(continued)

Most brand-name items (Tier 2) at a Plan Pharmacy	\$30 for up to a 30-day supply (Plan Deductible doesn't apply)
Most brand-name (Tier 2) refills through our mail-order service	\$60 for up to a 100-day supply (Plan Deductible doesn't apply)
Most specialty items (Tier 4) at a Plan Pharmacy	\$30 for up to a 30-day supply (Plan Deductible doesn't apply)
DME items as described in the EOC	20% Coinsurance (Plan Deductible doesn't apply)
Inpatient psychiatric hospitalization	10% Coinsurance after Plan Deductible
Individual outpatient mental health evaluation and treatment	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient mental health treatment	\$10 per visit (Plan Deductible doesn't apply)
Inpatient detoxification	10% Coinsurance after Plan Deductible
Individual outpatient substance use disorder evaluation and treatment	\$20 per visit (Plan Deductible doesn't apply)
Group outpatient substance use disorder treatment	\$5 per visit (Plan Deductible doesn't apply)
Home health care (up to 100 visits per Accumulation Period)	No charge (Plan Deductible doesn't apply)
Hearing aids every 36 months	Amount in excess of \$500 Allowance per aid (Allowance not subject to Plan Deductible)
Skilled nursing facility care (up to 100 days per benefit period)	10% Coinsurance (Plan Deductible doesn't apply)
Prosthetic and orthotic devices as described in the EOC	No charge (Plan Deductible doesn't apply)
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 (Plan Deductible doesn't apply)