

Benefits-at-a-Glance



Medical Plan	
Plan Category	Colorado Doctors Plan Choice
Plan Code	BG-6E
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals	
Required to see Specialists?	No
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Emb
Out of Pocket	
Deductible	
Individual	\$3,000
Family	\$6,000
Out-of-Pocket Maximum	
Individual	\$6,000
Family	\$12,000
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	Covered 100%
Office Visits — Specialist	\$100
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	\$25
Minor Lab Testing and X-ray — Freestanding Facility	\$25
Minor Lab Testing and X-ray — Hospital	DED/Coin
Major Diagnostic and Imaging Services - Freestanding Facility	\$500
Major Diagnostic and Imaging Services - Hospital	\$500
Other Care Options	
Urgent Care	Covered 100%
Emergency Room	\$500 POD + DED/Coin
Outpatient Services - Freestanding Facility	DED/Coin
Outpatient Services - Hospital	DED/Coin
Inpatient Hospital	DED/Coin
Pharmacy Plan	839
Retail	
Deductible	
Individual	\$250 (Tier 3 and 4)
Family	\$500 (Tier 3 and 4)
Tier 1	\$5
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	*POD = Per Occurrence Deductible *Avoid paying a POD when you avoid hospitals and receive services at a freestanding facility

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.