# *2012/2013 Keystone Medical Plan Comparison*

| COVERAGES | KEYSTONE HMO 15 | KEYSTONE POS 15B | |
|---|---|---|---|
| | | *Referred* | *Self-Referred* |
| Deductible Individual/Family | NONE | NONE | $200/$600 |
| Annual Copay Maximum Individual/Family | $1,000/$2,000 | $1,000/$2,000 | N/A |
| Coinsurance Limit Individual/Family | Unlimited | N/A | $1,000/$3,000 |
| Overall Lifetime Maximum | Unlimited | Unlimited | Unlimited |
| Primary Care Office Visit | $15 Copay | $15 Copay | 80% after ded. |
| Specialist Office Visit | $25 Copay | $25 Copay | 80% after ded. |
| Maternity Care | $25 Copay, 1st visit | $25 Copay, 1st visit | 80% after ded. |
| Pediatric Immunizations | 100% | 100% | 80% NO ded. |
| Routine Gyn Exam | 100% | 100% | 80% NO ded. |
| Routine Mammography | 100% | 100% | 80% NO ded. |
| Hospitalization | $100 Copay/day; $500 max/adm. | $100 Copay/day; $500 max/adm. | 80% after ded. |
| Outpatient Radiology | 100% | 100% | 80% after ded. |
| Outpatient Laboratory | 100% | 100% | 80% after ded. |
| Emergency Room | $150 Copay (waived if admitted) | $150 Copay (waived if admitted) | $150 Copay (waived if admitted) |
| Outpatient Surgery | $50 Copay | $50 Copay | 80% after ded. |
| Spinal Manipulations | 100% Up to 60 consecutive days per condition | 100% up to 60 consecutive days per condition | 80% after ded. ($1,000 max/yr) |
| Therapy: Physical, Speech and Occupational | 100% Up to 60 consecutive days per condition | 100% up to 60 consecutive days per condition | 80% after ded. ($5,000 max/yr) |
| Durable Medical Equipment | 100% | 100% | 80% after ded. |
| Prescription Drug | $15 Generic Formulary $35 Brand Formulary $50 Non-Formulary | $15 Generic Formulary $35 Brand Formulary $50 Non-Formulary | Covered 30% at a non-participating pharmacy |
| Injectable Medications Standard / Biotech-Specialty | 100% | 100% | |
| Vision | $100 Davis Vision Rider once every two cal. yrs. | $100 Davis Vision Rider once every two cal. yrs. | |
| Inpatient Mental Health | $100 Copay/day; $500 max/adm. | $100 Copay/day; $500 max/adm. | 80% after ded. |
| Outpatient Mental Health | $25 Copay/visit | $25 Copay/visit | 80% after ded. |
| Inpatient Serious Mental Illness | $100 Copay/day; $500 max/adm. | $100 Copay/day; $500 max/adm. | 80% after ded. |
| Outpatient Serious Mental Illness | $25 Copay/visit | $25 Copay/visit | 80% after ded. |

**PLEASE NOTE: FOR SUMMARY PURPOSES ONLY. FOR FURTHER DETAILS, PLEASE REFER TO YOUR CONTRACT BOOKLET.**