

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Colorado Doctors Plan
Plan Code	BP8G
<b>Plan Basics</b>	
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
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$1,000
Family	\$2,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$5,500
Family	\$11,000
Coinsurance	20%
<b>Office Visits</b>	
Office Visits — Primary Care	Covered 100%
Office Visits — Specialist	\$100
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
<b>Lab and Diagnostic Services</b>	
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/COINS
Major Diagnostic and Imaging Services - Freestanding Facility	\$500
Major Diagnostic and Imaging Services - Hospital	DED/COINS
<b>Other Care Options</b>	
Urgent Care	Covered 100%
Emergency Room	DED/COINS
Outpatient Services - Freestanding Facility	DED/COINS
Outpatient Services - Hospital	DED/COINS
Inpatient Hospital	DED/COINS
<b>Pharmacy Plan</b>	839V
<b>Retail</b>	
<b>Deductible</b>	
Individual	\$250 (doesn't apply to Tier 1 or 2)
Family	\$250 (doesn't apply to Tier 1 or 2)
Tier 1	\$5
Tier 2	\$50
Tier 3	\$100
Tier 4	\$350
<b>Mail Order</b> <i>(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details</i>	2.5
<b>Plan Notes</b>	*PCP must be selected at time of enrollment. Be sure to include your Primary Care Physician's (PCP's) 13 digit "MPIN" ID number, located on the myuhc.com provider search.

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.