

Benefits Covered in Full (no cost to the member)	
<b>Preventive Care</b> Routine physical, gynecological, and well child exams; immunizations; age appropriate screenings.	Covered in Full
<b>Laboratory Tests</b>	
<b>X-rays</b>	
<b>Chemotherapy &amp; Radiation Therapy</b>	
<b>Routine Maternity Care - Prenatal and Postpartum</b> Counseling about alcohol and tobacco use, services to promote breastfeeding, routine urinalysis and screenings for complications.	
<b>Inpatient Mental Health &amp; Substance Abuse</b>	
<b>Home Health Care</b>	
<b>Oxygen &amp; Respiratory Equipment</b>	

Benefits Covered after a Copayment	
<b>Tier 1 Copayment Professional Visits:</b>	\$25 Copay
<b>PCP Office Visit</b>	
<b>Routine Annual Eye Exam</b> (1 per year)	
<b>Acupuncture</b> ; unlimited visits	
<b>Chiropractic Care</b> ; unlimited visits	
<b>Outpatient Mental Health &amp; Substance Abuse</b>	
<b>Tier 2 Copayment Professional Visits:</b>	\$50 Copay
<b>Specialist Office Visit</b>	
<b>Physical/Occupational/Speech Therapy</b> ; unlimited visits	
<b>Allergy Injections</b>	\$5 Copay
<b>Emergency Room</b> (waived if admitted)	\$150 Copay
<b>Prescription Drugs: Retail</b> (30 day Supply)	\$0/\$10/\$20/\$30
<b>Mail Order</b> (90 day Supply)	\$0/\$10/\$40/\$60

Benefits Covered after a Deductible	
<b>Best Buy Deductible:</b> Limit one per year	\$2,000 Deductible (\$6,000 Family Maximum)
<b>Hospital Inpatient</b>	Deductible; then Covered in Full
<b>Maternity Care - Delivery</b>	
<b>Advanced Radiology</b> ; CT Scans & MRIs	
<b>Outpatient Surgery</b>	
<b>Skilled Nursing Facility &amp; Inpatient Rehabilitation</b> ; combined 100 day limit per year	
<b>Ambulance - Emergency Transport</b>	
<b>Durable Medical Equipment</b>	Separate \$100 Deductible; then 20% Coinsurance
<b>Out of Pocket Maximum: Medical</b>	\$5,000 (\$10,000 Family)
Prescription Drugs	

**Deductible Year:** Plan\*

**Deductible Carry-Over Provision:** Yes

**Lifetime Benefit:** Unlimited

Extraction of teeth impacted in bone is not a covered benefit.

This is only a summary of benefits, please consult the corresponding schedule of benefits. Exceptions & exclusions apply.

Benefit limits, deductibles and out of pocket maximums are based on a plan year.

\*Deductible year will follow your medical plans renewal