

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

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible		

Member Coinsurance		
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Member Coinsurance Limit		
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Member Copay Maximum		
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Member Payment Limit		
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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

PHARMACY

07/01/2024

PLAN DESIGN & BENEFITS