

Eligible health services	In-network coverage	Out-of-network coverage
<b>Specific Conditions</b>		
Diabetic services and supplies (including equipment and training)	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
[Impacted wisdom teeth]	90% (of the negotiated charge)	90% (of the recognized charge)
Accidental injury to sound natural teeth	90% (of the negotiated charge)	90% (of the recognized charge)
Obesity bariatric Surgery	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
<b>Maternity care</b>		
Maternity care (includes delivery and postpartum care services in a hospital or birthing center)	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
Well newborn nursery care in a hospital or birthing center	90% (of the negotiated charge) No policy year deductible applies	70% (of the recognized charge) No policy year deductible applies
<b>Family planning services - other</b>		
Voluntary sterilization for males - surgical services	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
<b>Gender reassignment (sex change) treatment</b>		
Surgical, hormone replacement therapy, and counseling treatment	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
<b>Autism spectrum disorder</b>		
Autism spectrum disorder treatment, diagnosis and testing and Applied behavior analysis	Covered according to the type of benefit and the place where the service is received	Covered according to the type of benefit and the place where the service is received
<b>Mental Health &amp; Substance Abuse Treatment</b>		
Inpatient hospital (room and board and other miscellaneous hospital services and supplies)	90% (of the negotiated charge) per admission	70% (of the recognized charge) per admission
Outpatient office visits (includes telemedicine consultations)	\$25 copayment then the plan pays 100% (of the balance of the negotiated charge) per visit thereafter	80% (of the recognized charge) per visit
Other outpatient treatment (includes Partial hospitalization and Intensive Outpatient Program)	90% (of the negotiated charge) per visit	70% (of the recognized charge) per visit