

# Benefits-at-a-Glance



| Medical Plan  |                                      |
|---|--------------------------------------|
| Plan Category   | Navigate HMO                         |
| Plan Code   | BP85                                 |
| <b>Plan Basics</b>  |                                      |
| <b>Primary Care Physician Required?</b>   | Yes                                  |
| <b>Electronic Referrals Required to see Specialists?</b>  | Yes                                  |
| <b>Out of Network Benefits?</b>   | No                                   |
| <b>Pediatric Dental &amp; Vision</b>  | Yes                                  |
| <b>Medical Deductible Type</b>  | Embedded                             |
| <b>Out of Pocket</b>  |                                      |
| <b>Deductible</b>   |                                      |
| Individual  | \$6,500                              |
| Family  | \$13,000                             |
| <b>Out-of-Pocket Maximum</b>  |                                      |
| Individual  | \$7,900                              |
| Family  | \$15,800                             |
| <b>Coinsurance</b>  | 30%                                  |
| <b>Office Visits</b>  |                                      |
| <b>Office Visits — Primary Care</b>   | \$40                                 |
| <b>Office Visits — Specialist</b>   | \$80                                 |
| <b>Virtual Visits</b>   | \$0                                  |
| <b>Preventive Services</b>  | 0%                                   |
| <b>Lab and Diagnostic Services</b>  |                                      |
| <b>Minor Lab Testing and X-ray — Physician Office</b>   | Deductible & Coinsurance             |
| <b>Minor Lab Testing and X-ray — Freestanding Facility</b>  | Deductible & Coinsurance             |
| <b>Minor Lab Testing and X-ray — Hospital</b>   | Deductible & Coinsurance             |
| <b>Major Diagnostic and Imaging Services - Freestanding Facility</b>  | Deductible & Coinsurance             |
| <b>Major Diagnostic and Imaging Services - Hospital</b>   | Deductible & Coinsurance             |
| <b>Other Care Options</b>   |                                      |
| <b>Urgent Care</b>  | \$40                                 |
| <b>Emergency Room</b>   | Deductible & Coinsurance             |
| <b>Outpatient Services - Freestanding Facility</b>  | Deductible & Coinsurance             |
| <b>Outpatient Services - Hospital</b>   | Deductible & Coinsurance             |
| <b>Inpatient Hospital</b>   | Deductible & Coinsurance             |
| <b>Pharmacy Plan</b>  | 835                                  |
| <b>Retail</b>   |                                      |
| <b>Deductible</b>   |                                      |
| Individual  | \$150 (does not apply to tier 1)     |
| Family  | \$150 (does not apply to tier 1)     |
| <b>Tier 1</b>   | \$20                                 |
| <b>Tier 2</b>   | \$50                                 |
| <b>Tier 3</b>   | \$100                                |
| <b>Tier 4</b>   | \$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> | \$50/\$125/\$250/\$875 90 day supply |
| <b>Plan Notes</b>   |                                      |

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.