5.8.17

Keystone Health Plan East

Summary of Benefits

Keystone HEALTH PLAN EAST

IBEW Local 654

Keystone Health Plan East is a Health Maintenance Organization (HMO). This is a managed care program. Coverage is available when your care is provided or referred by a Keystone primary care physician (PCP). Your Keystone PCP may also refer you to other Keystone providers for care, if needed.

To get the most out of your benefits program, below are some key terms that you will need to understand.

- **Referral** - Documentation from your PCP authorizing care at a participating specialist for covered services.
- **Preapproval/Precertification** - Approval from Independence Blue Cross (IBC) for non-emergency or elective hospital admissions and procedures prior to the admission or procedure. Your participating provider will contact IBC for authorization. For more information on the services requiring precertification, please refer to the back page of this summary.
- **Designated site** - PCPs are required to choose one radiology, physical therapy, occupational therapy, and laboratory provider where they will send all their Keystone members. You can view the sites selected by your PCP at www.ibx.com.

Your Member Handbook will provide additional details about your benefits program. It will include information about exclusions and benefit limitations. It is important to note that this program may not cover all your health care services. Services may not be covered because they are not included under your benefits contract, not medically necessary, or limited by a benefit maximum (e.g., visit limit). After reviewing this information, please contact our Customer Service department if you have additional questions.

Benefit	Coverage
Benefit Period	Calendar Year*
Doctor's Office Visits	
Primary Care Services	$20 Copayment
Specialist Services	$40 Copayment
Preventive Care for Adults and Children	100%
Pediatric Immunizations	100% (office visit copayment does not apply)
Routine Eye Exam	$40 Copayment (once every two calendar years)
Routine Gynecological Exam/PAP *1 per calendar year for women of any age* *(No referral required)*	100%
Mammogram *(No referral required)*	100%

* A calendar year benefit period begins on January 1 and ends on December 31. The deductible and out-of-pocket maximum amount resets to $0 at the start of the calendar year on January 1.

The benefits maybe changed by IBC to comply with applicable federal/state laws and regulations.

Independence

Benefits are administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross-independent licensees of the Blue Cross and Blue Shield Association.

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Benefit	Coverage
Nutrition Counseling For Weight Management *6 visits per calendar year*	100%
Outpatient Laboratory/Pathology	100%
Maternity	
First OB Visit	$20 Copayment
Hospital	$150/day; maximum of 5 Copayments/admission**
Inpatient Hospital Services	
Facility	$150/day; maximum of 5 Copayments/admission**
Physician/Surgeon	100%
Inpatient Hospital Days	Unlimited
Outpatient Surgery	
Facility	$150 Copayment
Physician/Surgeon	100%
Emergency Room	$150 Copayment (not waived if admitted)
Urgent Care Center	$105 Copayment
Ambulance	
Emergency	100%
Non-Emergency	100%
Outpatient X-Ray/Radiology+	
Routine Radiology/Diagnostic	$50 Copayment
MRI/MRA, CT/CTA Scan, PET Scan	$100 Copayment
Therapy Services	
Physical and Occupational 30 total visits combined per calendar year	$20 Copayment
Cardiac Rehabilitation 36 visits per calendar year	$20 Copayment
Pulmonary Rehabilitation 36 visits per calendar year	$20 Copayment
Speech 20 visits per calendar year	$20 Copayment
Orthoptic/Pleoptic 8 sessions lifetime maximum	$20 Copayment
Spinal Manipulations *20 visits per calendar year*	$40 Copayment
Allergy Injections *(Copayment waived if no office visit is charged)*	100%
Injectable Medications	
Standard Injectables	100%***
Biotech/Specialty Injectables	$125 Copayment
Chemo/Radiation/Dialysis	100%
Outpatient Private Duty Nursing *360 hours per calendar year*	85%

** Copayment waived if readmitted within 10 days of discharge for any condition.

+ Copayment not applicable when service performed in Emergency Room or office setting.

*** Office visit subject to copayment

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Benefit	Coverage
Skilled Nursing Facility *120 days per calendar year*	$75/day; maximum of 5 Copayments/admission**
Hospice and Home Health Care	100%
Durable Medical Equipment and Prosthetics	50%
Mental Health Care	
Outpatient	$40 Copayment
Inpatient	$150/day; maximum of 5 Copayments/admission**
Serious Mental Illness Care	
Outpatient	$40 Copayment
Inpatient	$150/day; maximum of 5 Copayments/admission**
Substance Abuse Treatment	
Outpatient/Partial Facility Visits	$40 Copayment
Rehabilitation	$150/day; maximum of 5 Copayments/admission**
Detoxification	$150/day; maximum of 5 Copayments/admission**
OUT-OF-POCKET MAXIMUM *includes copayments, coinsurance and deductibles*	
Individual	$5,720
Family	$11,440

** Copayment waived if readmitted within 10 days of discharge for any condition.

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What Is Not Covered?

- Services not medically necessary
- Services or supplies that are experimental or investigative except routine costs associated with qualifying clinical trials and when approved by Keystone Health Plan East
- 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 non-member recipients
- Acupuncture
- Dental care, including dental implants, and nonsurgical treatment of temporomandibular joint syndrome (TMJ)
- Music therapy, equestrian therapy, and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction resulting from 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 prostheses including wigs intended to replace hair
- Routine physical exams for non-preventive purposes such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- 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
- Alternative therapies/complementary medicine
- Self-injectable drugs

This summary represents only a partial listing of benefits and exclusions of the Keystone Health Plan East program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call 1-800-ASK-BLUE (TTY: 711).