

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus HSA
Plan Code	BG-5P
Plan Basics	
Primary Care Physician Required?	No
Electronic Referrals	
Required to see Specialists?	No
Out of Network Benefits?	Yes
Pediatric Dental & Vision	Yes
Medical Deductible Type	Emb
Out of Pocket	
Deductible	
Individual	\$2,850
Family	\$5,700
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	DED/Coin
Office Visits — Specialist	DED/Coin
Virtual Visits	DED/Coin
Preventive Services	Covered 100%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	DED/Coin
Minor Lab Testing and X-ray — Freestanding Facility	DED/Coin
Minor Lab Testing and X-ray — Hospital	DED/Coin
Major Diagnostic and Imaging Services - Freestanding	DED/Coin
Major Diagnostic and Imaging Services - Hospital	DED/Coin
Other Care Options	
Urgent Care	DED/Coin
Emergency Room	DED/Coin
Outpatient Services - Freestanding Facility	DED/Coin
Outpatient Services - Hospital	DED/Coin
Inpatient Hospital	DED/Coin
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 <i>(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details</i>	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.