



Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Rehabilitative Services Physical Therapy Occupational Therapy Speech Therapy Pulmonary Rehabilitation Cardiac Rehabilitation Services Manipulation Therapy Post-Cochlear Implant Aural Therapy Other Rehabilitative Services Includes Chemotherapy, Dialysis, and Radiation	\$0 for first three visits then no charge after deductible \$0 for first three visits then no charge after deductible No charge after deductible No charge after deductible No charge after deductible No charge after deductible No charge after deductible No charge after deductible	20 visits per Benefit Year 20 visits per Benefit Year 20 visits per Benefit Year 20 visits per Benefit Year 36 visits per Benefit Year 12 visits per Benefit Year Combined Limit with Speech Therapy Refer to your Evidence of Coverage
Chiropractor Services	No charge after deductible	Limits for Physical Therapy and Manipulation apply
Autism Spectrum Disorder Services Physical Therapy Occupational Therapy Speech Therapy Adaptive Behavior Treatment	\$0 for first three visits then no charge after deductible \$0 for first three visits then no charge after deductible No charge after deductible \$0 for first three visits then no charge after deductible	Combined limit with Habilitative Services Combined limit with Habilitative Services Combined limit with Habilitative Services Includes Applied Behavior Analysis (ABA)
Behavioral Health Services Office Visits Outpatient Services Intensive Outpatient Program (IOP) Services Partial Hospitalization Program (PHP) Services Residential Services Opioid Treatment Program Inpatient Services	\$0 for first three visits then no charge after deductible No charge after deductible No charge after deductible No charge after deductible No charge after deductible No charge after deductible	None
Transplant Services	Covered the same as office visits, inpatient services, and outpatient services	Refer to your Evidence of Coverage
Temporomandibular/Craniomandibular Joint Disorder and Craniomandibular Jaw Disorder	Covered the same as office visits, inpatient services, and outpatient services	None

Dependent Information

Dependent Name	[John Doe]
Relationship to You	[104000000]
Date of Birth	[01/01/1965]
Effective Date	[01/01/2024]