

	UMP Classic		UMP CDHP		What you should know
Cost-Sharing	Individual	Family	Individual	Family	
Annual Deductible	\$250 (medical) \$100 (prescription drug)	\$750 maximum for medical (\$250 per person) \$300 maximum for prescription drugs (\$100 per person)	\$1,400 (medical and prescription drug costs combined)	\$2,800 (medical and prescription drugs combined)	Unless stated otherwise, all benefits are subject to the deductible. Some expenses do not count toward the deductible.
Annual Out-of-Pocket Limit	\$2,000 (medical) \$2,000 (prescription drugs)	\$4,000 (medical) No family maximum (prescription drugs)	\$4,200	\$8,400	UMP Classic only: Medical services and prescription drugs counted separately. Payments for out-of-network medical services do not count.

Services ¹	What you pay preferred providers ²	What you pay preferred providers ²	What you should know
Acupuncture	15%	15%	Limited to 16 visits per calendar year.
Ambulance	20	20%	
Chemical Dependency Treatment	Inpatient copay ³ Outpatient/Professional: 15%	15%	
Chiropractic Treatment	15%	15%	Limited to 10 spinal and extremity manipulation visits per calendar year, even when applied to the deductible.
Diagnostic Tests, Laboratory and X-Rays	15%	15%	
Durable Medical Equipment, Supplies and Prostheses	15%	15%	Foot orthotics covered only for prevention of complications associated with diabetes.
Emergency Room	15% after \$75 copay	15%	Professional charges are usually billed separately. UMP Classic copay waived if admitted directly to a hospital or facility on an inpatient basis.
Home Health Care	15%	15%	
Hospice Care	0%	0%	Respite care covered at 100% up to 14 visits per lifetime.
Hospital Services	Inpatient copay ³ Outpatient/Professional: 15%	15%	Preauthorization is required for all elective inpatient admissions.
Massage Therapy	15%	15%	Out-of-network massage therapists are not covered. Limited to 16 visits per calendar year.
Mental Health Treatment	Inpatient copay ³ Outpatient/Professional: 15%	15%	
Naturopathic Physician Services	15%	15%	
Obstetric and Newborn Care	Inpatient copay ³ Outpatient/Professional: 15%	15%	
Office Visits	15%	15%	
Prescription Drugs	Value Tier: 5% Tier 1: 10% Tier 2: 30% Tier 3: 50%	15%	For UMP Classic only, you don't pay the prescription drug deductible for Value Tier or Tier 1 drugs.
Preventive Care and Immunizations	0%	0%	Preventive care and immunizations are not subject to the deductible.
Skilled Nursing Facility	Inpatient copay ³ Professional: 15%	15%	Limited to 150 days per calendar year.
Surgery	15%	15%	
Therapy: Physical, Neurodevelopmental, Occupational and Speech	Inpatient copay ³ Outpatient/Professional: 15%	15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year.
Tobacco Cessation	0%	0%	Not subject to the deductible. Quit for Life Program only.
Vision Care Exam (Routine)	0%	0%	Not subject to the deductible, one visit per calendar year. \$65 annual maximum on contact lens fitting fees.
Vision Hardware, Adult (Over Age 18)	Plan pays up to \$150 every 2 calendar years	Plan pays up to \$150 every 2 calendar years	Not subject to the deductible.
Vision Hardware, Children (Age 18 and Under)	Eyeglasses (frames and lenses): 0% Contact lenses: 15%	Eyeglasses (frames and lenses): 0% Contact lenses: 15%	One standard or deluxe frame with lenses per year. No limit for contact lenses.

¹Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers.

²For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

³Inpatient copay: \$200 per day up to \$600 per person per year for facility charges. Professional services may be billed separately.