

Chabot-Las Positas Community College District

Úrgent Care Facility\$5 copay\$20 copayMental Health BenefitsInpatient Care100%\$500 per admitOutpatient Care\$5 copay/individual; \$2 copay/group therapy visit\$20 copay/individual; \$10 copay/group therapy visit\$ubstance AbuseInpatient Hospitalization100%\$500 copay per admitOutpatient Services\$5 copay/individual; \$2 copay/group therapy visit\$20 copay/individual; \$5 copay/group therapy visitPrescription Drug Benefits\$500 copay\$20 copay/individual; \$5 copayGeneric\$5 copay\$10 copayBrand (Formulary/Preferred)\$15 copay\$20 copayMail OrderGeneric\$5 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$20 copayMail OrderGeneric\$5 copay\$20 copayMail Order\$20 copayNumber of Days Supply for Mail Order\$15 copay\$20 copayNumber of Days Supply for Mail Order100 days\$20 copay	Chabot-Las Positas Community College	District	
Effective Date 7/1/2024 7/1/2024 Carrier Name Plan Name Eligible Class HMO - 55 copy plon (High) Eligible Engloyces HMO - 55 copy plon (High) Eligible Engloyces Schedule of Benefits Schedule of Benefits Schedule of Benefits Anaul Nedeclike (Fradedal Anaul Nedeclike (Fradedal Ana	Summary of Kaiser Plans	Current	Current
Carry Name Para Name Eight CaseKair Billy Stoppy pain (Mos. 250 corp) pain (Mos. 250 corp) Billy Eight CaseSchedra OraKair Stoppy pain (Mos. 250 corp)Amal Delordk/ IndrivatNoveNoveAmal Delordk/ IndrivatNoveNoveAmal Delordk/ IndrivatNoveNoveAmal Delordk/ IndrivatNoveNoveAmal Delordk/ IndrivatStoppyNoveObject StoppingStoppingNoveObject StoppingStoppingNoveAmal Delordk/ IndrivatStoppingNoveAmal Delordk/ IndrivatStoppingNoveNoveStoppingNoveNoveNoveStoppingNoveNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppingNoveNoveStoppingStoppi			
Panne Eligit CaseHMC-55 copy for (fig) Eligit EngineseHMC-55 copy for (fig) Eligit EngineseSchole O FaceSchole O FaceSchole O FaceCommerciantNoneNoneAnnal Deletific MethadNoneNoneAnnal Deletific MethadNoneNoneAnnal Deletific MethadNoneNoneConstruct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Construct1007,1007,Mich March Construct1007,1007,March Construct1007,1007,<			
Eligibi Class Eligibi Employee Eligibi Employee Schedu of Beenfis Schedu of Beenfis Annall Delastick/ Indexedat None None Annall Delastick/ Indexedat None None Annall Delastick/ Indexedat None None Annall Delastick/ Indexedat 100% 100% Contension 100% 100% Contension 100% 100% Annall Out of Poster Lane/Indexed 0.00% 33,00 Annall Out of Poster Lane/Indexed 0.00% 100% Annall Out of Poster Lane/Indexed 0.00% 100% Interma Care Poster Lane/Indexed 0.00% 100% Interma Care Poster Lane/Indexed 0.00% 100% Mandl Norm Iskam 0.00% 100% Mannal Stans 0.00% 100% Mannal Stans 0.00% 100% Mannal Stans 100% 100% Standors of Stans with Presenite Tass 100% 100% Standors of Stans with Presenite Tass 100% 100% Standors of S			
Schedu of Benefis Schedu of Benefis Schedu of Benefis None None Annual Docherkik/ Family None None Annual Docherkik/ Family None None Offer Mark 100% 100% Offer Mark 100% 100% Offer Mark 100% 100% Annual Docherkik/ Family 100% 100% Mark Docher Lamor, Mark Mark 100% 100% Mark Mark Earaw with Proventer, Tote			
International Information Nome Nome Annual Deductible/Family Nome Nome Consurance 10% 10% Optastient Speciale Vair 35 copay 350 copay Optastient Speciale Vair 55 copay 350 copay Annual Dotted-Focket Land/ Juddedual 15,500 31,500 Annual Dotted-Focket Land/ Juddedual 15,500 31,500 Annual Dotted-Focket Land/ Juddedual 100% 100% Manual Dotted-Focket Land/ Juddedual 100% 100% Immunization 100% 100% 100% Marcell Research 100% 100% 100% Weld Anal Case 100% 100% 100% Marcell Research 100% 100% 100% Marcell Research 100% 100% 100% Adder Person Research 100% 100% 100% Research 100% 100% 100% 100% Research 100% 100% 100% 100% 100% 100% 100%			g-sp)
Annal Dokachk/IndinskalNoneNoneAnnal Dokachk/IndinskalNoneNoneConsurance10%10%Consurance10%33 (opp)Consurance10%33 (opp)Consurance10%130 (opp)Consurance10%130 (opp)Consurance10%130 (opp)Consurance10%130 (opp)Consurance10%130 (opp)Consurance10%130 (opp)Latence10%10%Latence10%10%Latence10%10%Instructure		Schedule of Benefits	Schedule of Benefits
Annu Docketh/Family None None Consurance 100% 100% Office Visi/Fam Si copay \$30 copay Outpuict Speciale Visi Si copay \$30 copay Annual Out-of Poter Lane/ Jackbadd \$1,00 \$1,000 Annual Out-of Poter Lane/ Jackbadd \$1,00 \$1,000 Annual Out-of Poter Lane/ Jackbadd \$1,000 \$1,000 International Out-of Poter Lane/ Jackbadd \$1,000 \$1,000 International Out-of Poter Lane/ Jackbadd \$1,000 \$1,000 Manual Out-of Poter Lane/ Jackbadd \$1,005 \$1,007 Manual Out-of Poter Lane/ Jackbadd \$1,005 \$1,007 Well Oak Onton Isans \$1,007 \$1,007 Manual Out-of Poter Lane/ Jackbadd \$1,007 \$1,007 Regencie Aksy and Jac Test \$1,007 \$1,007			
Commune100%100%Object Visi (Easin)\$5 copy\$32 copyOutgeter Specialit Visi\$5 copy\$32 copyAnnal Out of Pocket Linit (Fashball)\$5,00\$5,00Annal Out of Pocket Linit (Fashball)\$5,00\$5,00Primer Care Popician Electron Register10%10%Primer Science10%10%Internations on100%10%Mell Woand Easins with Percenter Care10%10%Marmogenia10%10%10%Pagaara off Materialy Care (Pre-Natal Care)10%10%Pagaara off Materialy Care (Pre-Natal Care)10%10%Pre-Autoration of Seccies Register10%10%Pris-Autoration of Seccies Register10%10%Pris-Mutoration of Seccies Register52 copy520 copy or adminPris-Mutoration of Seccies and Sopples10%10%Pris-Mutoration of Seccies and Sopples10%10%Pris-Mutoration of Seccies and Sopples10%10%Pris-Mutoration Care (Seccies Care (Seccies Care (Seccies Care (Seccies (Seccie			
Office Viar(Taxim 135 copy 132 copy Opticet Viar(Taxim) 15,500 \$1,500 Annal Oxice OPecker Lain() Family \$5,500 \$1,500 Leftern Plan Maximum Unlaininged Unlaininged Unitary Case Physics Election Registed Yes Yes Presentive Services 100% 100% Well-thild Care 100% 100% Immunations 100% 100% Mell Worm Larms 100% 100% Add Proceeds 100% 100% Matternity Care 100% 100% Add Proceeds 100% 100% Add Proceeds 100% 100% Add Proceeds 100% 100% Add Proceeds 100% 100% Presency and Maternity Care DynoNial Care 100% 5500 copy per adminit Proceedings and Discose Care 100% 5500 copy per adminit Proceedings Score Yes Ye Smit Private Room & Borotic Registed Yes Ye Smit Private Room & Borotic Registed Store pay wind if admined 100% Adminit Score 5100 copay varied if admined 100% Coronal 100% 100% 100% Coronal 100% 1			
Outprior Specials Visit \$\$ copy \$\$20 cops Annal Out-of-Pocket Linit/Industal \$1,500 \$1,500 Annal Out-of-Pocket Linit/Industal \$\$000 \$5,000 Unimerical Unimited Unimited Primary Care Physican Election Regard Yes Yes Well Chall Care 100% 100% Innumbaction 100% 100% Well Chall Care 100% 100% Mark Markan 100% 100% Well Chall Care 100% 100% Mark Markan 100% 100% Markan 100% 100% Markan Markan 100% 100% Markan Markan 100% 100% Payraney and Markan Care (Ne Natal Care) 100% \$900 copy per admit Payraney and Markan Care (Ne Natal Care) 100% \$900 copy per admit Payraney and Markan Care 100% \$900 copy per admit Chaptient Flexific (Chape \$50 copy avaired i admitted \$100 copy avaired i admitted Anstance 100% \$20 copy (admitted			
Annal Ouc-Perket Linit / Tadissilat \$1,50 \$1,50 Listine Plan Maxmum Utilanitied Utilanitied Utilanitied Dirang Care Physical Election Registral Yes Yes Preventive Service 100% 100% Well Child Care 100% 100% Informations 100% 100% Manna Duce Service 100% 100% Well Child Care 100% 100% Manna Duce Service 100% 100% Manna Duce Service Registral 100% 100% Maximum Data Data 100% 100% Prepresent Room Lab Data 100% 100% Prepresent Room Lab Data 100% 100% Prepresent Room Lab Data 100% 100% Prepresent Room Room Concer One Natal Care) 100% 100% Prepresent Room Room Room Room Room Room Room Roo		· ·	
Annal Out-of-Pocket Limit/Panky \$3,000 \$3,000 Primary Care Physican Rection Required Yes Yes Premary Care Physican Rection Required Yes Yes Well Chall Gas 100% 100% Immunizations 100% 100% Mult Chall Gas 100% 100% Maintinggrams 100% 100% Maintinggrams 100% 100% Maintinggrams 100% 100% Aduatering Care (Pre-Natal Cane) 100% 100% Programmer and Matering Care (Pre-Natal Cane) 100% 500 copus per aduat Programmer and Matering Care (Pre-Natal Cane) 100% 500 copus per aduat Strepheness Records 100% 500 copus per aduat Strepheness Records 500 copus per aduat 500 copus per aduat Strepheness Records 500 copus per aduat 500 copus per aduat Annal Cane Dealing 55 copus value of aduaticat 5100 copus per aduat Are 100% 100% 100% Granad 100% 500 copus per aduat Annananana		· ·	
Lifetime Plan Maximum Unlimited Unlimited Privany Care Physican Election Required Yes Yes Presentic Services 100% 100% Well Child Care 100% 100% Immuzations 100% 100% Main Decode Exans with Preventive Tests 100% 100% Data Exans 100% 100% Preparation and Matering Care (Pen-Natal Care) 100% 100% Diptient Hospital Services 100% \$500 copus per admit Free-Authorization of Services Required Yes Yes Sami-Prost Room & Board, Houlding Services 100% \$500 copus per admit Sami-Prost Room & Board, Houlding Services 100% \$500 copus per admit Sami-Prost Room & Board, Houlding Services 100% \$500 copus per admit Congrade Materia 100% \$500 copus per admit Congrade Network 100% \$500 copus per admit Congrade Network 100% \$500 copus per admit Congrade Network \$500 copus per admit 100% Conand 100% \$500 copus p			
Primury Care Physican ReceivedYesYesWell Abil Care100%100%Immunizations100%100%Immunizations100%100%Well Abil Care100%100%Well Noran Exams100%100%Mamongams ith Prevenive Tests100%100%Dagnotic X Kay and Lab Tests100%100%Dagnotic X Kay and Lab Tests100%100%Pregarany and Materniy Care (Pre-Natal Care)100%500 copage radiusPregarent Hospitalexion100%\$500 copage radiusPregarent Hospitalexion100%\$500 copage radiusPrestrict Hospitalexion100%\$500 copage radiusPrestrict Hospitalexion\$50 copage\$20 copageChargenet Steries100%\$20 copageEntergency Room\$5 copage value of admitted\$20 copageAria100%100%100%Aria100%100%Aria100%100%Organd Care\$5 copage (page radius care)Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%100%Aria100%			
PresenticesUnitWell Child Care107%107%Immunations107%107%Immunations107%107%Mating Persotic Exams107%107%Mating Persotic Exams with Preventive Tests107%107%Diagonici X-Ry and Lab Tests107%107%Preparator and Matering Care (Pre-Natal Care)107%107%Impatient Hospital Services107%\$500 copus per admitPre-Muforization of Services RequiredYesSimilar Persotic NorthSemi-Privat Room & Board, Including Services and Supplies107%\$500 copus per admitUnpatient Hospital Services107%\$500 copus per admitDregency Conduct Services520 copus\$200 copusGeneration Services Required\$500 copus year admit\$100%Unpatient Footpic Carge\$500 copus year admitCompare Room\$500 copus year admitIntergence Room\$500 copus year admitUpgent Care Facility\$500 copus year admitUpgent Care Facility\$500 copus year admitUpgent Care Facility\$500 copus year admitUnpatient Hospitalization100%\$300 copus year admitUpgent Care\$500 copus year admitUpgent Care Facility\$500 copus year admitUnpatient Hospitalization100%\$300 copus year admitUnpatient Hospitalization100%\$300 copus year admitUnpatient Care\$500 copus year admitUnpatient Hospitalization100%\$300 copus year admitUnpatient Care </td <td></td> <td></td> <td></td>			
Well-Cald Care100%100%Immunizations100%100%Well Worman Exams100%100%Mammogunas100%100%Adult Persöde Exams with Preventive Tests100%100%Dagiostic X-Rys and Lab Tests100%100%Pregueazy and Materiniy Care (Pre-Naul Care)100%100%Pregueazy and Materiniy Care (Pre-Naul Care)100%\$300 copay per admitPregueaty and Materiniy Care (Pre-Naul Care)100%\$300 copay per admitPregueaty Examples100%\$300 copay per admitPre-Authorization of Services Required\$5 copay\$300 copay per admitMargenes Persons55 copay waived if admitted\$100 copay waived if admittedAthor100%100%100%Are100%100%100%Are100%100%100%Are100%100%100%Are100%\$301 copay individual, \$10 copay fero per per visitAre100%100%\$301 copay fero per per visitAre100%\$301 copay individual, \$10 copay fero per per visitAre100%\$301 copay individual, \$10 copay fero per visitAre100%\$301 copay individual, \$10 copay fero per per visitAre100%\$301 copay fero per per visitAre100%\$300 copay fero per per visit <td< td=""><td></td><td></td><td></td></td<>			
Well Woman Exams 100% 100% Adult Periodic Exams with Preventive Tests 100% 100% Adult Periodic Exams with Preventive Tests 100% 100% Dagnotic K-Xey and Lab Tests 100% 100% Pergency and Maternity Can (Pre-Natal Care) 100% 100% Ippatient Hospital Hospital Maternity Can (Pre-Natal Care) 100% \$500 copary per admit Pre-Authorizonts of Services Required Yee Yes Sema Priorite Koom & Board, Including Services and Supplies 100% \$500 copary per admit Dreparticer Month Including Services and Supplies 100% \$500 copary per admit Dreparticer Status 100% \$500 copary per admit Outputset Hospital Sections \$200 copary waived if admitted 100% Intergeory Sections \$200 copary andred if admitted 100% Intergeory Room \$500 copary andred if admitted 100% Intergeory Room \$500 copary and the rest reality 100% Urgot Care \$500 copary and the rest reality \$200 copary form there y visit Variant Care \$500 per admit \$200 copary gen admit Uppatient K-rest reality \$500 copary gen admit \$200 copary gen admit Uppatient Care \$500 copary gen admit \$200 copary gen admit Uppatient		100%	100%
Mather Proceedings 100% 100% Dargenetic Exams with Preventive Tests 100% 100% Dargenetic X-Ray and Lab Tests 100% 100% Pregrames and Materinity Can (Pre-Naul Care) 100% 100% Symphotes Dorow & Board, Including Services 100% \$500 copage per admit Sym-Priorite Dorow & Board, Including Services and Supplies 100% \$500 copage per admit Sym-Priorite Dorow & Board, Including Services and Supplies 100% \$500 copage per admit Timergency Renkies 100% \$200 copage varianti \$200 copage varianti Timergency Renkies 100% 100% 100% Timergency Renkies 100% 100% 100% Coroand 100% 100% 100% Urgent Care \$50 copay/(recoupt therapy visit \$200 copay/(recoupt therapy visit Netral Health Benefits 100% \$200 copay/(recoupt therapy visit Stocopas/(recoupt therapy visit \$200 copay/(recoupt therapy visit \$200 copay/(recoupt therapy visit Stocopas/(recoupt therapy visit \$200 copay/(recoupt therapy visit \$200 copay/(recoupt therapy visit	Immunizations	100%	100%
Adult Periodic Exams with Preventive Tests 100% 100% Degroptics X-Ray and Lab Tests 100% 100% Pregnancy and Maternity Care (Pre-Natal Care) 100% 100% Inpatient Hoppilabation 100% 100% Pregnancy and Maternity Care (Pre-Natal Care) 100% 100% Inpatient Hoppilabation 100% Yes Pres-Authorization of Services Required Yes Yes Outputcet Hooling Services and Supplies 100% \$500 copay per admit Brengreing Services \$5 copay \$20 copay Brengreing Services \$5 copay waived if admitted \$100 opay waived if admitted Imagenet Care 100% 100% Ground 100% 100% 100% If and test from the Benefits 100% 100% Inpatient Hoppilabation 100% 100% Inpatient Hoppilabation 100% \$20 copay/methodiabatis	Well Woman Exams	100%	100%
Dagootic X-Ray and Lab Tests100%100%Pregrame; and Marenity Car. (Pre-Null Care)100%100%Impatient Hospital Services100%5500 copay per admitPre-Authorization of Services RequiredYesYesSami-Briniz Room & Board, Including Services and Supplies100%5500 copay per admitOutpatient HospitalServices55 copay520 copaySami-Briniz Room & Board, Including Services and Supplies55 copay520 copaySami-Briniz Room & Services55 copay valved if admitted5100 copay valved if admittedAndrea100%100%100%Are100%100%100%Ground55 copay/mained if Services520 copay/mained if Services520 copayIngent Care55 copay/mained if Services520 copay/mained if Services520 copay/mained if ServicesUrgent Care55 copay/maineduals 52 copay/group therapy visit520 copay/mained if Services520 copay/mained if ServicesUrgent Care55 copay/maineduals 52 copay/group therapy visit520 copay/maineduals 510 copay/group therapy visit520 copay/maineduals 510 copay/group therapy visitUrgent Care100%530 copay/maineduals 52 copay/group therapy visit520 copay/maineduals 52 copay/group therapy visitUrgent Care55 copay/maineduals 52 copay/group therapy visit520 copay/maineduals 52 copay/group therapy visitUrgent Care55 copay/maineduals 52 copay/group therapy visit520 copay/maineduals 52 copay/group therapy visitUrgent Care55 copay500 copayInstant Hospitaliz	ě		
Pregnancy and Materniy Care (Pre-Natal Care) 100% 100% Inpatient Hoppitalization 100% \$\$\$000 copus per admit Pre-Authorization of Services Required Yes Yes Sem-Private Room & Board, Including Services and Supplies 100% \$\$000 copus per admit Urgent Gervices \$\$ copus \$\$200 copus \$\$200 copus Emergency Room \$\$5 copus \$\$200 copus \$\$200 copus Emergency Room \$\$5 copus \$\$200 copus \$\$000 copus vaived if admitted Are 100% 100% 100% Ground 100% 100% 100% Urgent Care \$\$200 copus \$\$200 copus \$\$200 copus Urgent Care \$\$200 copus \$\$200 copus \$\$200 copus Urgent Care \$\$5 copus/individual; \$\$2 copus/group therapy visit \$\$200 copus/individual; \$\$10 copus \$\$200 copus/individual; \$\$10 copus Urgent Care \$\$ copus/individual; \$\$2 copus/group therapy visit \$\$200 copus/individual; \$\$10 copus \$\$200 copus/individual; \$\$2 copus/individual; \$\$2 copus/individual; \$\$20 copus/individual; \$\$20 copus/individual; \$\$20 copus/individual; \$\$20 copus/individual; \$\$20 copus/individual; \$\$2 copus/individual; \$\$20 copus			
Impatient Hospitalization 100% \$500 copay per admit Pres-Mubrization of Services Required Yes Yes Semi-Frister Required Yes \$500 copay per admit Strigent Services \$500 copay per admit \$500 copay per admit Compatient Hospitalization \$500 copay per admit \$500 copay per admit Strigent \$500 copay per admit \$500 copay per admit Compatient Hospitalization \$500 copay per admit \$500 copay per admit Construct \$500 copay vaived if admitted \$100 copay vaived if admitted Arr 100% 100% 100% Ground 100% 100% 100% Urgent Care 100% \$200 copay \$200 copay Urgent Care 100% \$200 copay/foroup therapy visit \$20 copay/individual; \$2 copas//group therapy visit Systeme Abuse 100% \$200 copay metadmit \$20 copay/individual; \$2 copas//group therapy visit Systeme Abuse 100% \$300 copay per admit \$20 copay/individual; \$2 copas/group therapy visit Systeme Abuse 100% \$300 copay def admitted \$20 copay/individual	<u> </u>		
İnpatialization 100% \$500 copay per admit Der Authorization of Services Required Yes Yes Smit-Private Room & Board, Including Services and Supplies 100% \$500 copay per admit Ourpatient Facility Charge \$5 copay \$20 copay Emergency Room \$5 copay waived if admitted \$100 copay waived if admitted Arr 100% 100% Arr 100% 100% Ground \$5 copay waived if admitted \$100 copay waived if admitted Arr 100% 100% Ground \$500 per admit \$20 copay Metal Health Benefits 100% \$20 copay/individuals \$20 copay/group therapy visit Shotnee Abuse 100% \$20 copay/individuals \$2 copay/group therapy visit Shotnee Abuse 100% \$20 copay/individuals \$2 copay/group therapy visit Carcation Drug Benefits \$20 copay/individuals \$2 copay/individuals		100%	100%
Pre-Authorization of Services Required Yes Yes Semi-Frietz Room & Board, Including Services and Supplies 100% \$500 copay per admit Outpatient Vacing \$5 copay \$20 copay Brangency Room \$5 copay waived if admitted \$100 copay waived if admitted Anir 100% 100% Air 100% 100% Outpatient Vacing \$5 copay \$20 copay Air 100% 100% Ground 100% 100% Urgent Care \$20 copay/individual; \$20 copay Partient Care \$5 copay/individual; \$20 copay/individual; \$2 copay/in		1000/	68 00
Semi-Protate Room & Board; Including Services and Supplies 100% \$500 copay per admit Sargical Services S5 copay \$200 copay Emergency Services \$500 copay waived if admitted \$100 copay waived if admitted Emergency Room \$5 copay waived if admitted \$100 copay waived if admitted Arr 100% 100% Ground 100% 100% Upgent Care \$500 copay (model) 100% Upgent Care \$500 copay \$200 copay Mental Health Benefits 100% \$200 copay/fourbidual; \$20 copay/individual; \$20 copay/individual; \$20 copay/individual; \$20 copay/individual; \$20 copay/individual; \$500 copay per admit Systeme Abuse 100% \$200 copay/individual; \$20 copay/group therapy visit Vistatine Abuse 100% \$200 copay/individual; \$5 copay Inspatient Care \$500 copay per admit \$200 copay/individual; \$5 copay Vistatine Abuse 100% \$200 copay/individual; \$5 copay Vistatine Abuse \$500 copay/group therapy visit \$200 copay/individual; \$500 copay Number of Days Supply 100 days \$100 copay Number of Days Supply for Mail Order 100% (up to 100 days 100 days			
Surgical Services \$20 copay Emergency Services \$20 copay Emergency Services \$20 copay Emergency Services \$100 copay waived if admitted Are 100% Ground 100% Urgent Caree 100% Urgent Care \$20 copay Urgent Care \$20 copay Outpricent Learner \$20 copay Outpricent Learner \$20 copay Outpricent Learner \$20 copay/individual; \$2 copay/group therapy visit Statemee Abuse \$20 copay/individual; \$2 copay/group therapy visit Rescripton Drug Benefits \$20 copay/individual; \$2 copay Grownia \$10 copay Grencic \$5 copay Brand (Formular//Preferred) \$15 copay Number of Days Supply \$100 da	4		
Outpatient Hacility Charge \$3 copay \$20 copay Emergency Room \$5 copay waived if admitted \$100 copay waived if admitted Annolance	÷	100%	\$500 copay per admit
Emergency Services Stoopay waired if admitted \$100 copay waired if admitted Air 100% 100% Air 100% 100% Ground 100% 100% Urgent Care 100% 55 copay Inpatient Care 55 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit System A base 100% \$500 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit System A base 100% \$20 copay/individual; \$10 copay/group therapy visit System A base 100% \$20 copay/individual; \$10 copay/group therapy visit System A base 100% \$20 copay/individual; \$10 copay/group therapy visit System A base 100% \$20 copay/individual; \$10 copay/group therapy visit System A base 100% \$20 copay/individual; \$2 copay/group therapy visit System A base 100% \$20 copay/individual; \$10 copay Generic \$5 copay \$20 copay Generic \$5 copay \$20 copay Mail Order 100 days 30 days Mail Order </td <td></td> <td>\$5 copay</td> <td>\$20 copay</td>		\$5 copay	\$20 copay
Emerginety Room\$5 copay waived if admitted\$100 copay waived if admittedAmbulance100%100%Arr100%100%Ground100%100%Urgent CareT100%Urgent Care Facility\$5 copay\$20 copayMental Health Buefits100%\$20 copay/mdvidual; \$2 copay/group therapy visit\$20 copay/mdvidual; \$10 copay/group therapy visitSubstance Ause100%\$20 copay/mdvidual; \$2 copay/group therapy visit\$20 copay/mdvidual; \$5 copay/group therapy visitSubstance Ause100%\$500 copay/group therapy visit\$20 copay/mdvidual; \$5 copay/group therapy visitPrescription Drug Benefits100%\$500 copay\$20 copay/mdvidual; \$5 copay/group therapy visitPrescription Drug Benefits\$5 copay\$20 copay\$20 copayGeneric\$5 copay\$20 copay\$20 copayMail Order100 days\$20 copay\$20 copayNumber of Days Supply100 days\$20 copay\$20 copayNumber of Days Supply for Mail Order\$5 copay\$20 copay\$20 copayBrand (Formular/Prefered)\$500 copay\$20 copay\$20 copayNumber of Days Supply for Mail Order100% (up to 100 visits/accumulation period)100%Other Services and Supplies100% (up to 100 visits/accumulation period)100%Dural Medical Equipment & Posthetic Devices100% (up to 100 visits/accumulation period)100%Stilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100%Chorpartic Servi		He to put	#=~ ***p#y
Ambulanci Int Int Air 100% 100% Ground 100% 100% Urgent Care St copay \$20 copay Unpatient Care 100% \$500 per admit Outpatient Care 100% \$500 copay/individual; \$10 copay/group therapy visit Substance Abuse 100% \$500 copay per admit Outpatient Hospitalization 100% \$500 copay per admit Outpatient Hospitalization \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$2 copay/group therapy visit Vescription Durg Benefits \$20 copay/individual; \$2 copay \$20 copay Generic \$5 copay \$20 copay Number of Days Supply 100 days 30 days Mail Order \$50 copay \$20 copay Generic \$5 copay \$20 copay Number of Days Supply for Mail Order 100% 100% Darable Medical Equipment & Prosthetic Devices 100% 100% Mail Order 100% 100% 100% Darable Medical Equipment & Prosthetic Devices 100% 100% 100% Darable Medical Equipment & Prosthetic		\$5 copay waived if admitted	\$100 copay waived if admitted
Ground 100% 100% Urgent Care \$\$ copay \$20 copay Mental Health Benefits 100% \$500 per admit Inpatient Care \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit Untract Care \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$5 copay/group therapy visit Inpatient Care \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$5 copay/group therapy visit Careeric \$5 copay \$10 copay Outpatient Services \$5 copay \$20 copay Prescription Drug Benefits \$20 copay \$20 copay Generic \$5 copay \$20 copay Brand (Formulary/Preferred) \$15 copay \$20 copay Number of Days Supply 100 days 30 days Durable Medical Equipment & Prosthetic Devices 100% 100% (up to 100 visits/accumulation period) Durable Medical Equipment & Prosthetic Devices 100% 100% (up to 100 visits/accumulation period) Horserices and Supplies 100% 100% (up to 100 visits/accumulation period) Mailed Nursing or Extended Care Facility 100% (up to 100 visits/accumulation period)	Ambulance		
Urgent Care \$5 copay \$20 copay Urgent Care Facility \$5 copay \$20 copay Mental Health Benefits 100% \$500 per admit Outpatient Care \$5 copay/individual; \$10 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit Substance Abuse 100% \$500 copay /individual; \$2 copay/group therapy visit \$20 copay/individual; \$2 copay/group therapy visit Outpatient Kospitalization 100% \$500 copay per admit \$500 copay per admit Generic \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$5 copay/group therapy visit Brand (Formulary/Preferred) \$15 copay \$20 copay \$20 copay Number of Days Supply 100 days 30 days 30 days Mail Order 100 days 100 days 20 copay Number of Days Supply for Mail Order 100 days 100 days 100 days Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Skilled Nursing or Extended Care Facility 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) <t< td=""><td>Air</td><td>100%</td><td>100%</td></t<>	Air	100%	100%
Urgent Care Facility \$\$ copay \$20 copay Mental Heatth Benefits 100% \$500 per admit Inpatient Care \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit Substance Abuse 100% \$20 copay/individual; \$10 copay/group therapy visit Outpatient Services \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$5 copay Brand (Formulary/Prefered) 100 days \$10 copay Mail Order 100 days 100 days Durable Medical Equipment & Prosthetic Devices 100% (up	Ground	100%	100%
Mental Health Benefits Induction Induction Inpatient Care 100% \$500 per admit Outpatient Care \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit Inpatient Hospitalization 100% \$500 per admit Outpatient Services \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$5 copay Generic \$5 copay \$10 copay \$100 copay Brand (Formulary/Preferred) \$15 copay \$20 copay \$20 copay Mail Order 100 days 30 days Mail Order 100 days 30 days Generic \$5 copay \$20 copay \$20 copay Generic \$5 copay \$20 copay \$20 copay Mumber of Days Supply for Mail Order 100 days 100 days 100 days Other Services and Supplies 100% 100% 100% Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) 100%	Urgent Care		
Inpatient Care100%\$500 per admitOutpatient Care\$50 copay/individual; \$10 copay/group therapy visit\$20 copay/individual; \$10 copay/group therapy visitSubstance Obuse100%\$50 copay (proup therapy visitInpatient Hospitalization100%\$20 copay/individual; \$5 copay/group therapy visitPrescription Drug Benefits\$50 copay\$20 copay/individual; \$5 copayGeneric\$5 copay\$10 copayBrand (Formulary/Preferred)\$15 copay\$20 copayNumber of Days Supply100 days30 daysMail Order\$5 copay\$20 copayGeneric\$5 copay\$20 copayNumber of Days Supply100 days30 daysMail Order\$15 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$20 copayNumber of Days Supply for Mail Order100% (pt to 100 days100 daysOther Services and Supplies100% (pt to 100 visits/accumulation period)100% (pt to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100%		\$5 copay	\$20 copay
Outpatient Care \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$10 copay/group therapy visit Inpatient Hospitalization 100% \$500 copay per admit Outpatient Services \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$5 copay/group therapy visit Prescription Drug Benefits \$5 copay \$20 copay/individual; \$5 copay/group therapy visit Generic \$5 copay \$10 copay Mail Order 100 days 30 days Generic \$5 copay \$20 copay Brand (Formulary/Preferred) \$15 copay \$20 copay Number of Days Supply for Mail Order 100 days 100 days Durable Mckinel Equipment & Prosthetic Devices 100% 100% Durable Mckinel Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Skilled Nursing or Extended Care Facility 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Icopic Care 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Acupuncture necessary. Must be referred by Plan Physician. 100%	Mental Health Benefits	1000/	
Substance Abuse 100% \$500 copay per admit Inpatient Hospitalization 100% \$500 copay per admit Outpatient Services \$5 copay/individual; \$2 copay/group therapy visit \$20 copay/individual; \$2 copay/group therapy visit Prescription Drug Benefits \$5 copay \$10 copay Generic \$5 copay \$20 copay Number of Days Supply 100 days 30 days Mail Order			â
Inpatient Hospitalization100%\$500 copay per admitOutpatient Services\$5 copay/individual; \$2 copay/group therapy visit\$20 copay/individual; \$5 copayGeneric\$5 copay\$10 copayBrand (Formulary/Preferred)\$15 copay\$20 copayNumber of Days Supply100 days30 daysMail Order\$5 copay\$20 copayGeneric\$5 copay\$20 copayGeneric\$5 copay\$20 copayBrand (Formulary/Preferred)\$5 copay\$20 copayMail Order\$5 copay\$20 copayGeneric\$5 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$20 copayNumber of Days Supply for Mail Order100 days100 daysDurable Medical Equipment & Prosthetic Devices100%100%100%Durable Medical Equipment & Prosthetic Devices100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 days/benefit period)100% (up to 100 days/benefit period)Hospice CareNot coveredNot coveredAcupunctureNot coveredNot covered only when deemed medically necessary. Must be referred by Plan Physician.Hearing100%100%100%Screening100%100%Aid(s)Not coveredNot coveredHearing100%100%Screening100%\$20 copayDiagnosis\$5 copay\$20 copayTreatmentSce plan certificate <t< td=""><td></td><td>\$5 copay/individual; \$2 copay/group therapy visit</td><td>\$20 copay/individual; \$10 copay/group therapy visit</td></t<>		\$5 copay/individual; \$2 copay/group therapy visit	\$20 copay/individual; \$10 copay/group therapy visit
Outpatient Services\$5 copay/individual; \$2 copay/group therapy visit\$20 copay/individual; \$5 copay visitPrescription Drug Benefits\$5 copay\$10 copayGeneric\$5 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$20 copayNumber of Days Supply100 days30 daysGeneric\$5 copay\$20 copayGeneric\$5 copay\$20 copayBrand (Formulary/Preferred)\$5 copay\$20 copayBrand (Formulary/Preferred)\$5 copay\$40 copayBrand (Formulary/Preferred)\$15 copay\$40 copayNumber of Days Supply for Mail Order100%100%Durable Medical Equipment & Prosthetic Devices100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Hospice CareNot coveredNot coveredNot coveredAcupuncturenecessary. Must be referred by Plan Physician.Not covered only when deemed medically necessary. Must be referred by Plan Physician.100%Hearing100%100%100%Streening100%100%100%Aid(s)Not coveredNot coveredDiagnosis\$5 copay\$20 copayTreatmentSce plan certificateOutpatient Rehabilitative Therapy Services\$5 copay\$20 copayPhysical\$5 copay\$20 copayOtocapaional\$5 copay\$20 copay <td></td> <td>10007</td> <td>\$500 as any admit</td>		10007	\$500 as any admit
Prescription Drug Benefits Stand Formulary/Preferred) \$10 copay Brand (Formulary/Preferred) \$15 copay \$20 copay Number of Days Supply 100 days 30 days Mail Order			
Generic\$5 copay\$10 copayBrand (Formulary/Preferred)100 days\$20 copayNumber of Days Supply100 days30 daysBrand (Formulary/Preferred)\$5 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$40 copayNumber of Days Supply for Mail Order100 days100 daysOther services and Supplies100%100%Durable Medical Equipment & Prosthetic Devices100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 days/benefit period)100% (up to 100 days/benefit period)Skilled Nursing or Extended Care Facility100% (up to 100 days/benefit period)100% (up to 100 days/benefit period)Chiropractic ServicesNot coveredNot coveredNot coveredAcupunctureNot covered. Covered only when deemed medically necessary. Must be referred by Plan Physician.Not coveredHearingItops100%100%Streening100%100%100%Aid(s)Not coveredNot coveredInfertitivItops\$20 copayTreatmentSee plan certificateSee plan certificateOutpatient Rehabilitative Therapy Services\$5 copay\$20 copayPhysical\$5 copay\$20 copay\$20 copayOccupational\$5 copay\$20 copay	*	\$5 copay/ individual, \$2 copay/ group incrapy visit	\$20 copay/ individual, \$5 copay/ group therapy visit
Brand (Formulary/Preferred) \$15 copay \$20 copay Number of Days Supply 100 days 30 days Mail Order Generic \$5 copay \$20 copay Brand (Formulary/Preferred) \$15 copay \$20 copay Brand (Formulary/Preferred) \$15 copay \$20 copay Brand (Formulary/Preferred) \$15 copay \$20 copay Number of Days Supply for Mail Order 100 days 100 days Other Services and Supplies 100 days 100 days Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Skilled Nursing or Extended Care Facility 100% (up to 100 visits/accumulation period) 100% (up to 100 days/benefit period) Hospice Care 100% (up to 100 visits/accumulation period) 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) Acupuncture Not covered Not covered Not covered Acupuncture Not covered only when deemed medically Not covered Not covered Mail(s) 100% 100% Not covered Not covered Infertility Stopay \$20 c		\$5 copay	\$10 copay
Number of Days Supply100 days30 daysMail Order100 days30 daysGeneric\$5 copay\$20 copayBrand (Formulary/Preferred)\$15 copay\$40 copayNumber of Days Supply for Mail Order100 days100 daysDurable Medical Equipment & Prosthetic Devices100%100%Home Health Care100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Hospice Care100%100%100%Not CoveredNot CoveredNot CoveredNot CoveredNot Covered only when deemed medically necessary. Must be referred by Plan Physician.Not covered only when deemed medically necessary. Must be referred by Plan Physician.Hearing100%100%100%Screening100%100%100%Mid(s)Not coveredNot coveredDiagnosis\$5 copay\$20 copayTreatmentSee plan certificateSee plan certificateOutpatient Rehabilitative Therapy Services\$5 copay\$20 copayPhysical\$5 copay\$20 copay\$20 copayPhysical\$5 copay\$20 copayStopay\$20 copay\$20 copay			
Mail Order \$5 copay \$20 copay Generic \$5 copay \$20 copay Brand (Formulary/Preferred) \$15 copay \$40 copay Number of Days Supply for Mail Order 100 days 100 days Other Services and Supplies 100% 100% 100% Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Skilled Nursing or Extended Care Facility 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) 100% Hospice Care 100% 100% 100% 100% Chiropractic Services Not covered Not covered Not covered Acupuncture necessary. Must be referred by Plan Physician. Not covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% Not covered Not covered Screening 100% 100% 100% 100% 100% Infertility 100% Not covered Not covered Not covered Not covered Duagnosis \$5 copay \$20 copay \$20 copay		· · · · · · · · · · · · · · · · · · ·	
Brand (Formulary/Preferred) \$15 copay \$40 copay Number of Days Supply for Mail Order 100 days 100 days Other Services and Supplies 100 days 100 days Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Home Health Care 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Skilled Nursing or Extended Care Facility 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) Hospice Care 100% 100% 100% Chiropractic Services Not covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% 100% Screening 100% 100% Aid(s) Not covered Not covered Diagnosis \$5 copay \$20 copay Treatment See plan certificate Outpatient Rehabilitative Therapy Services \$5 copay \$20 copay Physical \$5 copay \$20 copay			
Number of Days Supply for Mail Order 100 days 100 days Other Services and Supplies 100% 100% 100% Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Home Health Care 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) Skilled Nursing or Extended Care Facility 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) 100% Hospice Care 100% 100% 100% 100% Chiropractic Services Not Covered Only when deemed medically Not covered Only when deemed medically Not covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% 100% 100% Screening 100% 100% 100% 100% Aid(s) Not covered Not covered Not covered Not covered Diagnosis \$5 copay \$20 copay \$20 copay Treatment See plan certificate See plan certificate See plan certificate Ou	Generic	\$5 copay	\$20 copay
Other Services and Supplies 100% Durable Medical Equipment & Prosthetic Devices 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Home Health Care 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) Hospice Care 100% 100% 100% Chiropractic Services Not covered Not covered Acupuncture Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% 100% Screening 100% 100% 100% Aid(s) Not covered Not covered Not covered Diagnosis \$5 copay \$20 copay \$20 copay Treatment \$5 copay \$20 copay \$20 copay	Brand (Formulary/Preferred)	\$15 copay	\$40 copay
Durable Medical Equipment & Prosthetic Devices100%100%100%Home Health Care100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)100% (up to 100 visits/accumulation period)Skilled Nursing or Extended Care Facility100% (up to 100 days/benefit period)100% (up to 100 days/benefit period)Hospice Care100%100%100%Chiropractic ServicesNot CoveredNot CoveredAcupunctureNot covered. Covered only when deemed medically necessary. Must be referred by Plan Physician.Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician.HearingIntervingInto%Sercening100%100%Aid(s)Not coveredNot coveredDiagnosis\$5 copay\$20 copayTreatmentSee plan certificateSee plan certificateOutpatient Rehabilitative Therapy Services\$5 copay\$20 copayOccupational\$5 copay\$20 copay	Number of Days Supply for Mail Order	100 days	100 days
Home Health Care 100% (up to 100 visits/accumulation period) 100% (up to 100 visits/accumulation period) Skilled Nursing or Extended Care Facility 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) Hospice Care 100% 100% 100% Chiropractic Services Not Covered Not covered Not covered Not covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% 100% Screening 100% 100% 100% Aid(6) Not covered Not covered Diagnosis \$5 copay \$20 copay Treatment See plan certificate See plan certificate Outpatient Rehabilitative Therapy Services \$5 copay \$20 copay Physical \$5 copay \$20 copay	Other Services and Supplies		
Skilled Nursing or Extended Care Facility 100% (up to 100 days/benefit period) 100% (up to 100 days/benefit period) Hospice Care 100% 100% Chiropractic Services Not Covered Not Covered Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% Screening 100% 100% Aid(s) Not covered Not covered Infertility 100% 100% Diagnosis \$5 copay \$20 copay Treatment See plan certificate Outpatient Rehabilitative Therapy Services \$5 copay \$20 copay Physical \$5 copay \$20 copay			
Hospice Care 100% 100% Chiropractic Services Not Covered Not Covered Acupuncture Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 100% 100% Screening 100% 100% Aid(s) Not covered Not covered Infertility 100% 100% Diagnosis \$5 copay \$20 copay Treatment See plan certificate See plan certificate Outpatient Rehabilitative Therapy Services \$5 copay \$20 copay Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay			
Chiropractic Services Not Covered Not Covered Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 5 Screening 100% Aid(s) Not covered Diagnosis \$5 copay Treatment See plan certificate Outpatient Rehabilitative Therapy Services \$5 copay Physical \$5 copay Occupational \$5 copay			
Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Not covered. Covered only when deemed medically necessary. Must be referred by Plan Physician. Hearing 000% 000% Screening 100% 100% Aid(s) Not covered Not covered Diagnosis \$5 copay \$20 copay Treatment Sce plan certificate Sce plan certificate Dutpatient Rehabilitative Therapy Services \$5 copay \$20 copay Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay			
Acupuncture nccessary. Must be referred by Plan Physician. nccessary. Must be referred by Plan Physician. Hearing Not covered Not covered Screening 100% 100% Aid(s) Not covered Not covered Infertility Not covered Not covered Diagnosis \$5 copay \$20 copay Treatment See plan certificate See plan certificate Dutpatient Rehabilitative Therapy Services Year Secopay \$20 copay Occupational \$5 copay \$20 copay	Chiropractic Services		
Hearing 100% Screening 100% Aid(s) Not covered Infertility Not covered Diagnosis \$5 copay Treatment See plan certificate Dutpatient Rehabilitative Therapy Services Physical Physical \$5 copay Occupational \$5 copay	Acupuncture		
Screening 100% Aid(s) Not covered Infertility Not covered Diagnosis \$5 copay Treatment See plan certificate Duptatient Rehabilitative Therapy Services Physical Occupational \$5 copay \$20 copay			increasing, must be referred by Fian Fitystelan.
Aid(s) Not covered Infertility Infertility Diagnosis \$5 copay Treatment See plan certificate Dutpatient Rehabilitative Therapy Services Physical Occupational \$5 copay \$20 copay		100%	100%
Infertility Stoppy Stoppy Diagnosis \$5 copay \$20 copay Treatment See plan certificate See plan certificate Dutpatient Rehabilitative Therapy Services Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay \$20 copay			
Diagnosis \$5 copay \$20 copay Treatment See plan certificate See plan certificate Outpatient Rehabilitative Therapy Services \$20 copay Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay			
Treatment See plan certificate See plan certificate Dutpatient Rehabilitative Therapy Services See plan certificate Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay		\$5 copay	\$20 copay
Dutpatient Rehabilitative Therapy Services Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay	0	· ·	- 1,
Physical \$5 copay \$20 copay Occupational \$5 copay \$20 copay	Outpatient Rehabilitative Therapy Services	· · · · · · · · · · · · · · · · · · ·	· · ·
		\$5 copay	\$20 copay
Speech \$5 copay \$20 copay			
	Speech	\$5 copay	\$20 copay