Independence

Medical Benefit Highlights

Keystone Point-of-Service Temple University

Covered Services	Your Costs (You pay)	
Benefits per Contract Year	**Referred**	**Self-Referred**
Deductible (Embedded)[1] Individual/Family	$0/$0	$1,500/$4,500
Out-of-Pocket Maximum (Embedded)[2] Individual/Family	$6,600/$13,200	$10,000/$30,000
Coinsurance	0%	50%
Preventive Services	**Referred**	**Self-Referred**
Preventive Care	No charge	50% no deductible
Preventive Colonoscopy		
Preventive Plus Providers	No charge	Not covered
Hospital Based	No charge	50% no deductible
Physician Services	**Referred**	**Self-Referred**
Primary Care Physician (PCP) Office Visit	$15	50% after deductible
Specialist Office Visit	$30	50% after deductible
Retail Health Clinic Visit	$15	50% after deductible
Telemedicine	$15	Not covered
Urgent Care Visit	$70	50% after deductible
Therapy Services	**Referred**	**Self-Referred**
Physical Therapy (Referred: 30 visits/year; Self-Referred: 30 visits/year)[3]		
Freestanding	$30	50% after deductible
Hospital Based	$30	50% after deductible
Occupational Therapy (Referred: 30 visits/year; Self-Referred: 30 visits/year)[3]		
Freestanding	$30	50% after deductible
Hospital Based	$30	50% after deductible
Speech Therapy (Referred: 20 visits/year; Self-Referred: 20 visits/year)	$30	50% after deductible
Emergency Services	**Referred**	**Self-Referred**
Emergency Room (copay not waived if admitted)	$100	Covered at In-Network level
Emergency Ambulance	No charge	Covered at In-Network level
Non-Emergency Ambulance	No charge	50% after deductible
Hospital Services	**Referred**	**Self-Referred**
Inpatient Hospital Services (Referred: 365 days/year; Self-Referred: 70 days/year)[4]	$100/Day; max of 5 copays per admission	50% after deductible
Observation Services	$100	50% after deductible
Maternity Hospital Services[4]	$100/Day; max of 5 copays per admission	50% after deductible
Inpatient Professional Services (includes Maternity)	No charge	50% after deductible
Outpatient Surgery	**Referred**	**Self-Referred**

Independence

Freestanding	$50	50% after deductible
Hospital Based	No charge	50% after deductible
Outpatient Professional Services	No charge	50% after deductible

Outpatient Diagnostics	Referred	Self-Referred
Diagnostic Medical (EKG)	$50	50% after deductible
Routine Radiology (X-Ray)		
Freestanding	$30	50% after deductible
Hospital Based	$30	50% after deductible
Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)		
Freestanding	$60	50% after deductible
Hospital Based	$60	50% after deductible

Outpatient Lab and Pathology	Referred	Self-Referred
Freestanding	No charge	50% after deductible
Hospital Based	No charge	50% after deductible

Other Medical Services	Referred	Self-Referred
Spinal Manipulations (Referred: 20 visits/year; Self-Referred: 20 visits/year)	$30	50% after deductible
Acupuncture (Referred: 18 visits/year; Self-Referred: 18 visits/year)	$30	50% after deductible
Standard Injectables	No charge	50% after deductible
Allergy Injections	No charge	50% after deductible
Biotech/Specialty Injectables		
Home/Office	$75	50% after deductible
Outpatient	$75	50% after deductible
Chemotherapy	No charge	50% after deductible
Dialysis	No charge	50% after deductible
Skilled Nursing Facility (Referred: 120 days/year; Self-Referred: 60 days/year)	$50/Day; max of 5 copays per admission	50% after deductible
Home Health	No charge	50% after deductible
Hospice	No charge	50% after deductible
Durable Medical Equipment (DME)	30%	50% after deductible
Mental Health – Outpatient (includes serious mental illness and substance abuse)	$30	50% after deductible
Mental Health – Inpatient (includes serious mental illness and substance abuse)[4]	$100/Day; max of 5 copays per admission	50% after deductible
Routine Eye Care	$30	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] Physical Therapy and Occupational Therapy combined visit limit.
[4] 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.

Reference ID: 1003915309012020

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**