

Preventive % &ell Care Services

Preventive % &ell Care Services are covered in full'

P(ysician Office )isits

\*ia+ )irtual Care Services

OB, \*-N Non-. outline )isits

"iagnostic La# Services

"iagnostic /-ray

! dvanced Imaging Services

. e(a#ilitative Services

Oos\$ital . e(a# Services

Service Category	In-Network Coverage	Limits and Exclusions
Mental Health (In-Patient)		
Mental Health (Out-Patient)		
Substance Abuse Treatment (In-Patient)		
Substance Abuse Treatment (Out-Patient)		
Maternity (Prenatal Care)		
Maternity (Physician Delivery)		