2016 Blue Solutions® Health Plans

For small employers

Platinum Gold Silver Bronze

Independence Blue Solutions®

Table of contents

How Blue Solutions works for you

One of the most important decisions you need to make as an employer is about health insurance for your employees and their families. Let Independence Blue Cross help you make this decision easier.

We designed our Blue Solutions portfolio to meet your unique business needs. With more than 40 plans to choose from, you have a wide range of options to help you provide your employees with comprehensive coverage they can count on, at a price that fits your budget.

This brochure will help you learn more about everything Blue Solutions offers, so you're making informed decisions to help ensure the continued health of your employees, and the business you love.

Take a closer look at Blue Solutions:

- Find out what's new for 2016
- Explore our comprehensive, affordable, and innovative plan options
- Learn how you and your employees can better manage costs
- Review Blue Solutions plan benefits at a glance

Blue Solutions plans:

- Offer comprehensive benefits at competitive prices
- Meet Affordable Care Act requirements
- Help enhance your employees' health and wellness

COMPREHENSIVE COVERAGE

All of our plans cover essential health benefits, like doctor visits, hospital stays, and prescription drugs.

Your guide to Blue Solutions plans

We are committed to providing innovative solutions to help you protect one of your most important assets — your employees. Part of our commitment is to help you navigate Affordable Care Act (ACA) requirements.

Designed for your business needs

No matter which Blue Solutions plans you choose, you can be sure that they comply with all ACA requirements for small employers. Our plans cover all ten required essential health benefits — like doctor visits, hospital stays, emergency services, preventive care, prescription drugs, and pediatric dental and vision.

How to compare coverage and cost

We've arranged our plans by the four metallic coverage levels (Platinum, Gold, Silver, and Bronze) required by the ACA to help eliminate any guesswork when you're choosing which plans to offer your employees.

For more information about ACA requirements, please visit healthcare.gov or contact your broker or Independence account executive.

Here is how the metallic levels compare on coverage and costs:

	 Platinum	 Gold	 Silver	 Bronze
MONTHLY COST	$$$$	$$$	$$	$
COST OF CARE	$	$$	$$$	$$$$
GOOD OPTION IF YOU ...	Plan to use a lot of health care services	Want to save on monthly premiums while keeping out-of-pocket costs low	Need to balance monthly premiums with out-of-pocket costs	Don't plan to use a lot of health care services

What's new for 2016

Independence Blue Cross is a leader in delivering innovative health plans that help you provide your employees with the most complete benefits package, while also helping you control costs.

Here's what's new in our Blue Solutions portfolio for 2016:

- **Ten new plans.** To give you an even wider range of choices, we are adding ten new Blue Solutions plans in 2016. (Our HMO Bronze Basic plan is being retired.) See the plan benefits at a glance beginning on page 15 for more information.
- **Improved out-of-pocket (OOP) maximum calculation for family plans.** High-deductible health plans (HDHPs) with a Health Savings Account (HSA) will now have an embedded OOP maximum, which means that no one family member contributes more than the individual OOP max for the plan. So while the family OOP maximum may be as much as $13,100, each family member is only responsible for reaching the individual OOP maximum amount for their plan. See page 6 for more information.
- **Enhanced HDHP vision benefit.** Your employees and their dependents can take advantage of their vision benefits at any time during their plan year, without waiting until they have met their medical deductible. See the plan benefits at a glance beginning on page 15 for more information.
- **New pediatric vision care option.** Coverage now includes a choice of glasses or contact lenses for enrolled dependents under 19. See page 11 for more information about pediatric vision benefits.
- **New cost-sharing for specialty prescription drugs.** A new level of cost-sharing for specialty drugs, such as those used to treat rheumatoid arthritis, hepatitis C, and certain cancers, has been added to all plans. This will help manage spending for these increasingly costly drugs and ensure long-term access for your employees who need them. See page 10 for more information.

Flexible plan options to meet your needs

Our Blue Solutions plans are designed to help your employees make informed decisions about the cost of care they receive, while giving them access to high-quality care from an extensive network of doctors and hospitals.

We offer you three types of plans to choose from in each metallic level — PPO, Direct POS, and HMO. You choose how much flexibility you want to offer your employees when they receive covered services and how much they'll pay out of pocket.

About our PPO, Direct POS, and HMO plans

- Personal Choice® PPO plans provide the ultimate flexibility. Your employees can choose any provider, but they pay less by choosing in-network providers and more when they go out of network. They also enjoy in-network coverage anywhere in the United States through the BlueCard® PPO network. Plus, they never need referrals to visit specialists.
- Keystone Direct POS plans provide both in and out-of-network coverage, but your employees must select a participating primary care physician (PCP) to coordinate their care. They only need referrals for certain services, which helps keep costs lower.
- Keystone HMO plans require employees to select a PCP to coordinate all of their care with network providers. Our innovative tiered network HMO proactive plans offer your employees full access to the Keystone network at lower costs.

How our plans compare

	KEYSTONE HMO	KEYSTONE DIRECT POS	PERSONAL CHOICE
Access to network of more than 60,000 physicians and specialists	X	X	X
Must select a PCP	X	X	
No referrals needed to visit in-network specialists		X[1]	X
In-network benefits coast-to-coast through BlueCard PPO			X
Away from Home Care® program for employees who temporarily reside outside the service area	X	X	
Emergency and urgent care access across the country and around the world through BlueCard PPO and BlueCard Worldwide	X	X	X

1. Direct POS employees need a referral from their PCP for spinal manipulations, routine X-rays, and physical/occupational therapy. For lab work, employees should use the facility recommended by their PCP for the lowest out-of-pocket costs.

Innovative plan options to help you save

To help you strike the right balance between coverage and cost, we offer you a variety of innovative plan options across all metallic levels.

Our HMO plans with a tiered network let your employees choose how much they want to pay out of pocket when they receive covered services. Our high-deductible health plans (HDHPs) paired with a spending account — either a Health Savings Account (HSA) or a Health Reimbursement Account (HRA) — offer lower premiums and help your employees set money aside to pay for their qualified medical expenses.

Please refer to the plan benefits at a glance beginning on page 15 for more details about Keystone HMO Proactive and HSA and HRA plans.

Tiered network plans give your employees more control over costs

With our Keystone HMO Proactive tiered network plans, your employees have full access to the Keystone network at a lower premium. They can also save money by choosing health care providers in Tier 1 – Preferred, the lowest-cost tier, when they receive care.

How Keystone HMO Proactive plans work

As with any HMO plan, members must select a PCP who will refer them to specialists. All Keystone HMO providers are grouped into one of three tiers based on cost and, in many cases, quality measures.

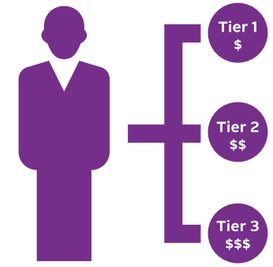
All doctors and hospitals in the network must meet high quality standards, but some can offer the same services with a lower cost-share. When your employees choose providers in Tier 1 – Preferred or Tier 2 – Enhanced, they will save on out-of-pocket costs each time they receive care for certain covered services. They will pay the highest cost by choosing Tier 3 – Standard providers.

The good news is that more than 50 percent of doctors and hospitals in the Keystone HMO provider network are in Tier 1 – Preferred, so your employees have plenty of choices.

Certain health services have the same cost-share across all tiers, including:

- Preventive care
- Emergency room
- Urgent care
- Outpatient labs
- Prescription drugs
- Pediatric dental and vision
- Mental health services
- Physical and occupational therapy
- Routine radiology
- Spinal manipulations

TIERED NETWORK PLANS
HELP YOUR EMPLOYEES SAVE



Your employees will pay less for covered services by choosing providers in Tier 1 – Preferred or Tier 2 – Enhanced.

Full network access

Your employees can use our Find a Doctor tool to determine which tier their providers are in. They have access to all doctors and hospitals in the Keystone HMO network.

ibx.com/findadoctor

CARE COST ESTIMATOR

*Your employees with PPO plans can access this tool anytime at **ibxpress.com** to help them compare cost, quality, and convenience before making important health care decisions.*

HSA and HRA plans offer lower costs and tax advantages

Giving your employees the option to use a spending account such as a Health Savings Account (HSA) or a Health Reimbursement Account (HRA) can help them take more control over planning and paying for eligible health care expenses. As an employer, offering your employees an HDHP paired with a spending account can help you:

- **Save on premiums.** HDHPs offer access to our Personal Choice PPO network at lower premiums.
- **Save on taxes.** There are potential tax advantages for you and your employees because contributions to an HSA or HRA are not treated as taxable income if used for qualified medical expenses.
- **Encourage more informed decision-making.** Employees have more control over their health care choices, along with the ability to invest and save for future qualified medical expenses, helping them become more savvy health care consumers.

The BlueSaver℠ HSA through Bank of America™

One of the many advantages of our BlueSaver HSA through Bank of America, an independent company, is the claims and payment integration feature on ibxpress.com. This new feature makes it easier for your employees to manage their accounts. Additionally, your employees have an interest-bearing primary account and, once their balance reaches $500, they can access a wide variety of industry leading investment options.

New — Embedded out-of-pocket maximum for HSA-qualified HDHPs

An important enhancement to our HSA-qualified HDHPs is an embedded out-of-pocket maximum, which can help reduce your employees' overall costs. For family coverage, this means that each covered family member has an individual out-of-pocket maximum. Once one covered family member reaches his or her individual out-of-pocket maximum, the plan pays additional costs incurred by this family member for covered services received from participating providers in full for the remainder of the plan year.

Please note that deductibles for HSA-qualified HDHPs remain aggregate. This means that the entire family deductible must be met by one covered individual or several covered family members before copayments or coinsurance apply for any individual family member. However, no family member will contribute more than the individual out-of-pocket maximum amount.

Please see the plan benefit grids beginning on page 15 for more information, or talk to your broker or Independence account executive.

Compare Blue Solutions HSA and HRA plans

	HSA	HRA
What is it?	A bank account which is paired with a qualified high-deductible health plan, to help employees save money to pay for future qualified medical expenses on a tax-free basis.	An account which is paired with a high-deductible health plan, to help employees save money to pay for future qualified medical expenses on a tax-free basis.
How is it funded?	Employee and/or employer	Employer only
What are the employer contribution amounts?	Please refer to the plan benefits at a glance beginning on page 15 for more details.	Please refer to the plan benefits at a glance beginning on page 15 for more details.
How much can employees contribute to the account?	The total annual contributions from all sources cannot exceed IRS guidelines.[2] For 2016, the maximum contribution is $3,350 for self only, $6,750 for family. There is also an optional "catch-up" contribution of $1,000 for individuals 55 or older.	Employer-funded only
Who owns the account?	Employee	Employer. Any balances left at the end of the plan year or when an employee leaves the company remain with the employer.
Do funds carry over?	Yes, funds and any interest or investment earnings roll over to use for qualified medical expenses in subsequent years.	No
What are the tax implications?[3]	Contributions are generally excluded from an employee's gross income. Interest and earnings from investments are tax-free. Future withdrawals are tax-free provided that they are for qualified medical expenses. Taxes and penalties apply for non-qualified reimbursements.	Employer contributions are tax deductible to the employer and generally excluded from an employee's gross income.
What type of deductible does the plan have?	Aggregate deductible: For family coverage, the entire family annual deductible must be met before copayments or coinsurance is applied for any individual family member.	Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

2. More details about employee contributions are available at **irs.gov**.
3. Independence does not provide legal or tax advice. Please consult with your own legal and/or tax advisor regarding the tax advantages of an HSA or HRA.

Streamlined spending account management

For employers

- Integrated, streamlined enrollment process
- Convenient funding options
- No monthly account fee
- Robust, online reporting

For employees

- Direct pay-to-provider features
- Automated reimbursements
- Single debit card with no bank fees
- Easy-to-read plan activity statement
- Mobile access to balance information with the IBX app
- Dedicated customer service team

How to find participating providers

Your employees can use our Find a Doctor tool to take advantage of money-saving benefits, such as a $0 preventive colonoscopy.

ibx.com/findadoctor

Benefits that help your employees save

We give your employees flexibility to make choices that help them take more control over their health — and their health care dollars. Certain covered services are available at lower out-of-pocket costs based on the location where care is received. These are known as site-of-service differential benefits.

Please see the benefits at a glance beginning on page 15 for information specific to each plan.

$0 preventive colonoscopy with Preventive Plus benefit

The American Cancer Society recommends preventive colorectal cancer screenings for adults age 50 and older to reduce their risk of developing this disease. Blue Solutions plans that include a Preventive Plus benefit offer $0 member cost-sharing (no copayment, coinsurance, or deductible) for a preventive colonoscopy to screen for colorectal cancer.

Your employees must choose Preventive Plus providers and GI professionals (gastroenterologists or colon and rectal surgeons) that are not hospital-based to perform the preventive colonoscopy. If your employees choose other in-network providers and professionals to receive a preventive colonoscopy, their out-of-pocket cost may be up to $750.*

$0 outpatient laboratory services at freestanding labs

When your employees need blood work or other covered laboratory services, certain Blue Solutions plans offer $0 cost-sharing (no copayment, coinsurance, or deductible) when employees use a freestanding lab in our network. If they choose to use a hospital-based lab, they will pay their plan's designated cost-sharing amount for this covered service. For employees enrolled in an HMO or Direct POS plan, in-network lab services are always covered at 100 percent when they use their primary care physician's (PCP) designated lab site. Your employees with these plans can refer to their ID card for the lab site indicator or contact their PCP for this information.

Lower member cost-sharing for outpatient surgery

With certain Blue Solutions plans, your employees will pay less by visiting in-network ambulatory surgical centers when they require an outpatient surgical procedure. Some common outpatient surgical procedures include removal of the tonsils, hernia repairs, and cataract surgeries.

Your employees should always talk with their doctor to determine the most appropriate settings to receive covered services.

* The Preventive Plus benefit does not apply to employees who reside or travel outside our service area and access care through the BlueCard® Program or the Away From Home Care® Guest Membership Program. For these employees, a preventive colonoscopy to screen for colorectal cancer will be covered at no cost when they use an in-network provider. However, if they choose to visit an out-of-network provider, cost-sharing for their plan's out-of-network benefit applies, and their out-of-pocket costs may be significantly higher.

Prescription drug coverage

All Blue Solutions medical plans include prescription drug benefits, which are administered by FutureScripts®. When your employees fill a prescription, they have options to help them get the medications they need as cost effectively as possible.

Please see the benefits at a glance beginning on page 15 for prescription drug benefit information specific to each plan.

Access to a large pharmacy network

Participating pharmacies

The FutureScripts network includes more than 68,000 retail pharmacies in all 50 states. When your employees travel, they can use their member ID card to fill a prescription for the same cost-sharing they pay at home, as long as they use a participating pharmacy. They can log in at ibxpress.com or use the IBX app on their smartphone anytime and anywhere to find a participating pharmacy. If members choose to use non-participating pharmacies, out-of-network benefits apply.

Preferred Pharmacy network

All of our Silver and Bronze plans and our Keystone HMO Proactive plans use the FutureScripts Preferred Pharmacy network to help your employees save money on prescription drugs. They can choose from more than 50,000 retail pharmacies, including CVS, Walmart, Target, and many independent pharmacies. Please note that the Preferred Pharmacy network does not include Rite Aid and Walgreens pharmacies.[4]

Mail order offers convenience and cost savings

For your employees who have been prescribed medications they take regularly, mail order is a convenient way to have medications delivered to their home at no extra charge. With certain plans, your employees may be able to use mail order to get a 90-day supply of their medications for the cost of a 60-day supply.

4. If members fill a prescription at a non-participating pharmacy like Rite Aid, for example, it's an out-of-network claim, and they must pay the total upfront cost. Although they may be able to get reimbursed for part of this cost, they will need to submit a paper claim and wait for reimbursement.

FutureScripts is an independent company providing pharmacy benefits management services for Independence Blue Cross.

CONVENIENT ONLINE TOOLS AND RESOURCES

*Your employees can log on at **ibxpress.com** to:*

- *Find a network pharmacy*
- *Search the drug formulary*
- *Price specific drugs and compare savings*
- *Review claims*
- *Submit a mail-order request and track delivery*

Helping your employees manage prescription drug costs

Mandatory Generic

All of our Silver and Bronze plans and our Keystone HMO Proactive plans include a Mandatory Generic program to help your employees get prescription drugs at the lowest possible cost. With our Keystone HMO Proactive plans, your employees can pay just $4 for certain generic drugs at participating retail pharmacies.

Generic drugs are as safe and effective as brand-name drugs. If employees choose to purchase a brand-name drug that's available in a generic form, their cost is higher. They will pay the difference between the cost of the brand-name drug and the generic drug, plus whatever cost-sharing amount (copayment, coinsurance, or deductible) their health plan requires for brand-name drugs.

New — Specialty pharmacy cost-share

Blue Solutions medical plans now include a higher cost-share for pharmacy benefit brand specialty drugs, in addition to the existing cost-share levels for formulary generic and brand and non-formulary prescription drugs. Your employees will pay coinsurance up to a maximum cost-share per prescription for a specialty drug. See the plan benefits at a glance beginning on page 15 for information.

Specialty drugs are used to treat complex conditions or chronic diseases — such as rheumatoid arthritis, hepatitis C, and certain cancers — and typically require special handling, administration, and monitoring. Adding a specialty pharmacy cost-share is another way we are helping you manage spending for these increasingly costly drugs and ensure long-term access for your employees who need them.

Employees have personal support to help them better manage complex conditions

FutureScripts specialty drugs are distributed by BriovaRx®, a leading specialty pharmacy and an expert in medication management. BriovaRx provides a high-touch customer support model to help your employees achieve the best outcomes including:

- **24/7 counseling.** Pharmacists are available to answer questions employees have about their specialty medications, anytime and anywhere.
- **Educational materials.** Your employees receive helpful information to help them manage their condition more effectively.
- **Confidential, convenient order and delivery.** Specialty drugs can be ordered by phone and delivered anywhere in the United States with no shipping charges.
- **Refill reminder.** Your employees receive a phone call before their refill date to schedule their next delivery.
- **Mobile support.** Comprehensive information about their condition, support groups, and community resources is available to your employees through the BriovaRx mobile app.

Adult and pediatric vision coverage

Vision benefits can help you reduce your company's overall health care spending and increase employee productivity. When your employees get regular eye exams, they are doing more than just protecting their sight. Eye exams can help detect more serious medical conditions like diabetes, hypertension, and heart disease.

All of our Blue Solutions plans include enhanced adult vision benefits, administered by Davis Vision®, an independent company. Your employees can maximize their coverage by using Visionworks locations for their vision care needs.

Adult vision benefits cover one in-network eye exam in full per year for enrolled adults age 19 and older at no cost at participating providers. Adults can also receive up to a $100 allowance for eyeglasses or contact lenses at Davis Vision providers, or up to a $150 allowance for eyeglasses at Visionworks locations.

Pediatric vision benefits

Pediatric vision benefits are covered as an essential health benefit in all Blue Solutions plans for your employees' enrolled dependents up to age 19. Pediatric vision benefits cover one in-network eye exam and Davis Collection eyeglasses or contact lenses, in full, per year at Davis Vision providers.

Vision benefits offer access to an extensive network and convenient services

The Davis Vision network includes more than 40,000 ophthalmologists, optometrists, and regional and national retailers, including Visionworks retail centers. Visionworks retail centers are conveniently located across the Philadelphia five-county service area and contiguous counties.

Your employees can take advantage of:

- **No frame limitations.** They have the freedom to use their vision allowance at any in-network location toward any frame on the market.
- **Fully covered designer brands.** They can select any frame from the Davis Vision Exclusive Frame Collection, featuring hundreds of stylish, contemporary frames.
- **One-year warranty.** Every frame or lens purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.

An affiliate of Independence Blue Cross has a financial interest in Visionworks.

Your employees get even more through value-added services such as:

- Replacement contact lenses. Davis Vision Contacts will ship replacement contact lenses or solution anywhere on the same day, with guaranteed low prices.
- Vision correction discounts. Laser Vision Correction gives employees up to 25 percent off the participating provider's usual and customary fees, or five percent off any participating provider's advertised specials on laser vision correction services.

Adult dental coverage options

Complete your employee benefits package by adding adult dental coverage. We offer four options that offer high-quality coverage, access to an extensive network of dentists nationwide, and other value-added benefits. Learn more at ibx.com/sgdental

Pediatric dental coverage

Pediatric dental benefits are also one of the covered essential health benefits in all Blue Solutions plans for enrolled dependents up to age 19. Administered by United Concordia Dental[5], coverage includes $0 in-network preventive exams and diagnostic treatment to help children maintain good oral health.

Pediatric Dental PPO included with PPO plans

If you offer your employees a PPO plan, it includes Personal Choice® PPO pediatric dental coverage. In-network dental exams and cleanings every six months are covered in full. Your employees can choose dental providers from the nationwide Concordia Advantage network.

Pediatric DHMO included with HMO and DPOS plans

If you offer your employees an HMO or DPOS plan, those plans include Keystone Health Plan East pediatric dental coverage. To obtain services, your employees will need to select a Primary Dental Office from the Keystone DHMO network. For specialist services, employees must get a referral from their Primary Dental Office. In-network preventive and diagnostic services, like cleanings and exams, are covered in full once every six months.

More information on pediatric dental benefits

Pediatric dental benefits are in-network only and include basic and major services, in addition to medically necessary orthodontia. All coinsurance, deductibles, and copayments for pediatric dental services will contribute toward the employee's total medical out-of-pocket expense.

5. United Concordia Dental is an independent company that administers Independence dental programs.

Making health insurance easier for you and your employees

Running a small business means juggling multiple priorities, so we offer tools to make administering your employee health benefits easier and more convenient.

Quick and accurate account and benefits administration

You can use our secure employer portal at ibxpress.com anytime and anywhere for:

Account management

- Add or delete an employee
- Change employee or dependent information
- View an employee's coverage history
- View account transaction history

eBilling and payment

- View current and prior invoices
- Review billing and invoice payment history
- Get billing reminders
- Receive and pay invoices online

Easy-to-use web and mobile tools for your employees

Whether your employees are at home or on the go, they have resources when and where they need them to help make informed decisions about their health care:

ibxpress.com

Your employees have 24/7 access to our secure member portal at ibxpress.com to help them maximize their benefits. They can log in at ibxpress to:

- Find a doctor or hospital
- View claims and benefits information
- Estimate care costs
- Track their spending
- Use tools to assess their health, set personal wellness goals, and track their progress

To help them save time, your employees can take advantage of various self-service features at ibxpress. For example, they can request new member ID cards and print temporary member ID cards. ID cards can be mailed to any address, such as an enrolled dependent living out of state. They can also view or download their member handbook and/or benefits booklet.

AN EASIER WAY TO GET STARTED

*Your employees can get help to use their coverage effectively and access self-service tools at **ibx.com/start**.*

Timely, targeted communications keep your employees engaged

We will regularly engage your employees through timely, relevant communications to help them understand their benefits and how to use them effectively.

IBX app

With our free IBX app, your employees can use their smartphones to access many of the same convenient features that are available at ibxpress. When they're on the go, our IBX app makes it quick and easy for members to:

- Find a doctor or hospital
- View benefits and claim information
- View a digital copy of their member ID
- View open referrals
- View their Personal Health Record
- Estimate the price of prescription drugs
- Contact customer service

IBX Wire

IBX Wire is a fast, easy way for your employees to use their smartphone to stay up to date and maximize their benefits. When your employees sign up for IBX Wire, they receive secure, personalized text messages, including:

- Coverage information and updates
- Money-saving tips and discounts
- Important personal health reminders, like when it's time to get a flu shot

Your employees are always in control of how often they get IBX Wire alerts, and previous messages are saved to their IBX Wire for quick reference.

Helping your employees make the most of their coverage

From the very first day their coverage begins, your employees can start using our online and mobile tools and resources to help them save time and make the most of their benefits.

When your employees receive their member ID card in the mail, it includes an insert directing them to visit ibx.com/start, where they can immediately register or log in to ibxpress. A short video helps them learn about the tools and resources available at ibxpress to manage their benefits, estimate care costs, track claims and spending, and make informed decisions about their health.

The website also walks them through some of the most important ways they can start to make the most of their coverage including:

- How to find in-network doctors
- What services their plan covers and options they have to receive care
- How to use their prescription drug benefits
- How to sign up for IBX Wire text messages

Platinum health plans

Benefits per contract year[1]	Personal Choice PPO Platinum Preferred [2] $10/$20/$150	
	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$0	$2,000/$4,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	$2,000/$4,000 coinsurance and copays	$5,000/$10,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750	50% no ded
Physician services		
Primary care office visit/retail clinic	$10	50% after ded
Specialist office visit	$20	50% after ded
Urgent care	$70	50% after ded
Spinal manipulations (20 visits per year)[9]	$20	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$20	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$150 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room (not waived if admitted)	$125	$125 no ded
Routine radiology/diagnostic	$70	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$175	50% after ded
Biotech/specialty injectables	$50	50% after ded
Durable medical equipment/prosthetics	30%	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$20	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	$150 per day[11]	50% after ded
Outpatient surgery		
Ambulatory surgical facility	$35	50% after ded
Hospital-based	$155	50% after ded
Outpatient lab/pathology		
Freestanding	$0	50% after ded
Hospital-based	50%	50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible (individual/family)	$0	$0
Retail generic[18]	$7	Member pays 70% of retail
Retail brand[18]	$40	Member pays 70% of retail
Retail non-formulary brand[18]	$70	Member pays 70% of retail
Specialty	50% up to $1,000 max per prescription	Not covered
Vision and dental[24, 29]		
Pediatric routine eye exam[25, 26]	$0	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0	Not covered
Adult routine eye exam[26]	$0	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[30]	$50	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	50% after ded	Not covered

	Personal Choice PPO Platinum Preferred [2] $20/$40/$150	
	You pay in-network	You pay out-of-network[7]
	$0	$2,000/$4,000
	0%	50%
	$1,950/$3,900 coinsurance and copays	$5,000/$10,000 coinsurance and ded
	$0	50% no ded
	$0	N/A
	$750	50% no ded
	$20	50% after ded
	$40	50% after ded
	$75	50% after ded
	$40	50% after ded
	$40	50% after ded
	$150 per day[11]	50% after ded
	$0	50% after ded
	$125	$125 no ded
	$70	50% after ded
	$175	50% after ded
	$75	50% after ded
	30%	50% after ded
	$40	50% after ded
	$150 per day[11]	50% after ded
	$45	50% after ded
	$185	50% after ded
	$0	50% after ded
	50%	50% after ded
	$0	$0
	$7	Member pays 70% of retail
	$45	Member pays 70% of retail
	$75	Member pays 70% of retail
	50% up to $1,000 max per prescription	Not covered
	$0	Not covered
	$0	Not covered
	$0	Not covered
	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
	$50	Not covered
	$0 no ded	Not covered
	50% after ded	Not covered

	Keystone DPOS Platinum Preferred [2] $10/$20/$100	
	You pay in-network	You pay out-of-network[5]
	$0	$2,000/$4,000
	0%	50%
	$2,500/$5,000 coinsurance and copays	$5,000/$10,000 coinsurance and ded
	$0	50% no ded
	$0	N/A
	$750	50% no ded
	$10	50% after ded
	$20	50% after ded
	$75	50% after ded
	$20[10]	50% after ded
	$20[10]	50% after ded
	$100 per day[11]	50% after ded
	$0	50% after ded
	$125	$125 no ded
	$20[10]	50% after ded
	$40	50% after ded
	$50	50% after ded
	50%	50% after ded
	$20	50% after ded
	$100 per day[11]	50% after ded
	$25	50% after ded
	$125	50% after ded
	$0	50% after ded
	$0	50% after ded
	$0	$0
	$7	Member pays 70% of retail
	$40	Member pays 70% of retail
	$70	Member pays 70% of retail
	50% up to $1,000 max per prescription	Not covered
	$0	Not covered
	$0	Not covered
	$0	Not covered
	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
	$0	Not covered
	$0	Not covered
	Copay varies	Not covered

	Keystone DPOS Platinum Preferred [2] $20/$40/$150	
	You pay in-network	You pay out-of-network[5]
	$0	$2,000/$4,000
	0%	50%
	$3,200/$6,400 coinsurance and copays	$5,000/$10,000 coinsurance and ded
	$0	50% no ded
	$0	N/A
	$750	50% no ded
	$20	50% after ded
	$40	50% after ded
	$75	50% after ded
	$40[10]	50% after ded
	$40[10]	50% after ded
	$150 per day[11]	50% after ded
	$0	50% after ded
	$125	$125 no ded
	$30[10]	50% after ded
	$60	50% after ded
	$75	50% after ded
	50%	50% after ded
	$40	50% after ded
	$150 per day[11]	50% after ded
	$45	50% after ded
	$185	50% after ded
	$0	50% after ded
	$0	50% after ded
	$0	$0
	$7	Member pays 70% of retail
	$45	Member pays 70% of retail
	$75	Member pays 70% of retail
	50% up to $1,000 max per prescription	Not covered
	$0	Not covered
	$0	Not covered
	$0	Not covered
	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
	$0	Not covered
	$0	Not covered
	Copay varies	Not covered

All footnotes listed on page 46

ded = Deductible

Platinum health plans (cont.)	Keystone HMO Platinum Preferred [3] $10/$20/$100	Keystone HMO Platinum Preferred [3] $20/$40/$150	Personal Choice PPO Platinum HSA - 50 [4] $1,500/100%		Personal Choice PPO Platinum HRA - 50 [2] $1,500/100%	
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**	**You pay in-network**	**You pay out-of-network[7]**	**You pay in-network**	**You pay out-of-network[7]**
Deductible, individual/family	$0	$0	$1,500/$3,000	$10,000/$20,000	$1,500/$3,000	$10,000/$20,000
Coinsurance	0%	0%	0%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	$2,500/$5,000 coinsurance and copays	$3,200/$6,400 coinsurance and copays	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]						
Preventive care for adults and children	$0	$0	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	$0	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750	$750	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services						
Primary care office visit/retail clinic	$10	$20	$0 after ded	50% after ded	$0 after ded	50% after ded
Specialist office visit	$20	$40	$0 after ded	50% after ded	$0 after ded	50% after ded
Urgent care	$75	$75	$0 after ded	50% after ded	$0 after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$20	$40	$0 after ded	50% after ded	$0 after ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$20	$40	$0 after ded	50% after ded	$0 after ded	50% after ded
Hospital/other medical services						
Inpatient hospital services (includes maternity)	$100 per day[11]	$150 per day[11]	$0 after ded	50% after ded	$0 after ded	50% after ded
Inpatient professional services (includes maternity)	$0	$0	$0 after ded	50% after ded	$0 after ded	50% after ded
Emergency room (not waived if admitted)	$125	$125	$0 after ded	$0 after in-network ded	$0 after ded	$0 after in-network ded
Routine radiology/diagnostic	$20	$30	$0 after ded	50% after ded	$0 after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$40	$60	$0 after ded	50% after ded	$0 after ded	50% after ded
Biotech/specialty injectables	$50	$75	$0 after ded	50% after ded	$0 after ded	50% after ded
Durable medical equipment/prosthetics	50%	50%	$0 after ded	50% after ded	$0 after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$20	$40	$0 after ded	50% after ded	$0 after ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	$100 per day[11]	$150 per day[11]	$0 after ded	50% after ded	$0 after ded	50% after ded
Outpatient surgery						
Ambulatory surgical facility	$25	$45	$0 after ded	50% after ded	$0 after ded	50% after ded
Hospital-based	$125	$185	$0 after ded	50% after ded	$0 after ded	50% after ded
Outpatient lab/pathology						
Freestanding	$0	$0	$0 after ded	50% after ded	$0 after ded	50% after ded
Hospital-based	$0	$0	$0 after ded	50% after ded	$0 after ded	50% after ded
Prescription drugs[16, 17, 19, 20]						
Rx deductible (individual/family)	$0	$0	Integrated	Integrated	Integrated	Integrated
Retail generic[18]	$7	$7	$7 after ded	50% after ded	$7 after ded	50% after ded
Retail brand[18]	$40	$45	$50 after ded	50% after ded	$50 after ded	50% after ded
Retail non-formulary brand[18]	$70	$75	$100 after ded	50% after ded	$100 after ded	50% after ded
Specialty	50% up to $1,000 max per prescription	50% up to $1,000 max per prescription	50% up to $1,000 max per prescription after ded	Not covered	50% up to $1,000 max per prescription after ded	Not covered
Vision and dental[24, 29]						
Pediatric routine eye exam[25, 26]	$0	$0	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0	$0	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0	$0	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$0	$0	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings[30, 31]	$0	$0	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Copay varies	$0 after ded	Not covered	$0 after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Gold health plans

Benefits per contract year[1]	Personal Choice PPO Gold Preferred [2] $35/$70/$600		Personal Choice PPO Gold Classic [2] $1,000/$15/$30/80%		Personal Choice PPO Gold Classic [2] $2,000/$40/$80/100%	
	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$0	$6,000/$12,000	$1,000/$2,000	$7,500/$15,000	$2,000/$4,000	$7,500/$15,000
Coinsurance	0%	50%	20%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	$5,500/$11,000 coinsurance and copays	$18,000/$36,000 coinsurance and ded	$5,500/$11,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded	$3,000/$6,000 coinsurance, copays and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]						
Preventive care for adults and children	$0	50% no ded	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	N/A	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750	50% no ded	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services						
Primary care office visit/retail clinic	$35	50% after ded	$15 no ded	50% after ded	$40 no ded	50% after ded
Specialist office visit	$70	50% after ded	$30 no ded	50% after ded	$80 no ded	50% after ded
Urgent care	$125	50% after ded	20% after ded	50% after ded	$125 no ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$70	50% after ded	$30 no ded	50% after ded	$80 no ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$70	50% after ded	$30 no ded	50% after ded	$80 no ded	50% after ded
Hospital/other medical services						
Inpatient hospital services (includes maternity)	$600 per day[11]	50% after ded	20% after ded	50% after ded	$0 after ded	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded	20% after ded	50% after ded	$0 after ded	50% after ded
Emergency room (not waived if admitted)	$300	$300 no ded	20% after ded	20% after in-network ded	$300 no ded	$300 no ded
Routine radiology/diagnostic	$70	50% after ded	20% after ded	50% after ded	$70 no ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$175	50% after ded	20% after ded	50% after ded	$175 no ded	50% after ded
Biotech/specialty injectables	$125	50% after ded	$100 no ded	50% after ded	$100 no ded	50% after ded
Durable medical equipment/prosthetics	50%	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$70	50% after ded	$30 no ded	50% after ded	$80 no ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	$600 per day[11]	50% after ded	20% after ded	50% after ded	$0 after ded	50% after ded
Outpatient surgery						
Ambulatory surgical facility	$300	50% after ded	20% after ded	50% after ded	$0 after ded	50% after ded
Hospital-based	$700	50% after ded	20% after ded	50% after ded	$0 after ded	50% after ded
Outpatient lab/pathology						
Freestanding	$0	50% after ded	$0 no ded	50% after ded	$0 no ded	50% after ded
Hospital-based	50%	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Prescription drugs[16, 17, 19, 20]						
Rx deductible (individual/family)	$0	$0	$0	$0	$0	$0
Retail generic[18]	$7	Member pays 70% of retail	$7	Member pays 70% of retail	$7	Member pays 70% of retail
Retail brand[18]	$50	Member pays 70% of retail	$50	Member pays 70% of retail	$50	Member pays 70% of retail
Retail non-formulary brand[18]	$150	Member pays 70% of retail	$150	Member pays 70% of retail	$150	Member pays 70% of retail
Specialty	50% up to $1,000 max per prescription	Not covered	50% up to $1,000 max per prescription	Not covered	50% up to $1,000 max per prescription	Not covered
Vision and dental[24, 29]						
Pediatric routine eye exam[25, 26]	$0	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$50	Not covered	$50	Not covered	$50	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	50% after ded	Not covered	50% after ded	Not covered	50% after ded	Not covered

All footnotes listed on page 46 ded = Deductible

Gold health plans (cont.)

Benefits per contract year[1]	Keystone DPOS Gold Classic [2] $1,000/$25/$50/90%		Keystone DPOS Gold Preferred [2] $30/$60/$600		Keystone DPOS Gold Classic [2] $2,000/$40/$80/100%	
	You pay in-network	You pay out-of-network[5]	You pay in-network	You pay out-of-network[5]	You pay in-network[6]	You pay out-of-network[5]
Deductible, individual/family	$1,000/$2,000	$7,500/$15,000	$0	$5,000/$10,000	$2,000/$4,000	$7,500/$15,000
Coinsurance	10%	50%	0%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	$5,500/$11,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded	$6,850/$13,700 coinsurance and copays	$15,000/$30,000 coinsurance and ded	$3,000/$6,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]						
Preventive care for adults and children	$0 no ded	50% no ded	$0	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750	50% no ded	$750 no ded	50% no ded
Physician services						
Primary care office visit/retail clinic[13]	$25 no ded	50% after ded	$30	50% after ded	$40 no ded	50% no ded
Specialist office visit	$50 no ded	50% after ded	$60	50% after ded	$80 no ded	50% no ded
Urgent care	10% after ded	50% after ded	$125	50% after ded	$125 no ded	50% no ded
Spinal manipulations (20 visits per year)[9]	$50 no ded[10]	50% after ded	$60[10]	50% after ded	$80 no ded[10]	50% no ded
Physical/occupational therapy (30 visits per year)[9]	$50 no ded[10]	50% after ded	$60[10]	50% after ded	$80 no ded[10]	50% no ded
Hospital/other medical services						
Inpatient hospital services (includes maternity)	10% after ded	50% after ded	$600 per day[11]	50% after ded	$0 after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded	$0	50% after ded	$0 after ded	50% after ded
Emergency room (not waived if admitted)[14]	10% after ded	10% after in-network ded	$350	$350 no ded	$300 no ded	$300 no ded
Routine radiology/diagnostic	$40 no ded[10]	50% after ded	$60[10]	50% after ded	$60 no ded[10]	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$80 no ded	50% after ded	$250	50% after ded	$120 no ded	50% after ded
Biotech/specialty injectables	$100 no ded	50% after ded	$125	50% after ded	$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded	50%	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$50 no ded	50% after ded	$60	50% after ded	$80 no ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	10% after ded	50% after ded	$600 per day[11]	50% after ded	$0 after ded	50% after ded
Outpatient surgery						
Ambulatory surgical facility	10% after ded	50% after ded	$300	50% after ded	$0 after ded	50% after ded
Hospital-based	10% after ded	50% after ded	$600	50% after ded	$0 after ded	50% after ded
Outpatient lab/pathology						
Freestanding	$0 no ded	50% after ded	$0	50% after ded	$0 no ded	50% after ded
Hospital-based	$0 no ded	50% after ded	$0	50% after ded	$0 no ded	50% after ded
Prescription drugs[16, 17, 19, 20]						
Rx deductible (individual/family)	$0	$0	$0	$0	$0	$0
Retail generic[18]	$7	Member pays 70% of retail	$7	Member pays 70% of retail	$7	Member pays 70% of retail
Retail brand[18]	$50	Member pays 70% of retail	$50	Member pays 70% of retail	$50	Member pays 70% of retail
Retail non-formulary brand[18]	$150	Member pays 70% of retail	$150	Member pays 70% of retail	$150	Member pays 70% of retail
Specialty	50% up to $1,000 max per prescription	Not covered	50% up to $1,000 max per prescription	Not covered	50% up to $1,000 max per prescription	Not covered
Vision and dental[24, 29]						
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$0	Not covered	$0	Not covered	$0	Not covered
Pediatric exams and cleanings[30, 31]	$0	Not covered	$0	Not covered	$0	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Not covered	Copay varies	Not covered	Copay varies	Not covered

All footnotes listed on page 46

ded = Deductible

Gold health plans (cont.)

Benefits per contract year[1]	Keystone HMO Gold Classic [2] $1,000/$25/$50/90%	Keystone HMO Gold Preferred [3] $30/$60/$600	Keystone HMO Gold Classic [2] $2,000/$40/$80/100%	Keystone HMO Gold Proactive [3]		
	You pay in-network[6]	You pay in-network[6]	You pay in-network[6]	You pay in-network[6] - Tier 1 - Preferred	You pay in-network[6] - Tier 2 - Enhanced	You pay in-network[6] - Tier 3 - Standard
Deductible, individual/family	$1,000/$2,000	$0	$2,000/$4,000	$0	$0	$0
Coinsurance	10%	0%	0%	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$5,500/$11,000 coinsurance, copays, and ded	$6,850/$13,700 coinsurance and copays	$3,000/$6,000 coinsurance, copays, and ded	$6,850/$13,700 coinsurance and copays	$6,850/$13,700 coinsurance and copays	$6,850/$13,700 coinsurance and copays
Preventive services[8]						
Preventive care for adults and children	$0 no ded	$0	$0 no ded	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	$0	$0 no ded	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	$750	$750 no ded	$750	$750	$750
Physician services						
Primary care office visit/retail clinic[13]	$25 no ded	$30	$40 no ded	$15	$30	$45
Specialist office visit	$50 no ded	$60	$80 no ded	$40	$60	$80
Urgent care	10% after ded	$125	$125 no ded	$100	$100	$100
Spinal manipulations (20 visits per year)[9]	$50 no ded	$60	$80 no ded	$50	$50	$50
Physical/occupational therapy (30 visits per year)[9]	$50 no ded	$60	$80 no ded	$60	$60	$60
Hospital/other medical services						
Inpatient hospital services (includes maternity)	10% after ded	$600 per day[11]	$0 after ded	$350 per day[11]	$700 per day[11]	$1,100 per day[11]
Inpatient professional services (includes maternity)	10% after ded	$0	$0 after ded	0%	20%	30%
Emergency room (not waived if admitted)[14]	10% after ded	$350	$300 no ded	$400	$400	$400
Routine radiology/diagnostic	$40 no ded	$60	$60 no ded	$60	$60	$60
MRI/MRA, CT/CTA scan, PET scan	$80 no ded	$250	$120 no ded	$120	$120	$120
Biotech/specialty injectables	$100 no ded	$125	$100 no ded	50%	50%	50%
Durable medical equipment/prosthetics	50% after ded	50%	50% after ded	50%	50%	50%
Mental health, serious mental illness & substance abuse - outpatient	$50 no ded	$60	$80 no ded	$40	$40	$40
Mental health, serious mental illness & substance abuse - inpatient	10% after ded	$600 per day[11]	$0 after ded	$350 per day[11]	$350 per day[11]	$350 per day[11]
Outpatient surgery						
Ambulatory surgical facility	10% after ded	$300	$0 after ded	$150	$550	$1,000
Hospital-based	10% after ded	$600	$0 after ded	$150	$550	$1,000
Outpatient lab/pathology						
Freestanding	$0 no ded	$0	$0 no ded	$0	$0	$0
Hospital-based	$0 no ded	$0	$0 no ded	$0	$0	$0
Prescription drugs[16, 17, 19, 20]						
Rx deductible (individual/family)	$0	$0	$0	$0[21]	$0[21]	$0[21]
Retail generic[18]	$7	$7	$7	$15[21, 23]	$15[21, 23]	$15[21, 23]
Retail brand[18]	$50	$50	$50	50% up to $200 max per prescription[21, 22]	50% up to $200 max per prescription[21, 22]	50% up to $200 max per prescription[21, 22]
Retail non-formulary brand[18]	$150	$150	$150	50% up to $300 max per prescription[21, 22]	50% up to $300 max per prescription[21, 22]	50% up to $300 max per prescription[21, 22]
Specialty	50% up to $1,000 max per prescription	50% up to $1,000 max per prescription	50% up to $1,000 max per prescription	50% up to $1,000 max per prescription[21, 22]	50% up to $1,000 max per prescription[21, 22]	50% up to $1,000 max per prescription[21, 22]
Vision and dental[24, 29]						
Pediatric routine eye exam[25, 26]	$0 no ded	$0	$0 no ded	$0	$0	$0
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	$0	$0 no ded	$0	$0	$0
Adult routine eye exam[26]	$0 no ded	$0	$0 no ded	$0	$0	$0
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores
Deductible (per individual)[30]	$0	$0	$0	$0	$0	$0
Pediatric exams and cleanings[30, 31]	$0	$0	$0	$0	$0	$0
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Copay varies	Copay varies	Copay varies	Copay varies	Copay varies

All footnotes listed on page 46 ded = Deductible

Gold health plans (cont.)

Benefits per contract year[1]	Personal Choice PPO Gold HSA - 0 [4] $1,700/100%		Personal Choice PPO Gold HSA - 25 [4] $2,200/100%		Personal Choice PPO Gold HSA - 50 [4] $2,200/70%		Personal Choice PPO Gold HRA - 25 [2] $2,200/100%		Personal Choice PPO Gold HRA - 50 [2] $2,200/70%	
	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of -network[7]	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$1,700/$3,400	$10,000/$20,000	$2,200/$4,400	$10,000/$20,000	$2,200/$4,400	$10,000/$20,000	$2,200/$4,400	$10,000/$20,000	$2,200/$4,400	$10,000/$20,000
Coinsurance	0%	50%	0%	50%	30%	50%	0%	50%	30%	50%
Out-of-pocket maximum, individual/family includes:	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]										
Preventive care for adults and children	$0 no ded	50% no ded	$0 no ded	50% no ded	$0 no ded	50% no ded	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0 no ded	N/A	$0 no ded	N/A	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750 no ded	50% no ded	$750 no ded	50% no ded	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services										
Primary care office visit/retail clinic	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Specialist office visit	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Urgent care	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Hospital/other medical services										
Inpatient hospital services (includes maternity)	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Inpatient professional services (includes maternity)	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Emergency room (not waived if admitted)	$0 after ded	$0 after in-network ded	$0 after ded	$0 after in-network ded	30% after ded	30% after in-network ded	$0 after ded	$0 after in-network ded	30% after ded	30% after in-network ded
Routine radiology/diagnostic	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Biotech/specialty injectables	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Durable medical equipment/prosthetics	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Outpatient surgery										
Ambulatory surgical facility	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Hospital-based	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Outpatient lab/pathology										
Freestanding	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Hospital-based	$0 after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded	$0 after ded	50% after ded	30% after ded	50% after ded
Prescription drugs[16, 17, 19, 20]										
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
Retail generic[18]	$7 after ded	50% after ded	$7 after ded	50% after ded	$7 after ded	50% after ded	$7 after ded	50% after ded	$7 after ded	50% after ded
Retail brand[18]	$50 after ded	50% after ded	$50 after ded	50% after ded	$50 after ded	50% after ded	$50 after ded	50% after ded	$50 after ded	50% after ded
Retail non-formulary brand[18]	$100 after ded	50% after ded	$100 after ded	50% after ded	$100 after ded	50% after ded	$100 after ded	50% after ded	$100 after ded	50% after ded
Specialty	50% up to $1,000 max per prescription after ded	Not covered	50% up to $1,000 max per prescription after ded	Not covered	50% up to $1,000 max per prescription after ded	Not covered	50% up to $1,000 max per prescription after ded	Not covered	50% up to $1,000 max per prescription after ded	Not covered
Vision and dental[24, 29]										
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	Integrated	Not covered	Integrated	Not covered	Integrated	Not covered	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	$0 after ded	Not covered	$0 after ded	Not covered	30% after ded	Not covered	$0 after ded	Not covered	30% after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Silver health plans

Benefits per contract year[1]	Personal Choice PPO Silver Classic [2] $3,300/$40/$80/100%		Personal Choice PPO Silver Classic [2] $2,500/$30/$60/80%		Personal Choice PPO Silver Secure [2] $3,000/$30/$60/$600	
	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$3,300/$6,600	$7,500/$15,000	$2,500/$5,000	$7,500/$15,000	$3,000/$6,000	$7,500/$15,000
Coinsurance	0%	50%	20%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	$6,400/$12,800 coinsurance, copays, and ded	$25,000/$50,000 coinsurance, and ded	$6,000/$12,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded	$6,850/$13,700 coinsurance, copays, and ded	$25,000/$50,000 coinsurance, and ded
Preventive services[8]						
Preventive care for adults and children	$0 no ded	50% no ded	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services						
Primary care office visit/retail clinic	$40 no ded	50% after ded	$30 no ded	50% after ded	$30 no ded	50% after ded
Specialist office visit	$80 no ded	50% after ded	$60 no ded	50% after ded	$60 no ded	50% after ded
Urgent care	$125 no ded	50% after ded	20% after ded	50% after ded	$125 after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$80 no ded	50% after ded	$60 no ded	50% after ded	$60 no ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$80 no ded	50% after ded	$60 no ded	50% after ded	$60 no ded	50% after ded
Hospital/other medical services						
Inpatient hospital services (includes maternity)	$0 after ded	50% after ded	20% after ded	50% after ded	Subject to ded and $600/day[11]	50% after ded
Inpatient professional services (includes maternity)	$0 after ded	50% after ded	20% after ded	50% after ded	$0 after ded	50% after ded
Emergency room (not waived if admitted)	$300 no ded	$300 no ded	20% after ded	20% after in-network ded	$300 after ded	$300 after in-network ded
Routine radiology/diagnostic	$60 no ded	50% after ded	20% after ded	50% after ded	$70 after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$250 no ded	50% after ded	20% after ded	50% after ded	$175 after ded	50% after ded
Biotech/specialty injectables	$100 after ded	50% after ded	$100 no ded	50% after ded	$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$80 no ded	50% after ded	$60 no ded	50% after ded	$60 no ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	$0 after ded	50% after ded	20% after ded	50% after ded	Subject to ded and $600/day[11]	50% after ded
Outpatient surgery						
Ambulatory surgical facility	$0 after ded	50% after ded	20% after ded	50% after ded	Subject to ded and $600 copay	50% after ded
Hospital-based	$0 after ded	50% after ded	20% after ded	50% after ded	Subject to ded and $600 copay	50% after ded
Outpatient lab/pathology						
Freestanding	$0 no ded	50% after ded	$0 no ded	50% after ded	$0 no ded	50% after ded
Hospital-based	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]						
Rx deductible (individual/family)	$0	$0	$0	$0	$0	$0
Retail generic[18]	$7	Member pays 70% of retail	$7	Member pays 70% of retail	$7	Member pays 70% of retail
Retail brand[18]	$60[22]	Member pays 70% of retail[22]	50% up to $125 max per prescription[22]	Member pays 70% of retail[22]	$60[22]	Member pays 70% of retail[22]
Retail non-formulary brand[18]	$150[22]	Member pays 70% of retail[22]	50% up to $250 max per prescription[22]	Member pays 70% of retail[22]	$150[22]	Member pays 70% of retail[22]
Specialty	50% up to $1,000 max per prescription[22]	Not covered	50% up to $1,000 max per prescription[22]	Not covered	50% up to $1,000 max per prescription[22]	Not covered
Vision and dental[24, 29]						
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$50	Not covered	$50	Not covered	$50	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	50% after ded	Not covered	50% after ded	Not covered	50% after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Silver health plans

Benefits per contract year[1]	Keystone DPOS Silver Classic [2] $2,000/$25/$50/70%		Keystone DPOS Silver Classic [2] $4,250/$40/$80/100%		Keystone DPOS Silver Classic [2] $2,500/$30/$60/50%	
	You pay in-network	You pay out-of-network[5]	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[5]
Deductible, individual/family	$2,000/$4,000	$7,500/$15,000	$4,250/$8,500	$7,500/$15,000	$2,500/$5,000	$7,500/$15,000
Coinsurance	30%	50%	0%	50%	50%	50%
Out-of-pocket maximum, individual/family includes:	$6,600/$13,200 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded	$6,850/$13,700 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded	$6,600/$13,200 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]						
Preventive care for adults and children	$0 no ded	50% no ded	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services						
Primary care office visit/retail clinic	$25 no ded	50% after ded	$40 no ded	50% after ded	$30 no ded	50% after ded
Specialist office visit	$50 no ded	50% after ded	$80 no ded	50% after ded	$60 no ded	50% after ded
Urgent care	30% after ded	50% after ded	$125 no ded	50% after ded	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$50 no ded[10]	50% after ded	$80 no ded[10]	50% after ded	$60 no ded[10]	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$50 no ded[10]	50% after ded	$80 no ded[10]	50% after ded	$60 no ded[10]	50% after ded
Hospital/other medical services						
Inpatient hospital services (includes maternity)	30% after ded	50% after ded	$0 after ded	50% after ded	50% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded	$0 after ded	50% after ded	50% after ded	50% after ded
Emergency room (not waived if admitted)	30% after ded	30% after in-network ded	$300 no ded	$300 no ded	50% after ded	50% after in-network ded
Routine radiology/diagnostic	$60 no ded[10]	50% after ded	$60 no ded[10]	50% after ded	$60 no ded[10]	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$120 no ded	50% after ded	$250 no ded	50% after ded	$250 no ded	50% after ded
Biotech/specialty injectables	$100 no ded	50% after ded	$100 no ded	50% after ded	$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$50 no ded	50% after ded	$80 no ded	50% after ded	$60 no ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	30% after ded	50% after ded	$0 after ded	50% after ded	50% after ded	50% after ded
Outpatient surgery						
Ambulatory surgical facility	30% after ded	50% after ded	$0 after ded	50% after ded	50% after ded	50% after ded
Hospital-based	30% after ded	50% after ded	$0 after ded	50% after ded	50% after ded	50% after ded
Outpatient lab/pathology						
Freestanding	$0 no ded	50% after ded	$0 no ded	50% after ded	$0 no ded	50% after ded
Hospital-based	$0 no ded	50% after ded	$0 no ded	50% after ded	$0 no ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]						
Rx deductible (individual/family)	$0	$0	$0	$0	$0	$0
Retail generic[18]	$7	Member pays 70% of retail	$7	Member pays 70% of retail	$7	Member pays 70% of retail
Retail brand[18]	50% up to $125 max per prescription[22]	Member pays 70% of retail[22]	$60[22]	Member pays 70% of retail[22]	50% up to $125 max per prescription[22]	Member pays 70% of retail[22]
Retail non-formulary brand[18]	50% up to $250 max per prescription[22]	Member pays 70% of retail[22]	$150[22]	Member pays 70% of retail[22]	50% up to $250 max per prescription[22]	Member pays 70% of retail[22]
Specialty	50% up to $1,000 max per prescription[22]	Not covered	50% up to $1,000 max per prescription[22]	Not covered	50% up to $1,000 max per prescription[22]	Not covered
Vision and dental[24, 29]						
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$0	Not covered	$0	Not covered	$0	Not covered
Pediatric exams and cleanings[30, 31]	$0	Not covered	$0	Not covered	$0	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Not covered	Copay varies	Not covered	Copay varies	Not covered

All footnotes listed on page 46

ded = Deductible

Silver health plans (cont.)

Benefits per contract year[1]	Keystone DPOS Silver Secure [2] $3,500/$40/$80/$600	
	You pay in-network	You pay out-of-network[5]
Deductible, individual/family	$3,500/$7,000	$7,500/$15,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	$6,850/$13,700 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic[13]	$40 no ded	50% after ded
Specialist office visit	$80 no ded	50% after ded
Urgent care	$125 after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$80 no ded[10]	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$80 no ded[10]	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and $600/day[11]	50% after ded
Inpatient professional services (includes maternity)	$0 after ded	50% after ded
Emergency room (not waived if admitted)[14]	$300 after ded	$300 after in-network ded
Routine radiology/diagnostic	$60 no ded[10]	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$250 no ded	50% after ded
Biotech/specialty injectables	$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$80 no ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	Subject to ded and $600/day[11]	50% after ded
Outpatient surgery		
Ambulatory surgical facility	Subject to ded and $600 copay	50% after ded
Hospital-based	Subject to ded and $600 copay	50% after ded
Outpatient lab/pathology		
Freestanding	$0 no ded	50% after ded
Hospital-based	$0 no ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]		
Rx deductible (individual/family)	$0	$0
Retail generic[18]	$7	Member pays 70% of retail
Retail brand[18]	$60[22]	Member pays 70% of retail[22]
Retail non-formulary brand[18]	$150[22]	Member pays 70% of retail[22]
Specialty	50% up to $1,000 max per prescription[22]	Not covered
Vision and dental[24, 29]		
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$0	Not covered
Pediatric exams and cleanings[30, 31]	$0	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Not covered

All footnotes listed on page 46

ded = Deductible

Silver health plans (cont.)

Benefits per contract year[1]	Keystone HMO Silver Classic [2] $2,000/$25/$50/70%	Keystone HMO Silver Classic [2] $4,250/$40/$80/100%	Keystone HMO Silver Classic [2] $2,500/$30/$60/50%	Keystone HMO Silver Secure [2] $3,500/$40/$80/$600
	You pay in-network[6]	You pay in-network[6]	You pay in-network[6]	You pay in-network[6]
Deductible, individual/family	$2,000/$4,000	$4,250/$8,500	$2,500/$5,000	$3,500/$7,000
Coinsurance	30%	0%	50%	0%
Out-of-pocket maximum, individual/family includes:	$6,600/$13,200 coinsurance, copays, and ded	$6,850/$13,700 coinsurance, copays, and ded	$6,600/$13,200 coinsurance, copays, and ded	$6,850/$13,700 coinsurance, copays, and ded
Preventive services[8]				
Preventive care for adults and children	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	$750 no ded	$750 no ded	$750 no ded
Physician services				
Primary care office visit/retail clinic[13]	$25 no ded	$40 no ded	$30 no ded	$40 no ded
Specialist office visit	$50 no ded	$80 no ded	$60 no ded	$80 no ded
Urgent care	30% after ded	$125 no ded	50% after ded	$125 after ded
Spinal manipulations (20 visits per year)[9]	$50 no ded	$80 no ded	$60 no ded	$80 no ded
Physical/occupational therapy (30 visits per year)[9]	$50 no ded	$80 no ded	$60 no ded	$80 no ded
Hospital/other medical services				
Inpatient hospital services (includes maternity)	30% after ded	$0 after ded	50% after ded	Subject to ded and $600/day[11]
Inpatient professional services (includes maternity)	30% after ded	$0 after ded	50% after ded	$0 after ded
Emergency room (not waived if admitted)[14]	30% after ded	$300 no ded	50% after ded	$300 after ded
Routine radiology/diagnostic	$60 no ded	$60 no ded	$60 no ded	$60 no ded
MRI/MRA, CT/CTA scan, PET scan	$120 no ded	$250 no ded	$250 no ded	$250 no ded
Biotech/specialty injectables	$100 no ded	$100 no ded	$100 no ded	$100 no ded
Durable medical equipment/prosthetics	50% after ded	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$50 no ded	$80 no ded	$60 no ded	$80 no ded
Mental health, serious mental illness & substance abuse - inpatient	30% after ded	$0 after ded	50% after ded	Subject to ded and $600/day[11]
Outpatient surgery				
Ambulatory surgical facility	30% after ded	$0 after ded	50% after ded	Subject to ded and $600 copay
Hospital-based	30% after ded	$0 after ded	50% after ded	Subject to ded and $600 copay
Outpatient lab/pathology				
Freestanding	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Hospital-based	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Prescription drugs[16, 17, 19, 20, 21]				
Rx deductible (individual/family)	$0	$0	$0	$0
Retail generic[18]	$7	$7	$7	$7
Retail brand[18]	50% up to $125 max per prescription[22]	$60[22]	50% up to $125 max per prescription[22]	$60[22]
Retail non-formulary brand[18]	50% up to $250 max per prescription[22]	$150[22]	50% up to $250 max per prescription[22]	$150[22]
Specialty	50% up to $1,000 max per prescription[22]	50% up to $1,000 max per prescription[22]	50% up to $1,000 max per prescription[22]	50% up to $1,000 max per prescription[22]
Vision and dental[24, 29]				
Pediatric routine eye exam[25, 26]	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Adult routine eye exam[26]	$0 no ded	$0 no ded	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded
Pediatric dental deductible (per individual)[30]	$0	$0	$0	$0
Pediatric exams and cleanings[30, 31]	$0	$0	$0	$0
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Copay varies	Copay varies	Copay varies

All footnotes listed on page 46

ded = Deductible

Silver health plans (cont.)

Benefits per contract year[1]	Keystone HMO Silver Proactive [2]		
	You pay in-network[6] - Tier 1 - Preferred	You pay in-network[6] - Tier 2 - Enhanced	You pay in-network[6] - Tier 3 - Standard
Deductible, individual/family[15]	$0	$5,000/$10,000	$5,000/$10,000
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$6,850/$13,700 coinsurance and copays	$6,850/$13,700 coinsurance, copays, and ded	$6,850/$13,700 coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	$0	$0 no ded	$0 no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	$0 no ded	$0 no ded
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care office visit/retail clinic[13]	$30	$40 no ded	$50 no ded
Specialist office visit	$60	$80 no ded	$100 no ded
Urgent care	$100	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year)[9]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year)[9]	$60	$60 no ded	$60 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$500 per day[11]	Subject to ded and $900 per day[11]	Subject to ded and $1,300 per day[11]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[14]	$550	$550 no ded	$550 no ded
Routine radiology/diagnostic	$60	$60 no ded	$60 no ded
MRI/MRA, CT/CTA scan, PET scan	$250	$250 no ded	$250 no ded
Biotech/specialty injectables	50%	50% no ded	50% no ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness & substance abuse - outpatient	$60	$60 no ded	$60 no ded
Mental health, serious mental illness & substance abuse - inpatient	$500 per day[11]	$500 per day[11] no ded	$500 per day[11] no ded
Outpatient surgery			
Ambulatory surgical facility	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Hospital-based	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding	$0	$0 no ded	$0 no ded
Hospital-based	$0	$0 no ded	$0 no ded
Prescription drugs[16, 17, 19, 20, 21]			
Rx deductible (individual/family)	$0	$0	$0
Retail generic[18]	$15[23]	$15[23]	$15[23]
Retail brand[18]	50% up to $400 max per prescription[22]	50% up to $400 max per prescription[22]	50% up to $400 max per prescription[22]
Retail non-formulary brand[18]	50% up to $500 max per prescription[22]	50% up to $500 max per prescription[22]	50% up to $500 max per prescription[22]
Specialty	50% up to $1,000 max per prescription[22]	50% up to $1,000 max per prescription[22]	50% up to $1,000 max per prescription[22]
Vision and dental[24, 29]			
Pediatric routine eye exam[25, 26]	$0	$0 no ded	$0 no ded
Pediatric eyewear (glasses or contacts)[25, 27]	$0	$0 no ded	$0 no ded
Adult routine eye exam[26]	$0	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded
Pediatric dental deductible (per individual)[30]	$0	$0	$0
Pediatric exams and cleanings[30, 31]	$0	$0	$0
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Copay varies	Copay varies

All footnotes listed on page 46 ded = Deductible

Silver health plans (cont.)

Benefits per contract year[1]	Personal Choice PPO Silver HSA - O [4] $2,700/100%		Personal Choice PPO Silver HSA - O [4] $2,400/90%	
	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$2,700/$5,400	$10,000/$20,000	$2,400/$4,800	$10,000/$20,000
Coinsurance	0%	50%	10%	50%
Out-of-pocket maximum, individual/family includes:	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]				
Preventive care for adults and children	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services				
Primary care office visit/retail clinic	$0 after ded	50% after ded	10% after ded	50% after ded
Specialist office visit	$0 after ded	50% after ded	10% after ded	50% after ded
Urgent care	$0 after ded	50% after ded	10% after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$0 after ded	50% after ded	10% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$0 after ded	50% after ded	10% after ded	50% after ded
Hospital/other medical services				
Inpatient hospital services (includes maternity)	$0 after ded	50% after ded	10% after ded	50% after ded
Inpatient professional services (includes maternity)	$0 after ded	50% after ded	10% after ded	50% after ded
Emergency room (not waived if admitted)	$0 after ded	$0 after in-network ded	10% after ded	10% after in-network ded
Routine radiology/diagnostic	$0 after ded	50% after ded	10% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$0 after ded	50% after ded	10% after ded	50% after ded
Biotech/specialty injectables	$0 after ded	50% after ded	10% after ded	50% after ded
Durable medical equipment/prosthetics	$0 after ded	50% after ded	10% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$0 after ded	50% after ded	10% after ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	$0 after ded	50% after ded	10% after ded	50% after ded
Outpatient surgery				
Ambulatory surgical facility	$0 after ded	50% after ded	10% after ded	50% after ded
Hospital-based	$0 after ded	50% after ded	10% after ded	50% after ded
Outpatient lab/pathology				
Freestanding	$0 after ded	50% after ded	10% after ded	50% after ded
Hospital-based	$0 after ded	50% after ded	10% after ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]				
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated
Retail generic[18]	$7 after ded	50% after ded	$7 after ded	50% after ded
Retail brand[18]	$50 after ded[22]	50% after ded[22]	$50 after ded[22]	50% after ded[22]
Retail non-formulary brand[18]	$100 after ded[22]	50% after ded[22]	$100 after ded[22]	50% after ded[22]
Specialty	50% up to $1,000 max per prescription after ded[22]	Not covered	50% up to $1,000 max per prescription after ded[22]	Not covered
Vision and dental[24, 29]				
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	0% after ded	Not covered	10% after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Silver health plans (cont.)

Benefits per contract year[1]	Personal Choice PPO Silver HSA-25[4] $2,400/50%		Personal Choice PPO Silver HRA-25[2] $2,400/50%	
	You pay in-network	You pay out-of-network[7]	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$2,400/$4,800	$10,000/$20,000	$2,400/$4,800	$10,000/$20,000
Coinsurance	50%	50%	50%	50%
Out-of-pocket maximum, individual/family includes:	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]				
Preventive care for adults and children	$0 no ded	50% no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750 no ded	50% no ded
Physician services				
Primary care office visit/retail clinic	50% after ded	50% after ded	50% after ded	50% after ded
Specialist office visit	50% after ded	50% after ded	50% after ded	50% after ded
Urgent care	50% after ded	50% after ded	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	50% after ded	50% after ded	50% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	50% after ded	50% after ded	50% after ded	50% after ded
Hospital/other medical services				
Inpatient hospital services (includes maternity)	50% after ded	50% after ded	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded	50% after ded	50% after ded
Emergency room (not waived if admitted)	50% after ded	50% after in-network ded	50% after ded	50% after in-network ded
Routine radiology/diagnostic	50% after ded	50% after ded	50% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	50% after ded	50% after ded	50% after ded	50% after ded
Biotech/specialty injectables	50% after ded	50% after ded	50% after ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	50% after ded	50% after ded	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient surgery				
Ambulatory surgical facility	50% after ded	50% after ded	50% after ded	50% after ded
Hospital-based	50% after ded	50% after ded	50% after ded	50% after ded
Outpatient lab/pathology				
Freestanding	50% after ded	50% after ded	50% after ded	50% after ded
Hospital-based	50% after ded	50% after ded	50% after ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]				
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated
Retail generic[18]	$7 after ded	50% after ded	$7 after ded	50% after ded
Retail brand[18]	$50 after ded[22]	50% after ded[22]	$50 after ded[22]	50% after ded[22]
Retail non-formulary brand[18]	$100 after ded[22]	50% after ded[22]	$100 after ded[22]	50% after ded[22]
Specialty	50% up to $1,000 max per prescription after ded[22]	Not covered	50% up to $1,000 max per prescription after ded[22]	Not covered
Vision and dental[24, 29]				
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	50% after ded	Not covered	50% after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Bronze health plans

Benefits per contract year[1]	Keystone DPOS Bronze Essential [2] $6,000/$50/$100/$700		Keystone HMO Bronze Essential [2] $6,000/$50/$100/$700	Personal Choice PPO Bronze HSA-O [4] $6,550/100%	
	You pay in-network	You pay out-of-network[5]	You pay in-network[6]	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$6,000/$12,000	$10,000/$20,000	$6,000/$12,000	$6,550/$13,100	$10,000/$20,000
Coinsurance	50%	50%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	$6,850/$13,700 coinsurance, copays, and ded	$40,000/$80,000 coinsurance and ded	$6,850/$13,700 coinsurance, copays, and ded	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]					
Preventive care for adults and children	$0 no ded	50% no ded	$0 no ded	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A	$0 no ded	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded	$750 no ded	$750 no ded	50% no ded
Physician services					
Primary care office visit/retail clinic	$50 no ded	50% after ded	$50 no ded	$0 after ded	50% after ded
Specialist office visit	$100 no ded	50% after ded	$100 no ded	$0 after ded	50% after ded
Urgent care	$150 after ded	50% after ded	$150 after ded	$0 after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	$100 no ded[10]	50% after ded	$100 no ded	$0 after ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	$80 no ded[10]	50% after ded	$80 no ded	$0 after ded	50% after ded
Hospital/other medical services					
Inpatient hospital services (includes maternity)	Subject to ded and $700/day[11]	50% after ded	Subject to ded and $700/day[11]	$0 after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded	50% after ded	$0 after ded	50% after ded
Emergency room (not waived if admitted)	$500 after ded	$500 after in-network ded	$500 after ded	$0 after ded	$0 after in-network ded
Routine radiology/diagnostic	$100 no ded[10]	50% after ded	$100 no ded	$0 after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$250 no ded	50% after ded	$250 no ded	$0 after ded	50% after ded
Biotech/specialty injectables	$100 no ded	50% after ded	$100 no ded	$0 after ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded	50% after ded	$0 after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	$100 no ded	50% after ded	$100 no ded	$0 after ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	Subject to ded and $700/day[11]	50% after ded	Subject to ded and $700/day[11]	$0 after ded	50% after ded
Outpatient surgery					
Ambulatory surgical facility	Subject to ded and $600 copay	50% after ded	Subject to ded and $600 copay	$0 after ded	50% after ded
Hospital-based	Subject to ded and $600 copay	50% after ded	Subject to ded and $600 copay	$0 after ded	50% after ded
Outpatient lab/pathology					
Freestanding	$0 no ded	50% after ded	$0 no ded	$0 after ded	50% after ded
Hospital-based	$0 no ded	50% after ded	$0 no ded	$0 after ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]					
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated	Integrated
Retail generic[18]	$15 after ded	Member pays 70% of retail after ded	$15 after ded	$0 after ded	50% after ded
Retail brand[18]	50% up to $500 max per prescription after ded[22]	Member pays 70% of retail after ded[22]	50% up to $500 max per prescription after ded[22]	$0 after ded[22]	50% after ded[22]
Retail non-formulary brand[18]	50% up to $500 max per prescription after ded[22]	Member pays 70% of retail after ded[22]	50% up to $500 max per prescription after ded[22]	$0 after ded[22]	50% after ded[22]
Specialty	50% up to $1,000 max per prescription after ded[22]	Not covered	50% up to $1,000 max per prescription after ded[22]	$0 after ded[22]	Not covered
Vision and dental[24, 29]					
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered	$0 no ded	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered	$0 no ded	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered	$0 no ded	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	$0	Not covered	$0	Integrated	Not covered
Pediatric exams and cleanings[30, 31]	$0	Not covered	$0	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	Copay varies	Not covered	Copay varies	0% after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Bronze health plans (cont.)

Benefits per contract year[1]	Personal Choice PPO Bronze HSA- O [4] $4,000/50%	
	You pay in-network	You pay out-of-network[7]
Deductible, individual/family	$4,000/$8,000	$10,000/$20,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	$6,550/$13,100 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening - Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	50% after ded	50% after ded
Specialist office visit	50% after ded	50% after ded
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[9]	50% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[9]	50% after ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	50% after ded	50% after in-network ded
Routine radiology/diagnostic	50% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	50% after ded	50% after ded
Biotech/specialty injectables	50% after ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - outpatient	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse - inpatient	50% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	50% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	50% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Prescription drugs[16, 17, 19, 20, 21]		
Rx deductible (individual/family)	Integrated	Integrated
Retail generic[18]	$7 after ded	50% after ded
Retail brand[18]	$50 after ded[22]	50% after ded[22]
Retail non-formulary brand[18]	$100 after ded[22]	50% after ded[22]
Specialty	50% up to $1,000 max per prescription after ded[22]	Not covered
Vision and dental[24, 29]		
Pediatric routine eye exam[25, 26]	$0 no ded	Not covered
Pediatric eyewear (glasses or contacts)[25, 27]	$0 no ded	Not covered
Adult routine eye exam[26]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[28]	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual)[30]	Integrated	Not covered
Pediatric exams and cleanings[30, 31]	$0 no ded	Not covered
Pediatric basic, major and orthodontia services[30, 32, 33]	50% after ded	Not covered

All footnotes listed on page 46

ded = Deductible

Important plan details

Medical

1. Certain plan benefits may be enhanced to comply with Affordable Care Act regulations. Eligible dependent children are covered to age 26.
2. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will apply. Once the family deductible is met, claims for all individuals will pay.
3. Family out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Single out-of pocket maximum applies only when an individual is enrolled without dependents.
4. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the single out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, single deductible and out-of-pocket maximum apply.
5. To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefits booklet/certificate.
6. There are no out-of-network services available except for emergency services.
7. Non-participating preferred providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for non-preferred professional providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the payment is based on 50 percent of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentage of the Plan allowance, not the actual charge of the provider.
8. Age and frequency schedules may apply. For routine colonoscopy for colorectal cancer screening, your cost share may vary depending on where you receive service.
9. For PPO plans, visit limits are combined in-and out-of-network.
10. Referral required from primary care physician.
11. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission.
12. For Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2, and 3 are combined.
13. For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Walgreens Healthcare Clinic, which is assigned Tier 3.
14. For Keystone HMO Proactive plans, if admitted to an in-network hospital from the emergency room, the out-of-pocket costs for inpatient hospital will apply based on the tier of the in-network hospital. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Non-participating providers for Emergency Services will be covered at the Tier 3 level of benefits.
15. For Keystone HMO Silver Proactive plan, deductible is combined for Tiers 2 and 3.

Prescription drugs

16. Prescription drug benefits are administered by FutureScripts, a Catamaran company, an independent company providing pharmacy benefit management services.
17. No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs, prescription and over-the-counter (with a doctor's prescription).
18. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a paper claim for reimbursement. The member should refer to their benefits booklet to determine the out-of-network coverage for their plan.
19. Mail-order coverage is available for all prescription drug plans. The FutureScripts Mail-order service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice.
20. All covered self-administered specialty medications except insulin will be provided through the convenient FutureScripts Specialty Pharmacy Program for the appropriate specialty tier cost-sharing. Benefits are available for up to a 30-day supply. If the doctor wants the member to start the drug immediately, an initial 30-day supply may be obtained at a participating retail pharmacy. However, all subsequent fills must be purchased through the Specialty Pharmacy Program.
21. Select plans utilize the FutureScripts Preferred Pharmacy Network, a subset of the national retail pharmacy network. It includes over 50,000 pharmacies, including most major chains and local pharmacies except Walgreens and Rite Aid.
22. When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and the member will be responsible for the cost-sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If the member chooses to purchase a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.
23. Certain designated generic drugs are available at participating retail and mail-order pharmacies for reduced member cost-sharing ($4 retail/$8 mail order), after any applicable deductible.

Additional benefits

24. Independence vision benefits are administered by Davis Vision, an independent company.
25. Pediatric vision benefits expire at the end of the month in which the child turns 19. Pediatric vision covers Davis Collection glasses or contact lenses in full at Davis Vision providers.
26. One eye exam per calendar year period.
27. Davis Collection pediatric contact lenses or spectacle lenses covered at no extra cost include: single vision, lined bifocal, lined trifocal, or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers and at Visionworks retail centers, a national optical chain).
28. Up to $100 frame or contact lenses allowance at participating providers, or up to a $150 frame allowance at Visionworks retail centers. The high-deductible health plan deductible does not apply to the vision benefit.
29. Independence dental plans are administered by United Concordia, an independent company.
30. Pediatric dental benefits are covered until the end of the contract year in which the child turns 19.
31. One exam and one cleaning every six months per contract year.
32. Only medically necessary orthodontia is covered. There is a 12-month waiting period for all orthodontia.
33. You can find descriptions of covered pediatric dental services and specific member cost share by visiting ibx.com/sgdental.

The member has the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment.

Underwriting information

Maximum Product offerings[1]

- Small employers are allowed up to three packaged plans which include medical, prescription drug, vision (adult and pediatric) and pediatric dental benefits.
- If a group is offering a PPO plan for out-of-area enrollment, the PPO benefit level must be equivalent to the benefit plans offered to the in-area employees. Group offerings may not exceed three plans, including a plan for out-of-area PPO coverage.

Participation requirements[2]

- Small employers must have 70 percent participation, which includes all product lines. Independence and affiliates must be the sole carrier.
- Independence will count waivers in the eligibility calculations.
- Credit is given for those eligible subscribers who opt out because they have coverage through a spouse, as an eligible dependent up to age to 26, or are enrolled in Medicare or Medicaid. Only these types of opt-outs, or waivers, are excluded from the calculation to determine if a group meets the participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for retired employees. The group must consist of a minimum of 70 percent active employees.

Employer contribution requirement[2]

- For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium.

Off-anniversary benefit change

- Upgrades and downgrades will only be allowed on anniversary.

High deductible health plan funding limitation

- Per ACA regulations, employers should not fund more or less than the federally mandated standards for funding employee deductibles.
- The high-deductible plan design selected will specify the funding requirement. Please refer to each plan design for specific funding requirements.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

1. Please visit ibx.com/bluesolutions for maximum product offerings and underwriting guidelines specific to Blue Solutions Choice.
2. As permitted by the state and federal laws and regulations.

What's not covered?

- Services not medically necessary
- Services or supplies that are experimental or investigative, except routine costs associated with qualifying clinical trials
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Assisted fertilization techniques, such as in vitro fertilization, GIFT, and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for nonemployee recipients
- Music therapy, equestrian therapy, and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction relating to an injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Cranial prosthesis, including wigs intended to replace hair loss
- Alternative therapies/complementary medicine such as acupuncture
- Routine physical exams for nonpreventive purposes, such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under workers' compensation, motor vehicle insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Bariatric or obesity surgery
- Outpatient private duty nursing

Benefits that require preapproval

Additional approval from Independence may be required before your employees may receive certain tests, procedures, and medications. When your employees need services that require preapproval, their primary care physician or provider contacts the Care Management and Coordination (CMC) team and submits information to support the request for services. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The CMC team will notify your employee's physician/provider if the services are approved for coverage. If the CMC team does not have sufficient information or the information evaluated does not support coverage, your employee and his or her physician/provider are notified in writing of the decision. Employees or a provider acting on their behalf may appeal the decision. At any time during the evaluation process or the appeal, the provider or your employee may submit additional information to support the request.

Visit ibx.com/preapproval for a list of services that require preapproval.

Additional benefits and exclusions

The information in this brochure represents only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy. The managed care plan may not cover all of your health care expenses. Read your contract, member handbook, or benefits booklet carefully to determine which health care services are covered. If you need more information, please call 1-800-ASK-BLUE (1-800-275-2583).

Information in this brochure is current at the time of printing and is subject to change.

Independence

Blue Solutions®

18339 2015-2844-09 9/15