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

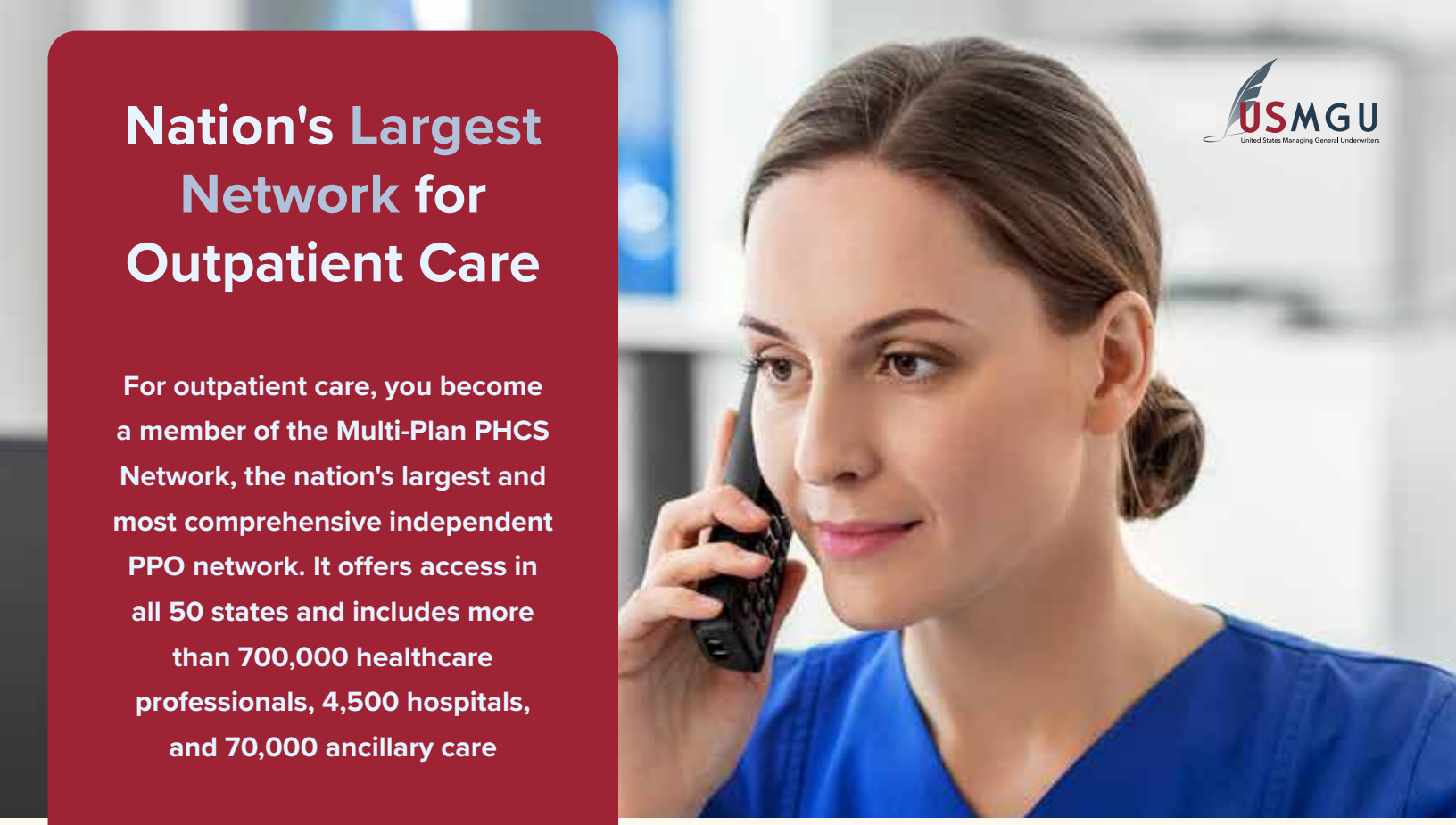
Significant Pharmacy Savings

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		
Services	**In Network**	**Out of Network**
Primary Care	$30 co-pay per visit; 100% thereafter	20% after deductible
Telemed Visit	$0 with www.1800md.com	Not specified; see SPD
Specialist	$75 co-pay per visit; 100% thereafter	20% after deductible
Mental Health	$60 co-pay per visit; 100% thereafter	20% after deductible
Substance Abuse	$60 co-pay per visit; 100% thereafter	20% after deductible
Diagnostic Testing Doctors Office, Lab, X-rays & Imaging	$30 co-pay per visit; 100% thereafter	20% after deductible
Hospital Emergency Room	$600 co-pay for facility; $600 co-pay for physician. Copay waived if admitted from ER.	Treated as RBR; see SPD
Urgent Care Visits	$60 co-pay per visit; 100% thereafter	$100 co-pay per visit
Supplemental Services		
Occupational Therapy	80% per visit; limit 20 visits per plan year	20% after deductible; limit 20 visits per plan year
Physical Therapy	80% per visit; limit 20 visits per plan year	20% after deductible; limit 20 visits per plan year
Speech Therapy	80% per visit; limit 10 visits per plan year	20% after deductible; limit 20 visits per plan year
Private Duty Nurse	80% per visit; limit 15 visits per plan year	20% after deductible; limit 10 visits per plan year
Non-Surgical Treatment of the Spine	$1,000 maximum plan-year benefit	20% after deductible; $1,000 per plan year
TMJ	80% per visit; $1,000 maximum benefit	20% after deductible; $1,000 lifetime maximum
Allergy Treatment		
Testing and Injections	$30 co-pay; limit 10 visits per plan year	20% after deductible
Serum	$100 co-pay; limit 10 visits per plan year	20% after deductible
Prescriptions		
Prescription Drugs Generic/Formulary/Non-Formulary/Specialty	$20/$50/$80/50%; 2x mail-order. SEE NOTE*	Not covered
Labs & Imaging		
In-Network Facility - Lab, X-rays & Imaging (MRI, MRA, PET, CT)	$400 co-pay; limit 20 visits per plan year	20% after deductible

* 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.

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MAJOR MEDICAL OVERVIEW

Deductible Applied	In Network	Out of Network
Plan Year Deductibles	$2,500 individual $5,000 family	$10,000 individual $20,000 family
Out-of-Pocket Maximum (Non-PPO does not satisfy PPO maximum)	$10,600 individual $21,200 family	$10,000 individual $20,000 family ADDITIONAL after deductible
Co-Insurance Member pays cost sharing until plan OOP limit.	Plan pays 80% Member pays 20%	Plan pays 20% Member pays 80%
In-Patient Hospital Services You choose your hospital	80% after deductible	Treated as RBR; see SPD
Medical Services and Facility	80% after deductible	Treated as RBR; see SPD
Anesthesiologist and Surgeon Fees (Assistants at 20% of primary)	80% after deductible	Treated as RBR; see SPD
Mental Health and Substance Abuse	80% after deductible	Treated as RBR; see SPD
Out-Patient Surgical and Diagnostic Includes approved procedures, supplies and surgery	80% after deductible	Treated as RBR; see SPD
Facility Charges	80% after deductible	Treated as RBR; see SPD
Durable Medical Equipment	80% after deductible	20% after deductible
Epidural Injections	80% after deductible Limit 10 visits per plan year	20% after deductible Limit 10 visits per plan year
Home Health	80% after deductible Limit 30 visits per plan year	20% after deductible Limit 100 visits per plan year
Ambulance - Ground	80% after deductible	20% after deductible
Ambulance - Air	Deductible, then 80% covered Limit $7,500 per trip	Deductible, then 20% covered Limit $7,500 per trip

Non-PPO out-of-pocket maximums are additional after the deductible. Charges above the allowed amount do not count toward the maximum.

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 outpatient cost sharing is shown in the tables above. Providers may bill charges above the plan allowable amount; those excess charges do not count toward deductibles or out-of-pocket maximums. See SPD.

In-Hospital Benefits are provided for eligible care without a network provider required. You choose your hospital.

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.

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