



PLAN DESIGN & BENEFITS

| | | |
|---|-------------------|-----------------------|
| Non-Urgent Use of Urgent Care Provider | | |
| Emergency Room | | |
| Non-Emergency Care in an Emergency Room | | |
| Emergency Use of Ambulance | | |
| Non-Emergency Use of Ambulance | | |
| HOSPITAL CARE | IN-NETWORK | OUT-OF-NETWORK |
| Inpatient Coverage | | |
| Inpatient Maternity Coverage | | |
| Outpatient Hospital Expenses | | |
| Outpatient Surgery - Hospital | | |
| Outpatient Surgery - Freestanding Facility | | |
| MENTAL HEALTH SERVICES | IN-NETWORK | OUT-OF-NETWORK |
| Inpatient | | |
| Outpatient | | |
| SUBSTANCE ABUSE | IN-NETWORK | OUT-OF-NETWORK |
| Inpatient | | |
| Residential Treatment Facility | | |
| Outpatient | | |
| OTHER SERVICES | IN-NETWORK | OUT-OF-NETWORK |
| Skilled Nursing Facility | | |
| Home Health Care | | |
| Hospice Care - Inpatient | | |
| Hospice Care - Outpatient | | |
| Private Duty Nursing | | |
| Outpatient Short-Term Rehabilitation | | |
| Spinal Manipulation Therapy | | |
