

Medical Plans

11/1/2016 – 12/31/2017 14-month plan summary

COVERAGES	CONSUMER DRIVEN HEALTH PLAN (Personal Choice HDHP w/ Rx)		KEYSTONE HMO 25
	<i>In Network</i>	<i>Out of Network</i>	
Deductible - Individual/Family	\$1,750/\$3,500	\$5,833/\$11,667	NONE
Out of Pocket Maximum - Indiv/Fam	\$5,600/\$11,200	\$10,000/\$20,000	\$1,500/\$3,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Coinsurance	100% after ded.	50%	N/A
Primary Care Office Visit	100% after ded.	50%	\$25 Copay
Specialist Office Visit	100% after ded.	50%	\$35 Copay
Maternity Care	100% after ded.	50%	\$35 Copay, 1 st visit
Pediatric Immunizations	100%, NO ded.	50%, NO ded.	100%
Routine Gyn Exam/Pap	100%, NO ded.	50%, NO ded.	100%
Routine Mammography	100%, NO ded.	50%, NO ded.	100%
Urgent Care Center	100% after ded.	50%	
Inpatient Hospital	100% after ded.	50%	\$100 Copay/admin
Inpatient Hospital Days	Unlimited	82	Unlimited
Emergency Room	100% after ded.	100% after in-network deductible	\$150 Copay waived if admitted
Outpatient Laboratory/Radiology	100% after ded.	50%	100%
Outpatient Surgery	100% after ded.	50%	\$50 copay
Restorative Services	100% after ded.	50%	100%, up to 60 consec days/condition
Therapy:	100% after ded.	50%	
Physical, Occupational Speech	70 total visits/benefit period for PT/OT combined 70 visits/benefit period for Speech		100%, up to 60 consecutive days/condition
Cardiac Rehabilitation Therapy	100% after ded.	50%	100%
Pulmonary Rehabilitation	100% after ded.	50%	100%
Chemotherapy/Radiation	100% after ded.	50%	100%
Outpatient Private Drug Nursing	100% after ded.	50%	100%
Skilled Nursing Facility	100% after ded.	50%	100%
Durable Medical Equipment and Prosthetics	100% after ded.	50%	100%
Prescription Drug (retail pharmacy – 30 day supply)	\$5 Generic, \$20 Brand Formulary, \$45 Non-Formulary	50%	\$20 Generic, \$40 Brand Formulary, \$60 Non-Formulary
Vision	Freestanding	Freestanding	\$100 Davis Vision Rider, once every two cal. yrs.
Inpatient Psychiatric	100% after ded.	50%	\$100 Copay/admin
Outpatient Psychiatric	100% after ded.	50%	\$35 Copay/visit
Inpatient Serious Mental Illness	100% after ded.	50%	\$100 Copay/admin
Outpatient Serious Mental Illness	100% after ded.	50%	\$35 Copay/visit
Substance Abuse - Detox	100% after ded.	50%	\$100 Copay/admin
Substance Abuse - Inpatient Rehab	100% after ded.	50%	\$100 Copay/admin
Substance Abuse - Outpatient & Partial	100% after ded.	50%	\$100 Copay/visit

Medical Plans

1/1/2017 – 12/31/2017 12-month plan summary

COVERAGES	CONSUMER DRIVEN HEALTH PLAN (Personal Choice HDHP w/ Rx)		KEYSTONE HMO 25
	<i>In Network</i>	<i>Out of Network</i>	
Deductible - Individual/Family	\$1,500/\$3,000	\$5,000/\$10,000	NONE
Out of Pocket Maximum - Indiv/Fam	\$5,600/\$11,200	\$10,000/\$20,000	\$1,500/\$3,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Coinsurance	100% after ded.	50%	N/A
Coinsurance Limit - Individual Family	100% after ded.	50%	N/A
Primary Care Office Visit	100% after ded.	50%	\$25 Copay
Specialist Office Visit	100% after ded.	50%	\$35 Copay
Maternity Care	100% after ded.	50%	\$35 Copay, 1st visit
Pediatric Immunizations	100%, NO ded.	50%, NO ded.	100%
Routine Gyn Exam/Pap	100%, NO ded.	50%, NO ded.	100%
Routine Mammography	100%, NO ded.	50%, NO ded.	100%
Urgent Care Center	100% after ded.	50%	
Inpatient Hospital	100% after ded.	50%	\$100 Copay/admin
Inpatient Hospital Days	Unlimited	70	Unlimited
Emergency Room	100% after ded.	100% after in-network deductible	\$150 Copay, waived if admitted
Outpatient Laboratory/Radiology	100% after ded.	50%	100%
Outpatient Surgery	100% after ded.	50%	\$50 copay
Restorative Services	100% after ded.	50%	100%, up to 60 consec days/condition
Therapy:	100% after ded.	50%	
Physical, Occupational Speech	60 total visits/benefit period for PT/OT combined 60 visits/benefit period for Speech		100%, up to 60 consecutive days/condition
Cardiac Rehabilitation Therapy	100% after ded.	50%	100%
Pulmonary Rehabilitation	100% after ded.	50%	100%
Chemotherapy/Radiation	100% after ded.	50%	100%
Outpatient Private Drug Nursing	100% after ded.	50%	100%
Skilled Nursing Facility	100% after ded.	50%	100%, 180 days/benefit period
Durable Medical Equipment and Prosthetics	100% after ded.	50%	100%
Prescription Drug (retail pharmacy – 30 day supply)	\$5 Generic, \$20 Brand Formulary, \$45 Non-Formulary	50%	\$20 Generic, \$40 Brand Formulary, \$60 Non-Formulary
Vision	Freestanding	Freestanding	\$100 Davis Vision Rider, once every two cal. yrs.
Inpatient Psychiatric	100% after ded.	50%	\$100 Copay/admin
Outpatient Psychiatric	100% after ded.	50%	\$35 Copay/visit
Inpatient Serious Mental Illness	100% after ded.	50%	\$100 Copay/admin
Outpatient Serious Mental Illness	100% after ded.	50%	\$35 Copay/visit
Substance Abuse - Detox	100% after ded.	50%	\$100 Copay/admin
Substance Abuse - Inpatient Rehab	100% after ded.	50%	\$100 Copay/admin
Substance Abuse - Outpatient & Partial	100% after ded.	50%	\$100 Copay/visit