

# Benefits-at-a-Glance



Medical Plan	
Plan Category	Navigate Direct
Plan Code	CBWX
<b>Plan Basics</b>	
Primary Care Physician Required?	Yes
Electronic Referrals Required to see Specialists?	Yes
Out of Network Benefits?	No
Pediatric Dental & Vision	Yes
Medical Deductible Type	Embedded
<b>Out of Pocket</b>	
<b>Deductible</b>	
Individual	\$3,500
Family	\$7,000
<b>Out-of-Pocket Maximum</b>	
Individual	\$7,900
Family	\$15,800
Coinsurance	20%
<b>Office Visits</b>	
Office Visits — Primary Care	\$35
Office Visits — Specialist	\$70
Virtual Visits	Covered 100%
Preventive Services	Covered 100%
<b>Lab and Diagnostic Services</b>	
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	\$250 POD + Deductible & Coinsurance
Major Diagnostic and Imaging Services - Freestanding Facility	Deductible & Coinsurance
Major Diagnostic and Imaging Services - Hospital	\$500 POD + Deductible & Coinsurance
<b>Other Care Options</b>	
Urgent Care	\$35
Emergency Room	\$500 + Deductible & Coinsurance
Outpatient Services - Freestanding Facility	Deductible & Coinsurance
Outpatient Services - Hospital	\$500 POD + Deductible & Coinsurance
Inpatient Hospital	\$500 POD + Deductible & Coinsurance
<b>Pharmacy Plan</b>	836
<b>Retail</b>	
<b>Deductible</b>	
Individual	No Deductible
Family	No Deductible
Tier 1	\$15
Tier 2	\$50
Tier 3	\$135
Tier 4	\$350
<b>Mail Order</b> <i>(Times Retail) Only certain prescription drug products are available through mail order. See your plan documents for details</i>	2.5
<b>Plan Notes</b>	<p>*Out of State Services - ER &amp; Virtual Visits only                      *Plan has only in network benefits                      *Plan uses Essentials Prescription Drug List                      *POD = Per Occurrence Deductible</p> <p>*Avoid paying a POD when you avoid hospitals and receive services at a freestanding facility                      *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:  <a href="http://welcometouhc.com/navigate">welcometouhc.com/navigate</a></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.