Keystone HEALTH PLAN® CENTRAL
A Capital BlueCross Company

HMO

Muhlenberg College

HIGHLIGHTS	AMOUNTS YOU ARE RESPONSIBLE FOR:
DEDUCTIBLE	
Per benefit period (The benefit period for this coverage is a calendar year.)	None
PREVENTIVE CARE	
▪ Adult routine physical exams and preventive care (age 18 and over) ▪ Pediatric routine physical exams & preventive care (includes well-baby care)	PCP: $15 copayment per visit
▪ Gynecological services (no referral necessary)	PCP: $15 copayment per visit Specialist: $15 copayment per visit
▪ Childhood immunizations ▪ Annual mammogram (age 40 and over) (no referral necessary)	Covered in full
PHYSICIAN SERVICES	
▪ Office visits	PCP: $15 copayment per visit (additional $10 copayment for after hours visit) Specialist: $15 copayment per visit
▪ Maternity and newborn care (copayment applies to first visit only) (no referral necessary)	PCP: $15 copayment per visit Specialist: $15 copayment per visit
▪ Lab tests, x-rays, inpatient visits, surgery and anesthesia	Covered in full
OTHER PROVIDER SERVICES	
▪ Outpatient physical medicine and occupational, respiratory & speech therapy (30 visits each type per benefit period)	Specialist: $15 copayment per visit
▪ Home health care (100 visits per benefit period) ▪ Hospice ($50,000 benefit lifetime maximum) ▪ Removal of bony impacted teeth	Covered in full
▪ Infertility Services ($2,500 benefit lifetime maximum, subscriber & spouse each)	Covered in full
OUTPATIENT HOSPITAL SERVICES	
▪ Professional fees & facility services, including: lab, x-rays, pre-admission tests, radiation therapy, chemotherapy, kidney dialysis, anesthesia and surgery	Covered in full
INPATIENT HOSPITAL SERVICES	
▪ Professional fees & facility services, including: room and board, maternity related admissions, and other covered services ▪ Rehabilitation or Skilled Nursing Facility (combined 60 days per benefit period)	Covered in full
EMERGENCY AND URGENT MEDICAL CARE	
▪ Emergency Care	Covered in full after $50 emergency room copayment (waived if admitted)
▪ Emergency Ambulance Services	Covered in full
▪ Urgent Medical Care - Outside service area	Covered in full after applicable copayment (PCP or Emergency Room)
▪ Urgent Medical Care - In service area	Covered in full after $15 copayment (additional $10 copayment for after hours visit)
DURABLE MEDICAL EQUIPMENT. SUPPLIES, PROSTHETICS & ORTHOTICS	Covered in full
MENTAL HEALTH CARE	
▪ Inpatient care (30 days per benefit period; additional days as required by law)	Covered in full
▪ Partial hospitalization (included as part of inpatient days)	Covered in full
▪ Outpatient services (20 visits per benefit period; additional visits as required by law)	Individual session: $25 copayment per visit Group session: $5 copayment per visit
SUBSTANCE ABUSE CARE	
▪ Detoxification (7 days per admission; 4 admissions per lifetime) ▪ Inpatient care (30 days per benefit period; 90 days per lifetime)	Covered in full
▪ Outpatient care (60 visits per benefit period; 120 visits per lifetime)	$25 copayment per visit after first course of treatment
LIFETIME MAXIMUM BENEFIT	None

This sheet highlights health care services covered by Keystone Health Plan Central (KHP Central) and is not intended to be a complete list or complete description of available services. With certain exceptions, your care must be coordinated or provided by your Primary Care Physician (PCP) in order to receive benefits. Certain services are limited in scope and duration; and certain services may require preauthorization by KHP Central in advance of the service being rendered. Please consult your Certificate of Coverage for more information.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. For more information, call KHP Central Customer Service at 1-800-669-7061.

Benefits are underwritten by Keystone Health Plan® Central, a wholly-owned subsidiary of Capital BlueCross.

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HMO — Standard Benefit Exclusions

The group contract will contain standard benefit exclusions and limitations. Except as specifically set forth in the group contract, no benefits will be provided for:

1. Services or supplies which are not medically necessary, as determined by the PCP, KHP Central or its designated agent.
2. Non-preauthorized services which require preauthorization.
3. Services received pursuant to an invalid referral including but not limited to referrals to non-participating providers (absent preauthorization), referrals for services requiring preauthorization which are not preauthorized or referrals for other non-covered services and referrals issued subsequent to the date of services being rendered.
4. Any services or supplies related to or rendered in connection with a non-covered benefit.
5. Services or supplies for which there is no legal obligation on the part of the member to pay.
6. Any services, supplies or treatments not specifically listed in the applicable Certificate of Coverage.
7. Care for conditions that federal, state or local law requires to be treated in a public facility.
8. The cost of services covered under the Medicare Act when Medicare is primary. In such situations, KHP Central or its designee may file the member's Medicare claims for health services. Medicare will pay KHP Central or its designee directly. However, if for any reason Medicare pays the member directly, KHP Central or its designee will bill the member for the amount to which the member is entitled under Medicare. However, this exclusion shall not apply when the contract holder is obligated by law to offer the subscriber all the benefits of the applicable Certificate of Coverage and the subscriber so elects this coverage as primary.
9. The cost of hospital, medical or other covered benefits resulting from accidental bodily injuries arising out of a motor vehicle accident, to the extent such benefits are payable under any medical expense payment provision (by whatever terminology used, including such benefits mandated by law) of any automobile insurance policy.
10. Prescription drugs or supplies for any illness or injury which occurs in the course of employment if benefits or compensation are available in whole or in part, under any federal, state or local government's workers' compensation law or occupational disease law, including but not limited to, the United States Longshoreman's and Harbor Workers' Compensation Act as amended from time to time. This exclusion applies whether or not the member claims the benefits or compensation.
11. Care for military service connected disabilities and conditions.
12. All dental services, including oral surgery; periodontal care, including but not limited to treatment of the teeth; extraction of teeth; treatment of dental abscesses or granuloma; treatment of gingival tissues (other than for tumors); dental examinations; dental implants; and any other dental product and/or device or service unless specifically identified as a benefit or product elsewhere in the applicable Certificate of Coverage. Anesthesia and facility charges related to non-covered dental services shall not be covered.
13. All dental services, including oral surgery, rendered after stabilization of the member in an emergency following an accidental injury, including but not limited to, replacement teeth, oral prosthetic devices, bridges or orthodontics.
14. Treatment of temporomandibular joint syndrome (except for evaluation) if dental in nature or not medically necessary.
15. The cost of any experimental/investigative medical, surgical, or other health care services, procedures or supplies, including organ transplant procedures deemed to be experimental/investigative except as specified elsewhere in the applicable Certificate of Coverage.
16. Routine physical examinations, testing, immunizations, and/or preparation of specialized reports solely for insurance, licensing, employment, or other non-preventive purposes, including but not limited to pre-marital examinations, physicals for college, camp, sports or travel.
17. Charges for completion of any insurance form.
18. Corneal surgery to correct refractive errors.
19. Immunizations required for travel or employment.
20. Cosmetic surgery which is defined as any surgery done primarily to improve the appearance of any portion of the body, and from which no improvement in physiologic function can be reasonably expected.
21. Weight reduction programs, including all diagnostic testing related to weight reduction programs.
22. Surgical operations or procedures for correction of obesity and/or morbid obesity, including but not limited to gastric stapling or balloon procedures.
23. Treatment programs, medicines or drugs for obesity and/or morbid obesity.
24. All rehabilitative therapy, except as described in the applicable Certificate of Coverage, including but not limited to play and recreational therapy.
25. Speech therapy for the following conditions: psychosocial speech delay, behavior problems, mental retardation (except when disorders such as aphasia or dysarthria are present), developmental delay, stuttering and stammering, pervasive developmental disorder, attention deficit disorder/attention deficit hyperactivity disorder, and conceptual handicap.
26. Rehabilitation therapy services, including spinal manipulation therapy, for chronic problems or routine maintenance for chronic conditions.
27. All hearing examinations and services, except hearing screening for diagnostic purposes.
28. Hearing aids or the fitting thereof.
29. All vision examinations and services, except vision screening related to a medical diagnosis for diagnostic purposes.
30. Eyeglasses and contact lenses, or the fitting thereof (including eye refractions).
31. Acupuncture.
32. Mental health/substance abuse services that are not covered include: chronic care; court ordered care (unless determined to be medically necessary by KHP Central's designee), including care as a condition of parole or probation; educational testing; evaluation testing; hypnosis; marital therapy; methadone maintenance; mental retardation services; psychological testing (except for clinical assessment); attention deficit disorder testing; other learning disability testing; and long term care services provided in extended care and state mental health facilities.
33. Biofeedback.
34. Homemaker services, home health aids, custodial and domiciliary care, residential care, protective and supportive care including educational services, rest cures and convalescent care.
35. Personal or comfort items, including but not limited to: admission kits, slippers, television, telephone, air conditioners, humidifiers, barber or beauty services, guest service and similar incidental services and supplies.
36. Newborn deliveries outside the service area within twenty-eight (28) days of the expected delivery date.
37. Circumcisions.
38. Any procedure or treatment designed to alter physical characteristics of the member to those of the opposite sex, and any other treatment or studies related to sex transformations.
39. Routine foot care for the treatment of bunions (except capsular or bone surgery), toe nails, (except surgery for ingrown nails), corns, removal or reduction of warts, calluses, fallen arches, flat feet, weak feet, chronic foot strain or symptomatic complaints of the feet.
40. Contraceptive devices, including any services related to the fitting, insertion, implantation, and removal of such devices.
41. In vitro fertilization and/or embryo transplants.
42. Reversal of voluntary sterilization or any infertility services if the present condition of infertility is due, in part or in its entirety, to either party, whether a KHP Central member or not, having undergone a voluntary sterilization procedure and/or an unsuccessful reversal of a voluntary sterilization procedure.
43. Infertility services for dependent children, regardless of age.
44. Donor services related to infertility.
45. Prescribed drugs and medications, except those which are administered on an inpatient basis, or are approved for intramuscular and intravenous use only, or are provided in a substance abuse treatment facility.
46. Outpatient oral chemotherapy drugs.
47. Whole blood, blood plasma or blood components.
48. Services required by a member related to organ donation where the member serves as the organ donor to a non-member. Expenses for donors donating organs to members are covered only as described in the applicable Certificate of Coverage. No payment will be made in cases in which human organs are sold rather than donated and for artificial organs.
49. Court ordered services when not medically necessary and/or not a benefit.
50. Private duty nurses.
51. Charges for a member's failure to keep a scheduled appointment, or for any charges associated with a member's decision to cancel an elective surgery.
52. Any services rendered while in custody of, or incarcerated by any federal, state, territorial or municipal agency or body.
53. Any services related to injuries which result from the member's commission of or attempt to commit a felony.
54. Anesthesia when administered by the operating physician, the assistant to the operating physician or the attending physician.
55. Sports medicine treatment plans intended to primarily enhance athletic performance.
56. Treatment, medicines, devices or drugs for sexual dysfunction.
57. Autopsies or any other services rendered after a member's demise.
58. Durable medical equipment requested specifically for travel purposes, recreational or athletic activities, or when the intended use is primarily outside the home.
59. Replacement of lost or stolen items within the expected useful life of the originally purchased durable medical equipment.
60. Items that are for convenience and not primarily medical in nature.
61. Foot orthotics when not an integral part of a leg brace or necessary for the management of severe diabetic foot disease or its complications.
62. Hospice care provided as an inpatient unless arranged through the outpatient hospice provider as part of the outpatient hospice care benefit.
63. Services provided by a member's relative for which, in the absence of coverage, no charge would be made.
64. Membership dues, subscription fees, charges for service policies, insurance premiums and other payments analogous to premiums which entitle enrollees to services, repairs, or replacement of devices, equipment or parts without charge or at a reduced charge.
65. Education/training and nutritional counseling, when performed by other than the member's PCP, except for the diagnosis of diabetes as described in the applicable Certificate of Coverage.
66. Enteral nutrition, except when it is the sole source of nutrition.
67. At-home genetic testing, including confirmatory testing for abnormalities detected by at-home genetic testing, and genetic testing of a member done primarily for the clinical management of family members who are not members and are, therefore, not covered under the group contract.
68. Travel expenses incurred in conjunction with benefits, unless specifically identified as a benefit elsewhere in the applicable Certificate of Coverage.
69. Clinical cancer trial costs (i.e., drugs under investigation; patient travel expenses; data collection and analysis services), except for costs directly associated with medical care and complications, related to an approved trial, which would normally be covered under standard patient therapy.

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