

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)	

BENEFIT INFORMATION	
MENTAL HEALTH/SUBSTANCE ABUSE SERVICES	
Mental/Behavioral Health Outpatient Services	
Mental/Behavioral Health Inpatient Services	
Substance Abuse Outpatient	
Substance Abuse Inpatient Services	
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	
TELEMEDICINE	
Teladoc	
PHARMACY	
Generic Drugs	
Preferred Brand Name Drugs	
Non-Preferred Brand Name Drugs	
Specialty Drugs	
90-day supply Medications available through Plan's Mail Order Pharmacy	