

D@5B'89G- ; B' / '69B9 :-HG'

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
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Deductible

Member Coinsurance

Member Coinsurance Limit

Member Copay Maximum

Member Payment Limit

07/01/2024

D@5B'89G-; B'/'69B9 :-HG'

Women's Health

Routine Digital Rectal Exam

Prostate-specific Antigen Test

Colorectal Cancer Screening

Routine Eye Exams

Routine Hearing Screening

PHYSICIAN SERVICES

IN-NETWORK

OUT-OF-NETWORK

Office Visits to Non-Specialist

Teledoc™

Specialist Office Visits

Audiometric Hearing Exam

Pre-Natal Maternity

Walk-in Clinics

Allergy Testing

Allergy Injections

DIAGNOSTIC PROCEDURES

IN-NETWORK

OUT-OF-NETWORK

Diagnostic X-ray

PLAN DESIGN & BENEFITS

Autism Behavioral Therapy

Autism Applied Behavior Analysis

Autism Physical Therapy

Autism Occupational Therapy



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PLAN DESIGN & BENEFITS