Geisinger Choices PPO 10/20/0	Platinum		
Summary of Benefits	In-Network	In-Network (Tier 2)	Out-of-Network
Maximum Out of Pocket for Medical EHB Benefits	NA	NA	NA
Maximum Out of Pocket for Drug EHB Benefits	NA	NA	NA
Maximum Out of Pocket for Medical and Drug EHB Benefits (Total)	\$2,000/\$4,000	\$2,000/\$4,000	\$10,000/\$20,000
Medical EHB Deductible (Embedded)	\$0/\$0	\$400/\$800	\$1,000/\$2,000
Drug EHB Deductible	\$0/\$0	NA	Limited to In Network
Combined Medical and Drug EHB Deductible	NA	NA	NA
Coinsurance	0%	0%	20%
Primary Care Visit to Treat an Injury or Illness	\$10	\$40	20% after deductible
Specialist - Office Visit	\$20	\$70	20% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$10	\$40	20% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$75	\$75 after deductible	20% after deductible
Outpatient Surgery Physician/Surgical Services	\$0	0% after deductible	20% after deductible
Hospice Services	Residential - \$20 per visit, Facility - \$100 per day	NA	20% after deductible
Infertility Treatment (Note Exclusions)	\$200	\$200 after deductible	20% after deductible
Routine Eye Exam (Adult)	Not Covered	Not Covered	Not Covered
Urgent Care Centers or Facilities	\$10	\$10	\$10
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)	\$0	\$0	20% after deductible
Emergency Room Services	\$75	\$75	\$75
Emergency Transportation (Ambulance/Air)	\$0	\$0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	\$100 per stay	\$100 per stay after deductible	20% after deductible
Inpatient Physician and Surgical Services	\$0	0% after deductible	20% after deductible
Skilled Nursing Facility (120 days per year)	\$50 per day	NA	20% after deductible
Prenatal and Postnatal Care (Office Visit)	\$0	\$0	20% after deductible
Delivery and All Inpatient Services for Maternity Care	\$0	0% after deductible	20% after deductible
Mental/Behavioral Health Outpatient Services	\$10	NA	20% after deductible
Mental/Behavioral Health Inpatient Services	\$100 per stay	NA	20% after deductible
Substance Abuse Disorder Outpatient Services	\$10	NA	20% after deductible
Substance Abuse Disorder Inpatient Services	\$100 per stay	NA	20% after deductible
Tier 2 - Preferred Generic Drugs	\$3	NA	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$5	NA	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$25	NA	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$50	NA	Limited to In Network
Tier 6 - Specialty Drugs	40% up to \$150	NA	Limited to In Network
Tier 1 - \$0 Rx	\$0	NA	Limited to In Network
Mail-Order Rx	1x copay	NA	Limited to In Network
90-Day Retail	2x copay	NA	Limited to In Network
Outpatient Rehabilitation Services	\$20	\$70	20% after deductible

Outpatient Cardiac Rehabilitation Services (36 visits per benefit period)	\$0	\$70	20% after deductible
Outpatient Pulmonary Rehab/Respiratory Rehab Services (36	\$0	\$70	20% after deductible
visits per benefit period)  Habilitation Services	\$20	\$70	20% after deductible
	·	<u> </u>	
Habilitative Speech Therapy	\$20	\$70	20% after deductible
Habilitative Occupational and Physical Therapy	\$20	\$70	20% after deductible
Chiropractic Care (20 visits per benefit period)	\$10	\$35	Limited to In Network
Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	\$0	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$75	\$75 after deductible	20% after deductible
Preventive Care/Screening/Immunization	\$0	<b>\$</b> 0	Limited to In Network
Routine Eye Exam for Children	\$20	\$70	Limited to In Network
Eyeglasses for Children	50%	50%	50%
Rehabilitative Speech Therapy	\$20	\$70	20% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$20	\$70	20% after deductible
Well Baby Visits and Care	\$0	\$0	Limited to In Network
Laboratory Outpatient	\$0	0% after deductible	20% after deductible
X-rays	\$0	0% after deductible	20% after deductible
Dental Checkup for Children	\$0	NA	Limited to In Network
Basic Dental Care - Child	50%	NA	Limited to In Network
Orthodontia - Child (Medically necessary)	50%	NA	Limited to In Network
Major Dental Care - Child	50%	NA	Limited to In Network
Transplant	\$100	\$100 after deductible	20% after deductible
Accidental Dental (medically necessary)	\$0	0% after deductible	20% after deductible
Dialysis	\$0	0% after deductible	20% after deductible
Allergy Testing	\$0	0% after deductible	20% after deductible
Chemotherapy	\$0	0% after deductible	20% after deductible
**	·		
Radiation	\$0	0% after deductible	20% after deductible
Diabetes Education	\$0	\$0	Limited to In Network
Prosthetic Devices	\$0	0% after deductible	Limited to In Network
Infusion Therapy	\$0	\$0	20% after deductible
Nutritional Counseling	\$20	\$70	20% after deductible
Reconstructive Surgery	\$100	\$100 after deductible	20% after deductible
Preventive - Physical (1 per benefit period)	\$0	\$0	Limited to In Network
Preventive - Mammograms	\$0	\$0	Limited to In Network
Preventive - Pap Smears	\$0	\$0	Limited to In Network
Preventive - Cholesterol	\$0	\$O	Limited to In Network
Preventive - Diabetes	\$0	\$0	Limited to In Network
Preventive - Lipid Panel	\$0	\$0	Limited to In Network
6 11 1 2	\$0	0% after deductible	20% after deductible
Specialist - Procedure	7 -	l I	

Colorectal - Colonoscopy         50         50         Content of Industrials         20% after deductible         20% after deductible           Correction for Obesity - Facility         Not Covered         Not After deductible         Initied to In Network           Diabetic Services/Supplies - Rx Supplies         Rx copay applies         NA         United to In Network         Diabetic Services/Supplies - Foot Orthotics         S0         O% after deductible         United to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         United to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         United to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         United to In Network           Diabetic Services/Supplies - Medical Equipment         80         O% after deductible         20% after deductible           Implanted Devices (Medical) - Drug Delivery				
Correction for Obesity - Facility         Not Covered         Not Covered         Not Covered           Ostomy Supplies         \$0         0% after deductible         Limited to In Network           Urology Supplies         \$0         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Eye Exam         \$0         \$0         Limited to In Network           Diabetic Services/Supplies - Foot Orthotics         \$0         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Foot Orthotics         \$0         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Medical Equipment         \$0         0% after deductible         Limited to In Network           Implanted Devices (Medical) - Drug Delivery         \$0         0% after deductible         Limited to In Network           Implanted Devices (Medical) - All other non contraceptive insplanted devices         \$0         0% after deductible         20% after deductible           Implanted Devices (Medical) - All other non contraceptive insplanted devices         \$0         0% after deductible         20% after deductible           Implanted Devices (Medical) - All other non contraceptive insplanted devices         \$0         0% after deductible         20% after deductible           Outpatient Opioid Detoxification         \$0         0% after deduct	Colorectal - Colonoscopy	\$0	\$0	Limited to In Network
Ostomy Supplies         \$0         0% after adductible         Limited to In Network           Urology Supplies         \$0         0% after adductible         Limited to In Network           Diabetic Services/Supplies - Rx Supplies         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Rx Supplies         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         80         0% after deductible         Limited to In Network           Implanted Devices (Medical) - All other monitoring policy         \$0         0% after deductible         20% after deductible           Implanted Devices (Medical) - All other monitoring policy         \$0         0% after deductible         20% after deductible           Outation (Elective)         Not Covered         Not Covered <td>Maternity - Office diagnostic services procedures</td> <td>\$0</td> <td>0% after deductible</td> <td>20% after deductible</td>	Maternity - Office diagnostic services procedures	\$0	0% after deductible	20% after deductible
Urology Supplies   SO   O% after deductible   Limited to In Network   Diabetic Services/Supplies - Eye Exam   SO   SO   Limited to In Network   Diabetic Services/Supplies - Rx Supplies   Rx copay applies   NA   Limited to In Network   Diabetic Services/Supplies - Poot Orthotics   SO   O% after deductible   Limited to In Network   Diabetic Services/Supplies - Home Blood Glacose Monitor   Rx copay applies   NA   Limited to In Network   Diabetic Services/Supplies - Home Blood Glacose Monitor   Rx copay applies   NA   Limited to In Network   Diabetic Services/Supplies - Medical Equipment   SO   O% after deductible   Limited to In Network   Implanted Devices (Medical) - Drug Delivery   SO   O% after deductible   20% after deductible   Implanted Devices (Medical) - All other non-contraceptive   SO   O% after deductible   Limited to In Network   Implanted Devices (Medical) - All other non-contraceptive   SO   O% after deductible   Limited to In Network   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   Limited to In Network   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   Limited to In Network   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   D% after deductible   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   D% after deductible   Diabetic Services/Supplies - All other non-contraceptive   SO   SO   D% after deductible   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   D% after deductible   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   D% after deductible   Diabetic Services/Supplies - All other non-contraceptive   SO   O% after deductible   D% after deductible   Diabetic Services/Supplies - All other non-contraceptive   SO   D% after deductible   D% after deduct	Correction for Obesity - Facility	Not Covered	Not Covered	Not Covered
Diabetic Services/Supplies - Eye Exam         \$0         \$0         Limited to In Network           Diabetic Services/Supplies - Rx Supplies         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Foot Orthotics         \$0         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Medical Equipment         \$0         0% after deductible         Limited to In Network           Implanted Devices (Medical) - All other non-contraceptive	Ostomy Supplies	\$0	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Rx Supplies   Rx copay applies   NA   Limited to In Network   Diabetic Services/Supplies - Foot Orthotics   \$0   0% after deductible   Limited to In Network   Diabetic Services/Supplies - Home Blood Glucose Monitor   Rx copay applies   NA   Limited to In Network   Diabetic Services/Supplies - Medical Equipment   \$0   0% after deductible   Limited to In Network   Implanted Devices (Medical) - Drug Delivery   \$0   0% after deductible   20% after deductible   Implanted Devices (Medical) - All other non-contraceptive implanted Medical Foods/PRU   \$0   0% after deductible   20% after deductible   All other non-contraceptive implanted Medical Foods/PRU   \$0   0% after deductible   20% after deductible   All other non-contraceptive implanted (Medical Foods/PRU   \$0   0% after deductible   20% after deductible   All other non-contraceptive implanted (Medical Foods/PRU   \$0   0% after deductible   20% after deductible   30   30   30   30   30   30   30   3	Urology Supplies	\$0	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Foot Orthotics         \$0         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Medical Equipment         \$0         0% after deductible         Limited to In Network           Implanted Devices (Medical) - Drug Delivery         \$0         0% after deductible         20% after deductible           Implanted Devices (Medical) - All other non-contraceptive implanted devices         \$0         0% after deductible         Limited to In Network           Orthotic Devices         \$0         0% after deductible         Limited to In Network           Outpatient Opioid Detoxification         \$0         0% after deductible         20% after deductible           Abortion (Elective)         Not Covered         Not Govered	Diabetic Services/Supplies - Eye Exam	\$0	\$0	Limited to In Network
Diabetic Services/Supplies - Home Blood Glucose Monitor Diabetic Services/Supplies - Medical Equipment So Owafter deductible Limited to In Network Implanted Devices (Medical) - Drug Delivery So Owafter deductible Diaplanted Devices (Medical) - All other non-contraceptive implanted devices Implanted Devices (Medical) - All other non-contraceptive implanted devices So Owafter deductible Limited to In Network Orthotic Devices So Owafter deductible Limited to In Network Outpatient Opicid Detoxification So Owafter deductible Ovafter deductible	Diabetic Services/Supplies - Rx Supplies	Rx copay applies	NA	Limited to In Network
Diabetic Services/Supplies - Medical Equipment Implanted Devices (Medical) - Drug Delivery S0 0% after deductible 20% after deductible Implanted Devices (Medical) - All other non-contraceptive implanted devices S0 0% after deductible Implanted Devices (Medical) - All other non-contraceptive implanted devices S0 0% after deductible Umited to In Network Orthotic Devices S0 0% after deductible Umited to In Network Outpatient Opioid Detoxification S0 0% after deductible Ownered Not Covered Not Cov	Diabetic Services/Supplies - Foot Orthotics	\$0	0% after deductible	Limited to In Network
Implanted Devices (Medical) - Drug Delivery  \$0 0% after deductible 20% after deductible implanted Devices (Medical) - All other non-contraceptive implanted devices  \$0 0% after deductible Limited to In Network  Outpatient Opioid Detoxification \$0 0% after deductible 20% after deductible  Abortion (Elective) Not Covered Not Covered Not Covered Not Covered High Cost Specialty Drugs/Select Injectables \$150 \$150 20% after deductible  Injectable Drugs - Physician \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Drugs - Facility \$0 0% after deductible 20% after deductible  Injectable Mission Teeth \$0 0% after deductible 20% after deductible  Medical Foods/PKU \$0 0% after deductible 20% after deductible  Spirometry \$0 0% after deductible 20% after deductible  Spirometry \$0 0% after deductible 20% after deductible  Scheduled Transportation (Ambulance/Air) \$0 0% after deductible 20% after deductible  Scheduled Transportation (Ambulance/Air) \$0 0% after deductible 20% after deductible  Contact Lenses \$0 0% 50% 50% 50%  Well Child Office Visits (0-21) \$0 \$0 Limited to In Network  Telehealth (PCP Services) \$5 \$40 20% after deductible  Telehealth (PCP Services) \$5 \$40 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Telehealth (Specialist Services) \$100 per stay after deductible 20% after deductible	Diabetic Services/Supplies - Home Blood Glucose Monitor	Rx copay applies	NA	Limited to In Network
Implanted Devices (Medical) - All other non-contraceptive implanted devices  50 0% after deductible Limited to In Network  Outpatient Opioid Detoxification  50 0% after deductible 20% after deductible  Abortion (Elective) Not Covered Not Covered  Not Covered Not Covered  High Cost Specialty Drugs/Select Injectables  5150 5150 20% after deductible  Injectable Drugs - Physician  50 0% after deductible 20% after deductible  Injectable Drugs - Facility  50 0% after deductible 20% after deductible  Injectable Drugs - Facility  50 0% after deductible 20% after deductible  Injectable Drugs - Facility  50 0% after deductible 20% after deductible  Injectable Drugs - Facility  50 0% after deductible 20% after deductible  Impacted Wisdom Teeth  50 0% after deductible 20% after deductible  Impacted Wisdom Teeth  50 0% after deductible 20% after deductible  Medical Foods/PKU  50 0% after deductible 20% after deductible  Medical Foods/PKU  50 0% after deductible 20% after deductible  Spirometry  50 0% after deductible 20% after deductible  Spirometry  50 0% after deductible 20% after deductible  Scheduled Transportation (Ambulance/Air)  50 0% after deductible  Contact Lenses  50% 50%  Well Child Office Visits (0:21)  50	Diabetic Services/Supplies - Medical Equipment	\$0	0% after deductible	Limited to In Network
implanted devices     50     Os after deductible     Limited to In Network       Orthotic Devices     \$0     0% after deductible     Limited to In Network       Outpatient Opioid Detoxification     \$0     0% after deductible     20% after deductible       Abortion (Elective)     Not Covered     Not Covered     Not Covered       High Cost Specialty Drugs/Select Injectables     \$150     \$150     20% after deductible       Injectable Drugs - Physician     \$0     \$0     20% after deductible       Injectable Drugs - Facility     \$0     0% after deductible     20% after deductible       Spinal Injections     \$0     0% after deductible     Limited to In Network       Dental Anesthesia     \$0     0% after deductible     20% after deductible       Impacted Wisdom Teeth     \$0     0% after deductible     20% after deductible       Medical Foods/PKU     \$0     \$0     Limited to In Network       Pulmonary Function Tests     \$0     \$0     United to In Network       Spirometry     \$0     \$0     20% after deductible       Scheduled Transportation (Ambulance/Air)     \$0     \$0     Limited to In Network       Contact Lenses     50%     \$0     Limited to In Network       Well Child Office Visits (0-21)     \$0     \$0     Limited to In Network	Implanted Devices (Medical) - Drug Delivery	\$0	0% after deductible	20% after deductible
Outpatient Opioid Detoxification\$00% after deductible20% after deductibleAbortion (Elective)Not CoveredNot CoveredNot CoveredHigh Cost Specialty Drugs/Select Injectables\$150\$15020% after deductibleInjectable Drugs - Physician\$0\$020% after deductibleInjectable Drugs - Facility\$00% after deductible20% after deductibleSpinal Injections\$00% after deductibleLimited to In NetworkDental Anesthesia\$00% after deductible20% after deductibleImpacted Wisdom Teeth\$00% after deductible20% after deductibleMedical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests\$00% after deductible20% after deductibleSpirometry\$0\$0Limited to In NetworkScheduled Transportation (Ambulance/Air)\$0\$0Limited to In NetworkContact Lenses50%50%50%Well Child Office Visits (0-21)\$0\$0Limited to In NetworkWell Woman Exam\$0\$0Limited to In NetworkTelehealth (PCP Services)\$5\$4020% after deductibleTelehealth (Behavioral Health Services)\$5NA20% after deductibleTelehealth (Specialist Services)\$10\$7020% after deductibleGender-Affirming Care\$100 per stay after deductible20% after deductible		\$0	0% after deductible	20% after deductible
Abortion (Elective)  Not Covered  Not Covere	Orthotic Devices	\$0	0% after deductible	Limited to In Network
High Cost Specialty Drugs/Select Injectables \$150 \$150 \$20% after deductible Injectable Drugs - Physician \$0 \$0 \$0 \$20% after deductible Injectable Drugs - Physician \$0 \$0 \$0% after deductible \$0 \$0% \$0 \$0 \$0% \$0 \$0 \$0% \$0 \$0\$ \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0% \$0 \$0%	Outpatient Opioid Detoxification	\$0	0% after deductible	20% after deductible
Injectable Drugs - Physician  So So So Softer deductible  20% after deductible  Dental Anesthesia So So Softer deductible Sopinal Injections So So Softer deductible Softer de	Abortion (Elective)	Not Covered	Not Covered	Not Covered
Injectable Drugs - Facility  \$0 0% after deductible   20% after deductible   Spinal Injections  \$0 0% after deductible   Limited to In Network   Dental Anesthesia   \$0 0% after deductible   20% after deductible   Impacted Wisdom Teeth   \$0 0% after deductible   20% after deductible   Medical Foods/PKU   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   50% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deductible   Delmonary Function Tests   \$0 0% after deductible   20% after deducti	High Cost Specialty Drugs/Select Injectables	\$150	\$150	20% after deductible
Spinal Injections\$00% after deductibleLimited to In NetworkDental Anesthesia\$00% after deductible20% after deductibleImpacted Wisdom Teeth\$00% after deductible20% after deductibleMedical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests\$00% after deductible20% after deductibleSpirometry\$0\$020% after deductibleScheduled Transportation (Ambulance/Air)\$0\$0Limited to In NetworkContact Lenses50%50%50%Well Child Office Visits (0-21)\$0\$0Limited to In NetworkWell Woman Exam\$0\$0Limited to In NetworkTelehealth (PCP Services)\$5\$4020% after deductibleTelehealth (Behavioral Health Services)\$5NA20% after deductibleTelehealth (Specialist Services)\$10\$7020% after deductibleGender-Affirming Care\$100 per stay\$100 per stay after deductible20% after deductible	Injectable Drugs - Physician	\$0	\$0	20% after deductible
Dental Anesthesia \$0 0% after deductible 20% after deductible Impacted Wisdom Teeth \$0 0% after deductible 20% after deductible Medical Foods/PKU \$0 \$0	Injectable Drugs - Facility	\$0	0% after deductible	20% after deductible
Impacted Wisdom Teeth \$0 0% after deductible 20% after deductible  Medical Foods/PKU \$0 \$0 \$0 Limited to In Network  Pulmonary Function Tests \$0 0% after deductible 20% after deductible  Spirometry \$0 \$0 \$0 20% after deductible  Scheduled Transportation (Ambulance/Air) \$0 \$0 Limited to In Network  Contact Lenses 50% 50% 50%  Well Child Office Visits (0-21) \$0 \$0 Limited to In Network  Well Woman Exam \$0 \$0 Limited to In Network  Telehealth (PCP Services) \$5 \$40 Limited to In Network  Telehealth (Behavioral Health Services) \$5 NA 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay \$100 per stay after deductible 20% after deductible	Spinal Injections	\$0	0% after deductible	Limited to In Network
Medical Foods/PKU \$0 \$0 \$0 Limited to In Network Pulmonary Function Tests \$0 0% after deductible 20% after deductible Spirometry \$0 \$0 \$0 Limited to In Network  Scheduled Transportation (Ambulance/Air) \$0 \$0 Limited to In Network  Contact Lenses 50% 50% 50% 50%  Well Child Office Visits (0-21) \$0 \$0 Limited to In Network  Well Woman Exam \$0 \$0 Limited to In Network  Telehealth (PCP Services) \$5 \$40 20% after deductible  Telehealth (Behavioral Health Services) \$5 NA 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay after deductible 20% after deductible	Dental Anesthesia	\$0	0% after deductible	20% after deductible
Pulmonary Function Tests \$0 0% after deductible 20% after deductible Spirometry \$0 \$0 \$0 Limited to In Network Contact Lenses 50% 50% 50% 50% 50% 50% Well Child Office Visits (0-21) \$0 \$0 Limited to In Network Well Woman Exam \$0 \$0 Limited to In Network Telehealth (PCP Services) \$5 \$40 20% after deductible \$10 Network \$10 \$10 \$10 Network \$10 \$10 Network \$10 \$10 Network \$10 Ne	Impacted Wisdom Teeth	\$0	0% after deductible	20% after deductible
Spirometry \$0 \$0 \$0 20% after deductible \$1 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	Medical Foods/PKU	\$0	\$0	Limited to In Network
Scheduled Transportation (Ambulance/Air)  \$0 \$0 \$0 Limited to In Network  Contact Lenses  \$00 \$0 Limited to In Network  Well Child Office Visits (0-21)  \$0 \$0 Limited to In Network  Well Woman Exam  \$0 \$0 \$0 Limited to In Network  Telehealth (PCP Services)  \$5 \$40 20% after deductible  Telehealth (Behavioral Health Services)  \$5 NA 20% after deductible  Telehealth (Specialist Services)  \$10 \$70 20% after deductible  Gender-Affirming Care  \$100 per stay  \$100 per stay after deductible  20% after deductible	Pulmonary Function Tests	\$0	0% after deductible	20% after deductible
Contact Lenses 50% 50% 50%  Well Child Office Visits (0-21) \$0 \$0 Limited to In Network  Well Woman Exam \$0 \$0 Limited to In Network  Telehealth (PCP Services) \$5 \$40 20% after deductible  Telehealth (Behavioral Health Services) \$5 NA 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay \$100 per stay after deductible 20% after deductible	Spirometry	\$0	\$0	20% after deductible
Well Child Office Visits (0-21)  \$0  \$0  \$0  Limited to In Network  Well Woman Exam  \$0  Telehealth (PCP Services)  \$5  \$40  20% after deductible  Telehealth (Specialist Services)  \$10  Gender-Affirming Care  \$100 per stay  \$100 per stay after deductible  20% after deductible	Scheduled Transportation (Ambulance/Air)	\$0	\$0	Limited to In Network
Well Woman Exam \$0 \$0 \$0 Limited to In Network  Telehealth (PCP Services) \$5 \$40 20% after deductible  Telehealth (Behavioral Health Services) \$5 NA 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay after deductible 20% after deductible	Contact Lenses	50%	50%	50%
Telehealth (PCP Services) \$5 \$40 20% after deductible  Telehealth (Behavioral Health Services) \$5 NA 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay after deductible 20% after deductible	Well Child Office Visits (0-21)	\$0	\$0	Limited to In Network
Telehealth (Behavioral Health Services) \$5 NA 20% after deductible  Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay \$100 per stay after deductible 20% after deductible	Well Woman Exam	\$0	\$0	Limited to In Network
Telehealth (Specialist Services) \$10 \$70 20% after deductible  Gender-Affirming Care \$100 per stay \$100 per stay after deductible 20% after deductible	Telehealth (PCP Services)	\$5	\$40	20% after deductible
Gender-Affirming Care \$100 per stay \$100 per stay after deductible 20% after deductible	Telehealth (Behavioral Health Services)	\$5	NA	20% after deductible
	Telehealth (Specialist Services)	\$10	\$70	20% after deductible
Mental Health/Substance Abuse Urgent Care Services \$0 \$0 \$0	Gender-Affirming Care	\$100 per stay	\$100 per stay after deductible	20% after deductible
	Mental Health/Substance Abuse Urgent Care Services	\$0	\$0	\$0