

Benefits-at-a-Glance



Medical Plan	
Plan Category	Colorado Doctors Plan HMO
Plan Code	BP8I
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals	
Required to see Specialists?	No
Out of Network Benefits?	No
Pediatric Dental & Vision	No
Medical Deductible Type	Embedded
Out of Pocket	
Deductible	
Individual	\$6,500
Family	\$13,000
Out-of-Pocket Maximum	
Individual	\$8,150
Family	\$16,300
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	\$0
Office Visits — Specialist	\$100
Virtual Visits	\$0
Preventive Services	0%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	\$25
Minor Lab Testing and X-ray — Freestanding Facility	\$25
Minor Lab Testing and X-ray — Hospital	\$25
Major Diagnostic and Imaging Services - Freestanding Facility	\$500
Major Diagnostic and Imaging Services - Hospital	\$500
Other Care Options	
Urgent Care	\$0
Emergency Room	\$500 plus Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	839V
Retail	
Deductible	
Individual	\$250 (does not apply to tiers 1 or 2)
Family	\$500 (does not apply to tiers 1 or 2)
Tier 1	\$5
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	\$12.50/\$125/\$250/\$875 90 day supply
Plan Notes	Plan uses the Essentials Prescription Drug List

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.