

Kidz Medical Services HMO Mid Plan Summary of Benefits - Medical



Covered services	In-network providers	NO OUT-OF-NETWORK BENEFITS
Calendar year deductible		
Per person	\$3,000	N/A
Family	\$6,000	N/A
Maximum out-of-pocket expense		
Per calendar year		
Per person	\$6,000	N/A
Family	\$12,000	N/A
Primary care physician (PCP) office visits	\$0 copay	N/A
Specialist office visits	\$40 copay	N/A
Physician office services	Depends on service	N/A
Urgent care visit	\$80 copay	N/A
Emergency room (ER)	30% after deductible	N/A
Ambulance	30%; after deductible	N/A
Durable medical equipment	30% after deductible	N/A
Outpatient diagnostic X-ray and lab work	100%; deductible waived	N/A
Outpatient hospital services	100%; deductible waived	N/A
Inpatient hospital services	30% after deductible	N/A
Physical therapy	30% after deductible	N/A
Speech, hearing and occupational therapy	30% after deductible	N/A
Preventive/routine exams	100%; deductible waived	N/A
Immunizations	100%; deductible waived	N/A
Preventive/routine diagnostic lab work and X-rays	100%; deductible waived	N/A
Mammograms	100%; deductible waived	N/A
Preventive/routine pap smear	100%; deductible waived	N/A
Preventive/routine prostate cancer screening	100%; deductible waived	N/A
Preventive/routine colonoscopy, sigmoidoscopy and other similar procedures	100%; deductible waived	N/A
Women's preventive health care	100%; deductible waived	N/A

UMR customer service: 800-826-9781 umr.com
Submit claims to: UMR P.O. Box 211762, Eagan, MN 55121

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.