2017 Health Insurance Plans

- Find out if you may be eligible for financial help
- Compare health plans and choose the best one for you
- Learn how you can get the most out of your membership

Independence

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Contact your broker if you have questions about your plan choices or to see if you qualify for a subsidy.

Serving Philadelphians for nearly 80 years

Choosing health insurance is so much more than picking out a health plan — it's about finding a health insurer you can trust. In fact, nearly two million people in the Philadelphia region* trust their health insurance needs to Independence Blue Cross (Independence). For nearly 80 years, we've provided the best in quality, reliability, and service to the greater Philadelphia region. We're dedicated to improving the health and wellness of the communities we serve in Philadelphia, Montgomery, Bucks, Delaware, and Chester counties.

With an expansive network of more than 46,000 doctors and 160 hospitals to choose from, Independence offers you the widest choice for quality care in the region. And when you need help, we're here to support you — online, over the phone, even in person — whatever is most convenient for you.

Trust your health coverage to Independence, so you can stop worrying about health care and start living your life.

How health plans are organized

The best way to shop for health insurance is to learn about the health plans available to you. The Affordable Care Act requires all plans to be organized by the level of coverage they offer — platinum, gold, silver, and bronze. Plus, we offer a catastrophic plan that is available for people under the age of 30 or those who qualify for a special exemption. All plans cover the same essential health benefits, but the difference is what you pay in monthly premium and out-of-pocket costs when you need care.

	Monthly premium	Cost when you receive care	Good option if you...
Platinum	$$$$$	$	Tend to use a lot of health care services
Gold	$$$$	$$	Want to save on monthly premiums, but still keep your out-of-pocket costs low
Silver	$$$	$$$	Need to balance your monthly premium with your out-of-pocket costs
Bronze	$$	$$$$	Don't use a lot of health care services
Catastrophic	$	$$$$$	Meet the requirements and need "just-in-case coverage"

Even if you have an idea of what level of coverage you want now, it's important to find out if you may be eligible for a subsidy. Depending on your income, a subsidy can significantly reduce costs. Please note that you may need to select a Silver plan to maximize these savings.

How to choose a plan

1. See if you may qualify for a subsidy (p. 2–3)
2. Narrow your choices by comparing the most frequently used benefits on p. 4–5 and looking at the rate sheet enclosed in this kit
3. Choose the best plan for you by reviewing benefits in more detail (p. 10–27)

* As of April 2015

See if you may qualify for a subsidy

To determine if you may be eligible for financial assistance from the federal government, use this chart to locate the number of people in your family, see if your household income falls within one of these ranges, and learn about lower-cost plans you may qualify for.

	Household Income					
% of Federal Poverty Level	Less than 138%	138 – 149%	150 – 199%	200 – 249%	250 – 400%	More than 400%
Single	< $16,394.39	$16,394.40 – $17,819.99	$17,820.00 – $23,759.99	$23,760.00 – $29,699.99	$29,700.00 – $47,519.99	$47,520.00 +
Family of 2	< $22,107.59	$22,107.60 – $24,029.99	$24,030.00 – $32,039.99	$32,040.00 – $40,049.99	$40,050.00 – $64,079.99	$64,080.00 +
Family of 3	< $27,820.79	$27,820.80 – $30,239.99	$30,240.00 – $40,319.99	$40,320.00 – $50,399.99	$50,400.00 – $80,639.99	$80,640.00 +
Family of 4	< $33,533.99	$33,534.00 – $36,449.99	$36,450.00 – $48,599.99	$48,600.00 – $60,749.99	$60,750.00 – $97,199.99	$97,200.00 +
Family of 5	< $39,247.19	$39,247.20 – $42,659.99	$42,660.00 – $56,879.99	$56,880.00 – $71,099.99	$71,100.00 – $113,759.99	$113,760.00 +
Family of 6	< $44,960.39	$44,960.40 – $48,869.99	$48,870.00 – $65,159.99	$65,160.00 – $81,449.99	$81,450.00 – $130,319.99	$130,320.00 +
Family of 7	< $50,687.39	$50,687.40 – $55,094.99	$55,095.00 – $73,459.99	$73,460.00 – $91,824.99	$91,825.00 – $146,919.99	$146,920.00 +
Family of 8*	< $56,428.19	$56,428.20 – $61,334.99	$61,335.00 – $81,779.99	$81,780.00 – $102,224.99	$102,225.00 – $163,559.99	$163,560.00 +

You may be eligible for	Free or low-cost health insurance	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy	Not eligible for a subsidy
Plan types	Medical Assistance (Medicaid)	Silver 138–149% CSR plans	Silver 150–199% CSR plans	Silver 200–249% CSR plans	Premium subsidy with our Standard plans	Standard plans
More info	dhs.state.pa.us	p. 26–27	p. 24–25	p. 22–23	p. 10–20	p. 10–20

*For more than eight, add this amount for each additional person: $4,160.

This chart is intended to give you an idea if you will be eligible for help from the government in paying your health insurance costs. Final eligibility determinations and the actual amount of your tax credit/subsidy will be determined by the federal government.

Coverage for American Indians/Alaska Natives

If you're a member of a federally recognized tribe, you are eligible for Platinum, Gold, Silver, and Bronze plans with lower or no cost-sharing based on whether your household income is more or less than 300% of the Federal Poverty Level (FPL).

Less than 300% FPL plan options

You may choose from any of the Standard plan options on pages 10–20, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium subsidy.

More than 300% FPL plan options

You may choose from any of the Standard plan options on pages 10–20 and you will pay the cost-sharing amounts listed, but you will have $0 cost-sharing if you receive care for any essential health benefits that are referred by or received directly from the HIS, Indian Tribe, Tribal Organization, or Urban Indian Organization. You may also qualify for a premium subsidy.

	Household Income	
Family size	Less than 300% FPL	More than 300% FPL
Single	$35,639.99	$35,640.00
Family of 2	$48,059.99	$48,060.00
Family of 3	$60,479.99	$60,480.00
Family of 4	$72,199.99	$72,900.00
Family of 5	$85,319.99	$85,320.00
Family of 6	$97,739.99	$97,740.00
Family of 7	$110,189.99	$110,190.00
Family of 8*	$122,669.99	$122,670.00

*For more than eight, add this amount for each additional person: $4,160.

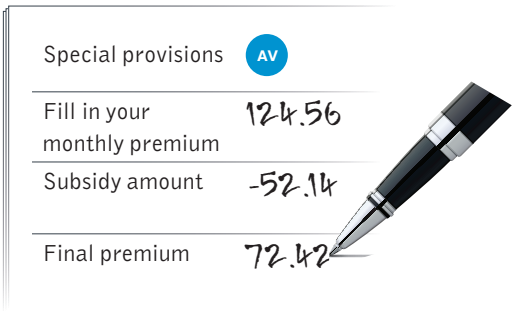
This chart is intended to give you an idea if you will be eligible for help from the government in paying your health insurance costs. Final eligibility determinations and the actual amount of your tax credit/subsidy will be determined by the federal government.

If you think you may qualify for an American Indian/Native Alaskan plan, visit healthcare.gov for more information.

High-level plan comparison

To make your decision easier, use the chart below to compare all plans side by side. It includes the most frequently used benefits and their cost-sharing so that you can identify plans that meet your needs.

You can even write in your monthly premium from the rate sheet provided in this kit. Once you've narrowed down the choices, you can refer to the more detailed benefits grids on the following pages.



High-level plan comparison

	Platinum		Gold			Silver	
Plan Name	Personal Choice® PPO Platinum	Keystone HMO Platinum	Personal Choice® PPO Gold	Keystone HMO Gold	★Keystone HMO Gold Proactive	★Personal Choice® PPO Silver	Keystone HMO Silver
Out-of-network benefits	✓		✓			✓	
Primary care physician and referrals required		✓		✓	✓		✓
Out-of-pocket maximum	$3,500	$4,000	$5,500	$5,500	$7,150	$6,500	$6,500
Deductible	$0	$0	$0	$0	$0	$2,500	$2,500
Primary care physician visit	$5	$15	$20	$25	Tier 1 — $15 Tier 2 — $30 Tier 3 — $45	$30 no deductible	$35 no deductible
Specialist visit	$40	$30	$65	$65	Tier 1 — $40 Tier 2 — $60 Tier 3 — $80	$70 no deductible	$70 no deductible
Inpatient hospital	$300/day[1]	$400/day[1]	$750/day[1]	$750/day[1]	Tier 1 — $350/day[1] Tier 2 — $700/day[1] Tier 3 — $1,100/day[1]	25% after deductible[2]	30% after deductible
Generic prescription drugs	$5	$5	$10	$10	$15	$15 no deductible	$15 no deductible
Special provisions	FP	FP	FP LCG	FP LCG	LCG MG PP	AV PP LCG MG	PP LCG MG
Fill in your monthly premium	$	$	$	$	$	$	$
Subsidy amount							
Final premium							

1 Amount shown reflects copay per day. There is a maximum of five copays per admission.
2 For PPO Silver, inpatient maternity hospital services are subject to 30% coinsurance after deductible.
3 For PPO Bronze, inpatient maternity hospital services are subject to 50% coinsurance after deductible.
4 Personal Choice® Bronze Basic is only available for purchase through the Federal Health Insurance Marketplace at healthcare.gov. This plan does not have out-of-network coverage, except for emergency care services and does not offer pediatric dental coverage.
5 Keystone HMO Silver Proactive Value and Keystone HMO Bronze plans are not offered on the Federal Health Insurance Marketplace and must be purchased through Independence directly.

Legend

★ Most popular

AV Adult Vision coverage is included in this plan.

FP FutureScripts Pharmacy network includes more than 68,000 pharmacies.

HSA This plan is compatible with a health savings account.

LCG Low-cost generics available at an even lower cost than standard generics.

MG Mandatory Generics — If you get a brand-name drug when a generic is available, you pay the difference in cost plus the brand-name cost-sharing. Choosing generics saves you money.

PP Preferred Pharmacy network means your coverage is available at more than 50,000 pharmacies.

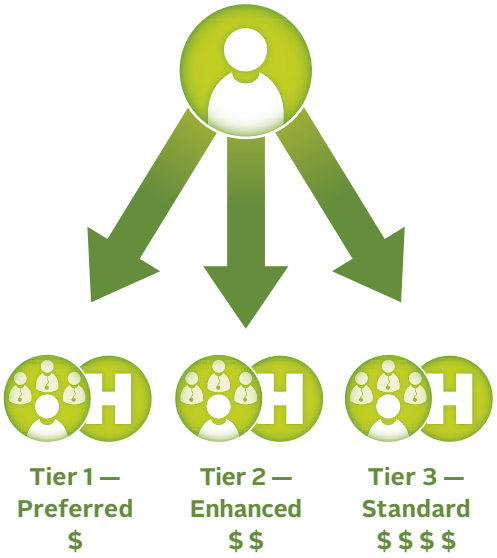
Silver		Bronze				Catastrophic
★Keystone HMO Silver Proactive	★Keystone HMO Silver Proactive Value[5]	Personal Choice® PPO Bronze	★Keystone HMO Bronze[5]	Personal Choice® PPO Bronze Reserve	Personal Choice® Bronze Basic[4]	Personal Choice® Catastrophic
		✓		✓		
✓	✓		✓			
$7,150	$7,150	$7,150	$7,150	$6,500	$7,150	$7,150
Tier 1 — $0 Tier 2 — $5,500 Tier 3 — $5,500	Tier 1 — $1,500 Tier 2 — $5,500 Tier 3 — $5,500	$5,500	$6,850	$6,500	$7,150	$7,150
Tier 1 — $30 Tier 2 — $40 no deductible Tier 3 — $50 no deductible	Tier 1 — $30 no deductible Tier 2 — $40 no deductible Tier 3 — $50 no deductible	$50 no deductible	$50 no deductible	0% after deductible	Visits 1–3: $40 Visits 4+: 0% after deductible	Visits 1–3: $50 Visits 4+: 0% after deductible
Tier 1 — $60 Tier 2 — $80 no deductible Tier 3 — $100 no deductible	Tier 1 — $60 no deductible Tier 2 — $80 no deductible Tier 3 — $100 no deductible	50% after deductible	$100 no deductible	0% after deductible	0% after deductible	0% after deductible
Tier 1 — $500/day[1] Tier 2 — Subject to deductible and $900/day[1] Tier 3 — Subject to deductible and $1,300/day[1]	Tier 1 — Subject to deductible and $500/day[1] Tier 2 — Subject to deductible and $900/day[1] Tier 3 — Subject to deductible and $1,300/day[1]	25% after deductible[3]	Subject to deductible and $700/day[1]	0% after deductible	0% after deductible	0% after deductible
$15	$15	$15 after deductible (integrated with medical deductible)	$15 after deductible (integrated with medical deductible)	0% after deductible (integrated with medical deductible)	0% after deductible (integrated with medical deductible)	0% after deductible (integrated with medical deductible)
LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	HSA MG PP	MG PP	MG PP
$	$	$	$	$	$	$

How to get the most out of your membership

We want you to take advantage of all your health insurance has to offer so you can get the most out of your health care dollars. There are so many ways for you to save — whether it's the plan you choose, how you use your benefits, or the value-added programs that come with your Independence membership.

Our most popular plans — Keystone HMO Proactive

If you're looking for a health plan that offers you the best value, Keystone HMO Proactive plans with a tiered network may be right for you. You'll save on monthly premiums, plus you have the opportunity to save even more on your out-of-pocket costs each time you receive covered services.



How to save with Keystone HMO Proactive

Like a typical HMO, you select a primary care physician to refer you to specialists and you can visit any doctor or hospital in the Independence network. But with Keystone HMO Proactive, you can save on out-of-pocket costs when you visit certain health care providers.

We grouped our network into three tiers based on cost, and in many cases, quality measures. While all of the doctors and hospitals in our network must meet high quality standards, many offer services at a lower cost. The tiers help you see which providers can offer you the best value on care.

The choice to save is always yours

You'll pay the lowest out-of-pocket costs when you visit doctors and hospitals in Tier 1–Preferred, higher costs when you choose Tier 2–Enhanced, and the highest costs when you choose Tier 3–Standard. The good news is that you have plenty of choices on where you receive care, because more than 50 percent of doctors and hospitals are in Tier 1–Preferred. But the choice is always yours. You can choose Tier 1–Preferred for some services, and Tiers 2 or 3 for other services. Plus, there are some services that cost the same no matter where you go — like preventive care, emergency room, and urgent care.

Three Keystone HMO Proactive plans to choose from

All three of the Keystone HMO Proactive plans offer you the opportunity to save and give you a range of premium savings and out-of-pocket cost savings, so you can choose the one that's right for you.

Keystone HMO Silver Proactive Value offers the lowest monthly premium and is available to those who qualify for a premium subsidy and cost-sharing reduction plan. Plus, there's no deductible on the services you use most often, such as doctor visits and prescription drugs.

We also have two other Proactive plans to choose from, so you're bound to find a health plan that fits your health and financial needs.

Ways to save on covered services

As an Independence member, there are plenty of ways you can be a savvy health care consumer and get the most out of your benefits.

Enjoy the convenience of telemedicine. With telemedicine coverage from MDLIVE, you get the convenience of care from a doctor by secure video, phone, and mobile app and you'll never pay more than $40 per call. You get 24/7 access to a U.S. board-certified doctor who can treat non-emergent medical conditions such as:

- Colds and flu
- Allergies
- Asthma
- Pink eye
- Ear infections
- Sinus problems
- Respiratory infections
- Joint aches and pains
- Vomiting and nausea
- And more

While it's best to see your primary care physician for non-emergent medical conditions, telemedicine is a convenient option when it's not possible to visit your doctor's office, retail clinic, or urgent care center. Plus it's more cost-effective than visiting the ER for an illness that's not an emergency. In the event of an emergency, you should always go right to the nearest ER.

Take advantage of retail clinics and urgent care centers. If you can't get to your doctor, you shouldn't have to go far for quality care and fast service. Independence offers two other options for non-emergent care in addition to telemedicine:

Urgent care centers – for illness or injuries that are not life-threatening but require immediate attention, such as sprains, sinus infections, and nausea

Retail clinics – for less serious problems, like fevers, colds, and rashes

Visit **ibx.com/providerfinder** to find in-network urgent care centers and retail clinics near you.

Save on prescription drugs. You'll save the most by choosing generic drugs, which are just as safe and effective as brand-name drugs, but cost a lot less. If you have medications that you take regularly, mail order service could be another way to save. You get the convenience of a 90-day supply delivered right to your home — and depending on your plan, you may even pay less.

Get 100% coverage for blood work and other laboratory services. You'll pay no cost-sharing for blood work and other lab services when you visit a freestanding lab in our network like LabCorp (PPO plans) or visit a site designated by your primary care doctor (HMO plans). Both types of labs can be found at **ibx.com/providerfinder**.

Save on outpatient surgery. If you need an outpatient surgical procedure, our platinum and gold plans* offer you the ability to pay less by visiting in-network ambulatory surgical centers (ASCs). An ASC is a freestanding surgical center that is not hospital-based. Visit **ibx.com/providerfinder** to find an ASC near you. As with any important health care matter, you should work with your doctor to determine the best setting for care.

Get free nutrition counseling. All of our plans allow you six free visits per year with an in-network registered dietitian who can help you manage your nutrition and weight management goals or even help you eat right for a particular health condition, like diabetes or hypertension.

Quality care, where and when you need it

When your doctor is unavailable, you still have options for non-emergent care:

- Telemedicine
- Retail clinics
- Urgent care centers

* HMO Gold Proactive offers savings when you choose Tier 1 providers.

Get your health info on the go. Download the free IBX app for Apple and Android smartphones.

Value-added programs just for being a member

There are plenty of perks that go along with being an Independence member. You get discounts and reimbursements to help you lead a healthier and happier life, plus peace of mind when it comes to your information.

- Get $150 back on your fitness membership, approved weight loss program, and programs to help you quit tobacco
- Save money on fitness gear, wellness products, and gym memberships
- Collect free recipes and money-saving coupons for healthy foods
- Receive discounts on amusement park tickets, movie tickets, sporting events, and more
- Get free identity theft protection services through Experian®

Support you can count on

Whenever you have a question about your health or your benefits, there are a number of convenient ways to get the answers you need.

Health Coaches. Get advice for managing a chronic condition or other health-related concerns by calling one of our registered nurse Health Coaches.

ibxpress.com. Our secure member website allows you to keep your medical history secure and organized, access benefits information, and track your health with wellness tools.

IBX Wire. Sign up to receive text messages about important health and benefit information.

Independence LIVE. Our new facility has representatives ready to answer your questions, accept premium payments, and enroll or renew you in a plan. It also offers fitness and nutrition classes, healthy cooking demonstrations, and a tech arcade where guests can try health and wellness tools, mobile apps, and sign up for programs. Come visit us on the 2nd floor of 1919 Market Street in Philadelphia.

Get more protection and value with adult dental and vision coverage

Your smile and eyesight are so important to your overall health. Independence offers affordable adult dental and vision plans for protection and prevention. All covered members, up to age 19, already receive pediatric dental and vision benefits through your Independence health plan,[1] so be sure you and the rest of the family have the coverage you need to maintain good oral and vision health throughout your adult life.

Protect your smile with affordable dental plans

A healthy smile can do more than just help you look good. Routine dental care can keep you from getting cavities, gum disease, and gingivitis. But it can also help you better manage chronic conditions like diabetes and heart disease.

We offer two different plan options for adults age 19 and older. No matter which plan you choose, you get access to one of the largest networks of dentists and specialists in the nation, and you'll never need a referral.

- 100% coverage for exams, cleanings, and X-rays from a participating provider either once or twice a year with no waiting period
- Coverage for most basic and major services[2]
- Discounts for non-covered services available from most in-network dentists

Save on exams and eyewear with valuable vision plans

Routine eye exams can keep you seeing clearly and tell you if you need corrective eyewear or a stronger prescription. But they can also detect more serious medical conditions, like diabetes, high blood pressure, and heart disease. Whether you have glasses, contact lenses, or perfect vision, a vision plan can help you stay healthy and protect you from higher costs later on. We offer two different plan options for adults age 19 and older. Both of our vision plans give you:

- 100% coverage for your annual eye exam from a participating provider[3]
- A wide network of eye care locations, including independent and retail providers
- Annual allowance for glasses or contact lenses, plus discounts on services such as laser vision correction
- Access to Visionworks, which has an average of 2,000 frames per store plus the convenience of onsite labs in most locations
- $0 frames when you choose from the Davis Vision Fashion Collection at a participating provider

Learn more about Independence adult dental and adult vision plans at **ibx4you.com/dentalvision**

Traveling or living abroad for business, leisure, or education? Ask about GeoBlue travel insurance. To learn more, visit **ibx4you.com/global**.

Get more for your money

Choose Adult Dental Premier PPO with Preventive Incentive and your preventive, diagnostic, and emergency services won't count towards your annual benefit maximum.

Get $50 more to spend on glasses at Visionworks when you choose the Adult Vision Care 180 plan.

For plans and pricing, check out the adult dental and vision benefits and rate guide included in your enrollment kit.

1 Independence health plans include pediatric dental and vision benefits up to age 19 (except for Bronze Basic, which does not include pediatric dental benefits).

2 Some services are subject to a waiting period. Please refer to the schedule of benefits for details.

3 New members are subject to a 30-day waiting period for all covered services and supplies.

Please note that most Independence health plans do not include adult dental and vision benefits, except the PPO Silver plan includes adult vision benefits. In order to receive adult dental or vision coverage, you will need to purchase an adult dental or vision plan.

An affiliate of Independence has a financial interest in Visionworks.

Standard plans — Platinum, Gold, and Silver

Personal Choice® PPO Platinum

Keystone HMO Platinum

Personal Choice® PPO Gold

Keystone HMO Gold

Keystone HMO Gold Proactive

Personal Choice® PPO Silver

Keystone HMO Silver

Keystone HMO Silver Proactive

Keystone HMO Silver Proactive Value

Platinum health plans

Benefits per calendar year[1]	Personal Choice® PPO Platinum[2] — You pay in-network	Personal Choice® PPO Platinum[2] — You pay out-of-network[4]	Keystone HMO Platinum[2] — You pay in-network[3]
Deductible, individual/family	$0/$0	$2,000/$4,000	$0/$0
Coinsurance	0% unless otherwise noted	50%	0% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$3,500/$7,000 copay and coinsurance	$8,000/$16,000 deductible and coinsurance	$4,000/$8,000 copay and coinsurance
Preventive services[5]			
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	n/a	$0
Preventive colonoscopy for colorectal cancer screening — hospital-based	$750	50% no deductible	$750
Physician services			
Primary care office visit/retail clinic	$5	50% after deductible	$15
Specialist office visit	$40	50% after deductible	$30
Telemedicine	$40	Not covered	$40
Urgent care	$100	50% after deductible	$100
Spinal manipulations (20 visits per year)[6]	$50	50% after deductible	$50
Physical/occupational therapy (30 visits per year)[6]	$40	50% after deductible	$30
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$300 per day[7]	50% after deductible	$400 per day[7]
Inpatient professional services (includes maternity)	$0	50% after deductible	$0
Emergency room (not waived if admitted)	$250	$250 no deductible	$250
Routine radiology/diagnostic	$40	50% after deductible	$30
MRI/MRA, CT/CTA scan, PET scan	$80	50% after deductible	$60
Biotech/specialty injectables	$80	50% after deductible	$60
Durable medical equipment/prosthetics	50%	50% after deductible	50%
Mental health, serious mental illness & substance abuse — outpatient	$40	50% after deductible	$30
Mental health, serious mental illness & substance abuse — inpatient	$300 per day[7]	50% after deductible	$400 per day[7]
Outpatient surgery			
Ambulatory surgical facility	$50	50% after deductible	$100
Hospital-based	$250	50% after deductible	$300
Outpatient lab/pathology			
Freestanding	0%	50% after deductible	$0
Hospital-based	50%	50% after deductible	$0
Prescription drugs[15,16,17]			
Rx deductible (individual/family)	None	None	None
Retail generic	$5	70%	$5
Retail preferred brand	$40	70%	$40
Retail non-preferred drug	$70	70%	$70
Retail specialty	50% with $700 copay max	Not covered	50% with $700 copay max
Additional benefits			
Vision[21,22]			
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0	Not covered	$0
Dental[26,27]			
Pediatric dental deductible (per individual)	$50	n/a	$50
Pediatric exams and cleanings[28]	$0 no deductible	Not covered	$0 no deductible
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered	50% after deductible

Gold health plans

Personal Choice® PPO Gold[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[4]
Deductible, individual/family	$0/$0	$4,000/$8,000
Coinsurance	20% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:[12]	$5,500/$11,000 copay and coinsurance	$8,000/$16,000 deductible and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50% no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	n/a
Preventive colonoscopy for colorectal cancer screening — hospital-based	$750	50% no deductible
Physician services		
Primary care office visit/retail clinic[14]	$20	50% after deductible
Specialist office visit	$65	50% after deductible
Telemedicine	$40	Not covered
Urgent care	$100	50% after deductible
Spinal manipulations (20 visits per year)[6]	$50	50% after deductible
Physical/occupational therapy (30 visits per year)[6]	$60	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$750 per day[7]	50% after deductible
Inpatient professional services (includes maternity)	20%	50% after deductible
Emergency room (not waived if admitted)[13]	$350	$350 no deductible
Routine radiology/diagnostic	$60	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	$120	50% after deductible
Biotech/specialty injectables	$120	50% after deductible
Durable medical equipment/prosthetics	50%	50% after deductible
Mental health, serious mental illness & substance abuse — outpatient	$65	50% after deductible
Mental health, serious mental illness & substance abuse — inpatient	$750 per day[7]	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	$300	50% after deductible
Hospital-based	$700	50% after deductible
Outpatient lab/pathology		
Freestanding	0%	50% after deductible
Hospital-based	50%	50% after deductible
Prescription drugs[15,16,17]		
Rx deductible (individual/family)	None	None
Retail generic[20]	$10	70%
Retail preferred brand	40% with $200 copay max	70%
Retail non-preferred drug	50% with $200 copay max	70%
Retail specialty	50% with $700 copay max	Not covered
Additional benefits		
Vision[21,22]		
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0	Not covered
Dental[26,27]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[28]	$0 no deductible	Not covered
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered

Keystone HMO Gold[2]	Keystone HMO Gold Proactive[2,18,19]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$0/$0	$0/$0	$0/$0	$0/$0
20% unless otherwise noted	0% unless otherwise noted	20% unless otherwise noted	30% unless otherwise noted
$5,500/$11,000 copay and coinsurance	$7,150/$14,300 copay and coinsurance	$7,150/$14,300 copay and coinsurance	$7,150/$14,300 copay and coinsurance
$0	$0	$0	$0
$0	$0	$0	$0
$750	$750	$750	$750
$25	$15	$30	$45
$65	$40	$60	$80
$40	$40	$40	$40
$100	$100	$100	$100
$50	$50	$50	$50
$60	$60	$60	$60
$750 per day[7]	$350 per day[7]	$700 per day[7]	$1,100 per day[7]
20%	0%	20%	30%
$350	$400	$400	$400
$60	$60	$60	$60
$120	$120	$120	$120
$120	50%	50%	50%
50%	50%	50%	50%
$65	$40	$40	$40
$750 per day[7]	$350 per day[7]	$350 per day[7]	$350 per day[7]
$300	$150	$550	$1,000
$700	$150	$550	$1,000
$0	$0	$0	$0
$0	$0	$0	$0
None	None	None	None
$10	$15	$15	$15
40% with $200 copay max	50% with $200 copay max	50% with $200 copay max	50% with $200 copay max
50% with $200 copay max	50% with $300 copay max	50% with $300 copay max	50% with $300 copay max
50% with $700 copay max	50% with $700 copay max	50% with $700 copay max	50% with $700 copay max
$0	$0	$0	$0
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Silver health plans

Personal Choice® PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[4]
Deductible, individual/family[11]	$2,500/$5,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$6,500/$13,000 copay, deductible, and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no deductible	n/a
Preventive colonoscopy for colorectal cancer screening — all other providers	$750 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic[14]	$30 no deductible	50% after deductible
Specialist office visit	$70 no deductible	50% after deductible
Telemedicine	$40 no deductible	Not covered
Urgent care	30% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[6]	30% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[6]	$70 no deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services	25% after deductible[8]	50% after deductible
Inpatient professional services	30% after deductible	50% after deductible
Emergency room (not waived if admitted)[13]	30% after deductible	30% after in-network deductible
Routine radiology/diagnostic	30% after deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	30% after deductible	50% after deductible
Biotech/specialty injectables	30% after deductible	50% after deductible
Durable medical equipment/prosthetics	50% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse — outpatient	$70 no deductible	50% after deductible
Mental health, serious mental illness & substance abuse — inpatient	25% after deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	30% after deductible	50% after deductible
Hospital-based	50% after deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% no deductible	50% after deductible
Hospital-based	50% no deductible	50% after deductible
Prescription drugs[15,16,17,18,19]		
Rx deductible (individual/family)	Integrated with medical deductible	Integrated with medical deductible
Retail generic[20]	$15 no deductible	70% no deductible
Retail preferred brand	50% after deductible with $300 copay max per prescription	70% after deductible
Retail non-preferred drug	50% after deductible with $400 copay max per prescription	70% after deductible
Retail specialty	50% after deductible with $700 copay max per prescription	Not covered
Additional benefits		
Vision[21,22]		
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0 no deductible	Not covered
Adult routine eye exam[23]	$0 no deductible	Not covered
Adult eyewear (glasses or contacts)[25]	Allowance up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[26,27]		
Pediatric dental deductible (per individual)	$50	Not covered
Pediatric exams and cleanings[28]	$0 no deductible	Not covered
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$2,500/$5,000	$0/$0	$5,500/$11,000	$5,500/$11,000
30% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$6,500/$13,000 copay, deductible, and coinsurance	$7,150/$14,300 copay and coinsurance	$7,150/$14,300 copay, deductible, and coinsurance	$7,150/$14,300 copay, deductible, and coinsurance
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$750 no deductible	$750	$750 no deductible	$750 no deductible
$35 no deductible	$30	$40 no deductible	$50 no deductible
$70 no deductible	$60	$80 no deductible	$100 no deductible
$40 no deductible	$40	$40 no deductible	$40 no deductible
30% after deductible	$100	$100 no deductible	$100 no deductible
30% after deductible	$50	$50 no deductible	$50 no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
30% after deductible	$500 per day[7]	Subject to deductible and $900 per day[7]	Subject to deductible and $1,300 per day[7]
30% after deductible	0%	5% after deductible	10% after deductible
30% after deductible	$550	$550 no deductible	$550 no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
$250 no deductible	$250	$250 no deductible	$250 no deductible
30% after deductible	50%	50% no deductible	50% no deductible
50% after deductible	50%	50% no deductible	50% no deductible
$70 no deductible	$60	$60 no deductible	$60 no deductible
30% after deductible	$500 per day[7]	$500 per day no deductible[7]	$500 per day no deductible[7]
30% after deductible	$250	Subject to deductible and $750 copay	Subject to deductible and $1,250 copay
50% after deductible	$250	Subject to deductible and $750 copay	Subject to deductible and $1,250 copay
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
Integrated with medical deductible	None	None	None
$15 no deductible	$15	$15	$15
50% after deductible with $300 copay max per prescription	50% with $400 copay max	50% with $400 copay max	50% with $400 copay max
50% after deductible with $400 copay max per prescription	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
50% after deductible with $700 copay max per prescription	50% with $700 copay max	50% with $700 copay max	50% with $700 copay max
$0 no deductible	$0	$0 no deductible	$0 no deductible
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Silver health plans

OFF Keystone HMO Silver Proactive Value[2]

Benefits per calendar year[1]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
Deductible, individual/family[11]	$1,500/$3,000	$5,500/$11,000	$5,500/$11,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$7,150/$14,300 copay, deductible, and coinsurance	$7,150/$14,300 copay, deductible, and coinsurance	$7,150/$14,300 copay, deductible, and coinsurance
Preventive services[5]			
Preventive care for adults and children	$0 no deductible	$0 no deductible	$0 no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no deductible	$0 no deductible	$0 no deductible
Preventive colonoscopy for colorectal cancer screening — hospital-based	$750 no deductible	$750 no deductible	$750 no deductible
Physician services			
Primary care office visit/retail clinic[14]	$30 no deductible	$40 no deductible	$50 no deductible
Specialist office visit	$60 no deductible	$80 no deductible	$100 no deductible
Telemedicine	$40 no deductible	$40 no deductible	$40 no deductible
Urgent care	$100 no deductible	$100 no deductible	$100 no deductible
Spinal manipulations (20 visits per year)	$50 no deductible	$50 no deductible	$50 no deductible
Physical/occupational therapy (30 visits per year)	$60 no deductible	$60 no deductible	$60 no deductible
Hospital/other medical services			
Inpatient hospital services	Subject to deductible and $500 per day[7]	Subject to deductible and $900 per day[7]	Subject to deductible and $1,300 per day[7]
Inpatient professional services	0% after deductible	5% after deductible	10% after deductible
Emergency room (not waived if admitted)[13]	$550 no deductible	$550 no deductible	$550 no deductible
Routine radiology/diagnostic	$60 no deductible	$60 no deductible	$60 no deductible
MRI/MRA, CT/CTA scan, PET scan	$250 no deductible	$250 no deductible	$250 no deductible
Biotech/specialty injectables	50% no deductible	50% no deductible	50% no deductible
Durable medical equipment/prosthetics	50% no deductible	50% no deductible	50% no deductible
Mental health, serious mental illness & substance abuse — outpatient	$60 no deductible	$60 no deductible	$60 no deductible
Mental health, serious mental illness & substance abuse — inpatient	Subject to deductible and $500 per day[7]	Subject to deductible and $500 per day[7]	Subject to deductible and $500 per day[7]
Outpatient surgery			
Ambulatory surgical facility	Subject to deductible and $250 copay	Subject to deductible and $750 copay	Subject to deductible and $1,250 copay
Hospital-based	Subject to deductible and $250 copay	Subject to deductible and $750 copay	Subject to deductible and $1,250 copay
Outpatient lab/pathology			
Freestanding	$0	$0 no deductible	$0 no deductible
Hospital-based	$0	$0 no deductible	$0 no deductible
Prescription drugs[15,16,17,18,19]			
Rx deductible (individual/family)	None	None	None
Retail generic[20]	$15	$15	$15
Retail preferred brand	50% with $400 copay max	50% with $400 copay max	50% with $400 copay max
Retail non-preferred drug	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
Retail specialty	50% with $700 copay max	50% with $700 copay max	50% with $700 copay max
Additional benefits			
Vision[21, 22]			
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0 no deductible	$0 no deductible	$0 no deductible
Adult routine eye exam[23]	Not covered	Not covered	Not covered
Adult eyewear (glasses or contacts)[25]	Not covered	Not covered	Not covered
Dental[26,27]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[28]	$0 no deductible	$0 no deductible	$0 no deductible
Pediatric basic, major, and orthodontia services[29]	50% after deductible	50% after deductible	50% after deductible

OFF This plan is not available for purchase through the Federal Health Insurance Marketplace.

Standard plans — Bronze and Catastrophic

Personal Choice® PPO Bronze

Keystone HMO Bronze

Personal Choice® PPO Bronze Reserve

Personal Choice® Bronze Basic

Personal Choice® Catastrophic

Bronze health plans

Personal Choice® PPO Bronze[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[4]
Deductible, individual/family	$5,500/$11,000	$15,000/$30,000
Coinsurance	50% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:	$7,150/$14,300 copay, deductible, and coinsurance	$25,000/$50,000 deductible and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no deductible	n/a
Preventive colonoscopy for colorectal cancer screening — hospital-based	$750 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic	$50 no deductible	50% after deductible
Specialist office visit	50% after deductible	50% after deductible
Telemedicine	$40 no deductible	Not covered
Urgent care	50% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[6]	50% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[6]	50% after deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services	25% after deductible[9]	50% after deductible
Inpatient professional services	50% after deductible	50% after deductible
Emergency room (not waived if admitted)	50% after deductible	50% after in-network deductible
Routine radiology/diagnostic	50% after deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	50% after deductible	50% after deductible
Biotech/specialty injectables	50% after deductible	50% after deductible
Durable medical equipment/prosthetics	50% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse — outpatient	50% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse — inpatient	25% after deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	50% after deductible	50% after deductible
Hospital-based	50% after deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% after deductible	50% after deductible
Hospital-based	50% after deductible	50% after deductible
Prescription drugs[15,16,17,18,19]		
Rx deductible (individual/family)	Integrated with medical deductible	Integrated with medical deductible
Retail generic	$15 after deductible[20]	70% after deductible
Retail preferred brand	50% after deductible	70% after deductible
Retail non-preferred drug	50% after deductible	70% after deductible
Retail specialty	50% after deductible	Not covered
Additional benefits		
Vision[21, 22]		
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0 no deductible	Not covered
Dental[26,27]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[28]	$0 no deductible	Not covered
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered

OFF Keystone HMO Bronze[2]	Personal Choice® PPO Bronze Reserve[2]		ON Personal Choice® Bronze Basic[2,10]
You pay in-network[3]	You pay in-network	You pay out-of-network[4]	You pay in-network[3]
$6,850/$13,700	$6,500/$13,000	$15,000/$30,000	$7,150/$14,300
50% unless otherwise noted	0%	50% unless otherwise noted	0%
$7,150/$14,300 copay, deductible, and coinsurance	$6,500/$13,000 copay and deductible	$25,000/$50,000 deductible and coinsurance	$7,150/$14,300 copay and deductible
$0 no deductible	$0 no deductible	50% no deductible	$0 no deductible
$0 no deductible	$0 no deductible	n/a	$0 no deductible
$750 no deductible	$750 no deductible	50% no deductible	$750 no deductible
$50 no deductible	0% after deductible	50% after deductible	Visits 1 – 3: $40 copay no deductible Visits 4+ : 0% after deductible
$100 no deductible	0% after deductible	50% after deductible	0% after deductible
$40 no deductible	0% after deductible	Not covered	0% after deductible
50% after deductible	0% after deductible	50% after deductible	0% after deductible
50% after deductible	0% after deductible	50% after deductible	0% after deductible
$80 no deductible	0% after deductible	50% after deductible	0% after deductible
Subject to deductible and $700 per day[7]	0% after deductible	50% after deductible	0% after deductible
50% after deductible	0% after deductible	50% after deductible	0% after deductible
Subject to deductible and $500 copay	0% after deductible	0% after in-network deductible	0% after deductible
$100 no deductible	0% after deductible	50% after deductible	0% after deductible
$250 no deductible	0% after deductible	50% after deductible	0% after deductible
50% after deductible	0% after deductible	50% after deductible	0% after deductible
50% after deductible	0% after deductible	50% after deductible	0% after deductible
$100 no deductible	0% after deductible	50% after deductible	Visits 1 – 3: $40 copay no deductible Visits 4+: 0% after deductible
Subject to deductible and $700 per day[7]	0% after deductible	50% after deductible	0% after deductible
Subject to deductible and $600 copay	0% after deductible	50% after deductible	0% after deductible
Subject to deductible and $600 copay	0% after deductible	50% after deductible	0% after deductible
$0 no deductible	0% after deductible	50% after deductible	0% after deductible
$0 no deductible	0% after deductible	50% after deductible	0% after deductible
Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible	Integrated with medical deductible
$15 after deductible[20]	0% after deductible	70% after deductible	0% after deductible
50% after deductible with $300 copay max	0% after deductible	70% after deductible	0% after deductible
50% after deductible with $400 copay max	0% after deductible	70% after deductible	0% after deductible
50% after deductible with $700 copay max	0% after deductible	Not covered	0% after deductible
	Integrated with medical deductible	Not covered	Integrated with medical deductible
$0 no deductible	$0 no deductible	Not covered	$0 after deductible
$50	Integrated with medical deductible	n/a	n/a
$0 no deductible	$0 no deductible	Not covered	Not covered
50% after deductible	0% after deductible	Not covered	Not covered

OFF This plan is not available for purchase through the Federal Health Insurance Marketplace.

ON This plan is only available for purchase through the Federal Health Insurance Marketplace at **healthcare.gov**.

Catastrophic

Personal Choice® Catastrophic[2]

Benefits per calendar year[1]	You pay in-network[3]
Deductible, individual/family	$7,150/$14,300
Coinsurance	0%
Out-of-pocket maximum, individual/family includes:	$7,150/$14,300 copay and deductible
Preventive services[5]	
Preventive care for adults and children	$0 no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no deductible
Preventive colonoscopy for colorectal cancer screening — hospital-based	$750 no deductible
Physician services	
Primary care office visit/retail clinic	Visits 1–3: $50 copay no deductible Visits 4+: 0% after deductible
Specialist office visit	0% after deductible
Telemedicine	0% after deductible
Urgent care	0% after deductible
Spinal manipulations (20 visits per year)	0% after deductible
Physical/occupational therapy (30 visits per year)	0% after deductible
Hospital/other medical services	
Inpatient hospital services (includes maternity)	0% after deductible
Inpatient professional services (includes maternity)	0% after deductible
Emergency room (not waived if admitted)	0% after deductible
Routine radiology/diagnostic	0% after deductible
MRI/MRA, CT/CTA scan, PET scan	0% after deductible
Biotech/specialty injectables	0% after deductible
Durable medical equipment/prosthetics	0% after deductible
Mental health, serious mental illness & substance abuse — outpatient	Visits 1 – 3: $50 copay no deductible Visits 4+: 0% after deductible
Mental health, serious mental illness & substance abuse — inpatient	0% after deductible
Outpatient surgery	
Ambulatory surgical facility	0% after deductible
Hospital-based	0% after deductible
Outpatient lab/pathology	
Freestanding	0% after deductible
Hospital-based	0% after deductible
Prescription drugs[15,16,18,19]	
Rx deductible (individual/family)	Integrated with medical deductible
Retail generic	0% after deductible
Retail preferred brand	0% after deductible
Retail non-preferred drug	0% after deductible
Retail specialty	0% after deductible
Additional benefits	
Vision[21,22]	Integrated with medical deductible
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0 after deductible
Dental[26,27]	
Pediatric dental deductible (per individual)	Integrated with medical deductible
Pediatric exams and cleanings[28]	$0 no deductible
Pediatric basic, major, and orthodontia services[29]	0% after deductible

Silver Cost-Share Reduction plans for 200 – 249% FPL

Personal Choice® PPO Silver

Keystone HMO Silver

Keystone HMO Silver Proactive

Silver Cost-Share Reduction plans for 150 – 199% FPL

Personal Choice® PPO Silver

Keystone HMO Silver

Keystone HMO Silver Proactive

Silver Cost-Share Reduction plans for 138 – 149% FPL

Personal Choice® PPO Silver

Keystone HMO Silver

Keystone HMO Silver Proactive

Silver 200 – 249% CSR plans

Personal Choice® PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[4]
Deductible, individual/family[11]	$2,500/$5,000	$10,000/$20,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$5,700/$11,400 copay, deductible, and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no deductible	n/a
Preventive colonoscopy for colorectal cancer screening — hospital-based	$750 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic[14]	$30 no deductible	50% after deductible
Specialist office visit	$60 no deductible	50% after deductible
Telemedicine	$40 no deductible	Not covered
Urgent care	20% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[6]	20% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[6]	$60 no deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	20% after deductible	50% after deductible
Inpatient professional services (includes maternity)	20% after deductible	50% after deductible
Emergency room (not waived if admitted)[13]	20% after deductible	20% after in-network deductible
Routine radiology/diagnostic	20% after deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	20% after deductible	50% after deductible
Biotech/specialty injectables	20% after deductible	50% after deductible
Durable medical equipment/prosthetics	20% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse — outpatient	$60 no deductible	50% after deductible
Mental health, serious mental illness & substance abuse — inpatient	20% after deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	20% after deductible	50% after deductible
Hospital-based	20% after deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% no deductible	50% after deductible
Hospital-based	50% no deductible	50% after deductible
Prescription drugs[15,16,17,18,19]		
Rx deductible (individual/family)	Integrated with medical deductible	Integrated with medical deductible
Retail generic[20]	$10 no deductible	70% no deductible
Retail preferred brand	30% after deductible with $200 copay max per prescription	70% after deductible
Retail non-preferred drug	40% after deductible with $200 copay max per prescription	70% after deductible
Retail specialty	50% after deductible with $500 copay max per prescription	Not covered
Additional benefits		
Vision[21,22]		
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0 no deductible	Not covered
Adult routine eye exam[23]	$0 no deductible	Not covered
Adult eyewear (glasses or contacts)[25]	Allowance up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[26,27]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[28]	$0 no deductible	Not covered
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$2,000/$4,000	$0/$0	$5,300/$10,600	$5,300/$10,600
30% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$5,700/$11,400 copay, deductible, and coinsurance	$5,700/$11,400 copay and coinsurance	$5,700/$11,400 copay, deductible, and coinsurance	$5,700/$11,400 copay, deductible, and coinsurance
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$750 no deductible	$750	$750 no deductible	$750 no deductible
$30 no deductible	$30	$40 no deductible	$50 no deductible
$60 no deductible	$60	$80 no deductible	$100 no deductible
$40 no deductible	$40	$40 no deductible	$40 no deductible
30% after deductible	$100	$100 no deductible	$100 no deductible
30% after deductible	$50	$50 no deductible	$50 no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
30% after deductible	$400 per day[7]	Subject to deductible and $800 per day[7]	Subject to deductible and $1,200 per day[7]
30% after deductible	0%	5% after deductible	10% after deductible
30% after deductible	$550 no deductible	$550 no deductible	$550 no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
$250 no deductible	$250	$250 no deductible	$250 no deductible
30% after deductible	50%	50% no deductible	50% no deductible
30% after deductible	50%	50% no deductible	50% no deductible
$60 no deductible	$60	$60 no deductible	$60 no deductible
30% after deductible	$400 per day[7]	$400 per day no deductible[7]	$400 per day no deductible[7]
30% after deductible	$100	Subject to deductible and $350 copay	Subject to deductible and $700 copay
30% after deductible	$100	Subject to deductible and $350 copay	Subject to deductible and $700 copay
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
Integrated with medical deductible	None	None	None
$15 no deductible	$15	$15	$15
40% after deductible with $300 copay max per prescription	50% with $400 copay max	50% with $400 copay max	50% with $400 copay max
50% after deductible with $300 copay max per prescription	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
50% after deductible with $500 copay max per prescription	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
$0 no deductible	$0	$0 no deductible	$0 no deductible
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Silver 150 – 199% CSR plans

Personal Choice® PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[4]
Deductible, individual/family[11]	$750/$1,500	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$2,250/$4,500 copay, deductible, and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0 no deductible	50% no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no deductible	n/a
Preventive colonoscopy for colorectal cancer screening — hospital-based	$500 no deductible	50% no deductible
Physician services		
Primary care office visit/retail clinic[14]	$10 no deductible	50% after deductible
Specialist office visit	$30 no deductible	50% after deductible
Telemedicine	$40 no deductible	Not covered
Urgent care	10% after deductible	50% after deductible
Spinal manipulations (20 visits per year)[6]	10% after deductible	50% after deductible
Physical/occupational therapy (30 visits per year)[6]	$30 no deductible	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% no deductible	50% after deductible
Inpatient professional services (includes maternity)	10% no deductible	50% after deductible
Emergency room (not waived if admitted)[13]	10% no deductible	10% no deductible
Routine radiology/diagnostic	10% no deductible	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	10% no deductible	50% after deductible
Biotech/specialty injectables	10% after deductible	50% after deductible
Durable medical equipment/prosthetics	10% after deductible	50% after deductible
Mental health, serious mental illness & substance abuse — outpatient	$30 no deductible	50% after deductible
Mental health, serious mental illness & substance abuse — inpatient	10% no deductible	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	10% no deductible	50% after deductible
Hospital-based	10% no deductible	50% after deductible
Outpatient lab/pathology		
Freestanding	0% no deductible	50% after deductible
Hospital-based	50% no deductible	50% after deductible
Prescription drugs[15,16,17,18,19]		
Rx deductible (individual/family)	Integrated with medical deductible	Integrated with medical deductible
Retail generic	$4 no deductible	70% no deductible
Retail preferred brand	30% after deductible with $200 copay max per prescription	70% after deductible
Retail non-preferred drug	40% after deductible with $200 copay max per prescription	70% after deductible
Retail specialty	50% after deductible with $500 copay max per prescription	Not covered
Additional benefits		
Vision[21,22]		
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0 no deductible	Not covered
Adult routine eye exam[23]	$0 no deductible	Not covered
Adult eyewear (glasses or contacts)[25]	Allowance up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[26,27]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[28]	$0 no deductible	Not covered
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$1,000/$2,000	$0/$0	$1,000 /$2,000	$1,000 /$2,000
20% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,250/$4,500 copay, deductible, and coinsurance	$2,250/$4,500 copay and coinsurance	$2,250/$4,500 copay, deductible, and coinsurance	$2,250/$4,500 copay, deductible, and coinsurance
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
$500 no deductible	$500	$500 no deductible	$500 no deductible
$5 no deductible	$10	$20 no deductible	$30 no deductible
$15 no deductible	$20	$40 no deductible	$60 no deductible
$40 no deductible	$40	$40 no deductible	$40 no deductible
20% after deductible	$50	$50 no deductible	$50 no deductible
20% after deductible	$50	$50 no deductible	$50 no deductible
$15 no deductible	$50	$50 no deductible	$50 no deductible
20% after deductible	$50 per day[7]	Subject to deductible and $200 per day[7]	Subject to deductible and $400 per day[7]
20% after deductible	0%	5% after deductible	10% after deductible
20% after deductible	$150	$150 no deductible	$150 no deductible
$15 no deductible	$50	$50 no deductible	$50 no deductible
$30 no deductible	$100	$100 no deductible	$100 no deductible
20% after deductible	40%	40% no deductible	40% no deductible
20% after deductible	20%	20% no deductible	20% no deductible
$15 no deductible	$20	$20 no deductible	$20 no deductible
20% after deductible	$50 per day[7]	$50 per day no deductible[7]	$50 per day no deductible[7]
20% after deductible	$50	Subject to deductible and $200 copay	Subject to deductible and $400 copay
20% after deductible	$50	Subject to deductible and $200 copay	Subject to deductible and $400 copay
$0 no deductible	$0	$0 no deductible	$0 no deductible
$0 no deductible	$0	$0 no deductible	$0 no deductible
Integrated with medical deductible	None	None	None
$4 no deductible	$4	$4	$4
20% after deductible with $300 copay max per prescription	30% with $300 copay max	30% with $300 copay max	30% with $300 copay max
30% after deductible with $300 copay max per prescription	40% with $400 copay max	40% with $400 copay max	40% with $400 copay max
50% after deductible with $500 copay max per prescription	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
$0 no deductible	$0	$0 no deductible	$0 no deductible
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Silver 138 – 149% CSR plans

Personal Choice® PPO Silver[2]

Benefits per calendar year[1]	You pay in-network	You pay out-of-network[4]
Deductible, individual/family[11]	$0/$0	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[12]	$1,000/$2,000 copay and coinsurance	$20,000/$40,000 deductible and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50% no deductible
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	n/a
Preventive colonoscopy for colorectal cancer screening — hospital-based	$250	50% no deductible
Physician services		
Primary care office visit/retail clinic[14]	$5	50% after deductible
Specialist office visit	$15	50% after deductible
Telemedicine	$40	Not covered
Urgent care	10%	50% after deductible
Spinal manipulations (20 visits per year)[6]	10%	50% after deductible
Physical/occupational therapy (30 visits per year)[6]	$15	50% after deductible
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10%	50% after deductible
Inpatient professional services (includes maternity)	10%	50% after deductible
Emergency room (not waived if admitted)[13]	10%	10% no deductible
Routine radiology/diagnostic	10%	50% after deductible
MRI/MRA, CT/CTA scan, PET scan	10%	50% after deductible
Biotech/specialty injectables	10%	50% after deductible
Durable medical equipment/prosthetics	10%	50% after deductible
Mental health, serious mental illness & substance abuse — outpatient	$15	50% after deductible
Mental health, serious mental illness & substance abuse — inpatient	10%	50% after deductible
Outpatient surgery		
Ambulatory surgical facility	10%	50% after deductible
Hospital-based	10%	50% after deductible
Outpatient lab/pathology		
Freestanding	0%	50% after deductible
Hospital-based	50%	50% after deductible
Prescription drugs[15,16,17,18,19]		
Rx deductible (individual/family)	None	None
Retail generic	$4	70%
Retail preferred brand	20% with $200 copay max	70%
Retail non-preferred drug	20% with $200 copay max	70%
Retail specialty	50% with $500 copay max	Not covered
Additional benefits		
Vision[21,22]		
Pediatric exam (1 visit per calendar year) & pediatric eyewear[23,24]	$0	Not covered
Adult routine eye exam[23]	$0	Not covered
Adult eyewear (glasses or contacts)[25]	Allowance up to $150 for frames or $100 for contact lenses at Visionworks stores	Not covered
Dental[26,27]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[28]	$0 no deductible	Not covered
Pediatric basic, major, and orthodontia services[29]	50% after deductible	Not covered

Keystone HMO Silver[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$0/$0	$0/$0	$100/$200	$100/$200
10% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$1,000/$2,000 copay and coinsurance	$1,000/$2,000 copay and coinsurance	$1,000/$2,000 copay, deductible, and coinsurance	$1,000/$2,000 copay, deductible, and coinsurance
$0	$0	$0 no deductible	$0 no deductible
$0	$0	$0 no deductible	$0 no deductible
$250	$250	$250 no deductible	$250 no deductible
$5	$5	$10 no deductible	$15 no deductible
$10	$20	$40 no deductible	$60 no deductible
$40	$40	$40 no deductible	$40 no deductible
10%	$10	$10 no deductible	$10 no deductible
10%	$50	$50 no deductible	$50 no deductible
$10	$10	$10 no deductible	$10 no deductible
10%	$40 per day[7]	Subject to deductible and $150 per day[7]	Subject to deductible and $300 per day[7]
10%	0%	5% after deductible	10% after deductible
10%	$50	$50 no deductible	$50 no deductible
$10	$10	$10 no deductible	$10 no deductible
$20	$20	$20 no deductible	$20 no deductible
10%	40%	40% no deductible	40% no deductible
10%	20%	20% no deductible	20% no deductible
$10	$20	$20 no deductible	$20 no deductible
10%	$40 per day[7]	$40 per day no deductible[7]	$40 per day no deductible[7]
10%	$40	Subject to deductible and $150 copay	Subject to deductible and $300 copay
10%	$40	Subject to deductible and $150 copay	Subject to deductible and $300 copay
$0	$0	$0 no deductible	$0 no deductible
$0	$0	$0 no deductible	$0 no deductible
None	None	None	None
$4	$4	$4	$4
20% with $300 copay max	10% with $300 copay max	10% with $300 copay max	10% with $300 copay max
30% with $300 copay max	20% with $400 copay max	20% with $400 copay max	20% with $400 copay max
50% with $500 copay max	50% with $500 copay max	50% with $500 copay max	50% with $500 copay max
$0	$0	$0 no deductible	$0 no deductible
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
$50	$50	$50	$50
$0 no deductible	$0 no deductible	$0 no deductible	$0 no deductible
50% after deductible	50% after deductible	50% after deductible	50% after deductible

Important plan information

Benefits that require preapproval

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

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

Inpatient hospital stays

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

Utilization review

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

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

Terminated providers

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

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

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

Emergency services

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

- Placing the member's health or, in the case of a pregnant member, the health of the unborn child in jeopardy
- Serious impairment to bodily functions
- Dysfunction of any bodily organ or part

Emergency care includes covered services provided to a member in an emergency, including emergency transportation and related emergency services provided by a licensed ambulance service.

Complaints and grievances

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

Privacy policy

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

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

Procedures that support safe prescribing

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

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

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

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

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

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

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

Prescription drug program provider payment information

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

Benefits exclusions

The benefits summaries in this brochure represent only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy.
This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please call **1-866-346-2081 (TTY: 711)**.

What's not covered?

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

NOTE: Eligible dependent children are generally covered up to age 26. See contract for additional details. To obtain complete copies of these policies by mail, please call **1-866-346-2081 (TTY: 711)**.

Footnotes

Medical

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

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

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

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

5 Age and frequency schedules may apply. In order to get a preventive colonoscopy without having to pay any out-of-pocket costs, you must choose Preventive Plus providers and GI professionals (gastroenterologists or a colon and rectal surgeons) that are not hospital-based to perform the preventive colonoscopy. To find a Preventive Plus provider, visit **ibx4you.com/providerfinder**.

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

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

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

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

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

Keystone HMO Proactive

11 For Keystone HMO Silver Proactive and Silver Proactive Value plans, deductible is combined for Tiers 2 and 3.

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

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

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

Prescription Drugs

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

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

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

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

19 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.

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

Additional Benefits

21 Independence Vision plans are administered by Davis Vision, an independent company.

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

23 One eye exam per calendar year period.

24 Pediatric spectacle lenses covered at no extra cost include: single vision, lined bifocal, lined trifocal, or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers). Davis Vision Contact Lenses Collection is covered in full at participating independent providers.

25 There is a $100 allowance for frames or contact lenses at all other Davis Vision providers.

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

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

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

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

Language Access Services

If you, or someone you're helping, has questions about Independence Blue Cross, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-800-275-2583 TTY 711.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Independence Blue Cross, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-800-275-2583 TTY 711.

如对 Independence Blue Cross 有任何问题，请您或您所帮助的人联系我们提供的免费多语言信息服务。翻译服务请拨打 1-800-275-2583。

Nếu quý vị hoặc người mà quý vị đang trợ giúp có câu hỏi về Independence Blue Cross, quý vị có quyền nhận được trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để yêu cầu thông dịch viên, hãy gọi số 1-800-275-2583.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу программы Independence Blue Cross, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 1-800-275-2583.

Wann du hoscht en Froog, odder ebber, wu du helfscht, hot en Froog baut Independence Blue Cross, hoscht du es Recht fer Hilf un Information in deinre eegne Schprooch griege, un die Hilf koschtet nix. Wann du mit me Interpreter schwetze witt, kannscht du 1-800-275-2583 uffrufe.

Independence Blue Cross 와 관련하여 궁금한 사항이 있으신 경우, 귀하 또는 귀하의 지원을 받는 사람은 관련 정보 및 지원을 해당 언어로 무료로 받으실 수 있습니다. 통역사와 상담하시려면 1-800-275-2583 로 전화해 주십시오.

Se tu o qualcuno che stai aiutando avete domande su Independence Blue Cross, hai il diritto di ottenere gratuitamente aiuto e informazioni nella tua lingua. Per parlare con un interprete, puoi chiamare il numero 1-800-275-2583.

إذا كان لديك أو لدى شخص تساعده أسئلة بخصوص Independence Blue Cross، فلديك الحق في الحصول على المعلومات الضرورية بلغتك دون أي تكلفة. للتحدث مع مترجم اتصل بـ 1-800-275-2583.

Si vous, ou quelqu'un que vous aidez, a des questions à propos d'Independence Blue Cross, vous avez le droit d'obtenir gratuitement de l'aide et l'information dans votre langue. Pour parler à un interprète, appelez 1-800-275-2583.

Wenn Sie selbst oder eine Person, der Sie helfen, Fragen über Independence Blue Cross haben, so haben Sie das Recht, kostenlos Hilfe und Informationen in Ihrer Sprache anzufordern.

Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-800-275-2583 an.

જો તમને અથવા તમે કોઇને મદદ કરી રહ્યા તેમાંથી કોઇને Independence Blue Cross વિશે પ્રશ્નો હોય, તો તમને મદદ અને માહિતી તમારી ભાષામાં કોઈપણ ખર્ચ વિના મેળવવાનો અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, આ 1-800-275-2583 પર કોલ કરો

Jeśli Ty lub osoba, której pomagasz macie pytania odnośnie do programu Independence Blue Cross, mogą Państwo uzyskać bezpłatną informację i pomoc w Waszym języku. Aby porozmawiać z tłumaczem, proszę zadzwonić pod numer 1-800-275-2583.

Si ou menm, oswa yon moun w ap ede, gen kesyon konsènan Independence Blue Cross, ou gen dwa pou resevwa èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele 1-800-275-2583.

បើអ្នក ឬក៏នរណាម្នាក់ដែលអ្នកកំពុងជួយ មានសំណួរអំពី Independence Blue Cross អ្នកមានសិទ្ធិក្នុងការទទួលជំនួយនិង ព័ត៌មានជាភាសារបស់អ្នក ដោយឥតគិតថ្លៃ។ ដើម្បីជជែកជាមួយ អ្នកបកប្រែ សូមហៅទូរសព្ទទៅលេខ 1-800-275-2583។

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Independence Blue Cross, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-800-275-2583.

Díí kwe'é atah nílínígíí Independence Blue Cross haada yit'éego bína ídíłkidgo éi doodago háida bíká anilyeedígíí t'áadoo le'é yína'ídíłkidgo bee ná ahóót'i'díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą́ doo bą́ąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíílnih 1-800-275-2583.

Kung ikaw, o ang taong iyong tinutulungan, ay may mga katanungan tungkol sa Independence Blue Cross, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang interpreter, tumawag sa 1-800-275-2583.

ご本人やお客様の周りの人が、Independence Blue Cross についてご質問などがある場合、無料でご希望の言語でのサポートや情報を入手することができます。インタプリタをご利用する方は、1-800-275-2583 までお電話ください。

اگر شما یا شخصی که به وی کمک می کنید، در رابطه با Independence Blue Cross سوالی دارید، این حق برای شما محفوظ است که بدون نیاز به پرداخت هر نوع هزینه، اطلاعات مربوطه را به زبان خود دریافت نمایید. جهت گفتگو با یک مترجم، با شماره 1-800-275-2583 تماس حاصل فرمایید.

Nondiscrimination Notice & Notice of Availability of Auxiliary Aids & Services

Independence Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Independence Blue Cross does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Independence Blue Cross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters; and written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as: qualified interpreters, and information written in other languages

If you need these services, contact our Civil Rights Coordinator.

If you believe that Independence Blue Cross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You have five ways to file a grievance directly with Independence Blue Cross: in person or by mail: Independence Blue Cross, ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103; by phone: 888-377-3933 (TTY 711), by fax: 215-761-0245, or by email: civilrightscoordinator@ibx.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *https://ocrportal.hhs.gov/ocr/portal/lobby.jsf* or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800- 537-7697 (TDD). Complaint forms are available at *http://www.hhs.gov/ocr/office/file/index.html*.

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Independence Blue Cross – General Taglines 2016

Independence

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