

## Medical Benefits



UMR, INC. | \$4,000 HSA

	IN-NETWORK	OUT-OF-NETWORK
<b>Deductible</b>		
Single	\$4,000	\$13,500
Family	\$8,000	\$27,000
<b>Coinsurance</b>		
Member %	0%	20%
<b>Out-Of-Pocket Maximum</b>		
Single	\$4,000	\$13,500
Family	\$8,000	\$27,000
<b>Commonly Used Services</b>		
Primary Care Physician Office Visit	0% AD	20% AD
Specialist Office Visit	0% AD	20% AD
Urgent Care	0% AD	20% AD
Emergency Room	0% AD	0% AD
<b>Preventive Care</b>		
Preventive Services	Covered 100%	Not Covered
<b>Major Medical Expenses</b>		
Outpatient Surgery	0% AD	20% AD
Inpatient Hospitalization / Surgery	0% AD	20% AD
CT scan, PT scan, MRI	0% AD	20% AD
<b>Prescription Drug Coverage</b>		
Prescription Deductible	\$0	\$0
Retail Pharmacy	0% AD	Not Covered
Home Delivery	0% AD	Not Covered
<b>Plan Information</b>		
Plan Year	January 1, 2024 - December 31, 2024	
Deductible Period	January 1, 2024 - December 31, 2024	
Member Website	umr.com	
Customer Service Phone Number	800.826.9781	

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage

