

The Summary of Benefits and Coverage (SBC) document will help you choose a health

This is only a summary. For more information about your coverage, or to get a copy of the complete document, visit www.umar.com or call 1-800-826-9781. For general definitions of common terms, such as allowed amount, billing, coinsurance, copayment, deductible, underinsured, terms, see the Glossary. You can view the Glossary at www.umar.com or call 1-800-826-9781 to request a copy.

All copayment and coinsurance costs shown in this chart are after your deductible is met, if deductible applies

Common Medical Events	Services You May Need	What You Will Pay		Limitations, Exceptions & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	

health care provider's

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		In-network (You will pay the least)	Out-of-network (You will pay the most)	
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	40% Coinsurance	<u>Preauthorization</u> required.
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	
If you have mental health, behavioral health, or substance abuse services	Outpatient services	\$30 Copay per visit; Deductible Waiver for office visit; 20% Coinsurance for other outpatient services	40% Coinsurance	<u>Preauthorization</u> required for Partial hospitalization.
	Inpatient services	20% Coinsurance	40% Coinsurance	<u>Preauthorization</u> required.

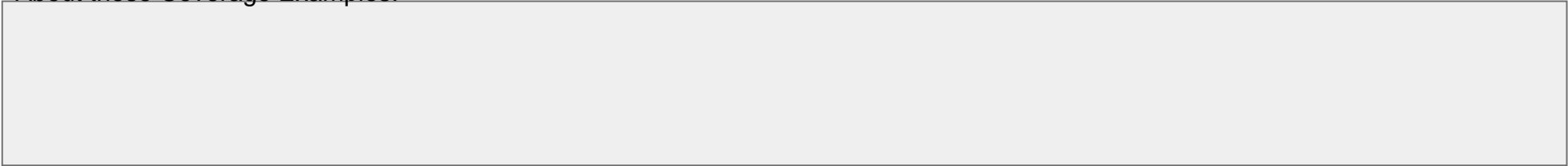
If you are pregnant

Common

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.)		
<ul style="list-style-type: none">• Acupuncture• Cosmetic surgery• Dental care (Adult)	<ul style="list-style-type: none">• Hearing aids• Infertility treatment• Long	<ul style="list-style-type: none">• Routine foot care• Weight loss programs

About these Coverage Examples:



Peg is Having a Baby
(9 months of in-network prenatal care and a hospital delivery)

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well controlled condition)

Mia's Simple Fracture
(in-network emergency room visit and follow-up care)

The plan's overall deductible	\$750
Specialist copayment	\$30
Hospital (facility) coinsurance	20%
Other coinsurance	20%

This EXAMPLE event includes services like:
Specialist office visits (prenatal care)