

2021 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

BENEFIT DESCRIPTION	KEYSTONE POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			PERSONAL CHOICE PPO - HIGH			CDHP WITH HSA					
	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK	TIER 1 NETWORK	IN-NETWORK	OUT-OF-NETWORK			
IS A REFERRAL NEEDED TO SEE A SPECIALIST?		Yes			No			No			No				
EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION		No			No			No			Individual: \$500 / Family: \$1,000				
INTERNATIONAL TRAVEL		Covers Emergency Medical Care Only			BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583				BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583				BCBS Global Core Included. For more information on the services covered internationally, please call the service center at 1-800-810-2583		
DEDUCTIBLE (INDIVIDUAL/FAMILY)	None	None	\$500 / \$1,500	None	\$300 / \$600	\$1,000 / \$2,000	None	None	\$500 / \$1,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000			
OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900	\$10,000 / \$20,000			
PREVENTIVE CARE SERVICES	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 80%	No charge	No charge	Plan pays 50%			
PRIMARY CARE PHYSICIAN (PCP)	No charge	\$20 copay	Plan pays 70%*	No charge	\$20 copay	Plan pays 70%*	No charge	\$15 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
MDLive	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	No Charge	N/A	N/A	\$40 copay	N/A			
SPECIALIST OFFICE VISIT	\$10 copay	\$40 copay	Plan pays 70%*	\$10 copay	\$30 copay	Plan pays 70%*	\$10 copay	\$25 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
OUTPATIENT SERVICES (SURGERY)	No charge	\$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
INPATIENT SERVICES	\$240 copay per admission	\$100/day copay; max of 5 copays/admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	:Plan pays 80%*	Plan pays 50%*			
DIAGNOSTIC LABORATORY	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
DIAGNOSTIC X-RAY	No charge	\$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
IMAGING (MRI, CT-SCAN)	No charge	\$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge	No charge	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
EMERGENCY ROOM	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	\$100 copay	\$100 copay	Covered at in-network level	No charge*	Plan pays 80%*	Covered at in-network level			
URGENT CARE CENTER	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 80%*	No charge*	Plan pays 80%*	Plan pays 50%*			
OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE	Not available	\$40 copay	Plan pays 70%*	Not available	\$30 copay	Plan pays 70%*	Not available	\$25 copay	Plan pays 80%*	Not available	Plan pays 80%*	Plan pays 50%*			
PRESCRIPTION DRUG BENEFITS															
RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)		Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay			Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay				Generic: \$10 copay Preferred Brand: \$30 copay Non-Preferred Brand: \$50 copay				Generic: \$10 copay* Preferred Brand: \$30 copay* Non-Preferred Brand: \$50 copay*		
MAIL ORDER (UP TO A 90-DAY SUPPLY)		Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay			Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay				Generic: \$20 copay Preferred Brand: \$60 copay Non-Preferred Brand: \$100 copay				Generic: \$20 copay* Preferred Brand: \$60 copay* Non-Preferred Brand: \$100 copay*		

* The plan year deductible must be satisfied before the plan will pay for services.

For more details about the Medical and Prescription Drug plans available, please see the following section of this guide.