

**BENEFIT INFORMATION**

**BENEFIT PERIOD: Calendar year**

Medical 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	

**EMERGENCY/AFTER HOURS MEDICAL SERVICES**

Emergency Room	
Urgent Care	
Ambulance Services (When medically necessary)	

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