



Alcohol substance abuse (inpatient)	\$270 per day for days 1-6, \$1,620 OOP Max per year	%
Alcohol substance abuse (outpatient)	%	%
<b>Laboratory and X-ray services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Laboratory testing	\$	%
X-rays	\$	%
Advanced radiology MRI, MRA, PET, and CT	\$	%
<b>Rehabilitation services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Physical, occupational, and speech therapy	\$	%
Chiropractor	\$	%
Cardiac rehab	\$	%
<b>Vision</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine vision exam	\$	%
Medical vision exam	\$	%
Allowance (lenses and frames)	\$ annual allowance	
<b>Hearing</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Routine hearing exam TruHearing™	\$	\$
Diagnostic hearing exam	\$	%
Hearing aid benefit TruHearing™	\$699/\$999	
<b>Dental</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Dental	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service	
<b>Supplies, equipment, and devices</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Durable medical equipment	\$0 compression stockings; 20% all other items	%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	%
Diabetic supplies – Part B	Covered in full	%
<b>Fitness program</b>	<b>In-Network</b>	<b>Out-of-Network</b>
SilverSneakers® (“Steps” program included)	Covered in full	
<b>Prescription drugs – Part B</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Immunosuppressive drugs	%	%
Oral chemotherapy drugs	%	%
Physician administered injectables	%	%
Nebulizer inhalation solution	\$	%
Part B drugs (other)	%	%
<b>Prescription drugs – Part D</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Prescription drug (Rx)	Preferred pharmacies: \$/\$/\$/33% Standard pharmacies: \$/\$/\$/33%	

Mail order	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 33% of the cost of the fill up to a 90 day supply. There is only one participating pharmacy for mail order (ESI) so there is no network.	
Shingles vaccine	Preferred pharmacies: \$ Standard pharmacies: \$	
Coverage gap/donut hole	Discounts only	
<b>General product information</b>	<b>In-Network</b>	<b>Out-of-Network</b>
In-network out-of-pocket maximum	\$7,500	N/A
Combined out-of-pocket maximum	\$11,300 Combined	
Prescription deductible	N/A	

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