

# 2021 MEDICAL & PRESCRIPTION DRUG PLANS AT-A-GLANCE

BENEFIT DESCRIPTION	KEYSTONE POINT OF SERVICE			PERSONAL CHOICE PPO - BASIC			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
<b>IS A REFERRAL NEEDED TO SEE A SPECIALIST?</b>		Yes			No			No	
<b>EMPLOYER HEALTH SAVINGS ACCOUNT CONTRIBUTION</b>		No			No			\$1,000	
<b>INTERNATIONAL TRAVEL</b>		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	
<b>DEDUCTIBLE (INDIVIDUAL/FAMILY)</b>	None	None	\$500 / \$1,500	None	\$300 / \$600	\$1,000 / \$2,000	\$1,500 / \$3,000	\$2,000 / \$4,000	\$5,000 / \$10,000
<b>OUT-OF-POCKET MAXIMUM (INDIVIDUAL/FAMILY)</b>	\$1,500 / \$3,000	\$2,000 / \$4,000	\$3,000 / \$9,000	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,000 / \$6,000	\$6,450 / \$12,900	\$6,450 / \$12,900	\$10,000 / \$20,000
<b>PREVENTIVE CARE SERVICES</b>	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 70%	No charge	No charge	Plan pays 50%
<b>PRIMARY CARE PHYSICIAN (PCP)</b>	No charge	\$20 copay	Plan pays 70%*	No charge	\$20 copay	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>MDLive</b>	N/A	No charge	N/A	N/A	No Charge	N/A	N/A	\$40 copay	N/A
<b>SPECIALIST OFFICE VISIT</b>	\$10 copay	\$40 copay	Plan pays 70%*	\$10 copay	\$30 copay	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>OUTPATIENT SERVICES (SURGERY)</b>	No charge	\$50 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>INPATIENT SERVICES</b>	\$240 copay per admission	\$100/day copay; max of 5 copays per admission	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	:Plan pays 80%*	Plan pays 50%*
<b>DIAGNOSTIC LABORATORY</b>	No charge	No charge	Plan pays 70%*	No charge	No charge	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>DIAGNOSTIC X-RAY</b>	No charge	\$20 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>IMAGING (MRI, CT-SCAN)</b>	No charge	\$80 copay	Plan pays 70%*	No charge	Plan pays 90%*	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>EMERGENCY ROOM</b>	\$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
<b>URGENT CARE CENTER</b>	No charge	\$35 copay	Plan pays 70%*	No charge	\$35 copay	Plan pays 70%*	No charge*	Plan pays 80%*	Plan pays 50%*
<b>OUTPATIENT SERVICES FOR MENTAL HEALTH/BEHAVIORAL/SUBSTANCE ABUSE</b>	Not available	\$40 copay	Plan pays 70%*	Not available	\$30 copay	Plan pays 70%*	Not available	Plan pays 80%*	Plan pays 50%*
<b>PRESCRIPTION DRUG BENEFITS</b>									
<b>RETAIL PHARMACY (UP TO A 30-DAY SUPPLY)</b>		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*	
<b>MAIL ORDER (UP TO A 90-DAY SUPPLY)</b>		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.*