

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

Lifetime Maximum

Primary Care Physician Selection

Certification Requirements -

Referral Requirement

PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
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Routine Adult Physical Exams/
Immunizations

Routine Well C.24 re f Q q 7025 0. <</MCI7 0.23 8 (d)1.8c7 Td [(Ro)-4.2 (u)-3.3 (t)-.11 dto age 65; 1 ex

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

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

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PLAN DESIGN & BENEFITS

Autism Behavioral Therapy

Autism Applied Behavior Analysis

Autism Physical Therapy

Autism Occupational Therapy

Autism Speech Therapy

Durable Medical Equipment

Orthotics

Diabetic Supplies

Affordable Care Act mandated

Women's Contraceptives

**Women's Contraceptive drugs and
devices not obtainable at a
pharmacy**

Vision Eyewear

Transplants





07/01/2024

PLAN DESIGN & BENEFITS