Benefits-at-a-Glance

Medical Plan	
Plan Category	**Choice Plus HSA**
Plan Code	**BG5D**
Plan Basics	
Primary Care Physician Required?	No
Electronic Referrals Required to see Specialists?	No
Out of Network Benefits?	Yes
Pediatric Dental & Vision	No
Medical Deductible Type	Emb
Out of Pocket	
Deductible	
Individual	$6,000
Family	$12,000
Out-of-Pocket Maximum	
Individual	$6,650
Family	$13,300
Coinsurance	Covered 100%
Office Visits	
Office Visits — Primary Care	DED
Office Visits — Specialist	DED
Virtual Visits	DED
Preventive Services	Covered 100%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	DED
Minor Lab Testing and X-ray — Freestanding Facility	DED
Minor Lab Testing and X-ray — Hospital	DED
Major Diagnostic and Imaging Services - Freestanding	DED
Major Diagnostic and Imaging Services - Hospital	DED
Other Care Options	
Urgent Care	DED
Emergency Room	DED
Outpatient Services - Freestanding Facility	DED
Outpatient Services - Hospital	DED
Inpatient Hospital	DED
Pharmacy Plan	830
Retail	
Deductible	
Individual	See Medical
Family	See Medical
Tier 1	$20
Tier 2	$50
Tier 3	$100
Tier 4	$350
Mail Order *(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details*	2.5
Plan Notes	*2019 HSA Contribution Limits: Single: $3,500, Family: $7,000

This information is a brief, general description of your coverage; it is not a contract and does not replace your Certificate of Coverage/ Summary Plan Description. For a complete list of your coverage, including exclusions and limitations relating to your coverage, please read your Certificate of Coverage/Summary Plan Description. If descriptions, percentages, and dollar amounts conflict with official benefit coverage documents, the official benefits coverage documents prevail.

*Emb = Embedded Deductible= All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.
*NonEmb = Non-Embedded Deductible = No one in the family is eligible for benefits until the family deductible is met.

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