2015 Health insurance plans

- Learn about 2015 plans
- See if you may qualify for financial help
- Compare plans and cost-sharing

Independence

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Choose the best health plan for you

Choosing a health plan is a big decision. But the good news is, you don't have to make it alone.

We're here to help you — whether it's to explain the different types of plans or to help you figure out which one makes the most sense for you. No matter what, we want you to be confident in the choice you make.

Everything you need to get started is here. With this brochure, you'll be able to:

- See if you may qualify for a subsidy or tax credit to lower your costs
- Get information about our most innovative plans — HMO Proactive plans with a tiered network and a PPO Reserve plan with an HSA
- Look at plans side by side, so you can see how much you'll pay when you need care
- Read important information to help you understand how the plans work

You'll find that all of the plans listed in this booklet are organized by their metallic level of coverage. Here's a quick snapshot of the types of plans available to you:

You may qualify for assistance paying for health insurance.
See page 2 for details.

	$$$$ Monthly premium $				
	Platinum	Gold	Silver	Bronze	Catastrophic
PPO	✓	✓	✓	✓	✓
PPO with HSA				✓	
HMO	✓	✓	✓	✓	
HMO with tiered network		✓	✓		
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There are several ways to get lower costs on coverage. This brochure will help you determine if you may be eligible and let you compare the plan options available to you based on your income, family size, age, and other factors.

How to start

The next few pages will help you see if you may qualify for a subsidy to lower the cost of your health plan and give you more information on plans that are available to you. Once you determine your income range within the chart on page 2, you can then review and compare the plans available within this booklet:

Standard plans (eligible for premium subsidy)*

Whether you qualify for a subsidy or not, you can choose from any of our standard platinum, gold, silver, bronze, or catastrophic plans on pages 12–20.

Silver Cost-Share Reduction plans (eligible for premium subsidy and lower cost-sharing)

If you qualify for a subsidy that lowers your monthly premiums and out-of-pocket costs and you want to take advantage of both, then you must choose from one of our silver plans with lower cost-sharing on pages 22–27.

American Indian/Alaska Natives

If you're a member of a federally recognized tribe, you are eligible for plans with lower or no cost-sharing. Turn to page 28 for more information.

Questions?
Contact your broker for answers.

* If you are losing your group coverage and want to apply for conversion coverage, you must apply for a Standard plan on pages 12– 20; however, you will not be eligible for a subsidy to lower your monthly premiums.

See if you qualify for a subsidy

If you qualify, you may be able to get one of the following:

- Health insurance through Medical Assistance or Healthy PA
- Lower monthly premiums plus a break on the out-of-pocket costs you pay each time you need medical care
- Lower monthly premiums

If you don't qualify for a tax credit or subsidy, you can still apply for any of our standard plans on pages 12–20.

The government will be providing tax credits, or subsidies, to help eligible individuals who purchase their own insurance, including working families.

To determine if you may be able to get financial help from the government, use this chart to:

- Locate the number of people in your family
- See if your household income falls within one of these ranges
- Learn more about low-cost plans you may qualify for

	Household Income		
% of Federal Poverty Level	<133%	133 – 249%	250 – 400%
Single	< $15,521.10	$15,521.10 – $29,174.99	$29,175 – $46,680
Family of 2	< $20,920.90	$20,920.90 – $39,324.99	$39,325 – $62,920
Family of 3	< $26,320.70	$26,320.70 – $49,474.99	$49,475 – $79,160
Family of 4	< $31,720.50	$31,720.50 – $59,624.99	$59,625 – $95,400
Family of 5	< $37,120.30	$37,120.30 – $69,774.99	$69,775 – $111,640
Family of 6	< $42,520.10	$42,520.10 – $79,924.99	$79,925 – $127,880
Family of 7	< $47,919.90	$47,919.90 – $90,074.99	$90,075 – $144,120
Family of 8	< $53,319.70	$53,319.70 – $100,224.99	$100,225 – $160,360

You may qualify for Medical Assistance or Healthy PA.

Learn more at dpw.state.pa.us.

You may qualify for a subsidy that will lower your monthly premiums and out-of-pocket costs.

See plans on page 22.

You may qualify for a subsidy that will lower your monthly premiums. These plans are available to you even if you do not qualify for a tax credit or subsidy.

See plans on page 12.

This chart is intended to give you an idea if you will be eligible for help from the government in paying your health insurance costs. For families of nine or more, add $4,060 for each additional family member. Final eligibility determinations and the actual amount of your tax credit/subsidy will be determined by the federal government when open enrollment begins on November 15, 2014.

Medical Assistance

Medical Assistance, also known as **Medicaid,** is a free public health insurance program administered by the Department of Public Welfare. Eligibility requirements for this program are complicated. There are requirements for income, number of family members in your household, and age. Certain disabilities will also be factored into eligibility decisions. For more information and to verify that you qualify for benefits, visit www.dpw.state.pa.us.

Healthy PA

Healthy PA is a Pennsylvania-specific plan that provides private health insurance coverage to low income Pennsylvanians including many that are often ineligible for Medicaid coverage. Under Healthy PA, benefit packages include essential health benefits and meet standards for mental health and drug and alcohol coverage uniformity. Individuals enrolled in Healthy PA will have the opportunity to reduce their cost-sharing obligations by engaging in certain healthy behaviors. If eligible, you can enroll in Healthy PA at www.compass.state.pa.us. Enrollment is expected to begin December 1, 2014.

Monthly premiums and out-of-pocket costs

If you fall into this income range, you may receive assistance paying for your monthly health insurance premiums. This assistance will be in the form of **tax credits/subsidies**. The federal government will pay this amount directly to your health insurance company, which will lower your premium each month.

You may also be eligible to receive assistance with paying the out-of-pocket costs you are charged, like **deductibles, copayments,** and **coinsurance**, when you receive care. If you qualify for and want this assistance, the health care law requires that you select a health plan in the silver category. Turn to pages 21–27 to see the silver plans with lower out-of-pocket costs.

If you do not select a health plan from the silver category, the federal government will still assist you with your share of the monthly insurance premium. However, you will not be able to get help in paying for deductibles, copayments, and coinsurance.

Monthly premiums

If you fall into this income range, you may be able to reduce your monthly premiums. The money will be sent directly to your health insurance company each month so you will get the savings right away. You can apply **tax credits** for monthly premiums to any of the platinum, gold, silver, or bronze plans. Turn to pages 12–20 to see available plans. Even if you do not qualify for a tax credit or subsidy, you can choose from one of these plans.

Contact your broker to see if you qualify for a subsidy.

Here are some examples of how tax credits can lower costs for individuals and families.

Individual

Joe, age 27
Income: $27,500
Premium: $2,954
Tax Credit: $843
Annual Cost to Joe: $2,111

Family of Four

Jane, age 35, husband John, kids Katie & Jack
Income: $65,000
Premium: $10,468
Tax Credit: $4,745
Annual Cost to Jane: $5,723

Source: Kaiser Family Foundation calculator

HMO Proactive plans with a tiered network

Plans that give you more control and more savings

If you're looking for a health plan that offers you the best value, Keystone HMO Gold and Silver Proactive plans are right for you. You'll save on monthly premiums, plus you have the opportunity to save even more on your out-of-pocket costs by choosing providers in Tier 1 or Tier 2.

Freedom to save

- Lower monthly premiums
- Lower costs when you receive care from Tier 1 providers

Save money when you visit doctors and hospitals in Tier 1 – Preferred

HMO Proactive plans work just like a typical HMO in that you can visit any doctors and hospitals in network and you select a primary care physician to refer you to specialists. But now you can save on your out-of-pockets costs when you visit certain health care providers.

Here's how it works: We grouped our HMO providers into three tiers based on cost and in many cases quality measures. While all of the doctors and hospitals in our network must meet high quality standards, many offer the same services at a lower cost. If they cost less, then you'll pay less.

Your costs when you receive care

Tier 1 – Preferred	Tier 2 – Enhanced	Tier 3 – Standard
$	$$	$$$

High quality doesn't have to mean high cost

Tiers help you see which providers can offer the best value on care.

You'll pay the lowest out-of-pocket costs when you visit doctors and hospitals in Tier 1 – Preferred, higher costs when you choose Tier 2 – Enhanced, and the highest cost with Tier 3 – Standard. The good news is that you have plenty of choices on where you receive care because more than 50 percent of doctors and hospitals are in Tier 1 – Preferred.

But the important thing to remember is, the choice is yours. You get control over how you spend your health care dollars. You can choose doctors in Tier 1 – Preferred for some services, and doctors from the other two tiers for other services.

Pay the same cost for select services, no matter where you go

Even though you can save money by choosing doctors and hospitals in Tier 1 – Preferred, there are some services that cost the same across all tiers, such as:

- Preventive care
- Emergency room
- Emergency ambulance
- Urgent care
- Prescription drugs
- Physical and occupational therapy
- Pediatric dental and vision
- Mental health
- Spinal manipulation
- Outpatient lab/pathology

Gold or Silver – Choose the plan that's best for you

We have two tiered network plans for you to choose from — Keystone HMO Gold Proactive and Keystone HMO Silver Proactive. If you want a higher level of coverage, choose the HMO Gold Proactive plan. If you need to balance your monthly premiums with your out-of-pocket costs, then HMO Silver Proactive may be right for you. The HMO Silver Proactive plan is also a good option if you qualify for a cost-sharing reduction or premium subsidy.

The plan charts below show out-of-pocket costs for the most common health care services.

Find out if your doctors and hospitals are in Tier 1 – Preferred. Contact your broker for assistance.

	HMO Gold Proactive		
	Tier 1 – Preferred	Tier 2 – Enhanced	Tier 3 – Standard
Deductible (individual)	$0	$0	$0
Primary care office visit	$15	$30	$45
Specialist office visit	$40	$60	$80
Inpatient hospital[1]	$350/day $1,750 max	$700/day $3,500 max	$1,100/day $5,500 max
Emergency room[3]	$400	$400	$400
Generic prescription drugs	$15	$15	$15

Plan highlights

- Higher monthly premium, lower costs when you receive care
- Compatible with premium subsidy but not compatible with cost-sharing reduction
- No deductible to pay, only copays and coinsurance

	HMO Silver Proactive		
	Tier 1 – Preferred	Tier 2 – Enhanced	Tier 3 – Standard
Deductible (individual)	$0	$4,500	$4,500
Primary care office visit	$25	$40 No deductible	$50 No deductible
Specialist office visit	$50	$70 No deductible	$100 No deductible
Inpatient hospital[1]	$500/day $2,500 max	$900/day[2] $4,500 max	$1,300/day[2] $6,500 max
Emergency room[3]	$550	$550 No deductible	$550 No deductible
Generic prescription drugs	$15	$15	$15

Plan highlights

- Lower monthly premium, higher costs when you receive care
- Compatible with premium subsidy and cost-sharing reduction
- No deductible to pay when you choose Tier 1 – Preferred

1 Copay waived if readmitted within 10 days. If admitted to the in-network hospital from the emergency room, the out-of-pocket costs for inpatient hospital will apply based on the tier of the in-network hospital. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply.

2 Subject to the deductible.

3 Copay not waived if admitted.

Choose Tier 1 – Preferred Hospitals for maximum cost savings

Here's a listing of our HMO network hospitals arranged by tier and county. To see the most up-to-date list or find out which tier your doctors are in, visit our online Provider Finder at www.ibx4you.com/providerfinder.

Tier 1 – Preferred ($)

Pennsylvania

Bucks
Aria Health – Bucks County Campus
Barix Clinic
Doylestown Hospital
Grand View Hospital
St. Luke's Quakertown Hospital

Chester
Brandywine Hospital
Chester County Hospital and Health System
Jennersville Regional Hospital
Phoenixville Hospital

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

Lehigh
St. Luke's Hospital – Allentown Campus
The Surgical Specialty Center @ Coordinated Health

Montgomery
Abington Memorial Hospital
Albert Einstein Medical Center – Montgomery Campus
Holy Redeemer Hospital and Medical Center
Lansdale Hospital
Physician Care Surgical
Pottstown Memorial Medical Center

Philadelphia
Albert Einstein Medical Center
Albert Einstein Medical Center – Germantown Campus
Aria Health – Frankford Campus
Aria Health – Torresdale Campus
Chestnut Hill Hospital
Hahnemann University Hospital
Jeanes Hospital
Roxborough Memorial Hospital
Wills Eye Hospital

New Jersey

Burlington
Deborah Heart & Lung Center
Lourdes Medical Center of Burlington County

Camden
Cooper Hospital University Medical Center

Mercer
Robert Wood Johnson University Hospital at Hamilton
St. Francis Medical Center

Salem
Memorial Hospital of Salem County

Warren
Hackettstown Community Hospital

This list is current as of September 19, 2014. For the most up to date information, visit www.ibx4you.com/proactive.

Tier 2 – Enhanced ($$)

Pennsylvania

Bucks
Lower Bucks Hospital

Philadelphia
Children's Hospital of Philadelphia
Fox Chase Cancer Center
North Philadelphia Health System
St. Christopher's Hospital for Children
Shriner's Hospital for Children

New Jersey

Camden
Our Lady of Lourdes Medical Center

Gloucester
Inspira Medical Center – Woodbury

Delaware

New Castle
A.I. DuPont Hospital for Children

Tier 3 – Standard ($$$)

Pennsylvania

Berks
St. Joseph Medical Center

Bucks
St. Mary Medical Center

Chester
Main Line Health – Paoli Hospital
Reading Hospital and Medical Center

Delaware
Main Line Health – Riddle Hospital

Lancaster
Ephrata Community Hospital
Heart of Lancaster Regional Medical Center
Lancaster General Hospital
Lancaster Regional Medical Center

Lehigh
Lehigh Valley Hospital
Lehigh Valley Hospital – Muhlenberg
Sacred Heart Hospital

Montgomery
Main Line Health – Bryn Mawr Hospital
Main Line Health – Lankenau Medical Center

Tier 3 – Standard ($$$) cont'd

Northampton
Easton Hospital

Philadelphia
Hospital of the University of Pennsylvania
Mercy Fitzgerald Hospital
Mercy Philadelphia Hospital
Mercy Suburban Hospital
Methodist Hospital – Thomas Jefferson University Hospital
Nazareth Hospital
Penn Presbyterian Medical Center
Pennsylvania Hospital
Temple – Northeast Campus
Temple University Hospital
Thomas Jefferson University Hospital

New Jersey

Burlington
Virtua – Memorial Hospital of Burlington
Virtua – West Jersey Health System – Marlton

Camden
Kennedy University Hospitals – Cherry Hill Division
Kennedy University Hospitals – Stratford Division
Kennedy University Hospitals – Washington Township Division
Virtua – West Jersey Health System – Berlin
Virtua – West Jersey Health System – Camden
Virtua – West Jersey Health System – Voorhees

Hunterdon
Hunterdon Medical Center

Mercer
Capital Health System – Fuld Campus
Capital Health System – Hopewell Campus

Salem
Inspira Medical Center – Elmer

Warren
Warren Hospital

Delaware

New Castle
Christiana Care Health Services – Christiana Hospital
Christiana Care Health Services – Wilmington Hospital
St. Francis Hospital

Maryland

Cecil
Union Hospital

Freedom to choose

There's no need to stay within one tier. You can choose a different tier provider any time you receive care.

PPO Reserve plan with an HSA

Save for future health expenses with a health savings account

Our PPO Bronze Reserve plan works just like a standard PPO plan, but you also get the option of opening a health savings account (HSA) to help you save money for health expenses.

How an HSA works

With an HSA, you can set aside money for any out-of-pocket expenses you may have. This money can be used for copays, deductibles, and coinsurance for a number of health services determined by the IRS. It can even be used to pay for some health services that may not be covered by your plan, such as LASIK surgery. And you don't need to worry about using all of your HSA dollars during the plan year. Any leftover money rolls over each year to pay for future qualified medical expenses.

How an HSA plan can save you money

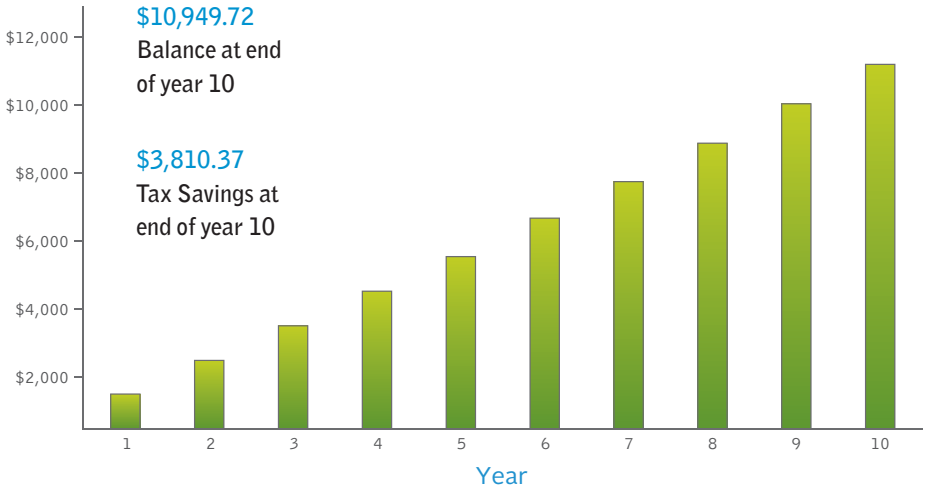
With an HSA plan, you save money on your monthly premiums because HSA plans are more affordable than many other plans. Plus, you can save even more by investing in a tax-free account that earns interest. Any taxes you paid on the money you contributed to the HSA will be returned to you when you file your taxes. Plus, you don't have to pay taxes on the money you take out and use for qualified medical expenses or any interest you earn on the account.

Open an HSA with Bank of America

You can use our preferred vendor, Bank of America, an independent company, to set up an HSA or you can pick any bank you like. It's easy to set up a Bank of America HSA — simply visit ww.ibxpress.com after you enroll in the PPO Bronze Reserve plan. One of the features of a Bank of America HSA is that claims will be automatically available for payment through your HSA and you can choose to pay any cost-sharing you owe with your HSA funds. You even have the ability to pay for qualified medical expenses that are not covered by your high-deductible plan. With Bank of America, you will begin to earn interest right away on any contributions. Once your balance reaches $500, you may invest any portion of your balance above that level. Your investment choices include a wide variety of savings and investment options to help you maximize your savings year after year.* The best part is, there is no monthly account fee as long as you remain enrolled in the PPO Bronze Reserve plan.

Watch your savings grow year after year

Let's say you contribute $2,000 to your HSA each year and withdraw, on average, $1,000 for health care expenses. With a return rate of 2 percent, your savings will grow each year. Depending on how you invest your money, your savings can be even greater!



The above chart is for illustrative purposes only. The example assumes a 15 percent tax bracket, 3 percent state taxes, and that the investment choices yield an interest rate of 2 percent. Please consult with your tax advisor for your situation.

Your HSA

- No taxes on the money you earn
- No taxes on the money you take out
- Get taxes back on the money you put in

* Investments in mutual funds: Are not FDIC insured. Are not bank issued or guaranteed. May lose value. | Independence Blue Cross does not offer banking, investment or financial services.

HSA funds are maintained in accounts under the custody of Bank of America, a separate company that does not offer Blue Cross and/or Blue Shield products or services. | Bank of America is not affiliated with Independence Blue Cross.

New ways you can save on health care

Many of our plans help you make more cost-effective choices when spending your health care dollars. But you can also save on out-of-pocket costs when you visit certain providers for select services. Check the benefits summaries in the back of this brochure to see which plans include these benefits.

$0 outpatient laboratory services at freestanding labs

When you need blood work or other laboratory services, you will have no cost-sharing as long as you use a freestanding lab in our network. If you choose to use a hospital-based lab, you will pay the cost-sharing designated in your benefits summary. To find an in-network freestanding lab, visit our online Provider Finder.

Provider Finder

Find in-network providers by visiting ibx4you.com/providerfinder.

$0 colonoscopies from Preventive Plus designated providers

Colorectal cancer is highly treatable when it's detected early, which is why we cover preventive colonoscopies at $0 cost-sharing when you use one of our Preventive Plus designated providers. In addition to $0 cost-sharing, Preventive Plus offers more convenience and nearby screening centers. To find a Preventive Plus provider, visit our online Provider Finder.

Lower cost-sharing for outpatient surgery

If you require an outpatient surgical procedure, you will pay less by visiting in-network ambulatory surgical centers (ASC). As with any important health care matter, decisions should not be based on cost alone. You should work with your health care provider to determine the best setting for care. Both in-network ASCs and hospitals can be found by visiting our online Provider Finder.

Prescription drug coverage

Promoting better health

Prescription drug benefits help you to easily and safely obtain prescription drugs at an affordable cost.

Convenient mail order pharmacy

If you have prescription medications that you need to take on an ongoing basis, mail order service is an excellent way to get a long-lasting supply and reduce your out-of-pocket costs.

Mail order is convenient and safe to use. If you choose mail order, your doctor can prescribe a supply that will last up to 90 days. You can get three times as many doses of your medication at one time delivered right to your home.

Specialty Pharmacy Program

The Specialty Pharmacy Program is a convenient delivery system for specialty medications which are used to treat rare, complex, or chronic diseases such as multiple sclerosis, Hepatitis C, or rheumatoid arthritis. Since specialty drugs require special handling, administration, and monitoring, these complex and costly medications may not be readily available at local pharmacies. With the Specialty Pharmacy Program, your medications are delivered directly to your home or to your doctor's office. In addition, you get 24/7 access to clinical staff who are available to answer any questions about specialty medications.

Mandatory generic

The mandatory generic benefit is included in some of our plans and is a way to keep costs down. Generic drugs are as safe and effective as brand drugs, but they cost a lot less. When you choose a generic drug, you will always pay the lowest possible cost. But with the mandatory generic benefit, if you choose to purchase a brand drug that is available in a generic form, you will be responsible for paying the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for the brand drug.

The mandatory generic benefit is included in:

- All Silver plans
- All Bronze plans
- Keystone HMO Gold and Silver Proactive plans
- Personal Choice Catastrophic plan

Participating pharmacies

Your prescription drug benefits give you access to the FutureScripts* network which includes more than 68,000 retail pharmacies, including most major chains and many local pharmacies. Even when traveling, you will find that most of the pharmacies in all 50 states accept your ID card and can fill your prescription for the same cost-sharing you pay at home, as long as you use a participating pharmacy. There is no need to select just one pharmacy for your prescription needs. To locate a participating pharmacy, visit www.ibx4you.com/pharmacysearch and select *Find a Pharmacy*.

FutureScripts Preferred Pharmacy Network

Some of our plans use the FutureScripts Preferred Pharmacy Network, which is another way you can keep costs down. This network is a subset of the national retail pharmacy network and includes over 50,000 pharmacies, including most major chains and local pharmacies, except Walgreens and Rite Aid stores.

The FutureScripts Preferred Pharmacy Network is required for:

- All Bronze plans
- Keystone HMO Gold and Silver Proactive plans
- Personal Choice Catastrophic plan

Online services

Members can log in to ibxpress.com for:

- Network pharmacy search
- Formulary search
- Claims information
- Mail-order refill requests

Pharmacy benefits are administered by FutureScripts, a Catamaran company, an independent company providing pharmacy benefit management services.

Vision coverage

The clear solution to your vision care needs

Vision care is an important part of your overall health. Eye exams can help detect serious medical conditions like diabetes, hypertension, or heart disease.

- Pediatric vision coverage. Pediatric vision coverage is included in all of our health plans and covers your enrolled dependents up to age 19. Benefits include annual eye care visits and a pair of eyeglasses every calendar year. Your pediatric vision benefits can be used at Visionworks*, which has one of the largest selections of children's eyeglasses in the eyewear industry.
- Adult vision coverage. If you want adult vision coverage, you can choose the PPO Platinum Complete or PPO Silver plan which includes both pediatric vision coverage and adult coverage for members 19 and older. Vision benefits include a $150 allowance for frames or $100 for contact lenses when you visit a Visionworks location, or a $100 allowance for frames or contact lenses at all other participating providers.

Conveniently located providers and value-added services

The vision network includes more than 40,000 ophthalmologists, optometrists, and regional and national retailers, including Visionworks optical retail centers with convenient locations across the Philadelphia five-county area and surrounding states.

Both pediatric and adult vision coverage includes:

- Wide variety of frames to choose from. You have the freedom to use your frame allowance at any network location toward any frame on the market today.
- One-year warranty. Every frame or lens purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.

Provider Finder

Find in-network dental and vision providers by going to ibx4you.com/dentalprovider or ibx4you.com/visionprovider, respectively.

Additional dental and vision options for adults

You can add a stand-alone adult dental or vision plan to any of our medical plans. Refer to the Specialty Services brochure for more details and contact your broker with questions.

Pediatric dental coverage

Pediatric dental coverage is considered an essential health benefit under the Affordable Care Act. Available to your enrolled dependents up to age 19, pediatric dental coverage includes preventive and diagnostic treatment that can help reduce the frequency and cost of expensive procedures. If you would like adult dental coverage, you can purchase our PPO Platinum Complete plan or a stand-alone adult dental plan.

Pediatric dental PPO included with all plans**

The pediatric dental PPO offers full coverage for in-network dental exams and cleanings every six months from a dental provider within the nationwide Concordia Advantage network.

Pediatric dental benefits are covered in-network only and also include basic and major services, and medically necessary orthodontia. All coinsurance, deductibles, and copays used for pediatric dental services will contribute toward your medical out-of-pocket expenses.

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

**Pediatric dental coverage is included with all Independence Blue Cross Individual medical policies except for Personal Choice Bronze Basic.

Independence Blue Cross Vision Care is administered by Davis Vision, an independent company.

Independence Blue Cross dental plans are administered by United Concordia, an independent company.

Standard plans (eligible for premium subsidy)

Whether you qualify for a subsidy or not, you can choose from one of our plans in the platinum, gold, silver, or bronze categories seen in the following pages. Your out-of-pocket expenses will be the same either way, but you'll pay lower monthly premiums if you qualify for financial assistance.

If you are under age 30 or qualify for an exemption such as an extreme financial hardship, or discontinuation of a current plan that is not ACA compliant, then you may qualify for a catastrophic plan. See page 20 for plan benefits.

	Household income	
% of Federal Poverty Level	250 – 400%	400% +
Single	$29,175 – $46,680	$46,680.01+
Family of 2	$39,325 – $62,920	$62,920.01+
Family of 3	$49,475 – $79,160	$79,160.01+
Family of 4	$59,625 – $95,400	$95,400.01+
Family of 5	$69,775 – $111,640	$111,640.01+
Family of 6	$79,925 – $127,880	$127,880.01+
Family of 7	$90,075 – $144,120	$144,120.01+
Family of 8	$100,225 – $160,360	$160,360.01+

You may qualify for a subsidy that will lower your monthly premiums.

See plans on pages 12–20.

See plans on pages 12–20.

All of our Standard plans are eligible for a premium subsidy.

Contact your broker to see if you qualify for a subsidy.

Platinum health plans

Personal Choice PPO Platinum Complete[3]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family	$0/$0	$2,000/$4,000
Coinsurance	0% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:	$2,000/$4,000 copay and coinsurance	$4,000/$8,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$750	50% no deductible
Physician services		
Primary care office visit/retail clinic	$10	50% after deductible
Specialist office visit	$40	50% after deductible
Urgent care	$100	50% after deductible
Spinal manipulations (20 visits per year)[8]	$50	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	$40	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$300 per day[9]	50% after deductible
Inpatient professional services (includes maternity)	$0	50% after deductible
Emergency room (not waived if admitted)	$250	$250 no deductible
Routine radiology/diagnostic	$40	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	$80	50% after deductible
Biotech/specialty injectables	$80	50% after deductible
Durable medical equipment/prosthetics	50%	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	$40	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	$300 per day[9]	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	$50	50% after deductible
Hospital-based	$250	50% after deductible
Outpatient lab/pathology		
Freestanding	$0	50% after deductible
Hospital-based	50%	50% after deductible
Prescription drugs[14,15,16,17,18]		
Rx deductible (individual/family)	None	None
Retail generic	$5	70%
Retail brand	$20	70%
Retail non-formulary brand	$40	70%
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0	Not covered
Pediatric glasses[23,25]	$0	Not covered
Adult routine eye exam[24]	$0	Not covered
Adult eyewear (glasses or contacts)[26]	Up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Pediatric & Adult dental[27,28]		
Pediatric & Adult dental deductible (per individual)	$50	Not covered
Pediatric & Adult exams and cleanings[29]	$0 no deductible	Not covered
Pediatric & Adult Minor Restorative	30% after deductible	Not covered
Pediatric & Adult Major Restorative	40% after deductible	Not covered
Pediatric Orthodontia[30]	50% after deductible	Not covered

Platinum health plans

Benefits per calendar year[1]	Personal Choice PPO Platinum[3] You pay in-network	Personal Choice PPO Platinum[3] You pay out-of-network[6]	Keystone HMO Platinum[3] You pay in-network[5]
Deductible, individual/family	$0/$0	$2,000/$4,000	$0/$0
Coinsurance	0% unless otherwise noted	50%	0% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$2,500/$5,000 copay and coinsurance	$4,000/$8,000 deductible and coinsurance	$3,000/$6,000 copay and coinsurance
Preventive services[7]			
Preventive care for adults and children	$0	50% no deductible	$0
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	N/A	$0
Preventive colonoscopy for colorectal cancer screening - All other providers	$750	50% no deductible	$750
Physician services			
Primary care office visit/retail clinic	$10	50% after deductible	$15
Specialist office visit	$40	50% after deductible	$30
Urgent care	$100	50% after deductible	$100
Spinal manipulations (20 visits per year)[8]	$50	50% after deductible	$50
Physical/occupational therapy (30 visits per year)[8]	$40	50% after deductible	$30
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$300 per day[9]	50% after deductible	$400 per day[9]
Inpatient professional services (includes maternity)	$0	50% after deductible	$0
Emergency room (not waived if admitted)	$250	$250 no deductible	$250
Routine radiology/diagnostic	$40	50% after deductible	$30
MRI/MRA, CT/CTA scan, PET scan	$80	50% after deductible	$60
Biotech/specialty injectables	$80	50% after deductible	$60
Durable medical equipment/prosthetics	50%	50% after deductible	50%
Mental health, serious mental illness & substance abuse - outpatient	$40	50% after deductible	$30
Mental health, serious mental illness & substance abuse - inpatient	$300 per day[9]	50% after deductible	$400 per day[9]
Outpatient surgery			
Ambulatory surgical facility	$50	50% after deductible	$100
Hospital-based	$250	50% after deductible	$300
Outpatient lab/pathology			
Freestanding	0%	50% after deductible	$0
Hospital-based	50%	50% after deductible	$0
Prescription drugs[14,15,16,17,18]			
Rx deductible (individual/family)	None	None	None
Retail generic	$5	70%	$5
Retail brand	$30	70%	$30
Retail non-formulary brand	$50	70%	$50
Additional benefits			
Vision[22]			
Pediatric routine eye exam[23,24]	$0	Not covered	$0
Pediatric glasses[23,25]	$0	Not covered	$0
Adult routine eye exam[24]	Not covered	Not covered	Not covered
Adult eyewear (glasses or contacts)[26]	Not covered	Not covered	Not covered
Pediatric dental[27,28]			
Pediatric dental deductible (per individual)	$50	Not covered	$50
Pediatric exams and cleanings[29]	$0 no deductible	Not covered	$0 no deductible
Pediatric Minor Restorative	50% after deductible	Not covered	50% after deductible
Pediatric Major Restorative	50% after deductible	Not covered	50% after deductible
Pediatric Orthodontia[30]	50% after deductible	Not covered	50% after deductible

All footnotes listed on inside back cover

Gold health plans

Personal Choice PPO Gold[3]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family	$0/$0	$4,000/$8,000
Coinsurance	0% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes[11]:	$5,500/$11,000 copay and coinsurance	$8,000/$16,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$750	50% no deductible
Physician services		
Primary care office visit/retail clinic[13]	$20	50% after deductible
Specialist office visit	$60	50% after deductible
Urgent care	$100	50% after deductible
Spinal manipulations (20 visits per year)[8]	$50	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	$60	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$750 per day[9]	50% after deductible
Inpatient professional services (includes maternity)	$0	50% after deductible
Emergency room (not waived if admitted)[12]	$350	$350 no deductible
Routine radiology/diagnostic	$60	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	$120	50% after deductible
Biotech/specialty injectables	$120	50% after deductible
Durable medical equipment/prosthetics	50%	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	$60	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	$750 per day[9]	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	$300	50% after deductible
Hospital-based	$700	50% after deductible
Outpatient lab/pathology		
Freestanding	0%	50% after deductible
Hospital-based	50%	50% after deductible
Prescription drugs[14,15,16,17,18]		
Rx deductible (individual/family)	None	None
Retail generic[21]	$10	70%
Retail brand	30% with $200 copay max	70%
Retail non-formulary brand	40% with $200 copay max	70%
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0	Not covered
Pediatric glasses[23,25]	$0	Not covered
Dental[27,28]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[29]	$0 no deductible	Not covered
Pediatric basic, major and orthodontia services[30]	50% after deductible	Not covered

Keystone HMO Gold[3]	Keystone HMO Gold Proactive[3,19,20]		
You pay in-network[5]	You pay in-network[5] Tier 1 – Preferred	You pay in-network[5] Tier 2 – Enhanced	You pay in-network[5] Tier 3 – Standard
$0/$0	$0/$0	$0/$0	$0/$0
0% unless otherwise noted	0% unless otherwise noted	20% unless otherwise noted	30% unless otherwise noted
$6,100/$12,200 copay and coinsurance	$6,600/$13,200 copay and coinsurance	$6,600/$13,200 copay and coinsurance	$6,600/$13,200 copay and coinsurance
$0	$0	$0	$0
$0	$0	$0	$0
$750	$750	$750	$750
$25	$15	$30	$45
$60	$40	$60	$80
$100	$100	$100	$100
$50	$50	$50	$50
$60	$60	$60	$60
$750 per day[9]	$350 per day[9]	$700 per day[9]	$1,100 per day[9]
$0	0%	20%	30%
$350	$400	$400	$400
$60	$60	$60	$60
$120	$120	$120	$120
$120	50%	50%	50%
50%	50%	50%	50%
$60	$40	$40	$40
$750 per day[9]	$350 per day[9]	$350 per day[9]	$350 per day[9]
$300	$150	$550	$1,000
$700	$150	$550	$1,000
$0	$0	$0	$0
$0	$0	$0	$0
None	None	None	None
$10	$15	$15	$15
30% with $200 copay max	50% with $200 copay max	50% with $200 copay max	50% with $200 copay max
40% with $200 copay max	50% with $300 copay max	50% with $300 copay max	50% with $300 copay max
$0	$0	$0	$0
$0	$0	$0	$0
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Silver health plans

Personal Choice PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family[10]	$2,000/$4,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$6,450/$12,900 copay, deductible, and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no deductible	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$750 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic[13]	$30 no deductible	50% after deductible
Specialist office visit	$70 no deductible	50% after deductible
Urgent care	30% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[8]	30% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	$70 no deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services	25% after deductible[32]	50% after deductible
Inpatient professional services	30% after deductible	50% after deductible
Emergency room (not waived if admitted)[12]	30% after deductible	30% after in-network deductible
Routine radiology/diagnostic	30% after deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	30% after deductible	50% after deductible
Biotech/specialty injectables	30% after deductible	50% after deductible
Durable medical equipment/prosthetics	50% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	$70 no deductible	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	25% after deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	30% after deductible	50% after deductible
Hospital-based	30% after deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% no deductible	50% after deductible
Hospital-based	50% no deductible	50% after deductible
Prescription drugs[14,15,16,17,18,20]		
Rx deductible (individual/family)	None	None
Retail generic[21]	$15	70%
Retail brand	30% with $200 copay max	70%
Retail non-formulary brand	40% with $200 copay max	70%
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0	Not covered
Pediatric glasses[23,25]	$0	Not covered
Adult routine eye exam[24]	$0	Not covered
Adult eyewear (glasses or contacts)[26]	Up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[27,28]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[29]	$0 no deductible	Not covered
Pediatric basic, major and orthodontia services[30]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2,19]		
You pay in-network[5]	You pay in-network[5] Tier 1 – Preferred	You pay in-network[5] Tier 2 – Enhanced	You pay in-network[5] Tier 3 – Standard
$2,000/$4,000	$0/$0	$4,500/$9,000	$4,500/$9,000
30% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$6,450/$12,900 copay, deductible, and coinsurance	$6,600/$13,200 copay, coinsurance	$6,600/$13,200 copay, coinsurance, and deductible	$6,600/$13,200 copay, coinsurance, and deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$750 no deductible	$750	$750 no deductible	$750 no deductible
$35 no deductible	$25	$40 no deductible	$50 no deductible
$70 no deductible	$50	$70 no deductible	$100 no deductible
30% after deductible	$100	$100 no deductible	$100 no deductible
30% after deductible	$50	$50 no deductible	$50 no deductible
$60, no deductible	$60	$60 no deductible	$60 no deductible
30% after deductible	$500 per day[9]	Subject to deductible and $900 per day[9]	Subject to deductible and $1,300 per day[9]
30% after deductible	0%	5% after deductible	10% after deductible
30% after deductible	$550	$550 no deductible	$550 no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
$250 no deductible	$250	$250 no deductible	$250 no deductible
30% after deductible	50%	50% no deductible	50% no deductible
50% after deductible	50%	50% no deductible	50% no deductible
$70 no deductible	$50	$50 no deductible	$50 no deductible
30% after deductible	$500 per day[9]	$500 per day no deductible[9]	$500 per day no deductible[9]
30% after deductible	$250	Subject to deductible and $750 copay	Subject to deductible and $1,250 copay
30% after deductible	$250	Subject to deductible and $750 copay	Subject to deductible and $1,250 copay
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
None	None	None	None
$15	$15	$15	$15
40% with $300 copay max	50% with $400 copay max	50% with $400 copay max	50% with $400 copay max
50% with $300 copay max	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
$0	$0	$0	$0
$0	$0	$0	$0
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Bronze health plans

Personal Choice PPO Bronze[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family	$4,000/$8,000	$15,000/$30,000
Coinsurance	50% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:	$6,600/$13,200 copay, deductible, and coinsurance	$25,000/$50,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no deductible	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$750 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic	$40 no deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible
Urgent care	50% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[8]	50% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	50% after deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services	25% after deductible[33]	50% after deductible
Inpatient professional services	50% after deductible	50% after deductible
Emergency room (not waived if admitted)	50% after deductible	50% after in-network deductible
Routine radiology/diagnostic	50% after deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	50% after deductible	50% after deductible
Biotech/specialty injectables	50% after deductible	50% after deductible
Durable medical equipment/prosthetics	50% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	50% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	25% after deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	50% after deductible	50% after deductible
Hospital-based	50% after deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% after deductible	50% after deductible
Hospital-based	50% after deductible	50% after deductible
Prescription drugs[14,15,17,18,19,20]		
Rx deductible (individual/family)	Integrated with medical deductible	Integrated with medical deductible
Retail generic	$15 after deductible[21]	70% after deductible[16]
Retail brand	40% after deductible	70% after deductible[16]
Retail non-formulary brand	50% after deductible	70% after deductible[16]
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0 no deductible	Not covered
Pediatric glasses[23,25]	$0 no deductible	Not covered
Dental[27,28]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[29]	$0 no deductible	Not covered
Pediatric basic, major and orthodontia services[30]	50% after deductible	Not covered

Keystone HMO Bronze[2]	Personal Choice PPO Bronze Reserve[4]		Personal Choice Bronze Basic[2,3,4]
You pay in-network[5]	You pay in-network	You pay out-of-network[6]	You pay in-network[5]
$6,000/$12,000	$6,000/$12,000	$15,000/$30,000	$6,600/$13,200
0% unless otherwise noted	0%	50% unless otherwise noted	0%
$6,600/$13,200 copay, deductible, and coinsurance	$6,000/$12,000 deductible and coinsurance	$25,000/$50,000 deductible and coinsurance	$6,600/$13,200 copay and deductible
$0 no deductible	$0 no deductible	50% no deductible	$0 no deductible
$0 no deductible	$0 no deductible	N/A	$0 no deductible
$750 no deductible	$750 no deductible	50% no deductible	$750 no deductible
$40 no deductible	0% after deductible	50% after deductible	Visits 1 – 3: $30 copay no deductible Visits 4+ : 0% after deductible
$80 no deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
$60, no deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	0% after in-network deductible	0% after deductible
$60 no deductible	0% after deductible	50% after deductible	0% after deductible
$250 no deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
$80 no deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
0% after deductible	0% after deductible	50% after deductible	0% after deductible
$0 no deductible	0% after deductible	50% after deductible	0% after deductible
$0 no deductible	0% after deductible	50% after deductible	0% after deductible
Integrated with medical deductible; Brand only[16]	Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible
$15 no deductible[21]	0% after deductible	70% after deductible[16]	0% after deductible
0% after deductible	0% after deductible	70% after deductible[16]	0% after deductible
0% after deductible	0% after deductible	70% after deductible[16]	0% after deductible
	Integrated with medical deductible	Not covered	Integrated with medical deductible
$0	$0 after deductible	Not covered	$0 after deductible
$0	$0 after deductible	Not covered	$0 after deductible
$50	Integrated with medical deductible	Not covered	n/a
$0 no deductible	$0 no deductible	Not covered	Not covered
50% after deductible	0% after deductible	Not covered	Not covered

All footnotes listed on inside back cover

Catastrophic

Personal Choice Catastrophic[2]

Benefits per calendar year[1]	You pay in-network[5]
Deductible, individual/family	$6,600/$13,200
Coinsurance	0%
Out-of-pocket maximum, individual/family includes:	$6,600/$13,200 copay and deductible
Preventive services[7]	
Preventive care for adults and children	$0 no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no deductible
Preventive colonoscopy for colorectal cancer screening - All other providers	$750 no deductible
Physician services	
Primary care office visit/retail clinic	Visits 1-3: $50 copay no deductible Visits 4+: 0% after deductible
Specialist office visit	0% after deductible
Urgent care	0% after deductible
Spinal manipulations (20 visits per year)	0% after deductible
Physical/occupational therapy (30 visits per year)	0% after deductible
Hospital/other medical services	
Inpatient hospital services (includes maternity)	0% after deductible
Inpatient professional services (includes maternity)	0% after deductible
Emergency room (not waived if admitted)	0% after deductible
Routine radiology/diagnostic	0% after deductible
MRI/MRA, CT/CTA scan, PET scan	0% after deductible
Biotech/specialty injectables	0% after deductible
Durable medical equipment/prosthetics	0% after deductible
Mental health, serious mental illness & substance abuse - outpatient	0% after deductible
Mental health, serious mental illness & substance abuse - inpatient	0% after deductible
Outpatient surgery	
Ambulatory surgical facility	0% after deductible
Hospital-based	0% after deductible
Outpatient lab/pathology	
Freestanding	0% after deductible
Hospital-based	0% after deductible
Prescription drugs[14,15,17,18,19,20]	
Rx deductible (individual/family)	Integrated with medical deductible
Retail generic	0% after deductible
Retail brand	0% after deductible
Retail non-formulary brand	0% after deductible
Additional benefits	
Vision[22]	Integrated with medical deductible
Pediatric routine eye exam[23,24]	$0 after deductible
Pediatric glasses[23,25]	$0 after deductible
Dental[27,28]	
Pediatric dental deductible (per individual)	Integrated with medical deductible
Pediatric exams and cleanings[29]	$0 no deductible
Pediatric basic, major and orthodontia services[30]	0% after deductible

Silver Cost-Share Reduction plans (eligible for premium subsidy and lower cost-sharing)

If you qualify for a subsidy that lowers your monthly premiums and out-of-pocket costs and you want to take advantage of both, you must choose from one of our Silver Cost-Share Reduction plans. There are three different levels of Silver Cost-Share Reduction plans based on your income and family size. If your income is lower, then you will pay a lower amount of cost-sharing. Use the chart below to see which type of Silver Cost-Share Reduction plans you can choose from, then compare benefits side by side.

	Household Income		
% of Federal Poverty Level	133 – 149%	150 – 199%	200 – 249%
Single	< $15,521.10 – $17,504.99	$17,505.00 – $23,339.99	$23,340.00 – $29,174.99
Family of 2	< $20,920.90 – $23,594.99	$23,595.00 – $31,459.99	$31,460.00 – $39,324.99
Family of 3	< $26,320.70 – $29,684.99	$29,685.00 – $39,579.99	$39,580.00 – $49,474.99
Family of 4	< $31,720.50 – $35,774.99	$35,775.00 – $47,699.99	$47,700.00 – $59,624.99
Family of 5	< $37,120.30 – $41,864.99	$41,865.00 – $55,819.99	$55,820.00 – $69,774.99
Family of 6	< $42,520.10 – $47,954.99	$47,955.00 – $63,939.99	$63,940.00 – $79,924.99
Family of 7	< $47,919.90 – $54,044.99	$54,045.00 – $72,059.99	$72,060.00 – $90,074.99
Family of 8	< $53,319.70 – $60,134.99	$60,135.00 – $80,179.99	$80,180.00 – $100,224.99
	See plans on pages 26 – 27.	See plans on pages 24 – 25.	See plans on pages 22 – 23.

Contact your broker to see if you are eligible for a subsidy.

This chart is intended to give you an idea if you will be eligible for help from the government in paying your health insurance costs. For families of nine or more, add $4,060 for each additional family member. Final eligibility determinations and the actual amount of your tax credit/subsidy will be determined by the federal government when open enrollment begins on November 15, 2014.

If you decide that the Silver Cost-Share Reduction plans are not for you, you can still choose any of our standard plans on pages 12-20.

Silver 200 – 249% CSR plans

Personal Choice PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family[10]	$2,000/$4,000	$10,000/$20,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$5,200/$10,400 copay, deductible and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no deductible	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$750 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic[13]	$30 no deductible	50% after deductible
Specialist office visit	$60 no deductible	50% after deductible
Urgent care	20% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[8]	20% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	$60 no deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	20% after deductible	50% after deductible
Inpatient professional services (includes maternity)	20% after deductible	50% after deductible
Emergency room (not waived if admitted)[12]	20% after deductible	20% after in-network deductible
Routine radiology/diagnostic	20% after deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	20% after deductible	50% after deductible
Biotech/specialty injectables	20% after deductible	50% after deductible
Durable medical equipment/prosthetics	20% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	$60 no deductible	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	20% after deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	20% after deductible	50% after deductible
Hospital-based	20% after deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% no deductible	50% after deductible
Hospital-based	50% no deductible	50% after deductible
Prescription drugs[14,15,16,17,18,20]		
Rx deductible (individual/family)	None	None
Retail generic[21]	$10	70%
Retail brand	30% with $200 copay max	70%
Retail non-formulary brand	40% with $200 copay max	70%
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0	Not covered
Pediatric glasses[23,25]	$0	Not covered
Adult routine eye exam[24]	$0	Not covered
Adult eyewear (glasses or contacts)[26]	Up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[27,28]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[29]	$0 no deductible	Not covered
Pediatric basic, major and orthodontia services[30]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2,19]		
You pay in-network[5]	You pay in-network[5] Tier 1 - Preferred	You pay in-network[5] Tier 2 - Enhanced	You pay in-network[5] Tier 3 - Standard
$2,000/$4,000	$0/$0	$4,250/$8,500	$4,250/$8,500
30% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$5,200/$10,400 copay, deductible and coinsurance	$5,200/$10,400 copay and coinsurance	$5,200/$10,400 copay, deductible and coinsurance	$5,200/$10,400 copay, deductible and coinsurance
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$750 no deductible	$750	$750 no deductible	$750 no deductible
$30 no deductible	$25	$40 no deductible	$50 no deductible
$60 no deductible	$50	$70 no deductible	$100 no deductible
30% after deductible	$100	$100 no deductible	$100 no deductible
30% after deductible	$50	$50 no deductible	$50 no deductible
$60, no deductible	$60	$60 no deductible	$60 no deductible
30% after deductible	$100 per day[9]	Subject to deductible and $350 per day[9]	Subject to deductible and $700 per day[9]
30% after deductible	0%	5% after deductible	10% after deductible
30% after deductible	$550	$550 no deductible	$550 no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
$250 no deductible	$250	$250 no deductible	$250 no deductible
30% after deductible	50%	50% no deductible	50% no deductible
30% after deductible	50%	50% no deductible	50% no deductible
$60 no deductible	$50	$50 no deductible	$50 no deductible
30% after deductible	$100 per day[9]	$100 per day no deductible[9]	$100 per day no deductible[9]
30% after deductible	$100	Subject to deductible and $350 copay	Subject to deductible and $700 copay
30% after deductible	$100	Subject to deductible and $350 copay	Subject to deductible and $700 copay
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
None	None	None	None
$15	$15	$15	$15
40% with $300 copay max	50% with $400 copay max	50% with $400 copay max	50% with $400 copay max
50% with $300 copay max	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
$0	$0	$0	$0
$0	$0	$0	$0
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

All footnotes listed on inside back cover

Silver 150 – 199% CSR plans

Personal Choice PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family[10]	$250/$500	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,250/$4,500 copay, deductible and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0 no deductible	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$500 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic[13]	$10 no deductible	50% after deductible
Specialist office visit	$30 no deductible	50% after deductible
Urgent care	10% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[8]	10% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	$30 no deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% no deductible	50% after deductible
Inpatient professional services (includes maternity)	10% no deductible	50% after deductible
Emergency room (not waived if admitted)[12]	10% no deductible	10% no deductible
Routine radiology/diagnostic	10% no deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	10% no deductible	50% after deductible
Biotech/specialty injectables	10% after deductible	50% after deductible
Durable medical equipment/prosthetics	10% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	$30 no deductible	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	10% no deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	10% no deductible	50% after deductible
Hospital-based	10% no deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% no deductible	50% after deductible
Hospital-based	50% no deductible	50% after deductible
Prescription drugs[14,15,16,17,18,20]		
Rx deductible (individual/family)	None	None
Retail generic	$4	70%
Retail brand	30% with $200 copay max	70%
Retail non-formulary brand	40% with $200 copay max	70%
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0	Not covered
Pediatric glasses[23,25]	$0	Not covered
Adult routine eye exam[24]	$0	Not covered
Adult eyewear (glasses or contacts)[26]	Up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[27,28]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[29]	$0 no deductible	Not covered
Pediatric basic, major and orthodontia services[30]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2,19]		
You pay in-network[5]	You pay in-network[5] Tier 1 - Preferred	You pay in-network[5] Tier 2 - Enhanced	You pay in-network[5] Tier 3 - Standard
$1,000/$2,000	$0/$0	$1,000 /$2,000	$1,000 /$2,000
20% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,250/$4,500 copay, deductible and coinsurance	$2,250/$4,500 copay and coinsurance	$2,250/$4,500 copay, deductible and coinsurance	$2,250/$4,500 copay, coinsurance and deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$500 no deductible	$500	$500 no deductible	$500 no deductible
$5 no deductible	$10	$20 no deductible	$30 no deductible
$15 no deductible	$20	$40 no deductible	$60 no deductible
20% after deductible	$50	$50 no deductible	$50 no deductible
20% after deductible	$50	$50 no deductible	$50 no deductible
$15 no deductible	$50	$50 no deductible	$50 no deductible
20% after deductible	$50 per day[9]	Subject to deductible and $200 per day[9]	Subject to deductible and $400 per day[9]
20% after deductible	0%	5% after deductible	10% after deductible
20% after deductible	$150	$150 no deductible	$150 no deductible
$15 no deductible	$50	$50 no deductible	$50 no deductible
$30 no deductible	$100	$100 no deductible	$100 no deductible
20% after deductible	40%	40% no deductible	40% no deductible
20% after deductible	20%	20% no deductible	20% no deductible
$15 no deductible	$20	$20 no deductible	$20 no deductible
20% after deductible	$50 per day[9]	$50 per day no deductible[9]	$50 per day no deductible[9]
20% after deductible	$50	Subject to deductible and $200 copay	Subject to deductible and $400 copay
20% after deductible	$50	Subject to deductible and $200 copay	Subject to deductible and $400 copay
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
None	None	None	None
$4	$4	$4	$4
20% with $300 copay max	30% with $300 copay max	30% with $300 copay max	30% with $300 copay max
30% with $300 copay max	40% with $400 copay max	40% with $400 copay max	40% with $400 copay max
$0	$0	$0	$0
$0	$0	$0	$0
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

All footnotes listed on inside back cover

Silver 133 – 149% CSR plans

Personal Choice PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[6]
Deductible, individual/family[10]	$0/$0	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$1,000/$2,000 copay and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[7]		
Preventive care for adults and children	$0	50% no deductible
Preventive colonoscopy for colorectal cancer screening - Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening - All other providers	$250	50% no deductible
Physician services		
Primary care office visit/retail clinic[13]	$5	50% after deductible
Specialist office visit	$15	50% after deductible
Urgent care	10%	50% after deductible
Spinal manipulations (20 visits per year)[8]	10%	50% after deductible
Physical/occupational therapy (30 visits per year)[8]	$15	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10%	50% after deductible
Inpatient professional services (includes maternity)	10%	50% after deductible
Emergency room (not waived if admitted)[12]	10%	10% no deductible
Routine radiology/diagnostic	10%	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	10%	50% after deductible
Biotech/specialty injectables	10%	50% after deductible
Durable medical equipment/prosthetics	10%	50% after deductible
Mental health, serious mental illness & substance abuse - outpatient	$15	50% after deductible
Mental health, serious mental illness & substance abuse - inpatient	10%	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	10%	50% after deductible
Hospital-based	10%	50% after deductible
Outpatient lab/pathology		
Freestanding	0%	50% after deductible
Hospital-based	50%	50% after deductible
Prescription drugs[14,15,16,17,18,20]		
Rx deductible (individual/family)	None	None
Retail generic	$4	70%
Retail brand	20% with $200 copay max	70%
Retail non-formulary brand	20% with $200 copay max	70%
Additional benefits		
Vision[22]		
Pediatric routine eye exam[23,24]	$0	Not covered
Pediatric glasses[23,25]	$0	Not covered
Adult routine eye exam[24]	$0	Not covered
Adult eyewear (glasses or contacts)[26]	Up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[27,28]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[29]	$0 no deductible	Not covered
Pediatric basic, major and orthodontia services[30]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2,19]		
You pay in-network[5]	You pay in-network[5] Tier 1 – Preferred	You pay in-network[5] Tier 2 – Enhanced	You pay in-network[5] Tier 3 – Standard
$0/$0	$0/$0	$100/$200	$100/$200
10% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,250/$4,500 copay and coinsurance	$2,250/$4,500 copay and coinsurance	$2,250/$4,500 copay, deductible and coinsurance	$2,250/$4,500 copay, coinsurance and deductible
$0	$0	$0 no deductible	$0 no deductible
$0	$0	$0 no deductible	$0 no deductible
$250	$250	$250 no deductible	$250 no deductible
$5	$5	$10 no deductible	$15 no deductible
$10	$10	$20 no deductible	$30 no deductible
10%	$10	$10 no deductible	$10 no deductible
10%	$50	$50 no deductible	$50 no deductible
$10	$10	$10 no deductible	$10 no deductible
10%	$40 per day[9]	Subject to deductible and $150 per day[9]	Subject to deductible and $300 per day[9]
10%	0%	5% after deductible	10% after deductible
10%	$50	$50 no deductible	$50 no deductible
$10	$10	$10 no deductible	$10 no deductible
$20	$20	$20 no deductible	$20 no deductible
10%	40%	40% no deductible	40% no deductible
10%	20%	20% no deductible	20% no deductible
$10	$10	$10 no deductible	$10 no deductible
10%	$40 per day[9]	$40 per day no deductible[9]	$40 per day no deductible[9]
10%	$40	Subject to deductible and $150 copay	Subject to deductible and $300 copay
10%	$40	Subject to deductible and $150 copay	Subject to deductible and $300 copay
$0	$0	$0 no deductible	$0 no deductible
$0	$0	$0 no deductible	$0 no deductible
None	None	None	None
$4	$4	$4	$4
10% with $300 copay max	10% with $300 copay max	10% with $300 copay max	10% with $300 copay max
20% with $300 copay max	20% with $400 copay max	20% with $400 copay max	20% with $400 copay max
$0	$0	$0	$0
$0	$0	$0	$0
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

American Indian/Alaska Native plans

If you're a member of a federally recognized tribe, you are eligible for platinum, gold, silver, and bronze plans with lower or no cost-sharing. There are two different levels of cost-sharing based on whether your income is more or less than 300% of the Federal Poverty Level (FPL).

Plans with lower or no cost-sharing are available to American Indians/Alaska Natives. You may also be eligible for a premium subsidy. Contact your broker for more information.

	Household income	
% of Federal Poverty Level	Less than 300%	More than 300%
Single	Less than $35,010	More than $35,010
Family of 2	Less than $47,190	More than $47,190
Family of 3	Less than $59,370	More than $59,370
Family of 4	Less than $71,550	More than $71,550
Family of 5	Less than $83,730	More than $83,730
Family of 6	Less than $95,910	More than $95,910
Family of 7	Less than $108,090	More than $108,090
Family of 8	Less than $120,270	More than $120,270
	You may be able to get plans with lower monthly premiums and no out-of-pocket costs. See plans on pages 12–19.	You may be able to get plans with lower monthly premiums and lower out-of-pocket costs. See plans on pages 12–19.

Less than 300% FPL plan options

You may choose from any of the Standard plan options on pages 12–19, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium subsidy. Be sure to contact your broker to see if you qualify.

More than 300% FPL plan options

You may choose from any of the Standard plan options on p.12–19, but you will have $0 cost-sharing for any essential health benefits that are referred by or received directly from the IHS, Indian Tribe, Tribal Organization, or Urban Indian Organization. You may also qualify for a premium subsidy. Be sure to contact your broker to see if you qualify.

Important plan information

Benefits that require preapproval

When you need services that require preapproval, your physician or provider contacts the Independence Blue Cross Care Management and Coordination (CMC) team and provides information to support the request for services. For PPO members using a BlueCard® PPO or out-of-network provider, the member is responsible for contacting CMC directly for any required approvals. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The CMC team notifies your physician/provider if the services are approved for coverage. If the CMC team does not have sufficient information or the information evaluated does not support coverage, you and your physician/provider are notified in writing of the decision. Members and providers acting on behalf of a member may appeal the decision. At any time during the evaluation process or the appeal, the provider or member may provide additional information to support the request.

For a list of services that require preapproval, visit www.ibx4you.com/importantinfo.

Inpatient hospital stays

During and after an approved hospital stay, our Care Management and Coordination team monitors your stay. The team reviews whether you are receiving medically appropriate care, sees that a plan for your discharge is in place, and coordinates services that may be needed following discharge.

Utilization review

In order to make coverage determinations regarding the medical necessity and appropriateness of requested services, we use medical guidelines based on clinically credible evidence. This is called utilization review. Utilization review can be done before a service is performed (prenotification/precertification/preservice); during a hospital stay (concurrent review); or after services have been performed (retrospective/post-service review). Independence Blue Cross follows applicable state/federal standards pertaining to how and when these reviews are performed.

Continuity of care (Continuity of care policy applies to HMO plans only)

Terminated providers

Independence Blue Cross offers members continuation of coverage for an ongoing course of treatment with a terminated provider (for reasons other than cause) for up to 90 days from the date that we notified the member of the provider termination. We will cover such continuing treatment under the same terms and conditions as if the treatment was being received from participating providers.

If a member is in her second or third trimester of pregnancy at the time of the termination, the transitional period of authorization shall extend through post-partum care related to the delivery. All authorized health care services provided during this transitional period would be covered by Independence Blue Cross under the same terms and conditions applicable for participating health care providers. The nonparticipating provider must agree that all authorized health care services provided during this transitional period would be covered by Independence Blue Cross under the same terms and conditions applicable for participating health care providers. The plan is not required to provide health care services that are not covered benefits.

In order to initiate continuity of care, members must complete a Continuity of Care form and submit it to our Care Management and Coordination department. The form is available through Customer Service.

Emergency services

An emergency is defined as the sudden and unexpected onset of a medical condition manifesting itself in acute symptoms of sufficient severity or severe pain that a prudent layperson who possesses an average knowledge of health and medicine could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the member's health or, in the case of a pregnant member, the health of the unborn child in jeopardy
- Serious impairment to bodily functions
- Dysfunction of any bodily organ or part
- Emergency care includes covered services provided to a member in an emergency, including emergency transportation and related emergency services provided by a licensed ambulance service.

Complaints and grievances

You have a right to appeal any adverse decision through the Complaints and Grievances Process. Instructions for the appeal will be described in the denial notifications and in the contract.

Privacy policy

Protecting your privacy is very important to us. That is why we have taken numerous steps to see that your Protected Health Information (PHI) is kept confidential. PHI is individually identifiable health information about you. This information may be in oral, written, or electronic form. Independence Blue Cross may obtain or create your PHI while conducting our business of providing you with health care benefits.

Independence Blue Cross has implemented policies and procedures regarding the collection, use, and release or disclosure of PHI by and within our organization. We continually review our policies and monitor our business processes to make sure that your information is protected while assuring that the information is available as needed for the provision of health care services. For detailed information on our privacy policy, visit www.ibx4you.com/importantinfo.

Procedures that support safe prescribing

Independence Blue Cross utilizes an independent pharmacy benefits management (PBM) company, FutureScripts®, to manage the administration of its commercial prescription drug programs.

As our PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and providers. We support a number of procedures to support safe prescribing, including:

Prior authorization — This means that you may need additional approval from your health plan for a certain medication. Certain covered drugs require prior authorization to ensure that the drug prescribed is medically necessary and appropriate and is being prescribed according to the U.S. Food and Drug Administration's (FDA) guidelines.

Age and gender limits — The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals age 14 and older, or are prescribed only for females.

Quantity level limits — These are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses and length of therapy of a particular drug. There are several different types of quantity level limits, such as rolling 30-day period, refill too soon, and therapeutic drug class.

96-hour temporary supply program — Under this program, if a member's doctor writes a prescription for a drug that requires prior authorization, has an age limit, or exceeds the quantity level limit for a medication, and prior authorization has not been obtained by the doctor, a 96-hour supply of the drug will be made available while the request is being reviewed. Obtaining a 96-hour temporary supply does not guarantee that the prior authorization request will be approved.

To learn more about safe prescribing procedures, see a list of drugs requiring prior authorization, or find out how to file a request or appeal, visit www.ibx4you.com/importantinfo.

Prescription drug program provider payment information

A pharmacy benefits management (PBM) company administers our prescription drug benefits and is responsible for providing a network of participating pharmacies and processing pharmacy claims. The PBM also negotiates price discounts with pharmaceutical manufacturers and provides drug utilization and quality reviews. Price discounts may include rebates from a drug manufacturer based on the volume purchased. Independence Blue Cross anticipates that it will pass on a high percentage of the expected rebates it receives from its PBM through reductions in the overall cost of pharmacy benefits. Under most benefits plans, prescription drugs are subject to a member copayment.

Benefits exclusions

The benefits summaries in this brochure represent only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy. This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, contact your broker.

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
- Alternative therapies, such as acupuncture
- Adult dental care, including dental implants or dentures, and nonsurgical treatment of temporomandibular joint syndrome (TMJ)
- Treatment of obesity
- Routine foot care, except for medically necessary treatment of peripheral vascular disease and/or peripheral neuropathic disease including, but not limited to, diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Routine physical exams for nonpreventive purposes, such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under workers' compensation, motor vehicle insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Outpatient services that are not performed by your primary care physician's designated provider for HMO plans
- Private duty nursing
- Self-injectable drugs are excluded under medical programs (however, they are covered under the prescription drug benefit)
- Adult routine eye care (exception: PPO Platinum Complete and PPO Silver)
- Adult dental care (exception: PPO Platinum Complete)
- Pleoptic/orthoptic

NOTE: Eligible dependent children are generally covered up to age 26. See contract for additional details. Contact your broker if you have any additional questions or for assistance on how to obtain a copy of your policy.

Footnotes

Medical

1 Certain plan benefits may be enhanced to comply with health care reform law/ regulations. Eligible dependent children are covered to age 26.

2 Family deductible and out-of-pocket maximum apply when more than one person is covered under a plan. A covered family member only needs to satisfy his or her individual deductible before receiving plan benefits. Once the family deductible is met, then all covered family members will receive plan benefits.

3 Family out-of-pocket maximum applies when more than one person is covered under a plan. A covered family member only needs to satisfy his or her out-of-pocket maximum before that individual's benefits are covered in full. Once the family out-of-pocket is met, then all covered family members' benefits will be covered in full.

4 Family deductible and out-of-pocket maximum apply when more than one person is covered under a plan. The family deductible must be met by one or several family members before any family members receive plan benefits. If an individual is enrolled without dependents, the single deductible and out-of-pocket maximum apply.

5 There are no out-of-network services available except for emergency services.

6 Non-participating preferred providers may bill you for differences between the plan allowance, which is the amount paid by Independence Blue Cross, and the actual charge of the provider. This amount may be significant. Claims payments for non-preferred professional providers (physicians) are based on the lesser of the Medicare professional allowable payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence Blue Cross applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or the Independence Blue Cross fee schedule, the payment is based on 50% of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentage of the Plan allowance, not the actual charge of the provider.

7 Age and frequency schedules may apply. For routine colonoscopy for colorectal cancer screening, your cost-sharing may vary depending on where you receive service.

8 For PPO plans, visit limits are combined in- and out-of-network.

9 Amount shown reflects the copay per day. There is a maximum of 5 copays per admission.

Keystone HMO Proactive Plans

10 For Keystone HMO Silver Proactive plan, deductible is combined for Tiers 2 and 3.

11 For Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2 and 3 are combined.

12 For Keystone HMO Proactive plans, if you are admitted to an in-network hospital from the emergency room, the out-of-pocket costs for inpatient hospital will apply based on the tier of the in-network hospital. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Non-Participating Providers for Emergency Services will be covered at the Tier 3 level of benefits.

13 For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Walgreens Healthcare Clinic, which is assigned Tier 3.

Prescription Drugs

14 Prescription drug benefits are administered by FutureScripts, a Catamaran company, an independent company providing pharmacy benefit management services.

15 No cost-sharing is required at participating retail and mail order pharmacies for certain preventive drugs (prescription and over-the-counter drugs with a doctor's prescription).

16 Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a paper claim for reimbursement. The member should refer to their benefit booklet to determine the out-of-network coverage for their plan.

17 Mail Order coverage at a participating pharmacy 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.

18 All covered self-administered specialty medications except insulin will be provided through the convenient FutureScripts Specialty Pharmacy Program for the appropriate retail cost-sharing. Benefits are available for up to a 30-day supply. If the doctor wants the member to start the drug immediately, then an initial 30-day supply may be obtained at a participating retail pharmacy. However, all subsequent fills must be purchased through the Specialty Pharmacy Program.

19 This plan utilizes the FutureScripts Preferred Pharmacy Network—a subset of the national retail pharmacy network. It includes over 50,000 pharmacies, including most major chains and local pharmacies except Walgreens and Rite Aid.

20 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.

21 Certain designated generic drugs available at participating retail and mail order pharmacies for a reduced member cost sharing ($4 Retail / $8 Mail Order), after any applicable deductible.

Additional Benefits

22 Vision Care is administered by Davis Vision, an independent company.

23 Pediatric vision benefits expire at the end of the month in which the child turns 19.

24 One eye exam per calendar year period.

25 Pediatric 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) or the Pediatric Frame Collection at Visionworks retail locations.

26 For all other Davis Vision providers, there is a $100 allowance for frames or contact lenses.

27 Independence Blue Cross dental plans are administered by United Concordia, an independent company.

28 Pediatric dental benefits are covered until the end of the calendar year in which the child turns 19.

29 One exam and one cleaning every six months per calendar year.

30 Only medically necessary orthodontia is covered. There is a 12 month waiting period for all orthodontia.

31 PPO Platinum Complete does not cover Adult Orthodontia

Additional Medical Benefits

32 For PPO Silver, inpatient maternity hospital services are subject to 30% coinsurance after deductible.

33 For PPO Bronze, inpatient maternity hospital services are subject to 50% coinsurance after deductible.

34 Personal Choice Bronze Basic is only available for purchase through the Federal Health Insurance Marketplace at www.healthcare.gov.

Independence

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