

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus HSA w/ Motion
Plan Code	BH-J9
<b>Plan Basics</b>	
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
<b>Out of Pocket</b>	
<b>Out-of-Pocket Maximum</b>	
Individual	\$6,650
Family	\$13,300
<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
Coinsurance	30%
<b>Office Visits</b>	
Office Visits — Primary Care	DED/Coin
Office Visits — Specialist	DED/Coin
Virtual Visits	DED/Coin
Preventive Services	Covered 100%
<b>Lab and Diagnostic Services</b>	
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 Facility	DED/Coin
Major Diagnostic and Imaging Services - Hospital	DED/Coin
<b>Other Care Options</b>	
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
<b>Retail</b>	
<b>Deductible</b>	
Individual	No Rx DED
Family	No Rx DED
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	<p>*2019 HSA Contribution Limits: Single: \$3,500, Family: \$7,000  <a href="#">Walk. Track. Get 1,000 back.</a>                      With the UnitedHealthcare Motion® walking program, members track their steps to potentially earn over \$1,000 a year to spend on health-related expenses.</p>

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.