



Benefit	Personal Choice HDHP Plan		Keystone HMO	Keystone POS Plan		Personal Choice PPO Plan	
	In-Network	Out-of-Network	In-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible							
Individual	\$2,000		None	None	\$200	\$0	\$500
Family	\$4,000		None	None	\$600	\$0	\$1,000
Inpatient Mental Health Care or Substance Abuse Treatment	100% after deductible	80% after deductible 70 inpatient days maximum	\$100 copay \$500 maximum/ admission	\$100 copay \$500 maximum/ admission	80% after deductible	\$150 copay \$750 maximum/ admission	70% after deductible 70 inpatient days maximum
Outpatient Mental Health Care or Substance Abuse Treatment (Facility and	100% after deductible	80% after deductible	\$25 copay	\$35 copay	80% after deductible	\$40 copay	70% after deductible