Services You May Need	In-Network Provider	Out-of-Network Provider	Limitations & Exceptions
Abdominal Screening	$0 copay	20% coinsurance	none
Allergy Immunotherapy	$0 copay	20% coinsurance	none
Allergy Testing	$0 copay	20% coinsurance	none
Ambulance	$0 copay	Same as In-Network	Non-emergent requires prior authorization.
Annual Wellness Visit/Routine Physical Examination	$0 copay		You are covered up to 1 exam every year.
Bone Mass Measurement Exam	$0 copay	20% coinsurance	none
Breast Screening/Mammography	$0 copay	20% coinsurance	none
Cardia Rehab/Intensive Cardiac Rehab	$15 copay	20% coinsurance	none
Cardiovascular Disease Testing	$0 copay	20% coinsurance	none
Cardiovascular Disease Therapy	$0 copay	20% coinsurance	none
Cervical Cancer Screening	$0 copay	20% coinsurance	You pay $0 for each additional Pap Smear and Pelvic Exam up to 1 Pap Smear(s) and Pelvic Exam(s) every two years.
Chemotherapy Drugs	$0 copay	20% coinsurance	Prior authorization is required for certain Part B injectable drugs when administered in a physician's office or outpatient setting.
Chemotherapy Services	$0 copay	20% coinsurance	none
Chiropractic Services	$10 copay	20% coinsurance	none
Colorectal Screenings	$0 copay	20% coinsurance	none
Complex Radiology	$0 copay	20% coinsurance	none
Depression Screening	$0 copay	20% coinsurance	none
Diabetes Screening	$0 copay	20% coinsurance	none
Diabetes Supplies and Self-monitoring Training	$0 copay	20% coinsurance	none
Dialysis	$0 copay	Same as In-Network	If dialysis is performed at the PCP or Specialist office setting, only the dialysis copayment will apply.

Services You May Need	In-Network Provider	Out-of-Network Provider	Limitations & Exceptions
Disease Management		N/A	Refer to your Evidence of Coverage for Benefit Information.
Durable Medical Equipment	$0 copay	20% coinsurance	none
EKG Screening	$0 copay	20% coinsurance	Covered annually with routine physical exam.
Emergency Care	$40 copay	Services performed in the U.S. will be covered same as (in-network)	Copay waived if admitted
Fitness Center		N/A	Receive a basic fitness membership to a participating facility.
Glaucoma Screening	$0 copay	20% coinsurance	none
Hearing Services-Hearing Aids	Non-covered Services	N/A	Covered up to $500 for hearing aids every three years
Hearing Services-Medicare Covered Hearing Exam	$15 copay	20% coinsurance	none
Hearing Services-Non-Medicare Covered	Non-covered Service	N/A	none
Home Health Care	$0 copay	20% coinsurance	none
Hospice		Same as In-Network	Covered in full at a Medicare Certified Hospice.
Human Immunodeficiency Virus (HIV) Screening	$0 copay	20% coinsurance	none
Immunizations (influenza vaccine, Hepatitis B vaccine, Pneumonia vaccine	$0 copay	20% coinsurance	none
Inpatient Hospital Care	$0 [visits 1-90]	20% coinsurance	You are covered for unlimited days each benefit period
Inpatient Mental Health/Substance Abuse Facility Days	$0 [visits 1-90]	20% coinsurance	190 Day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare Approved Mental Health Facility.

Services You May Need	In-Network Provider	Out-of-Network Provider	Limitations & Exceptions
Medical Nutrition Therapy	$0 copay	20% coinsurance	Up to 6 nutrition counseling sessions yearly with an in-network doctor or registered dietician.
Medicare Part B Drugs	$0 copay	20% coinsurance	none
Obesity Screening/Therapy	$0 copay	20% coinsurance	none
Outpatient Diagnostic Procedures/Lab	$0 copay	20% coinsurance	none
Outpatient Mental-Psychiatric Services	$15 copay	20% coinsurance	none
Outpatient Occupational Therapy	$15 copay	20% coinsurance	none
Outpatient Physical Therapy	$15 copay	20% coinsurance	none
Outpatient Speech Language	$15 copay	20% coinsurance	none
Outpatient Substance Abuse	$15 copay	20% coinsurance	none
Outpatient Surgery-Ambulatory Surgical Center	$0 copay	20% coinsurance	none
Outpatient Surgery-Outpatient Hospital	$0 copay	20% coinsurance	none
Partial Hospitalization Includes Intensive Outpatient Programs	$15 copay	20% coinsurance	none
Podiatry Services	$15 copay	20% coinsurance	none
Primary Care Office Visit	$10 copay	20% coinsurance	none
Prostate Cancer Screenings	$0 copay	20% coinsurance	none
Prosthetics	$0 copay	20% coinsurance	none
Pulmonary Rehab	$15 copay	20% coinsurance	none
Radiation Therapy	$0 copay	20% coinsurance	none
Routine Radiology	$0 copay	20% coinsurance	none
Screening Sexually Transmitted Infections Counseling	$0 copay	20% coinsurance	none
Screening/Counseling Alcohol Misuse	$0 copay	20% coinsurance	none
Services Kidney Disease Education	$0 copay	20% coinsurance	Covers up to six sessions
Skilled Nursing Facility	$0 [visits 1-100]	20% coinsurance	No prior hospitalization required.
Smoking Cessation	$0 copay	20% coinsurance	none

Services You May Need	In-Network Provider	Out-of-Network Provider	Limitations & Exceptions
Smoking Cessation Program		N/A	Up to $200 will be covered as long as there is proof of enrollment.
Specialist Office Visit	$15 copay	20% coinsurance	none
Urgent Care	$15 copay	Services performed in the U.S. will be covered same as (in-network)	See below for additional details.
Vision Care-Medicare Covered	$15 copay	20% coinsurance	none
Vision Care-Non-Medicare Covered	Non-covered services	N/A	none
Vision Care-Medicare Covered Eye Wear			You are covered for one pair of eyeglasses or contact lenses after each cataract surgery.
Weight Management		N/A	Access to plan -approved weight manangement programs.

IN Network Maximum Out-of-Pocket (MOOP)	$6,700
Combined IN/Out of Network Pocket Maximum	$10,000
Out of Network Deductable	$250.00

* If there is a separate and distinct office visit evaluation and service, a copay will apply.
* The copayment amount depends on the provider type.
* Worldwide Coverage available. Amounts you pay for Emergency and Urgently needed care services received outside the U.S. do not count toward your maximum out-of-pocket amount (MOOP)
* Normal plan rules apply. ***Please refer to your Evidence of Coverage for more information.***
* You are covered for each Medicare covered urgently needed care visit. If seeking services from a PCP or Specialist normal cost-share will apply. Outside the U.S. you pay $65.00.