etrailer Corporation

$5,000 HDHP Summary of Benefits

UMR
A UnitedHealthcare Company

January 1, 2025

Medical Benefits

Covered Services	In-Network Providers	Non-Network Providers
Calendar year deductible Per person Family	 $5,000 $10,000	 $8,100 $16,200
Maximum out-of-pocket expense per calendar year Per person Family	 $5,000 $10,000	 $10,000 $20,000
Primary Care Physician Office Visits	100% after deductible	50% after deductible
Specialist Office Visits	100% after deductible	50% after deductible
Physician Office Services	100% after deductible	50% after deductible
Urgent Care Visit	100% after deductible	50% after deductible
Emergency Room	100% after in-network deductible	
Ambulance	100% after in-network deductible	
Durable Medical Equipment	100% after deductible	50% after deductible
Outpatient Diagnostic X-ray and Lab	100% after deductible	50% after deductible
Outpatient Hospital Services	100% after deductible	50% after deductible
Inpatient Hospital Services	100% after deductible	50% after deductible
Physical Therapy	100% after deductible	50% after deductible
Speech, Hearing Occupational Therapy	100% after deductible	50% after deductible
Preventive/Routine Exams	100% deductible waived	50% after deductible
Immunizations	100% deductible waived	50% after deductible
Preventive/Routine Diagnostic Lab and X-Rays	100% deductible waived	50% after deductible
Mammograms	100% deductible waived	50% after deductible
Preventive/Routine Pap Test	100% deductible waived	50% after deductible
Preventive/Routine PSA and Prostate	100% deductible waived	50% after deductible
Preventive/Routine Colonoscopy, Sigmoidoscopy and Other Similar Procedures	100% deductible waived	50% after deductible
Preventive/Routine Hearing Exams	100% deductible waived	50% after deductible
Women's Preventive Health Care	100% deductible waived	50% after deductible
Prescription Drug Benefits	**In-Network Providers**	**Non-Network Providers**
Retail Pharmacy– Participating Pharmacy Co-Pay Per Prescription (30/90-day supply)		
For Generic Drugs	$0 copay after deductible	Reimbursed at the SmithRx Calculated Rate, minus applicable copay, deductible does not apply.
For Preferred Brand Drugs	$0 copay after deductible	
For Non-Preferred Brand Drugs	$0 copay after deductible	

Mail Order (if applicable)

Co-Pay Per Prescription (90-day supply)

For Generic Drugs	$0 copay after deductible	Reimbursed at the SmithRx Calculated Rate, minus applicable copay, deductible does not apply.
For Preferred Brand Drugs	$0 copay after deductible	
For Non-Preferred Brand Drugs	$0 copay after deductible	
Specialty Drugs	Preferred specialty drugs 30-day supply: $0.00 copay, after deductible. Non-preferred specialty drugs: $0.00 copay, after deductible.	Not Covered

Retail: up to a 90-day supply
Mail order: up to a 90 day supply
Specialty medications: up to a 30-day supply

You may need to obtain certain drugs, including certain specialty drugs, from a pharmacy designated by SmithRx.

Certain drugs may have a preauthorization requirement or may result in a higher cost.

Dispense as written (DAW) provision applies

More information about prescription drug coverage is available at www.mysmithrx.com.

UMR Customer Service: 1-800-826-9781 www.umr.com
Submit Claims to: UMR P.O. Box 30541 Salt Lake City, UT 84130-0541

This is a summary of benefits and not a guarantee. Benefit payments are subject to all plan provisions and eligibility requirements at the time services are rendered. The plan document and summary plan description are the official sources of information. In the event of a discrepancy, the plan document and summary plan description will prevail.

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