Clct bld spec from cmpl impl venous acss device
15850	Removal of sutures under anesthesia same surgeon	41821	Operculectomy excision pericoronal tissues
16000	Init tx 1 deg burn when no > loc tx is required	42550	Injection procedure for sialography
16020	Drsg & or debrid init/subsqt; w/o anes-ofc/hos sm	42650	Dilation salivary duct
17000	Destruc ben/premalig les oth than skn tag; 1 les	46600	Anoscopy; dx w/wo collect specimen brush/wash-sp
17003	Destruc ben/premalig les oth thn skn tag;2-14 ea	50684	Inj proc-ureterography thru ureterostomy/cath
17110	Destruc flat warts mollusc contag/milia; up 14	51701	Insertion non-indwelling bladder catheter
17250	Chemical cauterization of granulation tissue	51702	Insertion temp indwelling bladder cath; simple
19001	Puncture aspiration cyst breast; ea add cyst	57150	Irriga vag &/or applic medicament-tx bacteril dz
19291	Preop plcmt ndle loc wire breast; ea add lesion	57160	Fit & insrtion pessary/oth intravag support device
20526	Injection therapeutic carpal tunnel	57170	Diaphragm or cervical cap fitting w/instructions
20612	Aspir & or injection gang cysts any location	58301	Removal of intrauterine device
29130	Application of finger splint; static	59051	Fetal mon-labor-cnslt md w/writn reprt; interp
29200	Strapping; thorax	65205	Removal fb external eye; conjunct superficial
29240	Strapping; shoulder	69210	Removal impacted cerumen one or both ears
29260	Strapping; elbow or wrist	69220	Debridement mastoidectomy cavity simple
29280	Strapping; hand or finger	69400	Eustachian tube inflation transnasal; w/cath
29440	Adding walker to previously applied cast	69401	Eustachian tube inflation transnasal; w/o cath
29530	Strapping; knee	69405	Eustachian tube catheterization transtympanic
29540	Strapping; ankle and/or foot	69410	Focal applic phase control substance mid ear

HM Care Advantage is an HM Life Insurance Company product administered by Key Benefit Administrators (KBA). The medical portion of the product provides group limited medical indemnity benefits; it does not provide major medical or comprehensive medical insurance. Based on the plan selected, Medical and Vision coverages are underwritten by HM Life Insurance Company, Pittsburgh, PA, under policy form series HM905, HL902 or similar. For other insured products when available: Dental and Outpatient Prescription Drug coverages are underwritten by Fidelity Security Life Insurance Company, Kansas City, MO, under policy form series M-9037 and M-9031/M-9022. In certain states, Dental is underwritten by Renaissance Life & Health Insurance Company of America, Greenwood, IN, under policy form series DT-300A or DT-310A. Administrative and/or customer support services when available are provided: for Health Information On-Call – Health Dialog Services Corporation; for Complementary Wellness Discount Program – Healthways WholeHealth Networks, Inc; for Health Information On-Line – HealthMedia® Inc.; for Pharmacy Discount Card – Caremark, Inc; for Vision – Davis Vision; for Provider Network Discounts – different network options exist and are specified at time of offer. Other administrative and/or customer support services may be provided by HM Life Insurance Company and HM Benefits Administrators. Certain exclusions and limitations may apply. See your certificate or other evidence of coverage for details. Coverage or service requested or the use of a specific association, franchise, trust or union may not be available in all states.