Labor-Management Healthcare Coalition®

Lewiston-Porter Schools Summary of Benefits POS 200 \$5/\$10 - Plan B

In-network deductible N/A In-network co-insurance N/A Medical in-network out-of-pocket maximum \$4,750,759,500 Pharmacy in-network out-of-pocket maximum \$1,600,75,200 Out-of-network deductible \$1,500,73,000 Out-of-network out of pocket maximum \$10,000,7520,000 Annual maximum Unlimited Ulterium enanamum Out-of-network out of pocket maximum Iterium enanamum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Demestic partner Includes coverage for domestic partner and children Prescription Copay \$5(515,7535 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Office/Urgent Care Visits \$5 copay Virtual visit provider originating site fee \$20 copay Virtual visit provider originating site fee \$20 covered in full Adut Immunizations Covered in full Routine cold/SN exam Including a pap test Covered in full Maimmograms, medically necesary	Deductibles/Maximums	
Medical in-network out-of-pocket maximum \$4,750/\$9,500 Pharmacy in-network out-of-pocket maximum \$1,500/\$3,200 Out-of-network deductible \$1,500/\$3,200 Out-of-network deductible 25% after deductible Out-of-network out of pocket maximum 25% after deductible Out-of-network out of pocket maximum Unlimited Inferime maximum Unlimited Ultefrime maximum Unlimited Ultefrime maximum Unlimited Dependent age 26 Student age 26 Domestic partner Includes coverage for domestic partner and children Prescription Copay \$5/\$15/\$35 Mail order copay per 90-day supply 1 copay Optice/Urgent Care Visits \$10 copay Oftice/Urgent Care Visits \$10 copay Orginal office visits & virtual visits \$10 copay Virtual visit provider originating site fee \$10 copay Urgent care center visits \$25 copay Preventative Care Covered in full Aduit immungrams, annual routine Covered in full Maintogen services & procedures Covered in full Routine adult physical exam Covered in full Maintogen creater visits \$10 copay for specialist, \$5 copay for specialist, \$5 copay for specialist, \$5 copay for specialist, \$	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum \$1,600/\$3,200 Out-of-network deductible 31,500/\$3,000 Out-of-network deductible 25% after deductible Out-of-network out of pocket maximum \$10,000/\$20,000 Annual maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends End of birk month Demestic partner Includes coverage for domestic partner and children Prescription Orug \$5/\$15/\$35 Will order copay per 90-day supply 1 copay Optice/Urgent Care Visits \$55 copays Office/Urgent Care Visits \$10 copay Virtual visit s virtual visits \$10 copay Specialist office visits & virtual visits \$10 copay Virtual visit provider originating site fee \$10 copay Virtual visit provider originating and pape test Covered in full Adult immunizations Covered in full Routine adult physical exam Covered in full Adult immunizations Covered in full Marmograms, annual routine </td <td>In-network co-insurance</td> <td>N/A</td>	In-network co-insurance	N/A
Out-of-network deductible \$1,500/\$3,000 Out-of-network co-insurance 25% after deductible Out-of-network co-insurance 25% after deductible Out-of-network co-insurance 00000 Out-of-network co-insurance 00000 Out-of-network co-insurance 00000 Out-of-network co-insurance 00000 Annal maximum Unlimited Ufetime maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Prescription copay Includes coverage for domestic partner and children Prescription copay \$5/\$15/\$35 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Office/Urgent Care Visits \$10 copay Virtual visits rovider originating site fee \$10 copay Urgent care center visits \$25 copay Telemedicine \$5 copay Preventative Care Covered in full Adult immunizations Covered in full Adult immunizations Covered in full <td>Medical in-network out-of-pocket maximum</td> <td>\$4,750/\$9,500</td>	Medical in-network out-of-pocket maximum	\$4,750/\$9,500
Out-of-network coi-insurance 25% after deductible Out-of-network out of packet maximum \$10,000/\$20,000 Annual maximum Unlimited Ifetime maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Includes coverage for domestic partner and children Prescription Copay \$5/\$15/\$35 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copay Office/Urgen Care Visits \$10 copay Virtual visits wirtual visits \$10 copay Virtual visit provider originating site fee \$10 copay Urgent care center visits \$25 copay Preventative Care S10 copay Preventative Care \$20 Boutine adult physical exam Covered in full Adult immunizations Covered in full Adult immunizations Covered in full Maimograms, medically necessary \$10 copay for specialist; 55 copay for pcp	Pharmacy in-network out-of-pocket maximum	\$1,600/\$3,200
Out-of-network out of pocket maximum \$10,000/\$20,000 Annual maximum Unlimited Lifetime maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Includes coverage for domestic partner and children Prescription copay \$5/\$15/\$35 Mail order copay per 90-day supply at retail 2.5 copay Oftice/Urgent Care Visits \$5 copay Oftice/Urgent Care Visits \$10 copay Optical for evisits & virtual visits \$10 copay Oftice/Urgent Care Visits \$10 copay Optical stor provider originating site fee \$10 copay Urgent care center visits \$25 copay Telemedicine \$5 copay Preventative Care Covered in full Routine adult physical exam Covered in full Adult immunizations Covered in full Marmorgrams, annual routine Covered in full Marmorgrams, medically necessary \$10 copay for specialist; \$5 copay for pcp	Out-of-network deductible	\$1,500/\$3,000
Annual maximum Unlimited Lifetime maximum Unlimited Benefit administration Calendar year Bependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Includes coverage for domestic partner and children Prescription Drug Prescription copay Prescription copay \$5/\$15/\$35 Mail order copay per 90-day supply at retail 2.5 copays Option 90 - 90 day supply at retail 2.5 copays Office/Urgent Care Visits \$10 copay Virtual visits \$5 copay Virtual visits \$10 copay Virtual visits \$25 copay Urgent care center visits \$10 copay Preventative Care \$25 copay Preventative Care \$20 covered in full Adult Immunizations Covered in full Routine adult physical exam Covered in full Mammograms, annual routine Covered in full Mammograms, medically necessary \$10 copay for specialist; \$2 copay for pcp Diagnostic services & procedures Covered in full Routine Pediatric	Out-of-network co-insurance	25% after deductible
Lifetime maximumUnlimitedBenefit administrationCalendar yearDependent age26Student age26Student age26Dependent/Student coverage endsEnd of birth monthDomestic partnerIncludes coverage for domestic partner and childrenPrescription Drug*********************************	Out-of-network out of pocket maximum	\$10,000/\$20,000
Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Includes coverage for domestic partner and children Prescription Drug \$5/\$15/\$35 Mail order copay per 90-day supply at retail 2.5 copays Office/Urgent Care Vists 2 Primary care physician office visits & virtual visits \$5 copay Specialist office visits & virtual visits \$10 copay Virtual visit provider originating site fee \$10 copay Urgent care center visits \$25 copay Telemedicine \$5 copay Preventative Care \$20 covered in full Adult immunizations Covered in full Mammograms, annual routine Covered in full Mammograms, medically necessary \$10 copay for specialist; \$5 co	Annual maximum	Unlimited
Dependent age26Student age26Dependent/Student coverage endsEnd of birth monthDomestic partnerIncludes coverage for domestic partner and childrenPrescription Drug\$5/\$15/\$35Mail order copay per 90-day supply1 copayOption 90 - 90 day supply a tretail2.5 copaysOffice/Urgent Care Visits\$5 copayPrimary care physician office visits & virtual visits\$5 copayVirtual visits origita origitating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative Care\$25 copayRoutine adult physical examCovered in fullAdult immunizationsCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnotic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnotic services & proceduresCovered in fullRoutine Pediatric chrysical examsCovered in fullRoutine Pediatric chrysical examsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric chrysical examsCovered in fullRoutine Pediatric physical exams	Lifetime maximum	Unlimited
Student age26Dependent/Student coverage endsEnd of birth monthDomestic partnerIncludes coverage for domestic partner and childrenPrescription DrugPrescription CopayPrescription copay\$5/\$15/\$35Mail order copay per 90-day supply1 copayOption 90 - 90 day supply at retail2.5 copaysOffice/Urgent Care Visits\$5 copayPrimary care physician office visits & virtual visits\$5 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative CareCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMarmograms, medically necessary\$10 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & procedures <td>Benefit administration</td> <td>Calendar year</td>	Benefit administration	Calendar year
Dependent/Student coverage endsEnd of birth monthDomestic partnerIncludes coverage for domestic partner and childrenPrescription Drug*********************************	Dependent age	26
Domestic partnerIncludes coverage for domestic partner and childrenPrescription DrugPrescription copay\$5/\$15/\$35Mail order copay per 90-day supply1 copayOption 90 - 90 day supply a retail2.5 copaysOffice/Urgent Care VisitsPrimary care physician office visits & virtual visits\$5 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$5 copayPreventative Care\$5 copayRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric inmunizationsCovered in fullRoutine Pediatric inmunizationsCovered in fullRoutine Pediatric inmunizationsCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric inmunizationsCovered in full	Student age	26
Prescription Drug Prescription copay \$5/\$15/\$35 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Office/Urgent Care Visits \$5 copay Primary care physician office visits & virtual visits \$10 copay Virtual visit provider originating site fee \$10 copay Urgent care center visits \$25 copay Telemedicine \$25 copay Preventative Care \$20 covered in full Adult immunizations Covered in full Adult immograms, annual routine Covered in full Marmograms, medically necessary \$10 copay for pcp Diagnostic services & procedures Covered in full Routine Pediatric inmunizations Covered in full Routine Pediatric inmunizations Covered in full Marmograms, encically necessary \$10 copay for specialist; \$5 copay for pcp Diagnostic services & procedures Covered in full Routine Pediatric inmunizations Covered in full Routine Pediatric inmunizations Covered in full Routine Pediatric physical exams Covered in full Routine Pediatric inmunizations Covered in full <td>Dependent/Student coverage ends</td> <td>End of birth month</td>	Dependent/Student coverage ends	End of birth month
Prescription copay\$5/\$15/\$35Mail order copay per 90-day supply1 copayOption 90 - 90 day supply at retail2.5 copaysOffice/Urgent Care Visits\$5 copayPrimary care physician office visits & virtual visits\$10 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative Care\$5 copayRoutine adult physical examCovered in fullAdult immunizationsCovered in fullMammograms, anual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric diagnostic & services & procedures <t< td=""><td>Domestic partner</td><td>Includes coverage for domestic partner and children</td></t<>	Domestic partner	Includes coverage for domestic partner and children
Mail order copay per 90-day supply1 copayOption 90 - 90 day supply at retail2.5 copaysOffice/Urgent Care VisitsPrimary care physician office visits & virtual visits\$5 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative Care\$5 copayRoutine adult physical examCovered in fullAdult immunizationsCovered in fullNamograms, annual routineCovered in fullMamograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric inmunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency Services\$150 copay (waived if ad	Prescription Drug	
Option 90 - 90 day supply at retail2.5 copaysOffice/Urgent Care Visits\$Primary care physician office visits & virtual visits\$5 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$25 copayPreventative Care\$5 copayRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagn	Prescription copay	\$5/\$15/\$35
Office/Urgent Care VisitsPrimary care physician office visits & virtual visits\$5 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative CareCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routine\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric ImmunizationsCovered in fullMathie Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & procedures	Mail order copay per 90-day supply	1 copay
Primary care physician office visits & virtual visits\$5 copaySpecialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative CareCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Option 90 - 90 day supply at retail	2.5 copays
Specialist office visits & virtual visits\$10 copayVirtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative CareCovered in fullRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Office/Urgent Care Visits	
Virtual visit provider originating site fee\$10 copayUrgent care center visits\$25 copayTelemedicine\$5 copayPreventative CareRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Primary care physician office visits & virtual visits	\$5 copay
Urgent care center visits\$25 copayTelemedicine\$5 copayPreventative CareCovered in fullRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric idiagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric idiagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Specialist office visits & virtual visits	\$10 copay
Telemedicine\$5 copayPreventative CareRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Virtual visit provider originating site fee	\$10 copay
Preventative CareRoutine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Urgent care center visits	\$25 copay
Routine adult physical examCovered in fullAdult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Telemedicine	\$5 copay
Adult immunizationsCovered in fullRoutine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency Services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Preventative Care	
Routine OB/GYN exam including a pap testCovered in fullMammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency Services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Routine adult physical exam	Covered in full
Mammograms, annual routineCovered in fullMammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency ServicesEmergency room servicesEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Adult immunizations	Covered in full
Mammograms, medically necessary\$10 copay for specialist; \$5 copay for pcpDiagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency ServicesEmergency room servicesEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Routine OB/GYN exam including a pap test	Covered in full
Diagnostic services & proceduresCovered in fullRoutine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency ServicesEmergency room servicesEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Mammograms, annual routine	Covered in full
Routine Pediatric physical examsCovered in fullRoutine Pediatric immunizationsCovered in fullRoutine Pediatric diagnostic & services & proceduresCovered in fullEmergency ServicesEmergency servicesEmergency room services\$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Mammograms, medically necessary	\$10 copay for specialist; \$5 copay for pcp
Routine Pediatric immunizations Covered in full Routine Pediatric diagnostic & services & procedures Covered in full Emergency Services Emergency room services Emergency room services \$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Diagnostic services & procedures	Covered in full
Routine Pediatric diagnostic & services & procedures Covered in full Emergency Services \$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Routine Pediatric physical exams	Covered in full
Emergency Services \$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Routine Pediatric immunizations	Covered in full
Emergency room services \$150 copay (waived if admitted); \$25 copay for freestanding urgent care facility	Routine Pediatric diagnostic & services & procedures	Covered in full
Emergency room services care facility	Emergency Services	
	Emergency room services	
	Ambulance - Emergency & Non-Emergency	

Labor-Management Healthcare Coalition®

Lewiston-Porter Schools Summary of Benefits POS 200 \$5/\$10 - Plan B

Hospital & Medical / Surgical Expenses (including maternity)	
Hospital inpatient	Covered in full
Outpatient surgery	\$75 copay
Maternity (non-preventative professional services) including dependent	
daughter)	\$5 copay (copay on initial visit only)
Medical Care (including inpatient visits & consultations)	Covered in full
Therapy & Rehabilitation services	
Physical therapy (30 visits/benefit period aggregate with OT & Speech)	\$10 copay
Speech therapy (30 visits/benefit period aggregate with OT & PT)	\$10 copay
Occupational therapy (30 visits/benefit period aggregate with Speech & PT)	\$10 copay
Respiratory therapy (24 visits/benefit period for pulmonary rehab)	\$10 copay
Spinal manipulations	\$10 copay for specialist/\$5 for pcp
Cardiac rehabilitation (24 visits/benefit period within 12 week period)	\$10 copay
Infusion therapy	\$10 copay
Chemotherapy	\$10 copay
Radiation therapy	\$10 copay for specialist/\$5 for pcp
Dialysis	Covered in full
Mental Health & Substance Abuse	
Inpatient mental health	Covered in full
Inpatient detoxification/rehabiliatation	Covered in full
Outpatient mental health services (includes virtual behavioral health visits)	\$5 copay
Outpatient substance abuse services	\$5 copay
Other Services	
Allergy testing & injections	\$10 copay for specialist/\$5 for pcp
Allergy extracts	Covered in full
Advanced imaging (MRI, CAT, PET scan etc.)	\$10 copay for specialist/\$5 for pcp
Standard imaging	\$10 copay for specialist/\$5 for pcp
Diagnostic medical	\$10 copay for specialist/\$5 for pcp; \$10 copay sleep studies
Laboratory/Pathology	Covered in full
Durable medical equipment & supplies	20%, \$5 copay for diabetic supplies & equipment
Orthotics	20%
Prosthetic devices	covered in full, 20% for external prosthetics
Home health care	\$10 copay
Hospice (limit 210 days/benefit period)	Covered in full
Skilled nursing facility care	Covered in full
Transplant service	Covered in full

created 5/6/2024

**This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.