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<p>EXPENSE ESTIMATE LOW \$</p> <p><b>Independence</b> </p> <p><u>Keystone HMO Silver Proa...</u></p> <p>SILVER HMO</p> <p><b>\$799.36</b> /month</p> <p><a href="#">ADD</a> </p>	<p>EXPENSE ESTIMATE MEDIUM \$\$</p> <p><b>Independence</b> </p> <p><u>Keystone HMO Silver Proa...</u></p> <p>SILVER HMO</p> <p><b>\$910.94</b> /month</p> <p><a href="#">ADD</a> </p>	<p>EXPENSE ESTIMATE MEDIUM \$\$</p> <p><b>Independence</b> </p> <p><u>Keystone HMO Silver Proa...</u></p> <p>SILVER HMO</p> <p><b>\$960.95</b> /month</p> <p><a href="#">ADD</a> </p>
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➤ [Summary](#)

▼ [Doctors and Facilities](#)

[Check for your doctor](#)

▼ [Deductible & Out-of-Pocket \(In Network\)](#)

Deductible	\$2500 (Individual)	\$2000 (Individual)	\$0 (Individual)
Separate Drug Deductible	\$500 (Individual)	\$300 (Individual)	\$300 (Individual)
<u>Out-of-pocket max</u>	\$8700 (Individual)	\$8700 (Individual)	\$8700 (Individual)

▼ Doctor Visit

Primary Care Visit

\$50 Copay

\$50 Copay

\$40 Copay

Additional Information

Additional Information

Additional Information

Specialist Visit

\$100 Copay

\$100 Copay

\$80 Copay

Additional Information

Additional Information

Additional Information

Other Practitioner Office Visit (Nurse, Physician Assistant)

\$50 Copay

\$50 Copay

\$40 Copay

Additional Information

Additional Information

Additional Information

Preventive Care/Screening/Immunization

No Charge

No Charge

No Charge

Additional Information

Additional Information

Additional Information

▼ Tests

Laboratory Outpatient and Professional Services

No Charge

No Charge

No Charge

X-rays and Diagnostic Imaging

\$150 Copay

\$150 Copay

\$150 Copay

Imaging (CT/PET scans, MRIs)

\$300 Copay

\$300 Copay

\$300 Copay

▼ Drugs

Generic Drugs

\$20 Copay

\$20 Copay

\$20 Copay

Additional Information

Additional Information

Additional Information

Preferred Brand Drugs

50% Coinsurance after deductible

\$100 Copay after deductible

\$100 Copay after deductible

Additional Information

Non-Preferred Brand Drugs

50% Coinsurance after deductible

50% Coinsurance after deductible

50% Coinsurance after deductible

Additional Information

Additional Information

Additional Information

Specialty drugs

50% Coinsurance after deductible

50% Coinsurance after deductible

50% Coinsurance after deductible

Additional Information

Additional Information

Additional Information

▼ Outpatient

Outpatient Facility Fee	\$250 Copay with deductible <a href="#">Additional Information</a>	\$250 Copay with deductible <a href="#">Additional Information</a>	\$250 Copay <a href="#">Additional Information</a>
Outpatient Surgery Physician/Surgical Services	No Charge after deductible <a href="#">Additional Information</a>	No Charge after deductible <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>

▼ ER & Urgent Care

Emergency Room Services	\$600 Copay	\$600 Copay	\$600 Copay
Emergency Transportation/Ambulance	\$200 Copay	\$200 Copay	\$200 Copay
Urgent Care	\$100 Copay	\$100 Copay	\$80 Copay

▼ Hospital

Inpatient Hospital Services	\$600 Copay per day with deductible <a href="#">Additional Information</a>	\$600 Copay per day with deductible <a href="#">Additional Information</a>	\$600 Copay per day <a href="#">Additional Information</a>
Inpatient Physician and Surgical Services	No Charge after deductible <a href="#">Additional Information</a>	No Charge after deductible <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>

▼ Mental / Behavioral Health

Mental/Behavioral Health Outpatient Services	\$100 Copay	\$100 Copay	\$80 Copay
Mental/Behavioral Health Inpatient Services	\$600 Copay per day with deductible	\$600 Copay per day with deductible	\$600 Copay per day
Substance Abuse Disorder Outpatient Services	\$100 Copay	\$100 Copay	\$80 Copay
Substance Abuse Disorder Inpatient Services	\$600 Copay per day with deductible	\$600 Copay per day with deductible	\$600 Copay per day

➤ Pregnancy

▼ Other Special Needs

Home Healthcare Services	No Charge after deductible <a href="#">Additional Information</a>	No Charge after deductible <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>
Outpatient Rehabilitation Services	\$100 Copay <a href="#">Additional Information</a>	\$100 Copay <a href="#">Additional Information</a>	\$80 Copay <a href="#">Additional Information</a>
Habilitation Services	\$100 Copay <a href="#">Additional Information</a>	\$100 Copay <a href="#">Additional Information</a>	\$80 Copay <a href="#">Additional Information</a>
Skilled Nursing Facility	\$300 Copay per day <a href="#">Additional Information</a>	\$300 Copay per day <a href="#">Additional Information</a>	\$300 Copay per day <a href="#">Additional Information</a>
Durable Medical Equipment	50% Coinsurance	50% Coinsurance	50% Coinsurance
Hospice Services	No Charge <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>
Acupuncture	Not covered	Not covered	Not covered
Rehabilitative Speech Therapy	\$100 Copay <a href="#">Additional Information</a>	\$100 Copay <a href="#">Additional Information</a>	\$80 Copay <a href="#">Additional Information</a>
Rehabilitative Occupational and Rehabilitative Physical Therapy	\$100 Copay <a href="#">Additional Information</a>	\$100 Copay <a href="#">Additional Information</a>	\$80 Copay <a href="#">Additional Information</a>
Well Baby Visits and Care	No Charge <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>
Allergy Testing	\$150 Copay	\$150 Copay	\$150 Copay
Diabetes Education	No Charge	No Charge	No Charge
Nutritional Counseling	No Charge <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>	No Charge <a href="#">Additional Information</a>

➤ [Children's Vision](#)

➤ [Children's Dental](#)

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