

Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate H S A
Plan Code	BP82
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals	
Required to see Specialists?	Yes
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
Out of Pocket	
Deductible	
Individual	\$5,750
Family	\$11,500
Out-of-Pocket Maximum	
Individual	\$6,650
Family	\$13,300
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	Deductible & Coinsurance
Office Visits — Specialist	Deductible & Coinsurance
Virtual Visits	Deductible & Coinsurance
Preventive Services	0%
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	Deductible & Coinsurance
Minor Lab Testing and X-ray — Freestanding Facility	Deductible & Coinsurance
Minor Lab Testing and X-ray — Hospital	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	Deductible & Coinsurance
Other Care Options	
Urgent Care	Deductible & Coinsurance
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	836
Retail	
Deductible	
Individual	Included in Medical
Family	Included in Medical
Tier 1	\$15
Tier 2	\$50
Tier 3	\$135
Tier 4	\$350
Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details	\$37.50/\$125/\$337.50/\$875 90 day supply
Plan Notes	Plan uses 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.