Benefits-at-a-Glance

UnitedHealthcare®

Medical Plan	
Plan Category	**Choice Plus HSA**
Plan Code	**BG-5P**
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	$2,850
Family	$5,700
Out-of-Pocket Maximum	
Individual	$6,250
Family	$12,500
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	DED/Coin
Office Visits — Specialist	DED/Coin
Virtual Visits	DED/Coin
Preventive Services	Covered 100%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	DED/Coin
Minor Lab Testing and X-ray — Freestanding Facility	DED/Coin
Minor Lab Testing and X-ray — Hospital	DED/Coin
Major Diagnostic and Imaging Services - Freestanding	DED/Coin
Major Diagnostic and Imaging Services - Hospital	DED/Coin
Other Care Options	
Urgent Care	DED/Coin
Emergency Room	DED/Coin
Outpatient Services - Freestanding Facility	DED/Coin
Outpatient Services - Hospital	DED/Coin
Inpatient Hospital	DED/Coin
Pharmacy Plan	830
Retail	
Deductible	
Individual	See Medical
Family	See Medical
Tier 1	$20
Tier 2	$50
Tier 3	$100
Tier 4	$350
Mail Order *(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details*	2.5
Plan Notes	*2019 HSA Contribution Limits: Single: $3,500, Family: $7,000