

2009/2010 KEYSTONE MEDICAL PLAN COMPARISON

COVERAGES	KEYSTONE HMO	KEYSTONE POS		KEYSTONE POS DIRECT*	
	15	15B		C2F2O2	
		<i>Referred</i>	<i>Self-Referral</i>	<i>In-Network</i>	<i>Out-of-Network</i>
Deductible Individual/Family	NONE	NONE	\$200/\$600	NONE	\$1,500/\$4,500
Annual Copay Maximum Individual/Family	\$1,000/\$2,000	\$1,000/\$2,000	N/A	\$1,500/\$3,000	N/A
Coinsurance Limit Individual/Family	Unlimited	N/A	\$1,000/\$3,000	N/A	\$10,000/\$30,000
Overall Lifetime Maximum	Unlimited	Unlimited	\$1,000,000	Unlimited	\$500,000
Primary Care Office Visit	\$15 Copay	\$15 Copay	80% after ded.	\$15 Copay	50% after ded.
Specialist Office Visit	\$25 Copay	\$25 Copay	80% after ded.	\$30 Copay	50% after ded.
Maternity Care	\$25 Copay, 1st visit	\$25 Copay, 1st visit	80% after ded.	\$15 Copay, 1st visit	50% after ded.
Pediatric Immunizations	100%	100%	80% no ded.	100%	50% no ded.
	Office visit subject to copay	Office visit subject to copay		Office visit subject to copay	
Routine Gyn Exam / Pap	\$25 Copay / 100%	\$25 Copay / 100%	80% no ded.	\$15 Copay / 100%	50% no ded.
Routine Mammography	100%	100%	80% no ded.	100%	50% no ded.
Hospitalization	100%	100%	80% after ded.	\$100 Copay/day; max of 5 copays/admin.	50% after ded.
Outpatient Radiology	100%	100%	80% after ded.	\$30 Copay/routine; \$60 Copay MRI/MRA/PET/CT	50% after ded.
Outpatient Laboratory	100%	100%	80% after ded.	100%	50% after ded.
Emergency Room	\$35 Copay (waived if admitted)	\$35 Copay (waived if admitted)	\$35 Copay (waived if admitted)	\$100 Copay (NOT waived if admitted)	\$100 Copay (NOT waived if admitted)
Outpatient Surgery	100%	100%	80% after ded.	\$50 Copay	50% after ded.
Spinal Manipulations	100%	100% up to 60 consecutive days per cond.	80% after ded. (\$1,000 max/yr)	\$30 Copay	50% after ded.
	Up to 60 consecutive days per cond.			20 visits per cal. yr.	
Therapy: Physical, Speech and Occup.	100%	100% up to 60 consecutive days per cond.	80% after ded. (\$5,000 max/yr)	\$30 Copay	50% after ded.
	Up to 60 consecutive days per cond.			Physical/Occup: 30 visits per cal. yr. Speech: 20 visits per cal. yr.	
Durable Medical Equipment	100%	100%	80% after ded.	70%	50% after ded.
Prescription Drug	\$10 Generic Formulary \$20 Brand Formulary \$35 Non-Formulary	\$10 Generic Formulary \$20 Brand Formulary \$35 Non-Formulary	Covered 30% at a non-participating pharmacy	\$10 Generic Formulary \$20 Brand Formulary \$35 Non-Formulary	Covered 30% at a non-participating pharmacy
Injectable Medications Standard / Biotech-Specialty	100%	Covered as Prescription Drug		100% / \$75 Copay	50% after ded.
Vision	\$100 Davis Vision Rider once every two cal. yrs.	\$100 Davis Vision Rider once every two cal. yrs.		\$100 Davis Vision Rider once every two cal. yrs.	
Inpatient Mental Health	100%	100%	80% after ded.	\$100 Copay/day; max of 5 copays/admin.	50% after ded.
	35 days per cal. yr.	35 days per cal. yr.	30 days per cal. yr.	30 days per cal. yr.	20 days per cal. yr.
Outpatient Mental Health	\$25 Copay/visit 20 days/visits per cal. yr.	\$25 Copay/visit 20 visits per cal. yr.	50% after ded. 60 vists per cal. yr. up to \$30/visit max	\$30 Copay/visit 20 vists per cal. yr.	50% after ded. 20 visits per cal. yr.
Inpatient Serious Mental Illness	100%	100%	80% after ded.	\$100/day; max of 5 copays/admin.	50% after ded.
	30 days per cal. yr.	30 days per cal. yr.	30 days per cal. yr.	30 days per cal. yr.	30 days per cal. yr.
Outpatient Serious Mental Illness	\$25 Copay/visit 60 days/visits per cal. yr.	\$25 Copay/visit 60 days/visits per cal. yr.	50% after ded. 60 days/visits per cal. yr. up to \$30/visit max	\$30 Copay /visit 60 vists per cal. yr.	50% after ded. 60 visits per cal. yr.

***Note: With Keystone POS Direct plan, you can access most care in-network or out-of-network WITHOUT a referral. Referrals are required for Routine X-rays, Podiatry, Spinal Manipulation and Physical/Occupational Therapy.**

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