University of Detroit Mercy Effective Date: 07/01/2024 Base Plan

Women's Health		
Routine Digital Rectal Exam		
Prostate-specific Antigen Test		
Colorectal Cancer Screening		
Pouting Eve Evens		
Routine Eye Exams		
Routine Hearing Screening		
PHYSICIAN SERVICES	IN-NETWORK	OUT-OF-NETWORK
Office Visits to Non-Specialist		
Teledoc ¦		
Specialist Office Visits		
Audiometric Hearing Exam		
Pre-Natal Maternity		
Walk-in Clinics		
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Non-Urgent Use of Urgent Care		
Provider		
Emergency Room		
Non-Emergency Care in an		
Emergency Room		
Emergency Use of Ambulance		
Non-Emergency Use of Ambulance		
HOSPITAL CARE	IN-NETWORK	OUT-OF-NETWORK
Inpatient Coverage		
Inpatient Maternity Coverage		
Outpatient Hospital Expenses		
Outpatient Surgery - Hospital		
Outpatient Surgery - Freestanding		
Facility		
MENTAL HEALTH SERVICES	IN-NETWORK	OUT-OF-NETWORK
Inpatient		
Outpatient		
SUBSTANCE ABUSE	IN-NETWORK	OUT-OF-NETWORK
Inpatient		

Autism Behavioral Therapy	
Autism Applied Behavior Analysis	
Autism Physical Therapy	
Autism Occupational Therapy	
Autism Speech Therapy	
Durable Medical Equipment	
Orthotics	
Diabetic Supplies	
Affordable Care Act mandated	
Women's Contraceptives	
Women's Contraceptive drugs and	
devices not obtainable at a	
pharmacy	
Vision Eyewear	
Transplants	

PHARMACY	IN-NETWORK	OUT-OF-NETWORK
Generic Drugs		
Reta	il	
Mail Orde	e r	
Preferred Brand-Name Drugs		
Reta	il	
Mail Orde	e r	
Non-Preferred Brand-Name Drugs		
Reta		
Mail Orde	e r	