Type of Coverage Description To complete the following sheet, fill in 47 spaces. You MUST fill in ALL of the spaces in a box to gain the benefits. No categories are required, but you cannot get a 'higher level' (Basic < Medium < High) without COMPLETELY filling in all the spaces for all lower levels		000000000000000000000000000000000000000	0	out A	entry is LL the	paces	G, you MU in an entry s in an entr	JST fill /, or	ediu	This e out Al (Basic	LL the pre	RONG, you Milevious levels of m < High), before levels.	f care
Hospitalization	will admit you.												
Infertility	Pays for tests and special procedures for someone having trouble getting pregnant		0		•		all of the re filled, th	nus					
Last chance	Pays for special treatment in life-threatening situations like organ failure or extreme illness		0	'Long-Term' coverage at a 'Bas level has been obtained				ic'	0				
Long-Term	Pays for your care over a long period of time in a residential or nursing home	0						0	0	0			
Mental health and	ental health and Pays for counseling and therapy, treatment of menta		0 0						0				
substance abuse	illness, and alcohol and drug abuse												
Other medical	Pays for services and equipment like physical therapy, occupational therapy, ambulance service, wheel chair, hospital beds, and artificial limbs	level of 'has beer						Pharma filled o	HT, since t cy' covera ut, it is no the 'Med	ge at ' B w also	asic'		
Pharmacy	Pays for medicines your doctor prescribes	0	0	0)			000			C	0	
Primary	Pays for regular care from your primary or "family" doctor and staff. Your primary doctor can refer you to other doctors, order special services, and coordinate your care	0	0				⁻. You dont					0	
Specialty	Pays for special problems your primary doctor and staff don't handle	0		fill o	ut othe	r space ctions,	if you woul es with you it is OK to	ır 47	r)	0	000	0
Tests	Pays for blood work, x-rays, or other tests you need	0	0	9					0				
Vision	Pays for eye exams, glasses, and contact lenses		0						0				