Benefits-at-a-Glance

Medical Plan	
Plan Category	Choice Plus HSA
Plan Code	BG5R
Plan Basics	
Primary Care Physician Required?	No
Electronic Referrals Required to see Specialists?	No
Out of Network Benefits?	Ye
Pediatric Dental & Vision	No
Medical Deductible Type	Emb
Out of Pocket	
Deductible	
Individual	$3,500
Family	$7,000
Out-of-Pocket Maximum	
Individual	$6,650
Family	$13,300
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	831
Retail	
Deductible	
Individual	See Medical
Family	See Medical
Tier 1	$15
Tier 2	$45
Tier 3	$90
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

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.

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