

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

Benefits Covered after a Copayment	
Professional Visits:	\$15 Copay
Physician Services/Office Visit	
Routine Annual Eye Exam (1 per year)	
Acupuncture ; unlimited visits	
Chiropractic Care ; unlimited visits	
Physical/Occupational/Speech Therapy ; unlimited visits	
Outpatient Mental Health & Substance Abuse	
Allergy Injections	\$5 Copay
Emergency Room (waived if admitted)	\$100 Copay
Prescription Drugs: Retail (30 day supply)	\$0/\$10/\$20/\$30
Mail Order (90 day supply)	\$0/\$10/\$40/\$60

Benefits Covered after a Deductible	
Best Buy Deductible: Limit one per year	\$500 Deductible (\$1,500 Family Maximum)
Hospital Inpatient	Deductible; then Covered in Full
Maternity Care - Delivery	
Advanced Radiology ; CT Scans and MRIs	
Outpatient Surgery	
Skilled Nursing Facility & Inpatient Rehabilitation ; combined 100 day limit per year	
Ambulance - Emergency Transport	
Durable Medical Equipment	Separate \$100 Deductible; then 20% Coinsurance
Out of Pocket Maximum: Medical	\$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