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| | | |

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| **Other Practitioner Visits** | | |
| **Routine Maternity Care** (P enatal and Po tnatal)<br>*In-Network routine pren t l office vi it nd ot er preventive pren t l c re nd creening re covered t 100 .* | 10 coin u ance afte medical deductible i met | 0 coin u ance afte medical deductible i met |

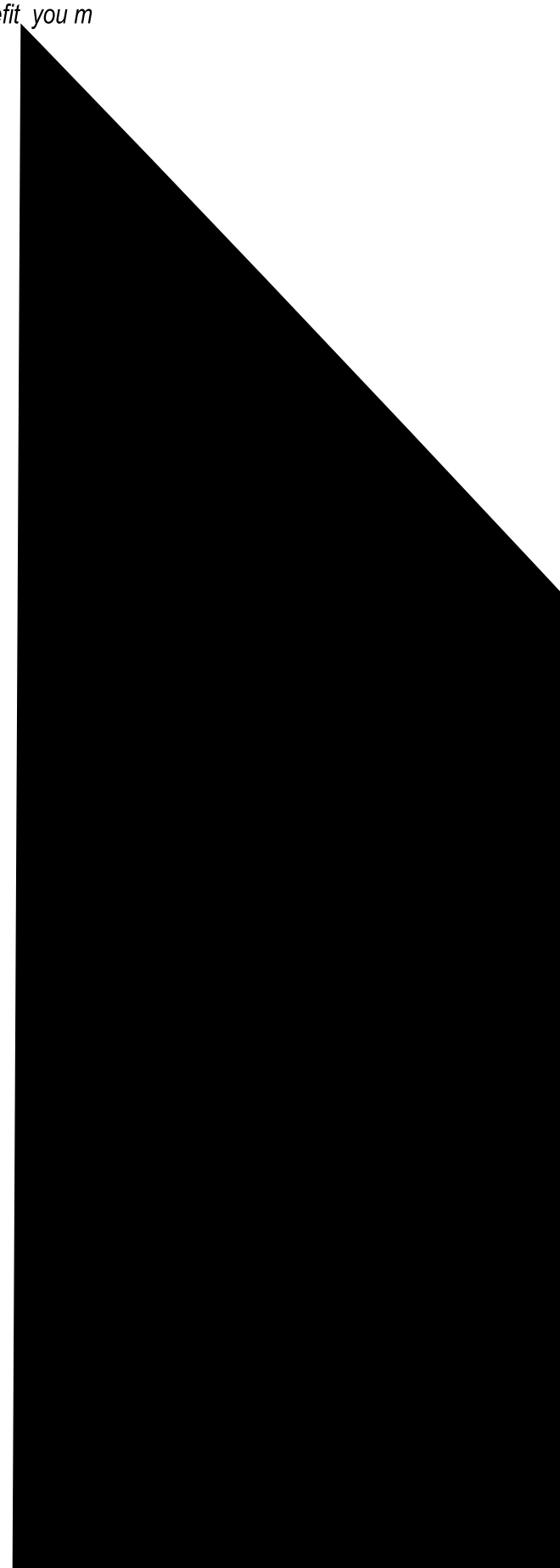
| Covered Medical Benefits | | | |
|---|---|---|---|
| **Outpatient Mental Health and Substa** | | | |
| Facility Fee | | | |
| Docto Se vice | | | |
| **Outpatient Surgery** | | | |
| **Facility Fees** | | | |
| Ho p | | | |
| Ambulato y Su gical Cente | | | |
| **Doctor and Other Services** | | | |
| Ho p | | coin u ance afte medical deductible i met | coin u ance afte medical deductible i met |
| Ambulato y Su gical Cente | 10 coin u ance afte medical deductible i met | 0 coin u ance afte medical deductible i met | |
| **Hospital (Including Maternity, Men M** | | | |

| Covered Medical Benef | | |
|---|---|---|
| **Rehabilitation services**<br>*Benefit limit doe not pply*<br>*doe not pply w en perfo* | | |
| Office | | |
| Outp | | |
| **Habilitation services**<br>*Benefit limit doe not pply to Ap*<br>*doe not pply w en performed* | | |
| Office | | |
| Outp | | |
| **Chemo/Radiation Therapy** | | |
| Office | | |
| Outp | | |
| **Dialysis/Hemodialysis** | | |
| Office | | |
| Outp | medical deductible i met | ance afte<br>medical deductible i met |
| **Cardiac rehabilitation** | | |

| Covered Medical Benefits | Cost if you use an |
| --- | --- |

| Covered Prescription Drug Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
| --- | --- | --- |
| **Pharmacy Deduc** | | |

| Covered Vision Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
| --- | --- | --- |
| *T i i brief outline of your vi ion cover ge. To receive t e In-Network benefit you m* | | |



**Notes:**

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- Noic a ge mean n deductible/cop
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- Fo additional info tion on limitati
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*T i ummry of brief outlin*
*doe not reflec every benefit*
*import nt xclu ion pl*
*t e Evid*

Acc ss S rv c s

## n your language

w at a t s s:ys? e wou d be too. Here's t e Eng s vers on
uest ons abou t s docu ent, you ave t e r g t to get e p and nfor at on n your anguage at no
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