Benefits-at-a-Glance

UnitedHealthcare

Medical Plan	
Plan Category	**Colorado Doctors Plan HMO**
Plan Code	**BP8Y**
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	Embedded
Out of Pocket	
Deductible	
Individual	$5,500
Family	$11,000
Out-of-Pocket Maximum	
Individual	$8,150
Family	$16,300
Coinsurance	40%
Office Visits	
Office Visits — Primary Care	$0
Office Visits — Specialist	$100
Virtual Visits	$0
Preventive Services	0%
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	$25
Major Diagnostic and Imaging Services - Freestanding Facility	$500
Major Diagnostic and Imaging Services - Hospital	$500
Other Care Options	
Urgent Care	$0
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	839
Retail	
Deductible	
Individual	$250 (does not apply to tier 1 or 2)
Family	$500 (does not apply to tier 1 or 2)
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*	$12.50/$125/$250/$875 90 day supplyt
Plan Notes	This plan uses the Essentials Prescription Drug List

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.