Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate HMO
Plan Code	CBWU
Plan Basics	
Primary Care Physician Required?	Yes
Electronic Referrals	V
Required to see Specialists?	Yes
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
Out of Pocket	
Deductible Individual	άλ ΓΩΩ
Individual	\$2,500
Family Out of Booket Maximum	\$5,000
Out-of-Pocket Maximum	¢ο τοο
Individual	\$8,500
Family	\$17,000
Coinsurance Office Visits	20%
Office Visits - Drive and Core	Ċ 2 Λ
Office Visits — Primary Care	\$20
Office Visits — Specialist	\$50
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
Lab and Diagnostic Services Minor Lob Tooting and Virgue Dissolation Office	C=
Minor Lab Testing and X-ray — Physician Office	Covered 100%
Minor Lab Testing and X-ray — Freestanding Facility	Covered 100%
Minor Lab Testing and X-ray — Hospital	Covered 100%
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	Deductible & Coinsurance
Other Care Options	
Urgent Care	\$20
Emergency Room	Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	Deductible & Coinsurance
Inpatient Hospital	Deductible & Coinsurance
Pharmacy Plan	E52
Retail	
Deductible	
Individual	No Deductible
Family	No Deductible
Tier 1	\$10
Tier 2	\$35
Tier 3	\$80
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
	*Out of State Services - ER and Virtual Visits only
Plan Notes	*This plan has only in network benefits *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:
This information is a brief general description of your coverage: it is not a contract and does not	welcometouhc.com/navigate ot replace your Certificate of Coverage/ Summary Plan Description. For a complete list of your

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