

Out of State *For a full list of benefits, please refer to the SEBB Initial Enrollment Guide

	Uniform Medical Plan (UMP) Achieve 1	UMP Achieve 2	UMP High Deductible w/HSA
Deductible (single/family)	\$750/\$2,250	\$250/\$750	\$1,400/\$2,800
Out-of-Pocket Max (single/family)	\$3,500/\$7,000	\$2,000/\$4,000	\$4,200/\$8,400
Coinsurance	Contact Plan Directly	Contact Plan Directly	Contact Plan Directly
RX Deductible	Tier 2 and specialty \$250/\$750	Tier 2 and specialty \$100/\$300	Combined Medical & Prescription Deductible
RX out-of-pocket limit	\$2,000/\$4,000	\$2,000/\$4,000	Combined Medical & Prescription Deductible
Ambulance per trip	20%	20%	20%
Diag. Lab/X-Ray	20%	15%	15%
Emergency Room	\$75 + 20%	\$75 + 15%	15%
Inpatient	\$200/day up to \$600 for facility + 20% for prof services	\$200/day up to \$600 for facility + 15% for prof services	15%
Outpatient	20%	15%	15%
Primary Care	20%	15%	15%
Specialist	20%	15%	15%
Urgent Care	20%	15%	15%
RX Copay Value Tier	5% up to \$10	5% up to \$10	15% after combined med & pres deductible
RX Copay Tier 1	10% up to \$25	10% up to \$25	15% after combined medical & prescription deductible
RX Copay Tier 2	30% up to 75%	30% up to 75%	15% after combined medical & prescription deductible
RX Copay Tier 3	N/A	N/A	N/A
RX Copay Tier 4	N/A	N/A	N/A

Employee	\$ 33.00	\$ 98.00	\$ 25.00
Emp + Spouse	\$ 66.00	\$ 196.00	\$ 50.00
Emp + Child(ren)	\$ 58.00	\$ 172.00	\$ 44.00
Family	\$ 99.00	\$ 294.00	\$ 75.00

RX Value Tier	Specific high value prescription drugs used to treat certain chronic conditions
RX Tier 1	Primarily low-cost generic drugs
RX Tier 2	Preferred brand-name drugs, high-cost generic drugs, and specialty drugs for UMP
RX Tier 3	Non preferred brand-name drugs and non-preferred generic drugs
RX Tier 4	Specialty and certain high cost generic drugs