

Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus HSA w/Motion
Plan Code	BG5P
Plan Basics	
Primary Care Physician Required?	No
Electronic Referrals Required to see Specialists?	No
Out of Network Benefits?	Yes
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
Out of Pocket	
Deductible	
Individual	\$2,850
Family	\$5,700
Out-of-Pocket Maximum	
Individual	\$6,250
Family	\$12,500
Coinsurance	20%
Office Visits	
Office Visits — Primary Care	Deductible & Coinsurance
Office Visits — Specialist	Deductible & Coinsurance
Virtual Visits	Deductible & Coinsurance
Preventive Services	Covered 100% (In Network Only)
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	E50
Retail	
Deductible	
Individual	see medical deductible
Family	see medical deductible
Tier 1	\$15
Tier 2	\$55
Tier 3	\$100
Tier 4	\$400
Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details	2.5
Plan Notes	<p>*Out of Network Benefits apply towards Out Network Deductible/Out of Pocket</p> <p>*Stay in Network to Maximize Benefits</p> <p>*2021 Contribution Limits: \$3600 individual/\$7200 family</p> <p>*Motion now included - Earn up to \$1095 for tracking fitness activity.</p>

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.