

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Direct
Plan Code	CBW8
Plan Basics	
Primary Care Physician Required?	No
Electronic Referrals Required to see Specialists?	No
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
Out of Pocket	
Deductible	
Individual	\$3,000
Family	\$6,000
Out-of-Pocket Maximum	
Individual	\$7,900
Family	\$15,800
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	First 3 visits \$30 - additional visits Deductible & Coinsurance
Office Visits — Specialist	First 3 visits \$60/additional visits - Deductible & Coinsurance
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
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	\$250 POD + Deductible & Coinsurance
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	\$500 POD + Deductible & Coinsurance
Other Care Options	
Urgent Care	\$30 (In Network Only)
Emergency Room	\$500 POD + Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	\$500 POD + Deductible & Coinsurance
Inpatient Hospital	\$500 POD + Deductible & Coinsurance
Pharmacy Plan	836
Retail	
Deductible	
Individual	No Deductible
Family	No Deductible
Tier 1	\$15
Tier 2	\$50
Tier 3	\$135
Tier 4	\$350
Mail Order <i>(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details</i>	2.5
Plan Notes	<p>*Plan uses the Essentials Prescription Drug List</p> <p>*Limited 3 visits includes both PCP and Specialist visits combined</p> <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.