

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Direct
Plan Code	BP9L
<b>Plan Basics</b>	
<b>Primary Care Physician Required?</b>	<b>No</b>
<b>Electronic Referrals Required to see Specialists?</b>	<b>No</b>
<b>Out of Network Benefits?</b>	<b>No</b>
<b>Pediatric Dental &amp; Vision</b>	<b>Yes</b>
<b>Medical Deductible Type</b>	<b>Embedded</b>
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$2,000
Family	\$4,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,150
Family	\$16,300
<b>Coinsurance</b>	30%
<b>Office Visits</b>	
<b>Office Visits — Primary Care</b>	\$35
<b>Office Visits — Specialist</b>	\$70
<b>Virtual Visits</b>	Covered 100%
<b>Preventive Services</b>	Covered 100%
<b>Lab and Diagnostic Services</b>	
<b>Minor Lab Testing and X-ray — Physician Office</b>	Deductible & Coinsurance
<b>Minor Lab Testing and X-ray — Freestanding Facility</b>	Deductible & Coinsurance
<b>Minor Lab Testing and X-ray — Hospital</b>	\$250 POD + Deductible & Coinsurance
<b>Major Diagnostic and Imaging Services - Freestanding Facility</b>	Deductible & Coinsurance
<b>Major Diagnostic and Imaging Services - Hospital</b>	\$500 POD + Deductible & Coinsurance
<b>Other Care Options</b>	
<b>Urgent Care</b>	\$35
<b>Emergency Room</b>	Deductible & Coinsurance
<b>Outpatient Services - Freestanding Facility</b>	Deductible & Coinsurance
<b>Outpatient Services - Hospital</b>	\$500 POD + Deductible & Coinsurance
<b>Inpatient Hospital</b>	\$500 POD + Deductible & Coinsurance
Pharmacy Plan	834
<b>Retail</b>	
<b>Deductible</b>	
Individual	\$250 (does not apply to tier 1)
Family	\$500 (does not apply to tier 1)
<b>Tier 1</b>	\$15
<b>Tier 2</b>	\$40
<b>Tier 3</b>	\$80
<b>Tier 4</b>	\$350
<b>Mail Order</b> <i>(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details</i>	2.5
<b>Plan Notes</b>	<p>*Plan has only In Network Benefits</p> <p>*POD = Per Occurrence Deductible</p> <p>*Avoid paying a POD when you avoid hospitals and receive services at a freestanding facility</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.