Coverage and cost highlights (Union)

	Centivo Basic PPO		Centivo PPO + HSA	
	In-network	Out-of-network	In-network	Out-of-network
Network	Centivo	N/A	Centivo	N/A
Primary care doctor selection required	Yes	N/A	Yes	N/A
Primary care referrals to specialists required	Yes, with exceptions*	N/A	Yes, with exceptions*	N/A
Deductible (colleague-only; colleague + spouse/domestic partner or colleague + child(ren); colleague + family)	$750 / $1,250 / $1,750	$1,500 / $2,500 / $3,500	$2,000 / $3,500 / $4,000	$4,000 / $6,000 / $8,000
Out-of-pocket max. (colleague-only; colleague + spouse/domestic partner or colleague + child(ren); colleague + family)	$3,500 / $5,600 / $7,000	$7,000 / $11,200 / $14,000	$3,500 / $5,600 / $7,000	$7,000 / $11,200 / $14,000
Primary care (includes pediatricians)	FREE	40% coins.**	FREE**	40% coins.**
Centivo Care virtual primary care	FREE	N/A	FREE	N/A
Specialist	10% coins.**	40% coins.**	10% coins.**	40% coins.**
Behavioral health office visits	FREE	40% coins.**	FREE**	40% coins.**
Basic imaging (such as X-rays)	10% coins.**	40% coins.**	10% coins.**	40% coins.**
Advanced imaging (such as MRIs & PET scans)	10% coins.**	40% coins.**	10% coins.**	40% coins.**
Outpatient surgery	10% coins.**	40% coins.**	10% coins.**	40% coins.**
Inpatient surgery	10% coins.**	40% coins.**	10% coins.**	40% coins.**
Telemedicine (urgent care/behavioral health)	FREE	N/A	FREE	N/A
Urgent care	10% coins.**	40% coins.**	10% coins.**	40% coins.**
Emergency room (If used for non-emergent care you'll be responsible for 40% coinsurance after deductible.)	10% coins.**	10% coins.**	10% coins.**	10% coins.**

* If you don't visit your designated primary care doctor for care or get a referral for specialist visits, your care will be covered as out-of-network. No referral needed for OB/GYN, behavioral health, urgent, emergency or chiropractic care, lab work, physical, occupational or speech therapy.

** After you meet your deductible.

Prescription coverage by Rightway	Retail (up to 30-day supply) / mail order (90-day supply)	
	Deductible combined with medical	*Deductible combined with medical*
Generic – Tier 1+	$12 / $24 copay after ded.	$12 / $24 copay after ded.
Brand – Tier 2	30% / 20% coins. after ded.	30% / 20% coins. after ded.
Non-preferred – Tier 3	30% / 20% coins. after ded.	30% / 20% coins. after ded.
Specialty	$120 / $360 copay, after ded.	$120 / $360 copay, after ded.
Targeted (e.g. diabetes, high cholesterol, asthma)	$12 / $24 copay, after ded.	$12 / $24 copay, after ded.

+ A small number of generic drugs may fall under the preferred brand tier. Please check the prescription drug list or contact Rightway for any questions about specific medications.

Defining key terms:

Deductible (ded.): The amount you pay out-of-pocket before the plan pays towards your healthcare costs.
Copay: A fixed dollar amount you pay for a healthcare service or visit.
Coinsurance (coins.): The percentage of costs you're responsible for after you meet your deductible.
Out-of-pocket maximum: The most you'll pay for any covered healthcare and pharmacy expenses during the plan year.

Learn more at gehealthcare.centivo.com or by calling 800-615-5975.

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This document provides an overview of the plan offering. Information is not a complete description of benefits..