

Summary of KeystoneBlue Benefits



An HMO from Keystone Health Plan West

KeystoneBlue is an HMO product that does not require referrals although selection of a PCP is still necessary. Except for emergencies, all covered services must be received from a Keystone Health Plan West network provider. Below are specific benefit levels that apply during your benefit period.

Municipal Employers Insurance Trust (MEIT)

Benefit	Network
Benefit Period ⁽¹⁾	Calendar Year
Deductible (per benefit period)	
Individual	None
Family	None
Plan Payment Level – Based on the provider’s reasonable charge (PRC)	100%
Out-of-Pocket Maximums (Once met, plan payment level becomes 100%)	
Individual	None
Family	None
Autism Spectrum Disorders Maximum (per person) ⁽²⁾	\$36,000/benefit period
Lifetime Maximum (per person)	Unlimited
Primary Care Physician Office Visits	100%
Specialist Office Visits	100%
Preventive Care	
Adult	
Routine physical exams	100%
Adult Immunizations	100%
Colorectal Cancer Screening	
Basic Diagnostic Services	100%
Medical Surgical	100%
Routine gynecological exams, including a Pap Test	100%
Mammograms, annual routine and medically necessary	100%
Pediatric	
Routine physical exams	100%
Pediatric immunizations	100%
Emergency Room Services	100%
Spinal Manipulations	100%
Physical Medicine	100%
Speech Therapy	100%
Occupational Therapy	100%
Allergy Extracts and Injections	100%
Ambulance	100%
Applied Behavior Analysis for Autism Spectrum Disorders ⁽²⁾	100%
Assisted Fertilization Procedures	Not Covered
Dental Services Related to Accidental Injury	100%
Diabetes Treatment	100%
Diagnostic Services (including routine)	
Advanced Imaging (MRI, CAT Scan, PETscan, etc.)	100%
Basic Diagnostic Services (standard imaging, diagnostic medical, lab/pathology, allergy testing)	100%
Durable Medical Equipment, Orthotics and Prosthetics	100%
Enteral Formulae	100%
Home Infusion Therapy	100%
Home Health Care	100%
Hospice	100%
Hospital Services – Outpatient	100%
Infertility Counseling, Testing and Treatment ⁽³⁾	100% after 50% copayment up to a \$200 maximum per plan of treatment
Maternity (facility & professional services)	100%
Medical/Surgical Expenses (except office visits)	100%

Benefit	Network
Mental Health – Inpatient (4)	100%
Mental Health – Outpatient (4)	100% after \$25 copayment
Private Duty Nursing	100%
Respiratory Therapy	100%
Skilled Nursing Facility Care	100% Limit: 100 days/benefit period
Substance Abuse	
Inpatient Detoxification	100%
Inpatient Rehabilitation	100%
Outpatient	100%
Therapy Services (Cardiac Rehab, Infusion Therapy, Chemotherapy, Radiation Therapy and Dialysis)	100%
Transplant Services	100%
Precertification Requirements	Performed by Provider
Prescription Drug Deductible	
Individual	None
Family	None
Premier Prescription Drug Program Mandatory Generic(5) <i>Defined by Premier Pharmacy Network - Not Physician Network. Prescriptions filled at a non-network pharmacy are not covered.</i>	<p>\$3 copayment generic/selected over-the-counter \$5 copayment brand <i>Mandatory Generic(5)</i> Up to 34-day supply</p> <p>\$6 copayment generic/over-the-counter \$10 copayment brand <i>Mandatory Generic(5)</i> Up to 90-day supply</p>

- (1) Your group's benefit period is based on a Calendar Year which runs from January 1 to December 31.
- (2) Coverage for eligible members to age 21. Services will be paid according to benefit category (e.g. speech therapy). Treatment for autism spectrum disorders does not reduce visit/day limits.
- (3) Treatment includes coverage for the correction of a physical or medical problem associated with infertility. Infertility drug therapy may or may not be covered depending on your group's prescription drug program.
- (4) State mandated minimum benefits may apply to a diagnosis of serious mental illness (If the above grid does not show a limit, your mental health benefit days are unlimited.)
- (5) Prescriptions are covered as long as they are listed on the prescription drug formulary applicable to your plan. To obtain a prescription medication that is not included on this formulary, the physician must complete the 'Prescription Drug Medication Request Form' and return it to Pharmacy Affairs Department for clinical review. Under the mandatory generic provision, the member is responsible for the payment differential when a generic drug is available and the doctor or patient specifies a brand name drug. The member payment is the price difference between the brand drug and generic drug in addition to the brand drug copayment or coinsurance amounts, which may apply.