

Benefit	Covered*	Benefit Description	Quantitative Limit on Service?	Limit Quantity	Limit Units	Other Limit Units Description	Minimum Stay	Exclusions	Explanation	Are there additional Limitations or Exclusions for this benefit?
	Required: Is benefit Covered or Not Covered	Required if Benefit is Covered: Enter Description	Required if Covered: Select "Yes" if Quantitative Limit applies	Required if Quantitative Limit is "Yes": Enter Limit Quantity	Required if Quantitative Limit is "Yes": Double-click the cell to select the correct limit units	Required if "Other" Limit Unit: If a Limit Unit of "Other" was selected in Limit Units, enter a description	Optional: Enter the Minimum Stay (in hours) as a whole number	Optional: Enter any Exclusions for this benefit	Optional: Enter an Explanation for anything not listed	Required if Covered: Select "Yes" if there are additional limitations or exclusions that need to be described

Primary Care Visit to Treat an Injury or Illness
Specialist Visit
Other Practitioner Office Visit (Nurse, Physician Assistant)
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)
Outpatient Surgery
Physician/Surgical Services
Hospice Services
Non-Emergency Care When Traveling Outside the U.S.
Routine Dental Services (Adult)
Infertility Treatment
Long-Term/Custodial Nursing Home Care
Private-Duty Nursing
Routine Eye Exam (Adult)
Urgent Care Centers or Facilities
Home Health Care Services
Emergency Room Services
Emergency
Transportation/Ambulance
Inpatient Hospital Services (e.g., Hospital Stay)
Inpatient Physician and Surgical Services
Bariatric Surgery
Cosmetic Surgery
Skilled Nursing Facility
Prenatal and Postnatal Care
Delivery and All Inpatient Services for Maternity Care
Mental/Behavioral Health Outpatient Services
Mental/Behavioral Health Inpatient Services
Substance Abuse Disorder Outpatient Services
Substance Abuse Disorder Inpatient Services
Generic Drugs
Preferred Brand Drugs
Non-Preferred Brand Drugs
Specialty Drugs
Outpatient Rehabilitation Services
Habilitation Services
Chiropractic Care
Durable Medical Equipment
Hearing Aids
Diagnostic Test (X-Ray and Lab Work)
Imaging (CT/PET Scans, MRIs)
Preventive
Care/Screening/Immunization
Routine Foot Care
Acupuncture
Weight Loss Programs
Routine Eye Exam for Children
Eye Glasses for Children
Dental Check-Up for Children
Other