

# Fischer Management – PPO Summary of Benefits

January 1, 2024



## Medical Benefits

Covered Services	In-Network Providers	Non-Network Providers
<b>Calendar Year Deductible</b>		
Individual	\$1,000	\$5,000
Family	\$2,000	\$10,000
<b>Maximum Out-of-Pocket Expense</b>		
Per Calendar Year		
Individual	\$6,500	\$10,000
Family	\$13,000	\$20,000
Teleadoc - General Medicine	\$0 co-pay	N/A
Primary Care Physician Office Visits	\$0 co-pay	45% after deductible
Specialist Office Visits	\$100 co-pay	45% after deductible
Urgent Care Visit	\$50 co-pay	45% after deductible
Emergency Room	\$250 co-pay	\$250 co-pay
Durable Medical Equipment	20% after deductible	45% after deductible
Outpatient Hospital Services	20% after deductible	45% after deductible
Inpatient Hospital Services	20% after deductible	45% after deductible
Physical Therapy	Covered in full at 100%	45% after deductible
Preventive Care	Covered in full at 100%	Deductible, coinsurance

## Prescription Drug Benefits

Co-Pay Per Prescription	Retail In-Network	Retail Out-of-Network	Mail Order In-Network	Mail Order Out-of-Network
<b>Tier 1</b>	No Charge	No Charge	No Charge	N/A
<b>Tier 2</b>	\$50 copay	\$50 copay	\$125 copay	N/A
<b>Tier 3</b>	\$100 copay, deductible does not apply	\$100 copay, deductible does not apply	\$250, deductible does not apply	N/A
<b>Tier 4</b>	\$250 copay, deductible does not apply	\$250 copay, deductible does not apply	\$625 copay, deductible does not apply	N/A

**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.*