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

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

\*Pre-Authorization is required for in-

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

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Benefit	In-Network	Out-of-Network
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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

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Benefit	In-Network	Out-of-Network
Autism Spectrum Disorder*		
Employee Assistance Visits		
Diabetes Treatment		
Insulin Pumps*		

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Prescription Drugs  
LG\_150D\_15\_40\_60\_20%\_\_

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Notice/Notes/Terms & Conditions:



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