

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus HSA
Plan Code	BP78
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	\$4,000
Family	\$8,000
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
Coinsurance	0%
Office Visits	
Office Visits — Primary Care	DEDUCTIBLE
Office Visits — Specialist	DEDUCTIBLE
Virtual Visits	DEDUCTIBLE
Preventive Services	Covered 100%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	DEDUCTIBLE
Minor Lab Testing and X-ray — Freestanding Facility	DEDUCTIBLE
Minor Lab Testing and X-ray — Hospital	DEDUCTIBLE
Major Diagnostic and Imaging Services - Freestanding Facility	DEDUCTIBLE
Major Diagnostic and Imaging Services - Hospital	DEDUCTIBLE
Other Care Options	
Urgent Care	DEDUCTIBLE
Emergency Room	DEDUCTIBLE
Outpatient Services - Freestanding Facility	DEDUCTIBLE
Outpatient Services - Hospital	DEDUCTIBLE
Inpatient Hospital	DEDUCTIBLE
Pharmacy Plan	831
Retail	
Deductible	
Individual	Included in Medical
Family	Included in Medical
Tier 1	\$15
Tier 2	\$45
Tier 3	\$90
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	*2020 HSA Contribution Limits: \$3550 individual; \$7100 family

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.