Inpatient detoxification
Substance
Group outpatient mental health treatment
Inpatient psychiatric hospitalization
Mental Health Services
DME items
Durable Medical Equipment
Prescription Drug Coverage
Ambulance Services
Note: This Cost Share does not apply if
Emergency Department visits
Emergency Health Coverage
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs $200 per admission
Outpatient Services
Outpatient surgery and certain other outpatient procedures $30 per procedure
Allergy injections (including allergy serum) No charge
Most immunizations (including the vaccine) No charge
Most X-rays and laboratory tests No charge
Covered individual health education counseling No charge
Covered health education programs No charge
Hospitalization Services
Room and board, surgery, anesthesia, X-rays, laboratory tests, and drugs $200 per admission
Emergency Health Coverage
Emergency Department visits $100 per visit
Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospitalization Services" for inpatient Cost Share).
Ambulance Services
Ambulance Services $50 per trip
Prescription Drug Coverage
Covered outpatient items in accord with our drug formulary guidelines:
Most generic items at a Plan Pharmacy $10 for up to a 30-day supply
Most generic refills through our mail-order service $20 for up to a 100-day supply
Most brand-name items at a Plan Pharmacy $25 for up to a 30-day supply
Most brand-name refills through our mail-order service $50 for up to a 100-day supply
Most specialty items at a Plan Pharmacy $25 for up to a 30-day supply
Durable Medical Equipment (DME)
DME items as described in the EOC 20% Coinsurance
Mental Health Services
Inpatient psychiatric hospitalization $200 per admission
Individual outpatient mental health evaluation and treatment $20 per visit
Group outpatient mental health treatment $10 per visit
Substance Use Disorder Treatment
Inpatient detoxification $200 per admission
(continues)
### Disclosure Form

<table>
<thead>
<tr>
<th>Service Description</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual outpatient substance use disorder evaluation and treatment</td>
<td>$20 per visit</td>
</tr>
<tr>
<td>Group outpatient substance use disorder treatment</td>
<td>$5 per visit</td>
</tr>
</tbody>
</table>

### Home Health Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home health care (up to 100 visits per Accumulation Period)</td>
<td>No charge</td>
</tr>
<tr>
<td>Skilled nursing facility care (up to 100 days per benefit period)</td>
<td>No charge</td>
</tr>
<tr>
<td>Prosthetic and orthotic devices as described in the EOC</td>
<td>No charge</td>
</tr>
<tr>
<td>Hospice care</td>
<td>No charge</td>
</tr>
</tbody>
</table>

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete explanation, please refer to the EOC. Please note that we provide all benefits required by law (for example, diabetes testing supplies).