

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus
Plan Code	BG-5L
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	
Deductible	
Individual	\$250
Family	\$500
Out-of-Pocket Maximum	
Individual	\$3,000
Family	\$6,000
Coinsurance	10%
Office Visits	
Office Visits — Primary Care	\$10
Office Visits — Specialist	\$20
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/Coin
Major Diagnostic and Imaging Services - Freestanding Facility	DED/Coin
Major Diagnostic and Imaging Services - Hospital	DED/Coin
Other Care Options	
Urgent Care	\$10
Emergency Room	DED/Coin
Outpatient Services - Freestanding Facility	DED/Coin
Outpatient Services - Hospital	DED/Coin
Inpatient Hospital	DED/Coin
Pharmacy Plan	832
Retail	
Deductible	
Individual	No RX DED
Family	No RX 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.