

# 2024 Medical Plan Comparison

	UMR Standard PPO Plan	UMR Preferred PPO Plan	UMR HSA Plan	NEW Surest Plan
<b>Benefits</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>	<b>In-Network</b>
Calendar Year Deductible	\$800 individual / \$1,600 family	\$400 individual / \$800 family	\$3,200 individual / \$5,400 family	\$0
Coinsurance	80%	80%	90%	100%
Calendar Year Out-of-Pocket	\$5,000 individual / \$10,000 family	\$5,000 individual / \$10,000 family	\$5,000 individual / \$10,000 family	\$5,500 Individual / \$11,000 family
Office Visits	80% after deductible	80% after deductible	90% after deductible	\$25 -\$125 copay PCP/SPC
Inpatient Hospital Stay	80% after deductible	80% after deductible	90% after deductible	\$2,750 copay
Maternity Delivery	80% after deductible	80% after deductible	90% after deductible	\$1,300 -\$2,350 copay
Procedures (Office, IP and OP)	80% after deductible	80% after deductible	90% after deductible	\$50 -\$3,500 copay
Emergency Room	80% after deductible	80% after deductible	90% after deductible	\$700 copay
<b>Prescription Medication -Retail</b>	<b>OptumRx</b>			
Tier 1	\$15 copay	\$15 copay	10% after deductible	\$10 copay
Tier 2	\$35 copay	\$35 copay	10% after deductible	\$90 copay
Tier 3	\$35 copay	\$35 copay	10% after deductible	\$120 copay
Specialty Tiers 1-3	20% up to \$200	20% up to \$200	10% after deductible, \$200 max	\$330/\$370/\$400 copay
	<b>Out-of-Network</b>	<b>Out-of-Network</b>	<b>Out-of-Network</b>	<b>Out-of-Network</b>
Calendar Year Deductible	\$1,200 individual / \$2,400 family	\$1,200 individual / \$2,400 family	\$5,000 individual / \$10,000 family	\$0
Coinsurance	60%	60%	60%	100%
Calendar Year Out-of-Pocket	\$8,000 individual / \$16,000 family	\$8,000 individual / \$16,000 family	\$8,000 individual / \$16,000 family	\$11,000 individual / \$22,000family