



Medical Insurance

Medical coverage is provided through UMR. The chart below is a brief outline of the Base and High plans. The following page is an outline of the Platinum Plan. The base plan is an EPO option that does not offer coverage for out-of-network providers. Please refer to the summary plan descriptions for complete plan details. You can locate an in-network provider by visiting www.umar.com. All plan options utilize the **Choice Plus Network**.

	Base EPO Plan		High Plan	
	In-Network Benefits	Out-of-Network Benefits	In-Network Benefits	Out-of-Network Benefits
Annual Deductible *calendar year*				
Deductible Type	Embedded		Embedded	
Individual	\$5,000	No Benefits	\$1,500	\$5,000
Family	\$15,000	No Benefits	\$4,500	\$15,000
Coinsurance (carrier pays/ member pays)	70% / 30%	No Benefits	70% / 30%	50% / 50%
Maximum Out-of-Pocket *calendar year*				
Individual	\$7,000	No Benefits	\$5,500	\$15,000
Family	\$15,000	No Benefits	\$12,700	\$45,000
Physician Office Visit				
Virtual Visits	No Charge	No Benefits	No Charge	N/A
Primary Care	\$40 copay	No Benefits	\$35 copay	50% after deductible
Specialty Care	\$65 copay	No Benefits	\$35 copay	50% after deductible
Preventive Care				
Adult & Child Services	No Charge	No Benefits	No Charge	50% after deductible
Diagnostic Services				
X-ray and Lab Tests	\$40 copay	No Benefits	\$35 copay	50% after deductible
Complex Radiology	30% after deductible	No Benefits	30% after deductible	50% after deductible
Urgent Care Facility	\$75 copay	No Benefits	\$75 copay	50% after deductible
Emergency Room Services	30% after deductible	No Benefits	30% after deductible	
Inpatient/Outpatient Svcs	30% after deductible	No Benefits	30% after deductible	50% after deductible
Mental Health				
Inpatient	30% after deductible	No Benefits	30% after deductible	50% after deductible
Outpatient	\$35 copay	No Benefits	\$35 copay	50% after deductible
Retail Pharmacy (31 Day Supply)				
Tier 1	\$25 copay	No Benefits	\$20 copay	N/A
Tier 2	\$45 copay	No Benefits	\$40 copay	N/A
Tier 3	\$75 copay	No Benefits	\$70 copay	N/A
Specialty Drugs (31 Day Supply)				
Tier 1	\$175 copay	No Benefits	\$150 copay	N/A
Tier 2	\$250 copay	No Benefits	\$200 copay	N/A
Tier 3	\$300 copay	No Benefits	\$250 copay	N/A
Mail Order Pharmacy (90 Day Supply)				
Tier 1	\$50 copay	No Benefits	\$40 copay	N/A
Tier 2	\$90 copay	No Benefits	\$80 copay	N/A
Tier 3	\$150 copay	No Benefits	\$140 copay	N/A



Medical Insurance

Medical coverage is provided through UMR. The chart below is a brief outline of the Platinum Plan. You can locate an in-network provider by visiting www.umar.com. All plan options utilize the **Choice Plus Network**.

	Platinum Plan	
	In-Network Benefits	Out-of-Network Benefits
Annual Deductible *calendar year*		
Deductible Type	Embedded	
Individual	\$500	\$1,000
Family	\$1,500	\$3,000
Coinsurance (carrier pays/ member pays)	90% / 10%	70% / 30%
Maximum Out-of-Pocket *calendar year*		
Individual	\$1,500	\$2,500
Family	\$4,500	\$7,500
Physician Office Visit		
Virtual Visits	No Charge	N/A
Primary Care	\$20 copay	30% after deductible
Specialty Care	\$20 copay	30% after deductible
Preventive Care		
Adult & Child Services	No Charge	30% after deductible
Diagnostic Services		
X-ray and Lab Tests	\$20 copay	30% after deductible
Complex Radiology	10% after deductible	30% after deductible
Urgent Care Facility	\$75 copay	30% after deductible
Emergency Room Services	10% after deductible	
Inpatient/Outpatient Svcs	10% after deductible	30% after deductible
Mental Health		
Inpatient	10% after deductible	30% after deductible
Outpatient	\$20 copay	30% after deductible
Retail Pharmacy (31 Day Supply)		
Generic (Tier 1)	\$10 copay	N/A
Preferred (Tier 2)	\$20 copay	N/A
Non-Preferred (Tier 3)	\$35 copay	N/A
Specialty Drugs (31 Day Supply)		
Tier 1	\$150 copay	N/A
Tier 2	\$200 copay	N/A
Tier 3	\$250 copay	N/A
Mail Order Pharmacy (90 Day Supply)		
Generic (Tier 1)	\$20 copay	N/A
Preferred (Tier 2)	\$40 copay	N/A
Non-Preferred (Tier 3)	\$70 copay	N/A