

2022



# Blue Solutions<sup>®</sup>

Health care coverage for a healthier small business

Independence 

# Bringing you SMARTER, BETTER HEALTH CARE<sup>SM</sup>



**Innovating purposefully**  
to have a positive impact on members' physical, mental, and financial health.



**Improving care in every community**  
equitably, and strengthening diversity with a robust portfolio that delivers lower costs and drives higher-quality health care.



**Tailored health plan solutions**  
using utilization trends, competitive analysis, and insights from brokers and customers to design plans specifically for small employers.



**Personalized member engagement**  
to help your employees make smart decisions about their health and health care expenses.

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## SIGN UP FOR IBX WORKS EMAILS

Get helpful information about your health plan benefits, important industry topics and trends, and tips and discounts delivered to your inbox. Visit [ibx.com/IBXWorks](https://ibx.com/IBXWorks).

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# What's new in 2022

Our Blue Solutions® portfolio helps meet the unique needs of small employers with affordable, innovative health plan designs, well-being programs, and value-added services. We're pleased to share the following enhancements for 2022:

## Achieve Well-being rewards and reimbursement enhancements

Last year, we added rewards to our Achieve Well-being program to give your employees more incentives to make healthy choices. For 2022, we've updated some of the activities, giving subscribers more options to engage with their benefits and receive their \$150 e-gift card reward.

We also added Noom to our network of approved weight management programs that members can get reimbursed through our Healthy Lifestyles<sup>SM</sup> program. Noom is a psychology-based weight management program that empowers individuals to better understand the science of choice.

Learn more about Achieve Well-being rewards on page 30.

## Financial well-being enhancements

We are continuing our ongoing commitment to finding new benefits that address our members' whole health, including their financial health.

Medical bills can be a significant source of stress. AblePay Health (AblePay), a new third-party payment solution for Independence Blue Cross (Independence) members, works to improve the overall health care experience by offering medical cost savings and flexible, 0% interest payment plan options.

The College Tuition Benefit® is now available to all employees, regardless of whether or not the employee has Independence coverage.

In addition, GradFin now offers the Employer Match program, which allows employers to contribute toward an employee's student loans without a tax impact through the CARES Act.

Learn more about financial well-being solutions on page 20.

## Better integration of primary and behavioral health care

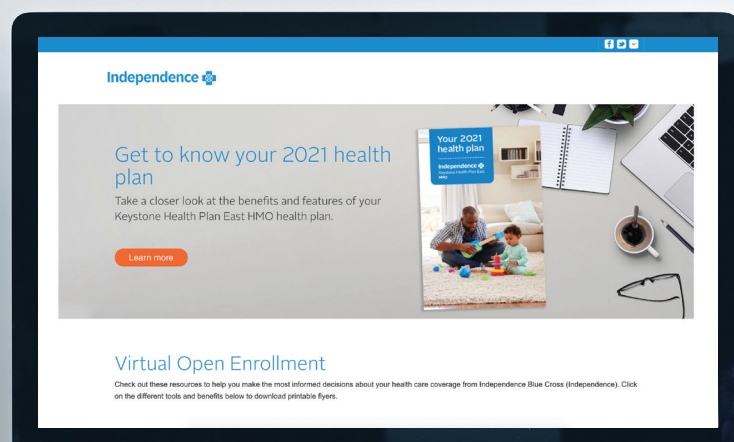
We are giving providers access to Quartet, a platform that facilitates integration and collaboration between primary care doctors and behavioral health specialists to help members manage their physical and mental well-being. Primary care doctors can use the platform to connect members to in-network behavioral health specialists based on their specific needs.

Learn more about Quartet on page 11.

Noom, an independent company, is not affiliated with Independence Blue Cross. Participation is at an individual's own discretion. Individuals should consult a physician before beginning any fitness or weight loss management program.

AblePay Health is an independent company that provides financial services to Independence Blue Cross members.

Quartet is a separate and independent company that provides mental health services for Independence Blue Cross members.



## Additional products and enhancements

- **New HMO health plan:** Our new HMO Platinum Preferred health plan offers the lowest primary care and specialist copays of any health plan in the Blue Solutions portfolio. It is also the only plan with a \$0 cost-share for virtual care visits with an in-network primary care physician (page 15).
- **Reduced cost-share for virtual care visits:** There is a new site-of-service benefit in most of our health plans to give members more choices for accessing care. These plans feature a reduced cost-share for virtual visits at in-network primary care doctors and specialists (page 17).<sup>1</sup>
- **Enhanced Keystone Proactive HMO prescription drug benefit:** To help members save money, our Keystone HMO Proactive plans now feature a \$100 copay for retail Preferred Brand drugs (page 18).<sup>2</sup>
- **Pharmacy network enhancement:** The Preferred Pharmacy network now includes Rite Aid pharmacies. Members can get a 90-day supply of maintenance medications at Rite Aid pharmacies at the same cost-share as the mail-order benefit (page 23).
- **Enhanced vaccine access:** Influenza, pneumonia, and shingles vaccines and their administration are now covered under the medical and prescription drug benefit. This helps make it easier for members to get vaccinated where it's most convenient for them (page 23).<sup>3</sup> There will continue to be no cost-share for COVID-19 vaccinations under the medical and pharmacy benefits.
- **Coverage for weight-loss drugs:** Weight-loss drugs used to treat obesity — a disease linked to costly medical conditions like high blood pressure and diabetes — are now covered under the prescription drug benefit (page 23).
- **Additional option for eyewear:** Members can use their in-network vision benefit at e-commerce provider befitting.com, which offers a unique customized shopping experience powered by artificial intelligence to help members get eyewear to fit their vision needs and personal style (page 25).



1. Refer to the health plan charts beginning on page 42 for more information about site-of-service benefits.

2. For Keystone HMO Silver Proactive and Keystone HMO Silver Proactive Value plans, the \$100 copay for retail Preferred Brand drugs applies after the prescription drug deductible is met.

3. The pharmacy must be in the FutureScripts participating pharmacy network.

# Quick guide to YOUR TOTAL BENEFITS SOLUTION

Our ACA-compliant health plans are a reliable choice for cost-effective coverage. They help empower your employees to stay healthier and save money on their health care.

## Variety of coverage options

- 40 health plans: PPO, EPO, Direct POS, and HMO options
- Copay, coinsurance/deductible, copay/deductible, and high-deductible health plans
- Site-of-service benefits included in certain health plans<sup>1</sup>
- Virtual care options with \$0 and reduced cost-sharing

## Prescription drug

- All health plans include prescription drug coverage
- Preferred Pharmacy network now includes Rite Aid pharmacies, where members can get a 90-day supply of maintenance medications for the same cost-share as mail order
- All health plans include \$3 low-cost generics<sup>2</sup>

## Adult and pediatric vision

- All health plans include adult and pediatric vision benefits
- Members can use their in-network vision benefit at over 100,000 points of access including befitting.com, Glasses.com, and 1800Contacts.com
- Enhanced frame allowance available at Visionworks

## Pediatric dental

- All health plans include pediatric dental benefits for dependents up to age 19
- Pediatric dental benefits provide 100 percent coverage for in-network dental exams and cleanings once every six months

## Financial well-being tools

- Spending accounts (HSAs and HRA) are available with eligible health plans
- AblePay, The College Tuition Benefit, and GradFin are included at no cost to support members' financial well-being



## ADDITIONAL COVERAGE OPTIONS TO COMPLETE YOUR BENEFITS PACKAGE

You can purchase the following benefits to add to your Blue Solutions health plan for a holistic approach to helping your employees manage their health and wealth:

- **United Concordia dental plans:** Affordable standalone family and adult dental plan options, administered by United Concordia Companies Inc., encourage prevention, early diagnosis, and treatment of conditions before they become costly issues.
- **Guardian<sup>®</sup> supplemental insurance:** Life, disability, accident, critical illness, cancer, and hospital indemnity coverage provides employees with financial security in case of unexpected illness or injury.
- **International health solutions through Blue Cross Global:** Flexible solutions for short-term business travel and long-term expatriate assignments, providing access to one of the largest care networks in the world.

Learn more about these additional benefits beginning on page 35.

1. All plans include the Preventive Plus colonoscopy benefit. Other site-of-service benefits vary by plan design. Refer to the health plan charts beginning on page 42 for more details.  
2. For HSA-qualified and HRA plans, members will need to meet their plan's deductible to receive \$3 low-cost generics. The PPO Bronze HSA-0 \$7,050/100% plan will continue to apply 0% after deductible to all generic drugs.

# INNOVATING PURPOSEFULLY



Uncovering new ways to deliver quality health care to members

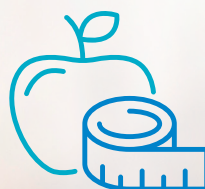
Running a small business comes with many rewards. It also brings choices and challenges that don't end when the workday is over. One choice you can be confident about is offering health care coverage from Independence Blue Cross.

We are committed to continuous innovation that meaningfully and measurably impacts health care quality, cost, access, and the member experience.

We deliver cost-effective, high-quality health care by taking a comprehensive approach that starts by looking at our members' whole health — physical, mental, and financial. Then, we work with providers to drive an integrated health care experience that is complemented by our value-added products and services.

You and your employees have tools and resources — whenever you need them — to help you get the most from your benefits and stay healthier in body and mind.

**TODAY, WE ARE PROUD TO DELIVER  
A PORTFOLIO FOCUSED ON YOUR  
EMPLOYEES' WHOLE PERSON HEALTH:  
*PHYSICAL, MENTAL, AND FINANCIAL.***



## Innovating to address racial and social disparities in health care

To meet the evolving needs of our customers, members, and health care providers, we support innovations that promote healthy and sustainable communities.

As a leading health insurance company, we have a responsibility to address disparities we see in health care access and outcomes as part of our commitment to advancing equitable whole-person health care.

We work with regional health systems and community partners to ensure no one is overlooked, dismissed, or underserved based on their skin color, economic status, age, gender, sexual orientation, or ZIP code.

## Raising mental health awareness

We partnered with the City of Philadelphia to launch the *#mindPHLtogether* campaign. This campaign raises awareness of mental health resources, reduces stigmas, encourages Philadelphians to seek help, and offers support to those impacted by mental health challenges. We also launched *Know Your Mind*, a public health campaign focused on depression and anxiety.

## Collaborating to advance whole-person, equitable health care

We support the Blue Cross Blue Shield Association (BCBSA) health equity strategy to address racial health disparities nationally and locally. Together, the independent BCBSA plans are working on a multi-year strategy that focuses on four conditions that disproportionately affect communities of color: maternal health, behavioral health, diabetes, and cardiovascular conditions.

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## B.PHL INNOVATION FEST

Philadelphia is a hub for innovation on the East Coast. Independence is thrilled to serve as a sponsor of the three-day B.PHL innovation festival, during which thousands of registrants interact with experts in business, music, food, fashion, art, engineering, tech, and more.

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# Improving care in **EVERY COMMUNITY**



Helping to make health care work better for everyone

For more than 80 years, Independence has built trusted partnerships with doctors and hospitals in our area. This commitment to the local provider community is what makes Blue plans unique.

## How we improve health and well-being while reducing costs



Value-based contracting



Onsite collaboration with providers



Use of data, technology, and innovation



## Optimizing the value of health care

As stewards of your health care dollars, we work to identify key drivers of costs and utilization. We use our insights to implement programs and policies to help lower overall costs while improving members' health and well-being.

### Improving health care outcomes through access to data

Our investments in innovative technology give providers access to advanced data and analytics — information that empowers them to proactively manage our members' whole health.



Regional **HealthShare Exchange (HSX)** ensures data is shared and used across health systems



New **PEAR platform** improves provider access to valuable tools and information



Custom **iStrat engine** provides in-depth data and analytics on patient health and gaps in care

### Care management supports providers and members

Our comprehensive and integrated approach to care management addresses a wide range of needs and promotes whole-person health. We monitor health trends and patterns, helping ensure members receive appropriate care and their providers have the data and analytics needed to best treat them.

Members have access to medical experts and the resources they need to help better manage, organize, and engage in their health care. Here are just a few of our care management programs:

- **Health coaching:** One-on-one support with a Registered Nurse Health Coach for your covered employees and their families to help them take control of their health and well-being
- **Utilization management:** Strategies to ensure members get appropriate, evidence-based care
- **Case management:** We can help members navigate serious or complex medical conditions by connecting them with Registered Nurse Health Coaches and social workers who understand their health plan benefits.

**6 TO 1** RETURN ON INVESTMENT

**10 TO 20%** COST REDUCTION

**THE VALUE OF UTILIZATION MANAGEMENT STRATEGIES**

## Better integration of physical and mental health care

As the global pandemic has illustrated, supporting our members' emotional and psychological health has become more important than ever. We're dedicated to offering solutions that help members improve their emotional well-being.

We've partnered with primary care physicians, health systems, and virtual care vendors to connect patients to mental and behavioral health services.

### Telebehavioral health

Members have the option to talk one-on-one with therapists, psychologists, and psychiatrists virtually via MDLIVE and Magellan. Our health plans offer a \$0 cost-share for virtual telebehavioral health visits.<sup>1</sup>

### Digital behavioral health tools

Through our member portal at [ibx.com](https://ibx.com), confidential, self-guided programs like On To Better Health and Achieve Well-being offer members more ways to improve their emotional well-being when and where it's most convenient for them.



### Quartet – Mental health care made easier

Quartet is a mission-driven technology company that enables primary care and behavioral health providers to collaborate to address members' behavioral health needs. Using the Quartet platform, primary care doctors can more quickly and easily identify members who may have undiagnosed mental health conditions or those who have been diagnosed but aren't receiving treatment.

These providers can then connect individuals to in-network behavioral health specialists based on their specific needs as well as use the platform to share treatment notes to help ensure a member's whole-health needs are being met. Members can also work with Quartet directly to be connected with behavioral health care.

1. For certain health plans, the \$0 cost-share for telebehavioral health visits applies after the deductible. Refer to the health plan charts beginning on page 42 for more information.

# Managing medical and pharmacy care holistically

By 2022, drug spend in the U.S. is projected to reach \$847 billion, up from \$550 billion in 2017 — with specialty drugs accounting for more than 60 percent of that spend.<sup>1</sup>

Because our Blue Solutions health plans feature both medical and pharmacy benefits, we can manage specialty drugs holistically to help reduce costs. Our approach to managing specialty drugs helps:

- Drive superior clinical outcomes
- Lower the total cost of care
- Identify and manage future costs based on drugs in the pipeline
- Simplify the overall member experience



## Specialty pharmacy

Our prescription drug specialty pharmacy program provides convenient delivery options and support for members with complex and high-cost conditions, including cancer, hemophilia, hepatitis C, rheumatoid arthritis, multiple sclerosis, and cystic fibrosis.

Starting with their first fill, we offer members counseling from experienced pharmacists and nurses by phone or video chat, as well as online videos, support materials, and resources.



## Most Cost-Effective Setting program

We want members to have access to the best new and emerging treatments, while also strategically managing rising specialty drug costs.

As part of our health plan medical benefits, the Most Cost-Effective Setting program helps members with rare or complex high-cost conditions receive the appropriate medication in their home, provider’s office, or infusion center, where it costs three to four times less than if they received it in a hospital. We’ve saved more than \$105 million since the program began.<sup>2</sup>

PROBLEM	ACTION	RESOLUTION
Specialty drugs cost <sup>3</sup>	Strategies	Most Cost Effective Setting program
+\$508 billion estimated spend on specialty drugs	Clinically appropriate drugs for members	Over 70 drugs currently covered
+60% of the national health care spend	Safe, cost-effective treatment setting	\$105+ million in savings

1. Prime Therapeutics Study, The Inevitable Increase in Specialty Growth, 2017  
 2. Based on internal data  
 3. Nationally by 2022

# Coverage and resources for substance use disorder

The opioid crisis continues to impact millions across the country and close to home. We are addressing this public health crisis through a three-pronged approach.

- **Prevention:** We work with providers to reduce the number of opioids prescribed and combat potential misuse.
- **Treatment:** Our health plans include coverage for in-network rehabilitation facilities, behavioral health providers, and medication-assisted treatments.
- **Support:** Members have access to benefits information and mental health and substance use disorder resources — including a provider lookup tool and self-assessments — at [ibx.com](https://ibx.com).



## MEMBER-SPECIFIC RESOURCES FOR MENTAL HEALTH AND SUBSTANCE USE DISORDER

From a single page at [ibx.com](https://ibx.com), members can get information to help improve their mental health and overcome challenges due to substance use disorder.

- **Self-assessment tools:** Help members understand signs and symptoms of common mental health and substance use disorder conditions
- **Coverage, benefits, and costs:** Displays options for mental health and substance use disorder providers, specialists, and treatment facilities and related costs based on the member’s benefits
- **Provider finder:** Connects members to appropriate, covered providers available through their specific health plan
- **Programs and resources:** Offer members self-guided programs and cognitive behavioral therapy tools



# Tailored HEALTH PLAN SOLUTIONS



Delivering lower costs and a positive member experience

Our value-added products, services, and personalized member tools help members make more informed health care decisions, easily access and understand their benefits, and save on a variety of out-of-pocket expenses.



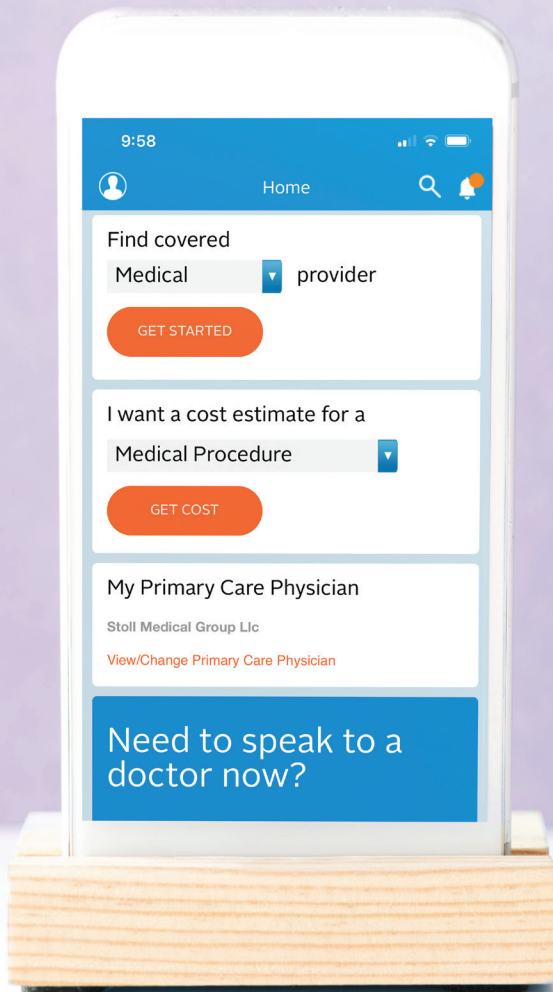
## For you

- Medical plans at every price point
- Flexibility to add industry leading specialty insurance products to your medical plans
- Employee satisfaction and retention



## For members

- Coverage options that include in- and out-of-network benefits
- Affordable cost-sharing
- More choices and control



## GIVE EMPLOYEES EVEN MORE COVERAGE

Add these benefits to your Blue Solutions health plan for the most complete package:

- Standalone family or adult dental plan (pages 35–37)
- Supplemental insurance products (page 38)
- International health insurance (page 38)

# Health plans to fit your needs and budget

Choose up to three health plans to fit your budget and ensure employees and their families are covered, even if they live outside of our five-county service area.<sup>1</sup>

	Personal Choice® PPO	Personal Choice EPO	Keystone Direct POS	Keystone HMO
Access to more than 60,000 doctors	X	X	X	X
Out-of-network benefits	X		X	
Select a PCP			X	X
No specialist referrals needed for the highest level of benefits	X	X	X <sup>2</sup>	
In-network benefits nationwide through BlueCard® PPO	X	X		
Away from Home Care® for members temporarily living outside the coverage area			X	X
Emergency and urgent care access worldwide	X	X	X	X

## Driving members to the most cost-effective site of service

Every Blue Solutions health plan<sup>3</sup> gives members the choice to save money based on the location where they receive care for the following services:

- **NEW!** Virtual care visits<sup>4</sup>
- Outpatient labs
- Outpatient surgery<sup>5</sup>
- Preventive colonoscopy<sup>6</sup>
- Physical/occupational therapy
- Routine/complex radiology
- Biotech/specialty injectables and infusion



## **NEW!** NEW HEALTH PLAN FOR 2022 HMO PLATINUM PREFERRED \$5/\$15/\$500

Offers richer Platinum plan benefits for a lower premium

- The lowest primary care and specialist copays of any health plan in the Blue Solutions portfolio
- Only Blue Solutions health plan to offer \$0 cost-share for virtual care visits with an in-network primary care physician



Refer to the health plan charts beginning on page 42 to view the 2022 benefit options.

1. Employees must reside in either the Pennsylvania 5-county area or a contiguous county to be eligible to enroll in a Keystone HMO Proactive plan.  
 2. Members with a Direct POS plan need a referral from their PCP for certain services: Routine X-rays, spinal manipulations, physical/occupational therapy, and acupuncture.  
 For lab work, members should use the designated site selected by their PCP for the lowest out-of-pocket costs.  
 3. Site-of-service benefits vary by plan design. Refer to the health plan charts beginning on page 42 for more details.  
 4. The site-of-service virtual care benefit is for in-network primary care and specialist visits and applies to most health plans. Refer to the health plan charts beginning on page 42 for more information.  
 5. Common outpatient surgical procedures performed at ambulatory surgical centers (ASCs) include tonsil removal, hernia repairs, and cataract surgeries.  
 6. Members pay \$750 out of pocket by choosing non-Preventive Plus providers and professionals. Age and frequency guidelines apply to preventive care, such as colonoscopies. The Preventive Plus benefit does not apply to members 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 members, a preventive colonoscopy to screen for colorectal cancer will be covered at no cost when they use an in-network provider. 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. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit.

# Virtual care benefits

When it's not an emergency, virtual care is a fast, convenient, and affordable option for members to access high-quality care. We offer virtual care benefits for telemedicine, telebehavioral health, and teledermatology.

Members can use their virtual care benefits through MDLIVE and Magellan. In addition, many in-network primary care doctors and specialists offer virtual care services, which are now available at a reduced cost-share.

Members who take advantage of virtual care benefits experience lower medical costs and decreased absenteeism,<sup>1</sup> and they have fewer emergency room and urgent care visits for non-emergencies.



Telemedicine



Telebehavioral health



Teledermatology

1. Source: Forbes.com, "It's Time to Go All in On Telehealth," Nov. 2020



**1,800,000+**  
VIRTUAL CARE CLAIMS  
PROCESSED IN 2020

**14,000 %**  
INCREASE IN USE OF  
MENTAL HEALTH  
VIRTUAL CARE IN 2020



## Telemedicine

Members can talk to a board-certified MDLIVE doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. The cost-share for MDLIVE telemedicine visits is \$0 for all health plans.<sup>1</sup>

## Telebehavioral health

Mental health is a critical component of whole-person health. Our telebehavioral health benefits provide members greater access to behavioral health care professionals who can offer support for conditions such as anxiety, depression, and panic disorders. All plans offer telebehavioral health services through MDLIVE and Magellan for a \$0 cost-share.<sup>1</sup>

## Teledermatology

With teledermatology services through MDLIVE, members can get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions within 18 hours, on average. There is a \$0 cost-share for teledermatology in all plans.<sup>1</sup>



## **NEW!** Reduced cost-share for virtual care visits

There is a new site-of-service benefit available in most health plans for virtual visits with in-network primary care doctors and specialists who offer this service.<sup>2</sup> Members with these plans can use this benefit to pay less for a virtual visit with their primary care doctor or a specialist than for an in-person office visit.

## Virtual tele-nutrition visits

Members also have access to tele-nutrition visits via CHARGE, available through the GlobalFit 360 network. They can use their in-network nutrition counseling benefit for up to six one-on-one virtual visits with a registered dietitian at no additional cost.



## FINDING VIRTUAL CARE PROVIDERS

Members can search for doctors and behavioral health providers who offer virtual care through the provider finder on [ibx.com](https://ibx.com).

MDLIVE is an independent company providing virtual care services for Independence Blue Cross.

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence Blue Cross members.

1. For certain health plans, the \$0 cost-share for telemedicine, telebehavioral health, and teledermatology visits applies after the deductible. Refer to the health plan charts beginning on page 42 for more information.

2. The site-of-service virtual care benefit is for in-network primary care and specialist visits and applies to most health plans. Refer to the health plan charts beginning on page 42 for more information.

# Keystone HMO Proactive tiered network plans

## Giving members more control over their health care dollars

Our Keystone HMO Proactive health plans are a popular choice for small employers because they give members access to the full Keystone HMO network at a lower premium.

These health plans offer the same essential health benefits as our other health plans, including doctor visits, hospital stays, prescription drug coverage, blood tests, and X-rays. The difference is the tiered provider network — providers are grouped into three tiers based on cost and quality measures.

## How Keystone HMO Proactive health plans work

Members choose a PCP to coordinate their care and refer them to specialists. They pay the lowest out-of-pocket costs by using doctors and hospitals in Tier 1 – Preferred.

Some in-network services cost the same across all tiers — like preventive care, urgent care, and emergency room visits.<sup>1</sup>

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### These services have the same cost-sharing across all tiers:

- |                               |                                     |
|-------------------------------|-------------------------------------|
| ✓ Preventive care             | ✓ Pediatric dental and vision       |
| ✓ Emergency room <sup>1</sup> | ✓ Mental health services            |
| ✓ Urgent care                 | ✓ Physical and occupational therapy |
| ✓ Outpatient labs             | ✓ Routine radiology                 |
| ✓ Prescription drugs          | ✓ Spinal manipulations              |

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For some services, like surgery, the member pays out-of-pocket costs for both the facility where the procedure is performed and the doctor who performs the surgery. To maximize their benefits, members should check the tier of both the facility and the provider they want to use.

## 50% OF DOCTORS AND HOSPITALS ARE IN TIER 1 – PREFERRED

### **NEW!** Savings on prescription drugs

Our Keystone HMO Proactive plans have an enhanced benefit design to help members save on certain covered medications. There is now a \$100 copay for retail Preferred Brand drugs.<sup>2</sup> Refer to the health plan charts beginning on page 42 for more information.

1. If a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care, including medical care provided by a participating professional provider, will apply based on the tier level of the in-network hospital or participating professional provider. If a member is admitted to an out-of-network hospital following an emergency room admission, the Tier 3 – Standard level of benefits will apply. For non-emergency care, members must use in-network providers.

2. For Keystone HMO Silver Proactive and Keystone HMO Silver Proactive Value plans, the \$100 copay for retail Preferred Brand drugs applies after the prescription drug deductible is met.

# Keystone HMO Proactive hospital tier placements

## Tier 1 – Preferred \$

### Pennsylvania

#### Bucks

Doylestown Hospital  
Grand View Hospital  
Jefferson Bucks Hospital  
Prime Healthcare — Lower Bucks Hospital  
Rothman Orthopaedic Specialty Hospital  
St. Luke's Health Network — Quakertown Campus

#### Chester

Penn Medicine — Chester County Hospital  
Tower Health — Brandywine Hospital  
Tower Health — Jennersville Regional Hospital  
Tower Health — Phoenixville Hospital

#### Delaware

Crozer-Chester Medical Center  
Delaware County Memorial Hospital  
Springfield Hospital  
Taylor Hospital

#### Lehigh

St. Luke's Health Network — Allentown Campus  
St. Luke's Health Network — Bethlehem Campus

#### Montgomery

Albert Einstein Medical Center —  
Montgomery Campus  
Holy Redeemer Hospital and Medical Center  
Jefferson Health — Abington Hospital  
Jefferson Health — Abington — Lansdale Hospital  
Suburban Community Hospital  
Tower Health — Pottstown Memorial  
Medical Center

#### Philadelphia

Albert Einstein Medical Center  
Albert Einstein Medical Center —  
Germantown Campus  
Jefferson Frankford Hospital  
Jefferson Torresdale Hospital  
Prime Healthcare —  
Roxborough Memorial Hospital  
Temple University Hospital — Jeanes Campus  
Tower Health — Chestnut Hill Hospital  
Wills Eye Hospital

### New Jersey

#### Burlington

Virtua Willingboro Hospital

#### Camden

Cooper Hospital University Medical Center

#### Mercer

Robert Wood Johnson University Hospital  
at Hamilton

#### Salem

Memorial Hospital of Salem County

#### Warren

Hackettstown Community Hospital

## Tier 2 – Enhanced \$\$

### Pennsylvania

#### Philadelphia

Children's Hospital of Philadelphia  
Shriners' Hospital for Children  
Temple Health — Fox Chase Cancer Center  
Tower Health — St. Christopher's Hospital for Children

### New Jersey

#### Camden

Virtua Our Lady of Lourdes Hospital

#### Gloucester

Inspira Medical Center — Woodbury

### Delaware

#### New Castle

A.I. DuPont Hospital for Children

## Tier 3 – Standard \$\$\$

### Pennsylvania

#### Berks

St. Joseph Medical Center  
Tower Health — Reading Hospital and  
Medical Center

#### Bucks

Trinity Health — St. Mary  
Medical Center

#### Chester

Main Line Health — Paoli Hospital

#### Delaware

Main Line Health — Riddle Hospital  
Trinity Health —  
Mercy Fitzgerald Hospital

#### Lancaster

Ephrata Community Hospital  
Penn Medicine —  
Lancaster General Hospital

#### Lehigh

Lehigh Valley Hospital  
Lehigh Valley Hospital — Muhlenberg  
Sacred Heart Hospital

#### Montgomery

Main Line Health —  
Bryn Mawr Hospital  
Main Line Health —  
Lankenau Medical Center

#### Philadelphia

Jefferson Methodist Hospital  
Penn Medicine — Hospital of the  
University of Pennsylvania  
Penn Medicine —  
Penn Presbyterian Medical Center  
Penn Medicine —  
Pennsylvania Hospital  
Temple Health — Northeastern Campus  
Temple University Hospital  
Thomas Jefferson University Hospital  
Trinity Health — Nazareth Hospital

### New Jersey

#### Burlington

Virtua Marlton Hospital  
Virtua Memorial Hospital

#### Camden

Kennedy University Hospitals —  
Cherry Hill Division  
Kennedy University Hospitals —  
Stratford Division  
Kennedy University Hospitals —  
Washington Township Division  
Virtua Voorhees Hospital

#### Hunterdon

Hunterdon Medical Center

#### Mercer

Capital Health System — Fuld Campus  
Capital Health System —  
Hopewell Campus

#### Salem

Inspira Medical Center — Elmer

#### Warren

St. Luke's Health Network —  
Warren Hospital

### Delaware

#### New Castle

Christiana Care Health System —  
Christiana Hospital  
Christiana Care Health System —  
Wilmington Hospital  
St. Francis Hospital

### Maryland

#### Cecil

Union Hospital

# Taking care of your employees' financial health

## Solutions to help increase savings and reduce stress

In a recent study, sixty percent of Americans surveyed reported feeling financial anxiety and stress. Those who reported high financial anxiety were more likely to have past-due bills for the treatment of a health problem.<sup>1</sup>

We offer several solutions to help reduce financial stress and support your employees' overall well-being while helping you attract and retain top talent.

## Spending accounts offer tax advantages

Offer a BlueSaver<sup>®</sup> health savings account (HSA) with one of our HSA-qualified health plans or add a health reimbursement account (HRA) to our HRA-eligible health plan.

HSAs and HRAs encourage your employees to take more control over planning and paying for eligible health care expenses. They also offer tax advantages for both employees and employers.

Online tools at [ibx.com](https://ibx.com) help make them easy to manage, and they offer convenient funding methods<sup>2</sup> and on-demand reporting.

	HSA	HRA
Why employers offer	Allows employers to choose lower premium health plans with higher deductibles while giving employees a way to save tax-free for qualified medical expenses <sup>3</sup> now and in the future	Helps employees offset health care expenses, but the employer contributes tax-advantaged funds only when claims are paid, owns the account, and can define what's covered
Compatible with	HSA-qualified high-deductible health plans	Eligible HRA plan
Who owns the account	Employee	Employer
Who funds the account <sup>2</sup>	Employer and/or employee	Employer
Who establishes contribution rules	IRS	Employer and Independence
Helps pay for <sup>3</sup>	Qualified medical expenses <sup>3</sup>	Qualified medical expenses as determined by employer
Funds carry over	Yes	No
Portable	Yes	No

Independence Blue Cross does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of spending accounts.

1. Source: [gflec.org](https://gflec.org), "Financial Anxiety and Stress among U.S. Households: New Evidence from the National Financial Capability Study and Focus Groups Report," April 2021, FINRA Investor Education Foundation and the Global Financial Literacy Excellence Center at the George Washington University  
 2. Refer to page 82 for information about spending account funding requirements.  
 3. Refer to IRS Publication 502 for a complete list of qualified medical and dental expenses. If account funds are used for non-qualified medical expenses, they are subject to the current tax rate and may be subject to a 20 percent penalty.

# Tools to help employees protect their wealth

We offer access to the new AblePay service, The College Tuition Benefit®, and GradFin at no cost. These tools help make it easier for your employees and their families to pay for out-of-pocket medical costs and fund the costs of higher education.

## **NEW!** AblePay

According to the Consumer Financial Protection Bureau, more than 30 percent of adults in the United States have collections accounts on their credit reports, and medical bills account for more than half of all reported collections.<sup>1</sup>

We are now offering members access to AblePay, a third-party service that helps make it easier to understand and pay for medical bills.

When members register with AblePay, they can view their medical bills and take action to make payment through a single website. AblePay offers savings on a sliding scale on payment arrangements of less than 12 months. Members can also choose from flexible payment plan options and make payments with a credit card, bank account, or spending account (HSA or HRA).

## **ENHANCED** The College Tuition Benefit

The College Tuition Benefit is a free, value-added benefit. Beginning in 2022, you have the opportunity to make The College Tuition Benefit available to all employees, regardless of whether or not they are covered by an Independence health plan.

Through The College Tuition Benefit, employees can earn SAGE Scholars Tuition Rewards® Points to help offset the cost of four-year undergraduate education at a SAGE Scholars® school.

- Employees can sponsor students in their immediate or extended family — children, grandchildren, nieces, nephews, stepchildren, and godchildren.<sup>2</sup>
- One Tuition Rewards Point is equal to a \$1 guaranteed minimum reduction in the cost of full price tuition at over 420 participating SAGE Scholars private colleges and universities nationwide.
- Employees earn 2,000 points when they sign up, and students receive 500 points when they are registered.
- Employees then earn 2,000 points each year, plus a bonus 2,500 points in year four.

The longer employees stay with your company, the more Tuition Rewards Points they can accrue. There are also opportunities for them to stack Tuition Rewards Points if you offer Guardian products through Independence. See page 38 for details.



AblePay Health is an independent company that provides financial services to Independence Blue Cross members.

The Tuition Rewards program is provided by The College Tuition Benefit, an independent company. Neither The College Tuition Benefit nor SAGE Scholars, Inc. provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence Blue Cross health plan and is, therefore, subject to change without notice.

1. Source: [consumerfinance.gov/about-us/newsroom/bureau-releases-report-third-party-debt-collections/](https://www.consumerfinance.gov/about-us/newsroom/bureau-releases-report-third-party-debt-collections/), Consumer Financial Protection Bureau report, 2019

2. Subject to certain restrictions.

## ENHANCED GradFin

GradFin provides student loan debt reduction solutions and helps borrowers repay their student loans faster. And, it's available to all employees, regardless of whether they're covered by an Independence health plan. Employees get free, personalized solutions to accelerate their student loan debt payoff process, which can potentially save them thousands of dollars. Employee-focused services include:

- **Student Loan Financial Education.** Employees can take advantage of personal consultations, live webinars, and "town hall" meetings, educating them on their options for reducing student debt.
- **Student Loan Refinancing.** GradFin refinances and consolidates employees' student loan(s) through a lending platform made up of 11 lenders to maximize the chances for employees to be approved for a new loan and find the lowest rates.
- **Public Service Loan Forgiveness (PSLF) Program.** Employees, and their family members, employed at a 501(c)3 nonprofit can participate in the PSLF program for a flat rate of \$100 per year (membership value \$249). GradFin will keep participants compliant with federal loan forgiveness programs by enrolling their loans, verifying their employment, annually certifying income-based repayment plan, and auditing "qualified payments."



## **NEW!** GRADFIN EMPLOYER MATCH

GradFin also has Employer Match, a service that allows you to contribute towards an employee's student loans without a tax impact through the CARES Act. We have partnered with GradFin to provide employers with access to the Employer Match program at a discounted price.



GradFin, LLC, an independent company, is providing a student debt refinancing program to customers of Independence Blue Cross. GradFin, LLC does not provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence Blue Cross health plan and is, therefore, subject to change without notice.

# Prescription drug coverage in every health plan

## Safe, affordable access to covered medications through FutureScripts®

You don't have to worry about buying a separate prescription drug plan for your employees and their families. Every Blue Solutions health plan includes prescription drug coverage as an essential health benefit.

Because your medical and pharmacy benefits are integrated, we have a more complete view of members' health and benefits utilization. This helps us to better manage overall costs, improve health outcomes, and deliver a better member experience.

Members can fill prescriptions for covered medications at more than 68,000 retail and independent pharmacies nationwide through FutureScripts, a top-three pharmacy benefits manager.<sup>1</sup> FutureScripts gives members safe access and money-saving features such as:

- **PreCheck MyScript.** This digital tool allows the prescribing physician to determine more affordable medication options when prescribing a drug based on the member's benefit design.
- **Mail order/home delivery and 90-day retail options.** Mail order/home delivery with free shipping is available for maintenance medications members take regularly.

**NEW!** Rite Aid pharmacies are now part of the Preferred Pharmacy network (Walgreens pharmacies are no longer included in this network). Members can get a 90-day supply of maintenance medications at Rite Aid retail pharmacies for the same cost-share as mail order to help make medication adherence easier.

## CONVENIENT, MONEY-SAVING DIGITAL TOOLS

Members can use online and mobile self-serve tools to find in-network pharmacies, look up the price of a drug to help them identify lower-cost alternatives, and manage mail order/home delivery. We also send members targeted messaging regarding medication adherence and generic drug availability.



## **NEW!** VACCINES, WEIGHT-LOSS DRUG COVERAGE

We now cover the influenza, pneumonia, and shingles vaccines and their administration under both prescription drug benefits as well as our medical benefits, which helps make it easier for members to get vaccinated where it's convenient for them.<sup>2</sup> There will continue to be no cost-share for COVID-19 vaccinations under the medical and pharmacy benefits. In addition, weight-loss drugs for the treatment of obesity are now covered under the prescription drug benefit to help reduce additional health complications associated with obesity, such as high blood pressure, hypertension, and diabetes.

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

1. Some plans use the Preferred Pharmacy network, which includes over 58,000 pharmacies, including Rite Aid pharmacies. The Preferred Pharmacy network does not include Walgreens pharmacies.

2. The pharmacy must be in the FutureScripts participating pharmacy network.

## How we manage prescription drug costs

Prescription drug spending in the United States continues to increase each year. We use several strategies to help manage costs while ensuring members have access to medications they need for the best health outcomes.

Our cost-savings programs include:

Utilization management	Network management	Formulary management
<ul style="list-style-type: none"> <li>• Prior authorization and step therapy</li> <li>• Drug quantity limits</li> <li>• Opioid management</li> <li>• Compound management</li> </ul>	<ul style="list-style-type: none"> <li>• Optum Specialty Pharmacy</li> <li>• Large national network of retail pharmacies</li> <li>• 90-day medication at retail options</li> </ul>	<ul style="list-style-type: none"> <li>• Drugs chosen by using clinical data and value</li> <li>• FDA drug pipeline monitoring</li> <li>• Vigilant drug program</li> <li>• Orphan drug program</li> </ul>

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### Biosimilars can help reduce overall costs

New treatments for complex medical conditions are generally very expensive. We are always looking for innovative ways to make specialty drugs more affordable without restricting members' access.

As part of these efforts, we are closely following the growth of biosimilars in the United States drug market. Biosimilars are less expensive FDA-approved versions of biologic drugs, commonly used for vaccines, allergenics, and cancer treatments.

We continue to proactively monitor the drug pipeline and apply utilization management strategies to provide members with cost-effective access to biosimilars.



**12-15%** SAVINGS

SOME BIOSIMILARS ARE PRICED 12-15% LOWER THAN THEIR RESPECTIVE BIOLOGIC.



# High-quality, affordable vision and dental benefits

## Preventive vision and dental care help address more costly health issues

Every Blue Solutions health plan includes adult and pediatric vision benefits,<sup>1</sup> plus pediatric dental benefits for children up to age 19. It helps ensure members' whole-health needs are met and can help them prevent or identify conditions like diabetes and high blood pressure.

Administered by Davis Vision, our adult and pediatric vision benefits give members access to routine eye care, options for affordable, quality eyewear, and more value-added services.

## Frames, lenses, and contacts

- Plans feature low to no copay on Davis Vision Exclusive Collection frames
- Enhanced \$50 allowance to use towards frames at Visionworks, with an average of 1,200 frame styles available
- Fixed pricing on all spectacle lens styles and coatings, including blue light to protect against blue-light exposure.
- One-year frame and lens breakage warranty from Davis Vision providers
- Members can use their adult frame or contact lens allowance at online retailers **befitting.com**, **Glasses.com**, or **1800Contacts.com**.

### Adult eyewear allowance options

Up to \$130 frame or contact lens allowance, plus 20% off any frame average at more than 100,000 points of access in the national Davis Vision network	OR	Up to \$180 frame allowance, plus 20% off any average, at more than 700 Visionworks locations nationwide
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Dental plans are administered by United Concordia Companies, Inc., an independent company.  
Independence Blue Cross vision benefits are administered by Davis Vision, an independent company.  
An affiliate of Independence Blue Cross has a financial interest in Visionworks.  
1. Adult and pediatric vision benefits are not subject to a deductible.



## Members can use [befitting.com](https://www.befitting.com) to purchase eyeglasses

Members have the option to use their adult in-network vision benefit at online retailer **befitting.com**, which offers a wide selection of lenses and brand-name frames. The shopping experience at [befitting.com](https://www.befitting.com) is powered by advanced artificial intelligence technology, giving members personalized, curated recommendations to help them choose the perfect pair of eyeglasses.

### Value-added services:

- Discounted pricing and financing options on LASIK laser vision correction services
- Access to a free hearing exam and exclusive discounts on hearing aids, supplies, and more from Your Hearing Network through Davis Vision.

## PEDIATRIC DENTAL BENEFITS: KEEPING YOUNG SMILES HEALTHY

All Blue Solutions health plans include in-network dental benefits<sup>1</sup> administered by United Concordia Companies, Inc. for children up to age 19 to help kids develop good oral health.

Personal Choice® PPO	Keystone Health Plan East DHMO
<ul style="list-style-type: none"> <li>• Included in PPO medical plans</li> <li>• 100% coverage for in-network dental exams and cleanings once every six months</li> <li>• Choose any provider in the Concordia Advantage network</li> <li>• No referrals required</li> </ul>	<ul style="list-style-type: none"> <li>• Included in HMO and DPOS medical plans</li> <li>• 100% coverage for in-network dental exams and cleanings once every six months</li> <li>• Must choose a Primary Dental Office (PDO) from the Keystone DHMO network</li> <li>• Referrals required from PDO for specialist services</li> </ul>

Dental plans are administered by United Concordia Companies, Inc., an independent company.

1. 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 contribute to the plan's out-of-pocket maximum.



# Personalized MEMBER ENGAGEMENT



Empowering employees to take a more active role in improving their health and well-being

Members who fully understand their health care benefits and how easily to use digital tools and resources available to them can make better decisions about their health care — helping them to be happier, healthier, and more productive.

## We engage with members to help them:



Maximize their health care benefits



Manage health care costs



Improve their health and well-being



Make informed health care decisions



Use self-serve tools and resources



## Members have convenient access to self-serve tools

We continually look for ways to enhance our website and IBX mobile app to improve the member experience year after year. With easy access to their medical and prescription drug benefits and improved search functionality, members can get the information they need to support their individual health journey.



### Tools for health

- **ENHANCED** Achieve Well-being and Rewards
- Behavioral health digital resources
- Drug and pharmacy search tools
- Find a Doctor tool
- Family planning tools
- GlobalFit Anywhere app
- **ENHANCED** Healthy Lifestyles<sup>SM</sup> reimbursements for in-person/virtual gym subscriptions and weight management programs
- *Healthy You!* newsletter
- Mail order/home delivery of prescriptions
- Mental health and substance abuse tools
- **NEW!** Tele-nutrition visits through GlobalFit 360 network
- **NEW!** Virtual care



### Tools for wealth

- Blue365<sup>®</sup> discounts
- Blue Insider<sup>SM</sup> savings
- Care Cost Estimator
- Price a Drug tool
- Spending accounts
- **ENHANCED** The College Tuition Benefit
- **ENHANCED** GradFin

## Industry-leading member engagement

More than two-thirds of our subscribers are digitally engaged in IBX Wire<sup>®</sup> or email. Our award-winning member engagement strategy delivers customized content to guide your employees to the right tools and resources.

By engaging early and often, we're helping to drive better health outcomes and foster a healthier, more productive workforce.

**68%** OF OUR SUBSCRIBERS  
ARE DIGITALLY ENGAGED

.....

**69%** OF HOUSEHOLDS HAVE AT  
LEAST ONE MEMBER OPTED IN



## Keeping members connected

As soon as they receive their member ID card, members are encouraged to opt into digital messaging. Then, we reach out to members throughout the year with personalized information, depending on where they are in their health journey.



CLINICAL MESSAGES (primary)	FREQUENCY
<ul style="list-style-type: none"> <li>• Gaps in care</li> <li>• Medication adherence</li> <li>• Discharge follow-up</li> <li>• Preventive health reminders</li> </ul>	1–3/month based on clinical needs
CORE MESSAGES (secondary)	FREQUENCY
<ul style="list-style-type: none"> <li>• Onboarding: Welcome by product</li> <li>• General Engagement: How to find a provider, health care definitions</li> <li>• Monthly eNewsletter</li> </ul>	2–3 times per month
TRANSACTIONAL TRIGGERS (as applicable)	FREQUENCY
<ul style="list-style-type: none"> <li>• ID card updates</li> <li>• Appeals status</li> <li>• Benefits coordination</li> </ul>	As needed
ACHIEVE WELL-BEING MESSAGES (as applicable)	FREQUENCY
<ul style="list-style-type: none"> <li>• Program accomplishments</li> <li>• Program and rewards reminders</li> <li>• Program outreach</li> </ul>	Member-driven

## REACHING MEMBERS WHERE THEY ARE

Through IBX Wire and emails, we send targeted messages on clinical topics and benefits information. We use social media to engage members in products, programs, and company campaigns. Members also receive Get Good Living, a monthly eNewsletter with general information, seasonal topics, and healthy recipe ideas.



Wire® is a registered trademark and service mark of Relay Network, LLC.

# Creating a healthier, more productive workforce

The prevalence of chronic conditions and unhealthy lifestyle choices are key factors in rising health care costs. We're working to reverse this trend with well-being tools, personal support, and incentives to help members be healthier and more productive.

## Achieve Well-being

### Self-serve tools to help employees stay healthy

- Engaging online tools that make it easy for members to achieve their well-being goals
- Targeted programs to address emotional well-being and COVID-19 vaccine education
- Personalized profile and action plan include ongoing activities and reminders
- Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges
- **ENHANCED** \$150 reward upon completion of required wellness and preventive care activities

## Achieve Better Health

### Care management programs for extra health support

- 24/7 access to a Registered Nurse Health Coach
- Resources and support for members with chronic conditions
- Case managers to help members with serious illnesses or conditions
- Targeted clinical messaging to help members Achieve Better Health
- Maternity program support for pregnant members

## **ENHANCED** Reimbursements and rewards

Your employees can be reimbursed up to \$150 for the cost of each of the following: exercise memberships, weight management, and tobacco cessation programs. Exercise memberships also include virtual subscriptions for at-home workouts.

**NEW!** We added the psychology-based program Noom to our network of approved weight management programs that members can get reimbursed through our Healthy Lifestyles<sup>SM</sup> program.

We have also enhanced our rewards program to keep your employees engaged throughout the year.



**SUBSCRIBERS CAN GET REWARDED WITH A \$150 E-GIFT CARD BY COMPLETING SIX SIMPLE TASKS.**

Subscribers must complete *all* of the following activities:

- ✓ Annual check-up with PCP
- ✓ Get a flu shot
- ✓ Get digitally engaged by logging into [ibx.com](https://ibx.com) and opting in to IBX Wire



Subscribers must complete *any three* of the following activities:

- ✓ Complete a select age and gender-appropriate health screening<sup>1</sup>
- ✓ Download and register for the GlobalFit Anywhere app
- ✓ Complete the Well-being Profile
- ✓ Complete a nutrition counseling visit
- ✓ Visit a United Concordia dentist for an exam and/or cleaning

Noom, an independent company, is not affiliated with Independence Blue Cross. Participation is at an individual's own discretion. Individuals should consult a physician before beginning any fitness or weight loss management program.

1. A list of preventive services that are part of the Achieve Well-being program can be accessed under the Achieve Well-being section after logging in to [ibx.com](https://ibx.com).

## Cognitive behavioral therapy tools for members

Members have access to confidential and free self-guided programs available through On to Better Health at [ibx.com](https://ibx.com). These programs help members understand and manage common mental health conditions like anxiety, depression, obsessive compulsive disorder, chronic pain, substance use disorder, and insomnia. Members can:

- Complete a self-assessment and get customized recommendations
- Receive online self-paced care on-demand
- View helpful tips and articles
- Find local, in-network providers who offer telebehavioral health capabilities

## Achieve Well-being @ Work

Focusing on employee wellness can pay off for small businesses. Multiple studies have found that for every \$1 companies spend on wellness programs, they saved \$3.27 on health care costs.<sup>1</sup>

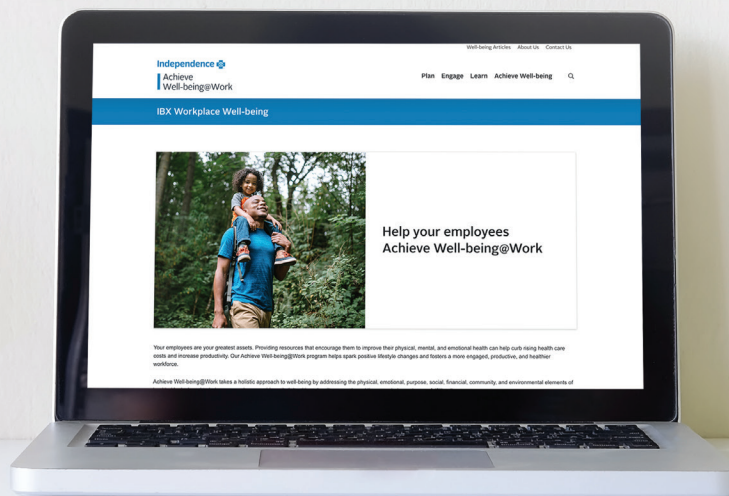
Encouraging healthier habits and activities can be a boost to your business through:

- Increased productivity, performance, and morale
- Stronger workplace culture and engagement
- Better health outcomes
- A more holistic view of employee health

We have resources to help get your employees engaged so they can take charge of their well-being, even if you're working with a small budget. Tools available to you at no cost include:

- Seminars, videos, and ready-made well-being challenges
- Ready-made well-being challenges
- Toolkits, communications templates, and operational wellness plans
- Assessments

**VISIT [WELLBEING.IBX.COM](https://wellbeing.ibx.com) FOR NO-COST ACHIEVE WELL-BEING @ WORK RESOURCES.**



1. Source: [wellsteps.com/blog/2020/01/02/workplace-wellness-statistics-wellness-stats/](https://wellsteps.com/blog/2020/01/02/workplace-wellness-statistics-wellness-stats/)

# Superior service for you and your employees

We bring you high-quality, cost-effective health plans, along with superior service and tools for effective account management.

## Collaborative account management

- Focus on understanding your unique challenges
- Provide you with the best solutions
- Remain proactive, consultative, and responsive
- Deliver competitive intelligence regarding trends in the marketplace

## Customer service excellence

- Agents who receive extensive training on members' needs
- State-of-the-art technology that helps agents give quick, efficient service
- In-person support at Independence LIVE<sup>1</sup>

## Secure, convenient online benefits administration

Administer your health benefits efficiently and securely 24/7 at [ibx.com](https://ibx.com). Sign in for access to enrollment, billing, marketing tools, and our latest news.

- **Pay by eBill:** Make a one-time payment up until your premium due date or set up recurring monthly payments from one or multiple bank accounts.
- **Manage your account:** Add or remove an employee and change employee or dependent information.
- **Get marketing toolkits:** Access self-serve toolkits to help you promote Independence capabilities and services to your employees.

## Stay in the know: Sign up for IBX Works

As a small business owner, you have a lot of responsibilities. We help make it easier to navigate the resources Independence offers you and your employees. Sign up for our bi-monthly IBX Works emails to get information on seasonal topics, industry trends, and helpful reminders and suggestions to help members get the most from their benefits.

**VISIT [IBX.COM/IBXWORKS](https://ibx.com/ibxworks).**



## GET DIGITAL OPEN ENROLLMENT KITS

Looking for a digital option for open enrollment?  
Get web versions of open enrollment kits at [ibx.com/virtualoe](https://ibx.com/virtualoe)

1. Subject to availability based on public health conditions.



ADDITIONAL BENEFITS



Independence 



# Offer affordable dental coverage for the whole family

You have the option to add standalone dental coverage to your medical benefits. Our comprehensive, affordable family and adult dental plan options, administered by United Concordia Companies, Inc., offer richer benefits and savings.

All Blue Solutions medical plans cover in-network dental benefits for children up to age 19. These health plans don't cover cosmetic orthodontia<sup>1</sup> or out-of-network services, which many children may need.

## Advantages of our Family PPO dental plans

Our standalone Family PPO dental plans offer access to the extensive United Concordia Advantage network, cover preventive care at 100 percent — including exams, cleanings, and X-rays — and feature in-and out-of-network benefits:

- Coverage for basic and major dental services for children and adults (no waiting periods and no referrals required)
- Out-of-network pediatric dental benefits give members access to more providers
- Deluxe PPO Family plan offers a level of cosmetic pediatric orthodontia coverage to help members save on out-of-pocket expenses<sup>2</sup>
- Members with high-deductible health plans can access benefits for pediatric basic, major, and orthodontia services right away, without reaching their medical deductible

## Smile for Health wellness program

To help members treat gum disease effectively,<sup>3</sup> Smile for Health provides full coverage for periodontal services, something most dental plans don't include. Oral wellness consultants can help educate members and encourage participation in the program.



## MORE SAVINGS WITH PREMIER AND DELUXE FAMILY PPO PLANS

The Preventive Incentive in our Premier and Deluxe Family PPO dental plans helps members stretch their dental dollars. The amount they pay for in-network preventive care<sup>4</sup> doesn't count toward the \$3,000 annual maximum. This allows them to apply more costly covered dental services — such as fillings, root canals, crowns, and denture repairs — to the annual maximum.

Dental plans are administered by United Concordia Companies, Inc., an independent company.

1. In-network pediatric basic, major, and medically necessary orthodontia services covered under the health plan are subject to copays and deductibles and are not covered in full.

2. The Deluxe Family PPO plan provides 50 percent cosmetic orthodontia coverage, up to \$1,000 lifetime maximum, for dependents up to age 19.

3. Smile for Health is administered by United Concordia Companies, Inc. Smile for Health services are available to members who have been diagnosed with diabetes, cerebral vascular disease, coronary artery disease, lupus, oral cancer, and rheumatoid arthritis, and those who have had an organ transplant.

4. With preventive incentive, only in-network preventive care is covered at 100 percent. If members receive preventive care out of network, they will be balance billed.

# Family PPO dental plan options

Our standalone Family PPO dental plans offer coverage for children and adults, including preventive care and most basic and major dental services.

Plan benefits	Preferred Family PPO <sup>3</sup>	Premier Family PPO <sup>3</sup>	Deluxe Family PPO <sup>3</sup>
Dental deductible	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family
Annual maximum benefit (per member)	\$1,000	\$3,000	\$3,000
<b>Preventive services</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Exams/Evaluations	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
Cleanings	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
X-rays	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
Emergency/Palliative treatment	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
Fluoride treatments	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)
Sealants	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)
<b>Basic services</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Space maintainers	Up to age 19: 50% <sup>2</sup> Age 19+: Not covered (discount may apply)	Up to age 19: 20% <sup>2</sup> Age 19+: Not covered (discount may apply)	Up to age 19: 10% <sup>2</sup> Age 19+: Not covered (discount may apply)
Fillings (Amalgam restorations – metal; Resin-based composite restorations – white)	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Simple and surgical extractions	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Crown and denture repair	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Root canals (Endodontic therapy and services)	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Surgical and non-surgical periodontics and maintenance	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Oral surgery	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
General anesthesia, nitrous oxide, and/or IV sedation	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
<b>Major services</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Crowns, inlays, onlays	Not covered (discount may apply)	50% <sup>2</sup>	40% <sup>2</sup>
Complete or fixed partial dentures (prosthetics)	Not covered (discount may apply)	50% <sup>2</sup>	40% <sup>2</sup>
Implants	Not covered	Not covered	Not covered
<b>Orthodontia</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Cosmetic orthodontia	Not covered	Not covered	Up to age 19: 50% coverage with a lifetime maximum of \$1000 <sup>1</sup> Age 19+: Not Covered

See the footnotes for the dental benefits on page 37.

## Concordia Advantage network offers choice and savings

Members can visit any dental provider but pay less by choosing providers in the Concordia Advantage network, one of the nation's largest dental networks. More participating providers means lower out-of-pocket costs for members.

<b>2<sup>OUT</sup> OF 3 DENTISTS</b>	<b>59,617</b>	<b>84% OF DENTISTS</b>	<b>50% SAVINGS</b>
are in network in the Independence service area	unique providers & 253,233 points of access	provide discounts for non-covered services*	on covered services in the Independence service area

The statistics presented above are taken from United Concordia Companies, Inc. Internal Research and Reports (July 2019).

\*Including services that exceed a plan's annual maximum benefit

Adult dental benefits are current at the time of publication and are subject to change. Refer to the benefit booklet for limitations and exclusions.

# Adult only dental plan options: PPO and Managed Dental Care

Our standalone Adult dental plans for members age 19 and older complement the medical and embedded pediatric coverage included in your Blue Solutions health plan.

Adult Preventive PPO <sup>3</sup>	Adult Preferred PPO <sup>3</sup>	Adult Premier PPO <sup>3</sup>	Adult Managed Dental Care <sup>3</sup>
\$0	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family	\$0
\$1,000	\$1,000	\$1,000	None
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0–25
\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	
\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	
Not covered	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	\$0–250 <sup>5</sup>
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Not covered (discount may apply)	Not covered (discount may apply)	50% <sup>2</sup>	\$0–433
Not covered (discount may apply)	Not covered (discount may apply)	50% <sup>2</sup>	
Not covered	Not covered	Not covered	Not covered
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Not covered	Not covered	Not covered	Not covered

See the footnotes for the dental benefits below.

## Adult only PPO dental plans

- Offer \$0 exams, cleanings, and X-rays.
- Members can visit any dental provider but save by using the Concordia Advantage network.
- No referrals are required.

## Managed Dental Care plan

This plan requires the selection of a Primary Dental Office (PDO) from the plan’s dental HMO network. The member’s PDO provides routine care and arranges or provides most other dentally necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the member’s PDO. The manner of accessing benefits through the PDO is made clear in the terms of the group contract and certificate of coverage.

1. No deductible  
 2. Coinsurance after deductible  
 3. Coverage is based on the Maximum Allowable Charge (MAC) for the specific covered service. Participating dentists accept contracted MACs as payment in full. Non-participating dentists do not limit their charges and may bill you for the difference between their charge and the benefit paid by the plan.  
 4. Included in the Preventive Incentive. The amount paid by the plan (benefit) does not count toward the member’s annual benefit maximum.  
 5. For the Adult Managed Dental Care plan, general anesthesia, nitrous oxide, and/or IV sedation benefit is limited to covered oral surgical services for impacted teeth.  
 6. The Adult Managed Dental Care plan requires the selection of a Primary Dental Office (PDO) from the Plan’s dental HMO network. The member’s PDO provides routine care and arranges or provides most other Dentally Necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the member’s PDO. The manner of accessing benefits through the PDO is made clear in the terms of the group contract and certificate of coverage.

## Give your employees extra insurance when it's needed most

Complement your medical benefits with our industry-leading suite of specialty insurance products. These products provide a holistic approach to managing your employees' whole health needs and offer peace of mind for life's uncertainties.

Bundle these specialty services together with your Blue Solutions health plan to create a more powerful health benefits solution and improve employee retention and acquisition.



### Guardian supplemental insurance

Our suite of seven Guardian-sponsored products are a perfect complement to your medical coverage. They provide your employees with financial safety and security from an unexpected illness or injury.

- Life insurance
- Short- and long-term disability insurance
- Accident insurance
- Critical illness and cancer insurance
- Hospital indemnity insurance



### International health solutions through Blue Cross Global

Part of the Blue Cross Blue Shield family, Blue Cross Global capitalizes on the network strength and name recognition of Blue Cross Blue Shield inside the U.S. and Bupa Global outside the U.S. Blue Cross Global provides access to one of the largest care networks in the world, with more than 1.7 million providers.

Our flexible group products offer solutions for short-term business travel and long-term expatriate assignments. Your employees and their families have support through:

- Leading digital tools that simplify the international health care experience
- 24/7/365 integrated service experience through convenient tools and programs
- Global TeleMD™ telemedicine services that provide 24/7/365 access to doctor consultations by telephone or video



## SAVE FOR COLLEGE WITH GUARDIAN PRODUCTS

Pairing your medical benefits with Guardian products is a win-win. Offering these products helps you attract and retain talent, while helping employees save more toward the cost of higher education.

Employees enrolled in The College Tuition Benefit and Guardian partnership products<sup>1</sup> can stack their tuition rewards. Every year they remain covered, Tuition Rewards Points can be combined into one account,<sup>2</sup> making it easier to award them to eligible students.

See page 81 for Guardian and Blue Cross Global footnotes.

1. Eligible products: Guardian Accident Insurance, Guardian Cancer, Guardian Critical Illness, and Guardian Hospital Indemnity

2. Employees must contact The College Tuition Benefit at (844) 244-4086 to request that their Tuition Rewards Points accounts be combined in order to stack Tuition Rewards Points.

# 2022 HEALTH PLANS



Independence 





# Choose from plan options at various price points in all metallic levels



## Preferred: Copay Health Plans

Give employees the predictability of fixed out-of-pocket costs

- No deductible for in-network services
- Platinum and Gold options provide lower out-of-pocket costs
- PPO plans for more flexibility; HMO and DPOS plans for affordability



## Classic: Coinsurance/Deductible Health Plans

Give employees more control over their health care choices

- Copays for doctor office visits
- Coinsurance on other services, including inpatient hospital admissions and outpatient surgical procedures
- PPO, HMO, and DPOS plans available



## Secure: Copay/Deductible Plans

Balance lower premiums with predictable out-of-pocket costs

- Copays for the most commonly used services
- Members save even more by visiting designated or freestanding sites instead of hospital-based sites for care
- PPO and HMO plans available



## Essential: High-Deductible Health Plans with Integrated Pharmacy Deductible\*

Offer employees more control of their health care dollars

- Prescription drug expenses accumulate toward overall plan deductible
- Copays for doctor office visits
- Encourage smarter, more informed health care choices
- HMO and DPOS plans available



For all health plans, pediatric and adult vision benefits are not subject to a deductible.

\*These are not HSA or HRA plans.

## Platinum health plans

## Personal Choice PPO Platinum Preferred<sup>2</sup> \$10/\$20/\$200

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18</sup>	
Retail non-preferred drug <sup>18</sup>	
Specialty drug	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

### You pay in-network

\$0
0%
\$4,500/\$9,000 coinsurance and copays

\$0
\$0
\$750

\$10/\$5
\$20/\$10
\$10
\$0
\$40
\$20 <sup>9</sup>
\$20/\$50 <sup>9</sup>

\$200 per day <sup>11</sup>
\$0
\$150
\$50/\$150
\$125/\$250
\$50/\$100
\$20/\$40
30%
\$20
\$200 per day <sup>11</sup>
10% up to \$35 max/10% up to \$155 max
\$0/50%

\$0
\$3
\$10
\$60
\$100
50% up to \$1,000 max per fill

\$0
\$0
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$50
\$0 no ded
50% after ded

### You pay out-of-network<sup>7</sup>

\$3,000/\$6,000
50%
\$9,000/\$18,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded <sup>9</sup>
50% after ded/50% after ded <sup>9</sup>

50% after ded
50% after ded
\$150 no 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
50% after ded
50% after ded/50% after ded
50% after ded/50% after ded

\$0
70% of retail
70% of retail
70% of retail
70% of retail
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

## Platinum health plans

## Personal Choice PPO Platinum Preferred<sup>2</sup> \$20/\$40/\$250

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$5,000/\$10,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
<b>Preventive services<sup>8</sup></b>		
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
<b>Physician services</b>		
Primary care visit - office/virtual care	\$20/\$15	50% after ded/50% after ded
Specialist visit - office/virtual care	\$40/\$25	50% after ded/50% after ded
Retail clinic	\$20	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	\$0	Not covered
Urgent care	\$50	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$40 <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$40/\$70 <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	\$250 per day <sup>11</sup>	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room (not waived if admitted)	\$175	\$175 no ded
Routine radiology — freestanding/hospital-based	\$50/\$150	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$75/\$150	50% after ded/50% after ded
Infusion — home, office/outpatient	\$40/\$80	50% after ded/50% after ded
Durable medical equipment/prosthetics	30%	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$40	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	\$250 per day <sup>11</sup>	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	10% up to \$45 max/10% up to \$185 max	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	\$0/50%	50% after ded/50% after ded
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	70% of retail
Retail generic <sup>18</sup>	\$10	70% of retail
Retail preferred brand <sup>18</sup>	\$60	70% of retail
Retail non-preferred drug <sup>18</sup>	\$100	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	Not covered
Adult routine eye exam <sup>25</sup>	\$0	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$50	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	50% after ded	Not covered

## Platinum health plans

## Keystone DPOS Platinum Preferred<sup>2</sup> \$10/\$20/\$200

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18</sup>	
Retail non-preferred drug <sup>18</sup>	
Specialty drug	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

### You pay in-network

\$0
0%
\$4,500/\$9,000 coinsurance and copays

\$0
\$0
\$750

\$10/\$5
\$20/\$10
\$10
\$0
\$40
\$20 <sup>10</sup>
\$20/\$20 <sup>10</sup>

\$200 per day <sup>11</sup>
\$0
\$150
\$30/\$30 <sup>10</sup>
\$60/\$60
\$50/\$100
\$20/\$40
50%
\$20
\$200 per day <sup>11</sup>
10% up to \$25 max/10% up to \$125 max
\$0/\$0

\$0
\$3
\$10
\$60
\$100
50% up to \$1,000 max per fill

\$0
\$0
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0
\$0
Copay varies

### You pay out-of-network<sup>5</sup>

\$3,000/\$6,000
50%
\$9,000/\$18,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded
50% after ded/50% after ded

50% after ded
50% after ded
\$150 no 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
50% after ded
50% after ded/50% after ded
50% after ded/50% after ded

\$0
70% of retail
70% of retail
70% of retail
70% of retail
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

## Platinum health plans

## Keystone DPOS Platinum Preferred<sup>2</sup> \$20/\$40/\$250

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>5</sup>
Deductible, individual/family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$5,000/\$10,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
<b>Preventive services<sup>8</sup></b>		
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
<b>Physician services</b>		
Primary care visit - office/virtual care	\$20/\$15	50% after ded/50% after ded
Specialist visit - office/virtual care	\$40/\$25	50% after ded/50% after ded
Retail clinic	\$20	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	\$0	Not covered
Urgent care	\$50	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$40 <sup>10</sup>	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$40/\$40 <sup>10</sup>	50% after ded/50% after ded
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	\$250 per day <sup>11</sup>	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room (not waived if admitted)	\$175	\$175 no ded
Routine radiology — freestanding/hospital-based	\$30/\$30 <sup>10</sup>	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$60/\$60	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$75/\$150	50% after ded/50% after ded
Infusion — home, office/outpatient	\$40/\$80	50% after ded/50% after ded
Durable medical equipment/prosthetics	50%	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$40	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	\$250 per day <sup>11</sup>	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	10% up to \$45 max/10% up to \$185 max	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	\$0/\$0	50% after ded/50% after ded
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	70% of retail
Retail generic <sup>18</sup>	\$10	70% of retail
Retail preferred brand <sup>18</sup>	\$60	70% of retail
Retail non-preferred drug <sup>18</sup>	\$100	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	Not covered
Adult routine eye exam <sup>25</sup>	\$0	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Not covered

Platinum health plans	Keystone HMO Platinum Preferred <sup>3</sup> \$10/\$20/\$200	Keystone HMO Platinum Preferred <sup>3</sup> \$20/\$40/\$250
<b>Benefits per contract year<sup>1</sup></b>	<b>You pay in-network<sup>6</sup></b>	<b>You pay in-network<sup>6</sup></b>
Deductible, individual/family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum, individual/family includes:	\$4,500/\$9,000 coinsurance and copays	\$5,000/\$10,000 coinsurance and copays
<b>Preventive services<sup>8</sup></b>		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	\$750
<b>Physician services</b>		
Primary care visit - office/virtual care	\$10/\$5	\$20/\$15
Specialist visit - office/virtual care	\$20/\$10	\$40/\$25
Retail clinic	\$10	\$20
Virtual care (from designated virtual provider) <sup>†</sup>	\$0	\$0
Urgent care	\$40	\$50
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$20	\$40
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$20/\$20	\$40/\$40
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	\$200 per day <sup>11</sup>	\$250 per day <sup>11</sup>
Inpatient professional services (includes maternity)	\$0	\$0
Emergency room (not waived if admitted)	\$150	\$175
Routine radiology — freestanding/hospital-based	\$30/\$30	\$30/\$30
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$60/\$60	\$60/\$60
Biotech/specialty injectables — home, office/outpatient	\$50/\$100	\$75/\$150
Infusion — home, office/outpatient	\$20/\$40	\$40/\$80
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — outpatient	\$20	\$40
Mental health, serious mental illness, and substance abuse — inpatient	\$200 per day <sup>11</sup>	\$250 per day <sup>11</sup>
Outpatient surgery — ambulatory surgical facility/hospital-based	10% up to \$25 max/10% up to \$125 max	10% up to \$45 max/10% up to \$185 max
Outpatient lab/pathology — freestanding/hospital-based	\$0/\$0	\$0/\$0
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	\$3
Retail generic <sup>18</sup>	\$10	\$10
Retail preferred brand <sup>18</sup>	\$60	\$60
Retail non-preferred drug <sup>18</sup>	\$100	\$100
Specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	\$0
Adult routine eye exam <sup>25</sup>	\$0	\$0
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies

Platinum health plans	Keystone HMO Platinum Preferred <sup>3</sup> \$5/\$15/\$500	Keystone HMO Platinum Preferred <sup>3</sup> \$30/\$60/\$400
<b>Benefits per contract year<sup>1</sup></b>	<b>You pay in-network<sup>6</sup></b>	<b>You pay in-network<sup>6</sup></b>
Deductible, individual/family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum, individual/family includes:	\$5,500/\$11,000 coinsurance and copays	\$5,500/\$11,000 coinsurance and copays
<b>Preventive services<sup>8</sup></b>		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	\$750
<b>Physician services</b>		
Primary care visit - office/virtual care	\$5/\$0	\$30/\$20
Specialist visit - office/virtual care	\$15/\$10	\$60/\$40
Retail clinic	\$5	\$30
Virtual care (from designated virtual provider) <sup>†</sup>	\$0	\$0
Urgent care	\$75	\$75
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$15	\$60
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$15/\$15	\$60/\$60
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	\$500 per day <sup>11</sup>	\$400 per day <sup>11</sup>
Inpatient professional services (includes maternity)	\$0	\$0
Emergency room (not waived if admitted)	\$300	\$300
Routine radiology — freestanding/hospital-based	\$60/\$60	\$60/\$60
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$120/\$120	\$120/\$120
Biotech/specialty injectables — home, office/outpatient	\$75/\$150	\$75/\$150
Infusion — home, office/outpatient	\$15/\$30	\$60/\$120
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — outpatient	\$15	\$60
Mental health, serious mental illness, and substance abuse — inpatient	\$500 per day <sup>11</sup>	\$400 per day <sup>11</sup>
Outpatient surgery — ambulatory surgical facility/hospital-based	10% up to \$45 max/10% up to \$185 max	10% up to \$45 max/10% up to \$185 max
Outpatient lab/pathology — freestanding/hospital-based	\$0/\$0	\$0/\$0
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	\$3
Retail generic <sup>18</sup>	\$10	\$10
Retail preferred brand <sup>18</sup>	\$75	\$75
Retail non-preferred drug <sup>18</sup>	\$125	\$125
Specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	\$0
Adult routine eye exam <sup>25</sup>	\$0	\$0
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies

## Platinum health plans

## Personal Choice PPO Platinum HSA – 50<sup>4</sup> \$1,800/100%

### Benefits per contract year<sup>1</sup>

Deductible, individual/family

\$1,800/\$3,600

\$10,000/\$20,000

Coinsurance

0%

50%

Out-of-pocket maximum, individual/family includes:

\$7,050/\$14,100 coinsurance, copays, and ded

\$20,000/\$40,000 coinsurance and ded

### Preventive services<sup>8</sup>

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 visit - office/virtual care

0% after ded/0% after ded

50% after ded/50% after ded

Specialist visit - office/virtual care

0% after ded/0% after ded

50% after ded/50% after ded

Retail clinic

0% after ded

50% after ded

Virtual care (from designated virtual provider)<sup>†</sup>

0% after ded

Not covered

Urgent care

0% after ded

50% after ded

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

0% after ded<sup>9</sup>

50% after ded<sup>9</sup>

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

0% after ded/0% after ded<sup>9</sup>

50% after ded/50% after ded<sup>9</sup>

### Hospital/other medical services

Inpatient hospital services (includes maternity)

0% after ded

50% after ded

Inpatient professional services (includes maternity)

0% after ded

50% after ded

Emergency room (not waived if admitted)

0% after ded

0% after in-network ded

Routine radiology — freestanding/hospital-based

0% after ded/0% after ded

50% after ded/50% after ded

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

0% after ded/0% after ded

50% after ded/50% after ded

Biotech/specialty injectables — home, office/outpatient

0% after ded/0% after ded

50% after ded/50% after ded

Infusion — home, office/outpatient

0% after ded/0% after ded

50% after ded/50% after ded

Durable medical equipment/prosthetics

0% after ded

50% after ded

Mental health, serious mental illness, and substance abuse — outpatient

0% after ded

50% after ded

Mental health, serious mental illness, and substance abuse — inpatient

0% after ded

50% after ded

Outpatient surgery — ambulatory surgical facility/hospital-based

0% after ded/0% after ded

50% after ded/50% after ded

Outpatient lab/pathology — freestanding/hospital-based

0% after ded/0% after ded

50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)

Integrated

Integrated

Low cost generic<sup>18</sup>

\$3 after ded

50% after ded

Retail generic<sup>18</sup>

\$10 after ded

50% after ded

Retail preferred brand<sup>18</sup>

\$60 after ded

50% after ded

Retail non-preferred drug<sup>18</sup>

\$100 after ded

50% after ded

Specialty drug

50% after ded up to \$1,000 max per fill

Not covered

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

\$0 no ded

Not covered

Adult routine eye exam<sup>25</sup>

\$0 no ded

Not covered

Adult eyewear (glasses or contacts)<sup>27</sup>

Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores

Not covered

Pediatric dental deductible (per individual)<sup>29</sup>

Integrated

Not covered

Pediatric exams and cleanings<sup>29, 30</sup>

0% no ded

Not covered

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

0% after ded

Not covered



# Independence

## Gold health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18</sup>	
Retail non-preferred drug <sup>18</sup>	
Specialty drug	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

## Personal Choice PPO Gold Preferred<sup>2</sup> \$40/\$80/\$600

### You pay in-network

\$0
0%
\$8,550/\$17,100 coinsurance and copays

\$0
\$0
\$750

\$40/\$30
\$80/\$55
\$40
\$0
\$100
\$80 <sup>9</sup>
\$80/\$110 <sup>9</sup>

\$600 per day <sup>11</sup>
\$0
\$500
\$70/\$175
\$150/\$300
\$125/\$250
\$80/\$160
50%
\$80
\$600 per day <sup>11</sup>
30% up to \$300 max/30% up to \$700 max
\$0/50%

\$0
\$3
\$15
\$75
\$200
50% up to \$1,000 max per fill

\$0
\$0
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$50
\$0 no ded
50% after ded

### You pay out-of-network<sup>7</sup>

\$7,000/\$14,000
50%
\$21,000/\$42,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded <sup>9</sup>
50% after ded/50% after ded <sup>9</sup>

50% after ded
50% after ded
\$500 no 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/50% after ded
50% after ded/50% after ded

\$0
70% of retail
70% of retail
70% of retail
70% of retail
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

## Gold health plans

## Personal Choice PPO Gold Classic<sup>2</sup> \$1,500/\$20/\$40/80%

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	20%	50%
Out-of-pocket maximum, individual/family includes:	\$7,500/\$15,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
<b>Preventive services<sup>8</sup></b>		
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
<b>Physician services</b>		
Primary care visit - office/virtual care	\$20 no ded/\$15 no ded	50% after ded/50% after ded
Specialist visit - office/virtual care	\$40 no ded/\$25 no ded	50% after ded/50% after ded
Retail clinic	\$20 no ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$40 no ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$40 no ded/\$80 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room (not waived if admitted)	20% after ded	20% after in-network ded
Routine radiology — freestanding/hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$40 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	20% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	20% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	70% of retail
Retail generic <sup>18</sup>	\$15	70% of retail
Retail preferred brand <sup>18</sup>	\$75	70% of retail
Retail non-preferred drug <sup>18</sup>	\$200	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$50	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	50% after ded	Not covered

## Gold health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18</sup>
Retail non-preferred drug <sup>18</sup>
Specialty drug

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

## Personal Choice PPO Gold Classic<sup>2</sup> \$2,500/\$40/\$80/100%

### You pay in-network

\$2,500/\$5,000
0%
\$6,000/\$12,000 coinsurance, copays and ded

0% no ded

0% no ded

\$750 no ded

\$40 no ded/\$30 no ded

\$80 no ded/\$55 no ded

\$40 no ded

0% no ded

\$100 no ded

\$80 no ded<sup>9</sup>

\$80 no ded/\$110 no ded<sup>9</sup>

0% after ded

0% after ded

\$400 no ded

\$70 no ded/\$175 no ded

\$150 no ded/\$300 no ded

\$100 no ded/\$200 no ded

0% after ded/20% after ded

50% after ded

\$80 no ded

0% after ded

0% after ded/30% after ded

0% no ded/50% after ded

\$0

\$3

\$15

\$75

\$200

50% up to \$1,000 max per fill

\$0 no ded

\$0 no ded

Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores

\$50

\$0 no ded

50% after ded

### You pay out-of-network<sup>7</sup>

\$8,500/\$17,000
50%
\$25,000/\$50,000 coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded<sup>9</sup>

50% after ded/50% after ded<sup>9</sup>

50% after ded

50% after ded

\$400 no 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

50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

\$0

70% of retail

70% of retail

70% of retail

70% of retail

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

## Gold health plans

## Keystone DPOS Gold Classic<sup>2</sup> \$1,500/\$30/\$60/90%

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>5</sup>
Deductible, individual/family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$7,500/\$15,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
<b>Preventive services<sup>8</sup></b>		
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
<b>Physician services</b>		
Primary care visit - office/virtual care	\$30 no ded/\$20 no ded	50% after ded/50% after ded
Specialist visit - office/virtual care	\$60 no ded/\$40 no ded	50% after ded/50% after ded
Retail clinic	\$30 no ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$60 no ded <sup>10</sup>	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded <sup>10</sup>	50% after ded/50% after ded
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room (not waived if admitted)	10% after ded	10% after in-network ded
Routine radiology — freestanding/hospital-based	\$60 no ded/\$60 no ded <sup>10</sup>	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$120 no ded/\$120 no ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	10% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$60 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	10% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	10% after ded/40% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	70% of retail
Retail generic <sup>18</sup>	\$15	70% of retail
Retail preferred brand <sup>18</sup>	\$75	70% of retail
Retail non-preferred drug <sup>18</sup>	\$200	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Not covered

## Gold health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18</sup>
Retail non-preferred drug <sup>18</sup>
Specialty drug

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

## Keystone DPOS Gold Preferred<sup>2</sup> \$40/\$80/\$650

### You pay in-network

\$0
0%
\$8,550/\$17,100 coinsurance and copays

### You pay out-of-network<sup>5</sup>

\$7,000/\$14,000
50%
\$21,000/\$42,000 coinsurance and ded

\$0

\$0

\$750

\$40/\$30

\$80/\$55

\$40

\$0

\$100

\$80<sup>10</sup>

\$80/\$80<sup>10</sup>

\$650 per day<sup>11</sup>

\$0

\$500

\$120/\$120<sup>10</sup>

\$250/\$250

\$125/\$250

\$80/\$160

50%

\$80

\$650 per day<sup>11</sup>

30% up to \$400 max/30% up to \$750 max

\$0/\$0

\$0

\$3

\$15

\$75

\$200

50% up to \$1,000 max per fill

\$0

\$0

Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores

\$0

\$0

Copay varies

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded

50% after ded/50% after ded

50% after ded

50% after ded

\$500 no 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

50% after ded

50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

\$0

70% of retail

70% of retail

70% of retail

70% of retail

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

## Gold health plans

	Keystone HMO Gold Classic <sup>2</sup> \$2,500/\$40/\$80/100%	Keystone HMO Gold Classic <sup>2</sup> \$1,500/\$30/\$60/90%	Keystone HMO Gold Preferred <sup>3</sup> \$40/\$80/\$650
<b>Benefits per contract year<sup>1</sup></b>			
Deductible, individual/family	\$2,500/\$5,000	\$1,500/\$3,000	\$0
Coinsurance	0%	10%	0%
Out-of-pocket maximum, individual/family includes:	\$6,000/\$12,000 coinsurance, copays, and ded	\$7,500/\$15,000 coinsurance, copays, and ded	\$8,550/\$17,100 coinsurance and copays
<b>Preventive services<sup>8</sup></b>			
Preventive care for adults and children	0% no ded	0% no ded	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	\$750 no ded	\$750
<b>Physician services</b>			
Primary care visit - office/virtual care	\$40 no ded/\$30 no ded	\$30 no ded/\$20 no ded	\$40/\$30
Specialist visit - office/virtual care	\$80 no ded/\$55 no ded	\$60 no ded/\$40 no ded	\$80/\$55
Retail clinic	\$40 no ded	\$30 no ded	\$40
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	0% no ded	\$0
Urgent care	\$100 no ded	10% after ded	\$100
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$80 no ded	\$60 no ded	\$80
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$80 no ded	\$60 no ded/\$60 no ded	\$80/\$80
<b>Hospital/other medical services</b>			
Inpatient hospital services (includes maternity)	0% after ded	10% after ded	\$650 per day <sup>11</sup>
Inpatient professional services (includes maternity)	0% after ded	10% after ded	\$0
Emergency room (not waived if admitted)	\$400 no ded	10% after ded	\$500
Routine radiology — freestanding/hospital-based	\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded	\$120/\$120
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded	\$250/\$250
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	\$100 no ded/\$200 no ded	\$125/\$250
Infusion — home, office/outpatient	0% after ded/20% after ded	10% after ded/30% after ded	\$80/\$160
Durable medical equipment/prosthetics	50% after ded	50% after ded	50%
Mental health, serious mental illness, and substance abuse — outpatient	\$80 no ded	\$60 no ded	\$80
Mental health, serious mental illness, and substance abuse — inpatient	0% after ded	10% after ded	\$650 per day <sup>11</sup>
Outpatient surgery — ambulatory surgical facility/hospital-based	0% after ded/30% after ded	10% after ded/40% after ded	30% up to \$400 max/30% up to \$750 max
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	\$0/\$0
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>			
Rx deductible (individual/family)	\$0	\$0	\$0
Low cost generic <sup>18</sup>	\$3	\$3	\$3
Retail generic <sup>18</sup>	\$15	\$15	\$15
Retail preferred brand <sup>18</sup>	\$75	\$75	\$75
Retail non-preferred drug <sup>18</sup>	\$200	\$200	\$200
Specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
<b>Vision and dental<sup>23, 28, 32</sup></b>			
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	\$0 no ded	\$0
Adult routine eye exam <sup>25</sup>	\$0 no ded	\$0 no ded	\$0
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies	Copay varies

## Gold health plans

## Keystone HMO Gold Secure<sup>2</sup> \$1,000/\$40/\$80/\$650

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18</sup>
Retail non-preferred drug <sup>18</sup>
Specialty drug

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

### You pay in-network<sup>6</sup>

\$1,000/\$2,000
0%
\$8,550/\$17,100 coinsurance, copays, and ded

0% no ded
0% no ded
\$750 no ded

\$40 no ded/\$30 no ded
\$80 no ded/\$55 no ded
\$40 no ded
0% no ded
\$100 no ded
\$80 no ded
\$80 no ded/\$80 no ded

Subject to ded and \$650 per day <sup>11</sup>
0% after ded
\$500 after ded
\$120 no ded/\$120 no ded
\$250 no ded/\$250 no ded
\$125 no ded/\$250 no ded
\$80 no ded/\$160 no ded
50% no ded
\$80 no ded
Subject to ded and \$650 per day <sup>11</sup>
30% after ded up to \$400 max/ 30% after ded up to \$750 max
0% no ded/0% no ded

\$0
\$3
\$15
\$75
\$200
50% up to \$1,000 max per fill

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0
\$0
Copay varies



## Gold health plans

## Keystone HMO Gold Proactive<sup>3</sup>

### Benefits per contract year<sup>1</sup>

	You pay in-network <sup>6</sup> - Tier 1 - Preferred	You pay in-network <sup>6</sup> - Tier 2 - Enhanced	You pay in-network <sup>6</sup> - Tier 3 - Standard
Deductible, individual/family	\$0	\$0	\$0
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 <sup>12</sup> coinsurance and copays	\$8,550/\$17,100 <sup>12</sup> coinsurance and copays	\$8,550/\$17,100 <sup>12</sup> coinsurance and copays

### Preventive services<sup>8</sup>

Preventive care for adults and children	\$0	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	\$750	\$750

### Physician services

Primary care visit - office/virtual care	\$15/\$10	\$30/\$20	\$45/\$30
Specialist visit - office/virtual care	\$40/\$30	\$60/\$40	\$80/\$55
Retail clinic	\$15 <sup>13</sup>	\$30 <sup>13</sup>	\$45 <sup>13</sup>
Virtual care (from designated virtual provider) <sup>†</sup>	\$0	\$0	\$0
Urgent care	\$40	\$40	\$40
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$50	\$50	\$50
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60/\$60	\$60/\$60	\$60/\$60

### Hospital/other medical services

Inpatient hospital services (includes maternity)	\$350 per day <sup>11, 14</sup>	\$700 per day <sup>11, 14</sup>	\$1,100 per day <sup>11, 14</sup>
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room (not waived if admitted)	\$400	\$400	\$400
Routine radiology — freestanding/hospital-based	\$60/\$60	\$60/\$60	\$60/\$60
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$120/\$120	\$120/\$120	\$120/\$120
Biotech/specialty injectables — home, office/outpatient	50%/50%	50%/50%	50%/50%
Infusion — home, office/outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment/prosthetics	50%	50%	50%
Mental health, serious mental illness, and substance abuse — outpatient	\$40	\$40	\$40
Mental health, serious mental illness, and substance abuse — inpatient	\$350 per day <sup>11</sup>	\$350 per day <sup>11</sup>	\$350 per day <sup>11</sup>
Outpatient surgery — ambulatory surgical facility/hospital-based	\$150/\$150	\$550/\$550	\$1,000/\$1,000
Outpatient lab/pathology — freestanding/hospital-based	\$0/\$0	\$0/\$0	\$0/\$0

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)	\$0	\$0	\$0
Low cost generic <sup>18</sup>	\$3	\$3	\$3
Retail generic <sup>18</sup>	\$20	\$20	\$20
Retail preferred brand <sup>18, 21</sup>	\$100	\$100	\$100
Retail non-preferred drug <sup>18, 21</sup>	50% up to \$300 max per fill	50% up to \$300 max per fill	50% up to \$300 max per fill
Specialty drug <sup>21</sup>	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	\$0	\$0
Adult routine eye exam <sup>25</sup>	\$0	\$0	\$0
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies	Copay varies

Gold health plans	Personal Choice PPO Gold HSA - 0 <sup>4</sup> \$2,100/100%		Personal Choice PPO Gold HRA - 20 <sup>2</sup> \$3,700/100%	
Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$2,100/\$4,200	\$10,000/\$20,000	\$3,700/\$7,400	\$10,000/\$20,000
Coinsurance	0%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	\$7,050/\$14,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$7,050/\$14,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
<b>Preventive services<sup>8</sup></b>				
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
<b>Physician services</b>				
Primary care visit - office/virtual care	0% after ded /0% after ded	50% after ded/50% after ded	0% after ded /0% after ded	50% after ded/50% after ded
Specialist visit - office/virtual care	0% after ded /0% after ded	50% after ded/50% after ded	0% after ded /0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded	0% after ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% after ded	Not covered	0% after ded	Not covered
Urgent care	0% after ded	50% after ded	0% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
<b>Hospital/other medical services</b>				
Inpatient hospital services (includes maternity)	0% after ded	50% after ded	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded	0% 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
Routine radiology — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	0% after ded	50% after ded	0% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	0% after ded	50% after ded	0% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	0% after ded	50% after ded	0% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
<b>Prescription drugs<sup>16, 17, 19, 22</sup></b>				
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated
Low cost generic <sup>18</sup>	\$3 after ded	50% after ded	\$3 after ded	50% after ded
Retail generic <sup>18</sup>	\$15 after ded	50% after ded	\$15 after ded	50% after ded
Retail preferred brand <sup>18</sup>	\$75 after ded	50% after ded	\$75 after ded	50% after ded
Retail non-preferred drug <sup>18</sup>	\$125 after ded	50% after ded	\$125 after ded	50% after ded
Specialty drug	50% after ded up to \$1,000 max per fill	Not covered	50% after ded up to \$1,000 max per fill	Not covered
<b>Vision and dental<sup>23, 28, 32</sup></b>				
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	0% no ded	Not covered	0% no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	0% after ded	Not covered	0% after ded	Not covered

## Gold health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18</sup>
Retail non-preferred drug <sup>18</sup>
Specialty drug

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

## Personal Choice PPO Gold HSA - 25<sup>4</sup> \$2,400/\$25/\$50/90%

### You pay in-network

\$2,400/\$4,800
10%
\$7,050/\$14,100 coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$25 after ded/\$20 after ded

\$50 after ded/\$35 after ded

\$25 after ded

0% after ded

10% after ded

\$50 after ded<sup>9</sup>

\$50 after ded/\$50 after ded<sup>9</sup>

10% after ded

10% after ded

10% after ded

10% after ded/10% after ded

10% after ded/10% after ded

10% after ded/10% after ded

10% after ded/10% after ded

10% after ded

\$50 after ded

10% after ded

10% after ded/10% after ded

10% after ded/10% after ded

Integrated

\$3 after ded

\$15 after ded

\$75 after ded

\$125 after ded

50% after ded up to \$1,000 max per fill

\$0 no ded

\$0 no ded

Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores

Integrated

0% no ded

10% after ded

### You pay out-of-network<sup>7</sup>

\$10,000/\$20,000
50%
\$20,000/\$40,000 coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded<sup>9</sup>

50% after ded/50% after ded<sup>9</sup>

50% after ded

50% after ded

10% after in-network 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

50% after ded

50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

Integrated

50% after ded

50% after ded

50% after ded

50% after ded

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

## Silver health plans

## Personal Choice PPO Silver Classic<sup>2</sup> \$3,750/\$30/\$60/70%

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18, 21</sup>
Retail non-preferred drug <sup>18, 21</sup>
Specialty drug <sup>21</sup>

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

### You pay in-network

\$3,750/\$7,500
30%
\$8,550/\$17,100 coinsurance, copays, and ded

0% no ded
0% no ded
\$750 no ded

\$30 no ded/\$20 no ded
\$60 no ded/\$40 no ded
\$30 no ded
0% no ded
\$125 no ded
\$60 no ded <sup>9</sup>
\$60 no ded/\$90 no ded <sup>9</sup>

30% after ded
30% after ded
30% after ded
30% after ded/50% after ded
30% after ded/50% after ded
\$100 no ded/\$200 no ded
30% after ded/50% after ded
50% after ded
\$60 no ded
30% after ded
30% after ded/50% after ded
0% no ded/50% after ded

\$0
\$3
\$20
50% up to \$125 max per fill
50% up to \$250 max per fill
50% up to \$1,000 max per fill

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$50
\$0 no ded
50% after ded

### You pay out-of-network<sup>7</sup>

\$8,500/\$17,000
50%
\$25,000/\$50,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded <sup>9</sup>
50% after ded/50% after ded <sup>9</sup>

50% after ded
50% after ded
30% after in-network 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
50% after ded
50% after ded
50% after ded/50% after ded
50% after ded/50% after ded

\$0
70% of retail
70% of retail
70% of retail
70% of retail
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

## Silver health plans

## Personal Choice PPO Silver Secure<sup>2</sup> \$4,750/\$40/\$80/\$600

### Benefits per contract year<sup>1</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$4,750/\$9,500	\$8,500/\$17,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded

### Preventive services<sup>8</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
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

	You pay in-network	You pay out-of-network <sup>7</sup>
Primary care visit - office/virtual care	\$40 no ded/\$30 no ded	50% after ded/50% after ded
Specialist visit - office/virtual care	\$80 no ded/\$55 no ded	50% after ded/50% after ded
Retail clinic	\$40 no ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	Not covered
Urgent care	\$100 no ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$80 no ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$110 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>

### Hospital/other medical services

	You pay in-network	You pay out-of-network <sup>7</sup>
Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day <sup>11</sup>	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room (not waived if admitted)	\$450 after ded	\$450 after in-network ded
Routine radiology — freestanding/hospital-based	\$80 after ded/\$200 after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$200 after ded/\$400 after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	0% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$80 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	Subject to ded and \$600 per day <sup>11</sup>	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	40% after ded up to \$600 max/40% after ded up to \$600 max	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/50% after ded	50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	70% of retail
Retail generic <sup>18</sup>	\$20	70% of retail
Retail preferred brand <sup>18, 21</sup>	\$85	70% of retail
Retail non-preferred drug <sup>18, 21</sup>	\$225	70% of retail
Specialty drug <sup>21</sup>	50% up to \$1,000 max per fill	Not covered

### Vision and dental<sup>23, 28, 32</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$50	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	50% after ded	Not covered

## Silver health plans

## Personal Choice PPO Silver Classic<sup>2</sup> \$5,000/\$50/\$100/90%

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18, 21</sup>
Retail non-preferred drug <sup>18, 21</sup>
Specialty drug <sup>21</sup>

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

### You pay in-network

\$5,000/\$10,000
10%
\$8,550/\$17,100 coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$50 no ded/\$35 no ded

\$100 no ded/\$70 no ded

\$50 no ded

0% no ded

\$125 no ded

\$100 no ded<sup>9</sup>

\$100 no ded/\$130 no ded<sup>9</sup>

10% after ded

10% after ded

\$450 after ded

\$80 no ded/\$200 no ded

\$200 no ded/\$400 no ded

\$100 no ded/\$200 no ded

10% after ded/30% after ded

50% after ded

\$100 no ded

10% after ded

10% after ded/30% after ded

0% no ded/50% after ded

\$0

\$3

\$20

\$85

\$225

50% up to \$1,000 max per fill

\$0 no ded

\$0 no ded

Allowance up to \$130 for frames or contact lenses;  
up to \$180 frame allowance at Visionworks stores

\$50

\$0 no ded

50% after ded

### You pay out-of-network<sup>7</sup>

\$8,500/\$17,000

50%

\$25,000/\$50,000  
coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded<sup>9</sup>

50% after ded/50% after ded<sup>9</sup>

50% after ded

50% after ded

\$450 after in-network 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

50% after ded

50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

\$0

70% of retail

70% of retail

70% of retail

70% of retail

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

## Silver health plans

## Keystone DPOS Silver Classic<sup>2</sup> \$3,750/\$30/\$60/50%

### Benefits per contract year<sup>1</sup>

	You pay in-network	You pay out-of-network <sup>5</sup>
Deductible, individual/family	\$3,750/\$7,500	\$8,500/\$17,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded

### Preventive services<sup>8</sup>

	You pay in-network	You pay out-of-network <sup>5</sup>
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

	You pay in-network	You pay out-of-network <sup>5</sup>
Primary care visit - office/virtual care	\$30 no ded/\$20 no ded	50% after ded/50% after ded
Specialist visit - office/virtual care	\$60 no ded/\$40 no ded	50% after ded/50% after ded
Retail clinic	\$30 no ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$60 no ded <sup>10</sup>	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded <sup>10</sup>	50% after ded/50% after ded

### Hospital/other medical services

	You pay in-network	You pay out-of-network <sup>5</sup>
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 — freestanding/hospital-based	\$120 no ded/\$120 no ded <sup>10</sup>	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300 no ded/\$300 no ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$60 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	50% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/0% no ded	50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

	You pay in-network	You pay out-of-network <sup>5</sup>
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	70% of retail
Retail generic <sup>18</sup>	\$20	70% of retail
Retail preferred brand <sup>18, 21</sup>	50% up to \$125 max per fill	70% of retail
Retail non-preferred drug <sup>18, 21</sup>	50% up to \$250 max per fill	70% of retail
Specialty drug <sup>21</sup>	50% up to \$1,000 max per fill	Not covered

### Vision and dental<sup>23, 28, 32</sup>

	You pay in-network	You pay out-of-network <sup>5</sup>
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Not covered

Silver health plans	Keystone HMO Silver Classic <sup>2</sup> \$4,750/\$30/\$60/70%	Keystone HMO Silver Classic <sup>2</sup> \$3,750/\$30/\$60/50%
<b>Benefits per contract year<sup>1</sup></b>	<b>You pay in-network<sup>6</sup></b>	<b>You pay in-network<sup>6</sup></b>
Deductible, individual/family	\$4,750/\$9,500	\$3,750/\$7,500
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded	\$8,550/\$17,100 coinsurance, copays, and ded
<b>Preventive services<sup>8</sup></b>		
Preventive care for adults and children	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	\$750 no ded
<b>Physician services</b>		
Primary care visit - office/virtual care	\$30 no ded/\$20 no ded	\$30 no ded/\$20 no ded
Specialist visit - office/virtual care	\$60 no ded/\$40 no ded	\$60 no ded/\$40 no ded
Retail clinic	\$30 no ded	\$30 no ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	0% no ded
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$60 no ded	\$60 no ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
<b>Hospital/other medical services</b>		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (not waived if admitted)	30% after ded	50% after ded
Routine radiology — freestanding/hospital-based	\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	\$100 no ded/\$100 no ded
Infusion — home, office/outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$60 no ded	\$60 no ded
Mental health, serious mental illness, and substance abuse — inpatient	30% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/0% no ded	0% no ded/0% no ded
<b>Prescription drugs<sup>16, 17, 19, 20, 22</sup></b>		
Rx deductible (individual/family)	\$0	\$0
Low cost generic <sup>18</sup>	\$3	\$3
Retail generic <sup>18</sup>	\$20	\$20
Retail preferred brand <sup>18, 21</sup>	50% up to \$125 max per fill	50% up to \$125 max per fill
Retail non-preferred drug <sup>18, 21</sup>	50% up to \$250 max per fill	50% up to \$250 max per fill
Specialty drug <sup>21</sup>	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
<b>Vision and dental<sup>23, 28, 32</sup></b>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	\$0 no ded
Adult routine eye exam <sup>25</sup>	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies



## Silver health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18, 21</sup>	
Retail non-preferred drug <sup>18, 21</sup>	
Specialty drug <sup>21</sup>	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

## Keystone HMO Silver Classic<sup>2</sup> \$4,500/\$50/\$100/100%

### You pay in-network<sup>6</sup>

\$4,500/\$9,000
0%
\$8,550/\$17,100 coinsurance, copays, and ded
0% no ded
0% no ded
\$750 no ded
\$50 no ded/\$35 no ded
\$100 no ded/\$70 no ded
\$50 no ded
0% no ded
\$125 no ded
\$100 no ded
\$100 no ded/\$100 no ded
0% after ded
0% after ded
\$450 after ded
\$120 no ded/\$120 no ded
\$300 no ded/\$300 no ded
\$100 no ded/\$200 no ded
0% after ded/20% after ded
50% after ded
\$100 no ded
0% after ded
0% after ded/30% after ded
0% no ded/0% no ded
\$0
\$3
\$20
50% up to \$125 max per fill
50% up to \$250 max per fill
50% up to \$1,000 max per fill
\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0
\$0
Copay varies

## Silver health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18, 21</sup>
Retail non-preferred drug <sup>18, 21</sup>
Specialty drug <sup>21</sup>

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

## Keystone HMO Silver Secure<sup>2</sup> \$5,000/\$50/\$100/\$600

### You pay in-network<sup>6</sup>

\$5,000/\$10,000
0%
\$8,550/\$17,100 coinsurance, copays, and ded
0% no ded
0% no ded
\$750 no ded
\$50 no ded/\$35 no ded
\$100 no ded/\$70 no ded
\$50 no ded
0% no ded
\$125 after ded
\$100 no ded
\$100 no ded/\$100 no ded
Subject to ded and \$600 per day <sup>11</sup>
0% after ded
\$450 after ded
\$120 no ded/\$120 no ded
\$300 no ded/\$300 no ded
\$100 no ded/\$200 no ded
0% after ded/20% after ded
50% after ded
\$100 no ded
Subject to ded and \$600 per day <sup>11</sup>
30% after ded up to \$600 max/30% after ded up to \$600 max
0% no ded/0% no ded
\$0
\$3
\$20
\$85
\$225
50% up to \$1,000 max per fill
\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0
\$0
Copay varies

## Silver health plans

## Keystone HMO Silver Proactive<sup>2</sup>

### Benefits per contract year<sup>1</sup>

	You pay in-network <sup>6</sup> – Tier 1 – Preferred	You pay in-network <sup>6</sup> – Tier 2 – Enhanced	You pay in-network <sup>6</sup> – Tier 3 – Standard
Deductible, individual/family	\$0	\$6,000/\$12,000 <sup>15</sup>	\$6,000/\$12,000 <sup>15</sup>
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:	\$8,700/\$17,400 <sup>12</sup> coinsurance and copays	\$8,700/\$17,400 <sup>12</sup> coinsurance, copays, and ded	\$8,700/\$17,400 <sup>12</sup> coinsurance, copays, and ded

### Preventive services<sup>8</sup>

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 visit - office/virtual care	\$40/\$30	\$60 no ded/\$40 no ded	\$70 no ded/\$50 no ded
Specialist visit - office/virtual care	\$80/\$55	\$120 no ded/\$80 no ded	\$140 no ded/\$95 no ded
Retail clinic	\$40 <sup>13</sup>	\$60 no ded <sup>13</sup>	\$70 no ded <sup>13</sup>
Virtual care (from designated virtual provider) <sup>†</sup>	0%	0% no ded	0% no ded
Urgent care	\$80	\$80 no ded	\$80 no ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$50	\$50 no ded	\$50 no ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80/\$80	\$80 no ded/\$80 no ded	\$80 no ded/\$80 no ded

### Hospital/other medical services

Inpatient hospital services (includes maternity)	\$600 per day <sup>11, 14</sup>	Subject to ded and \$900 per day <sup>11, 14</sup>	Subject to ded and \$1,300 per day <sup>11, 14</sup>
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)	\$550	\$550 no ded	\$550 no ded
Routine radiology — freestanding/hospital-based	\$150/\$150	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300/\$300	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/specialty injectables — home, office/outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness, and substance abuse — outpatient	\$80	\$80 no ded	\$80 no ded
Mental health, serious mental illness, and substance abuse — inpatient	\$600 per day <sup>11</sup>	\$600 per day <sup>11</sup> no ded	\$600 per day <sup>11</sup> no ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$250 /\$250	Subject to ded and \$750 copay/ Subject to ded and \$750 copay	Subject to ded and \$1,250 copay/ Subject to ded and \$1,250 copay
Outpatient lab/pathology — freestanding/hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family) <sup>†</sup>	\$300/\$600	\$300/\$600	\$300/\$600
Low cost generic <sup>18</sup>	\$3 no ded	\$3 no ded	\$3 no ded
Retail generic <sup>18</sup>	\$20 no ded	\$20 no ded	\$20 no ded
Retail preferred brand <sup>18, 21</sup>	\$100 after ded	\$100 after ded	\$100 after ded
Retail non-preferred drug <sup>18, 21</sup>	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill
Specialty drug <sup>21</sup>	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	\$0 no ded	\$0 no ded
Adult routine eye exam <sup>25</sup>	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies	Copay varies

## Silver health plans

## Keystone HMO Silver Proactive Value<sup>2</sup>

### Benefits per contract year<sup>1</sup>

	You pay in-network <sup>6</sup>	You pay in-network <sup>6</sup>	You pay in-network <sup>6</sup>
Deductible, individual/family	\$1,500/\$3,000	\$6,000/\$12,000 <sup>15</sup>	\$6,000/\$12,000 <sup>15</sup>
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:	\$8,700/\$17,400 <sup>12</sup> coinsurance, copays, and ded	\$8,700/\$17,400 <sup>12</sup> coinsurance, copays, and ded	\$8,700/\$17,400 <sup>12</sup> coinsurance, copays, and ded

### Preventive services<sup>8</sup>

Preventive care for adults and children	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
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	\$750 no ded	\$750 no ded

### Physician services

Primary care visit - office/virtual care	\$40 no ded/\$30 no ded	\$60 no ded/\$40 no ded	\$70 no ded/\$50 no ded
Specialist visit - office/virtual care	\$80 no ded/\$55 no ded	\$120 no ded/\$80 no ded	\$140 no ded/\$95 no ded
Retail clinic	\$40 no ded <sup>13</sup>	\$60 no ded <sup>13</sup>	\$70 no ded <sup>13</sup>
Virtual care (from designated virtual provider) <sup>†</sup>	0% no ded	0% no ded	0% no ded
Urgent care	\$80 no ded	\$80 no ded	\$80 no ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$50 no ded	\$50 no ded	\$50 no ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$80 no ded	\$80 no ded/\$80 no ded	\$80 no ded/\$80 no ded

### Hospital/other medical services

Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day <sup>11,14</sup>	Subject to ded and \$900 per day <sup>11,14</sup>	Subject to ded and \$1,300 per day <sup>11,14</sup>
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (not waived if admitted)	\$550 no ded	\$550 no ded	\$550 no ded
Routine radiology — freestanding/hospital-based	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/specialty injectables — home, office/outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — home, office/outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50% no ded	50% no ded	50% no ded
Mental health, serious mental illness, and substance abuse — outpatient	\$80 no ded	\$80 no ded	\$80 no ded
Mental health, serious mental illness, and substance abuse — inpatient	Subject to ded and \$600 per day <sup>11</sup>	Subject to ded and \$600 per day <sup>11</sup>	Subject to ded and \$600 per day <sup>11</sup>
Outpatient surgery — ambulatory surgical facility/hospital-based	Subject to ded and \$250 copay/ Subject to ded and \$250 copay	Subject to ded and \$750 copay/ Subject to ded and \$750 copay	Subject to ded and \$1,250 copay/ Subject to ded and \$1,250 copay
Outpatient lab/pathology — freestanding/hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family) <sup>†</sup>	\$300/\$600	\$300/\$600	\$300/\$600
Low cost generic <sup>18</sup>	\$3 no ded	\$3 no ded	\$3 no ded
Retail generic <sup>18</sup>	\$20 no ded	\$20 no ded	\$20 no ded
Retail preferred brand <sup>18, 21</sup>	\$100 after ded	\$100 after ded	\$100 after ded
Retail non-preferred drug <sup>18, 21</sup>	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill
Specialty drug <sup>21</sup>	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	\$0 no ded	\$0 no ded
Adult routine eye exam <sup>25</sup>	\$0 no ded	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies	Copay varies

## Silver health plans

## Personal Choice PPO Silver HSA - 0<sup>4</sup> \$3,000/90%

### Benefits per contract year<sup>1</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$3,000/\$6,000	\$10,000/\$20,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$7,050/\$14,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded

### Preventive services<sup>8</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
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

	You pay in-network	You pay out-of-network <sup>7</sup>
Primary care visit - office/virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Specialist visit - office/virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Retail clinic	10% after ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	10% after ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	10% after ded/10% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>

### Hospital/other medical services

	You pay in-network	You pay out-of-network <sup>7</sup>
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room (not waived if admitted)	10% after ded	10% after in-network ded
Routine radiology — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	10% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	10% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	10% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic <sup>18</sup>	\$3 after ded	50% after ded
Retail generic <sup>18</sup>	\$20 after ded	50% after ded
Retail preferred brand <sup>18, 21</sup>	\$75 after ded	50% after ded
Retail non-preferred drug <sup>18, 21</sup>	\$150 after ded	50% after ded
Specialty drug <sup>21</sup>	50% after ded up to \$1,000 max per fill	Not covered

### Vision and dental<sup>23, 28, 32</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	Integrated	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	0% no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	10% after ded	Not covered

## Silver health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18, 21</sup>
Retail non-preferred drug <sup>18, 21</sup>
Specialty drug <sup>21</sup>

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

## Personal Choice PPO Silver HSA - 0<sup>4</sup> \$3,700/100%

### You pay in-network

\$3,700/\$7,400
0%
\$7,050/\$14,100 coinsurance, copays, and ded

### You pay out-of-network<sup>7</sup>

\$10,000/\$20,000
50%
\$20,000/\$40,000 coinsurance and ded

0% no ded

50% no ded

0% no ded

N/A

\$750 no ded

50% no ded

0% after ded/0% after ded

50% after ded/50% after ded

0% after ded/0% after ded

50% after ded/50% after ded

0% after ded

50% after ded

0% after ded

Not covered

0% after ded

50% after ded

0% after ded<sup>9</sup>

50% after ded<sup>9</sup>

0% after ded/0% after ded<sup>9</sup>

50% after ded/50% after ded<sup>9</sup>

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0% after ded/0% after ded

50% after ded/50% after ded

0% after ded/0% after ded

50% after ded/50% after ded

Integrated

Integrated

\$3 after ded

50% after ded

\$20 after ded

50% after ded

\$75 after ded

50% after ded

\$150 after ded

50% after ded

50% after ded up to \$1,000 max per fill

Not covered

\$0 no ded

Not covered

\$0 no ded

Not covered

Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores

Not covered

Integrated

Not covered

0% no ded

Not covered

0% after ded

Not covered

## Silver health plans

## Personal Choice PPO Silver HSA - 0<sup>4</sup> \$2,100/70%

### Benefits per contract year<sup>1</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$2,100/\$4,200	\$10,000/\$20,000
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$7,050/\$14,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded

### Preventive services<sup>8</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
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

	You pay in-network	You pay out-of-network <sup>7</sup>
Primary care visit - office/virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Specialist visit - office/virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Retail clinic	30% after ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% after ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	30% after ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	30% after ded/30% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>

### Hospital/other medical services

	You pay in-network	You pay out-of-network <sup>7</sup>
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (not waived if admitted)	30% after ded	30% after in-network ded
Routine radiology — freestanding/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	30% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	30% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	30% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic <sup>18</sup>	\$3 after ded	50% after ded
Retail generic <sup>18</sup>	\$20 after ded	50% after ded
Retail preferred brand <sup>18, 21</sup>	\$75 after ded	50% after ded
Retail non-preferred drug <sup>18, 21</sup>	\$150 after ded	50% after ded
Specialty drug <sup>21</sup>	50% after ded up to \$1,000 max per fill	Not covered

### Vision and dental<sup>23, 28, 32</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	Integrated	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	0% no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	30% after ded	Not covered

## Silver health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family
Coinsurance
Out-of-pocket maximum, individual/family includes:

### Preventive services<sup>8</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care visit - office/virtual care
Specialist visit - office/virtual care
Retail clinic
Virtual care (from designated virtual provider) <sup>†</sup>
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)
Inpatient professional services (includes maternity)
Emergency room (not waived if admitted)
Routine radiology — freestanding/hospital-based
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based
Biotech/specialty injectables — home, office/outpatient
Infusion — home, office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — outpatient
Mental health, serious mental illness, and substance abuse — inpatient
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/pathology — freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)
Low cost generic <sup>18</sup>
Retail generic <sup>18</sup>
Retail preferred brand <sup>18, 21</sup>
Retail non-preferred drug <sup>18, 21</sup>
Specialty drug <sup>21</sup>

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>
Adult routine eye exam <sup>25</sup>
Adult eyewear (glasses or contacts) <sup>27</sup>
Pediatric dental deductible (per individual) <sup>29</sup>
Pediatric exams and cleanings <sup>29, 30</sup>
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>

## Personal Choice EPO Silver HSA-0<sup>4</sup> \$3,000/80%

### You pay in-network<sup>6</sup>

\$3,000/\$6,000
20%
\$7,050/\$14,100 coinsurance, copays, and ded

0% no ded
0% no ded
\$750 no ded

20% after ded/20% after ded
20% after ded/20% after ded
20% after ded
0% after ded
20% after ded
20% after ded
20% after ded/20% after ded

20% after ded
20% after ded
20% after ded
20% after ded/20% after ded
20% after ded/20% after ded
20% after ded/20% after ded
20% after ded
20% after ded
20% after ded/20% after ded
20% after ded/20% after ded

Integrated
\$3 after ded
\$20 after ded
\$75 after ded
\$150 after ded
50% after ded up to \$1,000 max per fill

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Integrated
0% no ded
20% after ded



# Independence

## Bronze health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18,21</sup>	
Retail non-preferred drug <sup>18,21</sup>	
Specialty drug <sup>21</sup>	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

## Keystone DPOS Bronze Essential<sup>2</sup> \$7,500/\$70/\$140/\$700

### You pay in-network

\$7,500/\$15,000
50%
\$8,700/\$17,400 coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$70 no ded/\$50 no ded

\$140 no ded/\$95 no ded

\$70 no ded

0% no ded

\$150 after ded

\$140 no ded<sup>10</sup>

\$140 no ded/\$140 no ded<sup>10</sup>

Subject to ded and \$700 per day<sup>11</sup>

50% after ded

\$500 after ded

\$150 no ded/\$150 no ded<sup>10</sup>

\$350 no ded/\$350 no ded

\$100 no ded/\$100 no ded

50% after ded/50% after ded

50% after ded

\$140 no ded

Subject to ded and \$700 per day<sup>11</sup>

30% after ded up to \$750 max/30% after ded up to \$750 max

0% no ded/0% no ded

Integrated

\$3 no ded

\$25 after ded

50% after ded up to \$500 max per fill

50% after ded up to \$500 max per fill

50% after ded

\$0 no ded

\$0 no ded

Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores

\$0

\$0

Copay varies

### You pay out-of-network<sup>5</sup>

\$10,000/\$20,000
50%
\$40,000/\$80,000 coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded

50% after ded/50% after ded

50% after ded

50% after ded

\$500 after in-network 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

50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded/50% after ded

Integrated

70% of retail, no ded

70% of retail after ded

70% of retail after ded

70% of retail after ded

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

## Bronze health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18,21</sup>	
Retail non-preferred drug <sup>18,21</sup>	
Specialty drug <sup>21</sup>	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

## Keystone HMO Bronze Essential<sup>2</sup> \$7,500/\$70/\$140/\$700

### You pay in-network<sup>6</sup>

\$7,500/\$15,000
50%
\$8,700/\$17,400 coinsurance, copays, and ded
0% no ded
0% no ded
\$750 no ded
\$70 no ded/\$50 no ded
\$140 no ded/\$95 no ded
\$70 no ded
0% no ded
\$150 after ded
\$140 no ded
\$140 no ded/\$140 no ded
Subject to ded and \$700 per day <sup>11</sup>
50% after ded
\$500 after ded
\$150 no ded/\$150 no ded
\$350 no ded/\$350 no ded
\$100 no ded/\$100 no ded
50% after ded/50% after ded
50% after ded
\$140 no ded
Subject to ded and \$700 per day <sup>11</sup>
30% after ded up to \$750 max/30% after ded up to \$750 max
0% no ded/0% no ded
Integrated
\$3 no ded
\$25 after ded
50% after ded up to \$500 max per fill
50% after ded up to \$500 max per fill
50% after ded
\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0
\$0
Copay varies

## Bronze health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family	
Coinsurance	
Out-of-pocket maximum, individual/family includes:	

### Preventive services<sup>8</sup>

Preventive care for adults and children	
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	
Preventive colonoscopy for colorectal cancer screening — Hospital-based	

### Physician services

Primary care visit - office/virtual care	
Specialist visit - office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) <sup>†</sup>	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	

### Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room (not waived if admitted)	
Routine radiology — freestanding/hospital-based	
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	
Biotech/specialty injectables — home, office/outpatient	
Infusion — home, office/outpatient	
Durable medical equipment/prosthetics	
Mental health, serious mental illness, and substance abuse — outpatient	
Mental health, serious mental illness, and substance abuse — inpatient	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/pathology — freestanding/hospital-based	

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

Rx deductible (individual/family)	
Low cost generic <sup>18</sup>	
Retail generic <sup>18</sup>	
Retail preferred brand <sup>18, 21</sup>	
Retail non-preferred drug <sup>18, 21</sup>	
Specialty drug <sup>21</sup>	

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	
Adult routine eye exam <sup>25</sup>	
Adult eyewear (glasses or contacts) <sup>27</sup>	
Pediatric dental deductible (per individual) <sup>29</sup>	
Pediatric exams and cleanings <sup>29, 30</sup>	
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	

## Personal Choice PPO Bronze HSA - 0<sup>4</sup> \$7,050/100%

### You pay in-network

\$7,050/\$14,100
0%
\$7,050/\$14,100 coinsurance, copays, and ded

0% no ded
0% no ded
\$750 no ded

0% after ded/0% after ded
0% after ded/0% after ded
0% after ded
0% after ded
0% after ded
0% after ded <sup>9</sup>
0% after ded/0% after ded <sup>9</sup>

0% after ded
0% after ded
0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded
0% after ded
0% after ded
0% after ded/0% after ded
0% after ded/0% after ded

Integrated
0% after ded
0% after ded
0% after ded
0% after ded
0% after ded

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Integrated
0% no ded
0% after ded

### You pay out-of-network<sup>7</sup>

\$10,000/\$20,000
50%
\$20,000/\$40,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded <sup>9</sup>
50% after ded/50% after ded <sup>9</sup>

50% after ded
50% after ded
0% after in-network 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
50% after ded
50% after ded/50% after ded
50% after ded/50% after ded

Integrated
50% after ded
50% after ded
50% after ded
50% after ded
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

## Bronze health plans

## Personal Choice PPO Bronze HSA - 0<sup>4</sup> \$5,600/50%

### Benefits per contract year<sup>1</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$5,600/\$11,200	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$7,050/\$14,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded

### Preventive services<sup>8</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
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

	You pay in-network	You pay out-of-network <sup>7</sup>
Primary care visit - office/virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Specialist visit - office/virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Retail clinic	50% after ded	50% after ded
Virtual care (from designated virtual provider) <sup>†</sup>	0% after ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	50% after ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	50% after ded/50% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>

### Hospital/other medical services

	You pay in-network	You pay out-of-network <sup>7</sup>
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 — freestanding/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	50% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab/pathology — freestanding/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, 20, 22</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic <sup>18</sup>	\$3 after ded	50% after ded
Retail generic <sup>18</sup>	\$25 after ded	50% after ded
Retail preferred brand <sup>18, 21</sup>	\$85 after ded	50% after ded
Retail non-preferred drug <sup>18, 21</sup>	\$175 after ded	50% after ded
Specialty drug <sup>21</sup>	50% after ded	Not covered

### Vision and dental<sup>23, 28, 32</sup>

	You pay in-network	You pay out-of-network <sup>7</sup>
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	Integrated	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	0% no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	50% after ded	Not covered

## 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 non-employee recipients
- Music therapy, equestrian therapy, and hippotherapy
- Sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist
- 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 hypnotherapy
- Routine physical exams for non-preventive 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 physician or provider contacts the Clinical Services team and submits information to support the request for services. The Clinical Services team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The Clinical Services team will notify your employee's physician/provider if the services are approved for coverage. If the Clinical Services 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.

## 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 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 publication and is subject to change.

## Additional information

Your broker, consultant, or Independence Blue Cross account executive can provide information about the following upon request:

- Factors that may affect changes in premium rates\*
- Renewability of coverage
- Description of the geographic areas served by our HMO plans
- Benefits and premiums for all the health benefit plans for which you qualify

\* Independence reserves the right to change premium rates.

# 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. Embedded Deductible: 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 pay. Once the family deductible is met, claims for all individuals will pay. 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. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
3. Embedded Out-of-Pocket Maximum: 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. Individual out-of-pocket maximum applies only when an individual is enrolled without dependents.
4. Aggregate Deductible: 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, individual 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, and generic, preferred brand, and non-preferred prescription drugs obtained at a retail pharmacy.
7. Out-of-network 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 out-of-network providers are based on the lesser of the Medicare 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 amount is based on 50 percent of the actual charge of the provider with the exception of inpatient facility services. For inpatient facility covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is determined by Independence's fee schedule for the closest analogous covered service.
8. Age and frequency schedules may apply. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit. For preventive colonoscopy for colorectal cancer screening, your cost-share may vary depending on where you receive the 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, which is assigned to Tier 3.
14. For Keystone HMO Proactive plans, if a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care will apply based on the tier level of the in-network hospital or participating professional provider. 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 plans, the medical deductible is combined for Tiers 2 and 3.

† Virtual care from a designated virtual provider includes telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, MDLIVE. In addition, Magellan provides virtual telebehavioral health services.

§ Acupuncture is covered for limited conditions. Please reference the medical policy for details on covered conditions.

It is important to note that all percentages for out-of-network services are a percentage of the plan allowance, not the actual charge of the provider.

## Prescription drugs

16. Prescription drug benefits are administered by FutureScripts, 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. 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. Up to a 90-day supply of maintenance drugs can also be obtained at Rite Aid pharmacies for the same cost-sharing as mail order.
  20. Select plans utilize the FutureScripts Preferred Pharmacy Network, a subset of the national retail pharmacy network. It includes over 58,000 pharmacies, including most major chains and local pharmacies except Walgreens.
  21. 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.
  22. For all plans, member pays cost-share per each fill unless out-of-pocket maximum has been met.
- ‡ Embedded Deductible: 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 pay. Once the family deductible is met, claims for all individuals will pay. 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. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

## Additional benefits

23. Independence vision benefits are administered by Davis Vision, an independent company. Vision benefits are not subject to a deductible.
24. 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.
25. One eye exam per calendar year period.
26. 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). Eyewear (glasses or contact lenses) is covered once per calendar year.
27. Allowance up to \$130 for frames or contact lenses at Davis Vision participating providers; up to \$180 frame allowance at Visionworks stores. Medical plan deductibles do not apply to vision benefits.
28. Independence dental benefits are administered by United Concordia Companies, Inc., an independent company.
29. Pediatric dental benefits are covered until the end of the contract year in which the member turns 19.
30. Pediatric dental benefit: One exam and one cleaning every six months per contract year.
31. Pediatric dental benefit: Only medically necessary orthodontia is covered.
32. Your Independence account executive or broker can provide you with descriptions of covered pediatric dental services and member cost-sharing.
33. This plan requires the selection of a Primary Dental Office (PDO) from the Plan's dental HMO network. The member's PDO provides routine care and arranges or provides most other Dentally Necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.

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.



## Footnotes from page 38

The Tuition Rewards program is provided by The College Tuition Benefit®, an independent company. Neither The College Tuition Benefit nor SAGE Scholars, Inc. provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence Blue Cross health plan and is, therefore, subject to change without notice.

The Guardian Life Insurance Company of America, New York, NY is an independent company that does not offer Blue Cross products or services. Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance, and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

Blue Cross Global is a brand owned by Blue Cross Blue Shield Association. Bupa Global is a trade name of Bupa, an independent licensee of Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association; made available in cooperation with Blue Cross Blue Shield companies select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL NAIC #80985.

# Underwriting guidelines summary<sup>1</sup>

## Maximum product offerings<sup>1</sup>

- 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<sup>1</sup>

- Small employers must have 70 percent participation, which includes all medical product lines of business.

For groups covering early retirees (under age 65), 100 percent participation of the early retiree population is required. The group must consist of a minimum of 70 percent participation for the active employees.

Early retirees (under age 65 retirees not eligible for Medicare) cannot represent more than 10 percent of the total group enrollment.

Independence will count valid waivers in the eligibility calculations.

Credit is given for valid waivers who are eligible employees opting out because they have coverage through a spouse, as an eligible dependent to 26, or employees enrolled in Veteran coverage, Medicare, Medicaid, or any other government-issued coverage.

## Spending account funding requirements

When a Blue Solution plan includes an HSA or HRA, the required employer contribution to the HSA or HRA is listed as a percentage of the deductible to the right of the plan name (i.e., 50 or 25 percent). To comply with federal requirements, the employer HSA and/or HRA contribution must match this percentage. Contributions should not be less than or more than this percentage.

Examples:

	<b>Personal Choice PPO Platinum HSA – 50 \$1,800/100%</b>	<b>Personal Choice PPO Gold HRA – 20 \$3,700/100%</b>
<b>Contribution requirement</b>	50% of deductible	20% of deductible
<b>Plan deductible (Individual/family)</b>	\$1,800/\$3,600	\$3,700/\$7,400
<b>Employer contribution amount</b>	\$900/\$1,800	\$740/\$1,480

## Employer contribution requirement<sup>1</sup>

- For contributory plan offerings, the employer must contribute a minimum of 25 percent of the lowest-cost option's gross monthly premium.

## Benefit plan changes

- Benefit plan changes will only be allowed on anniversary (this includes upgrades, downgrades, as well as additions, terminations, or changes to ancillary benefit).

## High-deductible health plan funding limitation

- Per Affordable Care Act 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. As permitted by the state and federal laws and regulations.





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Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.

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