



# Health Services and Treatments

CATEGORIES	Covered	Referral	Co Pay		Deductibles		Maximum
			In-network	Out network	Medical	Prescript	
Primary Care	yes / no	yes / no					
Specialist Visits	yes / no	yes / no					
Emergency Care	yes / no	yes / no					
Urgent Care	yes / no	yes / no					
Hospital Care	yes / no	yes / no					
Prescriptions	yes / no	yes / no					
Screenings	yes / no	yes / no					
Imaging (x-ray, MRI, CT)	yes / no	yes / no					
Surgery	yes / no	yes / no					
Physical Therapy	yes / no	yes / no					
Med Equipmt	yes / no	yes / no					
Second Opinions	yes / no	yes / no					
Mental Health	yes / no	yes / no					
Clinical Trials	yes / no	yes / no					
Palliative Care	yes / no	yes / no					
Resite Care	yes / no	yes / no					
Home H/ care	yes / no	yes / no					
Other Services	yes / no	yes / no					
Dental Care	yes / no	yes / no					
Dental Preventv	yes / no	yes / no					
Dental Restor Basic	yes / no	yes / no					
Dental Restor Major	yes / no	yes / no					
Orthodontics	yes / no	yes / no					
Dental Children	yes / no	yes / no					



## My Care and Treatment Centers

	Name	Address	Phone	Ext
My Primary Physician				
My Neurologist				
Other Specialist Psychologist, Urologist				
Other Places of care Lab, infusion, imaging				
My Hospital				
My Medicines				

## My Cost

PLAN	Platinum	Gold	Silver	Bronze
Type				
People				
Income				
Premium				
Deductibles				
Co Pays				
Primary visit				
Specialist visit				
Hospital visit				
Emergency visit				
Urgent Care				
Prescriptions				
Other				
Other				
Co-insurance				
Max OOP				
Tax Credits				
Other Costs				