Geisinger All-Access PPO 25/50/3300	Geisinger All-Access PPO 25/50/3300	
Summary of Benefits	In-Network	Out-of-Network
Maximum Out of Pocket for Medical EHB Benefits	NA	NA
Maximum Out of Pocket for Drug EHB Benefits	NA	NA
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$8,550/\$17,100	\$15,000/\$30,000
Medical EHB Deductible (Embedded)	3,300/\$6,600	\$5,000/\$10,000
Drug EHB Deductible	\$0/\$0	Limited to In Network
Combined Medical and Drug EHB Deductible	NA	NA
Coinsurance	0%	30%
Primary Care Visit to Treat an Injury or Illness	\$25	30% after deductible
Specialist - Office Visit	\$50	30% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$25	30% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	0% after deductible	30% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	30% after deductible
Hospice Services	Residential - \$50 per visit, Facility - \$100 per day	30% after deductible
Infertility Treatment (Note Exclusions)	0% after deductible	30% after deductible
Routine Eye Exam (Adult)	Not Covered	Not Covered
Urgent Care Centers or Facilities	\$25	\$25
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/ substance use disorder benefits)	\$0	30% after deductible
Emergency Room Services	\$200 after deductible	\$200 after deductible
Emergency Transportation (Ambulance/Air)	\$0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	0% after deductible	30% after deductible
Inpatient Physician and Surgical Services	0% after deductible	30% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	30% after deductible
Prenatal and Postnatal Care (Office Visit)	\$0	30% after deductible
Delivery and All Inpatient Services for Maternity Care	0% after deductible	30% after deductible
Mental/Behavioral Health Outpatient Services	\$25	30% after deductible
Mental/Behavioral Health Inpatient Services	0% after deductible	30% after deductible
Substance Abuse Disorder Outpatient Services	\$25	30% after deductible
Substance Abuse Disorder Inpatient Services	0% after deductible	30% after deductible
Tier 2 - Preferred Generic Drugs	\$10	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$40	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$80	Limited to In Network
Tier 6 - Specialty Drugs	40% coinsurance up to \$250	Limited to In Network
Tier 1 - \$0 Rx	\$0	Limited to In Network
Mail-Order Rx	1x copay	Limited to In Network
90-Day Retail	2x copay	Limited to In Network

Souther Section Souther Se	Outpatient Cardiac Rehabilitation Services (36 visits per benefit period)	\$0	30% after deductible
Habilitation Services			
Habilitative Speech Therapy			
Habilitative Occupational and Physical Therapy Chiroproctic Care (20 viols per benefit period) Durable Medical Equipment Coxt sharing does not apply to mental health/substance use disorder deductible Durable Medical Equipment Coxt sharing does not apply to mental health/substance use disorder deductible December Coxt Screening Primarization Ox after deductible December Coxt Screening Primarization So United to in Network Renduline Exp Exam An Risi Ox After deductible So United to in Network So Rehabilitative Speech Therapy So Rehabilitative Speech Therapy So Rehabilitative Occupational and Rehabilitative Physical Therapy So Rehabilitative Oxcupational and Rehabilitative Physical Therapy So R			
Chiropractic Care (20 visits per benefit period) Durable Medical Equipment (cont sharing does not apply to mental health/substance use disorder disognosis) Imaging (CT/PET Scans, MRIs) O% after deductible Preventive Care/Screening/Immunization SO Uinited to in Network Routine Eye Earn for Children SOS Commisses for Children SOS SOS SOS Rehabilitative Speech Therapy SoS SOS Rehabilitative Sopoch Therapy SoS SoS Rehabilitative Sopoch Therapy SoS SoS Rehabilitative Sopoch Therapy SoS SoS SoS SoS Rehabilitative Sopoch Therapy SoS SoS SoS SoS SoS after deductible Well Bahry Visits and Care SoS Uinited to in Network Laboratory Outpatient Xrays O% after deductible SoS after deductible SoS after deductible SoS after deductible SoS after deductible Dental Checkup for Children SoS Commisses after reflectible Children Children Children SoS commisses after reflectible Children Children SoS commisses after reflectible SoS commisses after deductible SoS commisses after deductible SoS commisses after deductible Children SoS commisses after deductible SoS after deductible Ow after deductible Ow after deductible Dialysis Accidental Dental Investically necessary) Ow after deductible Ow after deductible Ow after deductible Chematherapy Ow after deductible Ow after deductible Dialysis Chematherapy Ow after deductible Ow after deductible Dialysis Chematherapy Ow after deductible Ow after deductible Chematherapy Ow after deductible Ow after deductible Chematherapy Ow after deductible Dialysis Chematherapy Ow after deductible Ow after deductible Dialysis Chematherapy Ow after deductible Chematherapy Ow after deductible Dialysis Chematherapy Ow after			
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Routine Eye Exam for Children 50% 50% 50% Rehabilitative Speech Therapy 50 30% after deductible 40% after deductible 50 Limited to in Network 40% after deductible 50%	Imaging (CT/PET Scans, MRIs)	0% after deductible	30% after deductible
Eyeglasses for Children Rehabilitative Speech Therapy \$50 30% after deductible Rehabilitative Occupational and Rehabilitative Physical Therapy \$50 30% after deductible Well Baby Visits and Care \$0 Limited to In Network Laboratory Outpatient X-rays 0% after deductible 30% after deductible 30% after deductible Dental Checkup for Children \$0 Limited to In Network Basic Dental Care - Child \$0% coinsurance after deductible Chribdontia - Child (Medically necessary) \$0% coinsurance after deductible Alerapy Testing \$0% after deductible \$0% after dedu	Preventive Care/Screening/Immunization	\$0	Limited to In Network
Rehabilitative Speech Therapy S50 30% after deductible Rehabilitative Occupational and Rehabilitative Physical Therapy S50 30% after deductible Well Baby Visits and Care S0 Limited to In Network Laboratory Outpatient S779 Oth after deductible S779 Oth after deductible Dental Checkup for Children S0 Limited to In Network Basic Dental Care - Child Basic Dental Care - Child Corthodontia - Child (Medically necessary) Corthodontia - Child (Medically necessary) S0% coinsurance after deductible Major Dental Care - Child S0% coinsurance after deductible Major Dental Care - Child (Medically necessary) On After deductible Major Dental Care - Child S0% coinsurance after deductible Major Dental Care - Child S0% after deductible On S0% after deductible	Routine Eye Exam for Children	\$50	Limited to In Network
Rehabilitative Occupational and Rehabilitative Physical Therapy Well Baby Visits and Care So Limited to In Network Laboratory Outpatient O% after deductible 30% after deductible X-rays O% after deductible 30% after deductible Dental Checkup for Children So Limited to In Network Basic Dental Care - Child Orthodontia - Child (Medically necessary) Orthodontia - Child (Medically necessary) Soff coinsurance after deductible deductible Corrigional Care - Child Orthodontia - Child (Medically necessary) Orthodontia - Child (Medically necessary) Major Dental Care - Child Orthodontia - Child (Medically necessary) Off after deductible Off coinsurance after deductible Off coinsurance after deductible Off coinsurance after deductible Off after dedu	Eyeglasses for Children	50%	50%
Well Baby Visits and Care \$0 Limited to In Network Laboratory Outpatient 0% after deductible 30% after deductible X-rays 0% after deductible 30% after deductible Dental Checkup for Children \$0 Limited to In Network Basic Dental Care - Child 50% coinsurance after deductible Limited to In Network Orthodontia - Child (Medically necessary) 50% coinsurance after deductible Limited to In Network Transplant 0% after deductible 30% after deductible Accidental Dental (medically necessary) 0% after deductible 30% after deductible Dialysis 0% after deductible 30% after deductible Allergy Testing 0% after deductible 30% after deductible Chemotherapy 0% after deductible 30% after deductible Radiation 0% after deductible 30% after deductible Diabetes Education \$0 Limited to In Network Prosthetic Devices 0% after deductible 10mited to In Network Intrision Therapy \$0 30% after deductible Nutritional Counseling \$0 30% after deductible Reconstructive Surgery 0% after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network	Rehabilitative Speech Therapy	\$50	30% after deductible
Laboratory Outpatient Xrays O% after deductible 30% after deductible So Limited to In Network Basic Dental Care - Child Corthodontia - Child (Medically necessary) Sof coinsurance after deductible Emited to In Network Sof coinsurance after deductible Limited to In Network Corthodontia - Child (Medically necessary) Major Dental Care - Child Sof coinsurance after deductible Emited to In Network Corthodontia - Child (Medically necessary) Major Dental Care - Child Sof coinsurance after deductible Common after deductible Sof coinsurance after deductible Down after deductible O% after deductible O% after deductible O% after deductible Of after deductible Of after deductible Sof coinsurance after deductible Of after deductible Diabetes Education Sof Limited to In Network Prosthetic Devices Of after deductible Limited to In Network Prosthetic Devices Of after deductible Limited to In Network Prosthetic Devices Of after deductible Limited to In Network Diabetes Education Sof Limited to In Network Preventive - Physical (1 per benefit period) Sof Limited to In Network Preventive - Mammograms Sof Limited to In Network Preventive - Pap Smears Sof Limited to In Network Preventive - Pap Smears Sof Limited to In Network Preventive - Diabetes	Rehabilitative Occupational and Rehabilitative Physical Therapy	\$50	30% after deductible
Nature Section Secti	Well Baby Visits and Care	\$0	Limited to In Network
Dental Checkup for Children Basic Dental Care - Child Corthodontia - Child (Medically necessary) Dental Care - Child Solva coinsurance after deductible Limited to In Network Dorthodontia - Child (Medically necessary) Major Dental Care - Child Solva coinsurance after deductible Limited to In Network Down after deductible Solva after deductible Diabetes Education Solva Limited to In Network Infusion Therapy Solva after deductible Nutritional Counseling Solva after deductible Reconstructive Surgery Owafter deductible Solva after deductible Preventive - Physical (1 per benefit period) Preventive - Physical (2 per benefit period) Preventive - Physical (2 per benefit period) Preventive - Physical (2 per benefit period) Preventive - Pap Smears Sol Limited to In Network Preventive - Pap Smears Sol Limited to In Network Preventive - Cholesterol Freventive - Cholesterol Sol Limited to In Network Preventive - Diabetes	Laboratory Outpatient	0% after deductible	30% after deductible
Basic Dental Care - Child Corthodontia - Child (Medically necessary) Soft coinsurance after deductible Limited to In Network Soft coinsurance after deductible Limited to In Network Soft coinsurance after deductible Soft coinsurance after deductible Limited to In Network Soft coinsurance after deductible Limited to In Network Limited to In Network Soft coinsurance after deductible Soft after deductible Limited to In Network Prosthetic Devices Soft after deductible Limited to In Network Infusion Therapy Soft after deductible Soft after deductible Reconstructive Surgery Soft after deductible Soft after deductible Preventive - Physical (It per benefit period) Preventive - Physical (It per benefit period) Soft after deductible Limited to In Network Preventive - Pap Smears Soft Limited to In Network Preventive - Pap Smears Soft Limited to In Network Preventive - Cholesterol Soft Limited to In Network Preventive - Lipid Panel	X-rays	0% after deductible	30% after deductible
Basic Dental Care - Child Orthodontia - Child (Medically necessary) Major Dental Care - Child Major Dental Care - Child Major Dental Care - Child Solv coinsurance after deductible Solv coinsurance after deductible Solv coinsurance after deductible Owafter deductible Ilinited to In Network Infusion Therapy Solo Owafter deductible Owafter deductible Ilinited to In Network Owafter deductible Owafter deductible Ilinited to In Network Infusion Therapy Solo Ilinited to In Network Owafter deductible Owafter deductible Owafter deductible Owafter deductible Owafter deductible Owafter deductible Ilinited to In Network Infusion Therapy Solo Ilinited to In Network Owafter deductible Owafter deductible Owafter deductible Owafter deductible Ilinited to In Network Ilinited to In Network Ilinited to In Network Ilinited to In Network Owafter deductible Ilinited to In Network	Dental Checkup for Children	\$0	Limited to In Network
Major Dental Care - Child Major Dental Care - Child Transplant Accidental Dental (medically necessary) Accidental Dental (medically necessary) O% after deductible Limited to In Network Prosthetic Devices O% after deductible Limited to In Network Proventive Sprigery O% after deductible O% after deductible O% after deductible O% after deductible Diabetes Education So Limited to In Network Preventive Physical (1 per benefit period) Freventive - Physical (1 per benefit period) Preventive - Physical (1 per benefit period) Preventive - Pap Smears So Limited to In Network Preventive - Pap Smears Preventive - Cholesterol Preventive - Cholesterol Preventive - Lipid Panel O% after deductible Limited to In Network Preventive - Lipid Panel	Basic Dental Care - Child		Limited to In Network
Transplant Accidental Dental (medically necessary) Dialysis Allergy Testing Chemotherapy Chemotherapy Chemotherapy Addiction Owafter deductible Diabetes Education Owafter deductible Diabetes Education Owafter deductible Limited to In Network Prosthetic Devices Owafter deductible Limited to In Network Owafter deductible Diabetes Education Owafter deductible Limited to In Network Owafter deductible Diabetes Education Owafter deductible Limited to In Network Owafter deductible Limited to In Network Owafter deductible Owafter deductible Owafter deductible Owafter deductible Owafter deductible Limited to In Network Owafter deductible Owafter deducti	Orthodontia - Child (Medically necessary)		Limited to In Network
Accidental Dental (medically necessary) Dialysis O% after deductible It imited to In Network Prosthetic Devices O% after deductible Limited to In Network Infusion Therapy SO O% after deductible Nutritional Counseling SO O% after deductible Preventive - Physical (1 per benefit period) Preventive - Physical (1 per benefit period) Preventive - Pap Smears SO Limited to In Network Preventive - Pap Smears SO Limited to In Network Preventive - Cholesterol Preventive - Diabetes Preventive - Diabetes Preventive - Lipid Panel SO Limited to In Network Preventive - Lipid Panel	Major Dental Care - Child		Limited to In Network
Dialysis Allergy Testing O% after deductible Diabetes Education \$0 Limited to In Network Prosthetic Devices O% after deductible Limited to In Network O% after deductible Limited to In Network O% after deductible O% after deductible O% after deductible O% after deductible Diabetes Education O% after deductible Diabetes Education O% after deductible O% after deductible O% after deductible O% after deductible Diabetes Education O% after deductible O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible Diabetes Seconstructive Surgery O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after deductible Diabetes Seconstructive Surgery O% after deductible O% after deductible O% after deductible Diabetes Seconstructive Surgery O% after dedu	Transplant	0% after deductible	30% after deductible
Allergy Testing 0% after deductible 30% after deductible Chemotherapy 0% after deductible 30% after deductible Radiation 0% after deductible 30% after deductible Diabetes Education \$0 Limited to In Network Prosthetic Devices 0% after deductible Limited to In Network Infusion Therapy \$0 30% after deductible Nutritional Counseling \$50 30% after deductible Reconstructive Surgery 0% after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Limited to In Network Preventive - Diabetes \$0 Limited to In Network Limited to In Network Limited to In Network Preventive - Diabetes \$0 Limited to In Network	Accidental Dental (medically necessary)	0% after deductible	30% after deductible
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Radiation 0% after deductible 30% after deductible Diabetes Education \$0 Limited to In Network Prosthetic Devices 0% after deductible Limited to In Network Infusion Therapy \$0 30% after deductible Nutritional Counseling \$50 30% after deductible Reconstructive Surgery 0% after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Allergy Testing	0% after deductible	30% after deductible
Diabetes Education \$0 Limited to In Network Prosthetic Devices 0% after deductible Limited to In Network Infusion Therapy \$0 30% after deductible Nutritional Counseling \$50 30% after deductible Reconstructive Surgery 0% after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Chemotherapy	0% after deductible	30% after deductible
Prosthetic Devices Infusion Therapy \$0 30% after deductible Nutritional Counseling \$50 30% after deductible Reconstructive Surgery \$0% after deductible \$0% after deducti	Radiation	0% after deductible	30% after deductible
Infusion Therapy \$0 30% after deductible Nutritional Counseling Reconstructive Surgery 0% after deductible 30% after deductible 30% after deductible 10% after deductible	Diabetes Education	\$0	Limited to In Network
Nutritional Counseling \$50 30% after deductible Reconstructive Surgery 0% after deductible 30% after deductible Preventive - Physical (1 per benefit period) \$0 Limited to In Network Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Prosthetic Devices	0% after deductible	Limited to In Network
Reconstructive Surgery O% after deductible 30% after deductible Preventive - Physical (1 per benefit period) Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Limited to In Network Preventive - Diabetes \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Infusion Therapy	\$0	30% after deductible
Preventive - Physical (1 per benefit period) Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Limited to In Network Preventive - Diabetes \$0 Limited to In Network Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Nutritional Counseling	\$50	30% after deductible
Preventive - Mammograms \$0 Limited to In Network Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Reconstructive Surgery	0% after deductible	30% after deductible
Preventive - Pap Smears \$0 Limited to In Network Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Physical (1 per benefit period)	\$0	Limited to In Network
Preventive - Cholesterol \$0 Limited to In Network Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Mammograms	\$0	Limited to In Network
Preventive - Diabetes \$0 Limited to In Network Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Pap Smears	\$0	Limited to In Network
Preventive - Lipid Panel \$0 Limited to In Network	Preventive - Cholesterol	\$0	Limited to In Network
	Preventive - Diabetes	\$0	Limited to In Network
Specialist - Procedure 0% after deductible 30% after deductible	Preventive - Lipid Panel	\$0	Limited to In Network
	Specialist - Procedure	0% after deductible	30% after deductible

Colorectal - Fecal Occult and Flexible Sigmoidoscopy	\$0	Limited to In Network
Colorectal - Colonoscopy	\$0	Limited to In Network
Maternity - Office diagnostic services procedures	0% after deductible	30% after deductible
Correction for Obesity - Facility	Not Covered	Not Covered
Ostomy Supplies	0% after deductible	Limited to In Network
Urology Supplies	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Eye Exam	\$0	Limited to In Network
Diabetic Services/Supplies - Rx Supplies	Rx copay applies	Limited to In Network
Diabetic Services/Supplies - Foot Orthotics	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Home Blood Glucose Monitor	Rx copay applies	Limited to In Network
Diabetic Services/Supplies - Medical Equipment	0% after deductible	Limited to In Network
Implanted Devices (Medical) - Drug Delivery	0% after deductible	30% after deductible
Implanted Devices (Medical) - All other non-contraceptive implanted devices	0% after deductible	30% after deductible
Orthotic Devices	0% after deductible	Limited to In Network
Outpatient Opioid Detoxification	0% after deductible	30% after deductible
Abortion (Elective)	Not Covered	Not Covered
High Cost Specialty Drugs/Select Injectables	\$150	30% after deductible
Injectable Drugs - Physician	\$0	30% after deductible
Injectable Drugs - Facility	0% after deductible	30% after deductible
Spinal Injections	0% after deductible	Limited to In Network
Dental Anesthesia	0% after deductible	30% after deductible
Impacted Wisdom Teeth	0% after deductible	30% after deductible
Medical Foods/PKU	\$0	Limited to In Network
Pulmonary Function Tests	0% after deductible	30% after deductible
Spirometry	\$0	30% after deductible
Scheduled Transportation (Ambulance/Air)	\$0	Limited to In Network
Contact Lenses	50%	50%
Well Child Office Visits (0-21)	\$0	Limited to In Network
Well Woman Exam	\$0	Limited to In Network
Telehealth (PCP Services)	\$5	30% after deductible
Telehealth (Behavioral Health Services)	\$5	30% after deductible
Telehealth (Specialist Services)	\$10	30% after deductible
Gender-Affirming Care	0% after deductible	30% after deductible
Mental Health/Substance Abuse Urgent Care Services	\$0	\$0