

Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate
Plan Code	BP9G
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals	
Required to see Specialists?	Yes
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Emb
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	Covered 100%
Office Visits — Specialist	\$100
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	DED/COINS
Minor Lab Testing and X-ray — Freestanding Facility	DED/COINS
Minor Lab Testing and X-ray — Hospital	\$250 POD* + DED/COINS
Major Diagnostic and Imaging Services - Freestanding Facility	DED/COINS
Major Diagnostic and Imaging Services - Hospital	\$500 POD* + DED/COINS
Other Care Options	
Urgent Care	Covered 100%
Emergency Room	DED/COINS
Outpatient Services - Freestanding Facility	DED/COINS
Outpatient Services - Hospital	\$500 POD* + DED/COINS
Inpatient Hospital	\$500 POD* + DED/COINS
Pharmacy Plan	837
Retail	
Deductible	
Individual	\$250 (doesn't apply to Tier 1 or 2)
Family	\$500 (doesn't apply to Tier 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	2.5
Plan Notes	*POD=Per Occurrence Deductible. Avoid paying a POD when you seek services at a freestanding facility rather than at a hospital

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.