☐Only show benefits that are different.

Annual Cost	Uniform Medical Plan (UMP) CDHP	Uniform Medical Plan (UMP) Classic	Uniform Medical Plan (UMP) Select
	Member pays	Member pays	Member pays
Medical deductible What is a medical deductible?	$1,500 / person $3,000 / family	$250 / person $750 / family	$750 / person $2,250 / family
Medical out-of-pocket limit What is a medical out-of-pocket limit?	$4,200 / person $8,400 / family (not to exceed $7,000 / member)	$2,000 / person $4,000 / family	$3,500 / person $7,000 / family
Prescription drug deductible	Combined with medical deductible	$100 / person $300 / family Tier 2 and specialty, except covered insulins	$250 / person $750 / family Tier 2 and specialty, except covered insulins
Prescription drug out-of-pocket limit	Combined with medical out-of-pocket limit; not to exceed $7,000 / member	$2,000 / person $4,000 / family	$2,000 / person $4,000 / family

Ambulance - Per trip, ground or air	20%	20%	20%
Emergency room When should I go to the emergency room?	15%	$75 + 15%	$75 + 20%
Hearing - Aids	$0 one per ear every 5 years	$0 one per ear every 5 years (deductible waived)	$0 one per ear every 5 years (deductible waived)
Hearing - Routine annual exam	15%	$0 (deductible waived)	$0 (deductible waived)
Hospital services - Inpatient	15%	$200 / day up to $600 15% professional fees (0% for behavioral health)	$200 / day up to $600 20% professional fees (0% for behavioral health)
Hospital services - Outpatient	15%	15%	20%
Office visit - Behavioral health	15%	15%	20%
Office visit - Preventive care (deductible waived)	$0	$0	$0
Office visit - Primary care	15%	15%	20%
Office visit - Specialist	15%	15%	20%
Office visit - Urgent care	15%	15%	20%
Telemedicine, telehealth, and virtual care visits	Varies; see certificate of coverage	Varies; see certificate of coverage	Varies; see certificate of coverage
Therapy - Acupuncture	$15 after deductible (24 visits / year)	$15 (24 visits / year)	$15 (24 visits / year)
Therapy - Chiropractic, spinal manipulations	$15 after deductible (24 visits / year)	$15 (24 visits / year)	$15 (24 visits / year)
Therapy - Massage	$15 after deductible (24 visits / year)	$15 (24 visits / year)	$15 (24 visits / year)
Therapy - Physical, occupational, speech, and neurodevelopmental	15% (60 combined visits / year)	15% (60 combined visits / year)	20% (60 combined visits / year)

Prescription drugs - Retail pharmacy (up to a 30-day supply)	**Value**: 15%; Covered insulins 5% up to $10 **Tier 1** (primarily low-cost generic): 15%; Covered insulins 10% up to $25 **Tier 2** (preferred brand-name drugs and high-cost generic): 15%; Covered insulins 30% up to $35	**Value:** 5% up to $10 **Tier 1** (primarily low-cost generic): 10% up to $25 **Tier 2** (preferred brand-name drugs and high-cost generic): 30% up to $75; Covered insulins: 30% up to $35	**Value:** 5% up to $10 **Tier 1** (primarily low-cost generic): 10% up to $25 **Tier 2** (preferred brand-name drugs and high-cost generic): 30% up to $75; Covered insulins: 30% up to $35
Prescription drugs - Mail order (up to a 90-day supply)	**Value**: 15%; Covered insulins 5% up to $30 **Tier 1** (primarily low-cost generic): 15%; Covered insulins 10% up to $75 **Tier 2** (preferred brand-name drugs and high-cost generic): 15%; Covered insulins 30% up to $105	**Value:** 5% up to $30 **Tier 1** (primarily low-cost generic): 10% up to $75 **Tier 2** (preferred brand-name drugs and high-cost generic): 30% up to $225; Covered insulins: 30% up to $105	**Value:** 5% up to $30 **Tier 1** (primarily low-cost generic): 10% up to $75 **Tier 2** (preferred brand-name drugs and high-cost generic): 30% up to $225; Covered insulins: 30% up to $105
Vision care - Routine annual eye exam	$0	$0	$0
Vision care - Glasses and contact lenses	$0 up to the allowed amount for one pair of standard lenses and frames once every 2 years; or any amount over $150 for elective contact lenses instead of frames and lenses once every 2 years ($30 fitting fee for contact lenses).	$0 up to the allowed amount for one pair of standard lenses and frames once every 2 years; or any amount over $150 for elective contact lenses instead of frames and lenses once every 2 years ($30 fitting fee for contact lenses).	$0 up to the allowed amount for one pair of standard lenses and frames once every 2 years; or any amount over $150 for elective contact lenses instead of frames and lenses once every 2 years ($30 fitting fee for contact lenses).

Notes:

- Print-friendly version of the benefit comparison: Medical benefit comparison and Medicare benefit comparison
- Most coinsurance does not apply until after you have paid your annual deductible unless noted that the deductible is waived.
- Some copays apply regardless of meeting your deductible unless enrolled in a consumer-directed health plan (CDHP) with a health savings account. You must pay the deductible first for most covered services before copays or coinsurance apply to a CDHP.
- All plans cover legally required preventive prescription drugs at 100 percent of allowed amount with no deductible.
- Benefits and visit limits listed as per year are based on calendar years (January 1 through December 31).
- If anything in these tables conflicts with the plan's benefits booklet (also called evidence of coverage or certificate of coverage), the benefits booklet takes precedence and prevails.