

Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate HMO
Plan Code	BP9C
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals	
Required to see Specialists?	Yes
Out of Network Benefits?	None
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
Out of Pocket	
Deductible	
Individual	\$3,500
Family	\$7,000
Out-of-Pocket Maximum	
Individual	\$7,000
Family	\$14,000
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	\$30
Office Visits — Specialist	\$60
Virtual Visits	\$0
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	\$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	\$30
Emergency Room	\$500 plus Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	\$500 plus Deductible & Coinsurance
Inpatient Hospital	\$500 plus Deductible & Coinsurance
Pharmacy Plan	836
Retail	
Deductible	
Individual	None
Family	None
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.