

www.capbluecross.com

Ask Alexa "Open my Cap BlueCross" and follow instructions

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.

Deductible (per benefit period) Deductible is combine to include medical and prescription drug benefits for participating providers. Not Applicable Out-of-Pocket Maximum (The most you pay per benefit period, after which to medical including ER, prescription drug, in-network providers only.) No member consurance Out-of-Pocket Maximum (The most you pay per benefit period, after which to medical including ER, prescription drug, in-network providers only.) No member consurance Virtual Care (non-specialist) Visits – delivered via the Capital BlueCross Virtual Care / Denyments and Consultations (Inperson & Telehealth) - performed by a 30 copayment per visit \$10 copayment per visit Office Visits and Consultations (Inperson & Telehealth) - performed by a 550 copayment per visit \$30 copayment per visit Urgent Care Services S50 copayment per visit Virtual Care - Not covered Emergency Room Preventive Care No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic	YOUR MEDICAL PLAN SUMMARY OF COST SHARING	
Prescription drug benefits for participating providers. Not Applicable Coinsurance (pecentage you pay after your deducible is met). No member coinsurance. Qui-of-Pocket Maximum (The most you pay per benefit period, after which benefits are plaid at 100%. This includes deducible, copayments and coinsurance for medical including ER, prescription drug, in-network providers only.) \$4,000 per member \$8,000 per member \$9,000 per member		Member Responsibilities
Out-of-Pocket Maximum (The most you pay per benefit period, after which benefits are poiled at 100%. This includes deductible, copsyments and consurance for medical including ER, prescription drug, in-network providers only.) \$4,000 per member \$3,000 per member \$2,000 per membe	💎 prescription drug benefits for participating providers.	Not Applicable
Senerits are paid at 100%. This includes deductible, copayments and coinsurance 54,000 per family Office Visit / Urgent Care / Emergency Room Copayments 50,000 per family Virtual Care (non-specialist) Visits - dotabil subcross virtual \$10 copayment per visit Office Visit / Urgent Care / Emergency Room Copayments \$30 copayment per visit Office Visits and Consultations (In-person & Telehealth) \$10 copayment per visit Specialist Office Visits (In-person & Telehealth) Virtual Care - Not covered Urgent Care Services \$50 copayment per visit Emergency Room Preventive Care Pediatric and Adult Preventive Care No charge (no referral necessary) Screening Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Surgical Procedure and Amesthesia (professional charges) No charge Voltpatient Rubabilitation (00 days per benefit period combined) \$250 copayment per admission Surgical Procedure and Amesthesia (professional charges) No charge Voltpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Strig	Coinsurance (percentage you pay after your deductible is met)	No member coinsurance
Office Visit / Urgent Care / Emergency Room Copayments Virtual Care (non-specialist) Visits - dipila BlueCoss Virtual \$10 copayment per visit Office Visits and Consultations (In-person & Telehealth) -performed by a family practitioner, internist, pediatrician \$30 copayment per visit Specialist Office Visits (In-person & Telehealth) Virtual Care - Not covered Urgent Care Services \$50 copayment per visit Emergency Room \$150 copayment per visit Pediatric and Aduit Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge No charge Inpatient Hospital Room and Board \$250 copayment per admission \$250 copayment per admission Skilled Nursing Facility Stolic copayment per admission \$250 copayment per admission Skilled Nursing Facility Stolic copayment per admission \$250 copayment per admission Skilled Nursing Facility Coreaure and Anesthesia (professional charges) No charge \$250 copayment per admission Stroceaure and Anesthesia (professional charges)	benefits are paid at 100%. This includes deductible, copayments and coinsurance	
Wirtual Care (non-specialist) Visits – delivered via the Capital BlueCross Virtual Care platform (does not include Managed Behavioral Health visits) \$10 copayment per visit Office Visits and Consultations (In-person & Telehealth) -performed by a family practitioner, general practitioner, internist, pediatrician \$30 copayment per visit Specialist Office Visits (In-person & Telehealth) Virtual Care – Not covered Urgent Care Services \$50 copayment per visit Emergency Room \$150 copayment per visit Pediatric and Adult Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Diagnostic Manmogram (one per benefit period) No charge (no referral necessary) Diagnostic Manmogram (one per benefit period) No charge (no referral necessary) No charge (no referral necessary) No charge Statient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Surgical Procedure and Anesthesia (professional charges) No charge Surgical Frocedure and Anesthesia (professional charges) No charge Surgical Frocedure and Anesthes		
Office Visits and Consultations (in-person & Telehealth) -performed by a family practitioner, general practitioner, internist, pediatrician \$30 copayment per visit Specialist Office Visits (In-person & Telehealth) \$50 copayment per visit Virgent Care Services \$50 copayment per visit Emergency Room \$150 copayment per visit Pediatric and Adult Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Screening Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Surgical Procedure and Anesthesia (professional charges) \$100 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Vibratient Surgery at Anbulatory Surgical Center (facility charge only) \$100 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge High Tech Imaging (such as MRI, CT, PET) No charge	Virtual Care (non-specialist) Visits – delivered via the Capital BlueCross Virtual	
appendix Dirice Visits (in-person a Telementin) Virtual Care – Not covered Urgent Care Services \$50 copayment per visit Emergency Room \$150 copayment per visit Pediatric and Adult Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Screening Manmogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility Surgical Procedure and Anesthesia (professional charges) No charge Surgical Procedure and Anesthesia (professional charges) No charge No charge Surgical Procedure and Anesthesia (professional charges) No charge No charge Surgical Procedure and Anesthesia (professional charges) No charge No charge Surgical Procedure and Anesthesia (professional charges) No charge No charge Surgical Procedure and Anesthesia (professional charges) No charge No charge Surgical Procedure and Anesthesia (professional charges) No charge No charge <td>Office Visits and Consultations (In-person & Telehealth) -performed by a family practitioner, general practitioner, internist, pediatrician</td> <td>\$30 copayment per visit</td>	Office Visits and Consultations (In-person & Telehealth) -performed by a family practitioner, general practitioner, internist, pediatrician	\$30 copayment per visit
Emergency Room \$150 copayment per visit, waived if admitted Pediatric and Adult Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Screening Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Hospital Room and Board \$250 copayment per admission Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge 'Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Diagnostic Services No charge High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Respiratory/Pulmonary Therapy (30 visits per benefit period)	Specialist Office Visits (In-person & Telehealth)	
Preventive Care Pediatric and Adult Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Screening Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Poutpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Mutpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Surgical Therapy (a kuch as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory (i.e. Health System owned) No charge Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge <tr< td=""><td></td><td></td></tr<>		
Pediatric and Adult Preventive Care No charge Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge No charge Surgical Procedure and Anesthesia (professional charges) No charge S100 copayment per admission Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Diagnostic Services High Tech Imaging (such as MRI, CT, PET) No charge No charge Radiology (other than high tech imaging) No charge No charge Physical Therapy (30 visits per benefit period) No charge No charge		\$150 copayment per visit, waived if admitted
Screening Gynecological Exam and Pap Smear (one per benefit period) No charge (no referral necessary) Screening Marmogram (one per benefit period) No charge (no referral necessary) Diagnostic Marmogram (one per benefit period) No charge Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge *Outpatient Surgery at Abulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services No charge High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Occupational Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Respiratory/Pulmonary Therapy (30 visits per benefit period) No charge Respiratory/Pulmonary Therapy (30 visits per benefit period) <td colspan="2"></td>		
Screening Mammogram (one per benefit period) No charge (no referral necessary) Diagnostic Mammogram (one per benefit period) No charge Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility \$250 copayment per admission Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services No charge High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (16. Health System owned) No charge Desprint Perapy (rehabilitative and habilitative, al Abilitative, al obilitative and habilitative, al obilitative, al abilitative, al obilitative, al abilitatite, so visits each per benefit period) No charg		
Diagnostic Mammogram (one per benefit period) No charge Facility / Surgical Services Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility \$250 copayment per admission Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Diagnostic Services Diagnostic Services High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (30 visits per benefit period) No charge Speech Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mental Health (MH) and Substance Use Disorder Services (SUD) <td></td> <td></td>		
Facility / Surgical Services Inpatient Rospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility \$250 copayment per admission Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services High Tech Imaging (such as MRI, CT, PET) Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Physical Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits per benefit period) No charge		
Inpatient Hospital Room and Board \$250 copayment per admission Acute Inpatient Rehabilitation (60 days per benefit period combined) \$250 copayment per admission Skilled Nursing Facility \$250 copayment per admission Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge 'P Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services No charge High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Occupational Therapy (30 visits per benefit period) No charge Operational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) N		5
Skilled Nursing Facility \$250 copayment per admission Maternity Services and Newborn Care \$250 copayment per admission Surgical Procedure and Anesthesia (professional charges) No charge Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services No charge High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative, 30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mult		
Surgical Procedure and Anesthesia (professional charges) No charge Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services Bito copayment per admission High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, sid) visits each per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient LHIGH UNIVERSITY SUD Rehabilitation Outpatient Additional Services Home Hea		\$250 copayment per admission
* Outpatient Surgery at Ambulatory Surgical Center (facility charge only) \$100 copayment per admission Outpatient Surgery at Acute Care Hospital (facility charge only) \$100 copayment per admission Diagnostic Services Biagnostic Services High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) No charge Physical Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, s0 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) COVERAGE PROVIDED UNDER A SEPARATE BUD Detoxification Inpatient SUD Detoxification Inpatient COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient EHIGH UNIVERSITY EHIGH UNIVERSITY Home Health Care Services (100 visits per benefit period) No charge		
Outpatient Surgery at Acute Care Hospital (facility charge only) Stoc copayment per admission Diagnostic Services High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative, 30 visits each per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient EHAVORIAL HEALTH PROGRAM OFFERED BY SUD Rehabilitation Outpatient Additiona		
Diagnostic Services High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE BUD Detoxification Inpatient Editional Services Home Health Care Services (100 visits per benefit period) No charge Diagnostic Services No charge More Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge </td <td></td> <td></td>		
High Tech Imaging (such as MRI, CT, PET) No charge Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		\$100 copayment per admission
Radiology (other than high tech imaging) No charge Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mo Charge MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY LEHIGH UNIVERSITY More Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Independent Laboratory No charge Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge MH Inpatient Services Mental Health (MH) and Substance Use Disorder Services (SUD) MH Outpatient Services COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY SUD Detoxification Inpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge	High Tech Imaging (such as MRI, CT, PET)	No charge
Facility-owned Laboratory (i.e. Health System owned) No charge Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) OVERAGE PROVIDED UNDER A SEPARATE BUD Detoxification Inpatient COVERAGE PROVIDED UNDER A SEPARATE SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Therapy Services (Rehabilitative and Habilitative Services) Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services MH Outpatient Services COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY SUD Detoxification Inpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Physical Therapy (30 visits per benefit period) No charge Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mo charge MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Occupational Therapy (30 visits per benefit period) No charge Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mo charge MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY SUD Detoxification Inpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Speech Therapy (rehabilitative and habilitative, 30 visits each per benefit period) No charge Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) Mo charge MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		5
Respiratory/Pulmonary Therapy (30 rehabilitative visits per benefit period) No charge Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE BEHAVORIAL HEALTH PROGRAM OFFERED BY SUD Detoxification Inpatient EHIGH UNIVERSITY SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Manipulation Therapy (30 visits per benefit period) No charge Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services MH Outpatient Services SUD Detoxification Inpatient SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge No charge No charge		5
Mental Health (MH) and Substance Use Disorder Services (SUD) MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE MH Outpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY SUD Rehabilitation Outpatient LEHIGH UNIVERSITY Mome Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		5
MH Inpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY SUD Rehabilitation Outpatient LEHIGH UNIVERSITY Mome Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
MH Outpatient Services COVERAGE PROVIDED UNDER A SEPARATE SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY SUD Rehabilitation Outpatient LEHIGH UNIVERSITY Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
SUD Detoxification Inpatient BEHAVORIAL HEALTH PROGRAM OFFERED BY LEHIGH UNIVERSITY SUD Rehabilitation Outpatient Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
SUD Rehabilitation Outpatient LEFIGR ONVERSITY Additional Services Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Additional Services Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Home Health Care Services (100 visits per benefit period) No charge Durable Medical Equipment and Supplies No charge		
Durable Medical Equipment and Supplies No charge		No charge
Prosthetic Appliances		No charge
	Prosthetic Appliances	No charge
Orthotic Devices No charge Benefits are underwritten by Keystone Health Plan® Central, a subsidiary of Capital BlueCross. Independent licensee of the Blue Cross and Blue Shield Association.		

Benefits are underwritten by Keystone Health Plan® Central, a subsidiary of Capital BlueCross. Independent licensee of the Blue Cross and Blue Shield Association. 1/1/2021

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; 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.

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