

Preventive care Well-care physicals, immunizations, Pap smear exams, mammograms	\$5 copay
Rehabilitation services (Occupational, speech, physical-including massage) Rehab visits are a total of combined therapy visits PCY	Outpatient: 60 visits PCY \$5 copay Inpatient: 60 days PCY Covered in full
Skilled nursing facility (PCY)	Covered in full up to 60 days
Sterilization (vasectomy, tubal ligation)	\$5 copay
Temporomandibular Joint (TMJ) Services	\$1,000 PCY; \$5,000 lifetime max Outpatient: \$5 copay Inpatient: Covered in full
Tobacco Cessation See pharmacy benefit for associated drug coverage	Free & Clear Program - covered in full
Vision care Routine vision exam (1 visit every 12 months) No limit for medically necessary eye visits	\$5 copay
Optical Hardware Lenses, including contact lenses, and frames	\$50 per 24 months

