Independence

# Medical Benefit Highlights

## CCP Keystone Point-of-Service POS 5C

| Covered Services | Your Costs (You pay) | |
|---|---|---|
| **Benefits per Contract Year** | **Referred** | **Self-Referred** |
| Deductible (Embedded)[1] | | |
| Individual/Individual and Dependents/Family | $500/$1,000/$1,500 | $500/$1,000/$1,500 |
| Out-of-Pocket Maximum (Embedded)[2] | | |
| Individual/Family | $4,500/$9,000 | Not Applicable/Not Applicable |
| Coinsurance | 0% | 20% |
| Coinsurance Limit | | |
| Individual/Family | Not Applicable/Not Applicable | $2,000/$6,000 |
| Annual Copayment Maximum | $650 | Not Applicable |
| **Preventive Services** | **Referred** | **Self-Referred** |
| Preventive Care | No charge no deductible | 20% no deductible |
| Preventive Colonoscopy | | |
| Preventive Plus Providers | No charge no deductible | Not covered |
| Hospital Based | No charge no deductible | 20% no deductible |
| **Physician Services** | **Referred** | **Self-Referred** |
| Primary Care Physician (PCP) | | |
| Office Visit | $10 no deductible | 20% after deductible |
| Telemedicine Visit | $10 no deductible | 20% after deductible |
| Specialist | | |
| Office Visit | $25 no deductible | 20% after deductible |
| Telemedicine Visit | $25 no deductible | 20% after deductible |
| Retail Health Clinic Visit | $10 no deductible | 20% after deductible |
| Urgent Care Visit | $24 no deductible | 20% after deductible |
| **Virtual Care[3]** | **Referred** | **Self-Referred** |
| Telemedicine | $10 no deductible | Not covered |
| Teledermatology | Not covered | Not covered |
| Telebehavioral Health | $10 no deductible | Not covered |
| **Therapy Services** | **Referred** | **Self-Referred** |
| Physical Therapy (Referred: 60 consecutive days/year; Self-Referred: 60 consecutive days/year)[4] | | |
| Freestanding | No charge no deductible | 20% after deductible |
| Hospital Based | No charge no deductible | 20% after deductible |
| Occupational Therapy (Referred: 60 consecutive days/year; Self-Referred: 60 consecutive days/year)[4] | | |
| Freestanding | No charge no deductible | 20% after deductible |
| Hospital Based | No charge no deductible | 20% after deductible |
| Speech Therapy (Referred: 60 consecutive days/year; Self-Referred: 60 consecutive days/year)[4] | No charge no deductible | 20% after deductible |

Independence

| Emergency Services | Referred | Self-Referred |
|---|---|---|
| Emergency Room (copay waived if admitted) | $35 no deductible | Covered at In-Network level |
| Emergency Ambulance | No charge no deductible | Covered at In-Network level |
| Non-Emergency Ambulance | No charge after deductible | 20% after deductible |

| Hospital Services | Referred | Self-Referred |
|---|---|---|
| Inpatient Hospital Services (Referred: 365 days/year; Self-Referred: 120 days/year)[5] | No charge after deductible | 20% after deductible |
| Observation Services | No charge after deductible | 20% after deductible |
| Maternity Hospital Services[5] | No charge after deductible | 20% after deductible |
| Inpatient Professional Services (includes Maternity) | No charge after deductible | 20% after deductible |

| Outpatient Surgery | Referred | Self-Referred |
|---|---|---|
| Freestanding | No charge after deductible | 20% after deductible |
| Hospital Based | No charge after deductible | 20% after deductible |
| Outpatient Professional Services | No charge after deductible | 20% after deductible |

| Outpatient Diagnostics | Referred | Self-Referred |
|---|---|---|
| Diagnostic Medical (EKG) | No charge no deductible | 20% after deductible |
| Routine Radiology (X-Ray) | | |
| Freestanding | No charge no deductible | 20% after deductible |
| Hospital Based | No charge no deductible | 20% after deductible |
| Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan) | | |
| Freestanding | No charge no deductible | 20% after deductible |
| Hospital Based | No charge no deductible | 20% after deductible |

| Outpatient Lab and Pathology | Referred | Self-Referred |
|---|---|---|
| Freestanding | No charge no deductible | 20% after deductible |
| Hospital Based | No charge no deductible | 20% after deductible |

| Other Medical Services | Referred | Self-Referred |
|---|---|---|
| Spinal Manipulations (Referred: 60 consecutive days/year; Self-Referred: 60 consecutive days/year) | No charge no deductible | 20% after deductible |
| Acupuncture (Referred: 18 visits/year; Self-Referred: 18 visits/year) | $25 no deductible | 20% after deductible |
| Standard Injectables | No charge after deductible | 20% after deductible |
| Allergy Injections | No charge no deductible | 20% after deductible |
| Biotech/Specialty Injectables | | |
| Home/Office | No charge after deductible | 20% after deductible |
| Outpatient | No charge after deductible | 20% after deductible |
| Chemotherapy | No charge after deductible | 20% after deductible |
| Dialysis | No charge after deductible | 20% after deductible |
| Skilled Nursing Facility (Referred: 180 days/year; Self-Referred: 240 days/year) | No charge after deductible | 20% after deductible |
| Home Health | No charge after deductible | 20% after deductible |
| Hospice | No charge after deductible | 20% after deductible |

| | | |
|---|---|---|
| Durable Medical Equipment (DME) | No charge after deductible | 20% after deductible |
| Mental Health – Outpatient (includes serious mental illness and substance abuse) | | |
| Office Visit | $25 no deductible | 20% after deductible |
| All Other Services | $25 no deductible | 20% after deductible |
| Mental Health – Inpatient (includes serious mental illness and substance abuse)[5] | No charge after deductible | 20% after deductible |
| Routine Eye Care | $25 no deductible | Not covered |

1 Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.

3 Telemedicine is provided by a designated telemedicine provider, please visit **www.ibx.com/findcarenow**.

4 Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Therapy combined visit limit.

5 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

Keystone Point-of-Service lets you maintain freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by having care provided or referred by your primary care physician (PCP). You have the freedom to self-refer your care either to a Keystone participating provider or to providers who do not participate in our network; however, higher out-of-pocket costs apply. This program may not cover all your health care services.
Designated Site – PCPs are required to choose one radiology, physical therapy, occupational therapy, and laboratory provider where they will send their Keystone members. You can view the sites selected by your PCP at **www.ibx.com**.

This summary represents only a partial listing of benefits and exclusions of the Medical 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. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit **www.ibx.com/LGBooklet** or call **1-800-ASK-BLUE** (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to **http://www.ibx.com/preapproval** or call the phone number that is listed on the back of your identification card.

Referred benefits are underwritten or administered by Keystone Health Plan East; Self-Referred benefits are underwritten by QCC Insurance company, subsidiaries of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. **www.ibx.com**