



## Comparison of benefits for Monroe Community College

2025

Type of care/plan features	PPO		Enhanced		Standard	
	In-Network	Out Of Network	In Network	Out Of Network	In Network	Out Of Network
<b>Plan features</b> <ul style="list-style-type: none"> <li>Primary Care Physician (PCP)</li> <li>Referrals</li> <li>Out of network benefits</li> <li>Out of area benefits</li> <li>Student/Dependent coverage</li> <li>Domestic partner</li> <li>Coverage Period</li> </ul>	<ul style="list-style-type: none"> <li>Not required</li> <li>Not required</li> <li>Covered</li> <li>Coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> <li>January 1st - December 31st</li> </ul>		<ul style="list-style-type: none"> <li>Required</li> <li>Not required</li> <li>Covered</li> <li>Coverage provided worldwide through the BlueCard program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul>		<ul style="list-style-type: none"> <li>Required</li> <li>Not required</li> <li>Covered</li> <li>Coverage provided worldwide through the BlueCard program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul>	
<b>Plan cost-sharing highlights</b> <ul style="list-style-type: none"> <li>Office visit copay (Primary Care Physician)</li> <li>Office visit copay (Specialist)</li> <li>Coinsurance</li> <li>Deductible</li> <li>Out of pocket maximum</li> <li>Lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay</li> <li>\$10 copay</li> <li>In-network: 10% Out-of-network: 30%</li> <li>Separate in and out of network: \$250 individual/\$750 family</li> <li>Separate In-network \$1,000 Ind./\$3,000 Family Out-of-Network: \$1,100 Ind./\$3,300 Family</li> <li>None</li> </ul>		<ul style="list-style-type: none"> <li>\$15 copay</li> <li>\$15 copay</li> <li>In-network: None; Out-of-network: 20%</li> <li>In-Network: None; Out-of-Network: \$300 individual/\$750 family</li> <li>In-Network: \$6350 Ind./\$12,700 Family Out-of-Network: \$6,985 Ind./\$13,970 Family</li> <li>None</li> </ul>		<ul style="list-style-type: none"> <li>\$20 copay</li> <li>\$20 copay</li> <li>In-Network: None; Out-of-Network: 25%</li> <li>In-Network: None; Out-of-Network: \$500 individual/\$1,250 family</li> <li>In-Network: \$6,350 Ind./\$12,700 Family Out-of-Network: \$6,985 Ind./\$13,970 Family</li> <li>None</li> </ul>	
<b>Wellness Incentive</b> <ul style="list-style-type: none"> <li>Stay healthy with great programs and incentives!</li> </ul>	<ul style="list-style-type: none"> <li>Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul>	<ul style="list-style-type: none"> <li>Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul>	<ul style="list-style-type: none"> <li>Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul>	<ul style="list-style-type: none"> <li>Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul>	<ul style="list-style-type: none"> <li>Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul>	<ul style="list-style-type: none"> <li>Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul>
<b>Preventive Health Care Services</b> <ul style="list-style-type: none"> <li>Well child visits</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>



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<ul style="list-style-type: none"> <li>Adult routine physical exams</li> <li>Adult immunizations</li> <li>Mammography</li> <li>Pap smear</li> <li>Routine GYN exam</li> <li>Prostate cancer screening</li> <li>Routine vision</li> <li>Colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for 1 exam per year according to national guidelines</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$10 copay</li> <li>\$10 copay for one routine exam every 2 years; \$60 eyewear allowance available every 2 years (Adults)</li> <li>Preventive and diagnostic covered according to the surgical benefit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible for one routine exam per year</li> <li>Not covered</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible for one routine exam every 2 years. \$60 eyewear allowance available every 2 years</li> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for 1 exam per year according to national guidelines</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$15 copay</li> <li>\$15 copay for one routine exam every 2 years; every year for children to age 19. \$60 eyewear allowance available every 12 months (Adults)</li> <li>Preventive covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> <li>Not covered</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Routine eye exams are not covered. \$60 eyewear allowance per member in any 12-month period.</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for 1 exam per year according to national guidelines</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$20 copay</li> <li>\$20 copay for one routine exam every 2 years; every year for children to age 19. \$60 eyewear allowance available every 12 months (Adults)</li> <li>Preventive covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> <li>Not covered</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Routine eye exams are not covered. \$60 eyewear allowance per member in any 12-month period.</li> <li>Covered at 75%, subject to the deductible</li> </ul>
<b>Physician Office Services</b>						
<ul style="list-style-type: none"> <li>Diagnostic office visits</li> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay per visit</li> <li>Covered at 90%, subject to the deductible. Precertification applies to MRI, PET and CAT scans.</li> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans.</li> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$15 copay per visit</li> <li>\$15 copay per visit</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per visit</li> <li>\$20 copay per visit</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> </ul>



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<ul style="list-style-type: none"> <li>Allergy tests</li> <li>Allergy injections</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>\$10 copay per visit</li> <li>Covered in full</li> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$15 copay per visit</li> <li>\$15 copay per visit</li> <li>Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per visit</li> <li>\$20 copay per visit</li> <li>\$20 copay per visit</li> <li>\$20 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> </ul>
<b>Maternity Services</b>						
<ul style="list-style-type: none"> <li>Prenatal Care</li> <li>Hospital care for mom (including delivery)</li> <li>Newborn nursery care</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered at 90%, subject to the deductible</li> <li>Covered at 90%</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Hospital-Subject to \$100 copay per admission; Delivery-Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> </ul>
<b>Prescription Drug</b>						
<ul style="list-style-type: none"> <li>Short-term and maintenance drugs</li> <li>Short-term and maintenance drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$10/\$25/\$40</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>\$5/\$20/\$35</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>	<ul style="list-style-type: none"> <li>\$10/\$25/\$40</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Inpatient Hospital Benefits</b>						
<ul style="list-style-type: none"> <li>Hospital benefits</li> <li>Physician visits in the hospital</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible. Precertification applies.</li> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible. Precertification applies.</li> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for unlimited days</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible. Precertification applies.</li> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$100 copay per admission for unlimited days</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> <li>Covered at 75%, subject to the deductible</li> </ul>



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<ul style="list-style-type: none"> <li>Inpatient physical rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100% for up to 60 days per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible for up to 60 days per year. Precertification applies.</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 100% for up to 60 days per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to 60 days per year. Precertification applies.</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$100 copay per admission for 60 days per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible for up to 60 days per year. Precertification applies.</li> </ul>
<ul style="list-style-type: none"> <li>Surgery</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<b>Emergency Care</b>						
<ul style="list-style-type: none"> <li>Emergency room care</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit, unless admitted within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit, unless admitted within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>\$75 copay per visit, unless admitted within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>\$75 copay per visit, unless admitted within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>\$100 copay per visit, unless admitted within 24 hours</li> </ul>	<ul style="list-style-type: none"> <li>\$100 copay per visit, unless admitted within 24 hours</li> </ul>
<ul style="list-style-type: none"> <li>Freestanding urgent care center</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$25 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay</li> </ul>
<b>Outpatient Hospital Benefits</b>						
<ul style="list-style-type: none"> <li>Diagnostic x-rays</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible. Precertification applies to MRI, PET and CAT scans</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans</li> </ul>	<ul style="list-style-type: none"> <li>\$15 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Diagnostic laboratory and pathology</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Surgical care</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Facility: Covered in full; Physician: \$15 copay</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Facility: \$50 copay; Physician: \$20 copay</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Chemotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay for IV/injectable chemotherapy, in addition to a \$20 copay for the office visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>
<ul style="list-style-type: none"> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 90%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 70%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> </ul>	<ul style="list-style-type: none"> <li>\$20 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 75%, subject to the deductible</li> </ul>



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<b>Mental Health and Chemical Dependence</b>						
• Inpatient mental health care	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Subject to \$100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible
• Outpatient mental health care	• \$10 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 70%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.	• \$15 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible	• \$20 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 75%, subject to the deductible
• Inpatient chemical dependence	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Subject to \$100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible
• Outpatient chemical dependence	• \$10 copay	• Covered at 70%, subject to the deductible	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$20 copay per visit	• Covered at 75%, subject to the deductible
<b>Other Services</b>						
• Diabetic insulin and supplies	• \$10 copay for up to a 30 day supply	• Covered at 70%, subject to the deductible for up to a 30 day supply	• \$15 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply	• \$20 copay for up to a 30 day supply	• Covered at 75%, subject to the deductible for up to a 30 day supply
• Skilled nursing facility	• Covered at 90%, subject to the deductible for up to 120 days per year. Precertification applies.	• Covered at 70%, subject to the deductible for up to 120 days per year. Precertification applies.	• Covered in full for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year. Precertification applies.	• Covered in full for up to 45 days per year	• Covered at 75%, subject to the deductible for up to 45 days per year. Precertification applies.
• Home care	• Covered at 90%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.	• Covered at 75%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.	• Covered in full for unlimited visits	• Covered at 80%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.	• Covered in full for unlimited visits	• Covered at 75%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.
• Hospice	• Covered at 90% for unlimited visits per year.	• Covered at 70% for unlimited visits per year.	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible for unlimited visits per year



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• Outpatient therapy	• Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 70%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• \$15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy	• \$20 copay per visit for up to a combined 45 visits for physical, speech and occupational therapy	• Covered at 75%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy
• Durable medical equipment	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible
• External prosthetics	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible
• Chiropractic	• \$10 copay per visit	• Covered at 70%, subject to the deductible	• \$15 copay per visit	• Covered at 80%, subject to the deductible	• \$20 copay per visit	• Covered at 75%, subject to the deductible
• Acupuncture	• Not covered	• Not covered	• Covered at 50% for up to 10 visits per year	• Covered at 50%, subject to the deductible, for up to 10 visits per year	• Covered at 50% for up to 10 visits per year	• Covered at 50%, subject to the deductible, for up to 10 visits per year
• Dental	• Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 70%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• \$15 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• \$20 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 75%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
• Hearing	• Routine exams not covered	• Routine exams not covered	• \$15 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Routine exams not covered	• \$20 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Routine exams not covered