Geisinger Choices PPO 20/40/4000	Silver		
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)	\$9,100/\$18,200	\$9,100/\$18,200	\$15,000/\$30,000
Medical EHB Deductible (Embedded)	\$4,000/\$8,000	\$7,900/\$15,800	\$12,000/\$24,000
Drug EHB Deductible	\$500/\$1,000	NA	Limited to In Network
Combined Medical and Drug EHB Deductible	NA	NA	NA
Coinsurance	0%	0%	40%
Primary Care Visit to Treat an Injury or Illness	\$20	\$60	40% after deductible
Specialist - Office Visit	\$40	\$80	40% after deductible
Other Practitioner Office Visit (Nurse, Physician Assistant)	\$20	\$60	40% after deductible
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	\$150 after deductible	\$150 after deductible	40% after deductible
Outpatient Surgery Physician/Surgical Services	0% after deductible	0% after deductible	40% after deductible
Hospice Services	Residential - \$40 per visit, Facility - \$100 per day	NA	40% after deductible
Infertility Treatment (Note Exclusions)	\$200 after deductible	\$200 after deductible	40% after deductible
Routine Eye Exam (Adult)	Not Covered	Not Covered	Not Covered
Urgent Care Centers or Facilities	\$20	\$20	\$20
Home Health Care Services (60 visits per year - visit limits do not apply to mental health/substance use disorder benefits)	\$0	\$0	40% after deductible
Emergency Room Services	\$200 after deductible	\$200 after deductible	\$200 after deductible
Emergency Transportation (Ambulance/Air)	\$0	\$0	\$0
Inpatient Hospital Services (e.g., Hospital Stay)	\$200 per stay after deductible	\$200 per stay after deductible	40% after deductible
Inpatient Physician and Surgical Services	0% after deductible	0% after deductible	40% after deductible
Skilled Nursing Facility (120 days per year)	0% after deductible	NA	40% after deductible
Prenatal and Postnatal Care (Office Visit)	\$0	\$0	40% after deductible
Delivery and All Inpatient Services for Maternity Care	0% after deductible	0% after deductible	40% after deductible
Mental/Behavioral Health Outpatient Services	\$20	NA	40% after deductible
Mental/Behavioral Health Inpatient Services	\$200 per stay after deductible	NA	40% after deductible
Substance Abuse Disorder Outpatient Services	\$20	NA	40% after deductible
Substance Abuse Disorder Inpatient Services	\$200 per stay after deductible	NA	40% after deductible
Tier 2 - Preferred Generic Drugs	\$3	NA	Limited to In Network
Tier 3 - Non-Preferred Generic Drugs	\$20	NA	Limited to In Network
Tier 4 - Preferred Brand Drugs	\$50 after deductible	NA	Limited to In Network
Tier 5 - Non-Preferred Brand Drugs	\$85 after deductible	NA	Limited to In Network
Tier 6 - Specialty Drugs	50% after deductible up to MOOP	NA	Limited to In Network
Tier 1 - \$0 Rx	\$0	NA	Limited to In Network
Mail-Order Rx	1х сорау	NA	Limited to In Network
90-Day Retail	2х сорау	NA	Limited to In Network
Outpatient Rehabilitation Services	\$40	\$80	40% after deductible

<sup>\*</sup> EHB = Essential Health Benefits

Outpatient Cardiac Rehabilitation Services (36 visits per benefit	\$0	\$80	40% after deductible
period) Outpatient Pulmonary Rehab/Respiratory Rehab Services (36	\$0	\$80	40% after deductible
visits per benefit period)	·	•	
Habilitation Services	\$40	\$80	40% after deductible
Habilitative Speech Therapy	\$40	\$80	40% after deductible
Habilitative Occupational and Physical Therapy	\$40	\$80	40% after deductible
Chiropractic Care (20 visits per benefit period)	\$20	\$35	Limited to In Network
Durable Medical Equipment (cost sharing does not apply to mental health/substance use disorder diagnosis)	0% after deductible	0% after deductible	Limited to In Network
Imaging (CT/PET Scans, MRIs)	\$150 after deductible	\$150 after deductible	40% after deductible
Preventive Care/Screening/Immunization	\$0	\$0	Limited to In Network
Routine Eye Exam for Children	\$40	\$80	Limited to In Network
Eyeglasses for Children	50%	50%	50%
Rehabilitative Speech Therapy	\$40	\$80	40% after deductible
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$40	\$80	40% after deductible
Well Baby Visits and Care	\$0	\$0	Limited to In Network
Laboratory Outpatient	0% after deductible	0% after deductible	40% after deductible
X-rays	0% after deductible	0% after deductible	40% after deductible
Dental Checkup for Children	\$0	NA	Limited to In Network
Basic Dental Care - Child	50% after deductible	NA	Limited to In Network
Orthodontia - Child (Medically necessary)	50% after deductible	NA	Limited to In Network
Major Dental Care - Child	50% after deductible	NA	Limited to In Network
Transplant	\$200 per stay after deductible	\$200 per stay after deductible	40% after deductible
Accidental Dental (medically necessary)	0% after deductible	0% after deductible	40% after deductible
Dialysis	0% after deductible	0% after deductible	40% after deductible
Allergy Testing	0% after deductible	0% after deductible	40% after deductible
Chemotherapy	0% after deductible	0% after deductible	40% after deductible
Radiation	0% after deductible	0% after deductible	40% after deductible
Diabetes Education	\$0	\$0	Limited to In Network
Prosthetic Devices	0% after deductible	0% after deductible	Limited to In Network
Infusion Therapy	\$0	\$0	40% after deductible
Nutritional Counseling	\$40	\$80	
<u> </u>		<u>'</u>	40% after deductible
Reconstructive Surgery	\$200 per stay after deductible	\$200 per stay after deductible	40% 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	\$0	Limited to In Network
Preventive - Diabetes	\$0	\$0	Limited to In Network
Preventive - Lipid Panel	\$0	\$0	Limited to In Network
Specialist - Procedure	0% after deductible	0% after deductible	40% after deductible
Colorectal - Fecal Occult and Flexible Sigmoidoscopy	\$0	\$0	Limited to In Network

Maternity - Office diagnestic services procedures   OK after deductible   OK after deductible   Correction for Obesity - Facility   Not Covered   Not Covered   Not Covered   Not Covered   OK after deductible   Umited to in Network	Colorectal - Colonoscopy	\$0	\$0	Limited to In Network
Correction for Obesity - Facility         Not Covered         Not Covered         Not Covered           Ostomy Supplies         0% after deductible         0% after deductible         Limited to In Network           Urology Supplies         0% after deductible         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Eye Exam         50         30         Limited to In Network           Diabetic Services/Supplies - Foot Orthotics         0% after deductible         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Foot Orthotics         0% after deductible         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Medical Equipment         0% after deductible         0% after deductible         Limited to In Network           Implanted Devices (Medical) - Drug Delivery         0% after deductible         0% after deductible         40% after deductible           Implanted Devices (Medical) - All other non-contraceptive inplanted devices         0% after deductible         0% after deductible         40% after deductible           Implanted Devices (Medical) - All other non-contraceptive inplanted devices         0% after deductible         0% after deductible         40% after deductible           Objectives         0% after deductible         0% after deductible         40% after deductible           O	· ·	<u> </u>	· ·	
Ostomy Supplies         O% after deductible         Umited to in Network           Urology Supplies         0% after deductible         Charter deductible         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 - Rx Supplies         O% after deductible         O% after deductible         Limited to in Network           Diabetic Services/Supplies - Rx Supplies - Home Blood Glucose Monitor         Rx copay applies         NA         Limited to in Network           Diabetic Services/Supplies - Rw 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         And after deductible         0% after deductible         40% after deductible         40% after deductible         40% after deductible         10% after deductible         40% after deductible         40% after deductible         40% after deductible         40% after deductible	· · · · · · · · · · · · · · · · · · ·			
Unology Supplies         O% after deductible         O% after deductible         Limited to In Network           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 - Pool Orthotics         0% after deductible         0% after deductible         Limited to In Network           Diabetic Services/Supplies - Medical Equipment         0% after deductible         0% after deductible         Limited to In Network           Implanted Devices (Medical) - Drug Delivery         0% after deductible         0% after deductible         40% after deductible           Implanted Devices (Medical) - All other non-contraceptive         0% after deductible         0% after deductible         40% after deductible           Orthotic Devices         0% after deductible         0% after deductible         40% after deductible           Orthotic Devices         0% after deductible         0% after deductible         40% after deductible           Orthotic Devices         0% after deductible         0% after deductible         40% after deductible           Ottotic Devices         0% after deductible         0% after deductible         40% after deductible           Ottotic Devices         0% after deductible         0% after deductibl	Correction for Obesity - Facility	Not Covered	Not Covered	Not Covered
Diabetic Services/Supplies - Eye Exam         50         50         Limited to In Network           Diabetic Services/Supplies - Rx Supplies         Rx copay applies         NA         Limited to In Network           Diabetic Services/Supplies - Rx Supplies - No Orthotics         0% after deductible         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% after deductible         O% after deductible         Limited to In Network           Implanted Devices (Medical) - Drug Delivery         0% after deductible         0% after deductible         0% after deductible           Implanted Devices (Medical) - All other non-contraceptive inplanted devices         0% after deductible         0% after deductible         0% after deductible           Orthotic Devices         0% after deductible         0% after deductible         0% after deductible         0% after deductible           Outpatient Opioid Detoxification         0% after deductible         0% after deductible         0% after deductible         0% after deductible           Alberton (Elective)         Not Covered         Not Covered         Not Covered         Not Covered           High Cort Specialty Drugs/Select injectables         3150         3150         40%	Ostomy Supplies	0% after deductible	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   O% after deductible   O% after deductible   Limited to In Network   Diabetic Services/Supplies - Home Blood Glucose Menitor   Rx copay applies   NA   Limited to In Network   Diabetic Services/Supplies - Medical Equipment   O% after deductible   O% after deductible   Limited to In Network   Implanted Devices (Medical) - Drug Delivery   O% after deductible   O% after deductible   40% after deductible   Implanted Devices (Medical) - All other non-contraceptive implanted devices (Medical) - All other non-contraceptive implanted devices (Medical) - All other non-contraceptive   O% after deductible   O% after deductible   Limited to In Network   Outpatient Opioid Detoxification   O% after deductible   O% after deductible   A0% after deductible   Abortion (Elective)   Not Covered   Not Covered   Not Covered   High Cost Specialty Drugs/Select Injectables   \$150   \$150   40% after deductible   Injectable Drugs - Physician   \$0   \$0   \$0   40% after deductible   Injectable Drugs - Facility   O% after deductible   O% after deductible   40% after deductible   Injectable Drugs - Facility   O% after deductible   O% after deductible   Limited to In Network   Dental Anesthesia   O% after deductible   O% after deductible   40% after deductible   Impacted Wisdom Teeth   O% after deductible   O% after deductible   40% after deductible   Medical Foods/PKU   \$0   \$0   \$0   Limited to In Network   Delmonary Function Tests   \$0   \$0   \$0   Limited to In Network   Pulmonary Function Tests   \$0   \$0   \$0   Limited to In Network   Well Office Visits (0-21)   \$0   \$0   \$0   Limited to In Network   Well Office Visits (0-21)   \$0   \$0   \$0   Limited to In Network   Well Woman Exam   \$0   \$0   \$0   Limited to In Network   Telehealth (PCP Services)   \$5   \$60   40% after deductible   Telehealth (Specialist Services)   \$50   \$00   40% after deductible	Urology Supplies	0% after deductible	0% after deductible	Limited to In Network
Diabetic Services/Supplies - Foot Orthotics         O% after deductible         O% 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% after deductible         0% after deductible         Limited to In Network           Implanted Devices (Medical) - Drug Delivery         0% after deductible         0% after deductible         40% after deductible           Implanted Devices (Medical) - All other non-contraceptive implanted devices         0% after deductible         0% after deductible         Limited to In Network           Outpatient Opicid Detoxification         0% after deductible         0% after deductible         40% after deductible           Abortion (Elective)         Not Covered         Not Covered         Not Covered         Not Covered           Albin Cost Specialty Drugs/Select Injectables         \$150         \$150         40% after deductible           Injectable Drugs - Physician         \$0         \$0         40% after deductible           Injectable Drugs - Facility         0% after deductible         0% after deductible         40% after deductible           Injectable Drugs - Facility         0% after deductible         0% after deductible         40% after deductible           Injectable Drugs - F	Diabetic Services/Supplies - Eye Exam	\$0	\$0	Limited to In Network
Diabetic Services/Supplies - Home Blood Glucose Monitor Diabetic Services/Supplies - Medical Equipment O% after deductible O% after deductible O% after deductible Offices (Medical) - Drug Delivery O% after deductible Offices (Medical) - All other non-contraceptive implanted Devices (Medical) - All other non-contraceptive implanted devices O% after deductible Office Devices Offic	Diabetic Services/Supplies - Rx Supplies	Rx copay applies	NA	Limited to In Network
Diabetic Services/Supplies - Medical Equipment 0% after deductible 0% after deductible 40% after deductible Implanted Devices (Medical) - Drug Delivery 0% after deductible 0% after deductible 40% after deductible Implanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible 0% after deductible 1 Limited to In Network 1 Drugslanted devices 0% after deductible 0% after deductible 1 Limited to In Network 1 Drugslanted Devices (Medical) - All other non-contraceptive implanted devices 0% after deductible 0% after deductible 1 Limited to In Network 1 Drugslanted Devices (Medical) - All other non-contraceptive 0% after deductible 0% after deductible 1 Limited to In Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices (Medical) - All of the Network 1 Drugslanted Devices 1 Drugslanted Drugslanted Devices 1 Drugslanted Drugslanted Devices 1 Drugslanted Drugslanted Devices 1 Drugslanted Drugslanted Devices 1 Drugslanted Drugslanted Drugslanted Dru	Diabetic Services/Supplies - Foot Orthotics	0% after deductible	0% after deductible	Limited to In Network
Implanted Devices (Medical) - Drug Delivery         0% after deductible         0% after deductible         40% after deductible           Implanted Devices (Medical) - All other non-contraceptive implanted devices         0% after deductible         0% after deductible         40% after deductible           Orthotic Devices         0% after deductible         0% after deductible         Limited to In Network           Outpatient Opioid Detoxification         0% after deductible         0% after deductible         40% after deductible           Abortion (Elective)         Not Covered         Not Covered         Not Covered         Not Covered           High Cost Specialty Drugs/Select Injectables         \$150         \$150         40% after deductible           Injectable Drugs - Physician         \$0         \$0         40% after deductible           Injectable Drugs - Physician         \$0         \$0         40% after deductible           Injectable Drugs - Facility         0% after deductible         0% after deductible         40% after deductible           Injectable Drugs - Facility         0% after deductible         0% after deductible         Umited to In Network           Spinal Injections         0% after deductible         0% after deductible         40% after deductible           Impacted Wisdom Teeth         0% after deductible         0% after deductible         40% afte	Diabetic Services/Supplies - Home Blood Glucose Monitor	Rx copay applies	NA	Limited to In Network
Implanted Devices (Medical) - All other non-contraceptive implanted devices  O's after deductible  O's after deductible  O's after deductible  O's after deductible  Limited to In Network  Outpatient Opioid Detoxification  O's after deductible  O's after deductible  O's after deductible  Abortion (Elective)  Not Covered  Not Covered  Not Covered  Not Covered  Not Specialty Drugs/Select Injectables  \$150  \$150  40% after deductible  Injectable Drugs - Physician  \$0  \$0 \$50  40% after deductible  Injectable Drugs - Facility  O's after deductible  Dinated Wisdom Teeth  O's after deductible	Diabetic Services/Supplies - Medical Equipment	0% after deductible	0% after deductible	Limited to In Network
implanted devices         Us after deductible         Obs after deductible         40% after deductible           Orthotic Devices         0% after deductible         10% after deductible         Limited to In Network           Outpatient Opioid Detoxification         0% after deductible         40% after deductible         40% after deductible           Abortion (Elective)         Not Covered         Not Covered         Not Covered           High Cost Specialty Drugs/Select Injectables         \$150         \$150         40% after deductible           Injectable Drugs - Physician         \$0         \$0         40% after deductible           Injectable Drugs - Facility         0% after deductible         0% after deductible         40% after deductible           Spinal Injections         0% after deductible         0% after deductible         40% after deductible           Spinal Injectable Drugs - Facility         0% after deductible         0% after deductible         40% after deductible           Spinal Injections         0% after deductible         0% after deductible         40% after deductible           Injectable Drugs - Facility         0% after deductible         0% after deductible         40% after deductible           Spinal Injections         0% after deductible         0% after deductible         40% after deductible           Impact able Drugs - Facil	Implanted Devices (Medical) - Drug Delivery	0% after deductible	0% after deductible	40% after deductible
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Abortion (Elective)  Not Covered  Not Avafter deductible  Now After deductible	Orthotic Devices	0% after deductible	0% after deductible	Limited to In Network
High Cost Specialty Drugs/Select Injectables \$150 \$150 \$40% after deductible Injectable Drugs - Physician \$0 \$0 \$0 \$0 40% after deductible Injectable Drugs - Facility \$0% after deductible \$0% after deductible \$0% after deductible \$10% after d	Outpatient Opioid Detoxification	0% after deductible	0% after deductible	40% after deductible
Injectable Drugs - Physician  So So 40% after deductible Injectable Drugs - Facility O% after deductible O% after deductible O% after deductible Dental Anesthesia O% after deductible Office Visits (O-21) SO SO Unitied to In Network Office Visits (O-21) SO SO Unitied to In Network Office Visits (O-21) SO SO Unitied to In Network Office Visits (O-21) SO SO Unitied to In Network Office Visits (O-21) SO SO Office Visits (O-21) SO Office Visits (O-21) SO SO Office Visits (O-21) SO Office V	Abortion (Elective)	Not Covered	Not Covered	Not Covered
Injectable Drugs - Facility O% after deductible O% after deductibl	High Cost Specialty Drugs/Select Injectables	\$150	\$150	40% after deductible
Spinal Injections0% after deductible0% after deductibleLimited to In NetworkDental Anesthesia0% after deductible0% after deductible40% after deductibleImpacted Wisdom Teeth0% after deductible0% after deductible40% after deductibleMedical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests0% after deductible40% after deductibleSpirometry\$0\$040% 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\$6040% after deductibleTelehealth (Behavioral Health Services)\$5NA40% after deductibleTelehealth (Specialist Services)\$10\$8040% after deductibleGender-Affrrning Care\$200 per stay after deductible\$200 per stay after deductible40% after deductible	Injectable Drugs - Physician	<b>\$</b> 0	\$0	40% after deductible
Dental Anesthesia0% after deductible0% after deductible40% after deductibleImpacted Wisdom Teeth0% after deductible0% after deductible40% after deductibleMedical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests0% after deductible0% after deductible40% after deductibleSpirometry\$0\$040% 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\$6040% after deductibleTelehealth (Behavioral Health Services)\$5NA40% after deductibleTelehealth (Specialist Services)\$10\$8040% after deductibleGender-Affrrming Care\$200 per stay after deductible\$200 per stay after deductible	Injectable Drugs - Facility	0% after deductible	0% after deductible	40% after deductible
Impacted Wisdom Teeth  Medical Foods/PKU  \$0 \$0 \$0 Limited to In Network  Pulmonary Function Tests  \$0 \$0 \$0 after deductible  40% after deductible  5pirometry  \$0 \$0 \$0 40% after deductible  40% after deductible  5pirometry  \$0 \$0 \$0 Limited to In Network  Contact Lenses  50%  \$0 \$0 Limited to In Network  40% after deductible  50%  Well Child Office Visits (0-21)  \$0 \$0 \$0 Limited to In Network  Well Woman Exam  \$0 \$0 \$0 Limited to In Network  Telehealth (PCP Services)  \$5 \$60 40% after deductible  Telehealth (Behavioral Health Services)  \$10 \$80 40% after deductible  Telehealth (Specialist Services)  \$10 \$80 \$200 per stay after deductible  \$200 per stay after deductible  \$40% after deductible  40% after deductible  40% after deductible  40% after deductible	Spinal Injections	0% after deductible	0% after deductible	Limited to In Network
Medical Foods/PKU\$0\$0Limited to In NetworkPulmonary Function Tests0% after deductible0% after deductible40% after deductibleSpirometry\$0\$040% 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\$6040% after deductibleTelehealth (Behavioral Health Services)\$10\$8040% after deductibleTelehealth (Specialist Services)\$10\$8040% after deductibleGender-Affirming Care\$200 per stay after deductible\$200 per stay after deductible	Dental Anesthesia	0% after deductible	0% after deductible	40% after deductible
Pulmonary Function Tests  O% after deductible  NA  A0% after deductible  Telehealth (Behavioral Health Services)  \$10  \$80  A0% after deductible  O% after deductible  \$200 per stay after deductible  \$200 per stay after deductible	Impacted Wisdom Teeth	0% after deductible	0% after deductible	40% after deductible
Spirometry \$0 \$0 \$0 40% after deductible \$1 \$2 \$2 \$2 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4 \$4	Medical Foods/PKU	\$0	\$0	Limited to In Network
Scheduled Transportation (Ambulance/Air)  \$0  \$0  \$0  Limited to In Network  Contact Lenses  \$0  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  \$60  40% after deductible  Telehealth (Specialist Services)  \$10  \$80  40% after deductible  Gender-Affirming Care  \$200 per stay after deductible  \$200 per stay after deductible	Pulmonary Function Tests	0% after deductible	0% after deductible	40% after deductible
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 \$60 40% after deductible  Telehealth (Behavioral Health Services) \$5 NA 40% after deductible  Telehealth (Specialist Services) \$10 \$80 40% after deductible  Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Spirometry	\$0	\$0	40% after deductible
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 \$60 40% after deductible  Telehealth (Behavioral Health Services) \$5 NA 40% after deductible  Telehealth (Specialist Services) \$10 \$80 40% after deductible  Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Scheduled Transportation (Ambulance/Air)	\$0	\$0	Limited to In Network
Well Woman Exam \$0 \$0 \$ Limited to In Network  Telehealth (PCP Services) \$5 \$60 40% after deductible  Telehealth (Behavioral Health Services) \$5 NA 40% after deductible  Telehealth (Specialist Services) \$10 \$80 40% after deductible  Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Contact Lenses	50%	50%	50%
Telehealth (PCP Services) \$5 \$60 40% after deductible  Telehealth (Behavioral Health Services) \$5 NA 40% after deductible  Telehealth (Specialist Services) \$10 \$80 40% after deductible  Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Well Child Office Visits (0-21)	\$0	\$0	Limited to In Network
Telehealth (Behavioral Health Services) \$5 NA 40% after deductible  Telehealth (Specialist Services) \$10 \$80 40% after deductible  Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible	Well Woman Exam	\$0	\$0	Limited to In Network
Telehealth (Specialist Services) \$10 \$80 40% after deductible  Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible 40% after deductible	Telehealth (PCP Services)	\$5	\$60	40% after deductible
Gender-Affirming Care \$200 per stay after deductible \$200 per stay after deductible 40% after deductible	Telehealth (Behavioral Health Services)	\$5	NA	40% after deductible
	Telehealth (Specialist Services)	\$10	\$80	40% after deductible
Mental Health/Substance Abuse Urgent Care Services \$0 \$0 \$0	Gender-Affirming Care	\$200 per stay after deductible	\$200 per stay after deductible	40% after deductible
	Mental Health/Substance Abuse Urgent Care Services	\$0	\$0	\$0