## **Benefits-at-a-Glance**



Medical Plan         Colorado Doctors Plan           Plan Category         Yes           Plan Category         Yes           Plan Category         No           Plan Category         Yes           Plan Category         No           Pedicat Deductible         No           Pedicat Deductible Type         Embedded           Out of Pocket         Data Pocket Maximun           Out of Status         \$5,750           Status         Covered 100%           Office Visits – Primary Care         Covered 100%           Preventive Services - Prestanding Facility         \$500           Winor Lab Testing and X-ray – Physician Office         25 <tr< th=""></tr<>
Plan Code     BG6D       Plan Basics     Primary Caro Physician Required?     Yes       Electronic Referrats     No       Required to see Specialists?     No       Out of Network Benefits?     No       Pediatric Dental & Vision     Yes       Medical Deductible Type     Embedded       Out of Pookat     Embedded       Deductible     1       Out of Pookat     \$5,750       Family     \$5,750       Family     \$1,500       Convert Maximum     \$1,500       Obdice Visits     20%       Office Visits     20%       Office Visits     S11,500       Convered 100%     \$100       Virtual Visits     Covered 100%       Office Visits     S100       Virtual Visits     Covered 100%       Office Visits     25       Winor Lab Testing and X-ray — Presitanding Facility     25       Minor Lab Testing and X-ray — Hospital     25       Winor Lab Testing and X-ray — Hospital     5500       Othere Copulons     Covered 100%       Upgent Care     Covered 100%       Emergency Room     \$500 OD       Oblagnostic and Imaging Services - Freestanding Facility     5500 OD       Major Diagnostic and Imaging Services - Freestanding Facility     S500 OD
Primary Care Physician Required?     Yes       Electronic Referrals     No       Required to see Specialists?     No       Dut of Network Benefits?     No       Pediatric Dental & Vision     Yes       Wedical Doductible Type     Embedded       Dut of Pocket     0       Deductible     0       Individual     \$2,500       Family     \$5,000       Out-of-Pocket Maximum     0       Individual     \$5,750       Family     \$11,500       Coinsurance     20%       Office Visits     Primary Care       Office Visits     Primary Care       Office Visits     S100       Office Visits     S00       Office Visits     S000       Office Visits     S000       Office Visits     S000       Office Visits     S000       Minor Lab Testing and X-ray — Physician Office     25       Winor Lab Testing and X-ray — Freestanding Facility     S500       Winor Lab Testing and X-ray — Freestanding Facility     S500
Electronic Referrals Required to see Specialise? Required to see Specialise? No Out of Network Benefits? No Pedietric Dental & Vision Yes Wedical Deductible Type Embedded Out of Pocket Deductible Reduired to See Specialise? Reduired to See Specialise Sp
Electronic Referrals Required to see Specialise? Required to see Specialise? No Out of Network Benefits? No Pedietric Dental & Vision Yes Wedical Deductible Type Embedded Out of Pocket Deductible Reduired to See Specialise? Reduired to See Specialise Sp
Dut of Network Benefits?       No         Pediatric Dental & Vision       Yes         Viadical Deductible Type       Embedded         Out of Poeket       Embedded         Deductible       1         Individual       \$2,500         Family       \$5,000         Out-of Poeket Maximum       55,000         Individual       \$5,750         Family       \$511,500         Coinsurance       20%         Office Visits       20%         Office Visits       Covered 100%         Office Visits       \$11,500         Coinsurance       20%         Office Visits       Covered 100%         Office Visits       \$100         Vitrual Visits       Covered 100%         Vitrual Visits       Covered 100%         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Winor Lab Testing and X-ray — Prestanding Facility       25         Winor Lab Testing and X-ray — Prestanding Facility       25         Winor Lab Testing and X-ray — Hospital       25         Wajer Diagnostic and Imaging Services - Hospital       5500         Other Caro Options       Covered 100%         Urgent
Pediatric Dental & Vision       Yes         Medical Deductible Type       Embedded         Out of Pocket       Embedded         Dott of Pocket       S2,500         Beductible       \$2,500         amily       \$5,000         Dut-of-Pocket Maximum       0         dividual       \$5,750         amily       \$11,500         Consurance       20%         Office Visits       20%         Office Visits       S100         Office Visits       Covered 100%         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Winor Lab Testing and X-ray — Physician Office       25         Winor Lab Testing and X-ray — Hospital       25         Minor Lab Testing and X-ray — Hospital       25         Ditter Care Options       Covered 100%         Emergency Room
Medical Deductible Type         Embedded           Out of Pocket
Dut of Pocket         Deductible           Deductible         \$2,500           Family         \$5,000           Dut-of-Pocket Maximum         \$5,750           ndividual         \$5,750           Family         \$11,500           Consurance         20%           Office Visits         20%           Office Visits         \$100           Office Visits         \$25           Office Visits         \$25           Office Visits         \$25           Minor Lab Testing and X-ray — Physician Office         \$25           Minor Lab Testing and X-ray — Freestanding Facility         \$500           Major Diagnostic and Imaging Services - Freestanding Facility         \$500           Obther Care Options         Obther Care Options           Urgent Care         Covered 100%           Emergency Room         \$500 POD + Deductible & Coinsurance           Outpatient Services - Freestanding Facility         Deductible & Coinsurance           Outpatient Services - Hospital         Deductible & Coinsurance
Deductible     individual       ndividual     \$2,500       Family     \$5,000       Dut-of-Pocket Maximum     individual       ndividual     \$5,750       Family     \$11,500       Coinsurance     20%       Office Visits     Covered 100%       Office Visits     Stopped       Office Visits     Covered 100%       Office Visits     Stopped       Office Visits     Stopped       Office Visits     Covered 100%       Office Visits     Stopped       Office Visits     Stopped       Office Visits     Covered 100%       Office Visits     Stopped       Preventive Services     Covered 100%       Lab and Diagnostic and Imaging Services - Freestanding Facility     Stopped       Major Diagnostic and Imaging Services - Freestanding Facility     Stopped       Other Care Options     Stopped       Urgent Care     Covered 100%       Emergency Room     Stopped > Deductible & Coinsurance
ndividual     \$2,500       Family     \$5,000       Dut-of-Pocket Maximum     \$5,750       ndividual     \$5,750       Samily     \$11,500       Coinsurance     20%       Office Visits     20%       Office Visits     Covered 100%       Office Visits     \$100       Virtual Visits     Covered 100%       Preventive Services     Covered 100%       Lab and Diagnostic Services     Covered 100%       Minor Lab Testing and X-ray — Physician Office     25       Minor Lab Testing and X-ray — Hospital     25       Major Diagnostic and Imaging Services - Freestanding Facility     \$500       Major Diagnostic and Imaging Services - Hospital     25       Other Care Options     Covered 100%       Emergency Room     \$500 POD + Deductible & Coinsurance       Outpatient Services - Hospital     Deductible & Coinsurance       Outpatient Services - Hospital     Deductible & Coinsurance       Dutpatient Services - Hospital     Deductible & Coinsurance       Dutpatient Hospital     Deductible & Coinsurance       Pharmacy Plan     E48L       Retail     Deductible & Coin
Family       \$5,000         Dut-of-Pocket Maximum
Dut-of-Pocket Maximum       \$5,750         armily       \$11,500         Coinsurance       20%         Office Visits       20%         Office Visits       Status         Office Visits       Status         Office Visits       Covered 100%         Office Visits       Status         Office Visits       Covered 100%         Virtual Visits       Covered 100%         Preventive Services       Covered 100%         Lab and Diagnostic Services       Minor Lab Testing and X-ray – Physician Office         Minor Lab Testing and X-ray – Physician Office       25         Minor Lab Testing and X-ray – Physician Office       25         Minor Lab Testing and X-ray – Physician Office       25         Minor Lab Testing and X-ray – Hospital       25         Minor Lab Testing and X-ray – Hospital       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Other Care Options       Covered 100%         Emergency Room       \$5000 POD + Deductible & Coinsurance         Outpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Dutpatient Hospital       Deductible & Coinsurance         Ph
ndividual\$5,750Family\$11,500Coinsurance20%Office Visits20%Office Visits — Primary CareCovered 100%Office Visits — Specialist\$100Virtual VisitsCovered 100%Preventive ServicesCovered 100%Lab and Diagnostic ServicesCovered 100%Lab and Diagnostic Services25Winor Lab Testing and X-ray — Physician Office25Winor Lab Testing and X-ray — Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Urgent Care OptionsUUrgent Care OptionsUDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient HospitalDeductible & CoinsuranceDutpatient HospitalDeductible & CoinsurancePharmacy PlanE481RetailE481Peductiblefatal ters 1 or 2)
Family       \$11,500         Coinsurance       20%         Office Visits       20%         Office Visits       20%         Office Visits       Covered 100%         Office Visits       \$100         Virtual Visits       Covered 100%         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Minor Lab Testing and X-ray — Physician Office       25         Winor Lab Testing and X-ray — Physician Office       25         Minor Lab Testing and X-ray — Physician Office       25         Minor Lab Testing and X-ray — Hospital       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Uprent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Dutpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Inspital       Deductible & Coinsurance         Dutpatient Services - Nospital       Deductible & Coinsurance         Dutpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E481         Retail       Oeductible         Deductible       \$250 (does not apply to tiers 1 or 2)
Coinsurance20%Office VisitsOffice Visits — Primary CareCovered 100%Office Visits — Specialist\$100Virtual VisitsCovered 100%Preventive ServicesCovered 100%Lab and Diagnostic ServicesCovered 100%Winor Lab Testing and X-ray — Physician Office25Minor Lab Testing and X-ray — Freestanding Facility25Minor Lab Testing and X-ray — Hospital25Minor Lab Testing and X-ray — Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Other Care OptionsCovered 100%Urgent CareCovered 100%Dutpatient Services - Freestanding FacilityBeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient HospitalDeductible & CoinsuranceDutpatient HospitalEductible & CoinsurancePharmacy PlanE48LRetailOutpatient Services - HospitalDeductible\$250 (does not apply to tiers 1 or 2)
Coinsurance20%Office VisitsOffice Visits — Primary CareCovered 100%Office Visits — Specialist\$100Virtual VisitsCovered 100%Preventive ServicesCovered 100%Lab and Diagnostic ServicesCovered 100%Winor Lab Testing and X-ray — Physician Office25Minor Lab Testing and X-ray — Freestanding Facility25Minor Lab Testing and X-ray — Hospital25Minor Lab Testing and X-ray — Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Other Care OptionsCovered 100%Urgent CareCovered 100%Dutpatient Services - Freestanding FacilityBeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient HospitalDeductible & CoinsuranceDutpatient HospitalEductible & CoinsurancePharmacy PlanE48LRetailOutpatient Services - HospitalDeductible\$250 (does not apply to tiers 1 or 2)
Office Visits — Primary Care       Covered 100%         Office Visits — Specialist       \$100         Virtual Visits       Covered 100%         Preventive Services       Covered 100%         Lab and Diagnostic Services       Covered 100%         Minor Lab Testing and X-ray — Physician Office       25         Minor Lab Testing and X-ray — Preestanding Facility       25         Minor Lab Testing and X-ray — Hospital       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Dyter Care       Covered 100%         Urgent Care       Covered 100%         Dutpatient Services - Freestanding Facility       \$500 POD + Deductible & Coinsurance         Dutpatient Services - Freestanding Facility       Deductible & Coinsurance
Office Visits - Specialist\$100Virtual VisitsCovered 100%Preventive ServicesCovered 100%Lab and Diagnostic Services25Winor Lab Testing and X-ray - Physician Office25Minor Lab Testing and X-ray - Preestanding Facility25Minor Lab Testing and X-ray - Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Major Diagnostic and Imaging Services - Hospital\$500Other Care Options25Urgent CareCovered 100%Dutpatient Services - Freestanding FacilityCovered 100%Dutpatient Services - Freestanding Facility\$500Dutpatient Services - Hospital\$500Dutpatient Services - HospitalDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - HospitalDeductible & CoinsurancePharmacy PlanE48IRetailDeductible & CoinsuranceIndividual\$250 (does not apply to tiers 1 or 2)
Office Visits - Specialist\$100Virtual VisitsCovered 100%Preventive ServicesCovered 100%Lab and Diagnostic Services25Winor Lab Testing and X-ray - Physician Office25Minor Lab Testing and X-ray - Preestanding Facility25Minor Lab Testing and X-ray - Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Major Diagnostic and Imaging Services - Hospital\$500Other Care Options25Urgent CareCovered 100%Dutpatient Services - Freestanding FacilityCovered 100%Dutpatient Services - Freestanding Facility\$500Dutpatient Services - Hospital\$500Dutpatient Services - HospitalDeductible & CoinsuranceDutpatient Services - Freestanding FacilityDeductible & CoinsuranceDutpatient Services - HospitalDeductible & CoinsurancePharmacy PlanE48IRetailDeductible & CoinsuranceIndividual\$250 (does not apply to tiers 1 or 2)
Preventive Services       Covered 100%         Lab and Diagnostic Services       25         Minor Lab Testing and X-ray — Physician Office       25         Minor Lab Testing and X-ray — Freestanding Facility       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Dutpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Deductible & Coinsurance       Deductible & Coinsurance         Inpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       Deductible         Deductible       \$250 (does not apply to tiers 1 or 2)
Preventive Services       Covered 100%         Lab and Diagnostic Services       25         Minor Lab Testing and X-ray — Physician Office       25         Minor Lab Testing and X-ray — Freestanding Facility       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Dutpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Deductible & Coinsurance       Deductible & Coinsurance         Inpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       Deductible         Deductible       \$250 (does not apply to tiers 1 or 2)
Lab and Diagnostic ServicesMinor Lab Testing and X-ray — Physician Office25Minor Lab Testing and X-ray — Freestanding Facility25Minor Lab Testing and X-ray — Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Major Diagnostic and Imaging Services - Hospital\$500Other Care OptionsCovered 100%Urgent CareCovered 100%Emergency Room\$500 POD + Deductible & CoinsuranceOutpatient Services - Freestanding FacilityDeductible & CoinsuranceOutpatient Services - HospitalDeductible & CoinsuranceDutpatient MospitalDeductible & CoinsuranceDutpatient MospitalDeductible & CoinsuranceDutpatient MospitalDeductible & CoinsuranceDutpatient Services - HospitalDeductible & CoinsuranceDutpatient MospitalDeductible & CoinsurancePharmacy PlanE48LRetail25Deductible\$250 (does not apply to tiers 1 or 2)
Minor Lab Testing and X-ray — Physician Office       25         Minor Lab Testing and X-ray — Freestanding Facility       25         Minor Lab Testing and X-ray — Hospital       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Other Care Options       \$500         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Outpatient Services - Freestanding Facility       Deductible & Coinsurance         Outpatient Services - Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       25         Deductible       \$20 (does not apply to tiers 1 or 2)
Minor Lab Testing and X-ray — Freestanding Facility25Minor Lab Testing and X-ray — Hospital25Major Diagnostic and Imaging Services - Freestanding Facility\$500Major Diagnostic and Imaging Services - Hospital\$500Other Care Options\$500 POD + Deductible & CoinsuranceUrgent CareCovered 100%Emergency Room\$500 POD + Deductible & CoinsuranceOutpatient Services - Freestanding FacilityDeductible & CoinsuranceOutpatient Services - HospitalDeductible & CoinsurancePharmacy PlanE48LRetailDeductibleDeductible14250 (does not apply to tiers 1 or 2)
Minor Lab Testing and X-ray — Hospital       25         Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Other Care Options       \$500         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Outpatient Services - Freestanding Facility       Deductible & Coinsurance         Outpatient Services - Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       E48L         Deductible       Colos not apply to tiers 1 or 2)
Major Diagnostic and Imaging Services - Freestanding Facility       \$500         Major Diagnostic and Imaging Services - Hospital       \$500         Other Care Options       \$500         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Dutpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Inpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       Deductible         Deductible       \$250 (does not apply to tiers 1 or 2)
Major Diagnostic and Imaging Services - Hospital       \$500         Other Care Options       \$500         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Dutpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Inpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       Deductible         Deductible       \$250 (does not apply to tiers 1 or 2)
Other Care Options       Covered 100%         Urgent Care       Covered 100%         Emergency Room       \$500 POD + Deductible & Coinsurance         Outpatient Services - Freestanding Facility       Deductible & Coinsurance         Dutpatient Services - Hospital       Deductible & Coinsurance         Inpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       Deductible         Deductible       \$250 (does not apply to tiers 1 or 2)
Urgent CareCovered 100%Emergency Room\$500 POD + Deductible & CoinsuranceOutpatient Services - Freestanding FacilityDeductible & CoinsuranceOutpatient Services - HospitalDeductible & CoinsuranceInpatient HospitalDeductible & CoinsurancePharmacy PlanE48LRetailDeductibleDeductibleImdividual\$250 (does not apply to tiers 1 or 2)
Emergency Room\$500 POD + Deductible & CoinsuranceOutpatient Services - Freestanding FacilityDeductible & CoinsuranceOutpatient Services - HospitalDeductible & CoinsuranceInpatient HospitalDeductible & CoinsurancePharmacy PlanE48LRetailDeductibleDeductibleImpatientDeductibleServices - HospitalIndividual\$250 (does not apply to tiers 1 or 2)
Outpatient Services - Freestanding FacilityDeductible & CoinsuranceOutpatient Services - HospitalDeductible & CoinsuranceInpatient HospitalDeductible & CoinsurancePharmacy PlanE48LRetailColoredDeductibleServices - HospitalIndividual\$250 (does not apply to tiers 1 or 2)
Outpatient Services - HospitalDeductible & CoinsuranceInpatient HospitalDeductible & CoinsurancePharmacy PlanE48LRetailCoinsuranceDeductibleServices 1 or 2)
Inpatient Hospital       Deductible & Coinsurance         Pharmacy Plan       E48L         Retail       Odd Constraint         Deductible       State         Individual       \$250 (does not apply to tiers 1 or 2)
Pharmacy Plan E48L   Retail Peductible   Individual \$250 (does not apply to tiers 1 or 2)
Retail         Deductible         Individual       \$250 (does not apply to tiers 1 or 2)
Deductible         Individual
ndividual \$250 (does not apply to tiers 1 or 2)
Family \$500 (does not apply to tiers 1 or 2)
Tier 1 \$5
Tier 2 \$50
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
ζ.
*Out of State Services - ER and Virtual Visits only *This plan has only in network benefits
*This plan uses Essentials Prescription Drug List
*POD = Per Occurrence Deductible *PCP must be selected at time of enrollment. Be sure to include your Primary Care Physici
(PCP must be selected at time of enrollment. Be sure to include your Primary Care Physici (PCP's) 13 digit "MPIN" ID number located on:
Colorado-doctors-plan.welcometouhc.com

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.

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