

BENEFIT INFORMATION
MEDICAL

Deductible		
Coinsurance		

PHARMACY

Deductible		
Coinsurance		
Combined Out-of-Pocket Maximum		

PHYSICIAN/PREVENTIVE SERVICES

Primary Care Visit		
Specialty Care		
Preventive Care/Screening/Immunizations		
Prenatal and Postnatal Care		
Well Baby Visits		
Allergy Injections		
Allergy Testing		
Chiropractic Care (Limited to 30 visits per calendar year in combination with PT/OT)		
PT/OT (Limited to 30 visits per calendar year in combination with Chiropractic Care)		
Rehabilitative & Habilitative Devices		
Rehabilitative Speech Therapy (30 visits per calendar year)		
Diabetes Education		
Dietician Services (Nutritional Counseling)		
Family Planning		
Habilitation Services		
Infertility Testing (Underlying causes only)		
Mammograms		
Weight Loss Programs		

INPATIENT SERVICES

Inpatient Stay		
Inpatient Physician & Surgical Services		
Bariatric Surgery (One procedure per lifetime)		
Delivery & All Inpatient Services for Maternity Care		
Reconstructive Surgery		
Transplant		

OUTPATIENT SERVICES

Outpatient Surgery Physician/Surgical Services		
Outpatient Facility Fee		
Outpatient Rehabilitation Services (Includes Cardio/Pulmonary Rehab)		
Chemotherapy		
Dialysis		
Imaging (CT/PET Scans, MRIs)		
Infusion Therapy		
Laboratory Outpatient & Professional Services		
Radiation Therapy		
Temporomandibular Joint Disorders		
X-Rays & Diagnostic Imaging		



BENEFIT INFORMATION		
EMERGENCY/AFTER HOURS MEDICAL SERVICES		
Emergency Room		
Urgent Care		
Ambulance Services (When medically necessary)		
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES		
Mental/Behavioral Health Outpatient Services		
Mental/Behavioral Health Inpatient Services		
Substance Abuse Outpatient		
Substance Abuse Inpatient		
OTHER SERVICES		
Home Health Care		
Skilled Nursing Facility (Limited to 45 days per calendar year)		
Hospice Services		
DURABLE MEDICAL EQUIPMENT/PROSTHETIC DEVICES		
DME		
Prosthetic Devices		
HEARING SERVICES		
Hearing Exam		
Hearing Aids		
VISION SERVICES		
Routine Eye Exam (Adult & Pediatric)		
Eye Glasses for Adults		
Eye Glasses for Children		
DENTAL SERVICES		
Accidental Dental (Included in THC Oral Surgery Benefit)		
PHARMACY SERVICES		
Generic Drugs		
Preferred Brand Name Drugs		
Non-Preferred Brand Name Drugs		
Specialty Drugs		
90-day supply Medications available through Plan's Mail Order Pharmacy		

The Benefits described above are intended to be only a Summary Description. For details, please review the Certificate of Coverage Agreement.