



## **Services that apply to deductible\*\***

1. Allergy Injections, Testing and/or Allergy antigen serum
2. Ambulance
3. Anesthesia whether rendered by an anesthesiologist or certified nurse anesthetist
4. Blood, Packed Red Blood, Blood Admin fees & Blood Products
5. Cardiac Rehabilitation
6. Contacts or Glasses after Cataract surgery
7. Chemotherapy and/or Radiation Therapy
8. Corrective appliances, Prosthetic Devices, Durable Medical Equipment & Foot Orthotics
9. Diabetic supplies & Prescription drugs given within an inpatient or outpatient setting of a hospital
10. Diagnostic, Hearing Testing included but not limited to EEG, EKG
11. Dialysis
12. Home Health Care & Home infusion therapy
13. Hospice Care
14. Hospital Room & Board including newborn delivery and/or skilled nursing facility charges as well as Miscellaneous facility services associated with inpatient hospital stay
15. Infertility Testing, counseling and services to diagnosis the reason for being unable to conceive a Child
16. Inpatient Physician visits
17. Laboratory services included but not limited to venipuncture, urinalysis \*
18. Non Routine Mammograms & Pap Smears
19. Medical Supplies except Enteral formula or other nutritional supplements
20. X-rays, MRI, Cat scans and other radiology services including but not limited to X-rays associated with chiropractic care
21. Inpatient and/or outpatient Occupational, Physical, Speech and/or Respiratory therapy services
22. Surgical Procedures including but not limited to circumcision, oral surgery, removal of impacted wisdom teeth, male sterilization surgical procedures
23. Registered or Private Duty Nursing
24. Authorized Temporomandibular Joint Syndrome services
25. Therapeutic injections including but not limited to Hydrocortisone, Morphine and Interferon injections
26. Organ transplants and transplant travel expenses

\*Lab Services obtained at the In-network Primary Care Physician's office will not be subject to deductible. This includes Family Practice Physicians, Pediatricians and Internal Medicine Practitioners.

\*\*Please refer to plan Summary Plan Description for complete outline of covered services.