

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate
Plan Code	BRKR
<b>Plan Basics</b>	
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
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$8,000
Family	\$16,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,150
Family	\$16,300
Coinsurance	40%
<b>Office Visits</b>	
Office Visits — Primary Care	\$60
Office Visits — Specialist	\$120
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
<b>Lab and Diagnostic Services</b>	
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	DED/COINS
Major Diagnostic and Imaging Services - Freestanding Facility	DED/COINS
Major Diagnostic and Imaging Services - Hospital	DED/COINS
<b>Other Care Options</b>	
Urgent Care	\$60
Emergency Room	\$500 POD + DED/COINS
Outpatient Services - Freestanding Facility	DED/COINS
Outpatient Services - Hospital	DED/COINS
Inpatient Hospital	DED/COINS
Pharmacy Plan	835
<b>Retail</b>	
<b>Deductible</b>	
Individual	\$150 (does not apply to Tier 1)
Family	No Rx Deductible
Tier 1	\$20
Tier 2	\$50
Tier 3	\$100
Tier 4	\$350
<b>Mail Order</b> (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details	2.5
<b>Plan Notes</b>	<p>*POD=Per Occurrence Deductible. Avoid paying a POD when you seek services at a freestanding facility rather than at a hospital</p> <p>*PCP must be selected at time of enrollment. Be sure to include your Primary Care Physician's (PCP's) 13 digit "MPIN" ID number, located on the myuhc.com provider search.</p>

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.