

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus Premier
Plan Code	CBW7
<b>Plan Basics</b>	
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
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$5,000
Family	\$10,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,550
Family	\$17,100
Coinsurance	30%
<b>Office Visits</b>	
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)
<b>Lab and Diagnostic Services</b>	
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
<b>Other Care Options</b>	
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	E41
<b>Retail</b>	
<b>Deductible</b>	
Individual	\$250 (does not apply to tier 1 or 2)
Family	\$500 (does not apply to tier 1 or 2)
Tier 1	\$5
Tier 2	\$60
Tier 3	\$125
Tier 4	30% up to \$300 Maximum
<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>*Plan uses the Essentials Prescription Drug List</p> <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.