

# Benefits At a Glance

Choice Plus HSA

## Medical Plan AUF

Primary Care Physician Required? No

	In-Network	Out-of-Network
<b>Deductible</b>		
Individual	\$3,300	\$6,600
Family	\$6,000	\$12,000
<b>Coinsurance</b>	90%	50%
<b>Out-of-Pocket Maximum</b>		Type your text
Individual	\$6,000	\$12,000
Family	\$12,000	\$24,000
<b>Office Visits – Primary Care</b>	90% after Deductible	50% after Deductible
<b>Office Visits – Specialist</b>	90% after Deductible	50% after Deductible
<b>Preventive Services</b>	100% Covered	50% after Deductible
<b>Lab Testing and X-ray</b>	90% after Deductible	50% after Deductible
<b>Major Diagnostic and Imaging Services</b>	90% after Deductible	50% after Deductible
<b>Emergency Room</b>	90% after Deductible	See In-Network
<b>Urgent Care</b>	90% after Deductible	50% after Deductible
<b>Convenience Care Clinic</b>	90% after Deductible	50% after Deductible
<b>Mental Health/Substance Abuse</b>	90% after Deductible	50% after Deductible
<b>Inpatient Hospital</b>	90% after Deductible	50% after Deductible
<b>Outpatient Surgery - Hospital</b>	90% after Deductible	50% after Deductible
<b>Pediatric Dental</b>	No	No
<b>Pediatric Vision</b>	No	No

## Plan Notes:

- All individual Deductible amounts will count toward the family Deductible, but an individual will not have to pay more than the individual Deductible amount.
- Copay for prescriptions apply after the individual or family deductible has been satisfied.

## Pharmacy Plan 2V

	In-Network/ Non-Network
<b>Retail</b>	
<b>Deductible</b>	Same as Medical
<b>Tier 1</b>	\$10
<b>Tier 2</b>	\$35
<b>Tier 3</b>	\$60
<b>Tier 4</b>	N/A
<b>Mail Order</b>	
<b>Tier 1</b>	\$25
<b>Tier 2</b>	\$87.50
<b>Tier 3</b>	\$150
<b>Tier 4</b>	N/A

Only certain prescription drug products are available through mail order. See your plan documents for details.



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.