

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	
If you need drugs to treat your illness or condition. More information about prescription drug coverage is available at www.caremark.com .	Generic drugs (Tier 1)	Benefits are applied by outside vendor	Benefits are applied by outside vendor	None
	Preferred brand drugs (Tier 2)	Benefits are applied by outside vendor	Benefits are applied by outside vendor	
	Non-preferred brand drugs (Tier 3)	Benefits are applied by outside vendor	Benefits are applied by outside vendor	
	Specialty drugs (Tier 4)	Benefits are applied by outside vendor	Benefits are applied by outside vendor	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% Coinsurance	40% Coinsurance	None
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	None
If you need immediate medical attention	Emergency room care	20% Coinsurance	20% Coinsurance	In-network deductible applies to Out-of-network benefits
	Emergency medical transportation	20% Coinsurance	20% Coinsurance	In-network deductible applies to Out-of-network benefits; Preauthorization is required for Non-emergency services.
	Urgent care	20% Coinsurance	40% Coinsurance	None

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Excluded Services & Other Covered Services:

Services Your [Plan](#) Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

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| <input checked="" type="checkbox"/> Acupuncture | <input checked="" type="checkbox"/> Hearing aids | <input checked="" type="checkbox"/> Routine foot care |
| <input checked="" type="checkbox"/> Cosmetic surgery | <input checked="" type="checkbox"/> Infertility treatment | <input checked="" type="checkbox"/> Weight loss programs |
| <input checked="" type="checkbox"/> Dental care (Adult) | <input checked="" type="checkbox"/> Long | |

