## Town of Manchester, Connecticut

Catchares       Health Savings Account Deductible : 52,000%4,000       Inpatter Hospital General/Media/Sirg/al// Metarbio/Sirg/al// Metarbio/Sirg/al// Served 10% http: plin deductible met Derive intervise : 50% after plan deductible met Preventive Career Derive intervise : 50% after plan deductible met Derive intervise : 50% after pl			ter, connecticut		
Detective       Concern 100% after plan educative met       Metering (concerned 100% after plan educative met         4.000000000000000000000000000000000000	BENEFIT	High Deductible Health Plan/	BENEFIT	High Deductible Health Plan/	
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94.000/80.00 uit of packet maximum   Ancliery Syntes   Covered 100% after plan deductible met     97.000 of allowerk services   Production   Production     97.000 of allowerk services   Productible met   Midiadon, Supplies     97.000 of allowerk services   Productible met   Covered 100% after plan deductible met     97.000 of allowerk services   Subtance AbuseDetox   Covered 100% after plan deductible met     97.000 of allowerk services   Subtance AbuseDetox   Covered 100% after plan deductible met     97.000 of allowerk services   Subtance AbuseDetox   Covered 100% after plan deductible met     97.000 of allowerk services   Covered 100% after plan deductible met   Covered 100% after plan deductible met     97.000 of allowerk services   Covered 100% after plan deductible met   Subtance AbuseDetox   Covered 100% after plan deductible met     97.000 of allowerk services   Covered 100% after plan deductible met   Subtance AbuseDetox   Covered 100% after plan deductible met     96.000 of allowerk services   Covered 100% after plan deductible met   Outpatient Norppital   Covered 100% after plan deductible met     96.000 of allowerk services   Covered 100% after plan deductible met   Outpatient Norppital   Covered 100% after plan deductible met     96.000 of allowerk services   Covered 100% after plan deductible met   Postance   Covered 100% after plan deductible met  <			Maternity (Semi-private)		
Consumere - RNPs after glan deductible met for oci of network services   Psychiatric   Covered 100% after glan deductible met instance - RNPs after glan deduct					
Image: Second Services   Psychiatric   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Statume Abuse/Potax   Covered 100% after plan deductible met     Image: Second Services   Covered 100% after plan deductible met   Statume Abuse/Potax     Image: Second Services   Covered 100% after plan deductible met   Statume Abuse/Potax     Image: Second Secon				Covered 100% after plan deductible met	
Image: Second Logic Second Logic Coverage   Psycholacic   Coveral Logic Store Pain deductible met     Unitation of the second Logic Coverage   Substance Abuse/Detox   Coveral Logic Store Pain deductible met     Unitation of the second Logic Coverage   Substance Abuse/Detox   Coveral Logic Store Pain deductible met     Unitation of the second Logic Coverage   Substance Abuse/Detox   Coveral Logic Store Pain deductible met     Unitation of the second Logic Coverage   Solical Nursing/Rehabilitation   Coveral Logic Store Pain deductible met     Presentive Care   Presentive Care   Covered Logic Store Pain deductible met     Presentive Care   Covered Logic Store Pain deductible met   Covered Logic Store Pain deductible met     Adult   Covered   Outpatient Kospital   Covered Logic Store Pain deductible met     Adult   Covered   Outpatient Kospital   Covered Logic Store Pain deductible met     Adult   Covered   Outpatient Kospital   Covered Logic Store Pain deductible met     Sprecological   Covered Logic Store Pain deductible met   Darable Medical Equipment   Covered Logic Store Pain deductible met     Grade Store Pain   Covered Logic Store Pain deductible met   Darable Medical Equipment   Covered Logic Store Pain deductible met     Covered Logic Store Pain deductible met   Outpatient Medical Equipment   Covered Logic Store Pain deductible met     Covered Logic		•	Medication, Supplies		
Brigdow Contribution 11,000 styles   Substance Abuse/Detox   Unlimited days     Substance Abuse/Detox   Covered 100% after plan deductible met Unlimited days   Covered 100% after plan deductible met Facility     Lifetime Maximum Lifetowers   Silical Nursing/Rehabilitation   Covered 100% after plan deductible met Facility     Preventive Care   Covered 100% after plan deductible met Facility   Covered 100% after plan deductible met Facility     Preventive Care   Covered 100% after plan deductible met Facility   Covered 100% after plan deductible met Facility Care     Adult   Covered   Covered 100% after plan deductible met Facility Care   Covered 100% after plan deductible met Facility Care     Medical Genvices   Covered 100% after plan deductible met Facility Care   Covered 100% after plan deductible met Facility Care     Greecological   Covered 100% after plan deductible met Facility Care   Covered 100% after plan deductible met Facility Care     Medical Genvices   Covered 100% after plan deductible met Facility Care   Covered 100% after plan deductible met Facility Care     Outpatient PryTOT/ST/Chruo.   Covered 100% after plan deductible met Facility Care   Covered 100% after plan deductible met Facility Care     Outpatient PryTOT/ST/Chruo.   Covered 100% after plan deductible met Facility Care   Covered 100% after plan deductible met Facility facility facilit		for out of network services	<b>B</b>		
1   100 display coverage   Substance Abuse/Deto:   Covered 100% after plan deductible met     1   Uretime Maximum In-Helwork - Unlimited   Silied Nursing/Resublitation   Covered 100% after plan deductible met     1   Uretime Maximum In-Helwork - Unlimited   Silied Nursing/Resublitation   Covered 100% after plan deductible met     Preventive Care   0   Hospice   Covered 100% after plan deductible met     Preventive Care   0   Outpattert Hospital   Covered 100% after plan deductible met     Preventive Care   0   Covered 100% after plan deductible met   Foldity     Preventive Care   0   Covered 100% after plan deductible met   Foldity Caraes     Adult   Covered   0   Covered 100% after plan deductible met     Screening part of physical exam   Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Screening part of physical exam   Orthes Services   Covered 100% after plan deductible met     Medical Services   Covered 100% after plan deductible met   Durable Medical Equipment   Covered 100% after plan deductible met     Outpattent Pi/OT/ST/Chrino.   Covered 100% after plan deductible met   Screend 100% after plan deductible met   Covered 100% after plan deductible met     Outpattent Medical Services   Covered 100% after plan deductible met   Screend 100% after plan deductible met     Outpatte			Psychiatric		
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Utermined days   Utermined days     Utermined days   Skilled Mursing/Rehabilitation   Covered 100% siter plan deductible met     Preventive Care   Hospice   Covered 100% siter plan deductible met     Preventive Care   Hospice   Covered 100% siter plan deductible met     Preventive Care   Hospice   Covered 100% siter plan deductible met     Adult   Covered   Outpatient Hospital   Covered 100% siter plan deductible met     Adult   Covered   Outpatient Hospital   Covered 100% siter plan deductible met     Facility Charges   Covered 100% siter plan deductible met   Facility Charges   Covered 100% siter plan deductible met     Hearing   Covered   Covered 100% siter plan deductible met   Facility Charges   Covered 100% siter plan deductible met     Kymeological   Covered 100% siter plan deductible met   Darable Medical Equipment   Covered 100% siter plan deductible met     Cotrastient Visit   Covered 100% siter plan deductible met   Darable Medical Equipment   Covered 100% siter plan deductible met     Cotrastient Visit   Covered 100% siter plan deductible met   Preverites   Covered 100% siter plan deductible met     Covered 100% siter plan deductible met   Modelical Equipment   Covered 100% siter plan deductible met     Covered 100% siter plan deductible met   Hore Health Care   Covered 100% siter plan deductible me					
Lifetime Maximum In-Network - Unlimited     Skilled Nursing/Rehabilitation     Covered 100% after plan deductible met       Proventive Care     Hoppice     Covered 100% after plan deductible met       Proventive Care     Hoppice     Covered 100% after plan deductible met       Proventive Care     Hoppice     Covered 100% after plan deductible met       Proventive Care     Dutpatient Surgery     Covered 100% after plan deductible met       Adult     Covered     Dutpatient Surgery     Covered 100% after plan deductible met       Facility Charges     (Phor Authorization Required)     Covered 100% after plan deductible met       Gynecological     Covered 100% after plan deductible met     Dutpatient Surgery     Covered 100% after plan deductible met       Medical Services     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Outpatient Pi/OT/ST/Oino.     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Macical Services     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Medical Office Vist     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       Medical Services     C		\$2,000 double or family coverage	Substance Abuse/Detox		
Lifetime Maximum Out-Of-Network - Unimited     Facility     Covered up to 180 dys per calendar year       Preventive Care Relation     Covered     Mogole     Covered 100% after plan deductible met       Adult     Covered     Outpatient Kongpain     Covered 100% after plan deductible met       Adult     Covered     Outpatient Kongpain     Covered 100% after plan deductible met       Screening aft of physical exam     Screening part of physical exam     Covered     Pre-Admission Testing     Covered 100% after plan deductible met       Sprecological     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Medical Services     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Suggestier Lab & X-ray     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Suggestier Lab & X-ray     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       Suggestier Lab & X-ray     Covered 100% after plan deductible met     Vision     Covered 100% after plan deductible met       Matery Services     Covered 100% after plan deductible met     Vision     Covered 100% after plan deductible met       Sugges fr				Uninfilled days	
Lifetime Maximum Out-Of-Network - Unlimited     Facility.     Covered up 1:08 days per calendar year       Preventive Care Netfatric     Covered     Mogice     Covered 100% after plan deductible met.       Adult     Covered     Outpatient Mogipal     Covered 100% after plan deductible met.       Adult     Covered     Outpatient Mogipal     Covered 100% after plan deductible met.       Screening part of physical exam     Screening part of physical exam     Covered 100% after plan deductible met.       Synecological     Covered 100% after plan deductible met.     Covered 100% after plan deductible met.       Medical Services     Covered 100% after plan deductible met.     Covered 100% after plan deductible met.       Soncontinge Covered 100% after plan deductible met.     Covered 100% after plan deductible met.     Covered 100% after plan deductible met.       Soncontined Days     Covered 100% after plan deductible met.     Covered 100% after plan deductible met.     Covered 100% after plan deductible met.       Soncontined Days     Covered 100% after plan deductible met.     Prosthetics     Covered 100% after plan deductible met.       Soncontined Days     Covered 100% after plan deductible met.     Vision     Covered 100% after plan deductible met.       Songersy Services     Covered 100% after plan deductible met.     Vision     Covered 100% a		Lifetime Maximum In Network Liplimited	Skilled Nursing/Debabilitation	Covered 1000/ offer plan deductible met	
Proventive Care Pediatric       Covered       Cover					
Pediatric     Covered			Facility	Covered up to 180 days per calendar year	
Pediatric     Covered	Duranting Oran		11	Coursed 1000/ offers along doductible most	
Adult   Covered   Outpatient Hospital   Covered 100% after plan deductible met     Adult   Covered   Outpatient Korgery   Covered 100% after plan deductible met     Facility Covered   Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Gynecological   Covered   Pre-Admission Testing   Covered 100% after plan deductible met     Medical Services   Other Services   Covered 100% after plan deductible met   Pre-Admission Testing   Covered 100% after plan deductible met     Outpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met   Duable Medical Equipment   Covered 100% after plan deductible met     Outpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     0utpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     0utpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     0utpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     0utpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     0ilgnossic Lab & X-ray   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan d		Countral	Hospice	Covered 100% after plan deductible met	
Adult   Covered   Outpatient Surgery   Covered 100% after plan deductible met     Hearing   Covered   Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Screening part of physical exam   Bignostic Lab & X-ray   Covered 100% after plan deductible met     Screening part of physical exam   Pre-Admission Testing   Covered 100% after plan deductible met     Screening part of physical exam   Pre-Admission Testing   Covered 100% after plan deductible met     Medical Services   Other Services   Pre-Admission Testing   Covered 100% after plan deductible met     Medical Services   Other Services   Pre-Admission Testing   Covered 100% after plan deductible met     Outpatient PT/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     Outpatient Services   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     Bigrostic Lab & X-ray   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     Bigrostic Lab & X-ray   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     Bigrostic Lab & X-ray   Covered 100% after plan deductible met   Prescriptions   Rx copays apply after the deductible is met     Surgery Fees   Covered 100% after plan deductible met   P	Pediatric	Covered			
Adult   Covered   Outpatient Surgery   Covered 100% after plan deductible met     Hearing   Covered   Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Screening part of physical exam   Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Screening part of physical exam   Pre-Admission Testing   Covered 100% after plan deductible met     Medical Services   Other Services   Pre-Admission Testing   Covered 100% after plan deductible met     Medical Services   Other Services   Pre-Admission Testing   Covered 100% after plan deductible met     Outpatient PT/OT/ST/Chiro.   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     00   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     00   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     01   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     02   Covered 100% after plan deductible met   Prosthetics   Covered 100% after plan deductible met     03   Covered 100% after plan deductible met   Proscriptions   Kx copays apply after the deductible met     03   Covered 100% after plan deductible met   Proscriptions   Kx copays apply after the deductible inst			Outworking the line with the second		
Facility Charges   (Prior Authorization Required)     Hearing   Covered     Screening part of physical exam   Diagnostic Lab & X-ray     Gynecological   Covered     Screening part of physical exam   Covered     Medical Services   Covered     Medical Office Visit   Covered 100% after plan deductible met     Outpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met     Outpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met     Biggnostic Lab & X-ray   Covered 100% after plan deductible met     Outpatient PI/OT/ST/Chiro.   Covered 100% after plan deductible met     Biggnostic Lab & X-ray   Covered 100% after plan deductible met     Biggnostic Lab & X-ray   Covered 100% after plan deductible met     Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Biggnostic Lab & X-ray   Covered 100% after plan deductible met     Diagnostic Lab & X-ray   Covered 100% after plan deductible met     Surgery Fees   Covered 100% after plan deductible met     Surgery Fees   Covered 100% after plan deductible met     Surgery Covered 100% after plan deductible met   Prescriptions     Surgery Covered 100% after plan deductible met   Prescriptions     Surgery Fees   Covered 100% after plan deductible met     Office Surgery   Covered 100% after plan de		Countral		Caused 1000/ offen also deductible met	
Hearing     Covered     Diagnostic Lab & X-ray     Covered 100% after plan deductible met       Synecological     Covered     Pre-Admission Testing     Covered 100% after plan deductible met       Medical Services     Other Services     Covered 100% after plan deductible met     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Prescheins     Covered 100% after plan deductible met       0utpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       0utpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       0utpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       0utpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       0utpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Vision     Covered 100% after plan deductible met       0agnostic Lab & X-ray     Covered 100% after plan deductible met     Vision     Covered 100% after plan deductible met       1ngatient Medical Services     Covered 100% after plan deductible met     * All benefits listed are for In-Network. For Out-of-Ne	Adult	Covered			
Screening part of physical exam       Pre-Admission Testing       Covered 100% after plan deductible met         Gynecological       Covered 100% after plan deductible met       Durable Medical Equipment       Covered 100% after plan deductible met         Medical Office Visit       Covered 100% after plan deductible met       Durable Medical Equipment       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Diagnostic Lab & X-ray       Covered 100% after plan deductible met       Vision       Covered 100% after plan deductible met         Surgery Fees       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible met         Surgery Fees       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible met         Outpatient MH/SA       Covered 10			Facility Charges	(Prior Authorization Required)	
Screening part of physical exam       Pre-Admission Testing       Covered 100% after plan deductible met         Gynecological       Covered 100% after plan deductible met       Pre-Admission Testing       Covered 100% after plan deductible met         Medical Services       Other Services       Durable Medical Equipment       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Diagnostic Lab & X-ray       Covered 100% after plan deductible met       Vision       Covered 100% after plan deductible met         Surgery Fees       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible met         Surgery Fees       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible met         Outpatient MH/SA       Covered 100% after plan deductible met <td></td> <td></td> <td></td> <td></td>					
Gynecological     Covered     Pre-Admission Testing     Covered 100% after plan deductible met       Medical Office Visit     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Chiro.     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       Main Strate     Prosthetics     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       Main Strate     Prosthetics     Covered 100% after plan deductible met     Prosthetics     Covered 100% after plan deductible met       Allersy Services     Covered 100% after plan deductible met     Vision     Covered 100% after plan deductible met       Inpatient Medical Services     Covered 100% after plan deductible met     Prescriptions     R coops app starb the deductible met       Surgery Fees     Covered 100% after plan deductible met     * All benefits listed are for In-Network. For Out-of-Network benefits, plaes are required. No primary Care plan is Non-Gatekeeper. No referrals are required. No primary Care play is and the deductible met       Office Surgery     Covered 100% after plan deductible met     * All benefits listed are for In-Network. For	Hearing		Diagnostic Lab & X-ray	Covered 100% after plan deductible met	
Medical Services     Other Services       Medical Office Visit     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Ohiro.     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Ohiro.     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Ohiro.     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Allergy Services     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Diagnostic Lab & X-ray     Covered 100% after plan deductible met     Prescriptions     Rx coays apply after the deductible is net       Surgery Fees     Covered 100% after plan deductible met     Prescriptions     Rx coays apply after the deductible is net       Office Surgery     Covered 100% after plan deductible met     *     All benefits listed are for In-Network. For Out-of-Network benefits, plan security of the deductible met       Outpatient MH/SA     Covered 100% after plan deductible met     *     All benefits listed are for In-Network. For Out-of-Network benefits, plan security of the deductible met       Outpatient MH/SA     Covered 100% after plan deductible met     *<		Screening part of physical exam			
Medical Services     Other Services       Medical Office Visit     Covered 100% after plan deductible met     Durable Medical Equipment     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Ohiro.     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Ohiro.     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Outpatient PT/OT/ST/Ohiro.     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Allergy Services     Covered 100% after plan deductible met     Presthetics     Covered 100% after plan deductible met       Diagnostic Lab & X-ray     Covered 100% after plan deductible met     Prescriptions     Rx coays apply after the deductible is net       Surgery Fees     Covered 100% after plan deductible met     Prescriptions     Rx coays apply after the deductible is net       Office Surgery     Covered 100% after plan deductible met     *     All benefits listed are for In-Network. For Out-of-Network benefits, plan security of the deductible met       Outpatient MH/SA     Covered 100% after plan deductible met     *     All benefits listed are for In-Network. For Out-of-Network benefits, plan security of the deductible met       Outpatient MH/SA     Covered 100% after plan deductible met     *<					
Medical Office Visit       Covered 100% after plan deductible met       Durable Medical Equipment       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Outpatient PT/OT/ST/Chiro.       Covered 100% after plan deductible met       Prosthetics       Covered 100% after plan deductible met         Allergy Services       Covered 100% after plan deductible met       Home Health Care       Covered 100% after plan deductible met         Diagnostic Lab & X-ray       Covered 100% after plan deductible met       Vision       Covered 100% after plan deductible met         Inpatient Medical Services       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible is met         Surgery Fees       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible is met         Office Surgery       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible is met         Surgery Fees       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible is met         Outpatient MH/SA       Covered 100% after plan deductible met       Prescriptions       Rx copays apply after the deductible is met         Surg	Gynecological	Covered	Pre-Admission Testing	Covered 100% after plan deductible met	
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