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Philadelphia, PA 19103-1480

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Important 2018 rate information enclosed.



Key Information

Member ID Number: 1234567890123

Email Address: sample@sample.com

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Michelle Kelly
33rd Floor
1901 Market Street
Philadelphia, PA 19103

October 27, 2017

Renewal Notification with Preliminary Rates

Dear Michelle Kelly,

Thank you for being an Independence Blue Cross (Independence) member. The open enrollment period for 2018 begins on November 1, 2017. This package includes your official health plan renewal notification for your Keystone HMO Silver Proactive plan, and a comparison of 2017 and 2018 benefits.

As you review this information, please keep the following in mind:

- **More information is coming** - The federal government will soon be providing us with 2018 subsidy amounts for those who qualify.
- **Premium rates are preliminary** - We expect that many Independence members will receive higher subsidies in 2018 that could lower monthly premiums. You can estimate your 2018 subsidy by visiting ibx4you.com/calculator.
- **Final rate information will be sent** - Within the next couple of weeks, we will send you an updated renewal package that will include your 2018 subsidy amount and premium rates for your health plan options.
- **You can take action now** - If you do not want to wait for your updated subsidy information, you can visit the Health Insurance Marketplace at HealthCare.gov to update your application and get your 2018 subsidy. You may also call your independent broker, **JOHN BROKER** at **215-555-1212**.

Thank you for continuing to trust your health insurance needs to Independence. If you have questions or want to learn more about other individual health plan options, please contact your independent broker, **JOHN BROKER**, at **215-555-1212**. You can also contact us directly at **1-888-555-1212 (TTY: 711)** to speak with a licensed insurance agent.

Sincerely,

Consumer Sales

E-B E

Health Plan Benefit Options

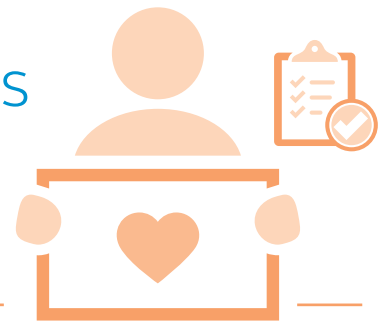
The chart below shows your current Marketplace coverage and 2018 default Marketplace health plan. The federal government will soon be providing us with 2018 subsidy amounts for those who qualify. Within the next couple of weeks, we will send you an updated renewal package that will include your 2018 subsidy amount and premium rates for your health plan options.

We expect that many Independence Blue Cross members will receive higher subsidies in 2018 that could lower monthly premiums. If you do not want to wait for your updated subsidy information, you can visit the Health Insurance Marketplace at HealthCare.gov to update your application and get your 2018 subsidy. If you need assistance, you can contact your independent broker, **JOHN BROKER** at 215-555-1212 or contact us directly at 1-888-555-1212 (TTY: 711).

| Medical Coverage [†] | Current Coverage | 2018 Default Plan |
|-------------------------------------|---|---|
| | Keystone HMO Silver Proactive | Keystone HMO Silver Proactive |
| Plan ID | 33871PA0040006-05 | 33871PA0040006-05 |
| Network Access | In-Network Only | In-Network Only |
| Deductible (Ded) | Tier 1: \$0; Tiers 2 & 3: \$1,000 Ind/\$2,000 Fam | Tier 1: \$0; Tiers 2 & 3: \$1,000 Ind/\$2,000 Fam |
| Out-of-Pocket Maximum | \$2,250 Ind; \$4,500 Fam | \$2,450 Ind/\$4,900 Fam |
| Coinsurance | Tier 1: 0%; Tier 2: 5%; Tier 3: 10% | Tier 1: 0%; Tier 2: 5%; Tier 3: 10% |
| Doctor Visit/Retail Clinic | Tier 1: \$10; Tier 2: \$20, no Ded; Tier 3: \$30, no Ded | Tier 1: \$20; Tier 2: \$30, no Ded; Tier 3: \$40, no Ded |
| Specialist Visit | Tier 1: \$20; Tier 2: \$40, no Ded; Tier 3: \$60, no Ded | Tier 1: \$40; Tier 2: \$60, no Ded; Tier 3: \$80, no Ded |
| Telemedicine | \$40, no Ded | Tier 1: \$40, Tiers 2 & 3, \$40, no Ded |
| Urgent Care | Tier 1: \$50; Tiers 2 & 3: \$50, no Ded | Tier 1: \$50, Tiers 2 & 3: \$50, no Ded |
| Emergency Room | \$150, no Ded | Tier 1: \$150; Tiers 2 & 3: \$150, no Ded |
| Hospital | Tier 1: \$50; Tier 2: \$200 (subject to Ded); Tier 3: \$400 (subject to Ded) All tiers max 5 copays/adm | Tier 1: \$100; Tier 2: \$450 (subject to Ded); Tier 3: \$900 (subject to Ded) All tiers max 5 copays/adm |
| Outpatient Facility | Tier 1: \$50; Tier 2: \$200 (subject to Ded); Tier 3: \$400 (subject to Ded) | Tier 1: \$100; Tier 2: \$450 (subject to Ded); Tier 3: \$900 (subject to Ded) |
| Hospital/Outpatient Provider | Tier 1: 0%; Tier 2: 5%, after Ded; Tier 3: 10%, after Ded | Tier 1: 0%; Tier 2: 5%, after Ded; Tier 3: 10%, after Ded |
| Prescription Drug | No Ded: \$4 Generic; 30% Preferred \$300 max/script; 40% Non-Preferred \$400 max/script; 50% Specialty \$500 max/script | No Ded: \$4 Generic; 30% Preferred \$300 max/script; 40% Non-Preferred \$400 max/script; 50% Specialty \$500 max/script |
| Health Savings Account | Not Included | Not Included |

[†]This chart represents only a partial listing of the benefits and services covered under these benefits programs. For a full list of benefits, exclusions, and limitations, you can download a copy of the Summary of Benefits and Coverage (SBC) and benefits booklet at ibx4you.com/sbc. If you would like a copy of your SBC or benefits booklet by mail at no charge, call 1-844-BLUE-4ME (1-844-258-3463) (TTY: 711).

Important Plan Information & Updates For 2018



Drug benefit change in 2018

The formulary, which is a list of medications that are covered under your prescription drug plan, is changing. Your plan's current Select Drug Program formulary will be replaced with a new Value Formulary. The Value Formulary includes a broad range of generic, brand, and specialty drugs. Drugs on the formulary are selected based upon medical effectiveness, positive results, and value.

Important: the Value Formulary does not include certain prescription drugs that were previously covered in the Select Drug Program Formulary. If a medication is not on the Value Formulary, generally there are equivalent or similar drugs to treat the same condition that are covered.

If you, or someone on your plan, is taking a medication that will not be on the Value Formulary, a letter will be mailed listing the specific drug(s) that will not be covered beginning in 2018.

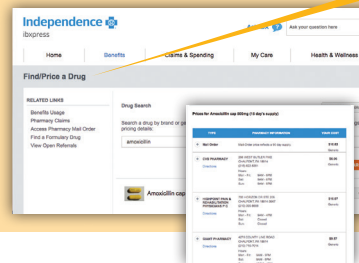
See if a medication will be covered in 2018

www.ibx.com/ffm/formulary4v

You can also call the FutureScripts phone number listed on your ID card. If a drug is not listed, or the drug is listed as non-formulary, please check with your prescriber to see if a covered alternative is right for you.

Compare drug prices

Find/Price a Drug

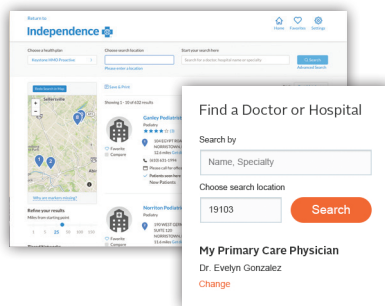


Search a drug by brand or generic name and get current pricing details.

Login to ibxpress.com, click on **Pharmacy** and select **Find/Price a Drug**

Save by knowing your network options

Our provider network offers our members the widest selection in quality care with nearly 49,000 health care professionals and more than 170 hospitals. With a Keystone Proactive plan, you will have the lowest cost when you visit doctors and hospitals in Tier 1 - Preferred, higher cost when you choose Tier 2 - Enhanced, and the highest cost with Tier 3 - Standard.



Today, more than 50 percent of the doctors and hospitals in our network are Tier 1 - Preferred. To find a Tier 1 - Preferred doctor or hospital, visit ibx.com/providerfinder.

Looking up health care providers is easy online

ibx.com/providerfinder

Complete your coverage with Adult Dental & Vision

Maintaining your sight and smile is important to your overall health and well-being. In addition to your adult vision plan, did you know you can also enroll all of your adult family members in a dental plan too, including your children between age 19 and up to age 26? Make sure you and your family are fully covered. Please see the enclosed insert for details on your Adult Vision Care 180 plan for 2018. For more information on adult dental plans visit ibx4you.com/complete.

e-Bill makes it easy to manage payments

Set up e-Bill on ibxpress.com. The secure, self-service features of e-Bill, our online billing system, help make it easy to manage your payments. With e-Bill, you can view your invoice online and search your payment history. You can also set notification preferences to get an email when a new invoice is available or your payment amount changes.

Log in to ibxpress.com and sign up for e-Bill today!

ibxpress.com



Smart tools for your health and well-being on the new ibxpress.com

Now you can view your ID card and recent claims right from the homepage. Along with these valuable tools, you can find providers, select or change your Primary Care Physician (PCP) and pay your bill, all with just one click.

New Achieve Well-being tools

Whether you want to eat healthier, better manage stress, get more sleep, or be a little more active – we can help you achieve your goal. You can even synch your fitness devices and apps to see all activity on your Achieve Well-being dashboard. Start your personal journey toward a better you in just 15 minutes by completing the NEW Well-being Profile.

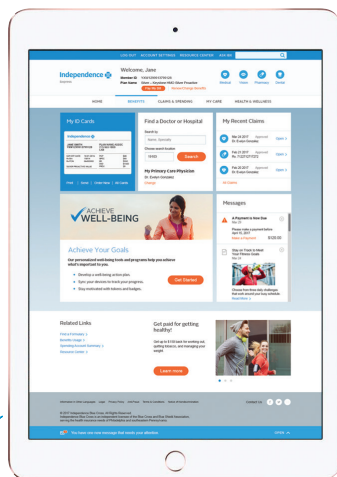
➤ Access directly at ibxpress.com or download the IBX mobile app

Healthy LifestylesSM Solutions Reimbursements*

Get rewarded for taking small steps every day that can add up to big changes in your health. Our Healthy Lifestyles Solutions reimbursements offer you:

- Up to \$150 on your fitness center fees
- \$150 on an approved weight management program
- \$150 for programs to help you quit tobacco

➤ Select Health & Wellness and then Discounts and Reimbursements



Health Coach

Health coaches are available by phone 24/7 to help you with your health care choices and wellness goals.

Your health coach can help you understand everyday health concerns, prepare for visits and discussions with your doctor, create an action plan to improve your health, and more. Prepare to get motivated and contact a health coach. It's easy to get connected.

➤ Click the Health & Wellness tab and choose Email a Health Coach

☎ Call 1-800-ASK-BLUE (1-800-275-2583, TTY: 711)

Online Symptom Checker

Get more information about your symptoms and how to treat them. An interactive body map will help you pinpoint your area of concern and get to the correct information for your symptoms.

➤ Click the Health & Wellness tab from the top navigation toolbar, then click Tools from the left navigation

Personal Health Record

Store, track, and manage your health information, including records of screenings, immunizations and lab results, in one centralized and secure location. You can even print and share with your doctor.

➤ Access your Personal Health Record (PHR) under the My Care tab

KEY OPEN ENROLLMENT DATES

2017

November 30, 2017: Last day to enroll to ensure your bill for your January premium reflects your new plan and you receive 2018 ID cards by January 1, 2018.

November 1, 2017: Open enrollment period for 2018 begins.

December 11, 2017: January invoices will be mailed this week.

December 15, 2017: Last day of open enrollment.

January 1, 2018: First day new coverage can begin.

2018

Michelle Kelly
33rd Floor
1901 Market Street
Philadelphia, PA 19103

October 27, 2017

Important: It's time to review your health coverage. Take action by December 15, 2017, or you'll be automatically re-enrolled in the same or similar coverage. This may change some of your costs and coverage, so review your options carefully.

Thank you for choosing Independence Blue Cross for your health care needs. We're here to help you prepare for Open Enrollment.

Why am I getting this letter?

Your health insurance coverage is still being offered in 2018, but some details may have changed. Read this letter carefully and decide if you want to keep this plan or choose another one. Also make sure to update your information with the Marketplace.

Changes you'll see to your plan in 2018

Your new premium

- Your 2017 monthly payment is \$0.00.
This reflects a monthly premium of \$745.55 minus \$745.55 of financial help per month.
- **Starting in January, your estimated monthly payment will be \$202.78.**
This reflects an estimated monthly premium of \$948.33 minus the same amount of financial help you're getting now. You'll see your new monthly payment when you receive your January bill.

Important: This is only an estimate based on current information we have, including the amount of financial help you got in 2017. It also doesn't reflect any changes to your enrollment, such as adding additional members to your coverage. To find out how much financial help you qualify for in 2018, and your new premium amount, update your Marketplace application. See below for more information.

Other changes

- *Please see page 2 of the enclosed cover letter for details on plan changes in 2018.*
- You can review more details about your plan at ibx4you.com and in your 2018 Summary of Benefits and Coverage.

What you need to do

1. Update your Marketplace application by December 15.

Review your Marketplace application to make sure the information is still current and correct, and to see if you qualify for more or less financial help than in 2017. This may result in a lower monthly premium payment or lower out-of-pocket costs. Plus, you can help avoid paying money back when you file your taxes.

(over please) CMS2

2. Decide if you want to enroll in this plan or choose another one.

I want to enroll in this plan.

Update your information in step #1, and then select Keystone HMO Silver Proactive - 33871PA004000605 to enroll.

I want to pick a different plan.

You can choose a new plan between November 1, 2017 and December 15, 2017. Enroll by December 15, 2017 for coverage to start January 1.

Here are some ways to look at other plans and enroll:

- Visit HealthCare.gov to see other Marketplace plans. Consumers who shop can save hundreds of dollars per year and can find a plan that best meets their needs and budget.
- Check with Independence Blue Cross to see what other plans may be available. Remember, you won't get financial help unless you qualify and enroll through the Marketplace.

Note: If you got financial help in 2017 to lower your monthly premium, you'll have to "reconcile" when you file your federal taxes. This means you'll compare the amount of premium tax credit you used in advance during 2017 with the amount you actually qualify for based on your final 2017 household income and eligibility information. If the numbers are different, you may get more or less tax refund, or you may owe.

We're here to help

- Visit HealthCare.gov, or call 1-800-318-2596 (TTY: 1-855-889-4325) to learn more about the Marketplace and to see if you qualify for lower costs.
- Call Independence Blue Cross at 1-888-555-1212 (TTY: 711) or visit ibx4you.com.
- Find in-person help from an assister, agent, or broker in your community at LocalHelp.HealthCare.gov.
- Contact an agent or broker you've worked with before, like JOHN BROKER at 215-555-1212.
- Call 1-800-318-2596 (TTY: 1-855-889-4325) to request a reasonable accommodation at no cost to you if you have a disability.

2018 Adult Vision Plan Rates and Savings Options

Prepared for: Michelle Kelly

Your current Adult Vision Care 180 plan is up for renewal as of January 1, 2018. The chart below outlines your current adult vision plan benefits and rates as well as your recommended (default) 2018 vision plan and an alternate vision plan option. You can use this chart to compare your options and select the best plan for you.

Good news! As a renewing member, you can take advantage of all your plan benefits, with ***no waiting period.***

To make your 2018 vision plan selection, log in to ibxpress.com and select the ***Renew/Change Benefits*** link at the top of the home page, select **Vision Plan**, then click **Manage my Account**. You can also speak to one of our licensed agents by calling **1-888-555-1212 (TTY: 711), Monday - Friday 8 a.m. to 8 p.m., Saturday and Sunday, 8 a.m. to 5 p.m.** If you do not take any action by November 30, you will automatically renew in the recommended (default) vision plan option to ensure that you do not have a lapse in coverage.

| Vision Coverage | Current Plan | 2018 Default Plan | Alternative Plan |
|---|---|---|--|
| | Adult Vision Care 180 | Adult Vision Care 180 | Adult Vision Care 100 |
| Plan ID | 10260172 | 10050214 | 10050213 |
| Annual Routine exam | \$0 | \$0 | \$0 |
| Exclusive Davis Vision Collection (frames)¹ | Fashion: \$0, Designer: \$0, Premier: \$25 | Fashion: \$0, Designer: \$0, Premier: \$25 | Fashion: \$0, Designer: \$15, Premier: \$40 |
| Allowance | Up to \$130 OR up to \$180 at Visionworks 20% discount on overage ² | Up to \$130 OR up to \$180 at Visionworks 20% discount on overage ² | Up to \$100, 20% discount on overage ² |
| Contact lenses (in lieu of frames) | Up to \$130, plus 15% discount on overage ² | Up to \$130, plus 15% discount on overage ² | Up to \$100, plus 15% discount on overage ² |
| Monthly Premium (rate) | \$ 14.17 | \$ 14.17 | \$ 13.21 |

¹ In lieu of allowance

² Discount not available at Sam's Club, Walmart and Costco

About our adult vision plans

Both of our adult vision plans give you 100% coverage for your annual eye exam, access to a wide network of eye care locations, including independent providers and national retailers, such as Visionworks, and discounts for services such as laser vision correction. A \$0 copay option is available for frames when choosing from the Exclusive Davis Vision Collection.

Adult Vision Care 100 is a basic plan that gives you discounts off of retail pricing for lenses and the value of an allowance for eyeglass frames or contacts.

Adult Vision Care 180 has greater discounts, lower out-of-pocket costs on the Exclusive Davis Vision Collection and a higher frame allowance at Visionworks stores.

New - Hearing Benefit! Davis Vision members also have access to a routine hearing test and name brand hearing aid technology at reduced prices through EPIC Hearing. Members should contact EPIC at **1-844-246-0544** or register online at www.epichearing.com/registration and identify themselves as a Davis Vision member. An EPIC Hearing Counselor will provide network information and coordinate care.

This guide represents only a partial listing of the benefits and exclusions of the plans. These managed care plans may not cover all your expenses. Read your contracts carefully to determine which services are covered and for details on the conditions of your policy.

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

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

EPIC Hearing products and services are made available through your coverage with Davis Vision. EPIC Hearing is not affiliated with Independence Blue Cross, and does not provide Blue Cross or Blue Shield products or services. EPIC and/or Davis Vision are responsible for these products and services.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

Discrimination is Against the Law

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

This Plan 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).
- 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 This Plan 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 can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.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>.