

# Medical Benefit Comparison

↳ Only show benefits that are different.

Annual Cost	Uniform Medical Plan (UMP)	Uniform Medical Plan (UMP)	Uniform Medical Plan (UMP)
	CDHP	Classic	Select
Medical deductible	Member pays \$1,650 / person	Member pays \$250 / person	Member pays \$750 / person
What is a medical deductible?	\$3,300 / family	\$750 / family	\$2,250 / family
Medical out-of-pocket limit	\$4,200 / person	\$2,000 / person	\$3,500 / person
What is a medical out-of-pocket limit?	\$8,400 / family (Not to exceed \$7,000 / member)	\$4,000 / family	\$7,000 / family
Prescription drug deductible	Combined with medical deductible	\$100 / person \$300 / family	\$250 / person \$750 / family
Prescription drug out-of-pocket limit	Combined with medical out-of-pocket limit	Applies to Tier 2 drugs only, except covered insulins \$2,000 / person \$4,000 / family	Applies to Tier 2 drugs only, except covered insulins \$2,000 / person \$4,000 / family
Benefit	Uniform Medical Plan (UMP) CDHP	Uniform Medical Plan (UMP) Classic	Uniform Medical Plan (UMP) Select
Ambulance	Member pays 20%	Member pays 20%	Member pays 20%
Emergency room	Member pays 20%	Member pays 20%	Member pays 20%
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 See Certificate of Coverage for more information.	Any amount over \$3,000 every 3 years (deductible waived) See Certificate of Coverage for more information.	Any amount over \$3,000 every 3 years (deductible waived) See Certificate of Coverage for more information.
Hearing - Routine annual exam	15%	\$0	\$0
Hospital services - Inpatient	15%	\$200 / day up to \$600 15% professional services See Certificate of Coverage for more information	\$200 / day up to \$600 20% professional services See 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%

Compare the plans you chose

Only show benefits that are different.

Annual Cost	Uniform Medical Plan (UMP) CDHP	Uniform Medical Plan (UMP) Classic	Uniform Medical Plan (UMP) Select
Telemedicine, telehealth, and virtual care visits	Varies See Certificate of Coverage for more information	Varies See Certificate of Coverage for more information	Varies See 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)	<p><b>Value:</b> 15%; Certain drugs: 5% up to \$10</p> <p><b>Tier 1</b> (primarily low-cost generic): 15%; Certain drugs: 10% up to \$25</p> <p><b>Tier 2</b> (preferred brand-name drugs, high-cost generic, and specialty drugs): 15%; Certain drugs: 30% up to \$35</p> <p>See Certificate of Coverage for more information</p>	<p><b>Value:</b> 5% up to \$10</p> <p><b>Tier 1</b> (primarily low-cost generic): 10% up to \$25</p> <p><b>Tier 2</b> (preferred brand-name drugs, high-cost generic, and specialty drugs): 30% up to \$75; Certain drugs: 30% up to \$35, see Certificate of Coverage for more information</p>	<p><b>Value:</b> 5% up to \$10</p> <p><b>Tier 1</b> (primarily low-cost generic): 10% up to \$25</p> <p><b>Tier 2</b> (preferred brand-name drugs, high-cost generic, and specialty drugs): 30% up to \$75; Certain drugs: 30% up to \$35, see Certificate of Coverage for more information</p>
Prescription drugs - Mail order (up to a 90-day supply)	<p><b>Value:</b> 15%; Certain drugs: 5% up to \$30</p> <p><b>Tier 1</b> (primarily low-cost generic): 15%; Certain drugs: 10% up to \$75</p> <p><b>Tier 2</b> (preferred brand-name drugs, high-cost generic, and specialty drugs): 15%; Certain drugs: 30% up to \$105</p> <p>See Certificate of Coverage for more information</p>	<p><b>Value:</b> 5% up to \$30</p> <p><b>Tier 1</b> (primarily low-cost generic): 10% up to \$75</p> <p><b>Tier 2</b> (preferred brand-name drugs, high-cost generic, and specialty drugs): 30% up to \$225; Certain drugs: 30% up to \$105, see Certificate of Coverage for more information</p>	<p><b>Value:</b> 5% up to \$30</p> <p><b>Tier 1</b> (primarily low-cost generic): 10% up to \$75</p> <p><b>Tier 2</b> (preferred brand-name drugs, high-cost generic, and specialty drugs): 30% up to \$225; Certain drugs: 30% up to \$105, see Certificate of Coverage for more information</p>
Vision care - Routine annual eye exam	\$0	N/A	N/A
Vision care - Glasses and contact lenses	Any amount over \$150 once every 2 years Refer to <b>Certificate of Coverage</b> for more information	N/A	N/A