

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus
Plan Code	BP9H
<b>Plan Basics</b>	
Primary Care Physician Required?	No
Electronic Referrals Required to see Specialists?	No
Out of Network Benefits?	Yes
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$4,000
Family	\$8,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,150
Family	\$16,300
Coinsurance	20%
<b>Office Visits</b>	
Office Visits — Primary Care	\$30/\$60
Office Visits — Specialist	\$70/\$100
Virtual Visits	\$0
Preventive Services	0%
<b>Lab and Diagnostic Services</b>	
Minor Lab Testing and X-ray — Physician Office	Deductible & Coinsurance
Minor Lab Testing and X-ray — Freestanding Facility	Deductible & Coinsurance
Minor Lab Testing and X-ray — Hospital	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	Deductible & Coinsurance
<b>Other Care Options</b>	
Urgent Care	\$30
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	831
<b>Retail</b>	
<b>Deductible</b>	
Individual	None
Family	None
Tier 1	\$15
Tier 2	\$45
Tier 3	\$90
Tier 4	\$350
Mail Order <i>(Times Retail)</i> Only certain prescription drug products are available through mail order. See your plan documents for details	\$37.50/\$112.50/\$225/\$875 90 day supply
Plan Notes	

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.