

Medical Plan	
Plan Category	Navigate Direct
Plan Code	CBWV
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals Required to see Specialists?	Yes
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
Out of Pocket	
Deductible	
Individual	\$2,600
Family	\$5,200
Out-of-Pocket Maximum	
Individual	\$8,500
Family	\$17,000
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	\$35
Office Visits — Specialist	\$70
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	\$35
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	E50
Retail	
Deductible	
Individual	No Deductible
Family	No Deductible
Tier 1	\$15
Tier 2	\$55
Tier 3	\$100
Tier 4	\$400
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>*Out of State Services - ER & Virtual Visits only *Plan has only in network benefits *POD = Per Occurrence Deductible *Avoid paying a POD when you avoid hospitals and receive services at a freestanding facility *PCP must be selected at time of enrollment. Be sure to include your Primary Care Physician's (PCP's) 13 digit "MPIN" ID number, located on: welcometouhc.com/navigate</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.