

# KEYSTONE HMO CONVERSION BENEFITS

## Please Read This Important Information about Your Conversion Privilege

Health care coverage under your group-sponsored Keystone Health Plan West plan has ended or is ending soon. As a result, you have the right to enroll in the Keystone Health Plan West Direct Pay Conversion HMO Agreement for individuals.

This program includes benefits similar to those provided by your group-sponsored plan. However, **this coverage does NOT include vision or dental benefits.** Please see the summary of benefits included in this brochure and rates for the Keystone Health Plan West Direct Pay Conversion HMO Agreement found on the back of this brochure.

# SUMMARY OF BENEFITS

## FOR KEYSTONE HEALTH PLAN WEST DIRECT PAY CONVERSION HMO AGREEMENT

This product does not require referrals, although selection of a Primary Care Provider (PCP) is still necessary. Except for emergencies, all covered services must be received from Keystone Health Plan West Network providers. Below are specific benefit levels.

Benefits	Coverage
<b>Deductible (Individual/Family)<sup>1</sup></b>	\$250 Individual/\$500 Family
<b>Lifetime Maximum</b>	Unlimited
<b>Primary Care Provider Office Visit</b>	100% after \$15 copayment per visit; deductible does not apply
<b>Specialist Office Visit/Home Visit/Retail Clinic Visit</b>	100% after \$25 copayment per visit; deductible does not apply
<b>Preventive Care</b> <ul style="list-style-type: none"> <li>• Adult Care</li> <li>• Pediatric Care</li> <li>• Immunizations – Adult and Pediatric</li> <li>• Annual Gynecological Exam and PAP Test</li> <li>• Mammograms</li> </ul>	Copayment and deductible do not apply
<b>Urgent Care Center Visit</b>	100% after \$25 copayment; deductible does not apply
<b>Emergency Room<sup>2</sup></b>	100% after \$50 copayment per visit; waived if admitted to the hospital; deductible does not apply
<b>Hospital Expenses (Inpatient )</b>	100% after deductible, including maternity
<b>Inpatient Rehabilitation Services</b>	100% after deductible Limit: 60 calendar days from initiation of treatment per condition
<b>Hospital Expenses (Outpatient)</b>	100% after deductible
<b>Skilled Nursing</b>	100% after deductible Limit: 100 days per calendar year
<b>Outpatient Physical Therapy</b>	100% after \$25 copayment per visit; deductible does not apply Limit: 20 visits per calendar year
<b>Outpatient Speech and Occupational Therapy</b>	100% after \$25 copayment per visit; deductible does not apply Limit: 20 visits per calendar year Limit applies to each individual therapy type
<b>Spinal Manipulation</b>	No coverage
<b>Maternity</b>	100% after deductible
<b>Infertility Counseling, Testing and Treatment<sup>3</sup></b>	100% after 50% copayment up to a \$200 out-of-pocket maximum per calendar year; deductible does not apply
<b>Assisted Fertilization Services</b>	No coverage
<b>Pediatric Extended Care Services</b>	100% after deductible Limit: 60 outpatient days per calendar year
<b>Diagnostic Services</b> Advanced Imaging (MRI, CAT Scan, PET Scan) Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100% after \$100 copayment per date of service; deductible does not apply
<b>Other Services: Ambulance, Home Health Care, Hospice and Durable Medical Equipment</b>	100% after deductible

Benefits	Coverage
<p><b>Mental Health Care</b>  <b>Inpatient (Facility)</b></p> <p><b>Outpatient</b></p>	<p>100% after deductible  Limit: 30 days per calendar year</p> <p>100% after \$25 copayment per visit; deductible does not apply  Limit: 20 visits per calendar year</p>
<p><b>Substance Abuse Treatment*</b>  <b>Inpatient</b>  Detoxification  Rehabilitation</p> <p><b>Outpatient</b></p> <p><b>Outpatient Visit Limit</b></p> <p><i>* Pennsylvania Mandated Benefits</i></p>	<p>100% after deductible  Limit: 7 days per admission; 4 admissions per lifetime  100% after deductible</p> <p>Limit: 30 days per calendar year; 90 days per lifetime  100% after \$25 copayment per visit;  deductible does not apply</p> <p>Limit: 60 visits per calendar year; 120 visits per lifetime</p> <p>60 outpatient full-session visits or equivalent partial-session visits per calendar year, subject to a lifetime limit for any covered member of 120 outpatient full-session visits or equivalent partial-session visits</p> <p>A maximum of 30 of the full-session or partial-session visits may be exchanged on a two-for-one basis to secure up to 15 additional inpatient rehabilitation services beyond the annual maximum.</p>
<p><b>Prescription Drug Coverage</b>  <b>Network</b></p> <p><b>Formulary</b></p> <p><b>Deductible<sup>4</sup></b></p> <p><b>Member Copayments</b></p>	<p>Premier 2012</p> <p>Progressive</p> <p>Member pays 100% of the Plan Allowance<sup>5</sup> until \$100 deductible/person/calendar year is met, then copayments will apply.</p> <p><b>PPACA Preventive Drugs<sup>6</sup> covered at 100%</b>  <b>Retail Drugs (31-/60-/90-day Supply)</b>  \$8/\$16/\$24 formulary generic copayment  \$45/\$90/\$135 formulary brand copayment  \$95/\$190/\$285 non-formulary brand, non-formulary generic copayment  \$95 formulary Specialty copayment for a 31-day supply<sup>7</sup>  25% member coinsurance with a \$200 maximum non-formulary Specialty copayment for a 31-day supply<sup>7</sup>  <b>Maintenance Drugs through Mail Order (90-day Supply)</b>  \$16 formulary generic copayment  \$90 formulary brand copayment  \$190 non-formulary brand, non-formulary generic and formulary Specialty copayment  25% member coinsurance with a \$400 maximum non-formulary Specialty coinsurance</p>

<sup>1</sup> If your Keystone Health Plan West HMO program Agreement covers more than one family member, family members are only required to satisfy two times the individual medical deductible in each calendar year in order for the family deductible to be satisfied.

<sup>2</sup> Emergency care services are the treatment: • For bodily injuries resulting from an accident; or • Following the onset of a medical condition; or • Following, in case of a chronic condition, a sudden and unexpected medical event that manifests itself by acute symptoms of sufficient severity or severe pain such that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in one or more of the following; • Placing the health of the member, or with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy; or • Serious impairment to bodily functions; or • Serious dysfunction of any bodily organ or part.

<sup>3</sup> Infertility treatment includes coverage for the correction of a physical or medical problem associated with infertility. Fertility drugs are excluded.

<sup>4</sup> If your Keystone Health Plan West HMO program Agreement covers more than one family member, each covered individual must meet his/her individual \$100 prescription drug deductible (within a contract year) before the program will pay for covered prescription drug services for that individual.

<sup>5</sup> The amount that Highmark has determined that a provider usually charges the majority of patients for a given service or procedure. Network providers have agreed to accept the Plan Allowance charge as payment in full.

<sup>6</sup> Certain limited prescription and over-the-counter drugs prescribed for preventive purposes.

<sup>7</sup> Specialty drugs are limited to a 31-day supply at retail.

# MONTHLY RATES

Rates for Keystone Health Plan West HMO vary depending on where you live. Please select the region where you live, and make sure your county is listed in that region.

## ALLEGHENY REGION

Allegheny, Armstrong, Beaver, Butler, Fayette, Greene, Lawrence, Washington and Westmoreland counties

One Person	One Parent & Child	One Parent & Children	Husband & Wife	Family
\$472.78	\$851.01	\$1,040.12	\$1,134.67	\$1,418.35

Effective January 1, 2012

## ERIE REGION

Cameron, Clarion, Crawford, Elk, Erie, Forest, McKean, Mercer, Potter, Warren and Venango counties

One Person	One Parent & Child	One Parent & Children	Husband & Wife	Family
\$451.36	\$812.44	\$992.98	\$1,083.25	\$1,354.07

Effective January 1, 2012

## ALTOONA/JOHNSTOWN REGION

Bedford, Blair, Cambria, Centre\*, Clearfield, Huntington, Indiana, Jefferson and Somerset counties

One Person	One Parent & Child	One Parent & Children	Husband & Wife	Family
\$451.82	\$813.28	\$994.00	\$1,084.37	\$1,355.47

Effective January 1, 2012

\* These rates apply if you live in one of the following zip codes in Centre County: 16677, 16686, 16829, 16845, 16859, 16865, 16866, 16874 or 16877.

### Important Note:

*This information is not intended as a contract of benefits. It is designed purely as a reference to the many benefits available under your program. See your Agreement for complete terms and conditions of coverage and any exclusions.*



**If you have questions about the Keystone Health Plan West Direct Pay Conversion HMO Subscriber Agreement or about the region in which your home address is located, please call the telephone number on the back of your identification (ID) card.**