Keystone HEALTH PLAN® CENTRAL
A Capital Blue Cross Company
Independent Licensee of the Blue Cross Blue Shield Association

BENEFIT HIGHLIGHTS

CapitalBlueCross.com

HMO Pre-65 PLAN

PSERS

Important notice for fully insured individual and employer group plans in Pennsylvania: Advertised health insurance policies or programs may not cover all your healthcare expenses. Read your contract or benefit booklet (certificate of coverage) carefully to determine which healthcare services are covered. Questions? Please call 800.962.2242 or the number on the back of your ID card (TTY: 711).

Your Medical Plan Summary Of Cost Sharing	
	Member responsibilities
Deductible (per benefit period) deductible is combine to include medical and prescription drug benefits for in-network providers.	None
Coinsurance (Percentage you pay after your deductible is met.)	No member coinsurance
Out-of-pocket maximum	None
Office Visit / Urgent Care / Emergency Room Copayments	
VirtualCare (non-specialist) visits–delivered via the Capital Blue Cross VirtualCare platform	$10 copayment per visit
Office visits and consultations (in-person & telehealth)–performed by a family practitioner, general practitioner, internist, pediatrician, or in-network retail clinic	$15 copayment per visit
Specialist office visits (in-person, telehealth & via the Capital Blue Cross VirtualCare platform)	$25 copayment per visit
Urgent care services	$50 copayment per visit
Emergency room	$50 copayment per visit, waived if admitted
Preventive Care	
Pediatric and adult preventive care	$15 PCP; $25 Specialist copayment per visit
Screening gynecological exam and pap smear	$15 PCP; $25 Specialist copayment per visit (no referral necessary)
Screening mammogram	No charge (no referral necessary)
Facility / Surgical Services	
Inpatient hospital room and board including maternity services and newborn care	No charge
Acute inpatient rehabilitation (60 days per benefit period)	No charge
Skilled nursing facility (120 days per benefit period)	No charge
Surgical procedure and anesthesia (professional charges)	No charge
Outpatient surgery at ambulatory surgical center (facility charge only)	No charge
Outpatient surgery at acute care hospital (facility charge only)	No charge
Diagnostic Services	
High tech imaging (such as MRI, CT, PET)	No charge
Radiology (other than high tech imaging)	No charge
Independent laboratory	No charge
Facility-owned laboratory (i.e. health system owned)	No charge
Diagnostic mammogram (one per benefit period)	No charge
Therapy Services (Rehabilitative and Habilitative Services)	
Physical therapy (30 visits per benefit period)	$25 copayment per visit
Occupational therapy (30 visits per benefit period)	$25 copayment per visit
Speech therapy (rehabilitative and habilitative, 30 visits each per benefit period)	$25 copayment per visit
Respiratory/pulmonary therapy (30 rehabilitative visits per benefit period)	$25 copayment per visit
Manipulation therapy (2 weeks (14 consecutive days) of acute care service per accident or injury benefit period)	$25 copayment per visit
Acupuncture (15 visits per benefit period)	$25 copayment per visit
Mental Health (MH) and Substance Use Disorder Services (SUD)	
MH & SUD detoxification inpatient services	No charge
MH outpatient services	$25 copayment per visit Individual/$5 copayment per visit group session
SUD rehabilitation outpatient services	No charge
Additional Services	
Home healthcare services (100 visits per benefit period)	No charge
Durable medical equipment and supplies; prosthetic appliances and orthotic devices	No charge

Benefits are underwritten by Keystone Health Plan® Central, a subsidiary of Capital Blue Cross. Independent licensee of the Blue Cross and Blue Shield Association.

Cost sharing for prescription drug coverage does not apply to the medical deductible shown on page 1.			
Your Prescription Drug Summary Of Cost-Sharing			
	Member responsibilities		
Deductible (per benefit period)	$100 per member $300 per family		
	Retail pharmacy (up to a 30-day supply)	Home delivery (up to a 90-day supply)	Specialty pharmacy (up to a 30-day supply)
Prescription drug tier			
Generic preferred	50% coinsurance	50% coinsurance	50% coinsurance
Generic nonpreferred	50% coinsurance	50% coinsurance	50% coinsurance
Brand preferred	50% coinsurance	50% coinsurance	50% coinsurance
Brand nonpreferred	Not covered	Not covered	Not covered
Contraceptives* (self-administered)			
Generic	$0 copayment	$0 copayment	Not covered
Select brands (no generic equivalent available)	$0 copayment	$0 copayment	Not covered
Brand preferred	50% coinsurance	50% coinsurance	Not covered
Brand nonpreferred	Not covered	Not covered	Not covered
Additional pharmacy benefits/details			
Network (for specialty pharmacy information please refer to the guide to Rx benefits at **CapitalBlueCross.com**)	Broad plus		
Formulary	Advantage		
$0 preventive Rx coverage	No charge		
Generic substitution program	Mandatory generic substitution–In addition to the coinsurance/copayment, the member pays the difference between the brand drug and generic drug price (when there is a generic drug alternative) regardless of whether the prescribing physician requests that the brand drug be dispensed.		

All services must be received from in-network providers within Keystone's Approved Service Area unless Preauthorized by Keystone, or except in cases requiring (1) Emergency Service, Urgent Care and follow-up care under the BlueCard Program while outside Keystone's Approved Service Area; or (2) Guest Membership Benefits under the Away From Home Care Program while outside Keystone's approved Service Area.

*Certain preventive contraceptives are required to be covered at no cost to you when filled at an in-network pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.