Fischer Management –
HSA Basic
Summary of Benefits

January 1, 2024

A UnitedHealthcare Company

Medical Benefits

Covered Services	In-Network Providers	Non-Network Providers
Calendar Year Deductible		
Individual	$4,000	$5,000
Family	$8,000	$10,000
Maximum Out-of-Pocket Expense		
Individual	$6,550	$10,000
Family	$13,100	$20,000
Teladoc - General Medicine	deductible, coinsurance	N/A
Primary Care Physician Office Visits	20% after deductible	40% after deductible
Specialist Office Visits	20% after deductible	40% after deductible
Urgent Care Visit	20% after deductible	40% after deductible
Emergency Room	20% after deductible	40% after deductible
Durable Medical Equipment	20% after deductible	40% after deductible
Outpatient Hospital Services	20% after deductible	40% after deductible
Inpatient Hospital Services	20% after deductible	40% after deductible
Physical Therapy	20% after deductible	40% after deductible
Preventive Care	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
***Full* medical deductible is required before copays begin.**		
Exception: medication on the Preventative Drug List is covered in full.		
Tier 1	$10 copayment per prescription after deductible	$25 copayment per prescription after deductible
Tier 2	$35 copayment per prescription after deductible	$87.50 copayment per prescription after deductible
Tier 3	$60 copayment per prescription after deductible	$150 copayment per prescription after deductible

UMR Customer Service: 1-800-826-9781 www.umr.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 BP002