





## BENEFIT HIGHLIGHTS

### HMO PLAN


### Lehigh University

This information is not a contract, but highlights some of the benefits available to you and is not intended to be a complete list or description of available services. Benefits are subject to the exclusions and limitations contained in your Benefits Booklet (also known as "Certificate of Coverage"). Refer to your benefit booklet for complete details.

YOUR MEDICAL PLAN SUMMARY OF COST SHARING	
	Member Responsibilities
 <b>Deductible</b> (per benefit period) Deductible is combine to include medical and prescription drug benefits for participating providers.	Not Applicable
<b>Coinsurance</b> (percentage you pay after your deductible is met)	No member coinsurance
 <b>Out-of-Pocket Maximum</b> (The most you pay per benefit period, after which benefits are paid at 100%. This includes deductible, copayments and coinsurance for medical including ER, prescription drug, in-network providers only.)	\$4,000 per member \$8,000 per family
Office Visit / Urgent Care / Emergency Room Copayments	
 <b>Virtual Care (non-specialist) Visits</b> – delivered via the Capital BlueCross Virtual Care platform (does not include Managed Behavioral Health visits)	\$10 copayment per visit
<b>Office Visits and Consultations (In-person &amp; Telehealth)</b> -performed by a family practitioner, general practitioner, internist, pediatrician	\$30 copayment per visit
<b>Specialist Office Visits (In-person &amp; Telehealth)</b>	\$50 copayment per visit Virtual Care – Not covered
<b>Urgent Care Services</b>	\$50 copayment per visit
<b>Emergency Room</b>	\$150 copayment per visit, waived if admitted
Preventive Care	
<b>Pediatric and Adult Preventive Care</b>	No charge
<b>Screening Gynecological Exam and Pap Smear</b> (one per benefit period)	No charge (no referral necessary)
<b>Screening Mammogram</b> (one per benefit period)	No charge (no referral necessary)
<b>Diagnostic Mammogram</b> (one per benefit period)	No charge
Facility / Surgical Services	
<b>Inpatient Hospital Room and Board</b>	\$250 copayment per admission
<b>Acute Inpatient Rehabilitation</b> (60 days per benefit period combined) <b>Skilled Nursing Facility</b>	\$250 copayment per admission
<b>Maternity Services and Newborn Care</b>	\$250 copayment per admission
<b>Surgical Procedure and Anesthesia</b> (professional charges)	No charge
 <b>Outpatient Surgery at Ambulatory Surgical Center</b> (facility charge only)	\$100 copayment per admission
<b>Outpatient Surgery at Acute Care Hospital</b> (facility charge only)	\$100 copayment per admission
Diagnostic Services	
<b>High Tech Imaging</b> (such as MRI, CT, PET)	No charge
<b>Radiology</b> (other than high tech imaging)	No charge
<b>Independent Laboratory</b>	No charge
<b>Facility-owned Laboratory</b> (i.e. Health System owned)	No charge
Therapy Services (Rehabilitative and Habilitative Services)	
<b>Physical Therapy</b> (30 visits per benefit period)	No charge
<b>Occupational Therapy</b> (30 visits per benefit period)	No charge
<b>Speech Therapy</b> (rehabilitative and habilitative, 30 visits each per benefit period)	No charge
<b>Respiratory/Pulmonary Therapy</b> (30 rehabilitative visits per benefit period)	No charge
<b>Manipulation Therapy</b> (30 visits per benefit period)	No charge
Mental Health (MH) and Substance Use Disorder Services (SUD)	
<b>MH Inpatient Services</b>	COVERAGE PROVIDED UNDER A SEPARATE BEHAVIORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY
<b>MH Outpatient Services</b>	
<b>SUD Detoxification Inpatient</b>	
<b>SUD Rehabilitation Outpatient</b>	
Additional Services	
<b>Home Health Care Services</b> (100 visits per benefit period)	No charge
<b>Durable Medical Equipment and Supplies</b>	No charge
<b>Prosthetic Appliances</b>	No charge
<b>Orthotic Devices</b>	No charge

All services must be received from Participating Providers within Keystone's Approved Service Area unless Preauthorized by Keystone, or except in cases requiring (1) Emergency Service, Urgent Care and follow-up care under the BlueCard Program while outside Keystone's Approved Service Area; or (2) Guest Membership Benefits under the Away From Home Care Program while outside Keystone's approved Service Area.

\*Certain preventive contraceptives are required to be covered at no cost to you when filled at a participating pharmacy with a valid prescription in accordance with Preventive Health Guidelines.

 Voice activated paper.

*Communications issued by Capital BlueCross in its capacity as administrator of programs and provider relations for all companies.*