



2017 BLUE SOLUTIONS[®]

For small employers

Medical | Pharmacy | Vision | Dental | Wellness | Additional Workplace Benefits

Independence 
Blue Solutions[®]

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Put us to work for you

Running a successful small business takes teamwork. Consider Independence Blue Cross (Independence) a trusted member of your team.

We offer more than 40 health plans to choose from, so you can be confident your employees have comprehensive coverage, at a price that fits your budget.

Our health plans cover all required Affordable Care Act (ACA) essential health benefits — like doctor visits, preventive care, hospital stays, emergency services, and prescription drugs — and include dental coverage for children, in addition to vision coverage for both adults and children.

And we help make it easier to maximize your benefits, manage out-of-pocket costs, and make healthier lifestyle choices with access to web and mobile tools and wellness and member perks.

Take a closer look at everything Blue Solutions offers:

- See what's new for 2017
- Explore our comprehensive, affordable, innovative plan options
- Learn how you and your employees can better manage health care costs
- Review Blue Solutions plan benefits at a glance
- Learn about options for enhancing your medical benefits with adult dental coverage and supplemental insurance

Do you know the power of Blue?

- 1 in 3 Americans has a Blue plan
- 96% of hospitals are in network
- 92% of doctors are in network

Source: Blue Cross Blue Shield Association

Taking the guesswork out of your decision

One of your most important business decisions is about health care coverage for your employees and their families. Our job is to help make your decision as easy as possible.

Our Blue Solutions plans cover the ten essential health benefits required by the ACA. Additionally, our benefit designs meet ACA meaningful difference guidelines for qualified health plans — for example, there must be a difference of at least \$200 in the out-of-pocket maximum between plans within the same product type. Simply put, it helps simplify your choice by eliminating any guesswork when you’re comparing cost-sharing and coverage.

We’ve also made the following enhancements to help you make more informed choices:

- Built on existing plan names to clearly indicate the metallic levels and plan types
- Established names based on cost-sharing for easier side-by-side comparisons — for example, Preferred plans are copay plans in all metallic levels
- Included cost-sharing details for key benefits, such as plan deductible and primary care office visit, to make it easier to compare changes from year to year

Our plans are arranged according to the four ACA metallic levels — Platinum, Gold, Silver, and Bronze. Use the guide below to help you determine which plans best fit your budget and the health care needs of you and your employees.

Here is how the metallic levels compare on coverage and costs:



	Platinum	Gold	Silver	Bronze
Monthly cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost of care	\$	\$\$	\$\$\$	\$\$\$\$
Good option if members ...	Plan to use a lot of health care services	Want to save on monthly premiums while keeping out-of-pocket costs low	Need to balance monthly premiums with out-of-pocket costs	Don't plan to use a lot of health care services

Talk to your broker or Independence account executive or visit healthcare.gov for more ACA information and resources for small employers.





Flexible plan options to meet your unique needs

We offer three plan types to choose from in each metallic level — PPO, Direct POS, and HMO. You decide how much flexibility you want your employees to have when they receive covered services and how much they'll pay out of pocket.

All of our plans provide access to high-quality care from an extensive network of doctors and hospitals, with benefits designed to help your employees lower their out-of-pocket costs.

Go ahead, mix it up


As a small employer, you have the option to offer up to three plans from our Blue Solutions portfolio from the following types:

- **Personal Choice[®] PPO plans** provide the ultimate flexibility. Members can choose any provider, but they pay less by choosing in-network providers and more when they seek care from providers that don't participate in our network. They also enjoy in-network coverage anywhere in the United States through the BlueCard[®] PPO network. Plus, they never need referrals to visit specialists.
- **Keystone Direct POS plans** provide both in and out-of-network coverage, but members must select a participating primary care physician (PCP) to coordinate their care. They only need referrals for certain services, which helps keep costs lower.
- **Keystone Health Plan East HMO (Keystone HMO) plans** require members to select a PCP to coordinate all of their care with network providers. Our innovative tiered network HMO Proactive plans offer your employees full access to the Keystone network at a lower premium.

How our plans compare

	Keystone HMO	Keystone Direct POS	Personal Choice
Access to network of more than 60,000 physicians and specialists	X	X	X
Must select a PCP	X	X	
No referrals needed to visit in-network specialists		X ¹	X
In-network benefits coast-to-coast through BlueCard PPO			X
Away from Home Care [®] program for employees who temporarily reside outside the service area	X	X	
Emergency and urgent care access across the country and around the world through BlueCard PPO and BlueCard Worldwide	X	X	X

1. Members with a Direct POS plan need a referral from their PCP for spinal manipulations, routine X-rays, and physical/occupational therapy. For lab work, members should use the facility recommended by their PCP for the lowest out-of-pocket costs.

A close-up photograph of a man with short dark hair and a light beard, looking off to the side with a thoughtful expression. He is wearing a dark blue t-shirt and a red athletic top. A black smartwatch with a white screen is on his left wrist, and white earbuds are in his ears. The background is a blurred outdoor setting with green foliage and a bright light source, possibly the sun, creating a bokeh effect.

**FLEXIBLE,
INNOVATIVE
PLANS**

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What's new for 2017

Year after year, you can trust Independence to deliver innovative products that help you attract and retain the best employees. We've enhanced our Blue Solutions portfolio for 2017 to offer even more choice and convenience.

Here's a look at what's new:

- **New telemedicine benefit added to all plans.** Members have another convenient, cost-effective option to get care for certain medical needs that are not emergencies. When it's not possible to visit their doctor's office, an urgent care center, or a retail clinic, members can talk with a board-certified doctor via secure web or mobile video or by telephone. See page 11 for more information about the new telemedicine benefit.
- **Cost-saving feature for outpatient surgery added to more plans.** More members have the option to lower their out-of-pocket costs for outpatient surgery based on the location where they receive care. Most Classic plans (coinsurance/deductible) now offer lower cost-sharing when members use an in-network ambulatory surgical center. See page 12 for more information about benefits that offer lower cost-sharing.
- **Enhanced habilitation services benefit.** Habilitation services help children and adults acquire, keep, or improve skills related to communication and activities of daily living. All plans now include separate visit limits for habilitation services to give members greater access to physical/occupational and speech therapy. For complete definitions of habilitation and rehabilitation services, please visit healthcare.gov/glossary. Members can refer to their *Summary of Benefits and Coverage* for more information.

Please note that all new benefits and/or enhancements begin on your renewal or effective date.



Informed choices, increased savings

Choosing an in-network provider

More than 50 percent of doctors and hospitals are in Tier 1 — Preferred to help members with Keystone HMO Proactive plans save on out-of-pocket costs. Members always have access to the full Keystone HMO network. They can visit ibx.com/providerfinder to search for providers by tier.



From buying groceries to watching TV, we want choices that fit our lifestyle. As an employer, you can give employees and their families flexibility for their health care spending with two of our increasingly popular plan options:

- Keystone HMO Proactive plans with a tiered network
- High-deductible PPO plans paired with a spending account

Keystone HMO Proactive plans offer more choice

Our Keystone HMO Proactive tiered network plans give members access to the full Keystone network at a lower premium. All Keystone HMO providers are grouped into one of three tiers based on cost and, in many cases, quality measures. These doctors and hospitals are required to meet the same high quality standards, but some offer their services with lower cost-sharing.

As with any HMO plan, members must select a PCP to refer them to specialists and can always choose providers in any tier. Members save money by choosing providers in Tier 1 — Preferred or Tier 2 — Enhanced and will pay the highest cost by choosing Tier 3 — Standard providers.

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

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

Keystone HMO Proactive plans: Hospital tier placements

With our Keystone HMO Proactive plans, hospitals are placed into one of three tiers. Members pay less when they choose a hospital in Tier 1 — Preferred or Tier 2 — Enhanced. Hospitals in all tiers offer members access to quality care.

Please refer to the list of hospitals by tier and county on the next page. Tier assignments are accurate as of publication. They are reviewed annually and are subject to change. Members can visit ibx.com/proactivehospitals for the most up-to-date list.

Tier 1 — Preferred (\$)

Pennsylvania

Bucks

Aria Health — Bucks County Campus
Doylestown Hospital
Grand View Hospital
Rothman Orthopaedic Specialty Hospital
St. Luke's Hospital — Quakertown Campus

Chester

Brandywine Hospital
Chester County Hospital
Jennersville Regional Hospital
Phoenixville Hospital

Delaware

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

Lehigh

St. Luke's Hospital — Allentown Campus
St. Luke's Hospital — Bethlehem Campus

Montgomery

Abington Memorial Hospital
Albert Einstein Medical Center —
Montgomery Campus
Holy Redeemer Hospital and Medical Center
Lansdale Hospital
Pottstown Memorial Medical Center

Philadelphia

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

New Jersey

Burlington

Deborah Heart & Lung Center
Lourdes Medical Center of Burlington County

Camden

Cooper Hospital University Medical Center

Mercer

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

Salem

Memorial Hospital of Salem County

Warren

Hackettstown Community Hospital

Tier 2 - Enhanced (\$\$)

Pennsylvania

Bucks

Lower Bucks Hospital

Montgomery

Suburban Community Hospital

Philadelphia

Children's Hospital of Philadelphia
Fox Chase Cancer Center
St. Christopher's Hospital for Children
Shriners' Hospital for Children

New Jersey

Camden

Our Lady of Lourdes Medical Center

Gloucester

Inspira Medical Center — Woodbury

Delaware

New Castle

A.I. DuPont Hospital for Children

Tier 3 – Standard (\$\$\$)

Pennsylvania

Berks

Reading Hospital and Medical Center
St. Joseph Medical Center

Bucks

St. Mary Medical Center

Chester

Main Line Health — Paoli Hospital

Delaware

Main Line Health — Riddle Hospital

Lancaster

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

Lehigh

Lehigh Valley Hospital
Lehigh Valley Hospital — Muhlenberg
Sacred Heart Hospital

Montgomery

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

Northampton

Easton Hospital

Philadelphia

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

New Jersey

Burlington

Virtua Memorial Hospital
Virtua Marlton Hospital

Camden

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

Hunterdon

Hunterdon Medical Center

Mercer

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

Salem

Inspira Medical Center — Elmer

Warren

Warren Hospital

Delaware

New Castle

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

Maryland

Cecil

Union Hospital

Hospitals with the Blue Distinction® Center+ recognition

To save money on specialty care, members with Keystone HMO Proactive plans have the option to choose a Blue Distinction Center+ in Tier 1 — Preferred.

Hospitals designated as a Blue Distinction Center+ are recognized nationally for their expertise and efficiency in delivering specialty care, such as spine surgery or knee and hip replacements. When members choose a Blue Distinction Center+ hospital, they can be confident it:

- Has extensive experience in one or more categories of specialty care
- Meets rigorous quality standards
- Consistently demonstrates positive care results

Please refer to the list of Tier 1 — Preferred Blue Distinction Center+ hospitals below. Tier assignments are accurate as of publication. They are reviewed annually and are subject to change. Members can visit ibx.com/providerfinder to search for a hospital with the Blue Distinction Center+ recognition by tier.

Blue Distinction Center+ hospitals (2017 Tier 1 — Preferred)

Cardiac Care

Abington Memorial Hospital
Crozer-Chester Medical Center
Doylestown Hospital
Jeanes Hospital
St. Luke's Hospital — Bethlehem Campus

Spine Surgery

Abington Memorial Hospital
Holy Redeemer Hospital and Medical Center

Knee and Hip Replacement

Chester County Hospital
Doylestown Hospital
Grand View Hospital
Holy Redeemer Hospital and Medical Center
Jeanes Hospital
Pottstown Memorial Medical Center

Maternity Care

Abington Memorial Hospital
Albert Einstein Medical Center — Montgomery Campus
Chester County Hospital
Doylestown Hospital
Grand View Hospital
Phoenixville Hospital
St. Luke's Hospital — Allentown Campus
St. Luke's Hospital — Bethlehem Campus

Offer a spending account at no cost to you or your employees

Pairing a high-deductible health plan (HDHP) with a spending account is a win-win for you and your employees. There are no monthly administrative fees, so you can offer a top-of-the-line spending account product at no cost¹ and your employees can access our Personal Choice[®] PPO network at lower premiums with more control over planning and paying for eligible health care expenses.

Choose from two fully integrated spending account options — either a Health Savings Account (HSA) or a Health Reimbursement Account (HRA). Both offer you:

- Easy, integrated account maintenance and online reporting at ibxpress.com
- Convenient funding methods
- Reduced federal, state, and FICA tax liability

The BlueSaver[®] HSA Solution through Bank of America[™]

HSAs are employee-owned personal savings accounts and can be funded by an employer, employee, or both. Our BlueSaver HSA Solution through Bank of America² offers market competitive features such as:

- Full integration with the HDHP to provide a seamless member experience
- A Visa[®] spending account card with free cards for tax dependents age 16 and older
- Convenient online account management
- Quick access to claims, account balance, and payment information, anytime and anywhere through the IBX mobile app

The primary BlueSaver HSA Solution account is an FDIC-insured, interest-bearing account that, when balances exceed \$500, can be linked to a wide range of industry-leading investment options for no additional charge.

Through ibxpress.com, the BlueSaver HSA offers claims and payment integration alongside the ability to view cost and quality information — making it easier for your employees to maximize the value of their HSA.

The BlueSaver[®] HRA

HRAs are personal accounts funded solely by tax-deductible employer contributions. Our BlueSaver HRA can be a good fit for your overall health care coverage strategy — whether the goal is to reduce premiums, ease the financial impact of an HDHP, or to encourage employees to be more savvy health care consumers.

Our HRA includes features such as:

- Full integration with the medical plan to enhance and simplify the member experience
- No pre-funding requirement, so you only pay for HRA expenses after they occur
- Easy enrollment based upon medical plan election, plus online account maintenance and reporting

You can also choose to offer:

- Direct pay to providers or reimbursement
- A no-cost prescription-only debit card to make it easier for employees to pay at the pharmacy
- Automated medical and pharmacy claim payments from the HRA



Online and mobile tools empower spending decisions

Members can manage their Bank of America HSA quickly and conveniently at ibxpress.com and with the free IBX mobile app. They can also access tools to research and compare health care costs to help them budget spending account funds.

1. In certain circumstances, some banking fees may apply.

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

How our spending account solutions compare

	HSA ^s	HRA ^s
Can the account be paired with any type of plan?	No. HSAs must be paired with an HSA-qualified HDHP.	No. Independence HRAs must be paired with an Independence HRA HDHP.
What type of deductible does the plan have?	Aggregate deductible: For family coverage, the entire family deductible must be met before copayments or coinsurance is applied for an individual family member.	Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
Who funds the account? ¹	Employee and/or employer	Employer only
Who owns the account?	Employee	Employer
What tax savings are available? ²	Employee contributions are tax deductible, and withdrawals are tax-free if used to pay for qualified medical expenses. Interest and earnings are also tax-free. Employer contributions are excluded from gross income.	Employer contributions are tax deductible to the employer and are generally excluded from an employee's gross income.
What are the maximum contributions?	The IRS sets annual limits for total contributions and an over-age-55 catch-up provision. Visit irs.gov for annual maximum contribution limits.	Independence limits employer contributions to the amount indicated by the selected plan.
What expenses are reimbursable? ³	Qualified medical expenses are defined by the IRS tax code.	Independence limits reimbursements to plan-related deductible expenses that are also qualified medical expenses as defined by IRS tax code.
Do funds roll over?	Yes. Funds and any interest or investment earnings roll over to use for qualified medical expenses in subsequent years.	No. HRA funds offered with these Independence plans do not roll over to the next year.
Is the account portable?	Yes. The account moves with the employee through plan or employer changes and retirement.	No. HRA funds are not portable.
Is automatic enrollment offered?	Optional. Employers may elect to automatically enroll employees in an HSA.	Mandatory. All members who elect the HDHP will have an HRA automatically opened.

1. When medical plans include a spending account contribution, ACA rules require employers to contribute the amount described in the plan. Please refer to the underwriting guidelines on page 21 for more information about spending account funding requirements.

2. Independence does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of an HSA or HRA.

3. Refer to IRS Publication 502 for a complete list of qualified medical and dental expenses. If account funds are used for non-qualified medical expenses, they are subject to the current tax rate and may be subject to a 20 percent penalty.

Convenient, cost-effective new option for primary care

We've added a new telemedicine benefit to all Blue Solutions plans to give members another convenient, cost-effective option to get care for certain medical needs that are not emergencies.

When it's not possible to visit their own doctor's office, an urgent care center, or a retail clinic, members can now use telemedicine from MDLIVE® to talk with a board-certified doctor wherever they are — 24/7, 365 days a year.

Members have three choices to access the nationwide network of MDLIVE doctors:

- **By web:** Log in at mdlive.com/ibx, search for a doctor, and get connected automatically via web video.
- **By mobile app:** Download the MDLIVE app on a smartphone, log in and search for a doctor, and get connected automatically via mobile video.
- **By telephone:** Call a toll-free number, talk to a care coordinator, and get connected to a doctor over the phone.

During a telemedicine visit, these doctors can typically diagnose, provide treatment plans, and prescribe medications for conditions that are not emergencies such as:

- Colds and flu
- Allergies
- Ear and sinus infections
- Pink eye
- Rashes

The cost for a telemedicine visit is never more than \$40, which is less than the cost-share for an emergency room visit. Refer to the benefits at a glance beginning on page 22 for telemedicine cost-sharing by plan.



Wait less, save more

A telemedicine visit helps members wait less and spend less out of pocket than visiting the ER for something that's not a true emergency.



Benefits designed to make health care more affordable

Many of our plans also offer members the option to save money based on the location where they receive care for outpatient surgery, preventive colonoscopies, and lab work. Refer to the benefits at a glance beginning on page 22 for specific cost-sharing amounts.

More plans now offer lower cost-sharing for outpatient surgery

This year we added a cost-saving feature for outpatient surgery to most of our Classic plans (coinsurance/deductible).¹ Members with Classic plans and our Preferred plans (copay) who use an in-network ambulatory surgical center (ASC) for outpatient surgery will pay less out of pocket. Some common outpatient surgical procedures performed at ASCs include tonsil removal, hernia repairs, and cataract surgeries.

\$0 preventive colonoscopy

All plans include Preventive Plus benefit which offers \$0 for a preventive colonoscopy to screen for colorectal cancer. The American Cancer Society recommends preventive colorectal cancer screenings for adults age 50 and older to reduce the risk of developing this disease.

To take advantage of this cost-saving feature, members must choose Preventive Plus providers and GI professionals (gastroenterologists or colon and rectal surgeons) that are not hospital-based to perform the preventive colonoscopy. If they choose other in-network providers and professionals to receive a preventive colonoscopy, their out-of-pocket cost may be up to \$750.²

\$0 outpatient laboratory services

When members need blood work or other covered laboratory services, certain plans offer \$0 cost-sharing when employees use a freestanding lab in our network. If they choose to use a hospital-based lab, they will pay their plan's designated cost-sharing amount for this covered service.

For members enrolled in an HMO or Direct POS plan, in-network lab services are always covered at 100 percent when they use their PCP's designated lab site. Members should refer to their ID card for the lab site indicator or contact their PCP for this information.

Members should consult their doctor to determine the most appropriate settings to receive covered services.

1. The HMO Silver Classic \$2750/\$30/\$60/50% and DPOS Silver Classic \$2750/\$30/\$60/50% plans do not include the cost-saving feature for outpatient surgery. For these plans, 50 percent coinsurance after deductible applies to outpatient surgical procedures regardless where the services are provided.

2. The Preventive Plus benefit does not apply to members who reside or travel outside our service area and access care through the BlueCard® Program or the Away From Home Care® Guest Membership Program. For these members, a preventive colonoscopy to screen for colorectal cancer will be covered at no cost when they use an in-network provider. However, if they choose to visit an out-of-network provider, cost-sharing for their plan's out-of-network benefit applies, and their out-of-pocket costs may be significantly higher.

Comprehensive coverage for total health



Prescription drug coverage

All Blue Solutions plans include prescription drug benefits, administered by FutureScripts[®], to give members access to covered medications and convenient online tools and resources, including pharmacy and drug formulary search, price comparison, and mail order.

Access to an extensive pharmacy network

The FutureScripts network includes more than 68,000 retail pharmacies nationwide. Members can download the IBX mobile app to their smartphone to find a participating pharmacy anytime and anywhere. If members choose to use non-participating pharmacies, out-of-network benefits will apply.

Preferred Pharmacy network offers additional premium savings

Our Silver and Bronze plans and our Keystone HMO Proactive plans use the FutureScripts Preferred Pharmacy network to offer additional premium savings on prescription drugs. Members can choose from more than 50,000 retail pharmacies, including CVS, Walmart, Target, and many independent pharmacies. Please note that the Preferred Pharmacy network does not include Rite Aid and Walgreens pharmacies.*

Convenience and savings with mail order

For members who have been prescribed medications they take regularly, mail order is a convenient way to have medications delivered at home at no extra charge. With certain plans, members may be able to use mail order to get a 90-day supply of their medications for the cost of a 60-day supply.

Mandatory Generic Program

Our Silver and Bronze plans and our Keystone HMO Proactive plans include a Mandatory Generic program to help assure members get prescription drugs at the lowest possible cost. With our Keystone HMO Proactive plans, members can pay just \$4 for certain generic drugs at participating retail pharmacies.

Generic drugs are as safe and effective as brand-name drugs. If members choose to purchase a brand-name drug that's available in a generic form, their cost is higher. They will pay the difference between the discounted price of the brand-name drug and the generic drug, plus whatever cost-sharing amount (copayment, coinsurance, or deductible) their health plan requires for brand-name drugs.

* With plans that use the Preferred Pharmacy network, if members fill a prescription at a non-participating pharmacy like Rite Aid, for example, it's considered out of network, and they must pay the total cost upfront. Although they may be able to get reimbursed for part of this cost, they will need to submit a paper claim and reimbursement will be at a lower rate.

Covenient online tools and resources

Members can log in at ibxpress.com to:

- Find a network pharmacy
- Search the drug formulary
- Price specific drugs and compare savings
- Review claims
- Submit a mail-order request and track delivery



Convenient, patient-focused specialty pharmacy services

Specialty drugs are used to treat rare, complex, or chronic diseases — such as rheumatoid arthritis, hepatitis C, and certain cancers — and typically require special handling, administration, and comprehensive patient monitoring.

Our Blue Solutions plans offer members who need specialty drugs the option to fill their prescription at a participating retail pharmacy or through BriovaRx[®], a leading specialty pharmacy and an expert in specialty medication management.

Advantages of BriovaRx

When they use BriovaRx, members can take advantage of a 24/7, hands-on approach to patient support from specialty pharmacists and registered nurses familiar with treating patients with their conditions. These pharmacists and nurses can advise the patient's care team to help him or her achieve the best health outcomes through:

- **24/7 video consultations.** With BriovaLive, pharmacists are available anytime and anywhere via secure web video to answer questions, provide medication self-administration training, and help members follow their personalized treatment plan.
- **Ongoing patient education and support.** Members receive educational materials and BriovaRx staff communicate with a member's other health care providers regarding follow-up, when appropriate, in order to help them manage their condition more effectively.
- **Confidential, convenient order and delivery.** Medication can be ordered by phone and delivered anywhere in the United States with no shipping charges.
- **Refill reminders.** Members receive a phone call before their medication refill date to schedule their next delivery to help them adhere to their treatment without disruption.

Additional cost savings through BriovaRx

Because BriovaRx provides better discounts on most specialty drugs compared to pricing at retail pharmacies, members will usually pay a lower coinsurance amount. And BriovaRx's discounts on specialty drugs are also applicable for members with an HDHP prior to the deductible being met. This means members with an HDHP can start saving as soon as they use their specialty pharmacy benefit, without waiting to meet their plan's deductible.

Members can use the prescription drug lookup tool on ibxpress.com to find out which drugs are specialty drugs, as well as price specific drugs. A list of specialty drugs and a drug lookup tool is also available in the Member Resources section at ibx.com.

Adult and pediatric vision coverage

Vision care is another key aspect to keeping members healthier and reducing your overall health care spending. Regular eye exams do more than just protect a person's sight — they can help detect more serious medical conditions like diabetes, hypertension, and heart disease.

Adult vision benefits

All Blue Solutions plans include enhanced adult vision benefits, administered by Davis Vision®, an independent company. Members can maximize their coverage by using Visionworks locations for their vision care needs.

Adult vision benefits cover one in-network eye exam in full per calendar year for enrolled members age 19 and older at no cost, at participating providers. Adults receive up to a \$100 allowance for eyeglasses or contact lenses at Davis Vision providers, or up to a \$150 allowance for eyeglasses at Visionworks locations.

Pediatric vision benefits

Pediatric vision benefits are covered as an essential health benefit in all Blue Solutions plans for enrolled members up to age 19. Pediatric vision benefits cover one in-network eye exam and Davis Collection eyeglasses or contact lenses, in full, per calendar year at participating Davis Vision providers.

Members have choice and convenience for vision care

The Davis Vision network contains more than 50,000 points of access nationwide, including ophthalmologists, and optometrists, as well as regional and national retailers, including Visionworks retail centers. There are multiple Visionworks locations across the Philadelphia five-county service area and contiguous counties.

With their vision benefits, members can take advantage of:

- **No frame limitations.** They have the freedom to use their vision allowance at any in-network location, including Visionworks, toward any frame on the market.
- **Fully covered designer brands.** Frames from the Davis Vision Exclusive Frame Collection, featuring hundreds of stylish, contemporary frames, are covered in full.
- **One-year warranty.** Every frame or lens purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.
- **Replacement contact lenses.** Davis Vision Contacts will ship replacement contact lenses or solution anywhere* on the same day, with guaranteed low prices.
- **Vision correction discounts.** Laser Vision Correction gives members up to 25 percent off the participating provider's usual and customary fees, or five percent off any participating provider's advertised specials on laser vision correction services.



Choosing a Davis Vision provider

Members can log in at ibxpress.com, go to the **Benefits** tab, and click **Access Vision Benefits** to:

- Find a participating Davis Vision provider
 - View the Davis Vision Collection of frames
 - Get vision care information and tips for buying eyeglasses and contact lenses
-

* Shipping is available in the United States, including Hawaii and Alaska. Shipping outside the United States, including Puerto Rico, is not available at this time.

Independence vision benefits are administered by Davis Vision, an independent company. An affiliate of Independence Blue Cross has a financial interest in Visionworks.



Make sure the whole family is covered

See page 55 for adult dental coverage options

Eliminate any gaps in your employees' health care coverage by adding dental benefits for adults age 19 and older to complement your Independence medical benefits. Choose from four adult dental options that offer high-quality, cost-effective coverage from an extensive nationwide provider network for services including:

- Exams
 - Cleaning
 - X-rays
 - Fillings
-

Pediatric dental coverage

Pediatric dental benefits for enrolled members up to age 19 are one of the ten essential health benefits covered in all Blue Solutions plans.

Administered by United Concordia Dental, an independent company, coverage includes \$0 in-network preventive exams and diagnostic treatment to help young members maintain good oral health.

- **Pediatric dental PPO.** All PPO health plans include Personal Choice[®] PPO pediatric dental coverage. In-network dental exams and cleanings every six months are covered in full. Members can choose dental providers from the nationwide Concordia Advantage network.
- **Pediatric DHMO.** All HMO and DPOS plans include Keystone Health Plan East pediatric dental coverage. Members will need to select a Primary Dental Office from the Keystone DHMO network. For specialist services, members must get a referral from their Primary Dental Office. In-network preventive and diagnostic services, like cleanings and exams, are covered in full once every six months.

Pediatric dental benefits are in-network only and include basic and major services, in addition to medically necessary orthodontia. All coinsurance, deductibles, and copayments for pediatric dental services will contribute toward the medical out-of-pocket maximum.

Building a healthier workforce

As an employer, you have a unique opportunity to motivate your employees and their families to take small steps that can lead to big changes in their physical and emotional well-being.

We help you promote wellness, with the goal of reducing your overall health care spending, by making innovative tools and personal support available to members at no cost with all Blue Solutions plans:

- **Interactive online and mobile tools.** Convenient tools and resources help members assess their health, keep track of their medical history, and achieve personal wellness goals.
- **One-on-one interaction with a registered nurse Health Coach.** Health Coaches are available by phone or email to answer general questions and help members manage complex or chronic conditions.
- **Reimbursements reward healthy behaviors.** Members can get reimbursed up to \$150 for fitness, weight management, and tobacco cessation programs.
- **Money-saving discounts.** We offer savings on a variety of health and wellness products and services, plus deals on entertainment and shopping.

We make it easy for members to engage when, where, and how it is convenient for them — they can access all of these capabilities 24/7 at ibxpress.com.

Convenient, integrated tools drive healthy actions

There are three key tools members can use to see a snapshot of their health, set wellness goals, and track their progress to get results:

- **Wellness Profile** — By answering a series of questions, this assessment provides members with a health score and a personalized action plan for improvement.
- **Personal Health Record** — Members can track their medical history, such as doctor visits and prescription drugs, in one secure location.
- **Online Coaching** — Using information from the Wellness Profile and Personal Health Record, online coaching helps members choose activities that fit their health needs and lifestyle and track their progress to stay motivated.

Up-to-the-minute health information, including articles and videos, and wellness guidelines are also available at ibxpress to help members make more informed health care decisions.

What employee wellness means for your bottom line

A healthier workforce can offer you significant rewards such as:

- Cost savings due to better overall employee health
- Greater productivity and reduced absenteeism
- Higher employee morale



Source: "At a Glance 2015: Workplace Health Promotion," Centers for Disease Control, cdc.gov/workplacehealthpromotion



Keeping members connected on the go

With our free IBX mobile app, members can log in to ibxpress.com using their existing [ibxpress](http://ibxpress.com) username and password to:

- Find doctors, hospitals, pharmacies, and urgent care centers
 - Fax or email providers a copy of their ID card
 - Access information saved in their Personal Health Record
 - Use the Doctor's Visit Assistant to upload photos of symptoms and take notes
-

Registered nurse Health Coaches provide personal support

When members need answers to their health questions or help managing a complex or chronic condition, they can contact one of our registered nurse Health Coaches either by phone or by email by logging in at ibxpress.com.

Independence Health Coaches have a 360-view of a members' health, including claim history, pharmacy utilization, and information from their online Wellness Profile, so they can provide personal support to help improve health outcomes.

Health Coaches are a trusted point of contact for answers to general health-related questions and concerns, wellness and preventive health information, and for understanding options for care. They can also help members who have a complex or chronic condition better manage their health, including assistance with medication adherence, following a provider's treatment plan, and connecting to community resources.

Wellness and member perks offer extra motivation

We know it can be challenging for people to make wellness a priority. That's why we reward members for staying motivated with reimbursements and money-saving discounts.

Members can get reimbursed up to \$150 for:

- Fitness center memberships
- Participation in an approved weight management program
- Participation in an approved tobacco cessation program

They can also keep more money in their wallets with a variety of discounts:

- **Blue365[®]**: Savings on fitness gear, gym memberships, weight management/healthy eating programs, and healthy travel experiences.
- **Blue InsiderSM**: Deals on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other national and regional attractions.
- **GlobalFit[®]**: Membership discounts at thousands of gyms in the GlobalFit network, plus home exercise equipment from leading manufacturers of personal fitness products.
- **IBX Good Living**: Coupons for healthy food and personal care products, recipes, and health articles are available through the IBX Good Living website and smartphone app.

Reimbursements and discounts are subject to change. Information about reimbursement eligibility requirements and required documentation for reimbursements is available in the *Health & Wellness* section at ibxpress.com.

GlobalFit[®] is an independent company offering gym and fitness product discounts to Independence Blue Cross members.

Making health insurance easier to manage

Time is money, and we know you can't afford to waste any. Our secure employer website at ibxpress.com is your one-stop resource for reliable, time-saving tools you need to administer your employee health benefits efficiently.

Quick, accurate online employer administration

Log in at ibxpress.com anytime and anywhere to:

Manage your account

- Add or delete an employee
- Change employee or dependent information
- View an employee's coverage history
- View account transaction history

View and pay bills electronically

- View current and prior invoices
- Pay invoices through eBill
- Get billing reminders
- Review billing and invoice payment history

Keeping members connected with web and mobile tools

We use various touch points to provide members with the right information at the right time to help them manage their benefits and make smarter health care decisions.

ibxpress.com — Our secure member website

Members can log in to their secure account at ibxpress.com to:

- Find a doctor or hospital
- View claims and benefits information
- Use the Ask IBX virtual assistant to get questions answered
- Request new member ID cards and print temporary ones
- Review their medical history in one secure location
- Estimate care costs, budget based on their plan's cost-sharing, and track spending
- Use tools to assess their health, set personal wellness goals, and stay on track

Save a stamp with eBill

We offer you the convenient, money-saving option to pay by eBill at ibxpress.com. For an on-demand demo of eBill and other account management features, go to ibx.com, click the *Employers & Groups* tab, scroll to *Employer Resources*, and choose *Employer and Member Portal*.



An easier way to get started

Your employees can get help to use their coverage effectively and access self-service tools at ibx.com/start.

Timely, targeted member communications

We regularly engage members through timely, relevant communications to help them understand their benefits and how to use them effectively.



IBX mobile app — Self-service tools on the go

Our free IBX mobile app lets members use their smartphones to access many of the same convenient self-service features that are available at [ibxpress](https://ibxpress.com). When they're on the go, the app makes it fast and easy to:

- Find a doctor or hospital
- View benefits and claim information
- Get a digital copy of a member ID card
- View open referrals
- View their Personal Health Record
- Estimate the price of prescription drugs
- Contact customer service

IBX Wire — An important message is waiting

IBX Wire is a fast, easy way for members to use their smartphone to help them stay up to date, save money, and maximize their benefits. When members sign up for IBX Wire, they receive secure, personalized text messages, including:

- Coverage information and updates
- Money-saving tips and discounts
- Important personal health reminders, like when it's time to get a flu shot

Every text provides one-click access to resources applicable to a member's plan benefits, and previous messages can be saved for quick reference.

Helping members make the most of their coverage

From the very first day their coverage begins, members can start using our web and mobile tools and resources to help them save time and make the most of their benefits.

When members receive their member ID card in the mail, they are directed to ibx.com/start to register or log in to [ibxpress](https://ibxpress.com). They can watch a short video to learn about available tools and resources to manage their benefits, estimate care costs, track claims and spending, and make informed decisions about their health.

This website also walks them through some of the most important ways they can start to make the most of their coverage including:

- How to find in-network doctors
- What services their plan covers and their options for care
- How to use their prescription drug benefits
- How to sign up for IBX Wire text messages

A hiker with a large orange backpack is sitting on a rocky ledge, looking out over a vast, dense green forest. The hiker is wearing a pink shirt and has their hair tied back. The scene is captured from behind the hiker, emphasizing the expansive view of the forest.

**2017
BENEFITS
AT A GLANCE**

2017 BENEFITS AT A GLANCE

PREFERRED: Copay plans

CLASSIC: Coinsurance/Deductible plans

SECURE: Copay/Deductible plans

ESSENTIAL: High-deductible health plans
with integrated pharmacy deductible
(Note: These are not HSA or HRA plans.)

Underwriting guidelines and benefits at a glance

We're pleased to offer you more than 40 health plans to choose from in our Blue Solutions portfolio. There are a few important things you need to know before you make your decision:



Underwriting information

Maximum product offerings¹

- Small employers are allowed up to three packaged plans which include medical, prescription drug, vision (adult and pediatric) and pediatric dental benefits.
- If a group is offering a PPO plan for out-of-area enrollment, the PPO benefit level must be equivalent to the benefit plans offered to the in-area employees. Group offerings may not exceed three plans, including a plan for out-of-area PPO coverage.

Participation requirements¹

- Small employers must have 70 percent participation, which includes all product lines. Independence and affiliates must be the sole carrier.
- Independence will count waivers in the eligibility calculations.
- Credit is given for those eligible subscribers who opt out because they have coverage through a spouse, as an eligible dependent up to age to 26, or are enrolled in Medicare or Medicaid. Only these types of opt-outs, or waivers, are excluded from the calculation to determine if a group meets the participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for retired employees. The group must consist of a minimum of 70 percent active employees.

Employer contribution requirement¹

- For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium.

Off-anniversary benefit change

- Upgrades and downgrades will only be allowed on anniversary.

High-deductible health plan funding limitation

- Per ACA regulations, employers should not fund more or less than the federally mandated standards for funding employee deductibles.
- The high-deductible plan design selected will specify the funding requirement. Please refer to each plan design for specific funding requirements.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

Spending account funding requirements

When plans include a spending account contribution, ACA rules require employers to contribute the amount described in the plan. Our plan descriptions include the contribution amount.

Here are two examples: Personal Choice PPO Platinum HSA-50 \$1,600/100%, requires the employer to contribute 50% of the plan deductible into a participating employee's HSA (i.e., \$800/\$1,600). Personal Choice PPO Gold HRA-25 \$2,900/100% requires the employer to offer an HRA that covers 25% of the plan deductible (i.e. \$725/\$1,450).

Providing a secondary/supplemental product to fund the annual employee/family deductible (including the employer covering the cost of the deductible) is not permitted.

¹. As permitted by the state and federal laws and regulations.



Platinum health plans

Personal Choice PPO Platinum Preferred² \$10/\$20/\$150

Benefits per contract year¹

Deductible, individual/family

You pay in-network

You pay out-of-network⁷

Coinsurance

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

Preventive services⁸

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine[†]

Urgent care

Spinal manipulations (20 visits per year)

Physical/occupational therapy (30 visits per year)

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine radiology/diagnostic

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables

Durable medical equipment/prosthetics

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

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

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

Retail generic¹⁸

Retail preferred brand¹⁸

Retail non-preferred drug¹⁸

Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

Adult routine eye exam²⁵

Adult eyewear (glasses or contacts)²⁷

Pediatric dental deductible (per individual)²⁹

Pediatric exams and cleanings^{29, 30}

Pediatric basic, major, and orthodontia services^{29, 31}

\$0	\$2,000/\$4,000
0%	50%
\$2,500/\$5,000 coinsurance and copays	\$5,000/\$10,000 coinsurance and ded

\$0	50% no ded
\$0	N/A
\$750	50% no ded

\$10	50% after ded
\$20	50% after ded
\$40	Not covered
\$70	50% after ded
\$20 ⁹	50% after ded ⁹
\$20 ⁹	50% after ded ⁹

\$150 per day ¹¹	50% after ded
\$0	50% after ded
\$125	\$125 no ded
\$70	50% after ded
\$175	50% after ded
\$50	50% after ded
30%	50% after ded
\$20	50% after ded
\$150 per day ¹¹	50% after ded

\$35	50% after ded
\$155	50% after ded

\$0	50% after ded
50%	50% after ded

\$0	\$0
\$7	Member pays 70% of retail
\$40	Member pays 70% of retail
\$70	Member pays 70% of retail
50% up to \$1,000 max per prescription	Not covered

\$0	Not covered
\$0	Not covered
Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Not covered
\$50	Not covered
\$0 no ded	Not covered
50% after ded	Not covered

Personal Choice PPO Platinum Preferred ² \$20/\$40/\$150		Keystone DPOS Platinum Preferred ² \$10/\$20/\$100		Keystone DPOS Platinum Preferred ² \$20/\$40/\$150	
You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁵	You pay in-network	You pay out-of-network ⁵
\$0	\$2,000/\$4,000	\$0	\$2,000/\$4,000	\$0	\$2,000/\$4,000
0%	50%	0%	50%	0%	50%
\$2,000/\$4,000 coinsurance and copays	\$5,000/\$10,000 coinsurance and ded	\$3,000/\$6,000 coinsurance and copays	\$5,000/\$10,000 coinsurance and ded	\$4,000/\$8,000 coinsurance and copays	\$5,000/\$10,000 coinsurance and ded
\$0	50% no ded	\$0	50% no ded	\$0	50% no ded
\$0	N/A	\$0	N/A	\$0	N/A
\$750	50% no ded	\$750	50% no ded	\$750	50% no ded
\$20	50% after ded	\$10	50% after ded	\$20	50% after ded
\$40	50% after ded	\$20	50% after ded	\$40	50% after ded
\$40	Not covered	\$40	Not covered	\$40	Not covered
\$75	50% after ded	\$75	50% after ded	\$75	50% after ded
\$40 ⁹	50% after ded ⁹	\$20 ¹⁰	50% after ded	\$40 ¹⁰	50% after ded
\$40 ⁹	50% after ded ⁹	\$20 ¹⁰	50% after ded	\$40 ¹⁰	50% after ded
\$150 per day ¹¹	50% after ded	\$100 per day ¹¹	50% after ded	\$150 per day ¹¹	50% after ded
\$0	50% after ded	\$0	50% after ded	\$0	50% after ded
\$125	\$125 no ded	\$125	\$125 no ded	\$125	\$125 no ded
\$70	50% after ded	\$20 ¹⁰	50% after ded	\$30 ¹⁰	50% after ded
\$175	50% after ded	\$40	50% after ded	\$60	50% after ded
\$75	50% after ded	\$50	50% after ded	\$75	50% after ded
30%	50% after ded	50%	50% after ded	50%	50% after ded
\$40	50% after ded	\$20	50% after ded	\$40	50% after ded
\$150 per day ¹¹	50% after ded	\$100 per day ¹¹	50% after ded	\$150 per day ¹¹	50% after ded
\$45	50% after ded	\$25	50% after ded	\$45	50% after ded
\$185	50% after ded	\$125	50% after ded	\$185	50% after ded
\$0	50% after ded	\$0	50% after ded	\$0	50% after ded
50%	50% after ded	\$0	50% after ded	\$0	50% after ded
\$0	\$0	\$0	\$0	\$0	\$0
\$7	Member pays 70% of retail	\$7	Member pays 70% of retail	\$7	Member pays 70% of retail
\$45	Member pays 70% of retail	\$40	Member pays 70% of retail	\$45	Member pays 70% of retail
\$75	Member pays 70% of retail	\$70	Member pays 70% of retail	\$75	Member pays 70% of retail
50% up to \$1,000 max per prescription	Not covered	50% up to \$1,000 max per prescription	Not covered	50% up to \$1,000 max per prescription	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered
Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Not covered	Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Not covered	Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Not covered
\$50	Not covered	\$0	Not covered	\$0	Not covered
\$0 no ded	Not covered	\$0	Not covered	\$0	Not covered
50% after ded	Not covered	Copay varies	Not covered	Copay varies	Not covered

Footnotes begin on page 53 | ded = Deductible



Platinum health plans (cont.)

Keystone HMO Platinum Preferred³ \$10/\$20/\$100

Keystone HMO Platinum Preferred³ \$20/\$40/\$150

Benefits per contract year¹

You pay in-network⁶

You pay in-network⁶

Deductible, individual/family

\$0

\$0

Coinsurance

0%

0%

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

\$3,000/\$6,000
coinsurance and copays

\$4,000/\$8,000
coinsurance and copays

Preventive services⁸

Preventive care for adults and children

\$0

\$0

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

\$0

\$0

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750

\$750

Physician services

Primary care office visit/retail clinic

\$10

\$20

Specialist office visit

\$20

\$40

Telemedicine[†]

\$40

\$40

Urgent care

\$75

\$75

Spinal manipulations (20 visits per year)

\$20

\$40

Physical/occupational therapy (30 visits per year)

\$20

\$40

Hospital/other medical services

Inpatient hospital services (includes maternity)

\$100 per day¹¹

\$150 per day¹¹

Inpatient professional services (includes maternity)

\$0

\$0

Emergency room (not waived if admitted)

\$125

\$125

Routine radiology/diagnostic

\$20

\$30

MRI/MRA, CT/CTA scan, PET scan

\$40

\$60

Biotech/specialty injectables

\$50

\$75

Durable medical equipment/prosthetics

50%

50%

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

\$20

\$40

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

\$100 per day¹¹

\$150 per day¹¹

Outpatient surgery

Ambulatory surgical facility

\$25

\$45

Hospital-based

\$125

\$185

Outpatient lab/pathology

Freestanding

\$0

\$0

Hospital-based

\$0

\$0

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

\$0

\$0

Retail generic¹⁸

\$7

\$7

Retail preferred brand¹⁸

\$40

\$45

Retail non-preferred drug¹⁸

\$70

\$75

Specialty drug

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

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

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

\$0

\$0

Adult routine eye exam²⁵

\$0

\$0

Adult eyewear (glasses or contacts)²⁷

Allowance up to \$100 for frames or
contact lenses; \$150 frame allowance
at Visionworks stores

Allowance up to \$100 for frames or
contact lenses; \$150 frame allowance
at Visionworks stores

Pediatric dental deductible (per individual)²⁹

\$0

\$0

Pediatric exams and cleanings^{29, 30}

\$0

\$0

Pediatric basic, major, and orthodontia services^{29, 31}

Copay varies

Copay varies

Personal Choice PPO Platinum HSA - 50 ⁴ \$1,600/100%	
You pay in-network	You pay out-of-network ⁷
\$1,600/\$3,200	\$10,000/\$20,000
0%	50%
\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	Not covered
\$0 after ded	50% after ded
\$0 after ded ⁹	50% after ded ⁹
\$0 after ded ⁹	50% after ded ⁹
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	\$0 after in-network ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
Integrated	Integrated
\$7 after ded	50% after ded
\$50 after ded	50% after ded
\$100 after ded	50% after ded
50% up to \$1,000 max per prescription after ded	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Integrated	Not covered
\$0 no ded	Not covered
\$0 after ded	Not covered

Personal Choice PPO Platinum HRA - 50 ² \$1,850/100%	
You pay in-network	You pay out-of-network ⁷
\$1,850/\$3,700	\$10,000/\$20,000
0%	50%
\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	Not covered
\$0 after ded	50% after ded
\$0 after ded ⁹	50% after ded ⁹
\$0 after ded ⁹	50% after ded ⁹
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	\$0 after in-network ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
Integrated	Integrated
\$7 after ded	50% after ded
\$50 after ded	50% after ded
\$100 after ded	50% after ded
50% up to \$1,000 max per prescription after ded	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Integrated	Not covered
\$0 no ded	Not covered
\$0 after ded	Not covered

Footnotes begin on page 53 | ded = Deductible



Gold health plans

Personal Choice PPO Gold Preferred² \$35/\$70/\$600

Benefits per contract year¹

Deductible, individual/family

\$0

\$6,000/\$12,000

Coinsurance

0%

50%

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

\$6,850/\$13,700
coinsurance and copays

\$18,000/\$36,000
coinsurance and ded

Preventive services⁸

Preventive care for adults and children

\$0

50% no ded

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

\$0

N/A

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750

50% no ded

Physician services

Primary care office visit/retail clinic

\$35

50% after ded

Specialist office visit

\$70

50% after ded

Telemedicine[†]

\$40

Not covered

Urgent care

\$125

50% after ded

Spinal manipulations (20 visits per year)

\$70⁹

50% after ded⁹

Physical/occupational therapy (30 visits per year)

\$70⁹

50% after ded⁹

Hospital/other medical services

Inpatient hospital services (includes maternity)

\$600 per day¹¹

50% after ded

Inpatient professional services (includes maternity)

\$0

50% after ded

Emergency room (not waived if admitted)

\$450

\$450 no ded

Routine radiology/diagnostic

\$70

50% after ded

MRI/MRA, CT/CTA scan, PET scan

\$175

50% after ded

Biotech/specialty injectables

\$125

50% after ded

Durable medical equipment/prosthetics

50%

50% after ded

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

\$70

50% after ded

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

\$600 per day¹¹

50% after ded

Outpatient surgery

Ambulatory surgical facility

\$300

50% after ded

Hospital-based

\$700

50% after ded

Outpatient lab/pathology

Freestanding

\$0

50% after ded

Hospital-based

50%

50% after ded

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

\$0

\$0

Retail generic¹⁸

\$7

Member pays 70% of retail

Retail preferred brand¹⁸

\$50

Member pays 70% of retail

Retail non-preferred drug¹⁸

\$150

Member pays 70% of retail

Specialty drug

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

Not covered

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

\$0

Not covered

Adult routine eye exam²⁵

\$0

Not covered

Adult eyewear (glasses or contacts)²⁷

Allowance up to \$100 for frames or
contact lenses; \$150 frame allowance
at Visionworks stores

Not covered

Pediatric dental deductible (per individual)²⁹

\$50

Not covered

Pediatric exams and cleanings^{29, 30}

\$0 no ded

Not covered

Pediatric basic, major, and orthodontia services^{29, 31}

50% after ded

Not covered

**Personal Choice PPO Gold Classic²
\$1,000/\$15/\$30/80%**

You pay in-network	You pay out-of-network ⁷
\$1,000/\$2,000	\$7,500/\$15,000
20%	50%
\$5,500/\$11,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
\$15 no ded	50% after ded
\$30 no ded	50% after ded
\$40 no ded	Not covered
20% after ded	50% after ded
\$30 no ded ⁹	50% after ded ⁹
\$30 no ded ⁹	50% after ded ⁹
20% after ded	50% after ded
20% after ded	50% after ded
20% after ded	20% after in-network ded
20% after ded	50% after ded
20% after ded	50% after ded
\$100 no ded	50% after ded
50% after ded	50% after ded
\$30 no ded	50% after ded
20% after ded	50% after ded
20% after ded	50% after ded
40% after ded	50% after ded
\$0 no ded	50% after ded
50% after ded	50% after ded
\$0	\$0
\$7	Member pays 70% of retail
\$50	Member pays 70% of retail
\$150	Member pays 70% of retail
50% up to \$1,000 max per prescription	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$50	Not covered
\$0 no ded	Not covered
50% after ded	Not covered

**Personal Choice PPO Gold Classic²
\$2,000/\$40/\$80/100%**

You pay in-network	You pay out-of-network ⁷
\$2,000/\$4,000	\$7,500/\$15,000
0%	50%
\$3,200/\$6,400 coinsurance, copays and ded	\$25,000/\$50,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
\$40 no ded	50% after ded
\$80 no ded	50% after ded
\$40 no ded	Not covered
\$125 no ded	50% after ded
\$80 no ded ⁹	50% after ded ⁹
\$80 no ded ⁹	50% after ded ⁹
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$300 no ded	\$300 no ded
\$70 no ded	50% after ded
\$175 no ded	50% after ded
\$100 no ded	50% after ded
50% after ded	50% after ded
\$80 no ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
20% after ded	50% after ded
\$0 no ded	50% after ded
50% after ded	50% after ded
\$0	\$0
\$7	Member pays 70% of retail
\$50	Member pays 70% of retail
\$150	Member pays 70% of retail
50% up to \$1,000 max per prescription	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$50	Not covered
\$0 no ded	Not covered
50% after ded	Not covered

Footnotes begin on page 53 | ded = Deductible



Gold health plans (cont.)

Keystone DPOS Gold Classic² \$1,000/\$25/\$50/90%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$1,000/\$2,000	\$7,500/\$15,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$5,500/\$11,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$25 no ded	50% after ded
Specialist office visit	\$50 no ded	50% after ded
Telemedicine [†]	\$40 no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)	\$50 no ded ¹⁰	50% after ded
Physical/occupational therapy (30 visits per year)	\$50 no ded ¹⁰	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room (not waived if admitted)	10% after ded	10% after in-network ded
Routine radiology/diagnostic	\$40 no ded ¹⁰	50% after ded
MRI/MRA, CT/CTA scan, PET scan	\$80 no ded	50% after ded
Biotech/specialty injectables	\$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$50 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	10% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	10% after ded	50% after ded
Hospital-based	30% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	\$0 no ded	50% after ded
Hospital-based	\$0 no ded	50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	\$0	\$0
Retail generic ¹⁸	\$7	Member pays 70% of retail
Retail preferred brand ¹⁸	\$50	Member pays 70% of retail
Retail non-preferred drug ¹⁸	\$150	Member pays 70% of retail
Specialty drug	50% up to \$1,000 max per prescription	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24,25} and eyewear (glasses or contacts) ^{24,26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Keystone DPOS Gold Preferred ² \$30/\$60/\$650	
You pay in-network	You pay out-of-network ⁵
\$0	\$5,000/\$10,000
0%	50%
\$7,150/\$14,300 coinsurance and copays	\$15,000/\$30,000 coinsurance and ded
\$0	50% no ded
\$0	N/A
\$750	50% no ded
\$30	50% after ded
\$60	50% after ded
\$40	Not covered
\$125	50% after ded
\$60 ¹⁰	50% after ded
\$60 ¹⁰	50% after ded
\$650 per day ¹¹	50% after ded
\$0	50% after ded
\$450	\$450 no ded
\$60 ¹⁰	50% after ded
\$250	50% after ded
\$125	50% after ded
50%	50% after ded
\$60	50% after ded
\$650 per day ¹¹	50% after ded
\$400	50% after ded
\$750	50% after ded
\$0	50% after ded
\$0	50% after ded
\$0	\$0
\$7	Member pays 70% of retail
\$50	Member pays 70% of retail
\$150	Member pays 70% of retail
50% up to \$1,000 max per prescription	Not covered
\$0	Not covered
\$0	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores	Not covered
\$0	Not covered
\$0	Not covered
Copay varies	Not covered

Keystone DPOS Gold Classic ² \$2,000/\$40/\$80/100%	
You pay in-network ⁶	You pay out-of-network ⁵
\$2,000/\$4,000	\$7,500/\$15,000
0%	50%
\$3,500/\$7,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
\$40 no ded	50% after ded
\$80 no ded	50% after ded
\$40 no ded	Not covered
\$125 no ded	50% after ded
\$80 no ded ¹⁰	50% after ded
\$80 no ded ¹⁰	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
\$300 no ded	\$300 no ded
\$60 no ded ¹⁰	50% after ded
\$120 no ded	50% after ded
\$100 no ded	50% after ded
50% after ded	50% after ded
\$80 no ded	50% after ded
\$0 after ded	50% after ded
\$0 after ded	50% after ded
20% after ded	50% after ded
\$0 no ded	50% after ded
\$0 no ded	50% after ded
\$0	\$0
\$7	Member pays 70% of retail
\$50	Member pays 70% of retail
\$150	Member pays 70% of retail
50% up to \$1,000 max per prescription	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$0	Not covered
\$0	Not covered
Copay varies	Not covered

Footnotes begin on page 53 | ded = Deductible



Gold health plans (cont.)

Keystone HMO Gold Classic²
\$1,000/\$25/\$50/90%

Keystone HMO Gold Preferred³
\$30/\$60/\$650

Keystone HMO Gold Classic²
\$2,000/\$40/\$80/100%

Benefits per contract year¹

You pay in-network⁶

You pay in-network⁶

You pay in-network⁶

Deductible, individual/family

\$1,000/\$2,000

\$0

\$2,000/\$4,000

Coinsurance

10%

0%

0%

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

\$5,500/\$11,000
coinsurance, copays, and ded

\$7,150/\$14,300
coinsurance and copays

\$3,500/\$7,000
coinsurance, copays, and ded

Preventive services⁸

Preventive care for adults and children

\$0 no ded

\$0

\$0 no ded

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

\$0 no ded

\$0

\$0 no ded

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750 no ded

\$750

\$750 no ded

Physician services

Primary care office visit/retail clinic

\$25 no ded

\$30

\$40 no ded

Specialist office visit

\$50 no ded

\$60

\$80 no ded

Telemedicine[†]

\$40 no ded

\$40

\$40 no ded

Urgent care

10% after ded

\$125

\$125 no ded

Spinal manipulations (20 visits per year)

\$50 no ded

\$60

\$80 no ded

Physical/occupational therapy (30 visits per year)

\$50 no ded

\$60

\$80 no ded

Hospital/other medical services

Inpatient hospital services (includes maternity)

10% after ded

\$650 per day¹¹

\$0 after ded

Inpatient professional services (includes maternity)

10% after ded

\$0

\$0 after ded

Emergency room (not waived if admitted)

10% after ded

\$450

\$300 no ded

Routine radiology/diagnostic

\$40 no ded

\$60

\$60 no ded

MRI/MRA, CT/CTA scan, PET scan

\$80 no ded

\$250

\$120 no ded

Biotech/specialty injectables

\$100 no ded

\$125

\$100 no ded

Durable medical equipment/prosthetics

50% after ded

50%

50% after ded

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

\$50 no ded

\$60

\$80 no ded

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

10% after ded

\$650 per day¹¹

\$0 after ded

Outpatient surgery

Ambulatory surgical facility

10% after ded

\$400

\$0 after ded

Hospital-based

30% after ded

\$750

20% after ded

Outpatient lab/pathology

Freestanding

\$0 no ded

\$0

\$0 no ded

Hospital-based

\$0 no ded

\$0

\$0 no ded

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

\$0

\$0

\$0

Retail generic¹⁸

\$7

\$7

\$7

Retail preferred brand¹⁸

\$50

\$50

\$50

Retail non-preferred drug¹⁸

\$150

\$150

\$150

Specialty drug

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

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

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

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

\$0 no ded

\$0

\$0 no ded

Adult routine eye exam²⁵

\$0 no ded

\$0

\$0 no ded

Adult eyewear (glasses or contacts)²⁷

Allowance up to \$100 for frames or
contact lenses, no ded; \$150 frame
allowance at Visionworks stores, no ded

Allowance up to \$100 for frames or
contact lenses; \$150 frame
allowance at Visionworks stores

Allowance up to \$100 for frames or
contact lenses, no ded; \$150 frame
allowance at Visionworks stores, no ded

Deductible (per individual)²⁹

\$0

\$0

\$0

Pediatric exams and cleanings^{29, 30}

\$0

\$0

\$0

Pediatric basic, major, and orthodontia services^{29, 31}

Copay varies

Copay varies

Copay varies

Keystone HMO Gold Proactive³

You pay in-network ⁶ - Tier 1 - Preferred	You pay in-network ⁶ - Tier 2 - Enhanced	You pay in-network ⁶ - Tier 3 - Standard
\$0	\$0	\$0
0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
\$7,150/\$14,300 coinsurance and copays ¹²	\$7,150/\$14,300 coinsurance and copays ¹²	\$7,150/\$14,300 coinsurance and copays ¹²
\$0	\$0	\$0
\$0	\$0	\$0
\$750	\$750	\$750
\$15 ¹³	\$30 ¹³	\$45 ¹³
\$40	\$60	\$80
\$40	\$40	\$40
\$100	\$100	\$100
\$50	\$50	\$50
\$60	\$60	\$60
\$350 per day ¹¹	\$700 per day ¹¹	\$1,100 per day ¹¹
0%	20%	30%
\$400	\$400	\$400
\$60	\$60	\$60
\$120	\$120	\$120
50%	50%	50%
50%	50%	50%
\$40	\$40	\$40
\$350 per day ¹¹	\$350 per day ¹¹	\$350 per day ¹¹
\$150	\$550	\$1,000
\$150	\$550	\$1,000
\$0	\$0	\$0
\$0	\$0	\$0
\$0 ²⁰	\$0 ²⁰	\$0 ²⁰
\$15 ^{20, 22}	\$15 ^{20, 22}	\$15 ^{20, 22}
50% up to \$200 max per prescription ^{20, 21}	50% up to \$200 max per prescription ^{20, 21}	50% up to \$200 max per prescription ^{20, 21}
50% up to \$300 max per prescription ^{20, 21}	50% up to \$300 max per prescription ^{20, 21}	50% up to \$300 max per prescription ^{20, 21}
50% up to \$1,000 max per prescription ²⁰	50% up to \$1,000 max per prescription ²⁰	50% up to \$1,000 max per prescription ²⁰
\$0	\$0	\$0
\$0	\$0	\$0
Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores
\$0	\$0	\$0
\$0	\$0	\$0
Copay varies	Copay varies	Copay varies



Gold health plans (cont.)

Personal Choice PPO Gold HSA - O⁴ \$1,900/100%

Personal Choice PPO Gold HSA - 25⁴ \$2,400/100%

Benefits per contract year ¹	Personal Choice PPO Gold HSA - O ⁴ \$1,900/100%		Personal Choice PPO Gold HSA - 25 ⁴ \$2,400/100%	
	You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$1,900/\$3,800	\$10,000/\$20,000	\$2,400/\$4,800	\$10,000/\$20,000
Coinsurance	0%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸				
Preventive care for adults and children	\$0 no ded	50% no ded	\$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0 no ded	N/A	\$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded	\$750 no ded	50% no ded
Physician services				
Primary care office visit/retail clinic	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Specialist office visit	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Telemedicine [†]	\$0 after ded	Not covered	\$0 after ded	Not covered
Urgent care	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Spinal manipulations (20 visits per year)	\$0 after ded ⁹	50% after ded ⁹	\$0 after ded ⁹	50% after ded ⁹
Physical/occupational therapy (30 visits per year)	\$0 after ded ⁹	50% after ded ⁹	\$0 after ded ⁹	50% after ded ⁹
Hospital/other medical services				
Inpatient hospital services (includes maternity)	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Inpatient professional services (includes maternity)	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Emergency room (not waived if admitted)	\$0 after ded	\$0 after in-network ded	\$0 after ded	\$0 after in-network ded
Routine radiology/diagnostic	\$0 after ded	50% after ded	\$0 after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Biotech/specialty injectables	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Durable medical equipment/prosthetics	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Outpatient surgery				
Ambulatory surgical facility	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Hospital-based	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Outpatient lab/pathology				
Freestanding	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Hospital-based	\$0 after ded	50% after ded	\$0 after ded	50% after ded
Prescription drugs^{16, 17, 19}				
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated
Retail generic ¹⁸	\$7 after ded	50% after ded	\$7 after ded	50% after ded
Retail preferred brand ¹⁸	\$50 after ded	50% after ded	\$50 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$100 after ded	50% after ded	\$100 after ded	50% after ded
Specialty drug	50% up to \$1,000 max per prescription after ded	Not covered	50% up to \$1,000 max per prescription after ded	Not covered
Vision and dental^{23, 28, 32}				
Pediatric routine eye exam ^{24,25} and eyewear (glasses or contacts) ^{24,26}	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	\$0 after ded	Not covered	\$0 after ded	Not covered

Personal Choice PPO Gold HSA - 50 ⁴ \$2,650/70%		Personal Choice PPO Gold HRA - 25 ² \$2,900/100%	
You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁷
\$2,650/\$5,300	\$10,000/\$20,000	\$2,900/\$5,800	\$10,000/\$20,000
30%	50%	0%	50%
\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	50% no ded	\$0 no ded	50% no ded
\$0 no ded	N/A	\$0 no ded	N/A
\$750 no ded	50% no ded	\$750 no ded	50% no ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	Not covered	\$0 after ded	Not covered
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded ⁹	50% after ded ⁹	\$0 after ded ⁹	50% after ded ⁹
30% after ded ⁹	50% after ded ⁹	\$0 after ded ⁹	50% after ded ⁹
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	30% after in-network ded	\$0 after ded	\$0 after in-network ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
30% after ded	50% after ded	\$0 after ded	50% after ded
Integrated	Integrated	Integrated	Integrated
\$7 after ded	50% after ded	\$7 after ded	50% after ded
\$50 after ded	50% after ded	\$50 after ded	50% after ded
\$100 after ded	50% after ded	\$100 after ded	50% after ded
50% up to \$1,000 max per prescription after ded	Not covered	50% up to \$1,000 max per prescription after ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Integrated	Not covered	Integrated	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
30% after ded	Not covered	\$0 after ded	Not covered



Silver health plans

Personal Choice PPO Silver Classic² \$3,300/\$40/\$80/100%

Benefits per contract year¹

Deductible, individual/family

\$3,300/\$6,600

\$7,500/\$15,000

Coinsurance

0%

50%

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

\$6,800/\$13,600
coinsurance, copays, and ded

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

Preventive services⁸

Preventive care for adults and children

\$0 no ded

50% no ded

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

\$0 no ded

N/A

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750 no ded

50% no ded

Physician services

Primary care office visit/retail clinic

\$40 no ded

50% after ded

Specialist office visit

\$80 no ded

50% after ded

Telemedicine[†]

\$40 no ded

Not covered

Urgent care

\$125 no ded

50% after ded

Spinal manipulations (20 visits per year)

\$80 no ded⁹

50% after ded⁹

Physical/occupational therapy (30 visits per year)

\$80 no ded⁹

50% after ded⁹

Hospital/other medical services

Inpatient hospital services (includes maternity)

\$0 after ded

50% after ded

Inpatient professional services (includes maternity)

\$0 after ded

50% after ded

Emergency room (not waived if admitted)

\$300 no ded

\$300 no ded

Routine radiology/diagnostic

\$60 no ded

50% after ded

MRI/MRA, CT/CTA scan, PET scan

\$250 no ded

50% after ded

Biotech/specialty injectables

\$100 no ded

50% after ded

Durable medical equipment/prosthetics

50% after ded

50% after ded

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

\$80 no ded

50% after ded

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

\$0 after ded

50% after ded

Outpatient surgery

Ambulatory surgical facility

\$0 after ded

50% after ded

Hospital-based

20% after ded

50% after ded

Outpatient lab/pathology

Freestanding

\$0 no ded

50% after ded

Hospital-based

50% after ded

50% after ded

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

\$0²⁰

\$0²⁰

Retail generic¹⁸

\$7

Member pays 70% of retail

Retail preferred brand¹⁸

\$60²¹

Member pays 70% of retail²¹

Retail non-preferred drug¹⁸

\$150²¹

Member pays 70% of retail²¹

Specialty drug

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

Not covered

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

\$0 no ded

Not covered

Adult routine eye exam²⁵

\$0 no ded

Not covered

Adult eyewear (glasses or contacts)²⁷

Allowance up to \$100 for frames or
contact lenses, no ded; \$150 frame
allowance at Visionworks stores, no ded

Not covered

Pediatric dental deductible (per individual)²⁹

\$50

Not covered

Pediatric exams and cleanings^{29, 30}

\$0 no ded

Not covered

Pediatric basic, major, and orthodontia services^{29, 31}

50% after ded

Not covered

Personal Choice PPO Silver Classic ² \$2,500/\$30/\$60/80%		Personal Choice PPO Silver Secure ² \$3,000/\$30/\$60/\$600	
You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁷
\$2,500/\$5,000	\$7,500/\$15,000	\$3,000/\$6,000	\$7,500/\$15,000
20%	50%	0%	50%
\$6,400/\$12,800 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded	\$7,150/\$14,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
\$0 no ded	50% no ded	\$0 no ded	50% no ded
\$0 no ded	N/A	\$0 no ded	N/A
\$750 no ded	50% no ded	\$750 no ded	50% no ded
\$30 no ded	50% after ded	\$30 no ded	50% after ded
\$60 no ded	50% after ded	\$60 no ded	50% after ded
\$40 no ded	Not covered	\$40 no ded	Not covered
20% after ded	50% after ded	\$125 after ded	50% after ded
\$60 no ded ⁹	50% after ded ⁹	\$60 no ded ⁹	50% after ded ⁹
\$60 no ded ⁹	50% after ded ⁹	\$60 no ded ⁹	50% after ded ⁹
20% after ded	50% after ded	Subject to ded and \$600/day ¹¹	50% after ded
20% after ded	50% after ded	\$0 after ded	50% after ded
20% after ded	20% after in-network ded	\$300 after ded	\$300 after in-network ded
20% after ded	50% after ded	\$70 after ded	50% after ded
20% after ded	50% after ded	\$175 after ded	50% after ded
\$100 no ded	50% after ded	\$100 no ded	50% after ded
50% after ded	50% after ded	50% after ded	50% after ded
\$60 no ded	50% after ded	\$60 no ded	50% after ded
20% after ded	50% after ded	Subject to ded and \$600/day ¹¹	50% after ded
20% after ded	50% after ded	Subject to ded and \$600 copay	50% after ded
40% after ded	50% after ded	Subject to ded and \$600 copay	50% after ded
\$0 no ded	50% after ded	\$0 no ded	50% after ded
50% after ded	50% after ded	50% after ded	50% after ded
\$0 ²⁰	\$0 ²⁰	\$0 ²⁰	\$0 ²⁰
\$7	Member pays 70% of retail	\$7	Member pays 70% of retail
50% up to \$125 max per prescription ²¹	Member pays 70% of retail ²¹	\$60 ²¹	Member pays 70% of retail ²¹
50% up to \$250 max per prescription ²¹	Member pays 70% of retail ²¹	\$150 ²¹	Member pays 70% of retail ²¹
50% up to \$1,000 max per prescription	Not covered	50% up to \$1,000 max per prescription	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$50	Not covered	\$50	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
50% after ded	Not covered	50% after ded	Not covered

Footnotes begin on page 53 | ded = Deductible



Silver health plans (cont.)

Keystone DPOS Silver Classic² \$2,500/\$25/\$50/70%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$2,500/\$5,000	\$7,500/\$15,000
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$7,150/\$14,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$25 no ded	50% after ded
Specialist office visit	\$50 no ded	50% after ded
Telemedicine [†]	\$40 no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)	\$50 no ded ¹⁰	50% after ded
Physical/occupational therapy (30 visits per year)	\$50 no ded ¹⁰	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (not waived if admitted)	30% after ded	30% after in-network ded
Routine radiology/diagnostic	\$60 no ded ¹⁰	50% after ded
MRI/MRA, CT/CTA scan, PET scan	\$120 no ded	50% after ded
Biotech/specialty injectables	\$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$50 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	30% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	30% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	\$0 no ded	50% after ded
Hospital-based	\$0 no ded	50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	\$0 ²⁰	\$0 ²⁰
Retail generic ¹⁸	\$7	Member pays 70% of retail
Retail preferred brand ¹⁸	50% up to \$125 max per prescription ²¹	Member pays 70% of retail ²¹
Retail non-preferred drug ¹⁸	50% up to \$250 max per prescription ²¹	Member pays 70% of retail ²¹
Specialty drug	50% up to \$1,000 max per prescription	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24,25} and eyewear (glasses or contacts) ^{24,26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Keystone DPOS Silver Classic ² \$4,250/\$40/\$80/100%		Keystone DPOS Silver Classic ² \$2,750/\$30/\$60/50%	
You pay in-network	You pay out-of-network ⁵	You pay in-network	You pay out-of-network ⁵
\$4,250/\$8,500	\$7,500/\$15,000	\$2,750/\$5,500	\$7,500/\$15,000
0%	50%	50%	50%
\$7,150/\$14,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded	\$7,150/\$14,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
\$0 no ded	50% no ded	\$0 no ded	50% no ded
\$0 no ded	N/A	\$0 no ded	N/A
\$750 no ded	50% no ded	\$750 no ded	50% no ded
\$40 no ded	50% after ded	\$30 no ded	50% after ded
\$80 no ded	50% after ded	\$60 no ded	50% after ded
\$40 no ded	Not covered	\$40 no ded	Not covered
\$125 no ded	50% after ded	50% after ded	50% after ded
\$80 no ded ¹⁰	50% after ded	\$60 no ded ¹⁰	50% after ded
\$80 no ded ¹⁰	50% after ded	\$60 no ded ¹⁰	50% after ded
\$0 after ded	50% after ded	50% after ded	50% after ded
\$0 after ded	50% after ded	50% after ded	50% after ded
\$300 no ded	\$300 no ded	50% after ded	50% after in-network ded
\$60 no ded ¹⁰	50% after ded	\$60 no ded ¹⁰	50% after ded
\$250 no ded	50% after ded	\$250 no ded	50% after ded
\$100 no ded	50% after ded	\$100 no ded	50% after ded
50% after ded	50% after ded	50% after ded	50% after ded
\$80 no ded	50% after ded	\$60 no ded	50% after ded
\$0 after ded	50% after ded	50% after ded	50% after ded
\$0 after ded	50% after ded	50% after ded	50% after ded
20% after ded	50% after ded	50% after ded	50% after ded
\$0 no ded	50% after ded	\$0 no ded	50% after ded
\$0 no ded	50% after ded	\$0 no ded	50% after ded
\$0 ²⁰	\$0 ²⁰	\$0 ²⁰	\$0 ²⁰
\$7	Member pays 70% of retail	\$7	Member pays 70% of retail
\$60 ²¹	Member pays 70% of retail ²¹	50% up to \$125 max per prescription ²¹	Member pays 70% of retail ²¹
\$150 ²¹	Member pays 70% of retail ²¹	50% up to \$250 max per prescription ²¹	Member pays 70% of retail ²¹
50% up to \$1,000 max per prescription	Not covered	50% up to \$1,000 max per prescription	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered
Copay varies	Not covered	Copay varies	Not covered



Silver health plans (cont.)

Benefits per contract year¹

Deductible, individual/family

Coinsurance

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

Preventive services⁸

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine[†]

Urgent care

Spinal manipulations (20 visits per year)

Physical/occupational therapy (30 visits per year)

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine radiology/diagnostic

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables

Durable medical equipment/prosthetics

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

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

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

Retail generic¹⁸

Retail preferred brand¹⁸

Retail non-preferred drug¹⁸

Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

Adult routine eye exam²⁵

Adult eyewear (glasses or contacts)²⁷

Pediatric dental deductible (per individual)²⁹

Pediatric exams and cleanings^{29, 30}

Pediatric basic, major, and orthodontia services^{29, 31}

Keystone DPOS Silver Secure²
\$3,500/\$40/\$80/\$600

You pay in-network	You pay out-of-network ⁵
\$3,500/\$7,000	\$7,500/\$15,000
0%	50%
\$7,150/\$14,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
\$40 no ded	50% after ded
\$80 no ded	50% after ded
\$40 no ded	Not covered
\$125 after ded	50% after ded
\$80 no ded ¹⁰	50% after ded
\$80 no ded ¹⁰	50% after ded
Subject to ded and \$600/day ¹¹	50% after ded
\$0 after ded	50% after ded
\$300 after ded	\$300 after in-network ded
\$60 no ded ¹⁰	50% after ded
\$250 no ded	50% after ded
\$100 no ded	50% after ded
50% after ded	50% after ded
\$80 no ded	50% after ded
Subject to ded and \$600/day ¹¹	50% after ded
Subject to ded and \$600 copay	50% after ded
Subject to ded and \$600 copay	50% after ded
\$0 no ded	50% after ded
\$0 no ded	50% after ded
\$0 ²⁰	\$0 ²⁰
\$7	Member pays 70% of retail
\$60 ²¹	Member pays 70% of retail ²¹
\$150 ²¹	Member pays 70% of retail ²¹
50% up to \$1,000 max per prescription	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$0	Not covered
\$0	Not covered
Copay varies	Not covered



Silver health plans (cont.)

Keystone HMO Silver Classic² \$2,500/\$25/\$50/70%

Keystone HMO Silver Classic² \$4,250/\$40/\$80/100%

Benefits per contract year¹

You pay in-network⁶

You pay in-network⁶

Deductible, individual/family

\$2,500/\$5,000

\$4,250/\$8,500

Coinsurance

30%

0%

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

\$7,150/\$14,300 coinsurance, copays, and ded

\$7,150/\$14,300 coinsurance, copays, and ded

Preventive services⁸

Preventive care for adults and children

\$0 no ded

\$0 no ded

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

\$0 no ded

\$0 no ded

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750 no ded

\$750 no ded

Physician services

Primary care office visit/retail clinic

\$25 no ded

\$40 no ded

Specialist office visit

\$50 no ded

\$80 no ded

Telemedicine[†]

\$40 no ded

\$40 no ded

Urgent care

30% after ded

\$125 no ded

Spinal manipulations (20 visits per year)

\$50 no ded

\$80 no ded

Physical/occupational therapy (30 visits per year)

\$50 no ded

\$80 no ded

Hospital/other medical services

Inpatient hospital services (includes maternity)

30% after ded

\$0 after ded

Inpatient professional services (includes maternity)

30% after ded

\$0 after ded

Emergency room (not waived if admitted)

30% after ded

\$300 no ded

Routine radiology/diagnostic

\$60 no ded

\$60 no ded

MRI/MRA, CT/CTA scan, PET scan

\$120 no ded

\$250 no ded

Biotech/specialty injectables

\$100 no ded

\$100 no ded

Durable medical equipment/prosthetics

50% after ded

50% after ded

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

\$50 no ded

\$80 no ded

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

30% after ded

\$0 after ded

Outpatient surgery

Ambulatory surgical facility

30% after ded

\$0 after ded

Hospital-based

50% after ded

20% after ded

Outpatient lab/pathology

Freestanding

\$0 no ded

\$0 no ded

Hospital-based

\$0 no ded

\$0 no ded

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

\$0²⁰

\$0²⁰

Retail generic¹⁸

\$7

\$7

Retail preferred brand¹⁸

50% up to \$125 max per prescription²¹

\$60²¹

Retail non-preferred drug¹⁸

50% up to \$250 max per prescription²¹

\$150²¹

Specialty drug

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

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

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

\$0 no ded

\$0 no ded

Adult routine eye exam²⁵

\$0 no ded

\$0 no ded

Adult eyewear (glasses or contacts)²⁷

Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded

Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded

Pediatric dental deductible (per individual)²⁹

\$0

\$0

Pediatric exams and cleanings^{29, 30}

\$0

\$0

Pediatric basic, major, and orthodontia services^{29, 31}

Copay varies

Copay varies

Keystone HMO Silver Classic ² \$2,750/\$30/\$60/50%
You pay in-network⁶
\$2,750/\$5,500
50%
\$7,150/\$14,300 coinsurance, copays, and ded
\$0 no ded
\$0 no ded
\$750 no ded
\$30 no ded
\$60 no ded
\$40 no ded
50% after ded
\$60 no ded
\$60 no ded
50% after ded
50% after ded
50% after ded
\$60 no ded
\$250 no ded
\$100 no ded
50% after ded
\$60 no ded
50% after ded
50% after ded
50% after ded
\$0 no ded
\$0 no ded
\$0²⁰
\$7
50% up to \$125 max per prescription ²¹
50% up to \$250 max per prescription ²¹
50% up to \$1,000 max per prescription
\$0 no ded
\$0 no ded
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded
\$0
\$0
Copay varies

Keystone HMO Silver Secure ² \$3,500/\$40/\$80/\$600
You pay in-network⁶
\$3,500/\$7,000
0%
\$7,150/\$14,300 coinsurance, copays, and ded
\$0 no ded
\$0 no ded
\$750 no ded
\$40 no ded
\$80 no ded
\$40 no ded
\$125 after ded
\$80 no ded
\$80 no ded
Subject to ded and \$600/day¹¹
\$0 after ded
\$300 after ded
\$60 no ded
\$250 no ded
\$100 no ded
50% after ded
\$80 no ded
Subject to ded and \$600/day ¹¹
Subject to ded and \$600 copay
Subject to ded and \$600 copay
\$0 no ded
\$0 no ded
\$0²⁰
\$7
\$60 ²¹
\$150 ²¹
50% up to \$1,000 max per prescription
\$0 no ded
\$0 no ded
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded
\$0
\$0
Copay varies



Silver health plans (cont.)

Benefits per contract year¹

Deductible, individual/family

Coinsurance

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

Preventive services⁸

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine[†]

Urgent care

Spinal manipulations (20 visits per year)

Physical/occupational therapy (30 visits per year)

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine radiology/diagnostic

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables

Durable medical equipment/prosthetics

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

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

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

Retail generic¹⁸

Retail preferred brand¹⁸

Retail non-preferred drug¹⁸

Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

Adult routine eye exam²⁵

Adult eyewear (glasses or contacts)²⁷

Pediatric dental deductible (per individual)²⁹

Pediatric exams and cleanings^{29, 30}

Pediatric basic, major, and orthodontia services^{29, 31}

Keystone HMO Silver Proactive²

You pay in-network ⁶ - Tier 1 - Preferred	You pay in-network ⁶ - Tier 2 - Enhanced	You pay in-network ⁶ - Tier 3 - Standard
\$0	\$5,500/\$11,000 ¹⁵	\$5,500/\$11,000 ¹⁵
0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
\$7,150/\$14,300 coinsurance and copays ¹²	\$7,150/\$14,300 coinsurance, copays, and ded ¹²	\$7,150/\$14,300 coinsurance, copays, and ded ¹²
\$0	\$0 no ded	\$0 no ded
\$0	\$0 no ded	\$0 no ded
\$750	\$750 no ded	\$750 no ded
\$30 ¹³	\$40 no ded ¹³	\$50 no ded ¹³
\$60	\$80 no ded	\$100 no ded
\$40	\$40 no ded	\$40 no ded
\$100	\$100 no ded	\$100 no ded
\$50	\$50 no ded	\$50 no ded
\$60	\$60 no ded	\$60 no ded
\$500 per day ¹¹	Subject to ded and \$900 per day ¹¹	Subject to ded and \$1,300 per day ¹¹
0%	5% after ded	10% after ded
\$550	\$550 no ded	\$550 no ded
\$60	\$60 no ded	\$60 no ded
\$250	\$250 no ded	\$250 no ded
50%	50% no ded	50% no ded
50%	50% no ded	50% no ded
\$60	\$60 no ded	\$60 no ded
\$500 per day ¹¹	\$500 per day ¹¹ no ded	\$500 per day ¹¹ no ded
\$250	Subject to ded and \$750 copay	Subject to ded and \$1,250 copay
\$250	Subject to ded and \$750 copay	Subject to ded and \$1,250 copay
\$0	\$0 no ded	\$0 no ded
\$0	\$0 no ded	\$0 no ded
\$0 ²⁰	\$0 ²⁰	\$0 ²⁰
\$15 ²²	\$15 ²²	\$15 ²²
50% up to \$400 max per prescription ²¹	50% up to \$400 max per prescription ²¹	50% up to \$400 max per prescription ²¹
50% up to \$500 max per prescription ²¹	50% up to \$500 max per prescription ²¹	50% up to \$500 max per prescription ²¹
50% up to \$1,000 max per prescription	50% up to \$1,000 max per prescription	50% up to \$1,000 max per prescription
\$0	\$0 no ded	\$0 no ded
\$0	\$0 no ded	\$0 no ded
Allowance up to \$100 for frames or contact lenses; \$150 frame allowance at Visionworks stores	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded
\$0	\$0	\$0
\$0	\$0	\$0
Copay varies	Copay varies	Copay varies



Silver health plans (cont.)

Personal Choice PPO Silver HSA - O⁴ \$3,200/100%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$3,200/\$6,400	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$0 after ded	50% after ded
Specialist office visit	\$0 after ded	50% after ded
Telemedicine [†]	\$0 after ded	Not covered
Urgent care	\$0 after ded	50% after ded
Spinal manipulations (20 visits per year)	\$0 after ded ⁹	50% after ded ⁹
Physical/occupational therapy (30 visits per year)	\$0 after ded ⁹	50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$0 after ded	50% after ded
Inpatient professional services (includes maternity)	\$0 after ded	50% after ded
Emergency room (not waived if admitted)	\$0 after ded	\$0 after in-network ded
Routine radiology/diagnostic	\$0 after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	\$0 after ded	50% after ded
Biotech/specialty injectables	\$0 after ded	50% after ded
Durable medical equipment/prosthetics	\$0 after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$0 after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	\$0 after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	\$0 after ded	50% after ded
Hospital-based	\$0 after ded	50% after ded
Outpatient lab/pathology		
Freestanding	\$0 after ded	50% after ded
Hospital-based	\$0 after ded	50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	Integrated ²⁰	Integrated ²⁰
Retail generic ¹⁸	\$7 after ded	50% after ded
Retail preferred brand ¹⁸	\$50 after ded ²¹	50% after ded ²¹
Retail non-preferred drug ¹⁸	\$100 after ded ²¹	50% after ded ²¹
Specialty drug	50% up to \$1,000 max per prescription after ded	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24,25} and eyewear (glasses or contacts) ^{24,26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual) ²⁹	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

Personal Choice PPO Silver HSA - O⁴
\$2,700/90%

You pay in-network	You pay out-of-network ⁷
\$2,700/\$5,400	\$10,000/\$20,000
10%	50%
\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	Not covered
10% after ded	50% after ded
10% after ded ⁹	50% after ded ⁹
10% after ded ⁹	50% after ded ⁹
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	10% after in-network ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
Integrated ²⁰	Integrated ²⁰
\$7 after ded	50% after ded
\$50 after ded ²¹	50% after ded ²¹
\$100 after ded ²¹	50% after ded ²¹
50% up to \$1,000 max per prescription after ded	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Integrated	Not covered
\$0 no ded	Not covered
10% after ded	Not covered



Silver health plans (cont.)

Benefits per contract year¹

Deductible, individual/family

Coinsurance

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

Preventive services⁸

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine[†]

Urgent care

Spinal manipulations (20 visits per year)

Physical/occupational therapy (30 visits per year)

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine radiology/diagnostic

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables

Durable medical equipment/prosthetics

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

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

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

Retail generic¹⁸

Retail preferred brand¹⁸

Retail non-preferred drug¹⁸

Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

Adult routine eye exam²⁵

Adult eyewear (glasses or contacts)²⁷

Pediatric dental deductible (per individual)²⁹

Pediatric exams and cleanings^{29, 30}

Pediatric basic, major, and orthodontia services^{29, 31}

Personal Choice PPO Silver HSA - O⁴
\$2,100/70%

You pay in-network	You pay out-of-network ⁷
\$2,100/\$4,200	\$10,000/\$20,000
30%	50%
\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	Not covered
30% after ded	50% after ded
30% after ded ⁹	50% after ded ⁹
30% after ded ⁹	50% after ded ⁹
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	30% after in-network ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
Integrated ²⁰	Integrated ²⁰
\$7 after ded	50% after ded
\$50 after ded ²¹	50% after ded ²¹
\$100 after ded ²¹	50% after ded ²¹
50% up to \$1,000 max per prescription after ded	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Integrated	Not covered
\$0 no ded	Not covered
30% after ded	Not covered

Footnotes begin on page 53 | ded = Deductible



Bronze health plans

Keystone DPOS Bronze Essential² \$6,850/\$50/\$100/\$700

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$6,850/\$13,700	\$10,000/\$20,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$7,150/\$14,300 coinsurance, copays, and ded	\$40,000/\$80,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0 no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0 no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$50 no ded	50% after ded
Specialist office visit	\$100 no ded	50% after ded
Telemedicine [†]	\$40 no ded	Not covered
Urgent care	\$150 after ded	50% after ded
Spinal manipulations (20 visits per year)	\$100 no ded ¹⁰	50% after ded
Physical/occupational therapy (30 visits per year)	\$80 no ded ¹⁰	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and \$700/day ¹¹	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	\$500 after ded	\$500 after in-network ded
Routine radiology/diagnostic	\$100 no ded ¹⁰	50% after ded
MRI/MRA, CT/CTA scan, PET scan	\$250 no ded	50% after ded
Biotech/specialty injectables	\$100 no ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$100 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	Subject to ded and \$700/day ¹¹	50% after ded
Outpatient surgery		
Ambulatory surgical facility	Subject to ded and \$750 copay	50% after ded
Hospital-based	Subject to ded and \$750 copay	50% after ded
Outpatient lab/pathology		
Freestanding	\$0 no ded	50% after ded
Hospital-based	\$0 no ded	50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	Integrated ²⁰	Integrated ²⁰
Retail generic ¹⁸	\$15 after ded	Member pays 70% of retail after ded
Retail preferred brand ¹⁸	50% up to \$500 max per prescription after ded ²¹	Member pays 70% of retail after ded ²¹
Retail non-preferred drug ¹⁸	50% up to \$500 max per prescription after ded ²¹	Member pays 70% of retail after ded ²¹
Specialty drug	50% up to \$1,000 max per prescription after ded	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24,25} and eyewear (glasses or contacts) ^{24,26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Keystone HMO Bronze Essential ² \$6,850/\$50/\$100/\$700	Personal Choice PPO Bronze HSA - O ⁴ \$6,550/100%	
You pay in-network ⁶	You pay in-network	You pay out-of-network ⁷
\$6,850/\$13,700	\$6,550/\$13,100	\$10,000/\$20,000
50%	0%	50%
\$7,150/\$14,300 coinsurance, copays, and ded	\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	\$0 no ded	50% no ded
\$0 no ded	\$0 no ded	N/A
\$750 no ded	\$750 no ded	50% no ded
\$50 no ded	\$0 after ded	50% after ded
\$100 no ded	\$0 after ded	50% after ded
\$40 no ded	\$0 after ded	Not covered
\$150 after ded	\$0 after ded	50% after ded
\$100 no ded	\$0 after ded ⁹	50% after ded ⁹
\$80 no ded	\$0 after ded ⁹	50% after ded ⁹
Subject to ded and \$700/day ¹¹	\$0 after ded	50% after ded
50% after ded	\$0 after ded	50% after ded
\$500 after ded	\$0 after ded	\$0 after in-network ded
\$100 no ded	\$0 after ded	50% after ded
\$250 no ded	\$0 after ded	50% after ded
\$100 no ded	\$0 after ded	50% after ded
50% after ded	\$0 after ded	50% after ded
\$100 no ded	\$0 after ded	50% after ded
Subject to ded and \$700/day ¹¹	\$0 after ded	50% after ded
Subject to ded and \$750 copay	\$0 after ded	50% after ded
Subject to ded and \$750 copay	\$0 after ded	50% after ded
\$0 no ded	\$0 after ded	50% after ded
\$0 no ded	\$0 after ded	50% after ded
Integrated ²⁰	Integrated ²⁰	Integrated ²⁰
\$15 after ded	\$0 after ded	50% after ded
50% up to \$500 max per prescription after ded ²¹	\$0 after ded ²¹	50% after ded ²¹
50% up to \$500 max per prescription after ded ²¹	\$0 after ded ²¹	50% after ded ²¹
50% up to \$1,000 max per prescription after ded	\$0 after ded	Not covered
\$0 no ded	\$0 no ded	Not covered
\$0 no ded	\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
\$0	Integrated	Not covered
\$0	\$0 no ded	Not covered
Copay varies	0% after ded	Not covered



Bronze health plans (cont.)

Benefits per contract year¹

Deductible, individual/family

Coinsurance

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

Preventive services⁸

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine[†]

Urgent care

Spinal manipulations (20 visits per year)

Physical/occupational therapy (30 visits per year)

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine radiology/diagnostic

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables

Durable medical equipment/prosthetics

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

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

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

Retail generic¹⁸

Retail preferred brand¹⁸

Retail non-preferred drug¹⁸

Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24,25} and eyewear (glasses or contacts)^{24,26}

Adult routine eye exam²⁵

Adult eyewear (glasses or contacts)²⁷

Pediatric dental deductible (per individual)²⁹

Pediatric exams and cleanings^{29, 30}

Pediatric basic, major, and orthodontia services^{29, 31}

**Personal Choice PPO Bronze HSA - O⁴
\$5,200/50%**

You pay in-network	You pay out-of-network ⁷
\$5,200/\$10,400	\$10,000/\$20,000
50%	50%
\$6,550/\$13,100 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0 no ded	50% no ded
\$0 no ded	N/A
\$750 no ded	50% no ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	Not covered
50% after ded	50% after ded
50% after ded ⁹	50% after ded ⁹
50% after ded ⁹	50% after ded ⁹
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after in-network ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
Integrated ²⁰	Integrated ²⁰
\$7 after ded	50% after ded
\$50 after ded ²¹	50% after ded ²¹
\$100 after ded ²¹	50% after ded ²¹
50% up to \$1,000 max per prescription after ded	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$100 for frames or contact lenses, no ded; \$150 frame allowance at Visionworks stores, no ded	Not covered
Integrated	Not covered
\$0 no ded	Not covered
50% after ded	Not covered

What's not covered

Additional information

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

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

- Services not medically necessary
- Services or supplies that are experimental or investigative, except routine costs associated with qualifying clinical trials
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Assisted fertilization techniques, such as in vitro fertilization, GIFT, and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-employee recipients
- Music therapy, equestrian therapy, and hippotherapy
- Treatment of sexual dysfunction not related to organic disease except for sexual dysfunction relating to an injury
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Cranial prosthesis, including wigs intended to replace hair loss
- Alternative therapies/complementary medicine such as acupuncture
- Routine physical exams for non-preventive purposes, such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under workers' compensation, motor vehicle insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Bariatric or obesity surgery
- Outpatient private duty nursing

Benefits that require preapproval

Additional approval from Independence may be required before your employees may receive certain tests, procedures, and medications. When your employees need services that require preapproval, their primary care physician or provider contacts the Care Management and Coordination (CMC) team and submits information to support the request for services. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The CMC team will notify your employee's 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, your employee and his or her physician/provider are notified in writing of the decision. Employees or a provider acting on their behalf may appeal the decision. At any time during the evaluation process or the appeal, the provider or your employee may submit additional information to support the request.

Additional benefits and exclusions

The information in this brochure represents only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy. The managed care plan may not cover all of your health care expenses. Read your contract, member handbook, or benefits booklet carefully to determine which health care services are covered. If you need more information, please call 1-800-ASK-BLUE (1-800-275-2583).

Information in this brochure is current at the time of publication and is subject to change.

* Independence reserves the right to change premium rates.

A photograph of two women sitting in the back of a vehicle, possibly a van or SUV, looking at a large map spread out on a surface. The woman on the right is wearing a tan hat and a red tank top, and she is smiling broadly. The woman on the left has long blonde hair and is looking at the map. The scene is brightly lit, suggesting a sunny day. The text 'IMPORTANT PLAN DETAILS' is overlaid in the bottom right corner.

**IMPORTANT
PLAN
DETAILS**

IMPORTANT PLAN DETAILS

PREFERRED: Copay plans

CLASSIC: Coinsurance/Deductible plans

SECURE: Copay/Deductible plans

ESSENTIAL: High-deductible health plans
with integrated pharmacy deductible
(Note: These are not HSA or HRA plans.)

Important plan details



Medical

1. Certain plan benefits may be enhanced to comply with Affordable Care Act regulations. Eligible dependent children are covered to age 26.
2. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
3. Family out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Single out-of-pocket maximum applies only when an individual is enrolled without dependents.
4. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the single out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, single deductible and out-of-pocket maximum apply.
5. To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefits booklet/certificate.
6. There are no out-of-network services available except for emergency services, and generic, retail preferred brand, and non-preferred prescription drugs.
7. Non-participating preferred providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for 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 applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the payment is based on 50 percent 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.
8. Age and frequency schedules may apply. For routine colonoscopy for colorectal cancer screening, your cost share may vary depending on where you receive service.
9. For PPO plans, visit limits are combined in-and out-of-network.
10. Referral required from primary care physician.
11. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission.
12. For Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2, and 3 are combined.
13. For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Walgreens Healthcare Clinic, which is assigned Tier 3.
14. For Keystone HMO Proactive plans, if 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.
15. For Keystone HMO Silver Proactive plan, deductible is combined for Tiers 2 and 3.

Prescription drugs

16. Prescription drug benefits are administered by FutureScripts, an independent company providing pharmacy benefit management services.
17. No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs, prescription and over-the-counter (with a doctor's prescription).
18. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a paper claim for reimbursement. The member should refer to their benefits booklet to determine the out-of-network coverage for their plan.
19. Mail-order coverage is available for all prescription drug plans. The FutureScripts Mail-order service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice.
20. Select plans utilize 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.
21. When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and the member will be responsible for the cost-sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If the member chooses to purchase a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.
22. Certain designated generic drugs are available at participating retail and mail-order pharmacies for reduced member cost-sharing (\$4 retail/\$8 mail order), after any applicable deductible.

Additional benefits

23. Independence vision benefits are administered by Davis Vision, an independent company.
 24. Pediatric vision benefits expire at the end of the month in which the child turns 19. Pediatric vision covers Davis Collection glasses or contact lenses in full at Davis Vision providers. Eyewear (glasses or contact lenses) is covered once per calendar year.
 25. One eye exam per calendar year period.
 26. Davis Collection pediatric contact lenses or spectacle lenses covered at no extra cost include: single vision, lined bifocal, lined trifocal, or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers and at Visionworks retail centers, a national optical chain). Eyewear (glasses or contact lenses) is covered once per calendar year.
 27. Up to \$100 frame or contact lenses allowance at participating providers, or up to a \$150 frame allowance at Visionworks retail centers. The high-deductible health plan deductible does not apply to the vision benefit.
 28. Independence dental benefits are administered by United Concordia, an independent company.
 29. Pediatric dental benefits are covered until the end of the contract year in which the member turns 19.
 30. One exam and one cleaning every six months per contract year.
 31. Only medically necessary orthodontia is covered. There is a 12-month waiting period for all orthodontia.
 32. Your Independence account executive or broker can provide you with descriptions of covered pediatric dental services and member cost-sharing.
- † For telemedicine, members are responsible for a \$40 fee per occurrence. Independence telemedicine benefits are administered by MDLive, an independent company.

The member has the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment.

COMPLETE YOUR PACKAGE



**ADDITIONAL
WORKPLACE
BENEFITS**

ADDITIONAL WORKPLACE BENEFITS

ADULT DENTAL | SUPPLEMENTAL INSURANCE | TRAVEL INSURANCE

Adult dental plans

Affordable dental care gives employees a reason to smile

Blue Solutions plans already include pediatric dental coverage for enrolled members up to age 19. We offer you several options to add comprehensive, cost-effective dental coverage for members age 19 and older to your Independence benefits package.

Independence adult dental plans encourage prevention, early diagnosis, and treatment from an extensive nationwide provider network.

See the next page for a side-by-side comparison of PPO and DHMO benefits.

	Adult Dental Preventive PPO	Adult Dental Preferred PPO	Adult Dental Premier PPO with Preventive Incentive
Employer cost	\$	\$\$	\$\$\$
Coverage	Diagnostic and preventive services, like exams, cleanings, and X-rays.	Diagnostic and preventive services, plus services such as fillings and root canals.	Comprehensive coverage, with lower out-of-pocket costs and money-saving features built in.

With our adult dental PPO plans, your employees can visit any dentist but will pay less out of pocket by choosing from more than 62,000 dentists in the Concordia Advantage national network, without ever needing a referral.

Preventive dental care makes good cents

Our Adult Dental Premier PPO includes a Preventive Incentive so members can get regular preventive care — including exams, cleanings, X-rays, and emergency care — without dipping into their annual benefit maximum. Do the math, and you'll see how the Preventive Incentive* helps members save:

	Preventive Incentive	No Preventive Incentive
Annual benefit maximum	\$1,000	\$1,000
Amount plan pays	\$193 (2 exams + 2 cleanings + 1 set of X-rays)	\$193
Remaining annual benefit maximum	\$1,000	\$807

Keystone adult DHMO helps lower costs

Another affordable choice for coverage is our Keystone adult DHMO rider option which is available for Keystone HMO and DPOS plans. To help keep costs lower, members are required to select a Primary Dental Office to coordinate their care, and referrals are required for treatment from specialists.

Savings from an extensive provider network

- One of the nation's largest PPO networks with 1,800 dentists and 7,000 access points in the Philadelphia five-county region
- Most participating network providers offer discounts for non-covered services



* This example is for illustrative purposes only. It assumes services are provided by Concordia Advantage network dentists. Savings will vary by dentist, service, and geographic region. Costs are calculated based on the Philadelphia five-county service area.

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

Compare our adult dental options*

Here's something to chew on — 59 percent of people surveyed by the American Dental Association in 2015 said cost was the reason they hadn't visited a dentist in the last 12 months.¹

But only regular dental care can help prevent painful problems such as cavities and gum disease, in addition to reducing the risk for more serious and costly conditions such as diabetes and heart disease.

With our adult dental coverage options, there are no benefit waiting periods. Plus, discounts are available from participating network providers for non-covered services and when services exceed the annual benefit maximum.

	Adult Dental Preventive PPO	Adult Dental Preferred PPO
Dental Deductible	\$0	Individual: \$50 Family: \$150
Annual Maximum Dental Benefit Per Insured Member	\$1,000	\$1,000
Benefits	Member Pays ³	Member Pays ³
Oral Evaluations (Exams)	\$0	\$0
Radiographs (X-Rays)	\$0	\$0
Prophylaxis (Cleanings)	\$0	\$0
Palliative Treatment (Emergency)	Not covered	\$0
Amalgam Restorations (Metal fillings)	Not covered	50% after ded
Resin-based Composite Restorations (White fillings)	Not covered	50% after ded
Crowns, Inlays, Onlays	Not covered	Not covered
Crown Repair	Not covered	50% after ded
Endodontic Therapy (Root canals, etc.)	Not covered	50% after ded
Other Endodontic Services	Not covered	50% after ded
Surgical Periodontics	Not covered	50% after ded
Non-Surgical Periodontics	Not covered	50% after ded
Periodontal Maintenance	Not covered	50% after ded
Prosthetics (Complete or Fixed Partial Dentures)	Not covered	Not covered
Adjustments and Repairs of Prosthetics	Not covered	50% after ded
Other Prosthetic Services	Not covered	Not covered
Simple Extractions	Not covered	50% after ded
Surgical Extractions	Not covered	50% after ded
Oral Surgery	Not covered	50% after ded
General Anesthesia, Nitrous Oxide, and/or IV Sedation	Not covered	50% after ded
Consultations	Not covered	\$0

* Information in this brochure is current at the time of publication and is subject to change.



Adult Dental Premier PPO with Preventive Incentive	Adult DHMO ⁴
Individual: \$50 Family: \$150	\$0
\$1,000	None
Member Pays ³	Member Pays
\$0 ⁵	\$0
\$0 ⁵	\$0
\$0 ⁵	\$0
\$0 ⁵	\$0
20% after ded	\$13 – \$23
20% after ded	\$15 – \$25
50% after ded	\$26 – \$361
20% after ded	\$0 – \$92
20% after ded	\$26 – \$284
20% after ded	\$0 - \$84
20% after ded	\$0 – \$205
20% after ded	\$17 – \$100
20% after ded	\$25 - \$32
50% after ded	\$232 - \$433
20% after ded	\$10 – \$242
50% after ded	\$30 - \$377
20% after ded	\$10 – \$16
20% after ded	\$51 – \$120
20% after ded	\$26 - \$97
20% after ded	Included ⁶
\$0	\$19

Healthy mouth, healthier life

A study commissioned by United Concordia shows that treating gum disease through regular dental visits can significantly lower medical costs and hospitalizations for individuals with certain chronic conditions, such as heart disease and diabetes.² It's why we include 100 percent coverage for in-network preventive and diagnostic care in our adult dental benefits.

1. "Oral Health & Well-Being in the United States" (2015), American Dental Association, ada.org/statefacts
2. Jeffcoat MK, Jeffcoat RL, Gladkowski PA, Bramson JB, Blum JJ. "Impact of Periodontal Therapy on General Health: Evidence from Insurance Data for Five Systemic Conditions," American Journal of Preventive Medicine, 47 (2014) pp. 174–182. DOI: 10.1016/j.amepre.2014.04.001
3. Coverage is based on the Maximum Allowable Charge (MAC) for the specific covered service. Participating dentists accept contracted MACs as payment in full. Non-participating dentists do not limit their charges and may bill you for the difference between their charge and the benefit paid by the plan.
4. The Adult DHMO rider is available for HMO and DPOS plans. Members must select a Primary Dental Office (PDO), and referrals are required for specialist services.
5. Included in the Preventive Incentive. The amount paid by the plan (benefit) does not count toward the member's annual benefit maximum.
6. Benefit is limited to covered oral surgical services for impacted teeth.

Refer to the benefit booklet for limitations and exclusions.

Guardian[®] supplemental insurance

A financial safety net for unexpected injury or illness

Accidents happen

- 18.6% of adults age 18 and over had one or more ER visits in 2014.¹
- Average annual health care costs for a family of four in the U.S. are \$25,826.²
- 63% of insured people reported using all or most of their savings due to medical bills.³



Life doesn't always turn out like we plan it. If your employees and their families are faced with sudden injury or a critical illness such as cancer, heart attack, or stroke, additional out-of-pocket costs can make a difficult situation even more stressful.

Give your employees a financial safety net when the unexpected happens with life, disability, accident, critical illness, and cancer insurance from an industry leader — The Guardian Life Insurance Company of America (Guardian[®]).

One-stop shopping for flexible, affordable coverage

Pairing your Independence medical benefits with Guardian products gives you:

- **Flexibility:** Choose from plan options that offer a wide range of payouts.
- **Savings:** You may be eligible for discounts by purchasing multiple Guardian product lines.
- **Experience:** Guardian's dedicated, experienced claims analysts help manage claims quickly and efficiently.


1. Centers for Disease Control (cdc.gov/nchs/data/hsr/hsr15.pdf#074)


2. Milliman Medical Index, 2016 (milliman.com/mmi)


3. New York Times/Kaiser Family Foundation Survey (nytimes.com/2016/01/06/upshot/lost-jobs-houses-savings-even-insured-often-face-crushing-medical-debt.html?_r=0)

Help employees focus on their health

Choose from one or more of the following Guardian products to protect your employees and their families when they need it most:

 **Life insurance** provides a benefit for employees' loved ones in the event of an employee's death. With Guardian's policies, you can customize coverage that goes beyond the classic lump sum payment. Basic Life, Voluntary Life, and Accidental Death and Dismemberment (AD&D) policies are also available. A generous guarantee issue helps members take advantage of coverage, regardless of their health history.

 **Disability insurance** helps protect your employees financially if they are unable to work due to injury or illness. Choose from Short- and Long-Term Disability (STD/LTD), and Administrative Services Only STD.

 **Accident, critical illness, and cancer insurance** coverage options each offer a lump sum payment that can be used to pay for medical and non-medical expenses — such as rent, mortgage, groceries, travel expenses for treatment, and experimental cancer treatments not covered by medical benefits.

With Guardian accident insurance, members can choose to increase accident insurance benefits by 20 percent to protect an insured child who has an accident while playing organized sports.*

Ask your broker, consultant, or Independence account executive for Guardian rate sheets.



A name you know and trust

Just like Independence Blue Cross, Guardian is a trusted name, with more than 150 years in the life insurance business and more than 50 years delivering quality, innovative employer benefits.

* The child must be 18 years of age or younger and must be insured by the plan on the date the accident occurred.

The products listed are offered by The Guardian Life Insurance Company of America, an independent company. These are not Blue Cross or Blue Shield products. Guardian is solely responsible.

Guardian insurance products are underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Some products may not be available in all states. Policy limitations and exclusions apply. Critical Illness Policy Form #GC-CI-11 et al.; Accident Insurance Policy Form #GP-1-AC-IC-12 et al.; Cancer Insurance Policy Form #GP-1-CAN-IC-12 et al.; Long Term Disability Policy Form # GP-1-LTD07-1.0, et al.; Short-term Disability Policy Form # GP-1-STD07-1.0, et al.; Life Insurance Policy Form #GP-1-R-EPOPT-96 et al. Optional riders and/or features may incur additional costs. Documents are the final arbiter of coverage. GUARDIAN® and the GUARDIAN G® Logo are registered service marks of The Guardian Life Insurance Company of America ("Guardian") and are used with express permission. The Guardian Life Insurance Company of America, 7 Hanover Square, New York, NY 10004. File #2014-11404 Exp. 8/16.



GeoBlue[®] expat and travel insurance

Ensure that high-quality health care is never far away

GeoBlue offers safety and savings

Without an insurance program in place, the cost of repatriation or evacuation can range from \$10,000 for a last-minute commercial plane ticket and travel preparations to \$100,000 for a full evacuation with on-board medical assistance.*

Stress isn't something we want to take along when we leave home. With plans from GeoBlue, your employees can travel and work internationally with confidence, knowing high-quality health care is available if they are sick or injured in another country.

We offer comprehensive products for businesses with two or more employees:

- Traveler for short-term travel
- Expat for long-term travel

Choose from standard plan options or customize coverage based on your needs and budget. Both products combine personalized customer service with innovative online and mobile tools to help your employees and their families receive care from trusted doctors and hospitals around the globe.

Peace of mind is a traveler's most valuable companion

Traveler and Expat plans connect your employees to a community of English-speaking, Western-trained physicians and offer 24/7 concierge-level assistance. An experienced GeoBlue global health coordinator is available anytime and anywhere to help:

- Locate a doctor or hospital
- Arrange consultations about medical treatment options
- Schedule appointments
- Set up direct payments for cashless access to care
- Identify local resources for managing chronic health conditions

GeoBlue app is a passport to convenient, on-the-go service

Travelers can also download the free GeoBlue app to have self-service tools available 24/7 on a smartphone or digital device. They can use the app to:

- Find a provider and get directions using GPS
- Schedule an appointment
- Arrange direct pay and access Guarantees of Payment
- Find generic and brand medications by country
- Translate medical terms and phrases
- Display an ID card and fax a copy directly to a provider
- View daily health, safety, and security alerts for hundreds of cities

* Source: "Travel Medicine and Travel Vaccines: An Investment with a Healthy Return," Passport Health[®] Institute. Published June 3, 2013

Compare plans from GeoBlue

Traveler	Expat
Available to businesses with 2 or more employees	
Short-term coverage (Up to 180 days)	Long-term coverage (Six months or more)
Group supplemental medical benefits and services for international business travelers including:	Comprehensive global benefits with a new generation of medical assistance services including:
<ul style="list-style-type: none"> • Blanket coverage — no need to maintain member rosters 	<ul style="list-style-type: none"> • U.S.-style primary major medical coverage
<ul style="list-style-type: none"> • Benefits cover everything from medical evacuation and hospitalization to treatment of common ailments 	<ul style="list-style-type: none"> • Benefits cover everything from medical evacuation and hospitalization to maternity care and well visits
<ul style="list-style-type: none"> • Covers U.S. and non-U.S. citizens traveling outside of their home country, including trips into the U.S. 	<ul style="list-style-type: none"> • Covers U.S. outbound and third-country nationals
<ul style="list-style-type: none"> • Optional: Spouse/dependent coverage, sojourn coverage, and Accidental Death & Dismemberment insurance 	<ul style="list-style-type: none"> • Optional: Life and Long-Term Disability insurance

Personal support is always nearby

Expat plans include a global Employee Assistance Program (EAP) to help employees manage work-life issues while they're away from home. EAP counselors can assist with:

- Managing life changes
- Parenting and couples' support
- Handling stress
- Substance abuse
- Locating local financial and legal resources

Expat plans also offer access to Wellness Coaches, trained by the Mayo Clinic, who can assist employees with achieving health goals such as weight loss, increasing physical activity, tobacco cessation, and stress management.

Independence 

Blue Solutions®

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