Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery	C1F1—\$10/\$20
Coinsurance Dut-of-Pocket Maximum (Per Member; Per Family) Alcohol/Drug Inpatient Alcohol/Drug Outpatient Ambulance Blood Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Dreventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Dutpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Dut-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	<u> </u>
Coinsurance Dut-of-Pocket Maximum (Per Member; Per Family) Alcohol/Drug Inpatient Alcohol/Drug Outpatient Ambulance Blood Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Dreventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Dutpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Dut-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	NA
Alcohol/Drug Inpatient Alcohol/Drug Outpatient Ambulance Blood Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	NA
Alcohol/Drug Inpatient Alcohol/Drug Outpatient Ambulance Blood Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$7,150; \$14,300
Alcohol/Drug Outpatient Ambulance Blood Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	No charge
Ambulance Blood Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay
Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	No charge
Diabetic Equipment & Supplies and Medical/Consumable Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay
Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	30% of contracted fee
Diagnostic—Routine; Non-Routine Emergency Care Services Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	hedule for a DME provid
Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Interapy Ortho/Pleoptic and Rehab Orgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay; \$40 copay
Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Interapy Ortho/Pleoptic and Rehab Orgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$100 copay
Hospital Services Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Interapy Ortho/Pleoptic and Rehab Orgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	(waived if admitted)
Injectable Medications - Specialty Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Interapy Ortho/Pleoptic and Rehab Orgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	No charge
Maternity/OB Care Prof. Svc Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$50 copay
Mental Health Inpatient Mental Health Outpatient Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$10 copay
Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	No charge
Preventive Care Services PCP Office Visits - Non-Preventive Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay
Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	No charge
Specialist Office Visit Spinal Manipulation Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$10 copay
Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care OUT-OF-NETWORK BENEFITS Oeductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay
Surgical - 2nd Opinion Outpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care OUT-OF-NETWORK BENEFITS Oeductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay
Coutpatient Surgery Sherapy Ortho/Pleoptic and Rehab Urgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	\$20 copay
\$\text{Therapy Ortho/Pleoptic and Rehab}\$ Urgent Care OUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	No charge
Therapy Ortho/Pleoptic and Rehab Urgent Care DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Dut-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day)	520 copay (Cardiac, Pulm
Dut-Of-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Dut-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day	Speech \$20 copay)
DUT-OF-NETWORK BENEFITS Deductible Coinsurance (% Plan Pays) Dut-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day	\$70 copay
Deductible Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day	ş/о сорау
Coinsurance (% Plan Pays) Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day	NA
Out-of-Pocket Maximum PRESCRIPTION BENEFITS (Retail: up to a 30-day	NA NA
PRESCRIPTION BENEFITS (Retail: up to a 30-day	NA NA
	IVA
Supply cost is 2x retail)	
Retail Pharmacy	
Generic	\$10
Preferred	\$10 \$20
Non-Preferred	\$20 \$20