

PRESCRIPTION DRUGS		

	In-Network Provider	Out-of-Network Provider* Balance billing may apply
MISCELLANEOUS SERVICES		
Adoption / Assisted Reproductive Technology (ART) ART requires Preauthorization. Excludes multiple-embryo ART implants	20% after deductible, up to \$4,000 per adoption or up to \$4,000 per single-embryo ART implant	
Allergy Serum	20% after deductible	40% after deductible
Chiropractic care Up to 10 visits per plan year	20% after deductible	Not covered
Durable Medical Equipment Some DME requires Preauthorization. Visit www.pehp.org for complete list. See Master Policy for benefit limits	20% after deductible Summit Network / Alpine Home Medical	40% after deductible
Medical Supplies See Master Policy for benefit limits	20% after deductible	40% after deductible
Home Health/Skilled Nursing Up to 60 visits per plan year. Requires Preauthorization	20% after deductible	40% after deductible
Home Hospice	20% after deductible	40% after deductible
Injections Includes allergy injections. See above for allergy serum	20% after deductible	40% after deductible
Infertility Services Select services only. See Master Policy for details	20% after deductible	40% after deductible
Temporomandibular Joint Dysfunction Non-surgical. Up to \$1,000 lifetime maximum. See Master Policy for details	20% after deductible	40% after deductible