

# Individual HMO

## Benefits at a glance



<b>HMO \$2500 Deductible</b>	
<b>Benefits per calendar year</b>	<b>Coverage</b>
Deductible, individual/family	\$2,500/\$5,000
Coinsurance, after deductible	You pay 30%, unless otherwise noted
Out-of-pocket maximum, individual/family (does not include deductible or copays)	\$5,000/\$10,000
<b>Preventive services</b>	
Mammogram (referral) Pediatric immunizations (subject to office visit copay) Nutrition counseling (6 visits per year) Outpatient lab/Pathology	\$0
<b>Physician services</b>	
Primary care office visit	\$30, no deductible
Specialist office visit	\$50, no deductible
Routine gynecological exam/Pap (no referral, 1 per year)	\$30, no deductible
Routine eye care (once every two years) Exam Reimbursement for glasses/contacts	\$50, no deductible \$35
Spinal manipulations (20 visits per year) Physical/Occupational therapy (30 visits per year) Routine radiology/Diagnostic	\$50, no deductible
MRI/MRA, CT/CTA scan, PET scan	\$100, no deductible
Biotech/Specialty injectables	\$100, no deductible
<b>Hospital/Other medical services</b>	
Inpatient hospital services Maternity hospitalization	1) You pay the provider's charges at our discounted rate until the deductible has been met.
Outpatient surgery	2) Once the deductible has been met, you pay 30% until the out-of-pocket maximum has been reached.
Emergency room (not waived if admitted)	3) Once you reach the out-of-pocket maximum, we pay 100%.
Ambulance	
Durable medical equipment (each year, you have coverage up to \$1,000)	50%, after deductible
Mental health/Substance abuse	Not covered
<b>Prescription drug</b>	
Prescription deductible, individual/family	None
Generic formulary copay	\$10
Brand formulary copay	\$30
Non-formulary brand copay	\$50
Prescription mail-order	Available
Maximum prescription drug benefit, individual/family	Each year, you have coverage up to \$2,500/\$5,000

(over)

### **What's not covered?**

- services not medically necessary;
- any treatment of substance abuse or mental illness, including serious mental illness;
- services or supplies that are experimental or investigative, except routine costs associated with qualifying clinical trials;
- hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices;
- assisted fertilization techniques, such as in-vitro fertilization, GIFT, and ZIFT;
- reversal of voluntary sterilization;
- alternative therapies, such as acupuncture;
- dental care, including dental implants or dentures, and nonsurgical treatment of temporomandibular joint syndrome (TMJ);
- treatment of obesity, except for surgical treatment of morbid obesity when medically necessary;
- routine foot care, except for medically necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease including, but not limited to, diabetes;
- foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes;
- routine physical exams for non-preventive purposes, such as insurance or employment applications, college, or premarital examinations;
- contraceptive devices;
- immunizations for travel or employment;
- service or supplies payable under workers' compensation, motor vehicle insurance, or other legislation of similar purpose;
- cosmetic services/supplies;
- outpatient services that are not performed by your primary care physician's designated provider;
- private duty nursing;
- charges related to any medical condition or illness for which medical advice or treatment was recommended or received in the 90 days preceding the effective date of your plan policy.

NOTE: Eligible unmarried dependent children are generally covered to age 19 or age 23 (if full-time student). See contract for additional details.

This summary represents only a partial listing of benefits and exclusions of the Keystone Health Plan East program described in this summary. Benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call 1-800-263-1410.