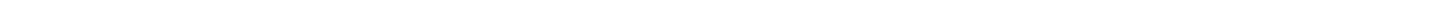
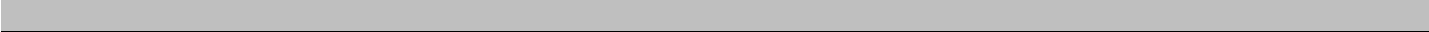


**PLAN DESIGN & BENEFITS**



**PLAN DESIGN & BENEFITS**

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**Women's Health**

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**Routine Digital Rectal Exam**

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**Prostate-specific Antigen Test**

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**Colorectal Cancer Screening**

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**Routine Eye Exams**

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**Routine Hearing Screening**

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**PHYSICIAN SERVICES**

**IN-NETWORK**

**OUT-OF-NETWORK**

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**Office Visits to Non-Specialist**

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**Teledoc :**

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**Specialist Office Visits**

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**Audiometric Hearing Exam**

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**Pre-Natal Maternity**

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**Walk-in Clinics**

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**PLAN DESIGN & BENEFITS**

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<b>Non-Urgent Use of Urgent Care Provider</b>		
<b>Emergency Room</b>		
<b>Non-Emergency Care in an Emergency Room</b>		
<b>Emergency Use of Ambulance</b>		
<b>Non-Emergency Use of Ambulance</b>		
<b>HOSPITAL CARE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient Coverage</b>		
<b>Inpatient Maternity Coverage</b>		
<b>Outpatient Hospital Expenses</b>		
<b>Outpatient Surgery - Hospital</b>		
<b>Outpatient Surgery - Freestanding Facility</b>		
<b>MENTAL HEALTH SERVICES</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient</b>		
<b>Outpatient</b>		
<b>SUBSTANCE ABUSE</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
<b>Inpatient</b>		

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**PLAN DESIGN & BENEFITS**

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**Autism Behavioral Therapy**

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**Autism Applied Behavior Analysis**

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**Autism Physical Therapy**

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**Autism Occupational Therapy**

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**Autism Speech Therapy**

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**Durable Medical Equipment**

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**Orthotics**

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**Diabetic Supplies**

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**Affordable Care Act mandated**

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**Women's Contraceptives**

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

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**Vision Eyewear**

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**Transplants**

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<b>PHARMACY</b>	<b>IN-NETWORK</b>	<b>OUT-OF-NETWORK</b>
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**Generic Drugs**

**Retail**

**Mail Order**

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**Preferred Brand-Name Drugs**

**Retail**

**Mail Order**

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**Non-Preferred Brand-Name Drugs**

**Retail**

**Mail Order**

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## PLAN DESIGN & BENEFITS