

## SCHEDULE OF COPAYMENTS AND LIMITATIONS KEYSTONE 65

INPATIENT SERVICES	COST SHARING
Inpatient Hospital Care <sup>2</sup> (includes Substance Abuse and Rehabilitation Services) <sup>3</sup>	Covered in full – You are covered for unlimited days each benefit period.
Inpatient Mental Health Care <sup>2</sup> (Includes mental health care services that require a hospital stay.)  1190 day Lifetime Benefit Maximum in a Medicare approved Mental Health Facility	Covered in full - +You are covered for unlimited days each benefit period.
Skilled Nursing Facility Care <sup>2</sup> (No prior hospital stay is required)	Covered in full – You are covered for 100 days each benefit period.
Inpatient Services (When the hospital or SNF days are not covered or no longer covered.) <sup>2</sup>	You pay 100%.
OUTPATIENT SERVICES	COST SHARING
Home Health Care <sup>2</sup>	There is no copayment for Medicare covered home health visits.
Hospice Care	You must receive care from a Medicare certified hospice.
Physician Services, including Doctor Office Visits	You pay \$10 for each primary care doctor office visit for Medicare covered services. You pay \$15 for each specialist visit for Medicare covered services.
Chiropractic Services	You pay \$15 for each Medicare covered visit (manual manipulation of the spine to correct subluxation).
Podiatry Services	You pay \$15 for each Medicare covered visit (medically necessary foot care).
Outpatient Mental Health Care <sup>2</sup> (Including partial hospitalization services)	For Medicare covered Mental Health services, you pay \$25 for each individual/group therapy visit.
Outpatient Substance Abuse Services <sup>2</sup>	For Medicare covered services, you pay \$15 for each individual/group visit.
Outpatient Surgery <sup>2</sup>	You pay \$0 for each Medicare covered visit to an ambulatory surgical center. You pay \$0 for each Medicare covered visit to an outpatient hospital facility.
Ambulance Services	You pay \$0 for Medicare covered ambulance services.
*Emergency Care	You pay \$40 for each Medicare covered emergency room visit.

OUTPATIENT SERVICES	COST SHARING
*Urgently Needed Care	You pay \$10-\$40 for each Medicare covered urgently needed care visit.
Outpatient Rehabilitation Services <sup>2</sup> (Physical Therapy, Occupational Therapy, Cardiac Rehabilitation, and Speech and Language Therapy)	You pay \$15 for each Medicare covered Occupational Therapy visit. You pay \$15 for each Medicare covered Physical Therapy and/or Speech and Language Therapy visit.
Durable Medical Equipment and Related Supplies <sup>2</sup>	Covered in full
Prosthetic Devices and Related Supplies (other than dental) <sup>2</sup>	Covered in full
Diabetes Self-monitoring Training and Supplies	There is no copayment for Diabetes Self-Monitoring Training. There is no copayment for Diabetes Supplies.
Medical Nutrition Therapy (For people with diabetes, renal (kidney) disease (but not on dialysis), and after a transplant when referred by their doctor.)	There is no copayment for Medical Nutrition Therapy.
Outpatient Diagnostic Tests, and Therapeutic Services and Supplies	There is no copayment for the following Medicare covered services: clinical/diagnostic lab services or radiation therapy. You pay \$0 for each Medicare covered X-ray visit.
Certain Covered Injectables	Covered in full
Chemotherapy	You are covered in full for chemotherapy.
Allergy Testing and Immunotherapy	You are covered in full for allergy testing. You pay \$15 for each allergy immunotherapy treatment.
PREVENTIVE CARE AND SCREENING TESTS	
Bone Mass Measurements	There is no copayment for each Medicare covered Bone Mass Measurement.
Colorectal Screening (Office Visit copay may apply)	There is no copayment for each Medicare covered Colorectal Screening Exam.
Immunizations (Pneumonia vaccine, Flu Shots, Hepatitis B vaccine)	There is no copayment for the Pneumonia and Flu vaccines. There is no copayment for the Hepatitis B vaccine.
Others (except for travel purposes)	Covered in full subject to office visit copayment.
Mammography Screening	There is no copayment for Medicare covered Screening Mammograms.
Pap Smears, Pelvic Exams, and Clinical Breast Exam	You pay \$0 for each Medicare covered Pap Smear. You pay \$0 for each additional Pap Smear up to 1 Pap Smear(s) every calendar year. You pay \$15 for each Medicare covered Pelvic Exam. You pay \$15 for each additional Pelvic Exam up to 1 Pelvic Exam(s) every calendar year.
Prostate Cancer Screening Exams (Office Visit copay may apply)	There is no copayment for Medicare covered Prostate Cancer Screening exams.
Cardiovascular Disease Testing	There is no copayment for Medicare covered Cardiovascular screening blood tests.
Physical Exams (Office Visit copay may apply)	There is no copayment for routine physical exams. You are covered up to 1 exam every calendar year.

# Medical



OTHER SERVICES	COST SHARING
Renal Dialysis (Kidney)	There is no copayment for renal dialysis.
ADDITIONAL BENEFITS	COST SHARING
Hearing Services	<p>You pay \$15 for each Medicare covered hearing exam (diagnostic hearing exams).</p> <p>You pay \$15 for each routine hearing test up to 1 test every three calendar years.</p> <p>You pay \$15 for each fitting-evaluation for a hearing aid up to 1 fitting-evaluation every three calendar years.</p> <p>You are eligible for a \$500 reimbursement for hearing aids every three calendar years.</p>
Vision Care	<p>You pay \$15 for each Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye).</p> <p>You pay \$15 for each routine eye exam, limited to 1 exam every two calendar years.</p> <p>You are eligible for a \$100 reimbursement for eyewear every two calendar years.</p>
<p>*This copayment will be waived if the member is admitted to the hospital. Emergency and Urgent care are covered Worldwide.</p> <p><sup>1</sup>190-day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare approved Mental Health Facility.</p> <p><sup>2</sup>Prior Authorization (approval in advance) required.</p> <p><sup>3</sup>A 90-day lifetime maximum applies to inpatient substance abuse treatment received in a Substance Abuse Treatment facility.</p> <p>+For a Medicare-covered stay in a network hospital</p>	