

# MEDICAL BENEFITS

## TRADITIONAL PLAN

### SUMMARY OF BENEFITS

PLAN COVERAGE	IN-NETWORK		OUT-OF-NETWORK	
	Individual	Family	Individual	Family
<b>Annual Deductible</b>	\$2,000	\$6,000	\$4,000	\$12,000
<b>Annual Out-of-Pocket Maximum</b>	\$6,000	\$15,800	\$12,000	\$36,000
<b>Coinsurance (The amount you pay)</b>	20% after deductible		40% after deductible	
<b>Copayments for Physician Visits- Primary Care/ Specialist</b>	\$35 / \$70		40% after deductible	
<b>Preventative Care</b>	No Charge		Screenings Only: 40% after deductible	
<b>Teladoc™</b>	\$25		N/A	
<b>Urgent Care/ER Visit Copayment</b>	\$70/\$300		\$70/\$300	
<b>Hospital (out-patient / in-patient services)</b>	20% after deductible		40% after deductible	
<b>Type of Drug</b>	<b>Co-Payment</b>		Subject to out-of-network provisions	
Tier 1: Generic	\$10			
Tier 2: Preferred Brand	\$50			
Tier 3: Non Preferred Brand	\$70			
Tier 4: Specialty	\$200			

Please refer to the UMR Benefit Booklet on the City's Intranet (\\IT-FS7\DATA\HR\Benefits\UMR) for details regarding covered services, exclusions and other plan terms.

Out of Pocket - Your expenses for medical care that aren't reimbursed by insurance. Out-of-pocket costs include deductibles, coinsurance, and copayments for covered services and prescriptions.