

*

Deductible and Maximum Out-of-Pocket Amount (MOOP)		
	In-Network	Out-of-Network
Deductible		
<ul style="list-style-type: none"> • • 		
	In-Network	Out-of-Network
Maximum Out-of-Pocket		
<ul style="list-style-type: none"> • • • • • • • 		

*

Benefit	In-Network	Out-of-Network
Physician Office Visits		

*Pre-Authorization is required for in-

*

Benefit	In-Network	Out-of-Network
Pulmonary Rehabilitation*		
Vascular Rehabilitation*		
Vestibular Rehabilitation*		

*

Benefit	In-Network	Out-of-Network
---------	------------	----------------

*

Benefit	In-Network	Out-of-Network
Skilled Nursing Facility Services*		
Non-Emergent Ambulance Services		
Water and Ground Services Non-Emergent Transportation*		
Air Ambulance Services Non-Emergent Transportation*		

Emergency Services

*

Benefit	In-Network	Out-of-Network
Autism Spectrum Disorder*		
Employee Assistance Visits		
<p style="text-align: center;">Diabetes Treatment</p> <p style="text-align: center;">Insulin Pumps*</p>		

*



*

Prescription Drugs
LG_150D_15_40_60_20%__

*

*



*

*

Notice/Notes/Terms & Conditions:



*