

Keystone HMO Gold Proactive benefits at a glance

HMO Gold — 3 Tier			
Benefits per calendar year¹	Keystone HMO Gold Proactive		
	You pay in network**		You pay in network**
Deductible, individual/family	Tier 1 – Preferred	Tier 2 – Enhanced	Tier 3 – Standard
Single/Family	None	None	None
Coinsurance	0% unless otherwise noted	0% unless otherwise noted	0% unless otherwise noted
Out-of-pocket maximum, individual/family ^v includes:	\$6,350/\$12,700 coinsurance and copays	\$6,350/\$12,700 coinsurance and copays	\$6,350/\$12,700 coinsurance and copays
Preventive services			
Preventive care for adults and children ³	\$0	\$0	\$0
Physician services			
Primary care office visit	\$15	\$30	\$45
Specialist office visit	\$40	\$60	\$80
Retail clinic*	\$15	\$30	\$45
Urgent care	\$100	\$100	\$100
Spinal manipulations (20 visits per year ⁵)	\$50	\$50	\$50
Physical/occupational therapy (30 visits per year ⁵)	\$60	\$60	\$60
Hospital/other medical services			
Inpatient hospital services/days ⁴	\$350	\$700	\$1,100
Maternity hospitalization charge ⁴	\$350	\$700	\$1,100
Emergency room (not waived if admitted) ^	\$400	\$400	\$400
Outpatient surgery (ambulatory surgical facility)	\$100	\$500	\$1000
Outpatient surgery (hospital-based)	\$100	\$500	\$1000
Outpatient lab/pathology (freestanding)	\$0	\$0	\$0
Outpatient lab/pathology (hospital-based)	\$0	\$0	\$0
Routine radiology	\$60	\$60	\$60
MRI/MRA,CT/CTA scan, PET scan	\$120	\$120	\$120
Biotech/specialty injectables	50%	50%	50%
Durable medical equipment/prosthetics	50%	50%	50%
Mental health, serious mental illness & substance abuse — inpatient ⁴	\$350	\$350	\$350
Mental health, serious mental illness & substance abuse — outpatient	\$40	\$40	\$40
Pediatric services			
Vision[‡]			
Exam ⁶	\$0	\$0	\$0
Eyeglasses ⁷	\$0	\$0	\$0
Dental[‡]			
Dental deductible (per child)	\$50	\$50	\$50
Exams and cleanings ⁸	\$0	\$0	\$0
X-rays, palliative; basic & major services	50% after deductible	50% after deductible	50% after deductible
Orthodontia ⁹	50% after deductible	50% after deductible	50% after deductible
Prescription drugs¹⁰			
Rx deductible (individual/family)	None	None	None
Retail generic [~]	\$10 [#]	\$10 [#]	\$10 [#]
Retail brand	30% with \$200 copay max	30% with \$200 copay max	30% with \$200 copay max
Retail non-formulary	40% with \$200 copay max	40% with \$200 copay max	40% with \$200 copay max
Mail order Rx	Available	Available	Available

Keystone HMO Gold Proactive benefits at a glance

****There are no out-of-network services available except for emergency services.**

Medical

1 Certain plan benefits may be enhanced to comply with health care reform law/regulations.

3 Preventive Care includes but is not limited to, the following services: mammogram, routine gynecological and immunization.

4 Amount shown reflects the copayment per day. There is a maximum of 5 copayments per admission.

5 Maximums shown are combined in and out of network care.

√ For Keystone HMO Gold Proactive plan, the out-of-pocket maximum for tiers 1, 2 and 3 are combined.

* For Keystone HMO Gold Proactive plan, all in-network retail clinics are assigned to tier 1, with the exception of Walgreens Healthcare Clinic, which is assigned tier 3.

^ For Keystone HMO Gold Proactive plan, if admitted to the in-network hospital from the emergency room, the out-of-pocket costs for inpatient hospital will apply based on the tier of the in-network hospital. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Non-Participating Providers for Emergency Services will be covered at the Tier 3 level of benefits.

Pediatric Vision

Davis Vision is an independent company that administers the vision program.

‡ Available to members up to age 19.

6 One eye exam per calendar year period.

7 Spectacle lenses covered at no extra cost include: single vision, lined bifocal, lined trifocal or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers and at Visionworks' retail centers, a national optical chain).

Pediatric Dental

United Concordia is an independent company that administers the dental program.

‡ Available to members up to age 19.

8 One exam every six months per calendar year.

9 Only medically necessary orthodontia is covered. There is a 12 month waiting period for all orthodontia.

Prescription Drug

No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs.

All covered self-administered specialty injectable medications, except insulin, will be provided through the convenient Specialty Pharmacy Program.

10 Keystone HMO Gold Proactive plan utilizes the FutureScripts® Preferred Pharmacy Network - a subset of the national retail pharmacy network. FutureScripts is an independent company. It includes over 50,000 pharmacies, including most major chains and local pharmacies except Walgreens and Rite Aid.

If a generic drug is available and you purchase a brand drug, you will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate member cost sharing for a brand drug.

~ Certain designated generic drugs available at participating retail and mail order pharmacies for a reduced member cost sharing (\$4 Retail/ \$8 Mail Order).