

Services	KeystoneBlue HMO, An Individual Health Maintenance Organization (HMO); Medically Underwritten
Benefit Period	Calendar Year
Type of Coverage	Medically Underwritten
Deductible - Individual	None
Deductible - Family	None
Out of Pocket Maximum - Individual	None
Out of Pocket Maximum - Family	None
Coinsurance (only applied after any applicable deductibles have been met)	None
Lifetime Policy Maximum	\$5,000,000
Benefit Period Maximum	\$1,000,000
Hospital Facility Expense - Inpatient	100% Includes maternity
Emergency Room Care	100% after \$35 copayment (waived if admitted)
Office/Home Visits	PCP: 100% after \$10 copayment Specialist: 100% after \$15 copayment
Medical/Surgical Expenses (except office visits)	100%
Preventive Care	Routine Physicals, Gynecological Exam and Pap Test: 100% after \$15 copayment Mammogram: 100%
Diagnostic Services ( X-ray, lab, other tests)	100%
Physical Medicine	100% 15 visits per calendar year
Occupational and Speech Therapy	100% Combined 15 visits per calendar year
Spinal Manipulations	100% 10 visits per calendar year
Mental Health Services	Inpatient: 30 days/12 consecutive months Outpatient: 100% after \$25 copayment (20 visits/calendar year)
Substance Abuse - Rehabilitation	Outpatient Rehab: 30 visits per calendar year, limited to 120 visits per lifetime. 30 outpatient visits may be exchanged on a 2:1 basis for up to 15 additional inpatient visits beyond the annual maximum inpatient visits of 30 days per 12 consecutive months. Inpatient Rehab: 30 days/calendar year; 90 days/lifetime
Substance Abuse - Detoxification	7 days/admission; 4 admissions/lifetime
Prescription Drug	\$100 deductible/year, \$10 generic, \$20 brand \$50,000 calendar year maximum
Discounts on Health-Related Services Fitness Centers & Spas Massage Therapy Nutritional Counseling	Covered

Personal Trainers	
Blues On Call -Health Information and Support Toll-Free Hotline	Covered