



LVMPD Metro Employee Health & Welfare Trust 2024 Health Plan Summary

Paycheck Contributions (Full Coverage, Bi-weekly)

Employee Only	\$0.00
Employee + 1 Dependent	\$98.86
Employee + 2 Dependents	\$113.87
Employee + 3 Dependents	\$125.81
Employee + 4 Dependents	\$140.45
Employee + 5 Dependents	\$159.81
Employee + 6 or more Dependents	\$170.30

Benefits (UMR.com or 866-868-1395)

Annual Deductible	PPO	\$600/individual - \$1,200/family
	Non-PPO	\$1,200/individual - \$2,400/family
Out-of-Pocket Maximum	PPO	\$4,000/individual - \$12,000/family
	Non-PPO	Unlimited out-of-pocket
Physician Office Visit (Primary Care Physician (PCP), Pediatrician, OB/GYN)	PPO	\$0 copay
	Non-PPO	After Non-PPO deductible, Plan pays 60% of allowable charges
Telemedicine	Exclusive	\$0 copay (wmthealth.com/lvmpd or 855-636-3669)
Physician's Office Visit (Specialist)	PPO	\$40 copay
	Non-PPO	After Non-PPO deductible, Plan pays 60% of allowable charges
Urgent Care	PPO	\$30 copay
	Non-PPO	After Non-PPO deductible, Plan pays 60% of allowable charges
Annual Physical	PPO	\$0 copay
	Non-PPO	After Non-PPO deductible, Plan pays 60% of allowable charges
Outpatient Diagnostic Services	PPO	Plan pays 85%
	Non-PPO	After Non-PPO Deductible, Plan pays 60% of allowable charges
Hospitalization	PPO	After Calendar Year Deductible, Plan pays 85%
	Non-PPO	After Non-PPO Deductible, Plan pays 60% of allowable charges
Outpatient Surgery at a Hospital Facility or Surgical Center	PPO	After Calendar Year Deductible, Plan pays 85%
	Non-PPO	After Non-PPO Deductible + \$600 copay , Plan pays 60% of allowable charges
Emergency Room	Anywhere	\$350 copay, waived if admitted

Note: This is a brief summary of the health plan options and coverage. For more details, review your Plan Document/Summary Plan Description. You can find the full Plan Document/Summary Plan Description on the UMR website at UMR.com. Descriptions of health plan coverage in legal documents, such as a Summary Plan Description/Plan Document supersede any information contained in this summary.



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Outpatient Mental Health / Substance Abuse	PPO	\$0 copay
	Non-PPO	After Non-PPO deductible, Plan pays 60% of allowable charges
Inpatient Mental Health / Substance Abuse	PPO	After Calendar Year Deductible, Plan pays 85%
	Non-PPO	After Non-PPO Deductible + \$600 copay, Plan pays 60% of allowable charges

Prescription Drugs (MedImpact.com or 888-212-5650)

Retail Prescriptions (90-day supply available at MedImpact PPO Pharmacies at Mail Order cost)	Generic	\$5
	Formulary	\$30
	Non-Formulary	\$60
	Specialty	20% of cost, \$50-\$100 copay, 30-day supply
Mail Order Prescriptions (Up to 90-day supply)	Generic	\$10
	Formulary	\$60
	Non-Formulary	\$120
	Specialty	n/a

Vision Benefits (MyUHCVision.com or 800-638-3120)

Vision Exam	PPO	\$0 copay, one exam per year
	Non-PPO	Must submit for reimbursement, reimbursement varies on services provided
Lenses/Frames or Contacts (Lenses covered every 12 months, Frames every 24 months \$130 allowance)	PPO	\$25 copay per year for lenses (additional copays Progressive lenses, coating, Polycarbonate Lenses, etc.)
	Non-PPO	Must submit for reimbursement, reimbursement varies on services provided

Dental Benefits (DeltaDentalins.com/lvmpd or 800-521-2651)

Calendar Year Deductible	PPO or Non-PPO	\$50/individual - \$150/family \$50 Orthodontic (Lifetime)
Annual Maximum Benefit	PPO or Non-PPO	\$2,500 per person \$3,000 Orthodontic (Lifetime), children under age 19
Preventive Services	PPO	\$0 copay
	Non-PPO	After Calendar Year Deductible, plan pays 50% of allowable charges
Basic Services	PPO	After Calendar Year Deductible, plan pays 80% of allowable charges
	Non-PPO	After Calendar Year Deductible, plan pays 50% of allowable charges
Major Services	PPO	After Calendar Year Deductible, plan pays 80% of allowable charges
	Non-PPO	After Calendar Year Deductible, plan pays 50% of allowable charges
Orthodontia	PPO	After Orthodontic Deductible, plan pays 80% of allowable charges (benefit is only available for dependent under 19, \$3,000 lifetime maximum)
	Non-PPO	After Orthodontic Deductible, plan pays 50% of allowable charges (benefit is only available for dependent under 19, \$3,000 lifetime maximum)

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