

2024 Uniform Medical Benefit Comparison

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?	\$1,600 / person \$3,200 / 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 Applies to Tier 2 drugs only, except covered insulins	\$250 / person \$750 / family Applies to Tier 2 drugs only, except covered insulins
Prescription drug out-of-pocket limit	Combined with medical out-of-pocket limit	\$2,000 / person \$4,000 / family	\$2,000 / person \$4,000 / family

Benefit	Uniform Medical Plan (UMP) CDHP	Uniform Medical Plan (UMP) Classic	Uniform Medical Plan (UMP) Select
	Member pays	Member pays	Member pays
Ambulance	20%	20%	20%
Emergency room When should I go to the emergency room?	15%	\$75 + 15%	\$75 + 20%
Hearing - Aids (per ear)	Any amount over \$3,000 every 3 years for prescribed hearing aids	Any amount over \$3,000 every 3 years for prescribed hearing aids (deductible waived)	Any amount over \$3,000 every 3 years for prescribed hearing aids (deductible waived)
Hearing - Routine annual exam	15%	\$0	\$0
Hospital services - Inpatient	15%	\$200/day up to \$600 Refer to Certificate of Coverage for more information	\$200/day up to \$600 Refer to Certificate of Coverage for more information
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; Refer to Certificate of Coverage for more information	Varies; Refer to Certificate of Coverage for more information	Varies; Refer to Certificate of Coverage for more information
Therapy - Acupuncture	\$15 (24 visits / year)	\$15 (24 visits / year)	\$15 (24 visits / year)
Therapy - Chiropractic, spinal manipulations	\$15 (24 visits / year)	\$15 (24 visits / year)	\$15 (24 visits / year)
Therapy - Massage	\$15 (24 visits / year)	\$15 (24 visits / year)	\$15 (24 visits / year)
Therapy - Physical, occupational, speech, and neurodevelopmental	15% (60 visits / year)	15% (60 visits / year)	20% (60 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, high-cost generic, and specialty drugs): 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, high-cost generic, and specialty drugs): 30% up to \$75	Value: 5% up to \$10 Tier 1 (primarily low-cost generic): 10% up to \$25 Tier 2 (preferred brand-name drugs, high-cost generic, and specialty drugs): 30% up to \$75
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, high-cost generic, and specialty drugs): 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, high-cost generic, and specialty drugs): 30% up to \$225	Value: 5% up to \$30 Tier 1 (primarily low-cost generic): 10% up to \$75 Tier 2 (preferred brand-name drugs, high-cost generic, and specialty drugs): 30% up to \$225
Vision care - Routine annual eye exam	\$0	\$0	\$0
Vision care - Glasses and contact lenses	Any amount over \$150 once every 2 years Refer to Certificate of Coverage for more information	Any amount over \$150 once every 2 years Refer to Certificate of Coverage for more information	Any amount over \$150 once every 2 years Refer to Certificate of Coverage for more information