

Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Diagnostic Services		
Lab	$50 copay	None
X-Ray/Radiology	$200 copay after deductible	None
Advanced Imaging (PET, MRI, MRA, CT, SPECT)	$250 copay after deductible	None
Mammograms (Outpatient)		
Preventive	No charge	Refer to your Evidence of Coverage
Diagnostic	$200 copay after deductible	None
Inpatient Services		
Facility Fee	$500 copay after deductible per stay	None
Physician/Surgeon Fees	No charge after deductible	1 visit per physician per day
Skilled Nursing Facility	$500 copay after deductible per stay	90 Day limit per Benefit Year
Outpatient Services		
Facility Fee	40% coinsurance after deductible	None
Physician/Surgeon Fees	40% coinsurance after deductible	None
Maternity Services		
Prenatal Visit, Office Visits, and Postpartum Care	$70 copay	None
Inpatient Services	$500 copay after deductible	None
Outpatient Services	40% coinsurance after deductible	None
Ambulance Services	40% coinsurance after deductible	Refer to your Evidence of Coverage
Emergency Health Care Services	$500 copay after deductible	If admitted to the hospital directly from the Emergency Department, these services will be covered the same as inpatient services and the applicable copayment and coinsurance will apply.
Habilitative Services		
Physical Therapy	$30 copay	20 visits per Benefit Year
Occupational Therapy	$30 copay	20 visits per Benefit Year
Speech Therapy	40% coinsurance after deductible	20 visits per Benefit Year

Covered Service	You Pay (Network Providers Only)	Limit (If Applicable)
Other Dental Services Accidental Dental Dental Anesthesia	 40% coinsurance after deductible 40% coinsurance after deductible	 $3,000 per Member Per Injury All Services combined Refer to your Evidence of Coverage
Limcee 0 3 1 un **Dental 9rd(Dental a1wd(Den.4le]atrcui4 .3Td(40%**	**oi)Tj3Tr 2.00C -102 Tda33TB3h23Tj-0.6**	**15Tdi02 dnoTBTBTE(Limcer)Tj5Tdi02 dnoT**

Dependent Information

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