

Skilled Nursing Facility	
<p>Skilled nursing care in a skilled nursing facility when full-time skilled nursing care is necessary in the opinion of the attending physician, limited to a total of 60 days per calendar year.</p> <p>Care may include room and board; general nursing care; drugs, biologicals, supplies and equipment ordinarily provided or arranged by a skilled nursing facility; services provided by a licensed behavioral health provider, and short-term restorative occupational therapy, physical therapy and speech therapy.</p> <p>Skilled nursing care in a skilled nursing facility requires Preauthorization.</p>	After Deductible, Member pays nothing
Exclusions: Personal comfort items such as telephone and television; rest cures; domiciliary or Convalescent Care	

Sterilization	
<p>FDA approved female sterilization procedures, services and supplies. See Preventive Services for additional information.</p> <p>Non-Emergency inpatient hospital services require Preauthorization.</p>	No charge; Member pays nothing
<p>Vasectomy and supplies.</p> <p>Non-Emergency inpatient hospital services require Preauthorization.</p>	No charge; Member pays nothing
Exclusions: Procedures and services to reverse a sterilization	

Telehealth Services	
<p>Telemedicine</p> <p>Services provided by the use of real-time interactive audio and video communications or store and forward technology between the patient at the originating site and a Network Provider at another location. Store and forward technology means sending a Member’s medical information from an originating site to the Provider at a distant site for later review. The Provider follows up with a medical diagnosis for the Member and helps manage their care. Services must meet the following requirements:</p> <ul style="list-style-type: none"> • Be a Covered Service under this EOC. • The originating site is qualified to provide the service. • If the service is provided through store and forward technology, there must be an associated office visit 	<p>No charge; Member pays nothing</p> <p>For Physical Therapy, same rate as seeing a physical therapy in office. Please refer to your insurance plan for the rate.</p>