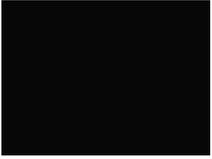


For general definitions of common terms, such as allowed amount, billing, coinsurance, copayment, deductible, provider or other terms, see the Glossary. You can view the Glossary at www.umr.com or call 1-800-826-9781 to request a copy.

| Important Questions | Answers | Why this Matters: |
|--|---|---|
| <p>What is the overall deductible?</p> | <p>\$3,300 person / \$6,600 family In-network \$3,300 person / \$6,600 family Out-of-network \$3,300 In-network / \$3,300 Out-of-network Maximum amount that any one person will satisfy toward the annual family deductible</p> | <p>Generally, you must pay all the costs from <u>provider's deductible amount</u></p> |



| Common Medical Events | Services You May Need | What You Will Pay | Limitations/Exceptions |
|-----------------------|-----------------------|-------------------|------------------------|
|-----------------------|-----------------------|-------------------|------------------------|

Excluded Services & Other Covered Services:

| Services Your Plan Does NOT Cover (Check your policy or plan for more information and a list of any other excluded services.) | | |
|---|---|--|
| <input checked="" type="checkbox"/> Acupuncture | <input checked="" type="checkbox"/> Hearing aids | <input checked="" type="checkbox"/> Routine foot care |
| <input checked="" type="checkbox"/> Cosmetic surgery | <input checked="" type="checkbox"/> Infertility treatment | <input checked="" type="checkbox"/> Weight loss programs |

Theplan