

Benefits-at-a-Glance



| Medical Plan | |
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| Plan Category | Choice Plus Premier |
| Plan Code | CBW6 |
| 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 | \$2,000 |
| Family | \$4,000 |
| Out-of-Pocket Maximum | |
| Individual | \$6,000 |
| Family | \$12,000 |
| Coinsurance | 20% |
| Office Visits | |
| Office Visits — Primary Care | \$0 Designated/\$50 Network |
| Office Visits — Specialist | \$50 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 | 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 | Covered 100% (In Network Only) |
| Emergency Room | Deductible & Coinsurance |
| Outpatient Services - Freestanding Facility | Deductible & Coinsurance |
| Outpatient Services - Hospital | Deductible & Coinsurance |
| Inpatient Hospital | Deductible & Coinsurance |
| Pharmacy Plan | E40 |
| Retail | |
| Deductible | |
| Individual | \$250 (does not apply to tier 1) |
| Family | \$500 (does not apply to tier 1) |
| Tier 1 | \$5 |
| Tier 2 | \$50 |
| Tier 3 | \$125 |
| 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.