HEALTH PLAN SUMMARY

	UMR	
	In Network	**Out of Network**
MEDICAL		
Lifetime Plan Maximum	Unlimited	Unlimited
Calendar Year Deductible:		
Individual	$250	$1,000
Family	$500	$2,000
Out of Pocket Maximum:		
Individual	$2,000	$6,000
Family	$4,000	$12,000
Coinsurance	100%	70%
Physician Office Visits:		
Primary Care	$15	Deductible and coinsurance
Specialists	$25	
	Any services in addition to the office visit will be subject to the deductible (e.g. lab work, x-rays)	
Hospital Visit Copayments:		
Inpatient	$250 per admission, then deductible	$250 per admission, then deductible and coinsurance
Outpatient	$100 per procedure, then deductible	$100 per procedure, then deductible and coinsurance
Emergency Room	$125 per visit, then 100%	$125 per visit, then deductible and coinsurance
	Copay waived if admitted within 24 hours	
Urgent Care Center	$50 per visit	$50 per visit
Preventive Exams **Immunizations**	100% Coverage 100% Coverage	Not Covered 100% for flu and shingles only
Chiropractic Services	$25 per visit	$25 per visit, then deductible and coinsurance
Skilled Nursing	Deductible	Deductible and coinsurance
	Limited to 60 days per calendar year	
Lab and X-Ray	Deductible	Deductible and coinsurance
Home Health Care	Deductible	Deductible and coinsurance
	$25,000 maximum annual benefit, combined with private duty nursing	
Hospice Care	80% after deductible	80% after deductible
Durable Medical Equipment	80% after deductible	80% after deductible

Effective Dates 1/1/2020 - 12/31/2020	UMR	
	In Network	**Out of Network**
Mental Health & Alcohol/Drug Abuse:		
Inpatient	$250 per admission, then deductible	$250 per admission, then deductible and coinsurance
Outpatient	$25 per visit, then deductible	50% after deductible
Infertility Treatment	30% Coinsurance	Not Covered
PRESCRIPTION DRUG		
	Retail (After $50 deductible):	Mail Order:
Generic	$5	$10
Preferred Brand Name	$20	$40
Non-Preferred Brand Name	$35	$70
DENTAL		
Calendar Year Deductible:		
Individual	$50	
Family	$150	
Annual Maximum	$1,500 per person	
Coinsurance:		
Preventive/Diagnostic	100% (Deductible waived)	
Basic Services	80% after deductible	
Major Services	50% after deductible	
Orthodontia	50% (Deductible waived)	
Endodontics	80% after deductible	
Periodontics	80% after deductible	
Oral Surgery:		
Simple Extractions	80% after deductible	
Surgical Extractions of Teeth (except Wisdom Teeth)	80% after deductible	
Surgical Extractions of Wisdom Teeth	Covered under Major Medical	
PAYROLL DEDUCTIONS		
Employee Only	$25/month	$12.50/semi-monthly
Employee + Spouse	$90/month	$45/semi-monthly
Employee + Child(ren)	$70/month	$35/semi-monthly
Family	$145/month	$72.50/semi-monthly