Prescription Drug Coverage	You Pay
Most brand-name items (Tier 2) at a Plan Pharmacy	$30 for up to a 30-day supply after Plan Deductible
Most brand-name (Tier 2) refills through our mail-order service	$60 for up to a 100-day supply after Plan Deductible
Most specialty items (Tier 4) at a Plan Pharmacy	$30 for up to a 30-day supply after Plan Deductible

Durable Medical Equipment (DME)	You Pay
Base DME items as described in the *EOC*	10% Coinsurance after Plan Deductible
Supplemental DME items up to a $2,500 benefit limit per Accumulation Period as described in the *EOC*	10% Coinsurance after Plan Deductible

Mental Health Services	You Pay
Inpatient psychiatric hospitalization	10% Coinsurance after Plan Deductible
Individual outpatient mental health evaluation and treatment	10% Coinsurance after Plan Deductible

	You Pay
Inpatient detoxification	10% Coinsurance after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment	10% Coinsurance after Plan Deductible
Group outpatient substance use disorder treatment	10% Coinsurance after Plan Deductible

Home Health Services	You Pay
Home health care (up to 100 visits per Accumulation Period)	No charge after Plan Deductible

Other	You Pay
Skilled nursing facility care (up to 100 days per benefit period)	10% Coinsurance after Plan Deductible
Prosthetic and orthotic devices as described in the *EOC*	No charge after Plan Deductible
Services to diagnose or treat infertility and artificial insemination (such as outpatient procedures or laboratory tests) as described in the *EOC*	the Cost Share you would pay if the Services were to treat any other condition
Assisted reproductive technology ("ART") Services	Not covered
Hospice care	No charge after Plan Deductible

This is a summary of the most frequently asked-about benefits. This chart does not explain benefits, Cost Share, out-of-pocket maximums, exclusions, or limitations, nor does it list all benefits and Cost Share amounts. For a complete

testing supplies).