Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services UMR: COLUMBIA PUBLIC SCHOOL DISTRICT: 7670-00-414028 002 003

Coverage Period: 01/01/2024 – 12/31/2024

Coverage for: Individual + Family | Plan Type: HDHP

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would
share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.
This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.umr.com or by calling
to request a copy.

All $\underline{copayment}$ and $\underline{coinsurance}$ costs shown in this chart are after your $\underline{deductible}$ has been met, if a $\underline{deductible}$ applies.

Common	Services You May Need	What You	ı Will Pay	Limitations Everytions 0 Other lumentant	
Medical Event		In-network (You will pay the least)	Out-of-network (You will pay the most)	Limitations, Exceptions, & Other Important Information	
	Primary care visit to treat an injury or illness	No charge	30% Coinsurance	None	
If you visit a health care provider's office or clinic	<u>Specialist</u> visit	No charge	30% Coinsurance	None	
	Preventive care/screening/immunization	No charge; Deductible Waived	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.	
If you have a	<u>Diagnostic test</u> (x-ray, blood work)	No charge	30% Coinsurance	None	
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Common	Services You May Need	Wilat fou	ı Will Pay	Limitations Evacations 9 Other Important
Common Serv Medical Event		In-network (You will pay the least)	Out-of-network (You will pay the most)	Limitations, Exceptions, & Other Important Information

If you need drugs to treat your illness or condition.

More information about prescription drug coverage

Common Medical Event	Services You May Need	What You Will Pay	Limitations, Exceptions
			Limitations, exceptions

Common	Services You May Need	What Yo	u Will Pay	Limitations Evacations & Other Important
Common Medical Event		In-network (You will pay the least)	Out-of-network (You will pay the most)	Limitations, Exceptions, & Other Important Information
	Childbirth/delivery professional services	No charge	30% Coinsurance	

Does this <u>plan</u> Provide Minimum Essential Coverage? Yes

<u>Minimum Essential Coverage</u> generally includes <u>plans</u>, <u>health insurance</u> available through the <u>Marketplace</u> or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of <u>Minimum Essential Coverage</u>, you may not be eligible for the <u>premium tax credit</u>.

Does this <u>plan</u> Meet the Minimum Value Standard? Yes

If your plan doesn't meet the Minimum Value Standards, you may be 4 0.84 ref248.28 525.12 23.6323.5.9 ((r)7 (a)10 e) TO 0.4 1 rg 9.573 0 Td (pr17 (em)7 (i)6 (um)7 (t)2 (axis 1) (axis