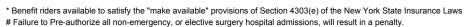
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	<u> </u>	\$0 co-payment	Subject to deductible and co-insurance
	Diabetic Equipment and Supplies	\$20 co-payment per item or 34-day supply	Subject to deductible and co-insurance



[^] Must be authorized. Provider will be paid at the Atlantis usual, customary rate.

Note: Benefit limitations and maximums are per Member per calendar year.

EXCLUSIONS: This SUMMARY OF BENEFITS highlights the standard benefits of the HMO Point of Service contract. Benefits shown may be subject to Restrictions, Exclusions and Limitations found in the Group Subscriber Contract.

