

# PPTSA

## PPO Summary of benefits - medical

July 01, 2024



Covered services	In-network providers	Out-of-network providers
<b>Calendar year deductible</b>		
Per person	\$0	\$1,000
Family	\$0	\$3,000
<b>Maximum out-of-pocket expense per calendar year</b>		
Per person	\$2,250	\$2,500
Family	\$3,500	\$5,000
Primary care physician (PCP) office visits	0% after \$15 copay	30% after deductible
Specialist office visits	0% after \$15 copay	30% after deductible
Physician office services <ul style="list-style-type: none"> <li>Office surgery</li> </ul>	No Charge \$250 copay if surgery exceeds \$500	30% after deductible
Urgent care visit	0% after \$15 copay	30% after deductible
Emergency room (ER)	0% after \$100 copay	
Ambulance	0%; after in-network deductible – ground transport \$500 copay per occurrence – air ambulance	
Durable medical equipment <ul style="list-style-type: none"> <li>prosthetics &amp; orthotics</li> </ul>	No charge 0% after \$15 copay	30% deductible waived 30% deductible waived
Outpatient diagnostic X-ray and lab work	labs – no charge x-rays up to \$2500 - \$15 copay x-rays over \$2500 - \$50 copay	30% after deductible
Outpatient hospital services	\$15 copay per office visit No charge other physician services facility 10% (non-surgical)	30% after out-of-network deductible
Inpatient hospital services	\$250 copay per admission	\$500 per admit then 30% after Deductible waived
Physical therapy	0% after \$15 copay per visit	30% after deductible
Speech, hearing and occupational therapy	0% after \$15 copay per visit	30% after deductible
Preventive/routine exams	100%; deductible waived	30% after deductible
Immunizations	100%; deductible waived	30% after deductible
Preventive/routine diagnostic lab work and X-rays	100%; deductible waived	30% after deductible
Mammograms	100%; deductible waived	30% after deductible
Preventive/routine pap smear	100%; deductible waived	30% after deductible
Preventive/routine prostate cancer screening	100%; deductible waived	30% after deductible
Preventive/routine colonoscopy, sigmoidoscopy and other similar procedures	100%; deductible waived	30% after deductible
Preventive/routine hearing exams	100%; deductible waived	30% after deductible
Women's preventive health care	100%; deductible waived	30% after deductible

**UMR customer service: 800-826-9781 [umar.com](https://www.umar.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.*