

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus
Plan Code	B13U
Plan Basics	
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
Out of Pocket	
Deductible	
Individual	\$5,000
Family	\$10,000
Out-of-Pocket Maximum	
Individual	\$7,900
Family	\$15,800
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	Deductible & Coinsurance
Office Visits — Specialist	Deductible & Coinsurance
Virtual Visits	Covered 100% (In Network Only)
Preventive Services	Covered 100% (In Network Only)
Lab and Diagnostic Services	
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
Other Care Options	
Urgent Care	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	835
Retail	
Deductible	
Individual	\$150 (does not apply to tier 1)
Family	See Individual
Tier 1	\$20
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	<p>*Out of Network Benefits apply towards Out of Network Deductible/Out of Pocket</p> <p>*Stay In Network to Maximize Benefits</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.