

PA Individual 2015 Portfolio

PA Ind	Medical											Rx			
	Out-of-pocket			Co-Ins	PCP	Spec	ER	IP Fac	IP Prof	Rad	OPS Fac ⁴	OPS Prof	Deductible	Gen	Form
Plan	Deductible	maximum													
Keystone HMO Platinum	\$0	\$3,000	0%	\$15	\$30	\$250	\$400, 5 days	0%	\$30	\$300	0%	\$0	\$5	\$30	\$50
Keystone HMO Gold	\$0	\$6,100	0%	\$25	\$60	\$350	\$750, 5 days	0%	\$60	\$700	0%	\$0	\$10	30% w/ \$200 max	40% w/ \$200 max
Keystone HMO Gold Proactive - Tier 1	\$0	\$6,600	0%	\$15	\$40	\$400	\$350, 5 days	0%	\$60	\$150	0%	\$0	\$15	50% w/ \$200 max	50% w/ \$300 max
Keystone HMO Gold Proactive - Tier 2			20%	\$30	\$60		\$700, 5 days	20%			\$550				
Keystone HMO Gold Proactive - Tier 3			30%	\$45	\$80		\$1,100, 5 days	30%			\$1,000				
Keystone HMO Silver	\$2,000	\$6,450	30%	\$35	\$70	30%	30%	-	\$60	30%	30%	\$0	\$15	40% w/ \$300 max	50% w/ \$300 max
Keystone HMO Silver Proactive - Tier 1	\$0	\$6,600	0%	\$25	\$50	\$550	\$500, 5 days	0%	\$60	\$250	0%	\$0	\$15	50% w/ \$400 max	50% w/ \$500 max
Keystone HMO Silver Proactive - Tier 2	\$4,500		5%	\$40	\$70		\$900 AD, 5 days	5%			\$750 AD				
Keystone HMO Silver Proactive - Tier 3			10%	\$50	\$100		\$1,300 AD, 5 days	10%			\$1,250 AD				
Keystone HMO Bronze	\$6,000	\$6,600	0%	\$40	\$80	0% AD	0% AD	-	\$60	0% AD	0% AD	Int.	\$15	0% AD	0% AD
Personal Choice PPO Platinum Complete ¹	\$0	\$2,000	0%	\$10	\$40	\$250	\$300, 5 days	0%	\$40	\$250	0%	\$0	\$5	\$20	\$40
Personal Choice PPO Platinum	\$0	\$2,500	0%	\$10	\$40	\$250	\$300, 5 days	0%	\$40	\$250	0%	\$0	\$5	\$30	\$50
Personal Choice PPO Gold	\$0	\$5,500	0%	\$20	\$60	\$350	\$750, 5 days	0%	\$60	\$700	0%	\$0	\$10	30% w/ \$200 max	40% w/ \$200 max
Personal Choice PPO Silver ²	\$2,000	\$6,450	30%	\$30	\$70	30%	25%	-	30%	30%	30%	\$0	\$15	30% w/ \$200 max	40% w/ \$200 max
Personal Choice PPO Bronze	\$4,000	\$6,600	50%	\$40	\$50	50%	25%	-	50%	50%	50%	Int.	\$15 AD	40% AD	50% AD
Personal Choice PPO Bronze Reserve	\$6,000	\$6,000	0%	-	-	-	-	-	-	-	-	Int.	-	-	-
Personal Choice Bronze Basic ³	\$6,600	\$6,600	0%	\$30*	-	-	-	-	-	-	-	Int.	-	-	-
Personal Choice Catastrophic	\$6,600	\$6,600	0%	\$50*	-	-	-	-	-	-	-	Int.	-	-	-

2015 Grid Key
Green highlight indicates new plans for 2015
Red text indicates change from last year
 (-) indicates that the general coinsurance applies after the deductible
 *Deductible/Coinsurance applies after 3 copayments
¹ plan includes Adult Dental & Vision
² plan includes Adult Vision
³ plan is On Exchange Only; does not cover Pediatric Dental
⁴ value shown is hospital-based cost share (Ambulatory Surgical Center may be lower)

PA Individual 2014 Portfolio

PA Ind	Medical											Rx			
	Out-of-pocket			Co-Ins	PCP	Spec	ER	IP Fac	IP Prof	Rad	OPS Fac ⁴	OPS Prof	Deductible	Gen	Form
Plan	Deductible	maximum													
Keystone HMO Platinum	\$0	\$3,000	0%	\$15	\$30	\$250	\$400, 5 days	0%	\$30	\$300	0%	\$0	\$5	\$30	\$50
Keystone HMO Gold	\$0	\$6,100	0%	\$25	\$60	\$350	\$750, 5 days	0%	\$60	\$700	0%	\$0	\$10	30% w/ \$200 max	40% w/ \$200 max
Keystone HMO Gold Proactive - Tier 1	\$0	\$6,350	0%	\$15	\$40	\$400	\$350, 5 days	0%	\$60	\$100	0%	\$0	\$10	30% w/ \$200 max	40% w/ \$200 max
Keystone HMO Gold Proactive - Tier 2			20%	\$30	\$60		\$700, 5 days	20%			\$500				
Keystone HMO Gold Proactive - Tier 3			30%	\$45	\$80		\$1,100, 5 days	30%			\$1,000				
Keystone HMO Silver	\$2,000	\$6,350	30%	\$35	\$70	30%	30%	-	\$60	30%	30%	\$0	\$10	50% w/ \$250 max	50% w/ \$250 max
Keystone HMO Silver Proactive - Tier 1	\$0	\$6,350	0%	\$20	\$45	\$450	\$400, 5 days	0%	\$60	\$200	0%	\$0	\$10	50% w/ \$250 max	50% w/ \$250 max
Keystone HMO Silver Proactive - Tier 2	\$3,000		5%	\$35	\$70		\$800 AD, 5 days	5%			\$700 AD				
Keystone HMO Silver Proactive - Tier 3	\$3,000		10%	\$50	\$100		\$1,250 AD, 5 days	10%			\$1,250 AD				
Keystone HMO Bronze	\$6,000	\$6,350	0%	\$40	\$80	0% AD	0% AD	-	\$60	0% AD	0% AD	Int.	\$10	100% AD	100% AD
Personal Choice PPO Platinum	\$0	\$2,500	0%	\$10	\$40	\$250	\$300, 5 days	0%	\$40	\$250	0%	\$0	\$5	\$30	\$50
Personal Choice PPO Gold	\$0	\$5,500	0%	\$20	\$60	\$350	\$750, 5 days	0%	\$60	\$700	0%	\$0	\$10	30% w/ \$200 max	40% w/ \$200 max
Personal Choice PPO Silver	\$2,000	\$6,350	30%	\$30	\$70	30%	25%	-	30%	30%	30%	\$0	\$10	\$200 max	\$200 max
Personal Choice PPO Bronze	\$4,000	\$6,350	50%	\$40	\$50	50%	25%	-	50%	50%	50%	Int.	\$10 AD	50% AD	50% AD
Personal Choice PPO Catastrophic	\$6,350	\$6,350	0%	\$30*	-	-	-	-	-	-	-	Int.	-	-	-
Personal Choice PPO Silver Reserve	\$3,000	\$5,000	0%	-	-	-	-	-	-	-	-	Int.	\$10 AD	\$30 AD	\$50 AD
Personal Choice PPO Bronze Reserve	\$6,000	\$6,000	0%	-	-	-	-	-	-	-	-	Int.	-	-	-

2014 Grid Key
Yellow highlight indicates plan discontinued for 2015
 (-) indicates that the general coinsurance applies after the deductible
 *Deductible/Coinsurance applies after 3 copayments
⁴ value shown is hospital-based cost share (Ambulatory Surgical Center may be lower)