

Benefits-at-a-Glance



Medical Plan	
Plan Category	Colorado Doctors Plan
Plan Code	CBWO
Plan Basics	
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
Out of Pocket	
Deductible	
Individual	\$8,400
Family	\$16,800
Out-of-Pocket Maximum	
Individual	\$8,550
Family	\$17,100
Coinsurance	40%
Office Visits	
Office Visits — Primary Care	Covered 100%
Office Visits — Specialist	\$150
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
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	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	E45L
Retail	
Deductible	
Individual	No Deductible
Family	No Deductible
Tier 1	\$0
Tier 2	\$50
Tier 3	\$125
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	<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.