

Keystone First – CHIP Benefits at a Glance

Note: Some services in the following table may require prior authorization.

Keystone First – CHIP benefit	Coverage using network providers	Copays or limits
PCP office visits and retail health clinic visits		
Free CHIP	100%	\$0 per office visit
Low-cost CHIP	100%	\$5 per office visit*
Full-cost CHIP	100%	\$15 per office visit*
* No copay for certain well-child visits		
Specialist office visits		
Free CHIP	100%	\$0 per office visit
Low-cost CHIP	100%	\$10 per office visit*
Full-cost CHIP	100%	\$25 per office visit*
* No copay for behavioral health and substance use services		
Preventive care		
Routine annual physical exams	100%	–
Immunizations	100%	–
Routine gynecological exams, including a Pap test	100%	–
Mammograms	100%	–
Nutrition counseling for weight management	100%	6 visits per benefit period
Outpatient laboratory/pathology	100%	–
Outpatient X-ray/radiology - Routine radiology/diagnostic - MRI/MRA, CT/CTA scan, PET scan	100%	–
Inpatient hospital services		
Facility services	100%	–
Physician/surgeon	100%	–
Outpatient surgery		
Ambulatory surgical facility	100%	–
Hospital-based	100%	–
Physician/surgeon	100%	–



Keystone First

Coverage by Vista Health Plan,
an independent licensee of the Blue Cross and Blue Shield Association.

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Urgent care center		
Free CHIP	100%	\$0 per office visit
Low-cost CHIP	100%	\$10 per office visit*
Full-cost CHIP	100%	\$25 per office visit*
Emergency care		
Free CHIP	100%	\$0 per office visit
Low-cost CHIP	100%	\$25 per office visit*
Full-cost CHIP	100%	\$50 per office visit*
* Does not apply if child is admitted to the hospital		
Emergency ambulance	100%	–
Autism spectrum disorder treatment	100%	–
Dental care		
Preventive: Cleanings, fluoride treatments, sealants	100%	–
Diagnostic: Routine exams, X-rays	100%	–
Restorative: Fillings, crowns	100%	–
Oral surgery: Extractions	100%	–
Orthodontic services	100%	Must meet medical necessity criteria
Dental services as a result of accidental injury	100%	–
Diabetes education, equipment, and supplies	100%	–
Diagnostic services (imaging, medical, and laboratory)	100%	–
DME & prosthetics	100%	–
Family planning (for prescription contraceptives, devices, and counseling)	100%	–
Habilitative services — outpatient		
Occupational, physical, speech therapies	100%	30 visits per calendar year for each therapy for a total of 90 visits
Hearing care		
Hearing and audiometric exam	100%	One exam per calendar year
Hearing aid and device	100%	Reimbursement for one hearing aid or device, per ear, every two calendar years
Home health care	100%	–
Hospice care	100%	–
Hospital services	100%	–
Infusion therapy		

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Injectable medications - Standard injectable drugs - Biotech/specialty injectables	100%	–
Maternity and obstetrical care		
Physician services relating to antepartum, intrapartum, and postpartum care	100%	–
Hospital stay	100%	–
Medical foods	100%	–
Medical therapy services – outpatient (cardiac, chemotherapy, dialysis, infusion, radiation, respiratory)	100%	–
Behavioral health		
Inpatient behavioral health	100%	–
Outpatient behavioral health	100%	–
Newborn care	100%	Newborns remain in CHIP until a new eligibility determination is rendered
Outpatient prescription drugs		
Free CHIP	100%	\$0
Low-cost CHIP	100%	Retail (31-day supply): \$6 generic, \$9 brand Mail-order (90-day supply): \$12 generic, \$18 brand
Full-cost CHIP	100%	Retail (31-day supply): \$10 generic, \$18 brand Mail-order (90-day supply): \$20 generic, \$36 brand
Specialty drugs: Use Specialty Pharmacy Program; charge is the same as “Retail” brand charge listed above. Non-formulary drug: Same as “Retail” brand charge listed above. Non-participating pharmacy: Pay the full charge and submit a claim form for reimbursement consideration.		
Private duty nursing	100%	–
Rehabilitation services – outpatient	100%	–
Therapy services - Physical therapy - Speech therapy - Occupational therapy	100%	60 visits per calendar year for each therapy
Skilled nursing facility	100%	–
Spinal manipulation/chiropractic care	100%	20 visits per calendar year
Substance use		
Inpatient detoxification	100%	–
Inpatient rehabilitation	100%	–
Outpatient substance use treatment	100%	–

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Keystone First – CHIP benefit	Coverage using network providers	Copays or limits
Transplant services	100%	–
Routine vision care		
Routine eye exam and refractions	100%	–
Frames and prescription lenses	100%	One pair of frames and prescription lenses per calendar year that may be plastic or glass, single vision, bifocal, trifocal, lenticular and/ or oversize lenses, fashion and gradient tinting, oversized glass-grey #3 prescription sunglass lenses, and polycarbonate prescription lenses. Covered when selected from Davis Vision Collection of frames; allowance of \$130 for other frames.
Scratch-resistant coating for prescription lenses	100%	Additional copayment applies for premium prescription lenses or coatings (beyond scratch-resistance).
Optional prescription lens types and treatments:		
Ultraviolet protective coating	100%	–
Blended segment lenses	–	\$20
Intermediate vision lenses	–	\$30
Progressive lenses (standard)	–	\$50
Progressive lenses (premium)	–	\$90
Progressive lenses (ultra)	–	\$140
Progressive lenses (unlimited)	–	\$175
Glass photochromic lenses	–	Single — \$20 Multifocal — \$20
Plastic photosensitive single lenses	–	\$65
Plastic photosensitive multi lenses	–	\$70
Polarized lenses	–	\$75
Anti-reflective (ar) coating (standard)	–	\$35
Anti-reflective (ar) coating (premium)	–	\$48
Anti-reflective (ar) coating (ultra)	–	\$60
Hi-index lenses	–	\$55
Scratch protection plan (single vision)	–	\$20
Scratch protection plan (multifocal)	–	\$40
Prescription contact lenses (in lieu of eyeglasses or when medically necessary)	100%	Covered if on formulary; or allowance of \$130
Replacement pair of eyeglasses	–	One replacement pair available due to loss or breakage per calendar year

Visit www.keystonefirstchip.com for more information on benefits and services.

Questions? Call Enrollee Services at 1-844-472-2447 (TTY 711).

Your managed care plan may not cover all your health care expenses. Read your Enrollee handbook carefully to determine which health care services are covered.

For the full nondiscrimination notice, go to www.keystonefirstchip.com.



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