

Benefit Comparison Chart	Bronze 60 HMO + Child Dental	
Covered Services	2022	2023
Facility Services	(After Deductible)	(After Deductible)
Substance Use Disorder Inpatient Professional Fee	40% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)
Home Health Services		
Home Health Care	40% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)
Rehabilitation Services	\$65 copay	\$65 copay
Habilitation Services	\$65 copay	\$65 copay
Skilled Nursing Care	40% Coinsurance (After Deductible)	40% Coinsurance (After Deductible)
Hospice Services	\$0 Copay	\$0 Copay
Pediatric Vision and Dental (Included in Plan)		
Pediatric Vision (Ages 0-18) Administered by VSP		
Eye Exam Including Refraction and Dilation Per Year	\$0 Copay	\$0 Copay
1 Pair of Glasses Per Year (or Contact Lenses in Lieu of Glasses) Calendar Year	\$0 Copay	\$0 Copay
Pediatric Dental (Ages 0-18) Administered by Delta Dental		
Child Dental Diagnostic and Preventive Services	See Delta Dental EOC	See Delta Dental EOC