USMGU
United States Managing General Underwriters

Explanation of Benefits

PREMIER 2500

Since 1986, United States Managing General Underwriters (USMGU) has been proud to provide our clients with affordable health benefits, quick and personalized customer service, and professional guidance for you and your medical care. We are the experts in the medical insurance industry, and we're here to help you navigate your options.

A Smarter Way To Get Health Benefits

MORE COMPREHENSIVE BENEFITS

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PLANS INCLUDE PERKS LIKE

- ✚ Preventive care at no extra cost
- ✚ Employee assistance programs
- ✚ Telehealth and mental health services
- ✚ Better rates on bundled dental and vision

USMGU PLANS ARE CUSTOMIZED TO YOUR BUDGET

Our plans are Major Medical Comprehensive plans, which provide true medical coverage.

Control Your Healthcare Costs

We believe controlling your healthcare costs is the most important task we perform. This allows us to pay claims within 25 days of receiving all required billing and level your premiums year

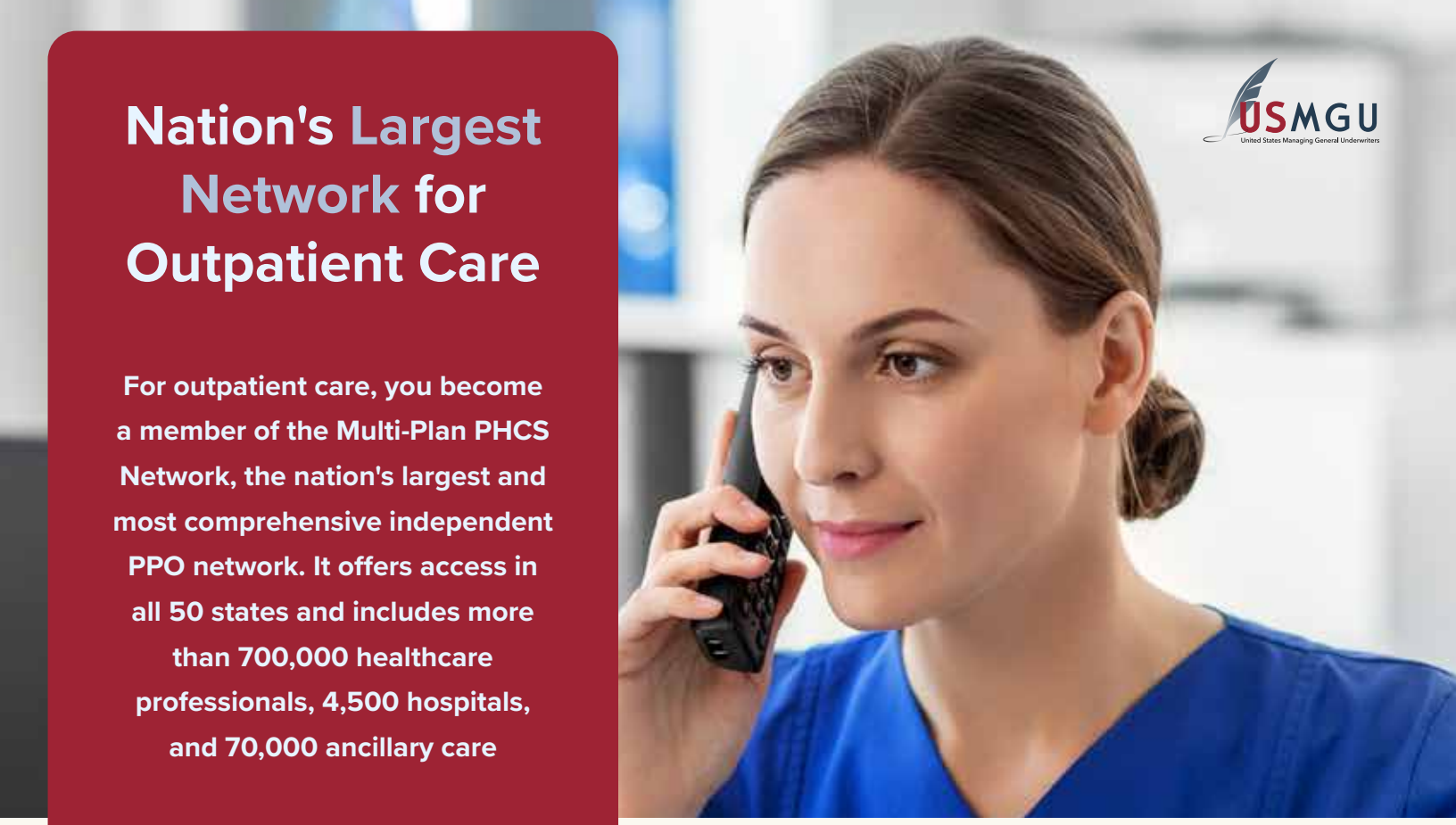
Significant Pharmacy Savings

You also become a member of Shield Pharmacy Benefits, which delivers quantifiable savings—typically **$1,000 to $1,800 per person annually.**

Choosing the right plan is about finding the best fit for your life, and USMGU is here to help.

usmgu.com

Nation's Largest Network for Outpatient Care



For outpatient care, you become a member of the Multi-Plan PHCS Network, the nation's largest and most comprehensive independent PPO network. It offers access in all 50 states and includes more than 700,000 healthcare professionals, 4,500 hospitals, and 70,000 ancillary care

YOUR CHOICE OF HOSPITAL, NOT A NETWORK

Take control of your medical care! You get to choose the hospital where you receive treatment, not a network. Our team will provide savings that equal 40% to 65% of in-hospital charges.

Important Facts to Consider

When you're deciding on a medical plan, keep these facts in mind:

- The average person does not meet their full deductible. Studies show that only about 10-20% of enrollees meet their full annual deductible in a given year. The other 80-90% pay some out-of-pocket but don't max it out.
- The average person is not hospitalized each year. Only about 3-4% of the general population enters the hospital annually. For children, it's around 2-3% per year.

TWO TYPES OF CARE

Your medical care is divided into two types:

In-Hospital Care

Out Patient Care

Your deductible does not apply to your most common out-patient treatments.

MAJOR MEDICAL OVERVIEW

Premier 2500	
In-Network Services	
Primary Care	$30 co-pay per visit 100% thereafter
Telemed Visit	$0 with www.1800md.com
Specialist	$75 co-pay per visit 100% thereafter
Mental Health	$60 co-pay per visit 100% thereafter
Substance Abuse	$60 co-pay per visit 100% thereafter
Diagnostic Testing Doctors Office, Lab, X-rays & Imaging	$30 co-pay per visit 100% thereafter
Hospital Emergency Room	$600 co-pay per visit for facility $600 co-pay per visit for physician Co-payment waived if admitted directly from the ER.
Urgent Care Visits	$60 co-pay per visit 100% thereafter
In-Network Supplemental Services	
Occupational Therapy	80% per visit (limit 20 visits per plan year)
Physical Therapy	80% per visit (limit 20 visits per plan year)
Speech Therapy	80% per visit (limit 10 visits per plan year)
Private Duty Nurse	80% per visit (limit 15 visits per plan year)
Non-Surgical Treatment of the Spine	$1,000 Maximum plan year benefit
TMJ	80% per visit - $1,000 Maximum Benefit
In-Network Allergy Treatment	
Testing and Injections	$30 co-pay per visit (limit 10 visits per plan year)
Serum	$100 co-pay per visit (limit 10 visits per plan year)
Prescriptions	
Prescription Drugs Generic/Formulary/Non-Formulary Drugs/Specialty Drugs	$20/$50/$80/50% 2 times Mail-Order; SEE NOTE*
In-Network Labs & Imaging	
In Network Facility - Lab, X-rays & Imaging (e.g., MRI, MRA, PET, CT)	$400 co-pay per visit (limit 20 visits per plan year)

** Prescription Drugs - You pay the difference if a generic is available, even if doctor requested otherwise. Drugs subject to Cigna programs for Prior Authorization, Step Therapy and Exclusive Specialty Copays shown are per prescription, mail-order copay is two times for a 90-day supply.*

PREMIER 2500
OVERVIEW

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MAJOR MEDICAL OVERVIEW

Deductible Applied	
Plan Year Deductibles	$2,500 Individual $5,000 Family
Out-of-Pocket Maximum (Non-PPO providers do not satisfy the PPO provider Out-of-Pocket)	$10,600 per Individual $21,200 per Family
Co-Insurance You pay 20% of the cost until you have paid your out-of-pocket maximum, after paying the maximum out of pocket amount this plan covers 100% of the remaining costs.	
In-Patient Hospital Services You choose your hospital	80% after Deductible
Medical Services and Facility	80% after Deductible
Anesthesiologist and Surgeon Fees (Assistants at 20% of Primary)	80% after Deductible
Mental Health and Substance Abuse	80% after Deductible
Out-Patient Surgical and Diagnostic Includes outpatient services, miscellaneous medical procedures & supplies, diagnostic & therapeutic procedures and surgery at a physician's office, freestanding surgery center, or hospital (when approved).	80% after Deductible
Facility Charges	80% after Deductible
Durable Medical Equipment	80% after Deductible
Epidural Injections	80% after Deductible (Limit 10 visits per plan year)
Home Health	80% after Deductible (Limit 30 visits per plan year)
Ambulance - Ground	80% after Deductible
Ambulance - Air	Deductible, then covered at 80% Limit $7,500 maximum per trip for air ambulance

Network Providers have agreed to accept the Maximum Allowable Charge (MAC) as payment in full. Please refer to your Summary Plan Description (SPD) for details. The SPD is the final determination of all benefits.

Non-Network providers and Care are not covered benefits for out-patient care. You must be in-network to receive benefits for out-patient treatment and medical care.

In-Hospital Benefits are provided for any eligible benefits without a net-work provider required. You choose the hospital to receive medical care.

Pre-Certification Penalty: Certain procedures or medical care require pre-certification in order to qualify for full benefits. Failure to pre-certify will result in a $400 penalty per service, procedure or confinement. Please refer to the Pre-Certification section in your SPD for details.

Emergency Admissions Penalty: In the case of an Emergency Admission, the member must call the toll-free number listed on the medical identification card within 48 hours after admission or on the next

Copayments: Copayment does not apply towards deductibles or coinsurance but does apply to maximum out-of-pocket limits

Please Note: This schedule applies as indicated in the SPD. This schedule must be read in conjunction with the entire Summary Plan Description and has no full meaning by itself.

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Plan Year Deductible	An individual with family coverage will only be required to meet the individual deductible amount before the coinsurance begins. Deductible does not apply to Preventive Care Provisions. Eligible claims incurred in the PPO.
Coinsurance	Coinsurance is the share of the cost of a covered service, calculated as a percent of the allowed amount of the service.
Out-of-Pocket Maximum	All allowed deductibles, coinsurance, copayments and pre-certification penalties apply to the Out-of-Pocket Maximum. An individual with family coverage will only be required to meet the individual out-of-pocket maximum. Eligible claims incurred in the PPO Network apply to the Out-of-Network Out-of-Pocket Maximum; however, the Out-of-Network eligible claims do NOT apply to the PPO Network Out-of-Pocket Maximum.
Preventative Care	In-Network charges for preventive care services coverage are at no cost sharing. Out-of-Network preventive care is not covered. Cost sharing may apply if a specific service is for non-preventive care (even if billed in conjunction with preventative care services.) Although not required under the law, this plan pays for Prostatic/Testicular exams.
• Out-Patient Office Visits • Primary Care • Specialist	These charges are billed by the physician for time spent with the patient. Office visits do not include charges for diagnostic, surgical, or medical procedures performed by the physician.
• Mental Health • Substance Abuse	Mental Health and Substance Abuse coverage excludes counseling for behavioral disorders.
• Independent Diagnostic Testing Facility • X-rays & Advanced Imaging (e.g., MRI, MRA, PET, CT) • Out-Patient Surgical and Diagnostic	These charges are billed by an independent facility, separate from any charges billed by the requesting physician.
• Medical Services • Facility Charges	Includes outpatient services, miscellaneous medical procedures & supplies, diagnostic & therapeutic procedures and surgery at a physician's office, freestanding surgery center, or hospital (when approved).
• Emergency Services • Hospital Emergency Room • Urgent care Visits • Ambulance - Ground • Ambulance - Air	Urgent care visits include charges for diagnostic, surgical or medical procedures.
Prescription Drugs	If generics are available and a brand name is purchased, then the covered person must pay the copay PLUS the difference in the cost between the generic and the brand-name drug. In the case of the integrated drug plan, the plan will reimburse only up to the cost of the generic equivalent.
Short-Term Rehabilitation Services	Includes therapies performed in the provider's office or non-hospital based facility only.

A Smarter Way To Get Health Benefits

presented by:

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Helping Americans Access Affordable Healthcare

At USMGU, our mission is simple: to help everyday Americans take back control of their healthcare and reclaim the security, stability, and opportunities they've worked so hard to achieve.

(800) 313-0388 | info@usmgu.com | usmgu.com