

# Fischer Management – HSA Plus Summary of Benefits

January 1, 2023



## Medical Benefits

Covered Services	In-Network Providers	Non-Network Providers
<b>Calendar Year Deductible</b>		
Individual	\$3,000	\$5,000
Family	\$6,000	\$10,000
<b>Maximum Out-of-Pocket Expense</b>		
Individual	\$5,000	\$10,000
Family	\$10,000	\$20,000
<b>Teladoc - General Medicine</b>	deductible, coinsurance	N/A
<b>Primary Care Physician Office Visits</b>	20% after deductible	40% after deductible
<b>Specialist Office Visits</b>	20% after deductible	40% after deductible
<b>Urgent Care Visit</b>	20% after deductible	40% after deductible
<b>Emergency Room</b>	20% after deductible	40% after deductible
<b>Durable Medical Equipment</b>	20% after deductible	40% after deductible
<b>Outpatient Hospital Services</b>	20% after deductible	40% after deductible
<b>Inpatient Hospital Services</b>	20% after deductible	40% after deductible
<b>Physical Therapy</b>	20% after deductible	40% after deductible
<b>Preventive Care</b>	Covered in full at 100%	Deductible, coinsurance

## Prescription Drug Benefits

Co-Pay Per Prescription	Retail 30 Rx Pharmacy Option – Participating Pharmacy	Mail 90 Rx Pharmacy Option – OptumRx
<b><u>Full medical deductible is required before copays begin.</u></b>		
<b><u>Exception: medication on the Preventative Drug List is covered in full.</u></b>		
<b>Tier 1</b>	\$10 copayment per prescription after deductible	\$25 copayment per prescription after deductible
<b>Tier 2</b>	\$35 copayment per prescription after deductible	\$87.50 copayment per prescription after deductible
<b>Tier 3</b>	\$60 copayment per prescription after deductible	\$150 copayment per prescription after deductible

**UMR Customer Service: 1-800-826-9781 [www.umar.com](http://www.umar.com)**

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.

**HDHP BP001**