

Benefits-at-a-Glance



| Medical Plan | |
|--|--------------|
| Plan Category | Choice Plus |
| Plan Code | BG-53 |
| Plan Basics | |
| Primary Care Physician Required? | No |
| Electronic Referrals | |
| Required to see Specialists? | No |
| Out of Network Benefits? | Yes |
| Pediatric Dental & Vision | Yes |
| Medical Deductible Type | Emb |
| Out of Pocket | |
| Out-of-Pocket Maximum | |
| Individual | \$4,500 |
| Family | \$9,000 |
| Deductible | |
| Individual | \$500 |
| Family | \$1,000 |
| Coinsurance | 20% |
| Office Visits | |
| Office Visits — Primary Care | \$20 |
| Office Visits — Specialist | \$40 |
| Virtual Visits | Covered 100% |
| Preventive Services | Covered 100% |
| Lab and Diagnostic Services | |
| Minor Lab Testing and X-ray — Physician Office | Covered 100% |
| Minor Lab Testing and X-ray — Freestanding Facility | Covered 100% |
| Minor Lab Testing and X-ray — Hospital | DED/Coins |
| Major Diagnostic and Imaging Services - Freestanding | DED/Coins |
| Major Diagnostic and Imaging Services - Hospital | DED/Coins |
| Other Care Options | |
| Urgent Care | \$20 |
| Emergency Room | DED/Coins |
| Outpatient Services - Freestanding Facility | DED/Coins |
| Outpatient Services - Hospital | DED/Coins |
| Inpatient Hospital | DED/Coins |
| Pharmacy Plan | 832 |
| Retail | |
| Deductible | |
| Individual | No DED |
| Family | No DED |
| Tier 1 | \$15 |
| Tier 2 | \$35 |
| Tier 3 | \$70 |
| 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 | |

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.

*Emb = Embedded Deductible= All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

*NonEmb = Non-Embedded Deductible = No one in the family is eligible for benefits until the family deductible is met.