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

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
Deductible		
Member Coinsurance		
Member Coinsurance Limit		
monibor comoditanto Emili		
Member Copay Maximum		
Member Copay Maximum		
Manchau Darmant Limit		
Member Payment Limit		
		_

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

Women's Health		
Pouting Digital Poetal Evan		
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		
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PLAN DESIGN & BENEFITS

Autism Behavioral Therapy	
Autism Applied Behavior Analysis	
Autism Physical Therapy	
Autism Occupational Therapy	

PLAN DESIGN & BENEFITS

PHARMACY	

PLAN DESIGN & BENEFITS