

2012/2013 Keystone Medical Plan Comparison

COVERAGES	KEYSTONE HMO 15	KEYSTONE POS 15B	
		<i>Referred</i>	<i>Self-Referred</i>
Deductible Individual/Family	NONE	NONE	\$200/\$600
Annual Copay Maximum Individual/Family	\$1,000/\$2,000	\$1,000/\$2,000	N/A
Coinsurance Limit Individual/Family	Unlimited	N/A	\$1,000/\$3,000
Overall Lifetime Maximum	Unlimited	Unlimited	Unlimited
Primary Care Office Visit	\$15 Copay	\$15 Copay	80% after ded.
Specialist Office Visit	\$25 Copay	\$25 Copay	80% after ded.
Maternity Care	\$25 Copay, 1st visit	\$25 Copay, 1st visit	80% after ded.
Pediatric Immunizations	100%	100%	80% NO ded.
Routine Gyn Exam	100%	100%	80% NO ded.
Routine Mammography	100%	100%	80% NO ded.
Hospitalization	\$100 Copay/day; \$500 max/adm.	\$100 Copay/day; \$500 max/adm.	80% after ded.
Outpatient Radiology	100%	100%	80% after ded.
Outpatient Laboratory	100%	100%	80% after ded.
Emergency Room	\$150 Copay (waived if admitted)	\$150 Copay (waived if admitted)	\$150 Copay (waived if admitted)
Outpatient Surgery	\$50 Copay	\$50 Copay	80% after ded.
Spinal Manipulations	100% Up to 60 consecutive days per condition	100% up to 60 consecutive days per condition	80% after ded. (\$1,000 max/yr)
Therapy: Physical, Speech and Occupational	100% Up to 60 consecutive days per condition	100% up to 60 consecutive days per condition	80% after ded. (\$5,000 max/yr)
Durable Medical Equipment	100%	100%	80% after ded.
Prescription Drug	\$15 Generic Formulary \$35 Brand Formulary \$50 Non-Formulary	\$15 Generic Formulary \$35 Brand Formulary \$50 Non-Formulary	Covered 30% at a non-participating pharmacy
Injectable Medications Standard / Biotech-Specialty	100%	100%	
Vision	\$100 Davis Vision Rider once every two cal. yrs.	\$100 Davis Vision Rider once every two cal. yrs.	
Inpatient Mental Health	\$100 Copay/day; \$500 max/adm.	\$100 Copay/day; \$500 max/adm.	80% after ded.
Outpatient Mental Health	\$25 Copay/visit	\$25 Copay/visit	80% after ded.
Inpatient Serious Mental Illness	\$100 Copay/day; \$500 max/adm.	\$100 Copay/day; \$500 max/adm.	80% after ded.
Outpatient Serious Mental Illness	\$25 Copay/visit	\$25 Copay/visit	80% after ded.

PLEASE NOTE: FOR SUMMARY PURPOSES ONLY. FOR FURTHER DETAILS, PLEASE REFER TO YOUR CONTRACT BOOKLET.