



<b>Benefit</b>	<b>First Priority Health Network Direct Access</b>	<b>BlueCard Network Direct Access</b>
Speech Therapy	100% after \$20 copay benefit maximum of 45 visits, per therapy, per benefit period non-aggregate with physical medicine and occupational therapy	80% after deductible benefit maximum of 45 visits, per therapy, per benefit period non-aggregate with physical medicine and occupational therapy
Occupational Therapy	100% after \$20 copay benefit maximum of 45 visits, per therapy, per benefit period non-aggregate with physical medicine and speech therapy	80% after deductible benefit maximum of 45 visits, per therapy, per benefit period non-aggregate with physical medicine and speech therapy
Spinal Manipulations	not covered	not covered
Cardiac Rehabilitation Therapy	100%	80% after deductible
	limit: 36 visits	
Infusion Therapy	100%	80% after deductible
Chemotherapy	100%	80% after deductible
Radiation Therapy	100%	80% after deductible
Dialysis	100%	80% after deductible
<b>Mental Health / Substance Abuse</b>		
Inpatient Mental Health Services	100%	80% after deductible
Inpatient Detoxification / Rehabilitation	100%	80% after deductible
Outpatient Mental Health Services (includes virtual behavioral health visits)	100%	80% after deductible
Outpatient Substance Abuse Services	100%	80% after deductible
<b>Other Services</b>		
Allergy Extracts and Injections	100%	80% after deductible

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This is not a contract. This benefits summary presents plan highlights only. Please refer to the policy/ plan documents, as limitations and exclusions apply. The policy/ plan documents control in the event of a conflict with this benefits summary.

- (1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.
- (2) The Network Total Maximum Out-of-Pocket (TMOOP) is mandated by the federal government. TMOOP must include deductible, coinsurance, copays, prescription drug cost share and any qualified medical expense.
- (3) Services are limited to those listed on the Highmark Preventive Schedule with enhancements (Women's Health Preventive Schedule may apply).
- (4) Benefits for Emergency Care Services rendered by an Out-of-Network Provider will be paid at the Network services level. Benefits for Hospital Services or Medical Care Services rendered by an Out-of-Network Provider to a member requiring an inpatient admission or observation immediately

