

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus Premier
Plan Code	CBWZ
<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	\$3,750
Family	\$7,500
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,550
Family	\$17,100
Coinsurance	20%
<b>Office Visits</b>	
Office Visits — Primary Care	\$30 Designated/\$60 Network
Office Visits — Specialist	\$70 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	\$30 (In Network Only)
Emergency Room	\$500 POD + Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	E52
<b>Retail</b>	
<b>Deductible</b>	
Individual	No Deductible
Family	No Deductible
Tier 1	\$10
Tier 2	\$35
Tier 3	\$80
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>	*Out of Network Benefits apply towards Out of Network Deductible/Out of Pocket *Stay In Network to Maximize Benefits

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.