

The chart below highlights the benefits/services that are the same across all medical plans.

In-Network Core Benefits for All Medical Plans	
Benefit/Service	Coverage Levels
Ambulance Service	<ul style="list-style-type: none"> Covered at 80%.
Diabetic Supplies and Insulin	<ul style="list-style-type: none"> Covered at 100% upon participation in <i>Take Charge! Live Well!</i> chronic condition management program. Covered at 80% with no participation in the chronic condition management program.
Dietitian Services	<ul style="list-style-type: none"> Covered at 80%; covers the cost of two medically necessary visits with a network dietitian per condition per year; some plans may require a \$20 copay.
Durable Medical Equipment	<ul style="list-style-type: none"> Covered at 80%. Includes equipment such as hospital beds, wheelchairs, crutches and oxygen equipment; check with plan to determine what equipment is covered.
Emergency Room	<ul style="list-style-type: none"> Covered at 80%; plans require a \$75 copay, which is waived if patient is admitted.
Preventive Exams & Screenings	<ul style="list-style-type: none"> Most preventive care covered at 100% (see Preventive Care chart on page 10). Covered at 80% for diagnostic screenings. Age restrictions may apply.
Immunizations	<ul style="list-style-type: none"> Most are covered at 100% (see Preventive Care chart on page 10).
Diagnostic, X-Ray and Lab Services	<ul style="list-style-type: none"> Most are covered at 100% in conjunction with preventive services; covered at 80% if not in conjunction with preventive services.
Home Health Care	<ul style="list-style-type: none"> Covered at 80%; limit of 100 visits or 180 days for all plans.
Hospice Services	<ul style="list-style-type: none"> Covered at 100% with no copay, time or dollar limitations.
Infertility Testing	<ul style="list-style-type: none"> Covered at 80%; some plans may require a \$20 copay. Coverage includes testing only.
Inpatient and Outpatient Services	<ul style="list-style-type: none"> Covered at 80%. Includes medical/surgical care while hospitalized and services from a personal physician, anesthesiologist or pathologist while hospitalized.
Maternity - Delivery	<ul style="list-style-type: none"> Covered at 80%.
Maternity - Prenatal Care	<ul style="list-style-type: none"> Office visits covered at 100% when billed separately from delivery; tests/procedures covered at 80%.
Prostheses	<ul style="list-style-type: none"> Covered at 80%; covers initial and replacement prosthetic devices, both internal and external devices.
Skilled Nursing Facility	<ul style="list-style-type: none"> Covered at 80%; 180-day limit, additional days covered at 60%.