

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus Premier
Plan Code	CBW3
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	\$1,250
Family	\$2,500
Out-of-Pocket Maximum	
Individual	\$7,500
Family	\$15,000
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	\$20 Designated/\$50 Network
Office Visits — Specialist	\$40 Designated/\$100 Network
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	Diagnostic Testing \$10/X-ray \$30
Minor Lab Testing and X-ray — Freestanding Facility	Diagnostic Testing \$10/X-ray \$30
Minor Lab Testing and X-ray — Hospital	Diagnostic Testing \$10/X-ray \$30
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	Deductible & Coinsurance
Other Care Options	
Urgent Care	\$20 (In Network Only)
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	E52
Retail	
Deductible	
Individual	No Deductible
Family	No Deductible
Tier 1	\$10
Tier 2	\$35
Tier 3	\$80
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.