

Benefits covered in Full (no cost to the member)	
Preventive Care Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
Routine Maternity Care - Prenatal and Postpartum Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
Doctor on Demand - Medical Urgent Care Telemedicine app used via smart device or web cam enabled computer	
Routine Annual Eye Exam (1 per year)	

Benefits covered after a Deductible	
Laboratory Tests	Deductible; then 20% Coinsurance
X-Rays	
Chemotherapy & Radiation Therapy	
Inpatient Mental Health & Substance Abuse	
Home Health Care	
Durable Medical Equipment Including Oxygen and Respiratory Equipment	
Professional visits:	
Physician Services/Office Visit	
Acupuncture; unlimited visits	
Chiropractic Care; unlimited visits	
Physical/Occupational/Speech Therapy; unlimited visits	
Outpatient Mental Health & Substance Abuse	
Allergy Injections	
Emergency Room	
Urgent Care Convenience care clinic, Urgent care center or Hospital urgent care center	
Hospital Inpatient	
Maternity Care - Delivery	
Advanced Radiology CT Scans, PET Scans, MRI, MRA and Nuclear medicine services	
Outpatient Surgery	
Skilled Nursing Facility & Inpatient Rehabilitation; combined 100 day limit	
Ambulance - Emergency Transport	
Prescription Drugs: Retail (30 day Supply)	10% Coinsurance*
Mail Order (90 day Supply)	10% Coinsurance*

Other Benefit Features	
Deductible: Individual	\$1,500
Two Person & Family	\$3,000
Out of Pocket Maximum: Medical	Combined \$2,000 (\$4,000 Family)
Prescription Drugs	

Deductible Year: Plan**

Deductible Carry-Over Provision: No

Lifetime Benefit: Unlimited

*Per Script Max: \$75 Retail Supply (30 Day Supply); \$150 Mail Order Supply (90 Day Supply)

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a plan year.

**Deductible year will follow your medical plans renewal