## Benefits-at-a-Glance



Medical Plan	
Plan Category	Choice Plus HSA w/Motion
Plan Code	CBWE
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	\$4,000
Family	\$8,000
Out-of-Pocket Maximum	
Individual	\$5,000
Family	\$10,000
Coinsurance	0%
Office Visits	
Office Visits — Primary Care	Deductible
Office Visits — Specialist	Deductible
Virtual Visits	Deductible
Preventive Services	Covered 100% (In Network Only)
	Covered 100% (III Network Offig)
Lab and Diagnostic Services  Minor Lab Tosting and Y ray Physician Office	Deductible
Minor Lab Testing and X-ray — Physician Office	
Minor Lab Testing and X-ray — Freestanding Facility	Deductible
Minor Lab Testing and X-ray — Hospital	Deductible
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible
Major Diagnostic and Imaging Services - Hospital	Deductible
Other Care Options	
Urgent Care	Deductible
Emergency Room	Deductible
Outpatient Services - Freestanding Facility	Deductible
Outpatient Services - Hospital	Deductible
Inpatient Hospital	Deductible
Pharmacy Plan	E51
Retail	
Deductible	
Individual	see medical deductible
Family	see medical deductible
Tier 1	\$10
Tier 2	\$45
Tier 3	\$100
Tier 4	\$350
Mail Order (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details	2.5
Plan Notes  This information is a brief, general description of your coverage; it is not a contract and does not a	*Out of Network Benefits apply towards Out Network Deductibe/Out of Pocket  *Stay in Network to Maximize Benefits  *2021 Contribution Limits: \$3600 individual/\$7200 family  *Motion now included - Earn up to \$1095 for tracking fitness activity.

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.