Heven	TAG SE	MOII	<b>Cale Services</b>

Well Child Care & Immrizations

(Ore Routine Hysical/Contract Year) Addt Hysical

Immrizations for Adults

Mammography

Armal Rap Test & Cb/Gyn Evam

Colonoscopy&Sigmidda py&B

Preventive & Well Care Services are covered in full.

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10% Coinsurance After Declucible 30% Coinsura

Impatient Physical Rehabilitation

10% Coinartabia

M

(Outpatient Hospital)

DiegBostid May (definier) ideay 'es c' 30% Circus arrecolles Delitable

10% Coinsurance After Declutible

30% Coinsura

30% Chirale

Service Category	In Network Coverage	Out of Network Coverage
Mental Health Outpatient	10%Coinsurance After Deductible	30%Coinsurance After Deduct?
Substance Use Discoder Inpatient Hospital	10%Coinsurance After Deductible	30% Coinsurance After Dec
Substance Use Disorder Outpatient	10%Coinsurance After Deductible	30% Coinsurance After
Materrity - Prenatal Care	10%Coinsurance After Deductible	30%Coinsurance &
Maternity - Physician Delivery	10%Coinsurance After Deductible	30%Coinsulary
Materrity - Inpatient Hospital Services	10% Coiss since 10: 17 20 files Mo	IA37% Colour
Skilled Nursing Facility	10%Coinsurance After Deductible	30% Coir
Home Health Care	10%Coinsurance After Deductible	30%℃
Hospice	10%Coinsurance After Deductiisle	30°
Durable Medical Equipment (DMF)	10%Coinsurance After Deductible	
Diabetic Supplies & Equipment	10%Coinsurance After Deductible	
ASqliv liiivit (ipt epiduti"		
*Acquiriture		
*Child Birth Classe a8°		