

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Colorado Doctors Plan
Plan Code	CBWH
<b>Plan Basics</b>	
Primary Care Physician Required?	Yes
Electronic Referrals Required to see Specialists?	No
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$6,500
Family	\$13,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$8,500
Family	\$17,000
Coinsurance	20%
<b>Office Visits</b>	
Office Visits — Primary Care	Covered 100%
Office Visits — Specialist	\$100
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
<b>Lab and Diagnostic Services</b>	
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
<b>Other Care Options</b>	
Urgent Care	Covered 100%
Emergency Room	\$500 POD + Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	E48L
<b>Retail</b>	
<b>Deductible</b>	
Individual	\$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
<b>Mail Order</b> (Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details	2.5
<b>Plan Notes</b>	<p>*Out of State Services - ER and Virtual Visits only</p> <p>*This plan has only in network benefits</p> <p>*This plan uses Essentials Prescription Drug List</p> <p>*POD = Per Occurrence Deductible</p> <p>*PCP must be selected at time of enrollment. Be sure to include your Primary Care Physician's (PCP's) 13 digit "MPIN" ID number located on: Colorado-doctors-plan.welcometouhc.com</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.