

Key Plan Features

Plan Name	Keystone Health Plan East* HMO Providers You must select a Primary Care Physician (PCP) when you enroll	Aetna* HMO Providers** You must select a Primary Care Physician (PCP) when you enroll
Deductible	None	None
Out-of-Pocket Limit	\$1,000 individual / \$2,000 family (See below for prescription drug out-of-pocket limit)	None (See below for prescription drug out-of-pocket limit)
Primary Physicians' Office Visits • during regular office hours • after hours	100% after \$15 copay 100% after \$25 copay	100% after \$15 copay 100% after \$20 copay
Specialist Physicians' Office Visits	100% after \$25 copay with referral	100% after \$25 copay with referral
Preventive Care • routine physicals • routine eye exams • routine ear exams • annual GYN exam • pediatric immunizations • mammography • annual Pap smear	100% after \$15 copay 100% after \$25 copay*** 100% after \$25 copay 100% after \$25 copay 100% after \$15 copay 100% if over 40 or clinical reason by GYN or PCP 100%	100% after \$15 copay 100% after \$25 copay*** 100% after \$15 copay 100% after \$25 copay 100% after \$15 copay 100% after \$25 copay if over 40 or clinical reason by GYN/PCP 100%; 1 visit; no copay if with GYN exam
Outpatient Surgery	100% after \$75 copay with referral	100% after \$75 copay with referral****
Hospitalization (semi-private room, board, surgery and anesthesia, specialists' care and diagnostic testing)	100% after \$150 copay per admission with referral; no maximum limit if medically necessary	100% after \$150 copay per admission with referral; no maximum limit if medically necessary
Second Surgical Opinion	100% after \$25 copay with referral	100% after \$25 copay with referral
Outpatient Laboratory and X-Rays	100% with referral	100% after \$25 copay with referral
Emergency Room	100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)
Skilled Nursing Facility	100% with primary referral and review by case management; up to 180 days per calendar year	100% with primary referral and review by case management
Home Health Care	100% with coordination by patient management department	100% with coordination by patient management department
Maternity • physician's fee (first visit only) • physician's fee (includes pre-and post-natal visits and delivery) • hospital inpatient • in vitro fertilization (one cycle)	100% after \$25 copay 100% 100% after \$150 copay per admission Not covered	100% after \$25 copay 100% 100% after \$150 copay per admission Not covered
Dental Care	Available only for treatment of diseases, injuries, fractures and dislocations of the jaw, and surgical removal of impacted teeth partially or completely covered by bone; 100%	Available only for oral surgery for removal of bony impacted wisdom teeth
Durable Medical Equipment	100% when medically necessary; pre-approval required	100% when medically necessary; pre-approval recommended
Maximum Lifetime Benefit	Unlimited	Unlimited
Mental Health • inpatient • outpatient • chemical dependency	Keystone HMO Providers 100% after \$150 copay per admission with referral; no maximum limit if medically necessary; includes coverage for Serious Mental Illness 100% after \$25 copay per visit; up to 60 visits per calendar year (additional 60 visits per calendar year for Serious Mental Illness) For details, call 1-215-241-2990	Aetna HMO Providers 100% after \$150 copay per admission; up to 90 days per benefit period***** 100% after \$25 copay per visit; up to 60 visits per benefit period***** For details, call 1-888-287-4296
Prescription Drugs • deductible • out-of-pocket limit • benefit amount • minimum coinsurance	Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name	Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name

UPHS Point of Service (POS) UPHS Network Referred Care (With a referral from PCP) You must select a Primary Care Physician (PCP) when you en	UPHS Point of Service (POS) Keystone Network Referred Care (With a referral from PCP) You must select a Primary Care Physician (PCP) when you en	UPHS Point of Service (POS) Self-Referred Care (Based on negotiated fees for contracting providers and reasonable & customary fees for nonmember providers)
None	\$100 individual / \$300 family	\$300 individual / \$900 family
\$1,500 individual / \$3,000 family	\$1,500 individual / \$3,000 family	\$3,000 individual / \$9,000 family, not including deductible
100% after \$15 copay 100% after \$25 copay	100% after \$15 copay 100% after \$25 copay	80% after deductible 80% after deductible
100% after \$25 copay	100% after \$25 copay	80% after deductible
100% after \$15 copay 100% after \$25 copay (once every 2 years) 100% after \$25 copay 100% after \$25 copay (2 per year) 100% 100% 100%	100% after \$15 copay 100% after \$25 copay (once every 2 years) 100% after \$25 copay 100% after \$25 copay (2 per year) 100% 100% 100%	80% after deductible Not covered Not covered 80%; no deductible 80%; no deductible 80%; no deductible 80%; no deductible
100% after \$75 copay	90% after deductible	80% after deductible
100% after \$150 copay per admission	90% after deductible	80% after deductible
100% after \$25 copay	100% after \$25 copay	80% after deductible
100%	100%	80% after deductible
100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)
Provider not currently available	90% after deductible, 240 day maximum	80% after deductible; 240 day maximum
100%	90% after deductible	80% after deductible
100% after \$25 copay 100% 100% after \$150 copay per admission 100% (pre-certification required; covered only at HUP)	100% after \$25 copay 90% after deductible 90% after deductible Not covered	80% after deductible 80% after deductible 80% after deductible Not covered
Available only for treatment of diseases, injuries, fractures and dislocation of the jaws, and surgical removal of impacted teeth partially or completely covered by bone; 100%	Available only for treatment of diseases, injuries, fractures and dislocation of the jaws, and surgical removal of impacted teeth partially or completely covered by bone; 100%	Available only for treatment of diseases, injuries, fractures and dislocation of the jaws, and surgical removal of impacted teeth partially or completely covered by bone; 80% after deductible
Provider not currently available	90% after deductible	80% after deductible
Unlimited	Unlimited	\$1,000,000 per individual
In-Network (Penn Behavioral Health Staff) 100% after \$150 copay per admission; up to 30 days per plan year, inclusive of all other days 100% after \$15 copay per visit; unlimited visits per plan year For details, contact Penn Behavioral Health at 1-888-321-4433	In-Network (Penn Behavioral Health Regional Network) 100% after \$150 copay per admission; up to 30 days per plan year, inclusive of all other days 100% after \$25 copay per visit; up to 60 visits per plan year, inclusive of all other visits For details, contact Penn Behavioral Health at 1-888-321-4433	Out-of-Network 80% of UCR; up to 30 days per plan year, inclusive of all other days 70% of UCR; up to 30 days per plan year, inclusive of all other visits For details, contact Penn Behavioral Health at 1-888-321-4433
Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name	Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name	Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name

Key Plan Features

Plan Name	PENNCare / Personal Choice* PENNCare Preferred Providers	PENNCare / Personal Choice* Personal Choice Preferred Providers
Deductible	None	\$200 individual / \$600 family
Out-of-Pocket Limit	Not applicable	\$2,500 individual / \$7,500 family, not including deductible
Primary Physicians' Office Visits • during regular office hours • after hours	100% after \$15 copay 100% after \$25 copay	100% after \$25 copay 100% after \$35 copay
Specialist Physicians' Office Visits	100% after \$25 copay	100% after \$35 copay
Preventive Care • routine physicals • routine eye exams • routine ear exams • annual GYN exam • pediatric immunizations • mammography • annual Pap smear	100% after \$15 copay Not covered Not covered 100% 100% for children under 18 100% 100%	100% after \$25 copay Not covered Not covered 100% 100% for children under 18 100% 100%
Outpatient Surgery	100% after \$75 copay	80% after deductible
Hospitalization (semi-private room, board, surgery and anesthesia, specialists' care and diagnostic testing)	100% after \$150 copay per admission	80% after deductible
Second Surgical Opinion	100%	80% after deductible
Outpatient Laboratory and X-Rays	100%	100% (after \$20 copay for x-rays)
Emergency Room	100% after \$50 copay (waived if admitted)	100% after \$50 copay (waived if admitted)
Skilled Nursing Facility	100%	80% after deductible
Home Health Care	100%	80% after deductible
Maternity • physician's fee (first visit only) • physician's fee (includes pre-and post-natal visits and delivery) • hospital inpatient • in vitro fertilization (one cycle)	100% after \$25 copay 100% 100% after \$150 copay per admission Not covered	100% after \$35 copay 80% after deductible 80% after deductible Not covered
Dental Care	Available only for oral surgery for removal of bony impacted wisdom teeth and dental services related to an accidental injury to the jaws and sound natural teeth; 100%	Available only for oral surgery for removal of bony impacted wisdom teeth and dental services related to an accidental injury to the jaw and sound natural teeth; 80% after deductible
Durable Medical Equipment	Provider not currently available	80% after deductible
Maximum Lifetime Benefit	Unlimited	Unlimited
Mental Health • inpatient • outpatient • chemical dependency	In-Network (Penn Behavioral Health Staff) 100% after \$150 copay per admission; up to 30 days per plan year, inclusive of all other days 100% after \$15 copay per visit; unlimited plan visits per plan year For details, contact Penn Behavioral Health at 1-888-321-4433	In-Network (Penn Behavioral Health Regional Network) 100% after \$150 copay per admission; up to 30 days per plan year, inclusive of all other days 100% after \$25 copay per visit; up to 60 visits per plan year, inclusive of all other visits For details, contact Penn Behavioral Health at 1-888-321-4433
Prescription Drugs • deductible • out-of-pocket limit • benefit amount • minimum coinsurance	Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name	Caremark None \$2,000 individual / \$6,000 family 90% generic / 70% brand name \$5 generic / \$15 brand name

<p>PENNCare / Personal Choice* Non-Preferred Providers (based on the negotiated rate)</p>	<p>Definitions</p> <p>Co-Insurance</p> <p>After you meet the deductible, your health plan pays a specified percentage of the charges for covered services. You pay the remaining charges, called co-insurance.</p>
<p>\$500 individual / \$1,500 family maximum</p>	<p>Co-Payment/Co-Pay</p> <p>A flat per-service charge that you pay for services such as doctor visits or prescriptions.</p>
<p>\$3,000 individual / \$9,000 family, not including deductible</p>	<p>Deductible</p> <p>The dollar amount you must pay each year before your medical and/or dental plan begins to pay benefits for certain covered expenses. The amount of the deductible depends upon the Plan you select. Each covered individual will not be charged more than the individual deductible. If multiple dependents are covered, the aggregate total of the deductibles charged for all covered members will not exceed the family deductible.</p>
<p>70% after deductible 70% after deductible</p>	<p>Out-of-Pocket Maximum</p> <p>The most you have to pay out of your own pocket during the benefit year in co-insurance after you meet your deductible, as long as your providers accept your Plan's UCR. Once you reach the out-of-pocket maximum, the Plan pays 100% of UCR. Out-of-pocket maximums stated by plans are based on your use of providers who accept the Plan's UCR. Each covered individual will not pay more than the individual out-of-pocket maximum. If multiple dependents are covered, the aggregate total of the out-of-pocket costs paid by all covered members will not exceed the family maximum.</p>
<p>70% after deductible</p>	<p>UCR or R&C</p> <p>UCR or R&C refers to the usual, customary, and reasonable fees that physicians, health care facilities or other health care providers in the same geographical area charge for similar services. Plans that pay 100% of UCR or R&C pay 100% of the usual, customary, and reasonable fees for that service. If providers have an affiliation with the Plan, they are obligated to accept the Plan's UCR or R&C as payment in full. However, if providers are not affiliated with the Plan, they are not obligated to accept the UCR or R&C, and you may have to pay any charges in excess of the payment made by the Plan.</p>
<p>70% after deductible Not covered Not covered</p>	<p>Reimbursements</p> <p>It is important to note that the medical plans offered do NOT guarantee that all covered services will be available through preferred or in-network providers. If a preferred or in-network provider is not available, the service will be processed as an out-of-network expense.</p>
<p>70%</p>	<p>You should also note that in-network providers might refer you to providers who are outside the network. Anytime you use an out-of-network provider, your services will be processed accordingly (non-preferred or self-referred). You should always verify whether or not the provider is in-network by calling the number on the back of your ID card.</p>
<p>70% for children under 18</p>	<p>* Pre-certification needed for certain services. ** Benefits may differ in NJ. See member handbook. *** \$35 allowed for contacts or prescription eyeglasses every two years. See member handbooks for vision exam benefit schedule. **** Outpatient surgery copay for California participants is limited to \$50 due to state mandates. ***** Visits are limited for California participants due to state mandates.</p>
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