

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

PLAN FEATURES	IN-NETWORK	OUT-OF-NETWORK
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Deductible

Member Coinsurance

Member Coinsurance Limit

Member Copay Maximum

Member Payment Limit

Lifetime Maximum

Primary Care Physician Selection

Certification Requirements -

Referral Requirement

PREVENTIVE CARE	IN-NETWORK	OUT-OF-NETWORK
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Routine Adult Physical Exams/  
Immunizations

Routine Well C.24 re f Q q 7025 0. <</MCI7 0.23 8 (d)1.8c7 Td [(Ro)-4.2 (u)-3.3 (t)-.11 dto age 65; 1 ex

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

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**Women's Health**

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**Routine Digital Rectal Exam**

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**Prostate-specific Antigen Test**

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**Colorectal Cancer Screening**

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**Routine Eye Exams**

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**Routine Hearing Screening**

**PHYSICIAN SERVICES**

**IN-NETWORK**

**OUT-OF-NETWORK**

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

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**PLAN DESIGN & BENEFITS**

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**Autism Behavioral Therapy**

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**Autism Applied Behavior Analysis**

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**Autism Physical Therapy**

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**Autism Occupational Therapy**

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**Autism Speech Therapy**

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**Durable Medical Equipment**

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**Orthotics**

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**Diabetic Supplies**

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**Affordable Care Act mandated**

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**Women's Contraceptives**

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**Women's Contraceptive drugs and  
devices not obtainable at a  
pharmacy**

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**Vision Eyewear**

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**Transplants**

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07/01/2024

**PLAN DESIGN & BENEFITS**