Benefits-at-a-Glance

UnitedHealthcare

Medical Plan	
Plan Category	**Navigate HMO**
Plan Code	**BP9B**
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	$1,000
Family	$2,000
Out-of-Pocket Maximum	
Individual	$5,500
Family	$11,000
Coinsurance	10%
Office Visits	
Office Visits — Primary Care	$20
Office Visits — Specialist	$40
Virtual Visits	0
Preventive Services	0
Lab and Diagnostic Services	
Minor Lab Testing and X-ray — Physician Office	Included in office copay
Minor Lab Testing and X-ray — Freestanding Facility	Included in office copay
Minor Lab Testing and X-ray — Hospital	$250 plus Deductible & Coinsurance
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	$500 plus Deductible & Coinsurance
Other Care Options	
Urgent Care	$20
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	$500 plus Deductible & Coinsurance
Inpatient Hospital	$500 plus Deductible & Coinsurance
Pharmacy Plan	832
Retail	
Deductible	
Individual	None
Family	None
Tier 1	$15
Tier 2	$35
Tier 3	$70
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/$87.50/$175/$875 90 day supply
Plan Notes	

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.