

# Health Plans

Effective 1/1/2014

| Benefits per contract year  | PPO Platinum Premier |                                     |
|---|----------------------|-------------------------------------|
|   | You pay in-network   | You pay out-of-network <sup>1</sup> |
| Deductible, individual/family   | None                 | \$2,000/\$4,000                     |
| Coinsurance   | 0%                   | 50%                                 |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductibles)                         | \$1,500/\$3,000      | \$5,000/\$10,000                    |
| Lifetime maximum  | Unlimited            | Unlimited                           |
| Preventive services   |                      |                                     |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | \$0                  | 50% no ded                          |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | \$0                  | 50% after ded                       |
| Physician services  |                      |                                     |
| Primary care office visit   | \$10                 | 50% after ded                       |
| Specialist office visit   | \$20                 | 50% after ded                       |
| Adult routine eye exam (once every calendar year)   | \$0                  | \$40 reimb                          |
| Pediatric routine eye exam (once every calendar year)   | \$0                  | Not covered                         |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$100 allowance      | \$50 reimb                          |
| Pediatric vision - eye glasses (once every calendar year)   | Covered              | Not covered                         |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | \$20                 | 50% after ded                       |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | \$20                 | 50% after ded                       |
| Outpatient surgery  |                      |                                     |
| Ambulatory Surgical Center  | \$0                  | 50% after ded                       |
| Hospital-based  | \$0                  | 50% after ded                       |
| Outpatient laboratory & pathology   |                      |                                     |
| Freestanding Lab  | \$0                  | 50% after ded                       |
| Hospital-based Lab  | 50%                  | 50% after ded                       |
| Hospital/other medical services   |                      |                                     |
| Inpatient hospital services/days (includes maternity)   | \$0                  | 50% after ded                       |
| Emergency room (not waived if admitted)   | \$100 no ded         | \$100 no ded                        |
| Routine radiology/diagnostic  | \$20                 | 50% after ded                       |
| MRI/MRA, CT/CTA scan, PET scan  | \$175                | 50% after ded                       |
| Biotech/specialty injectables   | \$50                 | 50% after ded                       |
| Durable medical equipment/prosthetics   | 30%                  | 50% after ded                       |
| Outpatient mental health care   | \$20                 | 50% after ded                       |
| Inpatient mental health care  | \$0                  | 50% after ded                       |
| Outpatient serious mental illness care  | \$20                 | 50% after ded                       |
| Inpatient serious mental illness care   | \$0                  | 50% after ded                       |
| Substance abuse treatment   |                      |                                     |
| Detox   | \$0                  | 50% after ded                       |
| Rehabilitation  | \$0                  | 50% after ded                       |
| Outpatient  | \$20                 | 50% after ded                       |
| Prescription Drug   |                      |                                     |
| Prescription deductible, individual/family  | None                 | None                                |
| Preferred generic copay   | \$4                  | Member pays 70% of retail           |
| Generic formulary copay   | \$10                 | Member pays 70% of retail           |
| Brand formulary copay   | \$40                 | Member pays 70% of retail           |
| Non-formulary copay   | \$70                 | Member pays 70% of retail           |

| PPO Platinum                   |                                     | DPOS Platinum Premier |                                     | DPOS Platinum                  |
|--------------------------------|-------------------------------------|-----------------------|-------------------------------------|--------------------------------|
| You pay in-network             | You pay out-of-network <sup>1</sup> | You pay in-network    | You pay out-of-network <sup>4</sup> | You pay in-network             |
| None                           | \$2,000/\$4,000                     | None                  | \$2,000/\$4,000                     | None                           |
| 0%                             | 50%                                 | 0%                    | 50%                                 | \$0                            |
| \$2,000/\$4,000                | \$5,000/\$10,000                    | \$2,000/\$4,000       | \$5,000/\$10,000                    | \$3,000/\$6,000                |
| Unlimited                      | Unlimited                           | Unlimited             | Unlimited                           | Unlimited                      |
| \$0                            | 50% no ded                          | \$0                   | 50% no ded                          | \$0                            |
| \$0                            | 50% after ded                       | \$0                   | 50% after ded                       | \$0                            |
| \$15                           | 50% after ded                       | \$10                  | 50% after ded                       | \$15                           |
| \$30                           | 50% after ded                       | \$20                  | 50% after ded                       | \$30                           |
| \$0                            | \$40 reimb                          | \$0                   | \$40 reimb                          | \$0                            |
| \$0                            | Not covered                         | \$0                   | Not covered                         | \$0                            |
| \$100 allowance                | \$50 reimb                          | \$100 allowance       | \$50 reimb                          | \$100 allowance                |
| Covered                        | Not covered                         | Covered               | Not covered                         | Covered                        |
| \$30                           | 50% after ded                       | \$20 <sup>3</sup>     | 50% after ded                       | \$30 <sup>3</sup>              |
| \$30                           | 50% after ded                       | \$20 <sup>3</sup>     | 50% after ded                       | \$30 <sup>3</sup>              |
| \$25                           | 50% after ded                       | \$0                   | 50% after ded                       | \$25                           |
| \$125                          | 50% after ded                       | \$0                   | 50% after ded                       | \$125                          |
| \$0                            | 50% after ded                       | \$0                   | 50% after ded                       | \$0                            |
| 50%                            | 50% after ded                       | \$0                   | 50% after ded                       | \$0                            |
| \$100/day up to 5 days per adm | 50% after ded                       | \$0                   | \$50 after ded                      | \$100/day up to 5 days per adm |
| \$100 no ded                   | \$100 no ded                        | \$100 no ded          | \$100 no ded                        | \$100 no ded                   |
| \$30                           | 50% after ded                       | \$20 <sup>3</sup>     | 50% after ded                       | \$30 <sup>3</sup>              |
| \$175                          | 50% after ded                       | \$40                  | 50% after ded                       | \$60                           |
| \$75                           | 50% after ded                       | \$50                  | 50% after ded                       | \$75                           |
| 30%                            | 50% after ded                       | 50%                   | 50% after ded                       | 50%                            |
| \$30                           | 50% after ded                       | \$20                  | 50% after ded                       | \$30                           |
| \$100/day up to 5 days per adm | 50% after ded                       | \$0                   | 50% after ded                       | \$100/day up to 5 days per adm |
| \$30                           | 50% after ded                       | \$20                  | 50% after ded                       | \$30                           |
| \$100/day up to 5 days per adm | 50% after ded                       | \$0                   | 50% after ded                       | \$100/day up to 5 days per adm |
| \$100/day up to 5 days per adm | 50% after ded                       | \$0                   | 50% after ded                       | \$100/day up to 5 days per adm |
| \$100/day up to 5 days per adm | 50% after ded                       | \$0                   | 50% after ded                       | \$100/day up to 5 days per adm |
| \$30                           | 50% after ded                       | \$20                  | 50% after ded                       | \$30                           |
| None                           | None                                | None                  | None                                | None                           |
| \$4                            | Member pays 70% of retail           | \$4                   | Member pays 70% of retail           | \$4                            |
| \$10                           | Member pays 70% of retail           | \$10                  | Member pays 70% of retail           | \$10                           |
| \$40                           | Member pays 70% of retail           | \$40                  | Member pays 70% of retail           | \$45                           |
| \$70                           | Member pays 70% of retail           | \$70                  | Member pays 70% of retail           | \$75                           |



|   | DPOS Platinum                       | HMO Platinum Premier | HMO Platinum                   |
|---|-------------------------------------|----------------------|--------------------------------|
| Benefits per contract year  | You pay out-of-network <sup>4</sup> | You pay              | You pay                        |
| Deductible, individual/family   | \$2,000/\$4,000                     | None                 | None                           |
| Coinsurance   | 50%                                 | 0%                   | 0%                             |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductibles)                         | \$5,000/\$10,000                    | \$2,000/\$4,000      | \$3,000/\$6,000                |
| Lifetime maximum  | Unlimited                           | Unlimited            | Unlimited                      |
| Preventive services   |                                     |                      |                                |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | 50% no ded                          | \$0                  | \$0                            |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | 50% after ded                       | \$0                  | \$0                            |
| Physician services  |                                     |                      |                                |
| Primary care office visit   | 50% after ded                       | \$10                 | \$15                           |
| Specialist office visit   | 50% after ded                       | \$20                 | \$30                           |
| Adult routine eye exam (once every calendar year)   | \$40 reimb                          | \$0                  | \$0                            |
| Pediatric routine eye exam (once every calendar year)   | Not covered                         | \$0                  | \$0                            |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$50 reimb                          | \$100 allowance      | \$100 allowance                |
| Pediatric vision - eye glasses (once every calendar year)   | Not covered                         | Covered              | Covered                        |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | 50% after ded                       | \$20                 | \$30                           |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | 50% after ded                       | \$20                 | \$30                           |
| Outpatient surgery  |                                     |                      |                                |
| Ambulatory Surgical Center  | 50% after ded                       | \$0                  | \$25                           |
| Hospital-based  | 50% after ded                       | \$0                  | \$125                          |
| Outpatient laboratory & pathology   |                                     |                      |                                |
| Freestanding Lab  | 50% after ded                       | \$0                  | \$0                            |
| Hospital-based Lab  | 50% after ded                       | \$0                  | \$0                            |
| Hospital/other medical services   |                                     |                      |                                |
| Inpatient hospital services/days (includes maternity)   | 50% after ded                       | \$0                  | \$100/day up to 5 days per adm |
| Emergency room (not waived if admitted)   | \$100 no ded                        | \$100                | \$100                          |
| Routine radiology/diagnostic  | 50% after ded                       | \$20                 | \$30                           |
| MRI/MRA, CT/CTA scan, PET scan  | 50% after ded                       | \$40                 | \$60                           |
| Biotech/specialty injectables   | 50% after ded                       | \$50                 | \$75                           |
| Durable medical equipment/prosthetics   | 50% after ded                       | 50%                  | 50%                            |
| Outpatient mental health care   | 50% after ded                       | \$20                 | \$30                           |
| Inpatient mental health care  | 50% after ded                       | \$0                  | \$100/day up to 5 days per adm |
| Outpatient serious mental illness care  | 50% after ded                       | \$20                 | \$30                           |
| Inpatient serious mental illness care   | 50% after ded                       | \$0                  | \$100/day up to 5 days per adm |
| Substance abuse treatment   |                                     |                      |                                |
| Detox   | 50% after ded                       | \$0                  | \$100/day up to 5 days per adm |
| Rehabilitation  | 50% after ded                       | \$0                  | \$100/day up to 5 days per adm |
| Outpatient  | 50% after ded                       | \$20                 | \$30                           |
| Prescription Drug   |                                     |                      |                                |
| Prescription deductible, individual/family  | None                                | None                 | None                           |
| Preferred generic copay   | Member pays 70% of retail           | \$4                  | \$4                            |
| Generic formulary copay   | Member pays 70% of retail           | \$10                 | \$10                           |
| Brand formulary copay   | Member pays 70% of retail           | \$40                 | \$45                           |
| Non-formulary copay   | Member pays 70% of retail           | \$70                 | \$75                           |

<sup>1</sup>Non-Preferred Providers may bill you for differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, the payment is based on 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

| PPO Platinum HRA 50<br>Employer Contribution - \$750 (Individual)/\$1,500 (Family) |                                     | PPO Platinum HSA 50<br>Employer Contribution - \$750 (Individual)/\$1,500 (Family) |                                     |
|--|-------------------------------------|--|-------------------------------------|
| You pay in-network   | You pay out-of-network <sup>1</sup> | You pay in-network   | You pay out-of-network <sup>1</sup> |
| \$1,500/\$3,000  | \$10,000/\$20,000                   | \$1,500/\$3,000  | \$10,000/\$20,000                   |
| 0%   | 50%                                 | 0%   | 50%                                 |
| \$6,350/\$12,700   | \$20,000/\$40,000                   | \$6,350/\$12,700   | \$20,000/\$40,000                   |
| Unlimited  | Unlimited                           | Unlimited  | Unlimited                           |
|  |                                     |  |                                     |
| \$0 no ded   | 50% no ded                          | \$0 no ded   | 50% no ded                          |
| \$0 no ded   | 50% after ded                       | \$0 no ded   | 50% after ded                       |
|  |                                     |  |                                     |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | \$40 reimb                          | \$0 after ded  | \$40 reimb                          |
| \$0 after ded  | Not covered                         | \$0 after ded  | Not covered                         |
| \$100 allowance  | \$50 reimb                          | \$100 allowance  | \$50 reimb                          |
| Covered  | Not covered                         | Covered  | Not covered                         |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
|  |                                     |  |                                     |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
|  |                                     |  |                                     |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
|  |                                     |  |                                     |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | \$0 after in-network ded            | \$0 after ded  | \$0 after in-network ded            |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
|  |                                     |  |                                     |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
| \$0 after ded  | 50% after ded                       | \$0 after ded  | 50% after ded                       |
|  |                                     |  |                                     |
| Integrated   | Integrated                          | Integrated   | Integrated                          |
| \$4  | 50% after ded                       | \$4  | 50% after ded                       |
| \$10 after ded   | 50% after ded                       | \$10 after ded   | 50% after ded                       |
| \$40 after ded   | 50% after ded                       | \$40 after ded   | 50% after ded                       |
| \$60 after ded   | 50% after ded                       | \$60 after ded   | 50% after ded                       |

<sup>2</sup>For PPO plans, visit limits are combined in- and out-of-network.

<sup>3</sup>Referral required from primary care physician.

<sup>4</sup>To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of benefits available. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefit booklet/certificate.



Gold health plans



|   | PPO Gold Premier               |                                     | PPO Gold           |                                     |
|---|--------------------------------|-------------------------------------|--------------------|-------------------------------------|
| Benefits per contract year  | You pay in-network             | You pay out-of-network <sup>1</sup> | You pay in-network | You pay out-of-network <sup>1</sup> |
| Deductible, individual/family   | None                           | \$6,000/\$12,000                    | \$1,000/\$2,000    | \$7,500/\$15,000                    |
| Coinsurance   | 0%                             | 50%                                 | 10%                | 50%                                 |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductible)                          | \$4,500/\$9,000                | \$18,000/\$36,000                   | \$4,500/\$9,000    | \$25,000/\$50,000                   |
| Lifetime maximum  | Unlimited                      | Unlimited                           | Unlimited          | Unlimited                           |
| Preventive services   |                                |                                     |                    |                                     |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | \$0                            | 50% no ded                          | \$0 no ded         | 50% no ded                          |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | \$0                            | 50% after ded                       | \$0 no ded         | 50% after ded                       |
| Physician services  |                                |                                     |                    |                                     |
| Primary care office visit   | \$40                           | 50% after ded                       | \$20 no ded        | 50% after ded                       |
| Specialist office visit   | \$75                           | 50% after ded                       | \$40 no ded        | 50% after ded                       |
| Adult routine eye exam (once every calendar year)   | \$0                            | \$40 reimb                          | \$0 no ded         | \$40 reimb                          |
| Pediatric routine eye exam (once every calendar year)   | \$0                            | Not covered                         | \$0 no ded         | Not covered                         |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$100 Allowance                | \$50 reimb                          | \$100 allowance    | \$50 reimb                          |
| Pediatric vision - eye glasses (once every calendar year)   | Covered                        | Not covered                         | Covered            | Not covered                         |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | \$75                           | 50% after ded                       | \$40 no ded        | 50% after ded                       |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | \$75                           | 50% after ded                       | \$40 no ded        | 50% after ded                       |
| Outpatient surgery  |                                |                                     |                    |                                     |
| Ambulatory Surgical Center  | \$450                          | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Hospital-based  | \$850                          | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Outpatient laboratory & pathology   |                                |                                     |                    |                                     |
| Freestanding Lab  | \$0                            | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Hospital-based Lab  | 50%                            | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Hospital/other medical services   |                                |                                     |                    |                                     |
| Inpatient hospital services/days (includes maternity)   | \$750/day up to 5 days per adm | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Emergency room (not waived if admitted)   | \$150 no ded                   | \$150 no ded                        | 10% after ded      | 10% after in-network ded            |
| Routine radiology/diagnostic  | \$75                           | 50% after ded                       | 10% after ded      | 50% after ded                       |
| MRI/MRA, CT/CTA scan, PET scan  | \$175                          | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Biotech/specialty injectables   | \$125                          | 50% after ded                       | \$100 no ded       | 50% after ded                       |
| Durable medical equipment/prosthetics   | 50%                            | 50% after ded                       | 50% after ded      | 50% after ded                       |
| Outpatient mental health care   | \$75                           | 50% after ded                       | \$40 no ded        | 50% after ded                       |
| Inpatient mental health care  | \$750/day up to 5 days per adm | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Outpatient serious mental illness care  | \$75                           | 50% after ded                       | \$40 no ded        | 50% after ded                       |
| Inpatient serious mental illness care   | \$750/day up to 5 days per adm | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Substance abuse treatment   |                                |                                     |                    |                                     |
| Detox   | \$750/day up to 5 days per adm | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Rehabilitation  | \$750/day up to 5 days per adm | 50% after ded                       | 10% after ded      | 50% after ded                       |
| Outpatient  | \$75                           | 50% after ded                       | \$40 no ded        | 50% after ded                       |
| Prescription Drug   |                                |                                     |                    |                                     |
| Prescription deductible, individual/family  | None                           | None                                | \$250 (brand)      | None                                |
| Preferred generic copay   | \$4                            | Member pays 70% of retail           | \$4                | Member pays 70% of retail           |
| Generic formulary copay   | \$10                           | Member pays 70% of retail           | \$10 no ded        | Member pays 70% of retail           |
| Brand formulary copay   | \$45                           | Member pays 70% of retail           | \$45 after ded     | Member pays 70% of retail           |
| Non-formulary copay   | \$75                           | Member pays 70% of retail           | \$75 after ded     | Member pays 70% of retail           |

| DPOS Gold Premier              |                                     | DPOS Gold                |                                     | HMO Gold Premier               | HMO Gold         |
|--------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------------|------------------|
| You pay in-network             | You pay out-of-network <sup>4</sup> | You pay in-network       | You pay out-of-network <sup>4</sup> | You pay                        | You pay          |
| None                           | \$5,000/\$10,000                    | \$1,000/\$2,000          | \$7,500/\$15,000                    | None                           | \$1,000/\$2,000  |
| 0%                             | 50%                                 | 10%                      | 50%                                 | 0%                             | 10%              |
| \$6,350/\$12,700               | \$15,000/\$30,000                   | \$6,350/\$12,700         | \$25,000/\$50,000                   | \$6,350/\$12,700               | \$6,350/\$12,700 |
| Unlimited                      | Unlimited                           | Unlimited                | Unlimited                           | Unlimited                      | Unlimited        |
| \$0                            | 50% no ded                          | \$0 no ded               | 50% no ded                          | \$0                            | \$0 no ded       |
| \$0                            | 50% after ded                       | \$0 no ded               | 50% after ded                       | \$0                            | \$0 no ded       |
| \$30                           | 50% after ded                       | \$20 no ded              | 50% after ded                       | \$30                           | \$20 no ded      |
| \$60                           | 50% after ded                       | \$40 no ded              | 50% after ded                       | \$60                           | \$40 no ded      |
| \$0                            | \$40 reimb                          | \$0 no ded               | \$40 reimb                          | \$0                            | \$0 no ded       |
| \$0                            | Not covered                         | \$0 no ded               | Not covered                         | \$0                            | \$0 no ded       |
| \$100 allowance                | \$50 reimb                          | \$100 allowance          | \$50 reimb                          | \$100 allowance                | \$100 allowance  |
| Covered                        | Not covered                         | Covered                  | Not covered                         | Covered                        | Covered          |
| \$60 <sup>3</sup>              | 50% after ded                       | \$40 no ded <sup>3</sup> | 50% after ded                       | \$60                           | \$40 no ded      |
| \$60 <sup>3</sup>              | 50% after ded                       | \$40 no ded <sup>3</sup> | 50% after ded                       | \$60                           | \$40 no ded      |
| \$250                          | 50% after ded                       | 10% after ded            | 50% after ded                       | \$250                          | 10% after ded    |
| \$450                          | 50% after ded                       | 10% after ded            | 50% after ded                       | \$450                          | 10% after ded    |
| \$0                            | 50% after ded                       | \$0 no ded               | 50% after ded                       | \$0                            | \$0 no ded       |
| \$0                            | 50% after ded                       | \$0 no ded               | 50% after ded                       | \$0                            | \$0 no ded       |
| \$500/day up to 5 days per adm | 50% after ded                       | 10% after ded            | 50% after ded                       | \$500/day up to 5 days per adm | 10% after ded    |
| \$250 no ded                   | \$250 no ded                        | 10% after ded            | 10% after in-network ded            | \$250                          | 10% after ded    |
| \$60 <sup>3</sup>              | 50% after ded                       | \$40 no ded <sup>3</sup> | 50% after ded                       | \$60                           | \$40 no ded      |
| \$250                          | 50% after ded                       | \$80 no ded              | 50% after ded                       | \$250                          | \$80 no ded      |
| \$125                          | 50% after ded                       | \$100 no ded             | 50% after ded                       | \$125                          | \$100 no ded     |
| 50%                            | 50% after ded                       | 50% after ded            | 50% after ded                       | 50%                            | 50% after ded    |
| \$60                           | 50% after ded                       | \$40 no ded              | 50% after ded                       | \$60                           | \$40 no ded      |
| \$500/day up to 5 days per adm | 50% after ded                       | 10% after ded            | 50% after ded                       | \$500/day up to 5 days per adm | 10% after ded    |
| \$60                           | 50% after ded                       | \$40 no ded              | 50% after ded                       | \$60                           | \$40 no ded      |
| \$500/day up to 5 days per adm | 50% after ded                       | 10% after ded            | 50% after ded                       | \$500/day up to 5 days per adm | 10% after ded    |
| \$500/day up to 5 days per adm | 50% after ded                       | 10% after ded            | 50% after ded                       | \$500/day up to 5 days per adm | 10% after ded    |
| \$60                           | 50% after ded                       | \$40 no ded              | 50% after ded                       | \$60                           | \$40 no ded      |
| None                           | None                                | None                     | None                                | None                           | None             |
| \$4                            | Member pays 70% of retail           | \$4                      | Member pays 70% of retail           | \$4                            | \$4              |
| \$10                           | Member pays 70% of retail           | \$10                     | Member pays 70% of retail           | \$10                           | \$10             |
| \$50                           | Member pays 70% of retail           | \$50                     | Member pays 70% of retail           | \$50                           | \$50             |
| \$75                           | Member pays 70% of retail           | \$75                     | Member pays 70% of retail           | \$75                           | \$75             |



Gold health plans (continued)



|   | PPO Gold HRA 25<br>Employer Contribution level - \$500<br>(Individual)/\$1,000 (Family) |  | PPO Gold HRA          |  |
|---|---|--|-----------------------|--|
| Benefits per contract year  | You pay<br>in-network   | You pay<br>out-of-network <sup>1</sup> | You pay<br>in-network | You pay<br>out-of-network <sup>1</sup> |
| Deductible, individual/family   | \$2,000/\$4,000   | \$10,000/\$20,000                      | \$1,500/\$3,000       | \$10,000/\$20,000                      |
| Coinsurance   | 0%  | 50%                                    | 0%                    | 50%                                    |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductible)                          | \$6,350/\$12,700  | \$20,000/\$40,000                      | \$6,350/\$12,700      | \$20,000/\$40,000                      |
| Lifetime maximum  | Unlimited   | Unlimited                              | Unlimited             | Unlimited                              |
| Preventive services   |   |  |                       |  |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | \$0 no ded  | 50% no ded                             | \$0 no ded            | 50% no ded                             |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | \$0 no ded  | 50% after ded                          | \$0 no ded            | 50% after ded                          |
| Physician services  |   |  |                       |  |
| Primary care office visit   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Specialist office visit   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Adult routine eye exam (once every calendar year)   | \$0 after ded   | \$40 reimb                             | \$0 after ded         | \$40 reimb                             |
| Pediatric routine eye exam (once every calendar year)   | \$0 after ded   | Not covered                            | \$0 after ded         | Not covered                            |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$100 allowance   | \$50 reimb                             | \$100 allowance       | \$50 reimb                             |
| Pediatric vision - eye glasses (once every calendar year)   | Covered   | Not covered                            | Covered               | Not covered                            |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Outpatient surgery  |   |  |                       |  |
| Ambulatory Surgical Center  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Hospital-based  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Outpatient laboratory & pathology   |   |  |                       |  |
| Freestanding Lab  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Hospital-based Lab  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Hospital/other medical services   |   |  |                       |  |
| Inpatient hospital services/days (includes maternity)   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Emergency room (not waived if admitted)   | \$0 after ded   | \$0 after<br>in-network ded            | \$0 after ded         | \$0 after<br>in-network ded            |
| Routine radiology/diagnostic  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| MRI/MRA, CT/CTA scan, PET scan  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Biotech/specialty injectables   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Durable medical equipment/prosthetics   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Outpatient mental health care   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Inpatient mental health care  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Outpatient serious mental illness care  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Inpatient serious mental illness care   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Substance abuse treatment   |   |  |                       |  |
| Detox   | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Rehabilitation  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Outpatient  | \$0 after ded   | 50% after ded                          | \$0 after ded         | 50% after ded                          |
| Prescription Drug   |   |  |                       |  |
| Prescription deductible, individual/family  | Integrated  | Integrated                             | Integrated            | Integrated                             |
| Preferred generic copay   | \$4   | 50% after ded                          | \$4                   | 50% after ded                          |
| Generic formulary copay   | \$10 after ded  | 50% after ded                          | \$10 after ded        | 50% after ded                          |
| Brand formulary copay   | \$40 after ded  | 50% after ded                          | \$40 after ded        | 50% after ded                          |
| Non-formulary copay   | \$60 after ded  | 50% after ded                          | \$60 after ded        | 50% after ded                          |

<sup>1</sup>Non-Preferred Providers may bill you for differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, the payment is based on 50% of the charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

|   | PPO Gold HRA 50<br>Employer Contribution - \$1,000<br>(Individual)/\$2,000 (Family) |  | PPO Gold HSA 25<br>Employer Contribution - \$500<br>(Individual)/\$1,000(Family) |  | PPO Gold HSA          |  | PPO Gold HSA 50<br>Employer Contribution - \$1,000<br>(Individual)/\$2,000 (Family) |  |
|---|---|--|--|--|-----------------------|--|---|--|
| Benefits per contract year  | You pay<br>in-network   | You pay<br>out-of-network <sup>1</sup> | You pay<br>in-network  | You pay<br>out-of-network <sup>1</sup> | You pay<br>in-network | You pay<br>out-of-network <sup>1</sup> | You pay<br>in-network   | You pay<br>out-of-network <sup>1</sup> |
| Deductible, individual/family   | \$2,000/\$4,000   | \$10,000/\$20,000                      | \$2,000/\$4,000  | \$10,000/\$20,000                      | \$1,500/\$3,000       | \$10,000/\$20,000                      | \$2,000/\$4,000   | \$10,000/\$20,000                      |
| Coinsurance   | 30%   | 50%                                    | 0%   | 50%                                    | 0%                    | 50%                                    | 30%   | 50%                                    |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductible)                          | \$6,350/\$12,700  | \$20,000/\$40,000                      | \$6,350/\$12,700   | \$20,000/\$40,000                      | \$6,350/\$12,700      | \$20,000/\$40,000                      | \$6,350/\$12,700  | \$20,000/\$40,000                      |
| Lifetime maximum  | Unlimited   | Unlimited                              | Unlimited  | Unlimited                              | Unlimited             | Unlimited                              | Unlimited   | Unlimited                              |
| Preventive services   |   |  |  |  |                       |  |   |  |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | \$0 no ded  | 50% no ded                             | \$0 no ded   | 50% no ded                             | \$0 no ded            | 50% no ded                             | \$0 no ded  | 50% no ded                             |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | \$0 no ded  | 50% after ded                          | \$0 no ded   | 50% after ded                          | \$0 no ded            | 50% after ded                          | \$0 no ded  | 50% after ded                          |
| Physician services  |   |  |  |  |                       |  |   |  |
| Primary care office visit   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Specialist office visit   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Adult routine eye exam (once every calendar year)   | \$0 after ded   | \$40 reimb                             | \$0 after ded  | \$40 reimb                             | \$0 after ded         | \$40 reimb                             | \$0 after ded   | \$40 reimb                             |
| Pediatric routine eye exam (once every calendar year)   | \$0 after ded   | Not covered                            | \$0 after ded  | Not covered                            | \$0 after ded         | Not covered                            | \$0 after ded   | Not covered                            |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$100 allowance   | \$50 reimb                             | \$100 allowance  | \$50 reimb                             | \$100 allowance       | \$50 reimb                             | \$100 allowance   | \$50 reimb                             |
| Pediatric vision - eye glasses (once every calendar year)   | Covered   | Not covered                            | Covered  | Not covered                            | Covered               | Not covered                            | Covered   | Not covered                            |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Outpatient surgery  |   |  |  |  |                       |  |   |  |
| Ambulatory Surgical Center  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Hospital-based  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Outpatient laboratory & pathology   |   |  |  |  |                       |  |   |  |
| Freestanding Lab  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Hospital-based Lab  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Hospital/other medical services   |   |  |  |  |                       |  |   |  |
| Inpatient hospital services/days (includes maternity)   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Emergency room (not waived if admitted)   | 30% after ded   | 30% after<br>in-network ded            | \$0 after ded  | \$0 after<br>in-network ded            | \$0 after ded         | \$0 after<br>in-network ded            | 30% after ded   | 30% after<br>in-network ded            |
| Routine radiology/diagnostic  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| MRI/MRA, CT/CTA scan, PET scan  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Biotech/specialty injectables   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Durable medical equipment/prosthetics   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Outpatient mental health care   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Inpatient mental health care  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Outpatient serious mental illness care  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Inpatient serious mental illness care   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Substance abuse treatment   |   |  |  |  |                       |  |   |  |
| Detox   | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Rehabilitation  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Outpatient  | 30% after ded   | 50% after ded                          | \$0 after ded  | 50% after ded                          | \$0 after ded         | 50% after ded                          | 30% after ded   | 50% after ded                          |
| Prescription Drug   |   |  |  |  |                       |  |   |  |
| Prescription deductible, individual/family  | Integrated  | Integrated                             | Integrated   | Integrated                             | Integrated            | Integrated                             | Integrated  | Integrated                             |
| Preferred generic copay   | \$4   | 50% after ded                          | \$4  | 50% after ded                          | \$4                   | 50% after ded                          | \$4   | 50% after ded                          |
| Generic formulary copay   | \$10 after ded  | 50% after ded                          | \$10 after ded   | 50% after ded                          | \$10 after ded        | 50% after ded                          | \$10 after ded  | 50% after ded                          |
| Brand formulary copay   | \$40 after ded  | 50% after ded                          | \$40 after ded   | 50% after ded                          | \$40 after ded        | 50% after ded                          | \$40 after ded  | 50% after ded                          |
| Non-formulary copay   | \$60 after ded  | 50% after ded                          | \$60 after ded   | 50% after ded                          | \$60 after ded        | 50% after ded                          | \$60 after ded  | 50% after ded                          |

<sup>2</sup>For PPO plans, visit limits are combined in- and out-of-network.

<sup>3</sup>Referral required from primary care physician.

<sup>4</sup>To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of benefits available. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefit booklet/certificate.



Silver health plans



|   | PPO Silver                           |                                     |
|---|--------------------------------------|-------------------------------------|
|   | You pay in-network                   | You pay out-of-network <sup>1</sup> |
| Benefits per contract year  |                                      |                                     |
| Deductible, individual/family   | \$2,000/\$4,000                      | \$7,500/\$15,000                    |
| Coinsurance   | 20%                                  | 50%                                 |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductible)                          | \$5,500/\$11,000                     | \$25,000/\$50,000                   |
| Lifetime maximum  | Unlimited                            | Unlimited                           |
| Preventive services   |                                      |                                     |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | \$0 no ded                           | 50% no ded                          |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | \$0 no ded                           | 50% after ded                       |
| Physician services  |                                      |                                     |
| Primary care office visit   | \$30 no ded                          | 50% after ded                       |
| Specialist office visit   | \$50 no ded                          | 50% after ded                       |
| Adult routine eye exam (once every calendar year)   | \$0 no ded                           | \$40 reimb                          |
| Pediatric routine eye exam (once every calendar year)   | \$0 no ded                           | Not covered                         |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$100 allowance                      | \$50 reimb                          |
| Pediatric vision - eye glasses (once every calendar year)   | Covered                              | Not covered                         |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | \$50 no ded                          | 50% after ded                       |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | \$50 no ded                          | 50% after ded                       |
| Outpatient surgery  |                                      |                                     |
| Ambulatory Surgical Center  | 20% after ded                        | 50% after ded                       |
| Hospital-based  | 20% after ded                        | 50% after ded                       |
| Outpatient laboratory & pathology   |                                      |                                     |
| Freestanding Lab  | 20% after ded                        | 50% after ded                       |
| Hospital-based Lab  | 20% after ded                        | 50% after ded                       |
| Hospital/other medical services   |                                      |                                     |
| Inpatient hospital services/days (includes maternity)   | 20% after ded                        | 50% after ded                       |
| Emergency room (not waived if admitted)   | 20% after ded                        | 20% after in-network ded            |
| Routine radiology/diagnostic  | 20% after ded                        | 50% after ded                       |
| MRI/MRA, CT/CTA scan, PET scan  | 20% after ded                        | 50% after ded                       |
| Biotech/specialty injectables   | \$100 no ded                         | 50% after ded                       |
| Durable medical equipment/prosthetics   | 50% after ded                        | 50% after ded                       |
| Outpatient mental health care   | \$50 no ded                          | 50% after ded                       |
| Inpatient mental health care  | 20% after ded                        | 50% after ded                       |
| Outpatient serious mental illness care  | \$50 no ded                          | 50% after ded                       |
| Inpatient serious mental illness care   | 20% after ded                        | 50% after ded                       |
| Substance abuse treatment   |                                      |                                     |
| Detox   | 20% after ded                        | 50% after ded                       |
| Rehabilitation  | 20% after ded                        | 50% after ded                       |
| Outpatient  | \$50 no ded                          | 50% after ded                       |
| Prescription Drug   |                                      |                                     |
| Prescription deductible, individual/family  | None                                 | None                                |
| Preferred generic copay   | \$4                                  | Member pays 70% of retail           |
| Generic formulary copay   | \$10 no ded <sup>5</sup>             | Member pays 70% of retail           |
| Brand formulary copay   | 50% up to \$125 max per prescription | Member pays 70% of retail           |
| Non-formulary copay   | 50% up to \$125 max per prescription | Member pays 70% of retail           |

| DPOS Silver Premier         |                                     | DPOS Silver                          |                                     | HMO Silver Premier          | HMO Silver                           |
|-----------------------------|-------------------------------------|--------------------------------------|-------------------------------------|-----------------------------|--------------------------------------|
| You pay in-network          | You pay out-of-network <sup>4</sup> | You pay in-network                   | You pay out-of-network <sup>4</sup> | You pay                     | You pay                              |
| \$2,000/\$4,000             | \$7,500/\$15,000                    | \$2,000/\$4,000                      | \$7,500/\$15,000                    | \$2,000/\$4,000             | \$2,000/\$4,000                      |
| 30%                         | 50%                                 | 40%                                  | 50%                                 | 30%                         | 40%                                  |
| \$6,350/\$12,700            | \$25,000/\$50,000                   | \$6,350/\$12,700                     | \$25,000/\$50,000                   | \$6,350/\$12,700            | \$6,350/\$12,700                     |
| Unlimited                   | Unlimited                           | Unlimited                            | Unlimited                           | Unlimited                   | Unlimited                            |
| \$0 no ded                  | 50% no ded                          | \$0 no ded                           | 50% no ded                          | \$0 no ded                  | \$0 no ded                           |
| \$0 no ded                  | 50%, after ded                      | \$0 no ded                           | 50% after ded                       | \$0 no ded                  | \$0 no ded                           |
| \$25 no ded                 | 50% after ded                       | \$30 no ded                          | 50% after ded                       | \$25 no ded                 | \$30 no ded                          |
| \$50 no ded                 | 50% after ded                       | \$60 no ded                          | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| \$0 no ded                  | \$40 reimb                          | \$0 no ded                           | \$40 reimb                          | \$0 no ded                  | \$0 no ded                           |
| \$0 no ded                  | Not covered                         | \$0 no ded                           | Not covered                         | \$0 no ded                  | \$0 no ded                           |
| \$100 allowance             | \$50 reimb                          | \$100 allowance                      | \$50 reimb                          | \$100 allowance             | \$100 allowance                      |
| Covered                     | Not covered                         | Covered                              | Not covered                         | Covered                     | Covered                              |
| \$50 no ded <sup>3</sup>    | 50% after ded                       | \$60 no ded <sup>3</sup>             | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| \$50 no ded <sup>3</sup>    | 50% after ded                       | \$60 no ded <sup>3</sup>             | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| 30% after ded               | 50% after ded                       | 40% after ded                        | 50% after ded                       | 30% after ded               | 40% after ded                        |
| 30% after ded               | 50% after ded                       | 40% after ded                        | 50% after ded                       | 30% after ded               | 40% after ded                        |
| \$0 no ded                  | 50% after ded                       | \$0 no ded                           | 50% after ded                       | \$0 no ded                  | \$0 no ded                           |
| \$0 no ded                  | 50% after ded                       | \$0 no ded                           | 50% after ded                       | \$0 no ded                  | \$0 no ded                           |
| 30% after ded               | 50% after ded                       | 40% after ded                        | 50% after ded                       | 30% after ded               | 40% after ded                        |
| 30% after ded               | 30% after in-network ded            | 40% after ded                        | 40% after in-network ded            | 30% after ded               | 40% after ded                        |
| \$50 no ded <sup>3</sup>    | 50% after ded                       | \$60 no ded <sup>3</sup>             | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| \$100 no ded                | 50% after ded                       | \$120 no ded                         | 50% after ded                       | \$100 no ded                | \$120 no ded                         |
| \$100 no ded                | 50% after ded                       | \$100 no ded                         | 50% after ded                       | \$100 no ded                | \$100 no ded                         |
| 50% after ded               | 50% after ded                       | 50% after ded                        | 50% after ded                       | 50% after ded               | 50% after ded                        |
| \$50 no ded                 | 50% after ded                       | \$60 no ded                          | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| 30% after ded               | 50% after ded                       | 40% after ded                        | 50% after ded                       | 30% after ded               | 40% after ded                        |
| \$50 no ded                 | 50% after ded                       | \$60 no ded                          | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| 30% after ded               | 50% after ded                       | 40% after ded                        | 50% after ded                       | 30% after ded               | 40% after ded                        |
| 30% after ded               | 50% after ded                       | 40% after ded                        | 50% after ded                       | 30% after ded               | 40% after ded                        |
| \$50 no ded                 | 50% after ded                       | \$60 no ded                          | 50% after ded                       | \$50 no ded                 | \$60 no ded                          |
| \$250                       | None                                | None                                 | None                                | \$250                       | None                                 |
| \$4                         | Member pays 70% of retail           | \$4                                  | Member pays 70% of retail           | \$4                         | \$4                                  |
| \$20 after ded <sup>5</sup> | Member pays 70% of retail           | \$10 no ded <sup>5</sup>             | Member pays 70% of retail           | \$20 after ded <sup>5</sup> | \$10 no ded <sup>5</sup>             |
| \$40 after ded              | Member pays 70% of retail           | 50% up to \$125 max per prescription | Member pays 70% of retail           | \$40 after ded              | 50% up to \$125 max per prescription |
| \$60 after ded              | Member pays 70% of retail           | 50% up to \$125 max per prescription | Member pays 70% of retail           | \$60 after ded              | 50% up to \$125 max per prescription |



|   | PPO Silver HRA 25<br>Employer Contribution - \$500 (Individual)/\$1,000 (Family) |                                     |
|---|--|-------------------------------------|
| Benefits per contract year  | You pay in-network   | You pay out-of-network <sup>1</sup> |
| Deductible, individual/family   | \$2,000/\$4,000  | \$10,000/\$20,000                   |
| Coinsurance   | 50%  | 50%                                 |
| Out-of-pocket maximum, individual/family (includes copays, coinsurance and deductible)                          | \$6,350/\$12,700   | \$20,000/\$40,000                   |
| Lifetime maximum  | Unlimited  | Unlimited                           |
| Preventive services   |  |                                     |
| Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization) | \$0 no ded   | 50% no ded                          |
| Nutrition counseling (6 visits per contract year) <sup>2</sup>  | \$0 no ded   | 50% after ded                       |
| Physician services  |  |                                     |
| Primary care office visit   | 50% after ded  | 50% after ded                       |
| Specialist office visit   | 50% after ded  | 50% after ded                       |
| Adult routine eye exam (once every calendar year)   | \$0 after ded  | \$40 reimb                          |
| Pediatric routine eye exam (once every calendar year)   | \$0 after ded  | Not covered                         |
| Adult vision - eye glasses or contacts (once every calendar year)   | \$100 allowance  | \$50 reimb                          |
| Pediatric vision - eye glasses (once every calendar year)   | Covered  | Not covered                         |
| Spinal manipulations (20 visits per contract year) <sup>2</sup>   | 50% after ded  | 50% after ded                       |
| Physical/occupational therapy (30 visits per contract year) <sup>2</sup>  | 50% after ded  | 50% after ded                       |
| Outpatient surgery  |  |                                     |
| Ambulatory Surgical Center  | 50% after ded  | 50% after ded                       |
| Hospital-based  | 50% after ded  | 50% after ded                       |
| Outpatient laboratory & pathology   |  |                                     |
| Freestanding Lab  | 50% after ded  | 50% after ded                       |
| Hospital-based Lab  | 50% after ded  | 50% after ded                       |
| Hospital/other medical services   |  |                                     |
| Inpatient hospital services/days (includes maternity)   | 50% after ded  | 50% after ded                       |
| Emergency room (not waived if admitted)   | 50% after ded  | 50% after in-network ded            |
| Routine radiology/diagnostic  | 50% after ded  | 50% after ded                       |
| MRI/MRA, CT/CTA scan, PET scan  | 50% after ded  | 50% after ded                       |
| Biotech/specialty injectables   | 50% after ded  | 50% after ded                       |
| Durable medical equipment/prosthetics   | 50% after ded  | 50% after ded                       |
| Outpatient mental health care   | 50 % after ded   | 50% after ded                       |
| Inpatient mental health care  | 50% after ded  | 50% after ded                       |
| Outpatient serious mental illness care  | 50% after ded  | 50% after ded                       |
| Inpatient serious mental illness care   | 50% after ded  | 50% after ded                       |
| Substance abuse treatment   |  |                                     |
| Detox   | 50% after ded  | 50% after ded                       |
| Rehabilitation  | 50% after ded  | 50% after ded                       |
| Outpatient  | 50% after ded  | 50% after ded                       |
| Prescription Drug   |  |                                     |
| Prescription deductible, individual/family  | Integrated   | Integrated                          |
| Preferred generic copay   | \$4  | 50% after ded                       |
| Generic formulary copay   | \$10 after ded   | 50% after ded                       |
| Brand formulary copay   | \$40 after ded   | 50% after ded                       |
| Non-formulary copay   | \$60 after ded   | 50% after ded                       |

| PPO Silver HRA     |                                     | PPO Silver HSA 25<br>Employer Contribution - \$500 (Individual)/\$1,000 (Family) |                                     | PPO Silver HSA     |                                     |
|--------------------|-------------------------------------|--|-------------------------------------|--------------------|-------------------------------------|
| You pay in-network | You pay out-of-network <sup>1</sup> | You pay in-network   | You pay out-of-network <sup>1</sup> | You pay in-network | You pay out-of-network <sup>1</sup> |
| \$2,000/\$4,000    | \$10,000/\$20,000                   | \$2,000/\$4,000  | \$10,000/\$20,000                   | \$2,000/\$4,000    | \$10,000/\$20,000                   |
| 10%                | 50%                                 | 50%  | 50%                                 | 10%                | 50%                                 |
| \$6,350/\$12,700   | \$20,000/\$40,000                   | \$6,350/\$12,700   | \$20,000/\$40,000                   | \$6,350/\$12,700   | \$20,000/\$40,000                   |
| Unlimited          | Unlimited                           | Unlimited  | Unlimited                           | Unlimited          | Unlimited                           |
|                    |                                     |  |                                     |                    |                                     |
| \$0 no ded         | 50% no ded                          | \$0 no ded   | 50% no ded                          | \$0 no ded         | 50% no ded                          |
| \$0 no ded         | 50% after ded                       | \$0 no ded   | 50% after ded                       | \$0 no ded         | 50% after ded                       |
|                    |                                     |  |                                     |                    |                                     |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| \$0 after ded      | \$40 reimb                          | \$0 after ded  | \$40 reimb                          | \$0 after ded      | \$40 reimb                          |
| \$0 after ded      | Not covered                         | \$0 after ded  | Not covered                         | \$0 after ded      | Not covered                         |
| \$100 allowance    | \$50 reimb                          | \$100 allowance  | \$50 reimb                          | \$100 allowance    | \$50 reimb                          |
| Covered            | Not covered                         | Covered  | Not covered                         | Covered            | Not covered                         |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
|                    |                                     |  |                                     |                    |                                     |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
|                    |                                     |  |                                     |                    |                                     |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
|                    |                                     |  |                                     |                    |                                     |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 10% after in-network ded            | 50% after ded  | 50% after in-network ded            | 10% after ded      | 10% after in-network ded            |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
|                    |                                     |  |                                     |                    |                                     |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
| 10% after ded      | 50% after ded                       | 50% after ded  | 50% after ded                       | 10% after ded      | 50% after ded                       |
|                    |                                     |  |                                     |                    |                                     |
| Integrated         | Integrated                          | Integrated   | Integrated                          | Integrated         | Integrated                          |
| \$4                | 50% after ded                       | \$4  | 50% after ded                       | \$4                | 50% after ded                       |
| \$10 after ded     | 50% after ded                       | \$10 after ded   | 50% after ded                       | \$10 after ded     | 50% after ded                       |
| \$40 after ded     | 50% after ded                       | \$40 after ded   | 50% after ded                       | \$40 after ded     | 50% after ded                       |
| \$60 after ded     | 50% after ded                       | \$60 after ded   | 50% after ded                       | \$60 after ded     | 50% after ded                       |

<sup>1</sup>Non-Preferred Providers may bill you for differences between the Plan allowance, which is the amount paid by Independence Blue Cross (IBC), and the actual charge of the provider. This amount may be significant. Claims payments for Non-Preferred Professional Providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, the payment is based on 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

<sup>2</sup>For PPO plans, visit limits are combined in- and out-of-network.

<sup>3</sup>Referral required from primary care physician.

<sup>4</sup>To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of benefits available. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefit booklet/certificate.

<sup>5</sup>Mandatory generics.



[illegible]

<sup>3</sup>Referral required from primary care physician. <sup>4</sup>To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of benefits available. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefit booklet/certificate. <sup>5</sup>FutureScripts Preferred Pharmacy network which is a subset of the national retail pharmacy network and includes over 50,000 pharmacies, including most national retail chains and local pharmacies, applies to this plan. <sup>6</sup>Mandatory generics.



## What's not covered?

- services not medically necessary;
- 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;
- expenses related to organ donation for nonmember recipients;
- music therapy, equestrian therapy, and hippotherapy;
- treatment of sexual dysfunction not related to organic disease, except for sexual dysfunction relating to an injury;
- routine foot care, unless medically necessary or associated with the treatment of diabetes;
- foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes;
- cranial prosthesis including wigs intended to replace hair;
- alternative therapies/complementary medicine, such as acupuncture;
- routine physical exams for nonpreventive purposes, such as insurance or employment applications, college, or premarital examinations;
- services 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 (HMO plans only);
- bariatric/obesity surgery;
- outpatient private duty nursing.

Note: Eligible dependent children are covered to age 26.

This summary represents only a partial listing of benefits and exclusions of the Keystone Health Plan East and Personal Choice® programs. These managed care plans may not cover all of your health care expenses. Read your contract, member handbook, and/or benefit booklet carefully to determine which health care services are covered. If you need more information, please call 1-800-ASK-BLUE (1-800-275-2583).

