



BENEFIT INFORMATION

MEDICAL

Deductible	
Coinsurance	
Out-of-Pocket Maximum	

PHARMACY

Deductible	
Coinsurance	
Out-of-Pocket Maximum	
Combined Out-of-Pocket Maximum	

PHYSICIAN/PREVENTIVE SERVICES

Primary Care Visit	
Specialty Care	
Preventive Care/Screening/Immunizations	
Well Baby Visits	
Allergy Injections	
Allergy Testing	
Chiropractic Care (Limited to 20 visits per calendar year)	
PT/OT/ST (Limited to 45 visits per calendar year combined)	
Diabetes Education	
Dietician Services (Nutritional Counseling)	
Mammograms	
Weight Loss Programs	

INPATIENT SERVICES

Inpatient Stay	
Inpatient Physician & Surgical Services	
Delivery & All Inpatient Services for Maternity Care	
Reconstructive Surgery	
Transplant	

OUTPATIENT SERVICES

Outpatient Surgery Physician/Surgical Services	
Outpatient Facility Fee	
Outpatient Rehabilitation Services	
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 Intermediate	
Substance Abuse Inpatient	
OTHER SERVICES	
Home Health Care (Limited to 100 days per calendar year)	
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	
PHARMACY	
Generic Drugs	
Preferred Brand Name Drugs	
90-day supply Medications available through Plan's Mail Order Pharmacy	