



Health Plan Summary

Effective Dates 1/1/2018 - 12/31/2018	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	
Specialists	\$25	Deductible and coinsurance
	<i>Any services in addition to the office visit will be subject to the deductible (e.g. lab work, x-rays)</i>	
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% coinsurance%	\$125 per visit, then deductible and
Urgent Care Center	<i>Copay waived if admitted within 24 hours</i> \$50 per visit	\$50 per visit,
Preventive Exams	100% Coverage	Not Covered
Immunizations	100% Coverage	100% for flu and shingles only
Chiropractic Services	\$25 per visit	\$25 per visit, then deductible and coinsurance
Skilled Nursing	Deductible	Deductible and coinsurance
	<i>Limited to 60 days per calendar year</i>	
Lab and X-Ray	Deductible	Deductible and coinsurance
Home Health Care	Deductible	Deductible and coinsurance
	<i>\$25,000 maximum annual benefit, combined with private duty nursing</i>	
Hospice Care	80% after deductible	80% after deductible
Durable Medical Equipment	80% after deductible	80% after deductible



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Medical		
Mental Health and 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	50% after deductible	50% after deductible <i>\$10,000 Lifetime maximum</i>
Prescription Drugs		
	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)
Orthodontia Maximum (Dependents under age 19)		\$1,500 maximum benefit per person per lifetime
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