

Medical Benefit Highlights

Swarthmore College Keystone Point-of-Service

| Covered Services | Your Costs (You pay) | |
|--|--|--|
| Benefits per Calendar Year | Referred | Self-Referred |
| Deductible (Embedded) ¹ Individual/Family | \$0/\$0 | \$200/\$600 |
| Out-of-Pocket Maximum (Embedded) ² Individual/Family | \$1,000/\$2,000 | \$1,000/\$3,000 ⁵ |
| Coinsurance | 0% | 20% |
| Preventive Services | | |
| Preventive Care | No charge | 20% no deductible |
| Preventive Colonoscopy Preventive Plus Providers Hospital Based | No charge | Not covered 20% no deductible |
| Nutritional Counseling (6 visits/year) | No charge | 20% no deductible |
| Physician Services | | |
| Primary Care Physician (PCP) Office Visit | \$20 | 20% after deductible |
| Specialist Office Visit | \$35 | 20% after deductible |
| Retail Health Clinic Visit | \$20 | 20% after deductible |
| Telemedicine (through MDLive®) | \$5 | Not covered |
| Urgent Care Visit | \$105 | 20% after deductible |
| Therapy Services | | |
| Physical Therapy (60 visits/year) ³ Freestanding Hospital Based | No charge | 20% after deductible 20% after deductible |
| Occupational Therapy (60 visits/year) ³ Freestanding Hospital Based | No charge | 20% after deductible 20% after deductible |
| Speech Therapy (60 visits/year) ³ | No charge | 20% after deductible |
| Emergency Services | | |
| Emergency Room (copay waived if admitted) | \$150 | Covered at In-Network level |
| Emergency Ambulance | No charge | Covered at In-Network level |
| Non-Emergency Ambulance | No charge | 20% after deductible |
| Hospital Services | | |
| Inpatient Hospital Services (Referred: 365 days/year; Self-Referred: 120 days/year) ⁴ | \$100/Day; max of 5 copays per admission | 20% after deductible |
| Observation Services (copay waived if admitted) | \$150 | 20% after deductible |
| Maternity Hospital Services ⁴ | \$100/Day; max of 5 copays per admission | 20% after deductible |
| Inpatient Professional Services (includes Maternity) | No charge | 20% after deductible |
| Outpatient Surgery | | |
| | Referred | Self-Referred |

| | | |
|--|--|----------------------|
| Freestanding | \$75 | 20% after deductible |
| Hospital Based | \$75 | 20% after deductible |
| Outpatient Professional Services | No charge | 20% after deductible |
| Outpatient Diagnostics | | |
| Diagnostic Medical (EKG) | No charge | 20% after deductible |
| Routine Radiology (X-Ray) | | |
| Freestanding | No charge | 20% after deductible |
| Hospital Based | No charge | 20% after deductible |
| Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan) | | |
| Freestanding | No charge | 20% after deductible |
| Hospital Based | No charge | 20% after deductible |
| Outpatient Lab and Pathology | | |
| Freestanding | No charge | 20% after deductible |
| Hospital Based | No charge | 20% after deductible |
| Other Medical Services | | |
| Spinal Manipulations (Referred: -2 visit/year; Self-Referred: -2 visit/year) | No charge | 20% after deductible |
| Acupuncture (18 visits/year for certain conditions) | No charge | 20% after deductible |
| Standard Injectables | No charge | 20% after deductible |
| Allergy Injections | No charge | 20% after deductible |
| Biotech/Specialty Injectables | | |
| Home/Office | No charge | 20% after deductible |
| Outpatient | No charge | 20% after deductible |
| Chemotherapy | No charge | 20% after deductible |
| Dialysis | No charge | 20% after deductible |
| Skilled Nursing Facility (Referred: 180 days/year; Self-Referred: 240 days/year) | No charge | 20% after deductible |
| Home Health | No charge | 20% after deductible |
| Hospice | No charge | 20% after deductible |
| Durable Medical Equipment (DME) | No charge | 20% after deductible |
| Mental Health – Outpatient (includes serious mental illness and substance abuse) | \$35 | 20% after deductible |
| Mental Health – Inpatient (includes serious mental illness and substance abuse) ⁴ | \$100/Day; max of 5 copays per admission | 20% after deductible |
| Routine Eye Care | \$35 | 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 Cognitive Therapy, Occupational Therapy, Physical Therapy, and Speech 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.

⁵ Coinsurance and deductible applied to self-referred participating providers will accumulate toward the referred/in-network out-of-pocket maximum.

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.

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