

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate HMO
Plan Code	BP84
<b>Plan Basics</b>	
<b>Primary Care Physician Required?</b>	Yes
<b>Electronic Referrals Required to see Specialists?</b>	Yes
<b>Out of Network Benefits?</b>	No
<b>Pediatric Dental &amp; Vision</b>	Yes
<b>Medical Deductible Type</b>	Embedded
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$7,500
Family	\$15,000
<b>Coinsurance</b>	20%
<b>Office Visits</b>	
<b>Office Visits — Primary Care</b>	\$20
<b>Office Visits — Specialist</b>	\$40
<b>Virtual Visits</b>	\$0
<b>Preventive Services</b>	0%
<b>Lab and Diagnostic Services</b>	
<b>Minor Lab Testing and X-ray — Physician Office</b>	Included in Office copay
<b>Minor Lab Testing and X-ray — Freestanding Facility</b>	Included in Office copay
<b>Minor Lab Testing and X-ray — Hospital</b>	Included in Office copay
<b>Major Diagnostic and Imaging Services - Freestanding Facility</b>	Deductible & Coinsurance
<b>Major Diagnostic and Imaging Services - Hospital</b>	Deductible & Coinsurance
<b>Other Care Options</b>	
<b>Urgent Care</b>	\$20
<b>Emergency Room</b>	Deductible & Coinsurance
<b>Outpatient Services - Freestanding Facility</b>	Deductible & Coinsurance
<b>Outpatient Services - Hospital</b>	Deductible & Coinsurance
<b>Inpatient Hospital</b>	Deductible & Coinsurance
<b>Pharmacy Plan</b>	832
<b>Retail</b>	
<b>Deductible</b>	
Individual	None
Family	None
<b>Tier 1</b>	\$15
<b>Tier 2</b>	\$35
<b>Tier 3</b>	\$70
<b>Tier 4</b>	\$350
<b>Mail Order</b> <i>(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details</i>	\$37.50/\$87.50/\$175/\$875 90 day supply
<b>Plan Notes</b>	

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.