



IBX

2025 Blue Solutions[®]

Small group health plans designed for flexibility and savings

Accelerating health care for all

For over 85 years, we've been here for the people and businesses of the Philadelphia region — building the strongest network of doctors and hospitals*, investing in the health and well-being of the community, and making sure care is affordable and accessible to all. When it matters the most, Independence Blue Cross (IBX) has been the brand you know and trust for high-quality health care in the region.

We take our responsibility to deliver affordable and comprehensive health care seriously. As your local Blue Cross health plan, we're proud to serve you, your small business, and your employees. We're committed to continuing to accelerate how health care is delivered for all of our members, customers, provider partners, and the communities in which we live and work by:



Improving health outcomes and affordability



Simplifying the health care experience



Investing in and accelerating technology



Focusing on health equity and social justice in our communities

\$382^M invested in local and national initiatives to drive sustainable change

4^x Top Workplace recipient by *The Philadelphia Inquirer*

300 community organizations received support for events, initiatives, programs, and other sponsorships

6,200 volunteer hours to nonprofits in our region through more than 180 volunteer projects

5,000+ volunteer hours independently logged by IBX associates

* Based on Blue Cross Blue Shield Association (BCBSA) and internal data.



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What's new in 2025

Our Blue Solutions® portfolio helps meet the unique needs of small employers with cost-effective and innovative health plan designs, well-being programs, and value-added services. Every year, we work to ensure that our portfolio offers customers options that make sense for their small business and their employees. We're pleased to bring you the following enhancements for 2025:

Enhanced behavioral health experience

We have expanded our behavioral health network and partnered with a variety of in-network behavioral health providers to increase access to in-person and virtual services for adults and children, teens, and adolescents. These providers offer support for routine and specialty behavioral health conditions, such as substance use disorders, eating disorders, obsessive-compulsive disorder, and bipolar disorder.

Learn more about our behavioral health solution on page 6.

Teladoc product name changes

Teladoc has made changes to the names of several of its products.

- MyStrength Plus is now Teladoc Mental Health Coaching.
- Livongo Diabetes and Hypertension Management are now Teladoc Diabetes Management and Teladoc Hypertension Management.

Learn more about these programs on pages 7 – 8.

Updates to Achieve Well-being Rewards activities

We've updated what actions subscribers are required to take to earn a \$300 e-gift card through Achieve Well-being Rewards.

Learn more about Achieve Well-being Rewards on page 10.

Addition to our reimbursement program

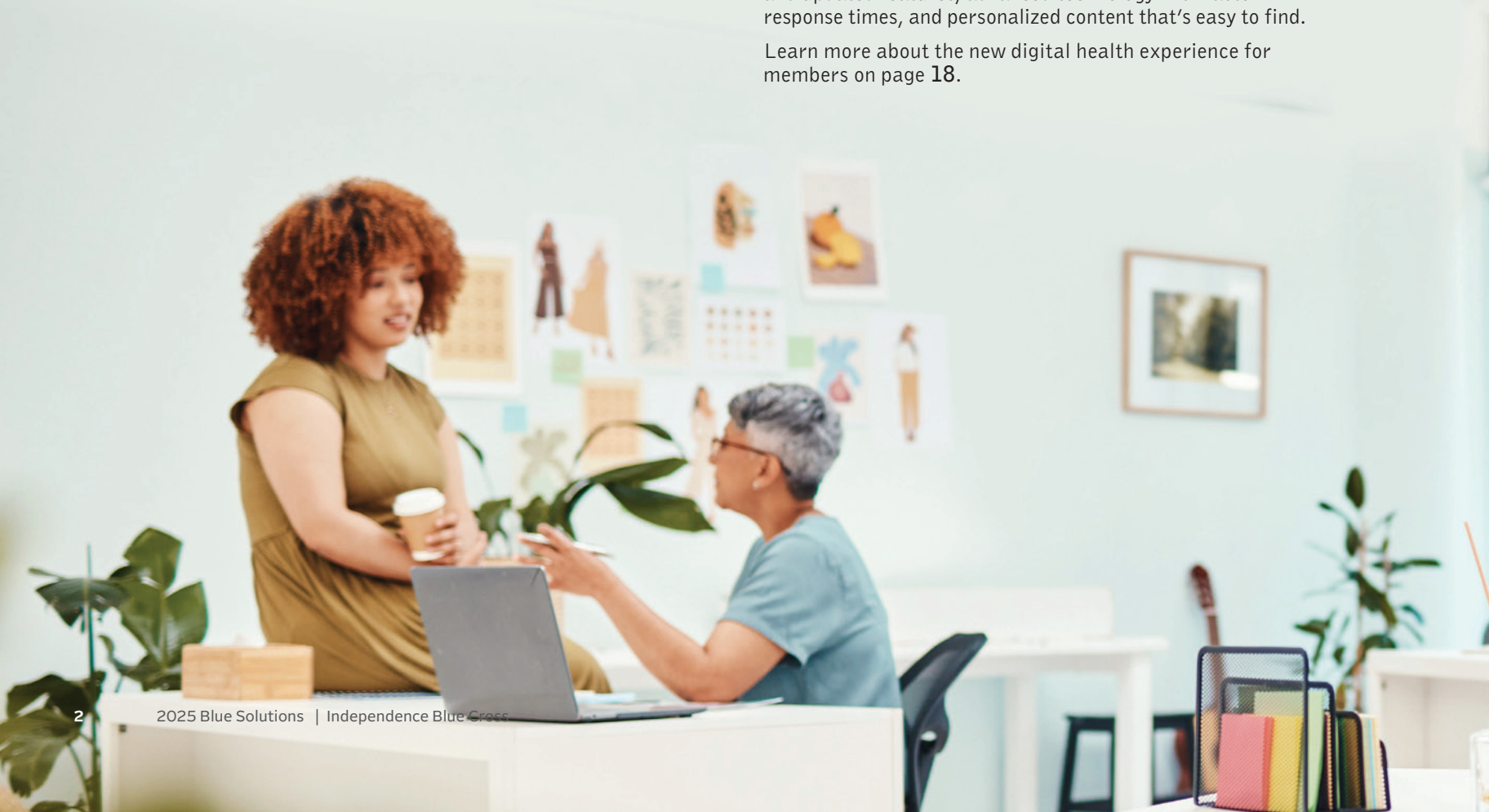
Our wellness reimbursement program has always been a great way to encourage members to make healthy choices. Now, members will also be able to receive reimbursement for the cost of yoga studio fees.

Learn more about our well-being reimbursements and discounts on page 11.

New digital health experience for members

Members now have an entirely new digital health experience when they log in to the member portal at ibx.com or through the IBX mobile app. This new digital health experience is more than just a cosmetic update. Members will see new navigation and updated features, advanced technology with faster response times, and personalized content that's easy to find.

Learn more about the new digital health experience for members on page 18.





Scan the QR code to access additional materials.

Smart RxAssist cost-share assistance

The cost of specialty drugs has risen significantly in recent years. Smart RxAssist can help members reduce costs on select specialty drugs, especially for infusions.

Learn more about Smart RxAssist on page 31.

New in-network vision providers

Members will now have more choices for in-network vision care. In-network providers now include Pearle Vision, Target Optical, and Warby Parker.*

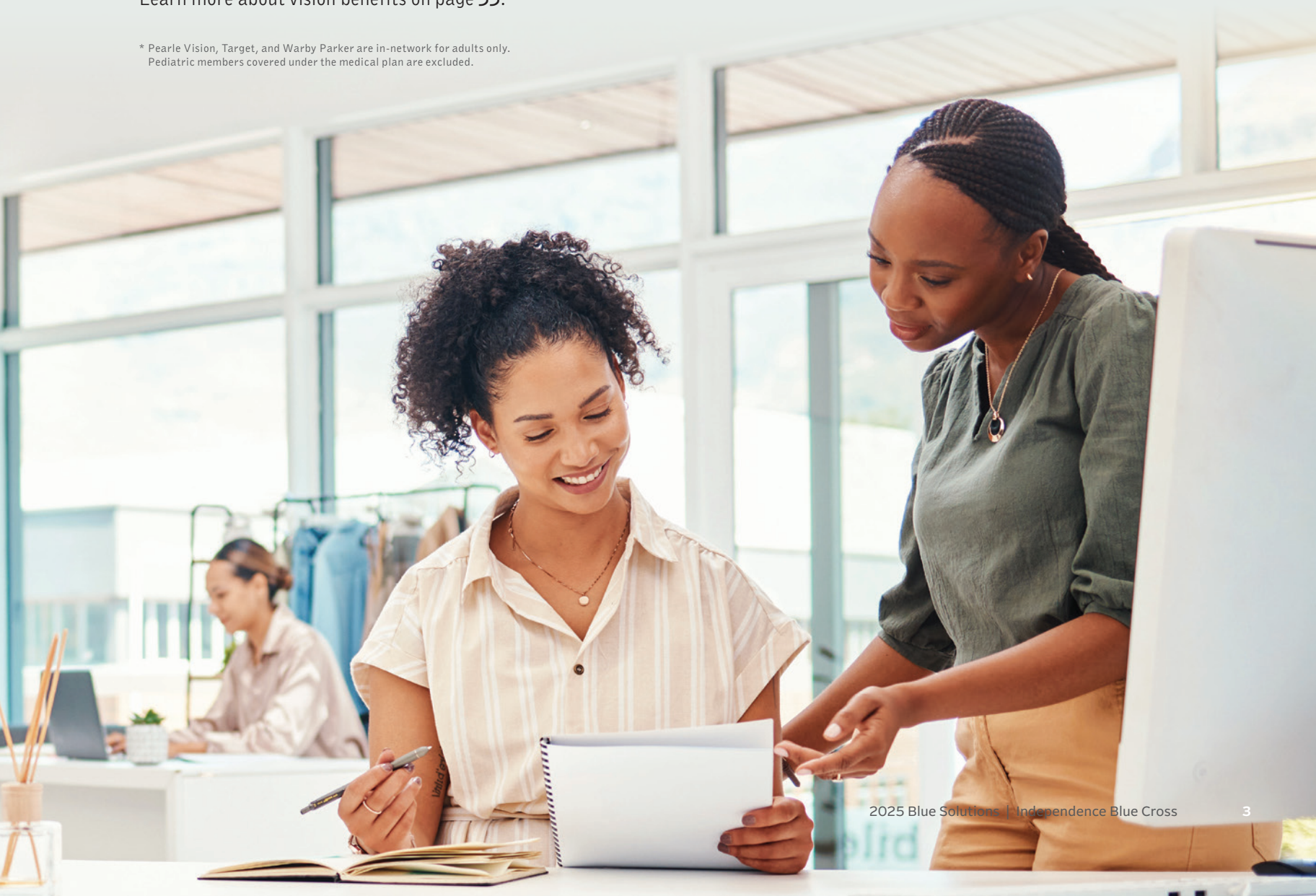
Learn more about vision benefits on page 33.

* Pearle Vision, Target, and Warby Parker are in-network for adults only. Pediatric members covered under the medical plan are excluded.

Independence Blue Cross Dental portfolio now available

Our new Independence Blue Cross (IBX) Dental portfolio and network features a wide variety of affordable plan options, large national and local networks, and value-added savings.

Scan the QR code above to download our comprehensive IBX Dental brochure.



Quick guide to your total benefits solution

Our ACA-compliant health plans provide cost-effective coverage that empowers your employees to stay healthier and save money on their health care.

Variety of coverage options

- 39 health plans, including PPO, EPO, Direct POS, and HMO options
- Choose from copay, coinsurance/deductible, copay/deductible, and high-deductible health plans
- Spending accounts: HSA-qualified plans (PPO and EPO options); HRA-qualified plan (PPO option)
- Site of service benefits included in certain health plans¹
- Virtual care benefits as low as \$0 through Teladoc or an in-network primary care provider or specialist at a reduced cost-share

Prescription drug

- All health plans include prescription drug coverage
- All health plans include coverage for 90-day fills of maintenance medications at specified retail pharmacies for the same cost-share as mail order/home delivery
- All health plans include low-cost generics²

Adult and pediatric vision

- All health plans include adult and pediatric vision benefits
- Members can use their in-network vision benefit at over 160,000 points of access
- **NEW** In-network providers include Pearle Vision³, Target Optical³, and Warby Parker³ for adults
- Enhanced frame allowance available at Visionworks[®] for adults
- In-network online retail providers include [Befitting.com](https://www.befitting.com), [Glasses.com](https://www.glasses.com), [Visionworks.com](https://www.visionworks.com), and [1800Contacts.com](https://www.1800contacts.com)

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 products and programs

- Spending accounts are a smart addition to your health plan selections by offering tax advantages for you and your employees
- AblePay, The College Tuition Benefit, and GradFin are included at no cost to support employees' financial well-being

Focused care solutions

- Teladoc Hypertension Management, Teladoc Diabetes Management, TruHearing, Wondr Health, and Ovia Health support members' whole-person health care needs and are included at no additional cost

Offer your employees a complete benefits package

You can purchase the following benefits to add to your Blue Solutions health plan:

- **NEW** **IBX Dental plans (available to most customers)⁴:** Affordable and comprehensive dental plan options for the whole family.
- **Guardian supplemental insurance:** Multiple products help provide your employees with financial security in case of illness or injury.
- **International health solutions through Blue Cross Global:** Flexible solutions for short-term business travel and long-term expatriate assignments.

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 38 for more details.

² For HSA-qualified and HRA plans, members must meet their plan's deductible to receive their low-cost generics cost-share. The PPO Bronze HSA-0 \$8,300/100% plan will continue to apply 0% after the deductible to all generic drugs.

³ Pearle Vision, Target, and Warby Parker are in-network for adults only. Pediatric members covered under the medical plan are excluded.

⁴ Consult your IBX account representative for underwriting guidelines and eligibility.

Accelerating whole-person health

We're committed to meeting the evolving needs of small businesses and their employees by ensuring health coverage is affordable and accessible to everyone. Addressing a member's whole health — including their physical, mental, and financial health — improves access, quality, and the overall well-being of your employees, while reducing overall medical costs.

Inclusive benefits

To help reduce disparities and help address and support members' specific health care needs, we offer benefits like gender-affirming care and TruHearing for hearing loss.

Simple communications

We use plain language and communicate in braille, larger print, and different languages to help members understand their benefits better. Our website is also accessible through screen-reader technologies.

Empathetic interactions

Our goal is for our communications to resonate with all members. We use inclusive language and limit our use of pronouns. Our Registered Nurse Health Coaches and Customer Service teams use CyraCom, a company specializing in telephonic interpretation services for health care conversations.

Specialized provider network

We are working with the providers in our network to address unconscious bias, ensure all members have access to the health services they need, and improve health outcomes.



Expanding access and engagement in behavioral health

Mental health disorders are the single greatest cause of worker disability worldwide.¹

That's why we believe a member's mental and physical health are equally important to their overall well-being. Our integrated approach to behavioral health care is grounded in our strong local presence and relationships. Your employees will receive personalized support, connecting them to the right care and resources, leading to better outcomes. This approach also reduces costs by 6 to 12 percent through early and targeted intervention and guidance.²



One-on-one support

Our Behavioral Health Care Advocates can directly schedule an appointment or connect members to an in-network behavioral health provider so they can get care quickly — usually within a week. Members can reach them by calling the Mental Health number on the back of their member ID card.



Helping those with immediate needs

The IBX Behavioral Health team includes Behavioral Health Clinical Triage Case Managers, who are available for immediate crisis management followed by a transition to case management for longer-term coordination and support, as needed.



Quality mental health and substance use care across the severity spectrum

We offer solutions that support all levels of behavioral health needs, from mild to severe, with end-to-end digital and one-on-one care options.



Utilization management

Through our utilization management processes, we make sure members are being directed to the right point of care — and the most effective.



ENHANCED Focus on health equity

We have implemented programs to incentivize primary care physicians (PCPs) to increase depression screenings during patient visits, expanded our behavioral health network with 500+ new diverse providers, and implemented a digital outreach program to message members impacted by community violence and other crises.



Finding the right care

One of several ways we help members navigate to care is through **Quartet**, which connects members to behavioral health care that fits their needs and preferences. Quartet also enables primary care and behavioral health providers to collaborate on a member's care.

¹ psycnet.apa.org/record/2011-22418-001
² pubmed.ncbi.nlm.nih.gov/27552616/

ENHANCED Quicker access to behavioral health providers

We have included an upgraded network of behavioral health providers with both virtual and in-person appointment capacity who are focused on timely access to quality behavioral health care. Our Behavioral Health Care Advocates can either schedule appointments with these providers for our members or warm transfer members to these providers, with appointments available generally within seven days or less. These providers offer support for routine and specialty behavioral health conditions.



Digital behavioral health tools

Members also have access to interactive digital tools and resources to support their behavioral health.



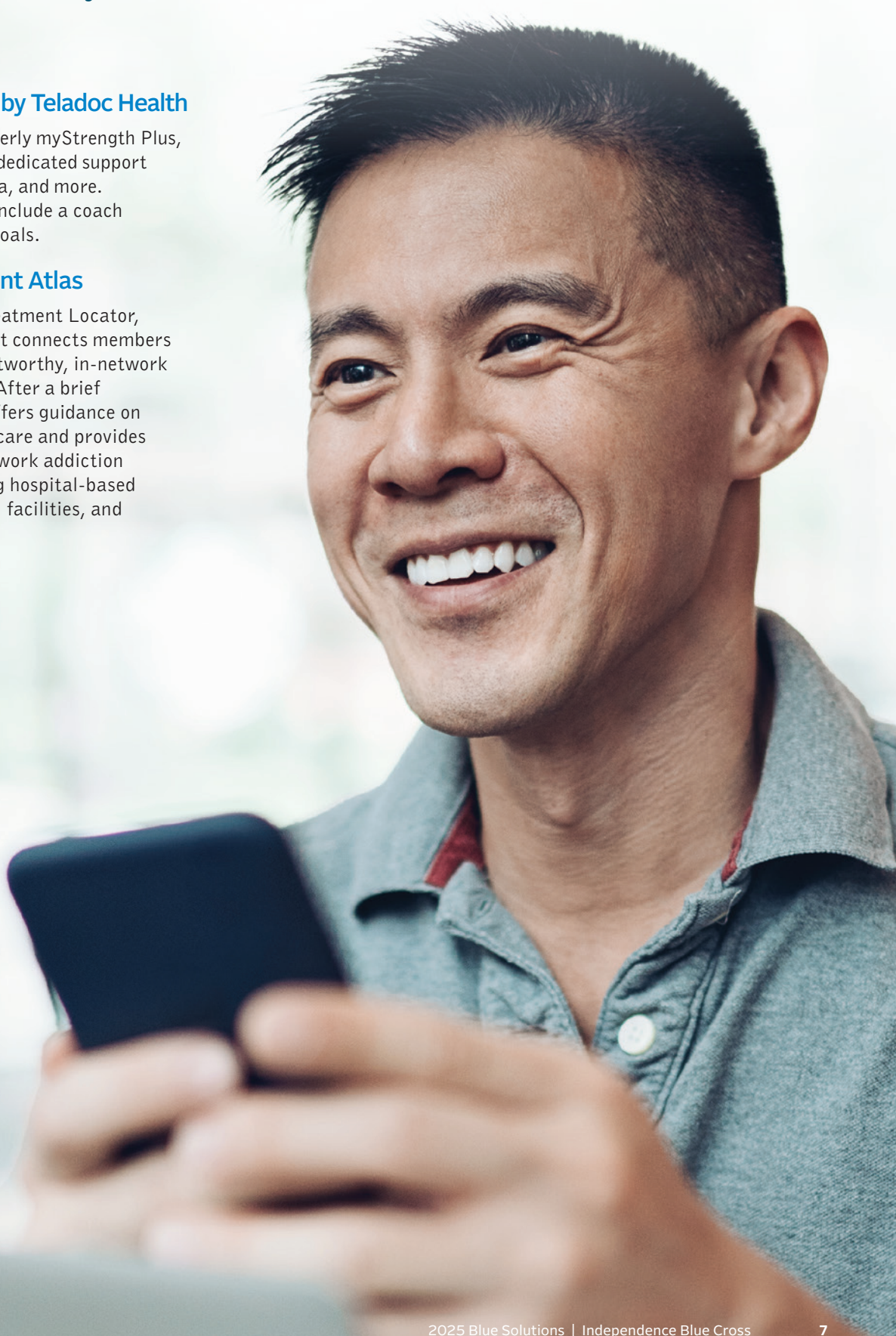
Mental Health Coaching by Teladoc Health

Mental Health Coaching, formerly myStrength Plus, offers proven approaches and dedicated support for stress, depression, insomnia, and more. This self-paced program can include a coach to help members reach their goals.



Shatterproof's Treatment Atlas

Atlas stands for Addiction Treatment Locator, Assessment, and Standards. It connects members and their loved ones with trustworthy, in-network addiction treatment options. After a brief assessment, this online tool offers guidance on the most appropriate level of care and provides a comprehensive list of in-network addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.



Focused care

Our solutions go beyond our medical benefits. The following programs, tools, and services give members the extra support they need to live their best lives.

- **Teladoc Hypertension Management and Teladoc Diabetes Management** programs offer individualized, data-driven assistance with hypertension and diabetes, improving outcomes and supporting members as they move through their daily lives.
- **Wondr Health** is a digital behavioral change program that goes beyond diet fads to teach members how to reach a healthy weight and improve their overall health without giving up the foods they love.
- **TruHearing** provides a comprehensive hearing care solution, including white-glove support, a no-cost hearing exam, and discounts on hearing aids.
- **Ovia Health** is a personalized mobile app that offers members support for fertility, pregnancy, and parenting journeys.



Women's health

Women are often the primary caregivers in their families, putting others' health needs before their own. IBX offers benefits and solutions specific to the needs of women to help them prioritize their health.

Annual exams, screenings, and wellness

Members are eligible for the following age-appropriate preventive care for \$0:

- Mammograms
- Pap tests
- Human papillomavirus (HPV) screenings
- Colonoscopies

For screenings and immunization guidelines, visit ibx.com/preventive.

Family planning, pregnancy, and parenting

Members get the support they need throughout their parenthood journey — family planning, fertility, pregnancy, birth, postpartum, and beyond.

- **Family planning.** Members have 24/7 access to our Family Planning tool on ibx.com, where they can review a list of common prenatal tests, estimate costs for tests and screenings, and compare providers. They can also use the Find a Doctor tool to find providers with the Blue Distinction and Blue Distinction+ designation, which recognizes in-network reproductive medicine and specialty doctors for their expertise in safe, efficient, and cost-effective fertility care.
- **Fertility care.** Members have coverage for office visits to diagnose infertility, diagnostic testing, artificial insemination, and more.
- **Ovia Health.** Through the app, members receive self-guided digital support through every stage of parenthood, including planning and starting a family, having a healthy pregnancy, and balancing life as a parent.
- **Baby BluePrints®.** Our comprehensive, free maternity program offers health coaching from perinatal nurses.
- **Lactation support.** IBX offers members coverage for lactation counseling and provides reimbursements for breast pumps.

Post-reproductive years

Ovia Health also offers members a digital menopause solution with comprehensive health tracking and educational resources on managing symptoms and mental well-being during menopause.

Well-being programs

The prevalence of chronic conditions, unhealthy lifestyle choices, and mental health challenges are key factors in rising health care costs — and, ultimately, your bottom line. We offer a range of well-being programs and resources that address members' whole health care needs to encourage healthy living and motivate them to build healthy habits.

Achieve Well-being

Whether members are generally healthy or need extra support, Achieve Well-being is a fun, personalized way to help them reach their health goals. Members can access Achieve Well-being by logging in at ibx.com or using the IBX mobile app.

- Engaging online tools make it easy for members to set and reach their well-being goals
- Targeted programs address everyday life, such as physical, financial, and emotional well-being
- Personalized profile and action plan offers ongoing activities and reminders
- Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges

Achieve Well-being Rewards

As an incentive for healthy behaviors, subscribers can earn a \$300 e-gift card by completing six simple tasks.

Subscribers must complete *all three* required activities:

- Have an annual check-up with their PCP
- Get digitally engaged by opting into IBX Wire® at ibx.com/getconnected
- **NEW** Register for Teladoc

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

- **UPDATED** Get a preventive vaccine (e.g., flu, COVID-19, RSV)
- Complete an age- and gender-appropriate health screening¹
- Complete their Well-being Profile by logging in at ibx.com
- **UPDATED** Complete a virtual or in-person nutrition counseling visit
- **UPDATED** Visit an IBX network dentist for an exam and/or cleaning²

Achieve Well-being@Work

Encouraging healthier habits and activities can boost your business by increasing productivity, performance, and morale. 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
- Toolkits, communications templates, and operational wellness plans
- Self-assessments

Visit wellbeing.ibx.com for no-cost Achieve Well-being@Work resources.

¹ A list of preventive services that are part of the Achieve Well-being program can be accessed by logging in at ibx.com.

² Subscribers must have enrolled in dental coverage through IBX to complete this activity.

Reimbursements and discounts

Additional perks and programs help your employees and their families get the most from their health plan — whether it's keeping fit or having fun. We offer reimbursements and discounts to help encourage members to make their physical, mental, and financial health a priority.

- **ENHANCED** Our **Healthy Lifestyles** wellness reimbursement program gives your employees up to \$450 for fitness memberships, weight management programs, and tobacco cessation programs. New for 2025, yoga studio fees are now eligible for reimbursement.
- **Blue Insider** provides exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions.
- **Blue365** presents exclusive deals and discounts on fitness gear, gym memberships, weight loss/healthy eating programs, and healthy travel experiences.*
- **HUSK Marketplace** offers discounts on a variety of wellness items, including new gym memberships, virtual studios, on-demand curated workout videos, gym equipment, and more.



Local member deals and perks

Members are also eligible for special savings on local attractions and activities, including:

- Free skating admission at the Independence Blue Cross RiverRink
- \$6 off Philadelphia Zoo general admission tickets when purchasing online or 15 percent off general membership
- 20 percent off an Indego bike share monthly or annual pass
- Discounts on select events in Philadelphia, including tickets to sporting events

Visit ibx.com/discounts for more information.

* Blue365 includes a TruHearing discount; however, this is separate from the contract IBX has with TruHearing, and discounts may vary.

Financial well-being tools and programs

Financial health is an important part of overall well-being. When your employees feel financially stressed, it could have a negative impact on your business. Our financial well-being tools and programs can help employees feel more secure by reducing financial stress, while helping you attract and retain top talent.

Financial stress costs employers an average of \$3,922 per employee annually.



Employee health

High financial stress leads to poor health and unhealthy behaviors.

- Increased use of sick days



Attendance

Employees with high debt are twice as likely to miss work as those with lower debt.

- Need for last-minute scheduling changes to adjust coverage for absent employees
- Added overtime



Productivity

Having distracted employees results in lower productivity.

- 76% of employees are less productive due to financial worry
- 25% of their work week is spent on financial issues



Delayed retirement

Working past the traditional retirement age is becoming more common due to a lack of savings and can lead to the following:

- Higher benefit and compensation costs for older employees
- Limited job openings or advancement opportunities

Spending accounts help you save on health care costs

With tax advantages for you and your employees, spending accounts are a smart addition to your health plans. They're easy to manage with online tools and offer convenient funding methods and on-demand reporting. You have the flexibility to choose a BlueSaver® health savings account (HSA) with one of our HSA-qualified plans, or you can add a health reimbursement account (HRA) to our HRA-eligible health plan.

Health Savings Accounts (HSAs)

An HSA is a personal savings account that allows employees to set aside pre-tax dollars for current and future health care expenses for themselves and their dependents. When the HSA is tied to an IBX qualified high-deductible health plan (QHDHP), members build funds for current and future expenses and can manage their medical and spending accounts from ibx.com or our IBX mobile app.

Offering an HSA to your employees is beneficial to you as well.

- **You can benefit from even lower payroll taxes** if you choose to contribute to your employees' HSAs because employer HSA contributions aren't included in your employees' income. Therefore, they aren't subject to federal income tax, Social Security tax, or Medicare tax (commonly known as FICA tax).
- **Employer HSA contributions are also deductible as a business expense** so you, as the employer, benefit on both the front and back end.

WealthCare Saver investment solution

Members enrolled in an IBX QHDHP with an HSA can personalize their investment journey based on their unique needs and experiences. Best of all, the solution is fully integrated and accessible from the account holder's HSA when they log in at ibx.com.

Investment options include:

- **Managed.** A portfolio option based on risk profile.
- **Self-directed.** A curated list of low expense ratio exchange-traded funds (ETFs).
- **Brokerage.** A flexible investing option with over 500 ETFs and 100s of individual stocks, including fractional trading.

Note: IBX does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of spending accounts.

* This choice only impacts the HSA cash balance and does not impact the investment account — if the account holder is enrolled in one. Account holders may change their interest option preference at any time.

High-yield interest options available to account holders with HSAs

Members enrolled in an IBX QHDHP can choose between two interest options for their cash deposits.*

- **Traditional option.** Account holders earn standard interest rates on their cash balance. Cash deposits are insured by the FDIC for up to \$250,000 and receive a lower interest rate.
- **High-yield interest option.*** Account holders earn a higher interest rate on their cash balance. The high-yield cash account funds are not FDIC-insured and are held in a deposit account backed by Pacific Life, a highly-rated California insurance company.

Health Reimbursement Accounts (HRA)

An HRA is a tax-advantaged account funded by the employer and designed to pay eligible out-of-pocket health care expenses not covered by the employee's medical plan.

- As the employer, you outline what expenses will be covered within the limitations outlined by IRS Publication 969.
- As the employer, you also benefit when you offer an HRA to your employees; reimbursements made to cover incurred expenses through the HRA are tax deductible.



Additional financial well-being benefits

We provide even more financial well-being benefits to help give all your employees financial peace of mind. The following solutions are available to all your employees, whether they are IBX subscribers or not.

The College Tuition Benefit® helps students pay for and prepare for college

The College Tuition Benefit works like a scholarship and can reduce college costs by up to 25 percent. Your employees earn SAGE Scholars Tuition Rewards® Points that are spread evenly over four years of undergraduate education at more than 450 colleges and universities. Employees can sponsor immediate or extended family.¹

Employees and their families may also take advantage of **Ready Set College** — a comprehensive web-based college research and planning tool. With **SAGE Prime**, your employees can also save on professional continuing education programs for themselves, with a guaranteed minimum of 10 percent off the published price at select colleges and universities.

\$460 Average monthly student loan payment²

41% of Americans struggle to pay off medical debt³

GradFin reduces student loan debt

GradFin⁴ provides personalized student loan advice to help your employees navigate to the perfect savings plan for federal and private student loans, potentially saving them thousands of dollars.⁵

Your employees are eligible for a free 30-minute consultation to better understand how to manage their repayment options, which may include Income-Driven Repayment, Public Service Loan Forgiveness — a program specifically for employees of 501(c)3 organizations,⁶ or refinancing. Plus, they receive exclusive discounts on annual memberships with GradFin, all designed to save them money and improve their financial future.

AblePay lowers out-of-pocket medical costs

AblePay makes it easier for your employees to understand and pay for out-of-pocket medical expenses. When your employees sign up for a free AblePay membership and use an AblePay provider, they can save up to 13 percent on their out-of-pocket medical costs, including deductibles, copays, and coinsurance. AblePay also offers flexible payment plans for up to 12 months, all with no interest.

Scan the QR code below to learn more about these money-saving programs.



¹ Employees can sponsor immediate or extended family, including children, grandchildren, great grandchild, niece/nephew, great niece/nephew, stepchild, adopted child, cousin, sibling, or any other family member for which the subscriber feels a responsibility.

² Houselogic.com/finances-taxes/financing/how-to-move-past-student-debt-and-into-a-home

³ Survey: 79 million Americans have problems with medical bills or debt | Commonwealth Fund

⁴ GradFin is not a debt relief services company, lender, loan broker, broker-dealer, registered investment adviser, or insurance agent. Information provided by GradFin does not constitute, nor does GradFin provide, tax, legal, financial, credit counseling, or accounting advice.

⁵ Savings vary based on the rate and term of the employee's existing and refinanced loan(s).

Refinancing to a longer term may lower their monthly payments but may also increase the total interest paid over the life of the loan. Refinancing to a shorter term may increase their monthly payments but may lower the total interest paid over the life of the loan. Employees should review their loan documentation for total cost of their refinanced loan.

⁶ To qualify for PSLF, the employee must be employed by a U.S. federal, state, local, or tribal government or not-for-profit organization (federal service includes U.S. military service); work full-time for that agency or organization; have Direct Loans (or consolidate other federal student loans into Direct Loan); repay their loans under an Income-Driven Repayment plan; and make 120 qualifying payments. For full program requirements, visit studentaid.gov/manage-loans/forgivenesscancellation/public-service.

Accelerating the employee care experience

Guiding and empowering your employees to take an active role in improving their health and well-being helps them lead healthier lives and can help boost your bottom line.

Your employees' health has a direct impact on your business

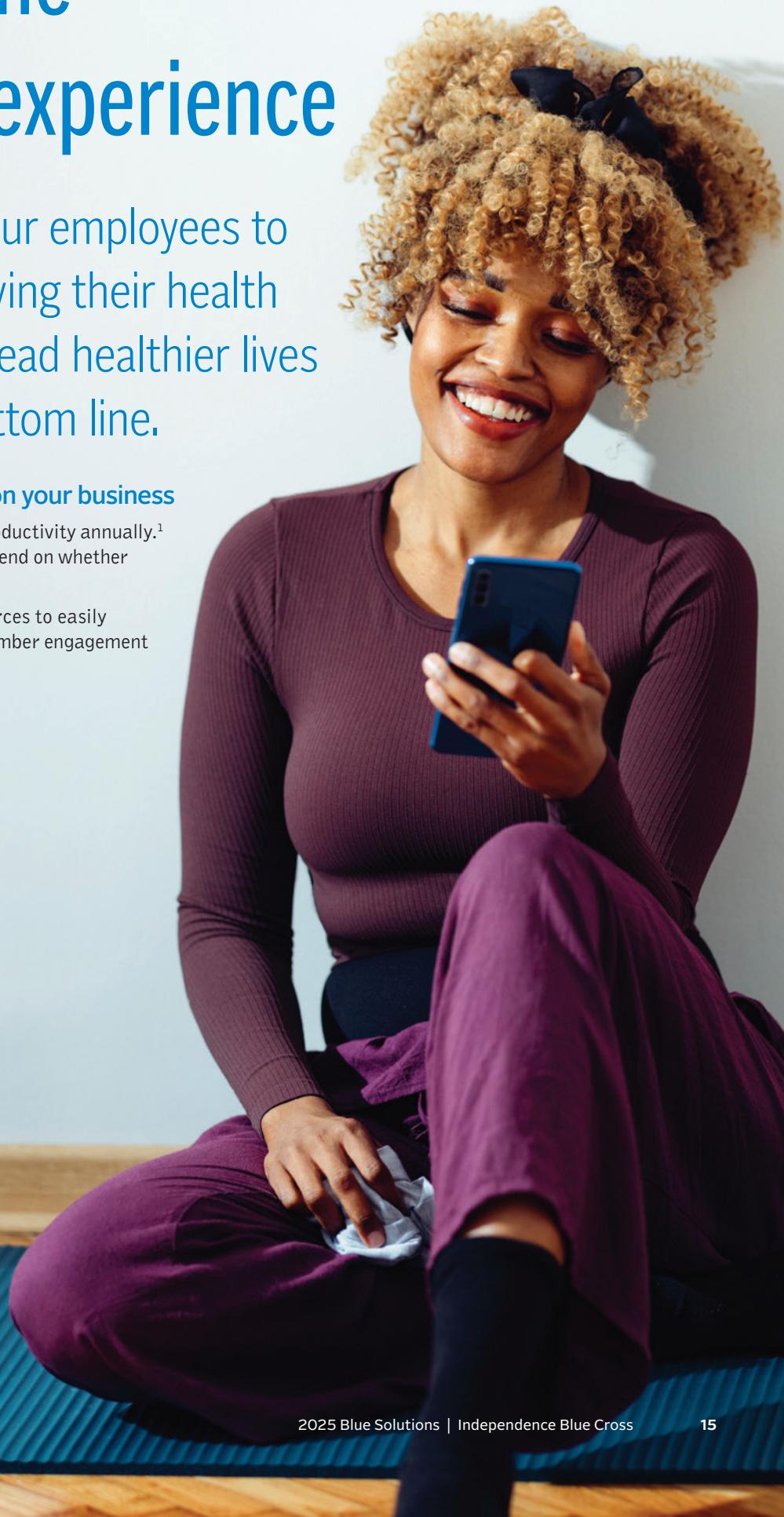
Poor health results in a loss of \$575 billion in employee productivity annually.¹ So, your productivity, engagement, and bottom line all depend on whether your employees are healthy.

IBX equips your employees with the right tools and resources to easily navigate and access health care. As a result, increased member engagement improves utilization and outcomes.²

14% less likely to use the ER for non-emergent reasons

42% more likely to adhere to their medication regimen

11% more compliant with gap-related tests and screenings



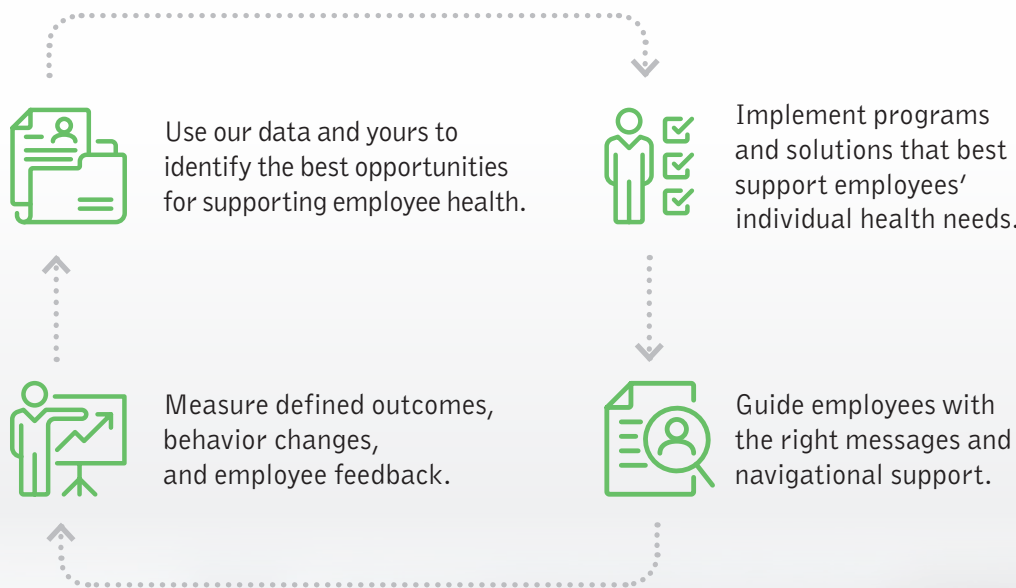
¹ Integrated Benefits Institute, 2023.

² IBX internal data

Helping your employees get the most out of their benefits

Employee engagement is about anticipating and avoiding poor health before it happens. Most importantly, it empowers employees to make healthier decisions that improve their quality of life.

We work with you to create and implement effective engagement strategies that will help employees get the most out of their health plans.



Managing the costs of chronic and complex conditions

Employees with chronic or complex conditions may need more support to successfully manage and improve their health and use their benefits cost-effectively. Our Registered Nurse Health Coaches act as an extension of the doctor's office and:

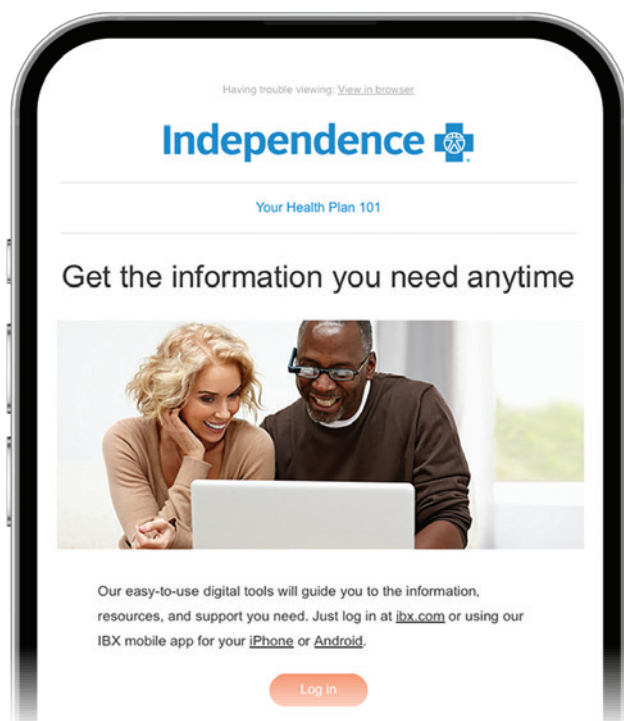
- Monitor employee health trends and patterns to ensure that they receive appropriate, coordinated care
- Support providers in care planning and interventions with robust data and analytics
- Give employees support and tools to better manage, organize, and engage in their care

Registered Nurse Health Coaches can increase engagement

Our Registered Nurse Health Coaches perform targeted outreach to your employees and help them better understand where their health stands, set reasonable health goals, and work to achieve them.

Health Coaches have a 360-degree view of every member's health, so they can:

- Identify current and future health risks
- Offer integrated support through condition and lifestyle solutions like Teladoc Diabetes Management and Teladoc Hypertension Management, Wondr, and Ovia
- Connect members to useful education and resources, like registered dietitians, stress management programs, wellness discounts, and incentives
- Track their progress and provide support if they need help getting back on track



Managing utilization effectively

Through our utilization management processes, we do our part to ensure that your employees are receiving the right services at the right time and place and for the right price.

- We work directly with providers to monitor medical necessity and coordinate appropriate care.
- We partner with expert vendors to address complex and costly medical treatments.

Reaching your employees where they are

Using digital and social channels, we tailor engagement to the needs of your employees, using targeted, personalized messaging and a variety of easy-to-use tools and programs to help them get and stay engaged.

IBX Wire®

70% of subscribers are digitally engaged

78% of households have at least one member opted in for digital messaging

Over two-thirds of our subscribers are digitally engaged through IBX Wire or email. Our award-winning member engagement strategy delivers targeted messaging about clinical and general health topics and benefits information. Engaging early and often drives better health outcomes, thus helping foster a healthier, more productive workforce.

eNewsletters

Our quarterly *Get Good Living* eNewsletter includes short and entertaining articles on a range of general and seasonal topics and recipes.

Connecting through our social channels

Members and employers can connect with us through our Facebook and Instagram pages, with new content posted daily. We also regularly publish health-related articles on our blog, *IBX Insights*, which includes a section with topics you as an employer care about most.

Personalized self-service tools and digital health experience

Your employees have 24/7 access to a comprehensive suite of tools and programs when they log in at **ibx.com** or use the mobile app. All the information they need for their health and wealth is right at their fingertips.

Health

- Achieve Well-being Rewards program
- Behavioral health digital resources
- Drug and pharmacy search tools
- Family planning tool
- Find a Doctor tool
- *Healthy You!* newsletter
- Mail order/home delivery of prescriptions
- Mental health and substance use disorder tools

Wealth

- Blue365 discounts
- Blue Insider savings
- Care Cost Estimator
- *Get Good Living* coupons and recipes
- GradFin
- Price a Drug tool
- Spending accounts
- The College Tuition Benefit
- Healthy Lifestyles reimbursements for approved in-person/virtual gym subscriptions and weight management programs

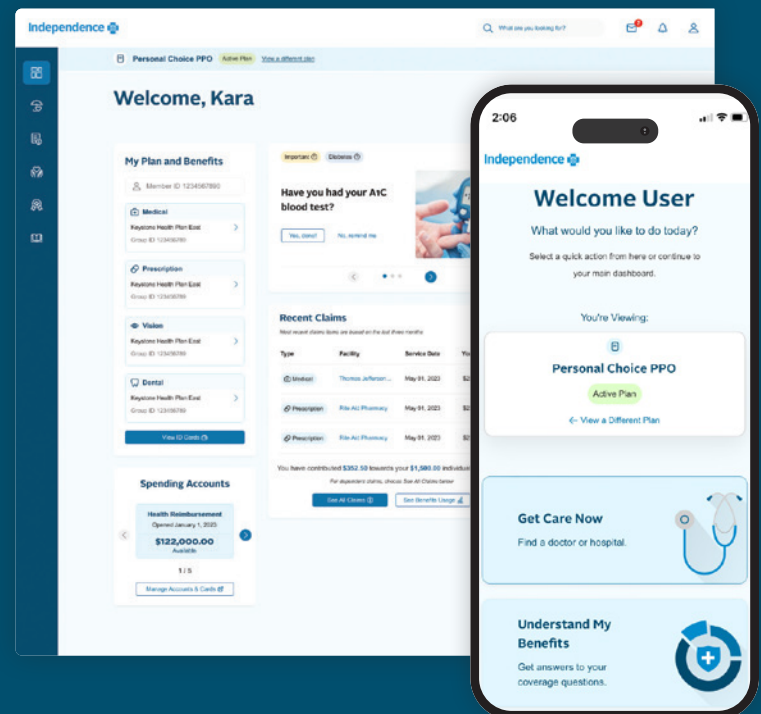
Third-party apps and tools

- AblePay
- Ovia Health
- Teladoc Health
 - ✓ General Medical, Mental Health Care, and Teledermatology
 - ✓ Mental Health Coaching
 - ✓ Diabetes Management and Hypertension Management
- TruHearing
- Wondr Health

NEW Digital health experience: Built by members, for members

We took a human-centered design approach to improve our **ibx.com** member portal and IBX mobile app. The new digital experiences are more than just a facelift or an enhancement to the design — we made the process of using and understanding their benefits more convenient and less stressful.

- **Personalized dashboard:** The **ibx.com** member account homepage will always be customized based on members' benefit details.
- **Easy navigation:** Members can find what they need quickly and easily, such as claims, ID cards, and benefit summaries.
- **Seamless care planning:** Members can use new features like My Care Team to build a comprehensive directory of all their health care providers. The new personalized experience also includes screening and appointment reminders.
- **One-stop-shop:** Through the Health Journeys section, members can get a quick view of everything related to their care, such as their personal health record, benefit coverage, condition-specific information, and programs that help them reach their goals.
- **Mobile-first approach:** Members have a more optimized experience accessing their benefits through the IBX mobile app.



Our commitment to our customers

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

Best-in-class account management

Superior service starts with our approach to managing your account. You'll get a local team of dedicated, highly motivated, and experienced IBX professionals who:

- Focus on understanding your unique challenges
- Work with you to provide the best solutions
- Strive for excellence in service
- Remain proactive, consultative, and responsive

Service excellence

Our customer service center provides outstanding support to members. Our services include:

- Live, in-person support at Independence LIVE*
- Agents who receive extensive training on member needs
- State-of-the-art technology for quick, efficient service

Easy-to-manage health benefits

Through ibx.com, you can administer your health benefits efficiently and securely. Sign in to access enrollment, billing, reporting, marketing tools, and our latest news.

- **NEW** Pay with eBill — We now offer an optimized Electronic Billing Presentment & Payment system (EBPP), which is user-friendly, convenient, and easy to navigate. This streamlined payment process offers increased operational efficiency, ultimately enhancing your overall portal experience.
- Manage account — Add or remove an employee and change employee or dependent information.
- Marketing toolkits and resources — Access self-service materials and information to help you promote IBX capabilities and services to your employees.



Go digital!

Looking for a digital option for open enrollment? We've developed digital versions of open enrollment kits to make it even easier to share materials with your employees.

Visit ibx.com/virtualoe.



*Subject to availability.

Accelerating care in every community

We are searching for new ways to make a meaningful and measurable impact on the quality of health care delivered to *all* members.

Your employees receive health care in their local communities, and each community differs in terms of care quality, cost, and access. The independent Blue Cross and Blue Shield plans have a local presence that spans every U.S. ZIP code, giving us a unique view of health care challenges and opportunities community by community — at the heart of where health care is delivered.

It's all part of our “nationally designed, locally delivered” approach to care. Think of it as bringing the best of the Blues to your doorstep, delivering quality and service in health care to every employee you have, wherever they live.



Driving equity and affordability for everyone in every community



Fostering strong provider collaboration and deep community investment



Covering 1 in 3 Americans in every ZIP code in the U.S.



Using the industry's largest national data resource to influence every aspect of health care through Blue Cross Blue Shield Axis



Better insights, better health care, every community

When it comes to caring for the people of the Philadelphia region, IBX has been here from the very beginning. As the local Blue Cross plan in the region for more than 85 years, IBX has built trusted relationships with doctors and hospitals, allowing us to provide a local depth and national reach unique to the Blues. Pairing our deep-rooted local presence and strong provider relationships with our wealth of data allows us to bring the best health care possible to every community your employees call home.

We tailor programs and network solutions to address the unique needs of each community we serve through:

Value-based care*

Our value-based care programs are thoughtfully developed to meet the needs of specific markets and relationships with providers.

\$800M+ Savings driven by value-based care arrangements

3X More providers than our closest competitor

Best local care, nationwide

The IBX value-based care portfolio is far and away the strongest in the industry, unmatched in national scale and performance. This allows us to share resources and expertise with providers to deliver the highest quality of care to you and your employees in the local communities where you live and work.

*Stats based on internal and BCBSA data.

Emerging technologies and AI improve care delivery

IBX is one of the industry leaders in Artificial Intelligence (AI) and machine learning. Our team of cross-functional engineers and data scientists partners with leading regional and national academic and research institutions to develop a modern and secure platform and reduce algorithm bias.

We believe that AI represents the next frontier of opportunity for health care. Used responsibly, it can improve the quality and efficiency of interactions between health plans, providers, employers, and members. AI can summarize large quantities of data and complex documents, freeing time to focus on more important matters that require an interpersonal touch.

Chronic care management

Predict and engage high-risk members

Care delivery

Guide members to quality, post-discharge care and prevent re-admissions

Clinical decision support

Prioritize members likely to engage and integrate behavioral health

Equity

Identify social determinants of health using natural language processing and score providers

Triage and diagnosis

Improve accuracy and efficiency of symptom triaging and care management

Customer service

Use natural language processing to enhance first-call resolution, track callbacks, and generate a quality score

Changing care delivery

Our Clinical Care Innovation (CCI) program is another example of how we are leveraging and expanding our relationships with providers in the Philadelphia market.

The CCI program utilizes a two-armed approach with grants and pilots to support:

- New and innovative care delivery ideas that need a defined population
- Relevant payer data and/or financial support to better assess clinical and financial efficacy
- Cutting edge models of care that have demonstrated success in investigational settings or elsewhere but require further development to optimize their value for IBX members
- Mature initiatives that have been proven with IBX provider(s) and are being scaled more broadly across the network

CCI is promoting improvements that are tied to the quintuple aim of health care:

- Quality of care
- Member experience
- Provider experience
- Health equity
- Cost savings

Commitment to the people and communities we serve

Together with other Blue plans, we are fully committed to health equity and confronting the national crisis in health disparities — especially when it comes to maternal health, behavioral health, diabetes, and cardiovascular conditions. IBX is working hard to change the trajectory of health disparities and reimagine a more equitable health care system by:

- Collecting data to measure disparities
- Scaling effective programs
- Working with providers to improve outcomes and address unconscious bias
- Leaning into partnerships at the community level
- Influencing policy decisions at the state and federal levels

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

Through our policies, programs, and partnerships, we strive to improve underserved communities' access to primary and specialty care and ensure everyone has the same opportunity to live a healthy life.

IBX was awarded the BCBSA Brand Innovation Award in 2024 for our CCI program.

Provider support

We equip providers with tools, data, analytics, and resources to help them identify gaps in care, develop targeted health interventions, and provide the most cost-effective care to your employees and their families. As a result, we're seeing measurable improvements in population health regarding care quality, chronic condition management, health maintenance, and resource utilization.

IBX's Population Health Specialists (PHSs) work directly with PCPs to improve our members' clinical outcomes. PHSs regularly review performance across key clinical areas (e.g., cancer screening rates, diabetes testing rates) with providers and develop actionable strategies to improve health outcomes and close clinical gaps in care.

The Joint Value Committee (JVC) provides a structured approach for IBX and network health systems and large specialty groups to partner throughout the year to address value-based care and its challenges. The JVC represents a commitment by IBX to collaborate with providers to identify, select, design, and adopt solutions that effectively transform the delivery of care and impact the cost curves for our members.

Accelerating superior health plan solutions

Providing proven strategies that holistically address your employees' needs, ensuring better care, decreased costs, and a positive health care experience.

When you offer your employees health benefits from IBX, you're giving them peace of mind that they are covered in every stage of life, no matter where they are physically or mentally. Whether they visit their PCP in their hometown or need care while on vacation, a work trip, or away at college, your employees and their families have access to providers, in-person or virtually, for all their needs.

And 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

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



For your employees

- Health care coverage in- and out-of-network
- Affordable cost-sharing
- More choices and control over how benefits are used

Give your employees complete coverage and protection

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

- IBX Dental plans (page 35)
- Supplemental insurance products from Guardian (page 35)
- Blue Cross Global international health insurance (page 35)



Health plans to fit your needs and budget

Choose up to four health plans¹ to fit your budget and ensure your employees and their families are covered, even if they live outside of our five-county service area.²

	Personal Choice [®] PPO	Personal Choice EPO	Keystone Direct POS	Keystone HMO
Access to more than 60,000 in-network 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 ³	
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

Refer to the health plan charts beginning on page 38 to view the 2025 benefit options.

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Choose from our portfolio of comprehensive and innovative plan options

We offer copay health plans, coinsurance/deductible health plans, and copay/deductible plans.

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¹ If a group selects four plans, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit.

² Employees must reside in either the Pennsylvania five-county area or a contiguous county to be eligible to enroll in a Keystone HMO Proactive plan.

³ 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.

Site of service benefits help members save

Site of service benefits¹ give members choices when accessing certain services. Members save money on out-of-pocket costs based on where they receive health care for the following services:

- Virtual care visits with network primary care doctors and specialists²
- Outpatient labs
- Outpatient surgery³
- Preventive colonoscopy⁴
- Physical/occupational therapy
- Routine/complex radiology
- Biotech/specialty injectables and infusion

1 Site of service benefits vary by plan design. Refer to the health plan charts beginning on page 38 for more details.

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 38 for more information.

3 Common outpatient surgical procedures performed at ambulatory surgical centers (ASCs) include tonsil removal, hernia repairs, and cataract surgeries.

4 All health plans include a Preventive Plus benefit with \$0 member cost-sharing (no copayment, deductible, or coinsurance) when a member receives a preventive colonoscopy to screen for colorectal cancer at a Preventive Plus (P+) facility — and it is performed by an in-network professional (a gastroenterologist or a colon and rectal surgeon). Members pay \$750 out of pocket by choosing non-Preventive Plus facilities. 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. In addition to seeking services from Preventive Plus providers, colonoscopy screenings must meet the United States Preventive Services Task Force's (USPSTF) guidelines for \$0 member cost sharing to apply.





Virtual care services help members save time and money

Seeing a board-certified or licensed medical professional by video chat, email, or phone is a convenient, cost-effective option for non-emergency care. Many virtual care services are available at a \$0 copay or reduced cost-share.

The value of Teladoc

IBX has partnered with Teladoc Health (Teladoc), the global leader in whole-person virtual care, to provide members with an all-in-one integrated experience. After members register for Teladoc, they can use the mobile app or website to access Teladoc doctors for telemedicine and teledermatology needs or talk to a licensed behavioral health provider. They can also use Teladoc Mental Health Coaching for additional support on their behavioral health journey. Those who need individual assistance for diabetes and hypertension have access to Teladoc’s condition-specific care programs.

Members who take advantage of virtual care benefits experience lower medical costs, decreased absenteeism, and reduced emergency room (ER) and urgent care center visits for non-emergencies.

Telemedicine

Members can use telemedicine services to help diagnose and manage a wide range of everyday conditions like flu, pink eye, sore throat, bug bites, food poisoning, and more:

- **Teladoc General Medical** — Members have 24/7 access to board-certified doctors for a \$0 copay.¹ With virtual visits available in several languages through an interpreter, including American Sign Language (ASL), physicians can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video. And with the Caregiving feature, members can request three-way visits to help them manage their loved ones’ care.
- **PCP or specialist** — If their primary care physician (PCP) or a specialist offers a telemedicine option, members can get virtual care through these providers and pay a reduced cost-share.

Telebehavioral health

Through Teladoc Mental Health Care, members can speak with board-certified psychiatrists and licensed psychologists or therapists by phone or video from wherever they feel most comfortable. This service can address concerns like anxiety, depression, grief, work pressures, and more.

In addition, if their behavioral health providers offer telebehavioral health, members can visit these providers virtually.

Both telebehavioral health options are available to members at a \$0 cost-share.¹

Teledermatology

Through Teladoc Health Dermatology, members can receive convenient and reliable skincare from a licensed dermatologist for a wide range of conditions without the wait for a \$0 cost-share.¹ They simply log in to their Teladoc account, request a dermatology consult, complete the intake form, and upload digital images of their skin issue. They will receive a response through the online message center within two business days.

Telenutrition

Members can use their nutrition counseling benefit to receive up to six one-on-one virtual visits at no additional cost. Members have the option of seeing an in-network registered dietitian or a nutrition counselor via HUSK Nutrition, available through the HUSK Marketplace, to access personalized virtual nutrition counseling.²

Finding the right provider

We’ve made several updates to our easy-to-use and comprehensive *Find a Doctor* tool on ibx.com, which helps members find health providers who offer virtual care.

¹ Cost-share is \$0 after deductible for HSA plans.

² Six nutrition counseling visits are covered as a part of small group fully insured plans. Telenutrition counseling visits through HUSK Nutrition are included in this six-visit limit.

Keystone HMO Proactive tiered network plans

A popular choice for small employers

Our Keystone HMO Proactive health plans give members access to the full Keystone Health Plan East HMO network at a lower premium. They 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 key difference is that 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.*

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

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

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

* 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.



Keystone HMO Proactive hospital tier placements

Tier 1 – Preferred \$

Pennsylvania

Bucks

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

Chester

Penn Medicine — Chester County Hospital
Tower Health — Phoenixville Hospital

Delaware

Crozer-Chester Medical Center
Delaware County Memorial Hospital
Taylor Hospital

Lehigh

St. Luke’s University Health Network — Allentown Campus
St. Luke’s University Health Network — Bethlehem Campus

Montgomery

Jefferson Health – Jefferson Einstein Montgomery Hospital
Holy Redeemer Hospital and Medical Center
Jefferson Health — Abington Hospital
Jefferson Health — Lansdale Hospital
Prime Healthcare — Suburban Community Hospital
Tower Health — Pottstown Memorial Medical Center

Philadelphia

Jefferson Health – Jefferson Einstein Philadelphia Hospital
Jefferson Health — Frankford Hospital
Jefferson Health — Torresdale Hospital
Prime Healthcare — Roxborough Memorial Hospital
Temple University Hospital — Jeanes Campus
Temple Health — Chestnut Hill Hospital
Wills Eye Hospital

New Jersey

Camden

Cooper University Hospital

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

Salem

Memorial Hospital of Salem County

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 — 17th Street
Lehigh Valley Hospital — Cedar Crest
Lehigh Valley Hospital — Muhlenberg

St. Luke’s University Health Network — Sacred Heart Campus

Montgomery

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

Philadelphia

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

New Jersey

Burlington

Virtua Marlton Hospital
Virtua Memorial Hospital
Virtua Willingboro Hospital

Camden

Jefferson Health — Cherry Hill Hospital
Jefferson Health — Stratford Hospital
Jefferson Health — Washington Township Hospital
Virtua Voorhees Hospital

Gloucester

Inspira Medical Center — Woodbury

Hunterdon

Hunterdon Medical Center

Mercer

Capital Health System — Fuld Campus
Capital Health System — Hopewell Campus
Robert Wood Johnson University Hospital at Hamilton

Salem

Inspira Medical Center — Elmer

Warren

St. Luke’s University Health Network — Warren Campus

Delaware

New Castle

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

Maryland

Cecil

Union Hospital

Updates are made periodically to our network and provider tiering. To get the latest information, visit ibx.com/providerfinder. Select *Keystone HMO Proactive* under *Your Plan* to view the tiers.

Prescription drug program offers additional value

Every Blue Solutions health plan includes prescription drug coverage, giving your employees easy and affordable access to covered medications.

Our services are cost-effective and comprehensive because medical and prescription drug benefits are integrated. This helps us to lower the total cost of care, improve the management of your employees' health, and deliver a unified customer and member experience. Plus, you get the capabilities and negotiating power of a top-tier pharmacy benefits manager (PBM).

With our prescription drug and medical benefits included in every Blue Solutions health plan, you receive:

- Better support for your employees with comprehensive care management and a streamlined experience — one member ID card, one secure member portal, and one source of direct messaging that addresses all their health needs
- Maximized value through simplified plan administration

Prescription drug program features

We've implemented strategies that help members access medications better while keeping costs low.

- Mail order/home delivery is available for certain maintenance medications with free shipping. Members may save money by getting 90-day fills of their maintenance medication at a specified retail pharmacy for the same cost-share as mail order/home delivery. Members can call the number on the back of their ID card to find out what pharmacy can fill a 90-day supply of their medication.
- Low-cost generic medications are available. Members can find a list of these medications in the Value formulary at [ibx.com](https://www.ibx.com).
- Formulary management includes drugs based on medical effectiveness, safety, and value.
- Utilization and clinical management provide an improved and holistic experience for members.



Containing high-cost drug therapies

We've developed solutions that help reduce the high costs of new and innovative therapies.

Specialty pharmacy program

Our specialty pharmacy program provides convenient delivery options and support for members with complex conditions.

- Utilization management helps ensure that certain particularly expensive drugs are used only under appropriate circumstances and at appropriate dosages.
- Specialty pharmacists and nurses provide industry-leading clinical support.
- A total cost-of-care perspective across medical and prescription drug benefits helps drive appropriate decision-making.

Biosimilars bring affordability to expensive medicines

Over the past few years, biosimilar drugs have made an impact on the U.S. market, as they offer an opportunity for significant price reductions for expensive biologic drugs. We have long supported biosimilar competition and developed expertise in biosimilar management strategies.

IBX has successfully captured savings based on a best-price strategy for several biosimilar classes. Since 2016, we've generated more than \$128M in savings with oncology and Remicade® biosimilars without inhibiting access. Our guiding approach is to deliver savings and ensure access to maturing biosimilar classes.

On average, hospital-administered drugs saw more than a **50 percent** decline in prices after three years of biosimilar use.*

Most Cost-Effective Setting (MCES) program

We incentivize savings by driving the utilization of infusion drug services to the MCES program, ensuring members with rare or complex conditions receive the appropriate medication in a safe and appropriate setting. Services received in home, a provider's office, or an infusion center could cost three to four times less than services received in a hospital setting.

\$200M+ saved from the list of over 100 drugs in the MCES program

Cell and gene therapy

IBX established the Advanced Network for Gene-Based Therapeutics to help members access these potentially life-changing therapies from best-in-class health care providers. Our Advanced Network for Gene-Based Therapeutics includes Penn Medicine and Children's Hospital of Philadelphia (CHOP), hospitals with a reputation for exceeding quality, safety, and value benchmarks. IBX works closely with these hospitals to ensure they provide complete care that centers around the patient, informing our national approach to patient navigation and care management.

IBX partners with Synergie Medication Collective's Gene+ program, expanding our existing gene therapy capabilities and national network. Synergie's Gene+ program was developed as a gene therapy augmentation for the BlueCard national network. In collaboration with Synergie and other Blues plans, we also have developed a patient tracking and outcomes data apparatus, allowing us to use data to provide better patient care and advocacy in the future.

NEW Smart RxAssist cost-share assistance

Smart RxAssist is designed to reduce costs for members on select specialty drugs by offering \$0 cost-share for over 200 specialty drugs covered under the medical benefit. Customers will be able to opt in to the program beginning in 2025, at no additional cost.

* iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/long-term-marketsustainability-for-infused-biosimilars-in-the-us U.S. – IQVIA

Oncology management

There are an estimated two million new cancer cases each year. When managing a cancer diagnosis — which involves screening, preventive intervention, treatment, behavioral health care, and beyond — IBX provides our members with quality programs that combine the best care with managed costs.

IBX balances excellent care with incredible value

Prevention and early detection

Cancer prevention and early detection are central to ensuring every member can help prevent, detect, treat, and survive cancer. When caught early, before signs and symptoms appear, many cancers require less extensive treatment, have more treatment options, and have better chances of survival.

We offer coverage for cancer screenings and preventive care recommended by the American Cancer Society for a \$0 cost-share and encourage members to receive appropriate screenings through targeted digital outreach.

Care management and support

We provide complex oncology case management and behavioral health support to our members. Backed by Certified Oncology Health Coaches and National Comprehensive Cancer Network (NCCN) tools, we take a holistic, personalized approach to oncology care and case management. Our goal is to use multiple forms of communication to engage with and support our members through their cancer journey.

IBX has a world-class oncology network, both locally and nationally. In Philadelphia, we are closely partnered with some of the top academic health systems in the country. Just as a member's cancer journey is constantly evolving, we are constantly learning from new science and cutting-edge experts to better shape our oncology management approach and support system.

Personal cancer care navigation

Our members with cancer are never alone. Our Registered Nurse Health Coaches guide and support them through every aspect of their individual journey — from diagnosis and treatment to managing their long-term physical and mental well-being.

Vision and pediatric dental benefits protect members' overall health

Every Blue Solutions health plan includes high-quality, affordable adult and pediatric vision benefits,¹ plus pediatric dental benefits for children up to age 19. This helps ensure that members' overall health care needs are met and can help prevent or identify serious medical conditions like diabetes and high blood pressure.

High-quality vision care — Frames, lenses, contacts, and more

Our adult and pediatric vision benefits give members access to routine eye care, options for affordable, quality eyewear, and more value-added services. Our vision benefits go beyond access to eye exams and eyewear.

- National network of more than 160,000 access points
- Low-to-no copay on Davis Vision Exclusive Collection frames or an allowance toward any frame purchase
- Upgraded inventory of Davis Vision Exclusive Collection catalog of designer frames offers even more stylish options to choose from
- An interactive frame try-on tool allows members to see what Davis Vision Exclusive Collection frames look like on before purchasing them
- Exclusive \$50 frame allowance enhancement at Visionworks for adults
- Fixed copays on all lens styles and coatings, including protection against blue-light exposure
- \$0 cost-sharing on evaluations and fittings for non-Collection standard contact lenses at participating providers
- Safe and convenient online in-network shopping options, including [1800Contacts.com](#), [Glasses.com](#), and [Befitting.com](#)
- **NEW** In-network providers include Pearle Vision, Target Optical, and Warby Parker for adults²
- Discounted pricing and financing options on LASIK laser vision correction services
- Free hearing exam, exclusive discounts on hearing aids and supplies, and more from Your Hearing Network through Davis Vision

Adult eyewear allowance options

Members receive up to \$130 frame or contact lenses allowance, plus 20 percent off any frame overage at any provider in the national Davis Vision network

OR

Up to \$180 frame allowance, plus 20 percent off any overage, at more than 700 Visionworks locations nationwide

Pediatric dental

All Blue Solutions health plans include in-network dental benefits³ for children up to age 19 to help kids develop good oral health.

Personal Choice® PPO

- Included in PPO medical plans
- 100% coverage for in-network dental exams and cleanings once every six months

Keystone Health Plan East DHMO

- Included in HMO and DPOS medical plans
- 100% coverage for in-network dental exams and cleanings once every six months (Note: Pediatric members must select and be assigned to an in-network pediatric dentist before they can access their benefits)

¹ Adult and pediatric vision benefits are not subject to a deductible.

² Pearle Vision, Target, and Warby Parker are in-network for adults only. Pediatric members covered under the medical plan are excluded.

³ 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.



Independence 

IBX

Additional benefits to complement your health plan

Enhance your medical benefits with our industry-leading suite of specialty insurance products. When you bundle our comprehensive suite of specialty services together, you can build a more powerful health benefits solution that boosts employee retention and acquisition efforts and offers your employees peace of mind for life's uncertainties.

NEW Independence Blue Cross (IBX) Dental

All Blue Solutions medical plans include pediatric dental benefits for dependents up to age 19. For an extra level of coverage for your employees and their families, you may have the option to add IBX Dental benefits to your health plan.¹

The IBX Dental portfolio features PPO, EPO, and Managed Care plan options, all of which encourage prevention, early diagnosis, and treatment. Choose from a wide variety of affordable plan options that feature rich, value-added services. And your employees will have access to a robust local network, as well as an expanding national network, so they can find a dentist wherever they are.

Best of all, you and your employees will benefit from the convenience and ease of administration when the company they know and trust can meet all their health and dental care needs.

Features

- Plans designed for prevention and savings
- Robust provider networks²
- In-network savings
- No waiting periods

Value-added services

- **Preventive Rewards program:** The subscriber will receive \$20 for each covered dependent who gets two cleanings during the calendar year.
- **Teledentistry³:** Members can use a credentialed virtual dentist to get virtual exams, second opinions, and expert advice quickly.
- **Savings incentive:** Preventive services do not count against the annual maximum and are covered at 100 percent on most plans, which allows members to use their coverage for other necessary, more costly services.
- **Pregnancy benefit:** Pregnant members are eligible for an additional cleaning.

¹ Consult your IBX account representative for eligibility and underwriting guidelines.

² Based on internal data.

³ All provider offices may not offer teledentistry. Members should check with their providers.

⁴ The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022.

20^{M+} workdays are lost each year due to dental illness.⁴

Guardian supplemental insurance

Pairing an IBX health plan with any of Guardian's seven products can help your employees be prepared for the unexpected. Guardian provides them with financial safety and security in case of 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 would be supported by:

- 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



Scan the QR code to access our IBX Dental brochure.



Independence 

IBX

2025 Blue Solutions Health Plans

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
- PPO, HMO, and DPOS plans available



Secure: Copay/Deductible Health Plans

Balance lower premiums with predictable out-of-pocket costs

- Copays for the most commonly used services
- Site of service differentials on certain services help members save more
- PPO and HMO plans available



Pediatric and adult vision benefits are not subject to a deductible for all health plans.

Platinum health plans	Personal Choice PPO Platinum Preferred ² \$10/\$20/\$150	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$3,000/\$6,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$10/\$5	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$20/\$10	50% after ded/50% after ded
Retail clinic	\$10	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$20 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$50 ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$150 per admission	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$100 (waived if admitted)	\$100 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$20/\$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$150 per admission	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$60	70% of retail
Retail non-preferred drug ¹⁸	\$100	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Platinum health plans	Personal Choice PPO Platinum Preferred ² \$10/\$20/\$200	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$3,500/\$7,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$10/\$5	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$20/\$10	50% after ded/50% after ded
Retail clinic	\$10	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$20 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$50 ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$150 (waived if admitted)	\$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$20/\$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$200 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$125	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Footnotes begin on page 74 | ded = Deductible

Platinum health plans	Personal Choice PPO Platinum Preferred ² \$20/\$40/\$250	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$4,000/\$8,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care 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) [†]	\$0	Not covered
Urgent care	\$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$40 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40/\$70 ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$250 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$175 (waived if admitted)	\$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$75/\$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$40/\$80	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$250 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$125	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Platinum health plans	Keystone DPOS Platinum Preferred ² \$10/\$20/\$200	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$3,500/\$7,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$10/\$5	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$20/\$10	50% after ded/50% after ded
Retail clinic	\$10	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$20 ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$20 ¹⁰	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$150 (waived if admitted)	\$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$40 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100/\$100	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$20/\$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$200 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/\$0	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$125	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Footnotes begin on page 74 | ded = Deductible

Platinum health plans	Keystone DPOS Platinum Preferred ² \$20/\$40/\$250	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$4,000/\$8,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care 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) [†]	\$0	Not covered
Urgent care	\$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$40 ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40/\$40 ¹⁰	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$250 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$175 (waived if admitted)	\$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$40 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100/\$100	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$75/\$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$40/\$80	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$250 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/\$0	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$125	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Platinum health plans	Keystone HMO Platinum Preferred ³ \$10/\$20/\$200	Keystone HMO Platinum Preferred ³ \$20/\$40/\$250
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible — Individual/Family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family includes:	\$3,500/\$7,000 coinsurance and copays	\$4,000/\$8,000 coinsurance and copays
Preventive services⁸		
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
Physician services		
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) [†]	\$0	\$0
Urgent care	\$40	\$50
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$20	\$40
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$20	\$40/\$40
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	\$250 per day ¹¹
Inpatient professional services (includes maternity)	\$0	\$0
Emergency room	\$150 (waived if admitted)	\$175 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$40	\$40/\$40
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100/\$100	\$100/\$100
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	\$75/\$150
Infusion — Home or office/Outpatient	\$20/\$40	\$40/\$80
Durable medical equipment and prosthetics	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	\$20/\$20	\$40/\$40
Inpatient mental health and substance abuse	\$200 per day ¹¹	\$250 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	\$50/\$100
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/\$0	\$0/\$0
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$10	\$10
Retail preferred brand ¹⁸	\$75	\$75
Retail non-preferred drug ¹⁸	\$125	\$125
Self-administered specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0
Adult routine eye exam ²⁵	\$0	\$0
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies

Footnotes begin on page 74 | ded = Deductible

Platinum health plans	Keystone HMO Platinum Preferred ³ \$5/\$15/\$500	Keystone HMO Platinum Preferred ³ \$25/\$50/\$400
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible — Individual/Family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family includes:	\$5,500/\$11,000 coinsurance and copays	\$4,500/\$9,000 coinsurance and copays
Preventive services⁸		
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
Physician services		
Primary care visit — Office/Virtual care	\$5/\$0	\$25/\$20
Specialist visit — Office/Virtual care	\$15/\$10	\$50/\$35
Retail clinic	\$5	\$25
Virtual care (from designated virtual provider) [†]	\$0	\$0
Urgent care	\$75	\$75
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$15	\$50
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$15/\$15	\$50/\$50
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$500 per day ¹¹	\$400 per day ¹¹
Inpatient professional services (includes maternity)	\$0	\$0
Emergency room	\$300 (waived if admitted)	\$200 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$60/\$60	\$40/\$40
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120/\$120	\$100/\$100
Biotech/specialty injectables — Home or office/Outpatient	\$75/\$150	\$75/\$150
Infusion — Home or office/Outpatient	\$15/\$30	\$60/\$120
Durable medical equipment and prosthetics	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	\$15/\$15	\$50/\$50
Inpatient mental health and substance abuse	\$500 per day ¹¹	\$400 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$80/\$160	\$50/\$100
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/\$0	\$0/\$0
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$10	\$10
Retail preferred brand ¹⁸	\$85	\$85
Retail non-preferred drug ¹⁸	\$125	\$125
Self-administered specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0
Adult routine eye exam ²⁵	\$0	\$0
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies

Platinum health plans	Personal Choice PPO Platinum HSA – 50 ⁴ \$1,800/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$1,800/\$3,600	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
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	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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$10 after ded	50% after ded
Retail preferred brand ¹⁸	\$75 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$125 after ded	50% after ded
Self-administered specialty drug	50% after ded up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

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Gold health plans	Personal Choice PPO Gold Preferred ² \$40/\$80/\$500	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$7,500/\$15,000 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$40/\$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$80/\$55	50% after ded/50% after ded
Retail clinic	\$40	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80/\$110 ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$500 per admission	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$300 (waived if admitted)	\$300 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$70/\$175	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$150/\$300	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$125/\$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80/\$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80/\$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$500 per admission	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$150/\$350	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$15	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Gold health plans	Personal Choice PPO Gold Preferred ² \$40/\$80/\$600	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,800/\$17,600 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$40/\$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$80/\$55	50% after ded/50% after ded
Retail clinic	\$40	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80/\$110 ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$600 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$500 (waived if admitted)	\$500 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$70/\$175	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$150/\$300	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$125/\$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80/\$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80/\$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$600 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$300/\$700	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$15	70% of retail
Retail preferred brand ¹⁸	\$85	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

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Gold health plans	Personal Choice PPO Gold Classic ² \$1,500/\$20/\$40/80%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	20%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
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	\$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) [†]	0% no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$40 no ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40 no ded/\$80 no ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room	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 scan, PET scan — Freestanding/Hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$40 no ded/20% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ¹⁸	\$85	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Gold health plans	Personal Choice PPO Gold Classic ² \$2,500/\$40/\$80/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,500/\$5,000	\$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
Preventive services⁸		
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	\$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) [†]	0% no ded	Not covered
Urgent care	\$100 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	\$400 no ded (waived if admitted)	\$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80 no ded/0% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ¹⁸	\$85	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

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Gold health plans	Keystone DPOS Gold Classic ² \$1,500/\$30/\$60/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
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	\$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) [†]	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$60 no ded ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 no ded/\$60 no ded ¹⁰	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	\$60 no ded/\$60 no ded ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120 no ded/\$120 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$60 after ded/\$120 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$60 no ded/\$60 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$400 after ded/\$750 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ¹⁸	\$85	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Gold health plans	Keystone DPOS Gold Preferred ² \$40/\$80/\$650	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$40/\$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$80/\$55	50% after ded/50% after ded
Retail clinic	\$40	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80/\$80 ¹⁰	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	\$650 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$500 (waived if admitted)	\$500 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$120/\$120 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$250/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$125/\$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80/\$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80/\$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$650 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$400/\$750	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/\$0	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$15	70% of retail
Retail preferred brand ¹⁸	\$85	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

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Gold health plans	Keystone HMO Gold Classic ² \$1,500/\$30/\$60/90%	Keystone HMO Gold Preferred ³ \$40/\$80/\$650
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible — Individual/Family	\$1,500/\$3,000	\$0
Coinsurance	10%	0%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$9,200/\$18,400 coinsurance and copays
Preventive services⁸		
Preventive care for adults and children	0% no ded	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	\$750
Physician services		
Primary care visit — Office/Virtual care	\$30 no ded/\$20 no ded	\$40/\$30
Specialist visit — Office/Virtual care	\$60 no ded/\$40 no ded	\$80/\$55
Retail clinic	\$30 no ded	\$40
Virtual care (from designated virtual provider) [†]	0% no ded	\$0
Urgent care	10% after ded	\$100
Spinal manipulations (20 visits per year) or acupuncture ⁵ (18 visits per year)	\$60 no ded	\$80
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 no ded/\$60 no ded	\$80/\$80
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	\$650 per day ¹¹
Inpatient professional services (includes maternity)	10% after ded	\$0
Emergency room	10% after ded	\$500 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$60 no ded/\$60 no ded	\$120/\$120
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120 no ded/\$120 no ded	\$250/\$250
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	\$125/\$250
Infusion — Home or office/Outpatient	\$60 after ded/\$120 after ded	\$80/\$160
Durable medical equipment and prosthetics	50% after ded	50%
Outpatient mental health and substance abuse — Office visit/All other	\$60 no ded/\$60 no ded	\$80/\$80
Inpatient mental health and substance abuse	10% after ded	\$650 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$400 after ded/\$750 after ded	\$400/\$750
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	\$0/\$0
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$20	\$15
Retail preferred brand ¹⁸	\$85	\$85
Retail non-preferred drug ¹⁸	\$200	\$200
Self-administered specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	\$0
Adult routine eye exam ²⁵	\$0 no ded	\$0
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies

Gold health plans	Keystone HMO Gold Proactive ³		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 - Preferred	You pay in-network ⁶ – Tier 2 - Enhanced	You pay in-network ⁶ – Tier 3 - Standard
Deductible — Individual/Family	\$0	\$0	\$0
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 ¹² coinsurance and copays	\$9,200/\$18,400 ¹² coinsurance and copays	\$9,200/\$18,400 ¹² coinsurance and copays
Preventive services⁸			
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 ¹³	\$30 ¹³	\$45 ¹³
Virtual care (from designated virtual provider) [†]	\$0	\$0	\$0
Urgent care	\$40	\$40	\$40
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$50	\$50	\$50
Physical or 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 ^{11, 14}	\$700 per day ^{11, 14}	\$1,100 per day ^{11, 14}
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room	\$400 (waived if admitted)	\$400 (waived if admitted)	\$400 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$60/\$60	\$60/\$60	\$60/\$60
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120/\$120	\$120/\$120	\$120/\$120
Biotech/specialty injectables — Home or office/Outpatient	50%/50%	50%/50%	50%/50%
Infusion — Home or office/Outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment and prosthetics	50%	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	\$40/\$40	\$40/\$40
Inpatient mental health and substance abuse	\$350 per day ¹¹	\$350 per day ¹¹	\$350 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$150/\$150	\$550/\$550	\$1,000/\$1,000
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/\$0	\$0/\$0	\$0/\$0
Prescription drugs^{16, 17, 19, 20}			
Rx deductible — Individual/Family	\$0	\$0	\$0
Low cost generic ¹⁸	\$3	\$3	\$3
Retail generic ¹⁸	\$25	\$25	\$25
Retail preferred brand ^{18, 21}	\$115	\$115	\$115
Retail non-preferred drug ^{18, 21}	50% up to \$300 max per fill	50% up to \$300 max per fill	50% up to \$300 max per fill
Self-administered specialty drug ²¹	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^{23, 28, 32}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0	\$0
Adult routine eye exam ²⁵	\$0	\$0	\$0
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Footnotes begin on page 74 | ded = Deductible

Gold health plans	Keystone HMO Gold Proactive Value ³		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 - Preferred	You pay in-network ⁶ – Tier 2 - Enhanced	You pay in-network ⁶ – Tier 3 - Standard
Deductible — Individual/Family	\$0	\$2,000/\$4,000 ¹⁵	\$2,000/\$4,000 ¹⁵
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 ¹² coinsurance and copays	\$9,200/\$18,400 ¹² coinsurance, copays, and ded	\$9,200/\$18,400 ¹² coinsurance, copays, and ded
Preventive services⁸			
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	\$15/\$10	\$30 no ded/ \$20 no ded	\$45 no ded/\$30 no ded
Specialist visit — Office/Virtual care	\$40/\$30	\$60 no ded/ \$40 no ded	\$80 no ded/\$55 no ded
Retail clinic	\$15 ¹³	\$30 no ded ¹³	\$45 no ded ¹³
Virtual care (from designated virtual provider) [†]	0%	0% no ded	0% no ded
Urgent care	\$40	\$40 no ded	\$40 no ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$50	\$50 no ded	\$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60/\$60	\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	\$350 per day ^{11, 14}	Subject to ded and \$700 per day ^{11, 14}	Subject to ded and \$1,100 per day ^{11, 14}
Inpatient professional services (includes maternity)	0%	20% after ded	30% after ded
Emergency room	\$400 (waived if admitted)	\$400 no ded (waived if admitted)	\$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$60/\$60	\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120/\$120	\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
Biotech/specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	20% after ded/20% after ded	30% after ded/30% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	\$40 no ded/\$40 no ded	\$40 no ded/\$40 no ded
Inpatient mental health and substance abuse	\$350 per day ¹¹	\$350 per day ¹¹ no ded	\$350 per day ¹¹ no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$150/\$150	Subject to ded and \$550 copay/ Subject to ded and \$550 copay	Subject to ded and \$1,000 copay/ Subject to ded and \$1,000 copay
Outpatient lab and pathology — Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 20}			
Rx deductible — Individual/Family	\$0	\$0	\$0
Low cost generic ¹⁸	\$5	\$5	\$5
Retail generic ¹⁸	\$25	\$25	\$25
Retail preferred brand ^{18, 21}	\$115	\$115	\$115
Retail non-preferred drug ^{18, 21}	50% up to \$300 max per fill	50% up to \$300 max per fill	50% up to \$300 max per fill
Self-administered specialty drug ²¹	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^{23, 28, 32}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Gold health plans	Personal Choice PPO Gold HSA – O ⁴ \$2,200/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,200/\$4,400	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸		
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) [†]	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁵ (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
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	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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded /0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$20 after ded	50% after ded
Retail preferred brand ¹⁸	\$85 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$125 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

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Gold health plans	Personal Choice PPO Gold HRA – 20 ² \$4,000/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$4,000/\$8,000	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸		
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) [†]	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁸ (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
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	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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$20 after ded	50% after ded
Retail preferred brand ¹⁸	\$85 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$125 after ded	50% after ded
Self-administered specialty drug	50% after ded up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

Gold health plans	Personal Choice PPO Gold HSA – 25 ⁴ \$2,400/\$25/\$50/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,400/\$4,800	\$10,000/\$20,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$25 after ded/\$20 after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$50 after ded/\$35 after ded	50% after ded/50% after ded
Retail clinic	\$25 after ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$50 after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$50 after ded/\$50 after ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	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 scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$50 after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$20 after ded	50% after ded
Retail preferred brand ¹⁸	\$85 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$125 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	10% after ded	Not covered

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Silver health plans	Personal Choice PPO Silver Classic ² \$3,800/\$40/\$80/70%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$3,800/\$7,600	\$8,500/\$17,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	30% after in-network ded
Routine radiology — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80 no ded/30% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$5	70% of retail
Retail generic ¹⁸	\$25	70% of retail
Retail preferred brand ^{18, 21}	50% up to \$125 max per fill	70% of retail
Retail non-preferred drug ^{18, 21}	50% up to \$250 max per fill	70% of retail
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Silver health plans	Personal Choice PPO Silver Secure ² \$4,750/\$40/\$80/\$600	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$4,750/\$9,500	\$8,500/\$17,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% no ded	Not covered
Urgent care	\$100 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	\$450 after ded (waived if admitted)	\$450 after in-network ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$100 no ded/\$250 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$250 no ded/\$500 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80 no ded/\$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	Subject to ded and \$600 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$600 no ded/\$600 no ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$5	70% of retail
Retail generic ¹⁸	\$25	70% of retail
Retail preferred brand ^{18, 21}	\$95	70% of retail
Retail non-preferred drug ^{18, 21}	\$225	70% of retail
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Footnotes begin on page 74 | ded = Deductible

Silver health plans	Personal Choice PPO Silver Classic ² \$5,000/\$50/\$100/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$5,000/\$10,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$50 no ded/\$35 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$100 no ded/\$70 no ded	50% after ded/50% after ded
Retail clinic	\$50 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	\$125 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$100 no ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$100 no ded/\$130 no ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	\$450 after ded (waived if admitted)	\$450 after in-network ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$80 no ded/\$200 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200 no ded/\$400 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$100 after ded/\$200 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$400 after ded/\$750 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$5	70% of retail
Retail generic ¹⁸	\$25	70% of retail
Retail preferred brand ^{18, 21}	\$95	70% of retail
Retail non-preferred drug ^{18, 21}	\$225	70% of retail
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Silver health plans	Keystone DPOS Silver Classic ² \$3,750/\$40/\$80/50%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$3,750/\$7,500	\$8,500/\$17,000
Coinsurance	50%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 no ded ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80 no ded/\$80 no ded ¹⁰	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room	50% after ded	50% after in-network ded
Routine radiology — Freestanding/Hospital-based	\$125 no ded/\$125 no ded ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 no ded/\$300 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80 after ded/\$160 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80 no ded/\$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	50% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$1,000 after ded/\$1,000 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$5	70% of retail
Retail generic ¹⁸	\$25	70% of retail
Retail preferred brand ^{18, 21}	50% up to \$125 max per fill	70% of retail
Retail non-preferred drug ^{18, 21}	50% up to \$250 max per fill	70% of retail
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

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Silver health plans	Keystone HMO Silver Classic ² \$3,750/\$40/\$80/50%	Keystone HMO Silver Classic ² \$4,750/\$45/\$90/70%
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible — Individual/Family	\$3,750/\$7,500	\$4,750/\$9,500
Coinsurance	50%	30%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance, copays, and ded	\$9,200/\$18,400 coinsurance, copays, and ded
Preventive services⁸		
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
Physician services		
Primary care visit — Office/Virtual care	\$40 no ded/\$30 no ded	\$45 no ded/\$30 no ded
Specialist visit — Office/Virtual care	\$80 no ded/\$55 no ded	\$90 no ded/\$55 no ded
Retail clinic	\$40 no ded	\$45 no ded
Virtual care (from designated virtual provider) [†]	0% no ded	0% no ded
Urgent care	50% after ded	30% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 no ded	\$90 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80 no ded/\$80 no ded	\$90 no ded/\$90 no ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	50% after ded	30% after ded
Inpatient professional services (includes maternity)	50% after ded	30% after ded
Emergency room	50% after ded	30% after ded
Routine radiology — Freestanding/Hospital-based	\$125 no ded/\$125 no ded	\$125 no ded/\$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$100 no ded	\$100 no ded/\$200 no ded
Infusion — Home or office/Outpatient	\$80 after ded/\$160 after ded	\$90 after ded/\$180 after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$80 no ded/\$80 no ded	\$90 no ded/\$90 no ded
Inpatient mental health and substance abuse	50% after ded	30% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$1,000 after ded/\$1,000 after ded	\$500 after ded/\$1,000 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 20}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$5	\$5
Retail generic ¹⁸	\$25	\$25
Retail preferred brand ^{18, 21}	50% up to \$125 max per fill	50% up to \$125 max per fill
Retail non-preferred drug ^{18, 21}	50% up to \$250 max per fill	50% up to \$250 max per fill
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies

Silver health plans	Keystone HMO Silver Secure ² \$5,000/\$50/\$100/\$600
Benefits per contract year¹	You pay in-network⁶
Deductible — Individual/Family	\$5,000/\$10,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 coinsurance, copays, and ded
Preventive services⁸	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded
Physician services	
Primary care visit — Office/Virtual care	\$50 no ded/\$35 no ded
Specialist visit — Office/Virtual care	\$100 no ded/\$70 no ded
Retail clinic	\$50 no ded
Virtual care (from designated virtual provider) [†]	0% no ded
Urgent care	\$125 after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$100 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$100 no ded/\$100 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day ¹¹
Inpatient professional services (includes maternity)	0% after ded
Emergency room	\$450 after ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$125 no ded/\$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 no ded/\$300 no ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded
Infusion — Home or office/Outpatient	\$100 after ded/\$200 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$100 no ded/\$100 no ded
Inpatient mental health and substance abuse	Subject to ded and \$600 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$600 after ded/\$600 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 20}	
Rx deductible — Individual/Family	\$0
Low cost generic ¹⁸	\$5
Retail generic ¹⁸	\$25
Retail preferred brand ^{18, 21}	\$95
Retail non-preferred drug ^{18, 21}	\$225
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}	
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) ²⁹	\$0
Pediatric exams and cleanings ^{29, 30}	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies

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Silver health plans	Keystone HMO Silver Proactive ²		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 – Preferred	You pay in-network ⁶ – Tier 2 – Enhanced	You pay in-network ⁶ – Tier 3 – Standard
Deductible — Individual/Family	\$0	\$6,000/\$12,000 ¹⁵	\$6,000/\$12,000 ¹⁵
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 ¹² coinsurance and copays	\$9,200/\$18,400 ¹² coinsurance, copays, and ded	\$9,200/\$18,400 ¹² coinsurance, copays, and ded
Preventive services ⁸			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	\$750 no ded	\$750 no ded
Physician services			
Primary care visit — Office/Virtual care	\$40/\$30	\$70 no ded/\$50 no ded	\$80 no ded/\$55 no ded
Specialist visit — Office/Virtual care	\$90/\$65	\$140 no ded/\$100 no ded	\$150 no ded/\$105 no ded
Retail clinic	\$40 ¹³	\$70 no ded ¹³	\$80 no ded ¹³
Virtual care (from designated virtual provider) [†]	0%	0% no ded	0% no ded
Urgent care	\$90	\$90 no ded	\$90 no ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$50	\$50 no ded	\$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$90/\$90	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	\$600 per day ^{11, 14}	Subject to ded and \$900 per day ^{11, 14}	Subject to ded and \$1,300 per day ^{11, 14}
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room	\$950 (waived if admitted)	\$950 no ded (waived if admitted)	\$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$150/\$150	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$375/\$375	\$375 no ded/\$375 no ded	\$375 no ded/\$375 no ded
Biotech/specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	\$90/\$90	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded
Inpatient mental health and substance abuse	\$600 per day ¹¹	\$600 per day ¹¹ no ded	\$600 per day ¹¹ 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 and pathology — Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs ^{16, 17, 19, 20}			
Rx deductible — Individual/Family ²²	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Low cost generic ¹⁸	\$7 no ded	\$7 no ded	\$7 no ded
Retail generic ¹⁸	\$30 no ded	\$30 no ded	\$30 no ded
Retail preferred brand ^{18, 21}	\$125 after ded	\$125 after ded	\$125 after ded
Retail non-preferred drug ^{18, 21}	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
Self-administered specialty drug ²¹	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 ^{23, 28, 32}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Silver health plans	Keystone HMO Silver Proactive Value ²		
Benefits per contract year ¹	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Deductible — Individual/Family	\$1,500/\$3,000	\$6,000/\$12,000 ¹⁵	\$6,000/\$12,000 ¹⁵
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,200/\$18,400 ¹² coinsurance, copays, and ded	\$9,200/\$18,400 ¹² coinsurance, copays, and ded	\$9,200/\$18,400 ¹² coinsurance, copays, and ded
Preventive services⁸			
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	\$70 no ded/\$50 no ded	\$80 no ded/\$55 no ded
Specialist visit — Office/Virtual care	\$90 no ded/\$65 no ded	\$140 no ded/\$100 no ded	\$150 no ded/\$105 no ded
Retail clinic	\$40 no ded ¹³	\$70 no ded ¹³	\$80 no ded ¹³
Virtual care (from designated virtual provider) [†]	0% no ded	0% no ded	0% no ded
Urgent care	\$90 no ded	\$90 no ded	\$90 no ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$50 no ded	\$50 no ded	\$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day ^{11,14}	Subject to ded and \$900 per day ^{11,14}	Subject to ded and \$1,300 per day ^{11,14}
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room	\$950 no ded (waived if admitted)	\$950 no ded (waived if admitted)	\$950 no ded (waived if admitted)
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 scan, PET scan — Freestanding/Hospital-based	\$375 no ded/\$375 no ded	\$375 no ded/\$375 no ded	\$375 no ded/\$375 no ded
Biotech/specialty injectables — Home or office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded
Inpatient mental health and substance abuse	Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹
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 and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 20}			
Rx deductible — Individual/Family ²²	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Low cost generic ¹⁸	\$7 no ded	\$7 no ded	\$7 no ded
Retail generic ¹⁸	\$30 no ded	\$30 no ded	\$30 no ded
Retail preferred brand ^{18, 21}	\$125 after ded	\$125 after ded	\$125 after ded
Retail non-preferred drug ^{18, 21}	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
Self-administered specialty drug ²¹	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^{23, 28, 32}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

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Silver health plans	Personal Choice PPO Silver HSA – 0 ⁴ \$3,600/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$3,600/\$7,200	\$11,000/\$22,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	10% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded/10% after ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	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 scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	10% after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$5 after ded	50% after ded
Retail generic ¹⁸	\$25 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$95 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded	50% after ded
Self-administered specialty drug ²¹	50% after ded up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	10% after ded	Not covered

Silver health plans	Personal Choice PPO Silver HSA – O ⁴ \$4,400/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$4,400/\$8,800	\$11,000/\$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
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	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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$5 after ded	50% after ded
Retail generic ¹⁸	\$25 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$95 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded	50% after ded
Self-administered specialty drug ²¹	50% after ded up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

Footnotes begin on page 74 | ded = Deductible

Silver health plans	Personal Choice PPO Silver HSA – O ⁴ \$2,400/70%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,400/\$4,800	\$11,000/\$22,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% after ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	30% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	30% after ded/30% after ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	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 scan, PET scan — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	30% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	30% after ded/30% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$5 after ded	50% after ded
Retail generic ¹⁸	\$25 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$95 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded	50% after ded
Self-administered specialty drug ²¹	50% after ded up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	30% after ded	Not covered

Silver health plans	Personal Choice EPO Silver HSA – 0 ⁴ \$3,000/80%
Benefits per contract year¹	You pay in-network⁶
Deductible — Individual/Family	\$3,000/\$6,000
Coinsurance	20%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded
Preventive services⁸	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded
Physician services	
Primary care visit — Office/Virtual care	20% after ded/20% after ded
Specialist visit — Office/Virtual care	20% after ded/20% after ded
Retail clinic	20% after ded
Virtual care (from designated virtual provider) [†]	0% after ded
Urgent care	20% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	20% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded/20% after ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room	20% after ded
Routine radiology — Freestanding/Hospital-based	20% after ded/20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded
Biotech/specialty injectables — Home or office/Outpatient	20% after ded/20% after ded
Infusion — Home or office/Outpatient	20% after ded/20% after ded
Durable medical equipment and prosthetics	20% after ded
Outpatient mental health and substance abuse — Office visit/All other	20% after ded/20% after ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	20% after ded/20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/20% after ded
Prescription drugs^{16, 17, 19, 20}	
Rx deductible — Individual/Family	Integrated
Low cost generic ¹⁸	\$5 after ded
Retail generic ¹⁸	\$25 after ded
Retail preferred brand ^{18, 21}	\$95 after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded
Self-administered specialty drug ²¹	50% after ded up to \$1,000 max per fill
Vision and dental^{23, 28, 32}	
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) ²⁹	Integrated
Pediatric exams and cleanings ^{29, 30}	0% no ded
Pediatric basic, major, and orthodontia services ^{29, 31}	20% after ded

Footnotes begin on page 74 | ded = Deductible

Bronze health plans

Benefits per contract year¹

Deductible — Individual/Family
Coinsurance
Out-of-pocket maximum — Individual/Family includes:

Preventive services⁸

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) [†]
Urgent care
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)
Physical or 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
Routine radiology — Freestanding/Hospital-based
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based
Biotech/specialty injectables — Home or office/Outpatient
Infusion — Home or office/Outpatient
Durable medical equipment and prosthetics
Outpatient mental health and substance abuse — Office visit/All other
Inpatient mental health and substance abuse
Outpatient surgery — Ambulatory surgical facility/Hospital-based
Outpatient lab and pathology — Freestanding/Hospital-based

Prescription drugs^{16, 17, 19, 20}

Rx deductible — Individual/Family
Low cost generic ¹⁸
Retail generic ¹⁸
Retail preferred brand ^{18, 21}
Retail non-preferred drug ^{18, 21}
Self-administered specialty drug ²¹

Vision and dental^{23, 28, 32}

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

**Keystone HMO Bronze Essential²
\$7,500/\$70/\$140/\$700**

You pay in-network⁶

\$7,500/\$15,000
50%
\$9,200/\$18,400 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 ¹¹
50% after ded
\$500 after ded (waived if admitted)
\$150 no ded/\$150 no ded
\$350 no ded/\$350 no ded
\$100 no ded/\$100 no ded
\$140 after ded/\$280 after ded
50% after ded
\$140 no ded/\$140 no ded
Subject to ded and \$700 per day ¹¹
\$1,000 after ded/\$1,000 after ded
0% no ded/0% no ded

Integrated
\$7 no ded
\$30 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	Personal Choice PPO Bronze HSA – 0 ⁴ \$8,300/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$8,300/\$16,600	\$11,000/\$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
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	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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	0% after ded	50% after ded
Retail generic ¹⁸	0% after ded	50% after ded
Retail preferred brand ^{18, 21}	0% after ded	50% after ded
Retail non-preferred drug ^{18, 21}	0% after ded	50% after ded
Self-administered specialty drug ²¹	0% after ded	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

Footnotes begin on page 74 | ded = Deductible

Bronze health plans	Personal Choice PPO Bronze HSA – 0 ⁴ \$5,600/50%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$5,600/\$11,200	\$10,000/\$20,000
Coinsurance	50%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,300/\$16,600 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) [†]	0% after ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	50% after ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	50% after ded/50% after ded ⁹	50% after ded/50% after ded ⁹
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room	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 scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	50% after ded/50% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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 and pathology — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic ¹⁸	\$7 after ded	50% after ded
Retail generic ¹⁸	\$30 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$100 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$175 after ded	50% after ded
Self-administered specialty drug ²¹	50% after ded	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Preferred: Copay plans | Classic: Coinsurance/deductible plans | Secure: Copay/deductible plans

Footnotes begin on page 74 | ded = Deductible

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 IBX 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 IBX 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

* IBX reserves the right to change premium rates.

Health plan footnotes

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 the 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 IBX, 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 IBX applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBX'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 IBX's fee schedule, the amount is determined by IBX's fee schedule for the closest analogous covered service. 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.
 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 Gold Proactive Value and 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, Teladoc Health, an independent company.
- § Acupuncture is covered for limited conditions. Please reference the medical policy for details on covered condition.

Prescription drugs

16. Our prescription drug plans are administered by an independent pharmacy benefits management (PBM) company.
17. No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs, prescription and over-the-counter (with a doctor's prescription).
18. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription, then file a paper claim for reimbursement. The member should refer to their benefits booklet to determine the out-of-network coverage for their plan.
19. Mail-order/home delivery coverage is available for all prescription drug plans. Mail-order/home delivery 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/home delivery.
20. Select plans utilize the 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. 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: Vision and dental

23. IBX 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.) 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. Dental benefits are administered by Dominion Dental Services, 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 IBX account executive or broker can provide you with descriptions of covered pediatric dental services and member cost-sharing.

Managed Care plans require the selection of a Primary Dental Office (PDO) from the Plan's dental Managed Care 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.

Underwriting guidelines summary

Maximum product offerings*

- Small employers are allowed up to four packaged health plans, which include medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits. If offering four packaged health plans, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit.
- 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 four health plans, including a health plan for out-of-area PPO coverage.

Participation requirements*

- 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.

IBX 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 up to age 26, or employees enrolled in Veteran coverage, Medicare, Medicaid, or any other government-issued coverage.

Employer contribution requirement*

- 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.

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.

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 (see table below). Please refer to each plan design for specific funding requirements.

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 (e.g., 50 or 20 percent). To comply with federal requirements, the employer's HSA and/or HRA contribution must match this percentage. Contributions should not be less than or more than this percentage.

	Personal Choice PPO Platinum HSA – 50 \$1,800/100%	Personal Choice PPO Gold HRA – 20 \$4,000/100%
Contribution requirement	50% of deductible	20% of deductible
Plan deductible (Individual/Family)	\$1,800/\$3,600	\$4,000/\$8,000
Employer contribution amount	\$900/\$1,800	\$800/\$1,600

*As permitted by the state and federal laws and regulations.

In addition to the Independence Blue Cross behavioral health network, Magellan Behavioral Health, Inc., an independent company, provides management services for autism benefits.

Teladoc Health, Inc. is an independent company that provides virtual care and digital mental health services.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Dominion National, an independent company, assists in the administration of Independence Blue Cross Dental benefits.

Dental Plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

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., an independent company. 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 #GCLife-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-RADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

International Health Solutions from Blue Cross Global telemedicine services via Global TeleMD are provided directly to members by Teladoc Health. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health.

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.

Quartet is a separate and independent company that facilitates and coordinates timely access to behavioral health services for Independence Blue Cross members.

Shatterproof, a national non-profit dedicated to reversing the addiction crisis in the U.S., is leading the implementation of Shatterproof's Treatment Atlas tool, a quality measurement system for addiction treatment facilities. Shatterproof is an independent company that provides behavioral health services for Independence Blue Cross.

Wondr Health is an independent company.

TruHearing® is an independent company and is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

Ovia Health is an independent company.

Alegeus Technologies LLC, dba WealthCare Saver, a licensed Non-Bank Custodian to provide spending account claims processing and debit card services. The WealthCare Saver investment solution leverages DriveWealth as the broker-dealer and CAPTRUST as the registered investment advisor (RIA). DriveWealth uses Citibank to custody the investment assets. The front-end technology platform that the account holder interacts with is designed and managed by Alegeus. CAPTRUST, the registered investment advisor (RIA), selects the investment options.

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.

GradFin, a brand of KeyBank N.A., is an independent company providing student loan products and services to customers of Independence Blue Cross. GradFin does not provide Independence Blue Cross products or services.

AblePay is an independent company that does not offer Blue Cross or Blue Shield products. Independence Blue Cross is acting solely as an agent for AblePay. AblePay is solely responsible.

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

Independence vision benefits are administered by Davis Vision, an independent company.

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

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