2018 Health Care Plans For Individuals and Families

Hello!

Choosing a health insurance plan is an important decision and we're glad you're considering Independence Blue Cross.

With the region's largest network of doctors and hospitals, we offer you the widest choice for quality care in the region. And when you need help, we're here to support you — online, over the phone, even in person, so you can stop worrying about health care and Live Fearless.

Choose Independence Blue Cross:

- Security
- Flexibility
- Savings

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Meet our plans

We offer a variety of health plans to meet your needs and fit your budget.

HMOs, EPOs, and PPOs

We offer three types of health plans: Health Maintenance Organization (HMO), Exclusive Provider Organization (EPO), and Preferred Provider Organization (PPO). PPO plans may be appropriate if you want a little more freedom and flexibility, while HMO plans may offer a lower premium, since you choose a primary care physician (PCP) to coordinate your care and refer you to specialists. EPO plans fall somewhere in between — they offer in-network coverage only,[1] but don't require you to select a PCP or get referrals.

HMO plan

In-network

Primary Care Physician

Referral

Specialist

EPO plan

In-network

Primary Care Physician

OR

Specialist

PPO plan

In- or out-of-network

Primary Care Physician

OR

Specialist

Lower premium

More flexibility

Our HMO Proactive with a tiered network and HSA-qualified high deductible health plans are designed to offer the most value for your health care dollars. Get the details on p. 4-6.

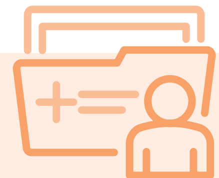
1 Excludes urgent and emergent care

What's the difference between these plans?

All of our plans cover essential health benefits like preventive care, emergency care, hospitalization, maternity services, and prescription drugs. But, there are some key differences you should consider when choosing the best plan for you.

	HMO	HMO Proactive with a tiered network	EPO	EPO Reserve with an HSA	PPO
In-network coverage	✓	✓	✓	✓	✓
Out-of-network coverage[1]					✓
In-network benefits nationwide through BlueCard® PPO			✓	✓	✓
Requires selection of a primary care physician	✓	✓			
Referrals needed for specialists	✓	✓			
Includes a tiered network so you can choose when to save on care		✓			
Option of opening a tax-advantaged HSA				✓	

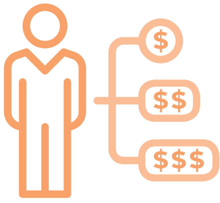
1 excludes urgent and emergent care



Platinum, gold, silver, and bronze health plans

The Affordable Care Act requires all plans to be organized by the level of coverage they offer — platinum, gold, silver, and bronze. Our plans are organized to align with these metallic levels. Since all plans cover the same essential health benefits, the difference is what you pay in monthly premium and out-of-pocket costs when you need care. We also offer catastrophic coverage that is available for people under the age of 30 or those who qualify for a special exemption.

	P Platinum	G Gold	S Silver	B 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



Highlighted plans

Our most popular health plans — Keystone HMO Proactive

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

How you'll save

Like a typical HMO, you select a primary care physician to refer you to specialists and you can visit any doctor or hospital in the Keystone network.

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

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

We offer four affordable Keystone HMO Proactive plans:

Keystone HMO Gold Proactive (p. 17)

Keystone HMO Silver Proactive (p. 20)

Keystone HMO Silver Proactive Select (p. 21)

Keystone HMO Silver Proactive Value (p. 23)

Blue Distinction Center+ hospitals

Blue Distinction Center+ (BDC+) hospitals are recognized for their expertise and efficiency in delivering specialty care. With a Keystone HMO Proactive plan, you can save on specialty care by choosing a BDC+ hospital in Tier 1 – Preferred, while being confident that it:

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

Keystone HMO Proactive hospital tier placements and BDC+ hospitals

Tier 1 – Preferred ($)

Pennsylvania

Bucks

- Aria Health — Bucks County Campus
- Doylestown Hospital
- Grand View Hospital
- Lower Bucks Hospital
- Rothman Orthopaedic Specialty Hospital
- St. Luke's Health Network — 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 Health Network — Allentown Campus
- St. Luke's Health Network — Bethlehem Campus

Montgomery

- Abington Memorial Hospital
- Albert Einstein Medical Center – Montgomery Campus
- Holy Redeemer Hospital and Medical Center
- Lansdale Hospital
- Pottstown Memorial Medical Center
- Suburban Community Hospital

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

Philadelphia

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

New Jersey

Camden

- Our Lady of Lourdes Medical Center

Gloucester

- Inspira Medical Center — Woodbury

Delaware

New Castle

- A.I. DuPont Hospital for Children

Tier 3 – Standard ($$$)

Pennsylvania

Berks

- 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

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

- St. Luke's Health Network — Warren Hospital

Delaware

New Castle

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

Maryland

Cecil

- Union Hospital

Blue Distinction® Center+ Specialties

- Cardiac care
- Spine surgery
- Knee and hip replacement
- Maternity care

Tier placements are reviewed annually and are subject to change. Visit ibx.com/proactivehospitals for the current list.

Questions? Contact your broker for assistance.

HSAs — An option for saving

When you select an HSA-qualified high deductible health plan and pair it with a Health Savings Account (HSA), you get access to an extensive network of doctors, specialists, and hospitals and the option to set aside money in a tax-advantaged HSA to help with out-of-pocket expenses.

Advantages of an HSA

How HSAs work

- Save money now for future health expenses
- Pay for qualified health expenses, including dental and vision costs
- Leftover money rolls over each year

How you can save

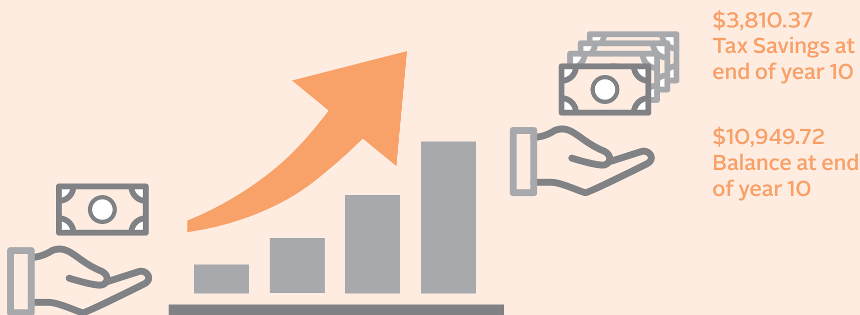
- No taxes on the money you earn
- No taxes on the money you take out
- The money you put in is tax-free

Plans that include HSAs

Personal Choice® EPO Silver Reserve 19
Personal Choice® EPO Silver Reserve Select 19
Personal Choice® EPO Bronze Reserve 25

Watch your savings grow year after year

Let's say each year you contribute $2,000 to your HSA and withdraw, on average, $1,000 for qualified medical expenses. With an investment return of 2 percent, your savings will grow each year.



$3,810.37
Tax Savings at end of year 10

$10,949.72
Balance at end of year 10

The above chart is for illustrative purposes only. The example assumes a 15% tax bracket, 3% state taxes, and that the investment choices yield a return of 2%. Please consult with your tax advisor for your situation. Return on investment is not guaranteed.

Learn about financial assistance

Financial assistance is available to help pay for health insurance for those who qualify. There are several types of financial assistance to help people pay for insurance:

Free or low-cost health insurance through Medicaid – Medicaid is a free public health insurance program administered by the Department of Health and Human Services. For information visit dhs.pa.gov.

Lower monthly premiums and lower out-of-pocket costs when you receive care – You may qualify for help paying for your monthly premium through a tax credit also known as a subsidy. You may also be eligible for help with the out-of-pocket costs you pay when you need care.[2]

Lower monthly premiums – You may qualify for help paying for your monthly premiums through a subsidy.[2]

You can choose to have your subsidy paid directly to your health insurance company for immediate savings.

If your income % of Federal Poverty Level is...					
	Less than 138%	138 – 149%	150 – 199%	200 – 249%	250 – 400%
Single	< $16,642.79	$16,642.80 – $18,089.99	$18,090.00 – $24,119.99	$24,120.00 – $30,149.99	$30,150.00 –$48,239.99
Family of 2	< $22,411.19	$22,411.20 – $24,359.99	$24,360.00 – $32,479.99	$32,480.00 – $40,599.99	$40,600.00 – $64,959.99
Family of 3	< $28,179.59	$28,179.60 – $30,629.99	$30,630.00 – $40,839.99	$40,840.00 – $51,049.99	$51,050.00 – $81,679.99
Family of 4	< $33,947.99	$33,948.00 – $36,899.99	$36,900.00 – $49,199.99	$49,200.00 – $61,499.99	$61,500.00 – $98,399.99
Family of 5	< $39,716.39	$39,716.40 – $43,169.99	$43,170.00 – $57,559.99	$57,560.00 – $71,949.99	$71,950.00 – $115,119.99
Family of 6	< $45,484.79	$45,484.80 – $49,439.99	$49,440.00 – $65,919.99	$65,920.00 – $82,399.99	$82,400.00 – $131,839.99
Family of 7	< $51,253.19	$51,253.20 – $55,709.99	$55,710.00 – $74,219.99	$74,280.00 – $92,849.99	$92,850.00 – $148,559.99
Family of 8[3]	< $57,021.59	$57,021.60 – $61,979.99	$61,980.00 – $82,639.99	$82,640.00 – $103,299.99	$103,300.00 – $165,279.99
You may be eligible for...					
	Free or low-cost health insurance	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy
Plan types	Medical Assistance (Medicaid)	Silver 138–149% CSR plans	Silver 150–199% CSR plans	Silver 200–249% CSR plans	Premium subsidy with our Standard plans
More info	dhs.pa.gov	p. 32-33	p. 30-31	p. 28-29	p. 15-25

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

Are you an American Indian or Alaskan Native?

The government offers Platinum, Gold, Silver, and Bronze plans with similar or no cost-sharing for those who qualify. See p. 34 or visit healthcare.gov to see if you may qualify for a plan with similar or no cost-sharing.

1 If you qualify for this type of assistance, you must select a Silver Cost-Share Reduction plan, which offers lower deductibles, copays, and coinsurance. If you do not select a Silver Cost-Share Reduction plan, you may still be able to get help paying your monthly premium, but you will not be able to get help in paying your deductibles, copays, and coinsurance.

2 If you qualify for a monthly premium subsidy, you can choose from any of the Standard plans at the platinum, gold, silver, or bronze levels. Even if you do not qualify for a subsidy, you can choose any one of these plans.

3 For more than eight, add this amount for each additional person: $4,180.

Source: ASPE HHS, https://aspe.hhs.gov/poverty-guidelines

Compare our plans

To make your decision easier, use the chart below to compare all of our health plans side by side. It includes the most frequently used benefits and their cost-sharing so that you can identify plans that meet your needs. You can even write in your monthly premium from the rate sheet provided in this kit. Once you've narrowed down your choice, you can see our detailed benefit grids on p. 15, or check out our highlighted plans starting on p. 4.

High-level plan comparison

	Platinum		Gold			Silver		
Plan Name	Personal Choice® EPO Platinum	Keystone HMO Platinum	Personal Choice® PPO Gold	Keystone HMO Gold	Keystone HMO Gold Proactive	★ Personal Choice® PPO Silver	Personal Choice® EPO Silver Reserve	Personal Choice® EPO Silver Reserve Select[4]
Out-of-network benefits			✓			✓		
Primary care physician and referrals required		✓		✓	✓			
Out-of-pocket maximum	$4,000	$4,500	$6,000	$6,000	$7,350	$6,500	$6,650	$6,600
Ded	$0	$0	$0	$0	$0	$2,500	$2,700	$2,700
Primary care physician visit	$15	$20	$30	$35	Tier 1 – $15 Tier 2 – $30 Tier 3 – $45	$30 no ded	30% after ded	30% after ded
Specialist visit	$50	$40	$65	$65	Tier 1 – $40 Tier 2 – $60 Tier 3 – $80	$70 no ded	30% after ded	30% after ded
Inpatient hospital	$300/day[1]	$400/day[1]	$750/day[1]	$750/day[1]	Tier 1 – $350/day[1] Tier 2 – $700/day[1] Tier 3 – $1,100/day[1]	25% after ded[2]	30% after ded	30% after ded
Generic prescription drugs	$10	$10	$15	$15	$15	$15 no ded	30% after ded	30% after ded
Special provisions	FP	FP	FP LCG	FP LCG	LCG MG PP	AV LCG MG PP	HSA MG PP	HSA MG PP

Worksheet. Use this section to calculate your estimated premium

Fill in your monthly premium	$	$	$	$	$	$	$	$
Fill in your subsidy amount	$	$	$	$	$	$	$	$
Subtract subsidy amount from monthly premium to see final premium								
Final premium	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

ded = Deductible

Reserve = HSA qualified

1 Amount shown reflects copay per day. There is a maximum of five copays per admission.

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

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

4 These plans are not offered on the Federal Health Insurance Marketplace and must be purchased through Independence directly.

★ Most popular

AV Adult Vision coverage is included.

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

HSA This plan is compatible with a health savings account.

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

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

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

Silver				Bronze				Catastrophic
Keystone HMO Silver[4]	★ Keystone HMO Silver Proactive	Keystone HMO Silver Proactive Select[4]	★ Keystone HMO Silver Proactive Value[4]	Personal Choice® PPO Bronze	Keystone HMO Bronze[4]	★ Personal Choice® EPO Bronze Reserve	★ Personal Choice® EPO Bronze Basic[4]	Personal Choice® EPO Catastrophic
				✓				
✓	✓	✓	✓		✓			
$6,500	$7,350	$7,300	$7,350	$7,350	$7,350	$6,650	$7,350	$7,350
$2,500	Tier 1 – $0 Tier 2 – $5,500 Tier 3 – $5,500	Tier 1 – $0 Tier 2 – $5,500 Tier 3 – $5,500	Tier 1 – $1,500 Tier 2 – $5,500 Tier 3 – $5,500	$5,500	$6,850	$6,650	$7,350	$7,350
$35 no ded	Tier 1 – $40 Tier 2 – $50 no ded Tier 3 – $60 no ded	Tier 1 – $40 Tier 2 – $50 no ded Tier 3 – $60 no ded	Tier 1 – $40 no ded Tier 2 – $50 no ded Tier 3 – $60 no ded	$50 no ded	$50 no ded	0% after ded	Visits 1–3: $40 Visits 4+: 0% after ded	Visits 1–3: $50 Visits 4+: 0% after ded
$70 no ded	Tier 1 – $80 Tier 2 – $100 no ded Tier 3 – $120 no ded	Tier 1 – $80 Tier 2 – $100 no ded Tier 3 – $120 no ded	Tier 1 – $80 no ded Tier 2 – $100 no ded Tier 3 – $120 no ded	50% after ded	$100 no ded	0% after ded	0% after ded	0% after ded
30% after ded	Tier 1 – $500/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	Tier 1 – $500/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	Tier 1 – Subject to ded and $500/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	25% after ded[3]	Subject to ded and $700/day[1]	0% after ded	0% after ded	0% after ded
$15 no ded	$15	$15	$15	$15 after ded (integrated with medical ded)	$15 after ded (integrated with medical ded)	0% after ded (integrated with medical ded)	0% after ded (integrated with medical ded)	0% after ded (integrated with medical ded)
LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	HSA MG PP	MG PP	MG PP
$	$	$	$	$	$	$	$	$
$	$	$	$	$	$	$	$	$
$	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

Other coverage

All of our medical plan offerings include prescription drug coverage. To ensure you have access to comprehensive coverage, we also offer options for adult vision and dental coverage and international health coverage.

Prescription drug benefits

Our prescription drug benefits, administered by FutureScripts,® provide safe and affordable access to covered medications, while managing costs.

Cost-sharing levels

Four levels of cost-sharing ranging from lowest to highest cost:

- **$** GENERIC DRUGS plus some plans include a fifth level for lower-cost generics
- **$$** (Preferred Brand) BRAND-NAME DRUGS
- **$$$** (Non-preferred Brand) NON-FORMULARY brand-name and generic drugs
- **$$$$** SPECIALTY pharmacy drugs

Value Formulary: A new way to save on prescriptions

Our comprehensive list of generic, brand, and specialty drugs can help keep costs down. However, drugs may not be covered if there are alternatives that can be used to treat the same condition for less.

EASY TO USE ONLINE TOOLS

Find a network pharmacy, estimate drug costs, review claims, and submit mail-order requests at ibxpress.com

MAIL ORDER CONVENIENCE

Free home delivery for medications you take regularly; some may receive a 90-day supply for the cost of a 60-day supply

SPECIALTY DRUG SAVINGS WITH BRIOVA Rx®

Convenient delivery of specialty medications used to treat rare, complex, or chronic diseases

68K+ PHARMACIES NATIONWIDE

Extensive network of retail and independent pharmacies

Adult dental, adult vision, and international health insurance plans

Pediatric dental and vision coverage, up to age 19, is included in all Independence Blue Cross health plans. For adults 19 and older, standalone vision and dental plans are available through Independence throughout the year with or without enrollment in a medical plan.

Adult dental plans

- Flexibility to see any dentist you want, nationally*
- One of the largest dental networks in the country with over 62,000 unique dentists at over 244,000 access points nationwide
- 100-percent coverage for routine preventive care†
- Coverage for most basic and major dental services, such as fillings and root canals
- Discounts on non-covered services with some participating providers

Adult vision plans

- 100-percent coverage for routine annual eye exam with a participating provider
- Low or no cost frames from the Exclusive Davis Collection available at most participating providers
- Option to use an allowance towards frames or contact lenses, in lieu of eyeglasses
- National provider network with over 60,000 points of access
- Discounts on other services including laser vision correction

To enroll in an adult dental and/or vision plan, contact your broker.

International health insurance

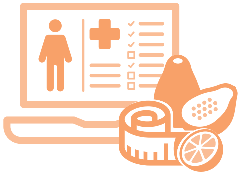
- Single trip, multi-trip, and expat plans available
- Access to English-speaking, Western-trained physicians in over 190 countries
- Comprehensive coverage for hospitalizations, doctor visits, and prescriptions
- Coverage for emergency medical evacuations, typically not covered by domestic medical plans
- Cashless, paperless billing
- 24/7/365 assistance for scheduling appointments and managing care

Visit ibx4you.com/global or call 1-855-481-6647 (TTY: 711) for more information and an instant quote.

*No need to get referrals to see specialists and no claim forms to submit when you see an in-network dentist.

† with an in-network provider

GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.



Maximize your benefits

As an Independence Blue Cross health plan member, there are plenty of ways you can save money on common health care services. You can even choose to receive care at specific locations for the most cost-effective option.

Take advantage of telemedicine

With telehealth service provided by MDLIVE, you get 24/7 access to a U.S. board-certified doctor who can treat non-emergent medical conditions[1] — like allergies, sinus problems, or pink eye — by secure video, phone, and mobile app. And, you'll never pay more than $40 per occurrence.

Preventive Plus — Preventive colonoscopy[2]

- Members pay $0 for a preventive colonoscopy by choosing Preventive Plus providers and GI professionals that are not hospital based[3]
- Out-of-pocket costs can be up to $750 by choosing non-Preventive Plus providers and professionals
- Preventive Plus benefit included in all plans

Take advantage of retail clinics and urgent care centers

If you can't get to your doctor, you shouldn't have to go far for quality care and fast service. Independence offers two additional options for non-emergent care:

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

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

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

Save on outpatient surgery

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

Get 100 percent coverage for blood work and other laboratory services.

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

MDLIVE is an independent company providing telemedicine services for Independence Blue Cross.

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

2 Age and frequency guidelines apply to preventive care, such as colonoscopies.

3 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. 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.

Improve your overall health and well-being

We're committed to helping you understand your benefits and get the most out of them. Whether you're trying to find a doctor, get healthier, or make an important decision, we make it easy to Achieve with Independence.

Achieve Well-being

- Engaging, online tools that make it easier to achieve your well-being goals
- Personalized action plan includes ongoing activities and reminders
- Ability to sync your fitness apps and devices for progress and biometrics
- Reimbursements for gym workouts, weight management, and tobacco cessation programs

Achieve Better Health

- 24/7 access to a registered nurse health coach who can answer your questions on any health topic
- Resources and support to help you manage your health
- Case managers to help you navigate complex illnesses or conditions
- If you have a baby on the way, Baby BluePrints® is a free program that provides support including timely emails and 24/7 access to a registered nurse

Discounts and savings

- Up to six free nutritional counseling visits
- Healthy recipes and coupons available on getgoodliving.com*
- Money-saving discounts on health and well-being products and services*
- Deals on amusement parks, hotels, shopping, movie tickets, sporting events, and museums*

Benefits tools and information

- Benefit summaries, booklets, EOBs, referrals, claims, and spending — all accessible at ibxpress.com and on our mobile app
- Find a doctor tool and treatment cost estimator
- Prescription drug finder and pricing tools
- Ask IBX tool to help answer your questions

IBX Wire®

Sign up to receive text messages about exclusive discounts and savings at ibx.com/getwired.

* Value-added programs are not benefits and are subject to change.

Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and conditions available at myhelpsite.net/ibx. Notification messages within IBX Wire are sent via automated SMS. Enrollment in IBX Wire is not a requirement to purchase goods and services from Independence Blue Cross. Wire is a trademark of Relay Network, LLC, an independent company.

2018 Standard Plans

Questions?

Contact your broker for more information.

Platinum health plans

Platinum health plans	Personal Choice® EPO Platinum[2]	Keystone HMO Platinum[2]
Benefits per calendar year[1]	**You pay in-network[3]**	**You pay in-network[3]**
Deductible, individual/family	$0/$0	$0/$0
Coinsurance	0% unless otherwise noted	0% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$4,000/$8,000 copay and coinsurance	$4,500/$9,000 copay and coinsurance
Preventive services[5]		
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	$15	$20
Specialist office visit	$50	$40
Telemedicine[28]	$40	$40
Urgent care	$100	$100
Spinal manipulations (20 visits per year)[6]	$50	$50
Physical/occupational therapy (30 visits per year)[6]	$50	$40
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$300 per day[7]	$400 per day[7]
Inpatient professional services (includes maternity)	$0	$0
Emergency room (not waived if admitted)	$250	$250
Routine radiology	$40	$30
MRI/MRA, CT/CTA scan, PET scan	$80	$60
Biotech/specialty injectables	$100	$60
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness & substance abuse — outpatient	$50	$40
Mental health, serious mental illness & substance abuse — inpatient	$300 per day[7]	$400 per day[7]
Outpatient surgery		
Ambulatory surgical facility	10% up to $50 max	10% up to $100 max
Hospital-based	10% up to $250 max	10% up to $300 max
Outpatient lab/pathology		
Freestanding	0%	$0
Hospital-based	50%	$0
Prescription drugs[14,15,‡]		
Rx deductible (individual/family)	None	None
Retail generic[16]	$10	$10
Retail preferred brand[16]	$50	$50
Retail non-preferred drug[16]	$100	$100
Retail specialty	50% up to $700	50% up to $700
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	$0
Dental[24,25]		
Pediatric dental deductible (per individual)	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Gold health plans	Personal Choice® PPO Gold[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family	$0/$0	$4,000/$8,000
Coinsurance	20% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:[11]	$6,000/$12,000 copay and coinsurance	$8,000/$16,000 ded and coinsurance
Preventive services[5]		
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	$30	50% after ded
Specialist office visit	$65	50% after ded
Telemedicine[28]	$40	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year)[6]	$50	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$60	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$750 per day[7]	50% after ded
Inpatient professional services (includes maternity)	20%	50% after ded
Emergency room (not waived if admitted)	$350	$350 no ded
Routine radiology	$60	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$120	50% after ded
Biotech/specialty injectables	$120	50% after ded
Durable medical equipment/prosthetics	50%	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$65	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	$750 per day[7]	50% after ded
Outpatient surgery		
Ambulatory surgical facility	25% up to $300 max	50% after ded
Hospital-based	25% up to $700 max	50% after ded
Outpatient lab/pathology		
Freestanding	0%	50% after ded
Hospital-based	50%	50% after ded
Prescription drugs[14,15,‡]		
Rx ded (individual/family)	None	None
Retail generic[19]	$15[16]	70%
Retail preferred brand	40% up to $200[16]	70%
Retail non-preferred drug	50% up to $200[16]	70%
Retail specialty	50% up to $700	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	Not covered
Dental[24,25]		
Pediatric dental ded (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Keystone HMO Gold[2]	Keystone HMO Gold Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$0/$0	$0/$0	$0/$0	$0/$0
20% unless otherwise noted	0% unless otherwise noted	20% unless otherwise noted	30% unless otherwise noted
$6,000/$12,000 copay and coinsurance	$7,350/$14,700 copay and coinsurance	$7,350/$14,700 copay and coinsurance	$7,350/$14,700 copay and coinsurance
$0	$0	$0	$0
$0	$0	$0	$0
$750	$750	$750	$750
$35	$15[13]	$30[13]	$45[13]
$65	$40	$60	$80
$40	$40	$40	$40
$100	$100	$100	$100
$50	$50	$50	$50
$60	$60	$60	$60
$750 per day[7]	$350 per day[7]	$700 per day[7]	$1,100 per day[7]
20%	0%	20%	30%
$350	$400[12]	$400[12]	$400[12]
$60	$60	$60	$60
$120	$120	$120	$120
$120	50%	50%	50%
50%	50%	50%	50%
$65	$40	$40	$40
$750 per day[7]	$350 per day[7]	$350 per day[7]	$350 per day[7]
25% up to $300 max	$150	$550	$1,000
25% up to $700 max	$150	$550	$1,000
$0	$0	$0	$0
$0	$0	$0	$0
None	None	None	None
$15[16,17]	$15[16,17]	$15[16,17]	$15[16,17]
40% up to $200	50% up to $200[16,17,18]	50% up to $200[16,17,18]	50% up to $200[16,17,18]
50% up to $200[16]	50% up to $300[17,18]	50% up to $300[16,17,18]	50% up to $300[16,17,18]
50% up to $700	50% up to $700[17,18]	50% up to $700[17,18]	50% up to $700[17,18]
$0	$0	$0	$0
$50	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Silver health plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family	$2,500/$5,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$6,500/$13,000 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
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	$30 no ded	50% after ded
Specialist office visit	$70 no ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	30% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$70 no ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	25% after ded[8]	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	30% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	30% after ded	50% after ded
Biotech/specialty injectables	30% after ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$70 no ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	25% 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	50% no ded	50% after ded
Prescription drugs[14,15,17,18,‡]		
Rx ded (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$15 no ded[16,19]	70% no ded
Retail preferred brand	50% after ded up to $300[16]	70% after ded
Retail non-preferred drug	50% after ded up to $400[16]	70% after ded
Retail specialty	50% after ded up to $700	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0 no ded	Not covered
Adult routine eye exam[22]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
Dental[24,25]		
Pediatric dental ded (per individual)	$50	Not covered
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Personal Choice EPO Silver Reserve[2]	OFF Personal Choice EPO Silver Reserve Select[2]	OFF Keystone HMO Silver[2]
You pay in-network[3]	You pay in-network[3]	You pay in-network[3]
$2,700/$5,400	$2,700/$5,400	$2,500/$5,000
30% unless otherwise noted	30% unless otherwise noted	30% unless otherwise noted
$6,650/$13,300 copay, ded, and coinsurance	$6,600/$13,200 copay, ded, and coinsurance	$6,500/$13,000 copay, ded, and coinsurance
$0 no ded	$0 no ded	$0 no ded
$0 no ded	$0 no ded	$0 no ded
$750 no ded	$750 no ded	$750 no ded
30% after ded	30% after ded	$35 no ded
30% after ded	30% after ded	$70 no ded
30% after ded	30% after ded	$40 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	$60 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	$120 no ded
30% after ded	30% after ded	$250 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	50% after ded
30% after ded	30% after ded	$70 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	50% after ded
30% after ded	30% after ded	$0 no ded
30% after ded	30% after ded	$0 no ded
Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
30% after ded[16]	30% after ded[16]	$15 no ded[16,19]
30% after ded[16]	30% after ded[16]	50% after ded up to $300[16]
30% after ded[16]	30% after ded[16]	50% after ded up to $400[16]
50% after ded up to $700	50% after ded up to $700	50% after ded up to $700
Integrated with medical ded	Integrated with medical ded	
$0 no ded	$0 no ded	$0 no ded
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
Integrated with medical ded	Integrated with medical ded	$50
$0 no ded	$0 no ded	$0 no ded
30% after ded	30% after ded	50% after ded

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Silver health plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Ded, individual/family[10]	$0/$0	$5,500/$11,000	$5,500/$11,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$7,350/$14,700 copay and coinsurance	$7,350/$14,700 copay, ded, and coinsurance	$7,350/$14,700 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	$0	$0 no ded	$0 no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0 no ded	$0 no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care office visit/retail clinic[13]	$40	$50 no ded	$60 no ded
Specialist office visit	$80	$100 no ded	$120 no ded
Telemedicine[28]	$40	$40 no ded	$40 no ded
Urgent care	$100	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year)[6]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year)[6]	$80	$80 no ded	$80 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$500 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[12]	$550	$550 no ded	$550 no ded
Routine radiology	$120	$120 no ded	$120 no ded
MRI/MRA, CT/CTA scan, PET scan	$250	$250 no ded	$250 no ded
Biotech/specialty injectables	50%	50% no ded	50% no ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness & substance abuse — outpatient	$80	$80 no ded	$80 no ded
Mental health, serious mental illness & substance abuse — inpatient	$500 per day[7]	$500 per day no ded[7]	$500 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Hospital-based	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding	$0	$0 no ded	$0 no ded
Hospital-based	$0	$0 no ded	$0 no ded
Prescription drugs[14,15,17,18,‡]			
Rx ded (individual/family)	None	None	None
Retail generic[16,19]	$15	$15	$15
Retail preferred brand[16]	50% up to $400	50% up to $400	50% up to $400
Retail non-preferred drug[16]	50% up to $500	50% up to $500	50% up to $500
Retail specialty	50% up to $700	50% up to $700	50% up to $700
Additional benefits			
Vision[20,21]			
Pediatric exam & pediatric eyewear[22,23]	$0	$0 no ded	$0 no ded
Adult routine eye exam	Not covered	Not covered	Not covered
Adult eyewear (glasses or contacts)	Not covered	Not covered	Not covered
Dental[24,25]			
Pediatric dental ded (per individual)	$50	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded	50% after ded

OFF Keystone HMO Silver Proactive Select[2]

You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$0/$0	$5,500/$11,000	$5,500/$11,000
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$7,300/$14,600 copay and coinsurance	$7,300/$14,600 copay, ded, and coinsurance	$7,300/$14,600 copay, ded, and coinsurance
$0	$0 no ded	$0 no ded
$0	$0 no ded	$0 no ded
$750	$750 no ded	$750 no ded
$40	$50 no ded	$60 no ded
$80	$100 no ded	$120 no ded
$40	$40 no ded	$40 no ded
$100	$100 no ded	$100 no ded
$50	$50 no ded	$50 no ded
$80	$80 no ded	$80 no ded
$500 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
0%	5% after ded	10% after ded
$550	$550 no ded	$550 no ded
$120	$120 no ded	$120 no ded
$250	$250 no ded	$250 no ded
50%	50% no ded	50% no ded
50%	50% no ded	50% no ded
$80	$80 no ded	$80 no ded
$500 per day[7]	$500 per day no ded[7]	$500 per day no ded[7]
$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
None	None	None
$15	$15	$15
50% up to $400	50% up to $400	50% up to $400
50% up to $500	50% up to $500	50% up to $500
50% up to $700	50% up to $700	50% up to $700
$0	$0 no ded	$0 no ded
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
$50	$50	$50
$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Silver health plans

Benefits per calendar year[1]

Ded, individual/family[10]

Coinsurance

Out-of-pocket maximum, individual/family includes:[11]

Preventive services[5]

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[13]

Specialist office visit

Telemedicine[28]

Urgent care

Spinal manipulations (20 visits per year)[6]

Physical/occupational therapy (30 visits per year)[6]

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)[12]

Routine radiology

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables

Durable medical equipment/prosthetics

Mental health, serious mental illness & substance abuse — outpatient

Mental health, serious mental illness & substance abuse — inpatient

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs[14,15,17,18,‡]

Rx ded (individual/family)

Retail generic[16,19]

Retail preferred brand[16]

Retail non-preferred drug[16]

Retail specialty

Additional benefits

Vision[20,21]

Pediatric exam & pediatric eyewear[22,23]

Adult routine eye exam

Adult eyewear (glasses or contacts)

Dental[24,25]

Pediatric dental ded (per individual)

Pediatric exams and cleanings[26]

Pediatric basic, major, and orthodontia services[27]

OFF Keystone HMO Silver Proactive Value[2]

You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$1,500/$3,000	$5,500/$11,000	$5,500/$11,000
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$7,350/$14,700 copay, ded, and coinsurance	$7,350/$14,700 copay, ded, and coinsurance	$7,350/$14,700 copay, ded, and coinsurance
$0 no ded	$0 no ded	$0 no ded
$0 no ded	$0 no ded	$0 no ded
$750 no ded	$750 no ded	$750 no ded
$40 no ded	$50 no ded	$60 no ded
$80 no ded	$100 no ded	$120 no ded
$40 no ded	$40 no ded	$40 no ded
$100 no ded	$100 no ded	$100 no ded
$50 no ded	$50 no ded	$50 no ded
$80 no ded	$80 no ded	$80 no ded
Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
0% after ded	5% after ded	10% after ded
$550 no ded	$550 no ded	$550 no ded
$120 no ded	$120 no ded	$120 no ded
$250 no ded	$250 no ded	$250 no ded
50% no ded	50% no ded	50% no ded
50% no ded	50% no ded	50% no ded
$80 no ded	$80 no ded	$80 no ded
Subject to ded and $500 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $500 per day[7]
Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
$0 no ded	$0 no ded	$0 no ded
$0 no ded	$0 no ded	$0 no ded
None	None	None
$15	$15	$15
50% up to $400	50% up to $400	50% up to $400
50% up to $500	50% up to $500	50% up to $500
50% up to $700	50% up to $700	50% up to $700
$0 no ded	$0 no ded	$0 no ded
Not covered	Not covered	Not covered
Not covered	Not covered	Not covered
$50	$50	$50
$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Bronze health plans	Personal Choice® PPO Bronze[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family	$5,500/$11,000	$15,000/$30,000
Coinsurance	50% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:	$7,350/$14,700 copay, ded, and coinsurance	$25,000/$50,000 ded and coinsurance
Preventive services[5]		
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	50% after ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	50% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	50% after ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	25% after ded[9]	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	50% after ded	50% after in-network ded
Routine radiology	50% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	50% after ded	50% after ded
Biotech/specialty injectables	50% after ded	50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	25% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	50% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	0% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Prescription drugs[14,15,17,18,‡]		
Rx ded (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$15 after ded[16,19]	70% after ded
Retail preferred brand	50% after ded[16]	70% after ded
Retail non-preferred drug	50% after ded[16]	70% after ded
Retail specialty	50% after ded	Not covered
Additional benefits		
Vision[20, 21]		
Pediatric exam & pediatric eyewear[22,23]	$0 no ded	Not covered
Dental[24,25]		
Pediatric dental ded (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Personal Choice® EPO Bronze Reserve[2]	OFF Personal Choice® EPO Bronze Basic[2]	OFF Keystone HMO Bronze[2]
You pay in-network[3]	You pay in-network[3]	You pay in-network[3]
$6,650/$13,300	$7,350/$14,700	$6,850/$13,700
0%	0%	50% unless otherwise noted
$6,650/$13,300 copay and ded	$7,350/$14,700 copay and ded	$7,350/$14,700 copay, ded, and coinsurance
$0 no ded	$0 no ded	$0 no ded
$0 no ded	$0 no ded	$0 no ded
$750 no ded	$750 no ded	$750 no ded
0% after ded	Visits 1 – 3: $40 copay no ded* Visits 4+ : 0% after ded*	$50 no ded
0% after ded	0% after ded	$100 no ded
0% after ded	0% after ded	$40 no ded
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	$80 no ded
0% after ded	0% after ded	Subject to ded and $700 per day[7]
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	Subject to ded and $500 copay
0% after ded	0% after ded	$120 no ded
0% after ded	0% after ded	$250 no ded
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	50% after ded
0% after ded	Visits 1 – 3: $40 copay no ded Visits 4+: 0% after ded	$100 no ded
0% after ded	0% after ded	Subject to ded and $700 per day[7]
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	$0 no ded
0% after ded	0% after ded	$0 no ded
Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
0% after ded[16]	0% after ded[16]	$15 after ded[16,19]
0% after ded[16]	0% after ded[16]	50% after ded up to $300[16]
0% after ded[16]	0% after ded[16]	50% after ded up to $400[16]
0% after ded	0% after ded	50% after ded up to $700
Integrated with medical ded	Integrated with medical ded	
$0 no ded	$0 after ded	$0 no ded
Integrated with medical ded	Integrated with medical ded	$50
$0 no ded	$0 no ded	$0 no ded
0% after ded	0% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Catastrophic	Personal Choice® EPO Catastrophic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family	$7,350/$14,700
Coinsurance	0%
Out-of-pocket maximum, individual/family includes:	$7,350/$14,700 copay and ded
Preventive services[5]	
Preventive care for adults and children	$0 no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care office visit/retail clinic	Visits 1–3: $50 copay no ded* Visits 4+: 0% after ded*
Specialist office visit	0% after ded
Telemedicine[28]	0% after ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/occupational therapy (30 visits per year)	0% after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (not waived if admitted)	0% after ded
Routine radiology	0% after ded
MRI/MRA, CT/CTA scan, PET scan	0% after ded
Biotech/specialty injectables	0% after ded
Durable medical equipment/prosthetics	0% after ded
Mental health, serious mental illness & substance abuse — outpatient	Visits 1 – 3: $50 copay no ded Visits 4+: 0% after ded
Mental health, serious mental illness & substance abuse — inpatient	0% after ded
Outpatient surgery	
Ambulatory surgical facility	0% after ded
Hospital-based	0% after ded
Outpatient lab/pathology	
Freestanding	0% after ded
Hospital-based	0% after ded
Prescription drugs[14,15,17,18,‡]	
Rx ded (individual/family)	Integrated with medical ded
Retail generic[16]	0% after ded
Retail preferred brand[16]	0% after ded
Retail non-preferred drug[16]	0% after ded
Retail specialty	0% after ded
Additional benefits	
Vision[20,21]	Integrated with medical ded
Pediatric exam & pediatric eyewear[22,23]	0% after ded
Dental[24,25]	
Pediatric dental ded (per individual)	Integrated with medical ded
Pediatric exams and cleanings[26]	$0 no ded
Pediatric basic, major, and orthodontia services[27]	0% after ded

Footnotes begin on page 35 | ded = Deductible

2018 Cost-Share Reduction Plans

Questions?

Contact your broker for more information.

Silver 200 – 249% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family[10]	$2,500/$5,000	$10,000/$20,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$5,850/$11,700 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
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[13]	$30 no ded	50% after ded
Specialist office visit	$60 no ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	20% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$60 no ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room (not waived if admitted)	20% after ded	20% after in-network ded
Routine radiology	20% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	20% after ded	50% after ded
Biotech/specialty injectables	20% after ded	50% after ded
Durable medical equipment/prosthetics	20% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$60 no ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	20% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	20% 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% no ded	50% after ded
Prescription drugs[14,15,17,18,‡]		
Rx ded (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$10 no ded[16,19]	70% no ded
Retail preferred brand	30% after ded up to $200[16]	70% after ded
Retail non-preferred drug	50% after ded up to $200[16]	70% after ded
Retail specialty	50% after ded up to $700	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0 no ded	Not covered
Adult routine eye exam[22]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
Dental[24,25]		
Pediatric dental ded (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Personal Choice EPO Silver Reserve[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$2,700/$5,400	$0/$0	$5,500/$11,000	$5,500/$11,000
30%	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$3,800/$7,600 copay, ded, and coinsurance	$5,850/$11,700 copay and coinsurance	$5,850/$11,700 copay, ded, and coinsurance	$5,850/$11,700 copay, ded, and coinsurance
$0 no ded	$0	$0 no ded	$0 no ded
$0 no ded	$0	$0 no ded	$0 no ded
$750 no ded	$750	$750 no ded	$750 no ded
30% after ded	$40	$50 no ded	$60 no ded
30% after ded	$80	$100 no ded	$120 no ded
30% after ded	$40	$40 no ded	$40 no ded
30% after ded	$100	$100 no ded	$100 no ded
30% after ded	$50	$50 no ded	$50 no ded
30% after ded	$80	$80 no ded	$80 no ded
30% after ded	$500 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
30% after ded	0%	5% after ded	10% after ded
30% after ded	$550[12]	$550 no ded[12]	$550 no ded[12]
30% after ded	$120	$120 no ded	$120 no ded
30% after ded	$250	$250 no ded	$250 no ded
30% after ded	50%	50% no ded	50% no ded
30% after ded	50%	50% no ded	50% no ded
30% after ded	$80	$80 no ded	$80 no ded
30% after ded	$500 per day[7]	$500 per day no ded[7]	$500 per day no ded[7]
30% after ded	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
30% after ded	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
30% after ded	$0	$0 no ded	$0 no ded
30% after ded	$0	$0 no ded	$0 no ded
Integrated with medical ded	None	None	None
30% after ded[16]	$15[16,19]	$15[16,19]	$15[16,19]
30% after ded[16]	50% up to $400[16]	50% up to $400[16]	50% up to $400[16]
30% after ded[16]	50% up to $500[16]	50% up to $500[16]	50% up to $500[16]
50% after ded with $700	50% up to $700	50% up to $700	50% up to $700
Integrated with medical ded			
$0 no ded	$0	$0 no ded	$0 no ded
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
Integrated with medical ded	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
30% after ded	50% after ded	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Silver 150 – 199% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible, individual/family[10]	$1,850/$3,700	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,450/$4,900 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
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	$500 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic[13]	$10 no ded	50% after ded
Specialist office visit	$30 no ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	10% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$30 no ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% no ded	50% after ded
Inpatient professional services (includes maternity)	10% no ded	50% after ded
Emergency room (not waived if admitted)	10% no ded	10% no ded
Routine radiology	10% no ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	10% no ded	50% after ded
Biotech/specialty injectables	10% after ded	50% after ded
Durable medical equipment/prosthetics	10% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$30 no ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	10% no ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	10% no ded	50% after ded
Hospital-based	10% no ded	50% after ded
Outpatient lab/pathology		
Freestanding	0% no ded	50% after ded
Hospital-based	50% no ded	50% after ded
Prescription drugs[14,15,17,18,‡]		
Rx deductible (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$4 no ded[16]	70% no ded
Retail preferred brand	30% after ded up to $200[16]	70% after ded
Retail non-preferred drug	40% after ded up to $200[16]	70% after ded
Retail specialty	50% after ded up to $500	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0 no ded	Not covered
Adult routine eye exam[22]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
Dental[24,25]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Personal Choice EPO Silver Reserve[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$500/$1,000	$0/$0	$1,000 /$2,000	$1,000 /$2,000
20%	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,000/$4,000 copay, ded, and coinsurance	$2,450/$4,900 copay and coinsurance	$2,450/$4,900 copay, ded, and coinsurance	$2,450/$4,900 copay, ded, and coinsurance
$0 no ded	$0	$0 no ded	$0 no ded
$0 no ded	$0	$0 no ded	$0 no ded
$500 no ded	$500	$500 no ded	$500 no ded
20% after ded	$20	$30 no ded	$40 no ded
20% after ded	$40	$60 no ded	$80 no ded
20% after ded	$40	$40 no ded	$40 no ded
20% after ded	$50	$50 no ded	$50 no ded
20% after ded	$50	$50 no ded	$50 no ded
20% after ded	$40	$40 no ded	$40 no ded
20% after ded	$100 per day[7]	Subject to ded and $450 per day[7]	Subject to ded and $900 per day[7]
20% after ded	0%	5% after ded	10% after ded
20% after ded	$150[12]	$150 no ded[12]	$150 no ded[12]
20% after ded	$50	$50 no ded	$50 no ded
20% after ded	$100	$100 no ded	$100 no ded
20% after ded	40%	40% no ded	40% no ded
20% after ded	20%	20% no ded	20% no ded
20% after ded	$40	$40 no ded	$40 no ded
20% after ded	$100 per day[7]	$100 per day no ded[7]	$100 per day no ded[7]
20% after ded	$100	Subject to ded and $450 copay	Subject to ded and $900 copay
20% after ded	$100	Subject to ded and $450 copay	Subject to ded and $900 copay
20% after ded	$0	$0 no ded	$0 no ded
20% after ded	$0	$0 no ded	$0 no ded
Integrated with medical ded	None	None	None
20% after ded[16]	$4[16]	$4[16]	$4[16]
20% after ded[16]	30% up to $300[16]	30% up to $300[16]	30% up to $300[16]
20% after ded[16]	40% up to $400[16]	40% up to $400[16]	40% up to $400[16]
50% after ded up to $500	50% up to $500	50% up to $500	50% up to $500
Integrated with medical ded			
$0 no ded	$0	$0 no ded	$0 no ded
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
Integrated with medical ded	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
20% after ded	50% after ded	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Silver 138 – 149% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible, individual/family[10]	$0/$0	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$1,000/$2,000 copay and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
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	$250	50% no ded
Physician services		
Primary care office visit/retail clinic[13]	$5	50% after ded
Specialist office visit	$15	50% after ded
Telemedicine[28]	$40	Not covered
Urgent care	10%	50% after ded
Spinal manipulations (20 visits per year)[6]	10%	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$15	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10%	50% after ded
Inpatient professional services (includes maternity)	10%	50% after ded
Emergency room (not waived if admitted)	10%	10% no ded
Routine radiology	10%	50% after ded
MRI/MRA, CT/CTA scan, PET scan	10%	50% after ded
Biotech/specialty injectables	10%	50% after ded
Durable medical equipment/prosthetics	10%	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$15	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	10%	50% after ded
Outpatient surgery		
Ambulatory surgical facility	10%	50% after ded
Hospital-based	10%	50% after ded
Outpatient lab/pathology		
Freestanding	0%	50% after ded
Hospital-based	50%	50% after ded
Prescription drugs[14,15,17,18,‡]		
Rx deductible (individual/family)	None	None
Retail generic	$4[16]	70%
Retail preferred brand	20% up to $200[16]	70%
Retail non-preferred drug	20% up to $200[16]	70%
Retail specialty	50% up to $500	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	Not covered
Adult routine eye exam[22]	$0	Not covered
Adult eyewear (glasses or contacts)	Allowance up to $100 for frames or contact lenses; $150 frame allowance at Visionworks stores	Not covered
Dental[24,25]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Personal Choice EPO Silver Reserve[2]	Keystone HMO Silver Proactive[2]		
You pay in-network[3]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
$100/$200	$0/$0	$250/$500	$250/$500
10%	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$1,800/$3,600 copay, ded, and coinsurance	$1,000/$2,000 copay and coinsurance	$1,000/$2,000 copay, ded, and coinsurance	$1,000/$2,000 copay, ded, and coinsurance
$0 no ded	$0	$0 no ded	$0 no ded
$0 no ded	$0	$0 no ded	$0 no ded
$250 no ded	$250	$250 no ded	$250 no ded
10% after ded	$10	$20 no ded	$30 no ded
10% after ded	$20	$40 no ded	$60 no ded
10% after ded	$40	$40 no ded	$40 no ded
10% after ded	$10	$10 no ded	$10 no ded
10% after ded	$50	$50 no ded	$50 no ded
10% after ded	$20	$20 no ded	$20 no ded
10% after ded	$75 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
10% after ded	0%	5% after ded	10% after ded
10% after ded	$75[12]	$75 no ded[12]	$75 no ded[12]
10% after ded	$10	$10 no ded	$10 no ded
10% after ded	$20	$20 no ded	$20 no ded
10% after ded	40%	40% no ded	40% no ded
10% after ded	20%	20% no ded	20% no ded
10% after ded	$20	$20 no ded	$20 no ded
10% after ded	$75 per day[7]	$75 per day no ded[7]	$75 per day no ded[7]
10% after ded	$75	Subject to ded and $250 copay	Subject to ded and $500 copay
10% after ded	$75	Subject to ded and $250 copay	Subject to ded and $500 copay
10% after ded	$0	$0 no ded	$0 no ded
10% after ded	$0	$0 no ded	$0 no ded
Integrated with medical ded	None	None	None
10% after ded[16]	$4	$4	$4
10% after ded[16]	10% up to $300	10% up to $300	10% up to $300
10% after ded[16]	20% up to $400	20% up to $400	20% up to $400
50% after ded up to $500	50% up to $500	50% up to $500	50% up to $500
Integrated with medical ded			
$0 no ded	$0	$0 no ded	$0 no ded
Not covered	Not covered	Not covered	Not covered
Not covered	Not covered	Not covered	Not covered
Integrated with medical ded	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
10% after ded	50% after ded	50% after ded	50% after ded

Footnotes begin on page 38 | ded = Deductible

Coverage for American Indians/ Alaskan Natives

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

Less than 300% FPL plan options

You may choose from any of the Standard plan options on pages 17–25, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium subsidy.

More than 300% FPL plan options

You may choose from any of the Standard plan options on pages 17–25 and you will pay the cost-sharing amounts listed, but you will have $0 cost-sharing if you receive care for any essential health benefits that are referred by or received directly from the HIS, Indian Tribe, Tribal Organization, or Urban Indian Organization. You may also qualify for a premium subsidy.

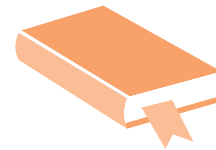
Household Income

Family size	Less than 300% FPL	More than 300% FPL
Single	$36,179.99	$36,180.00
Family of 2	$48,719.99	$48,720.00
Family of 3	$61,259.99	$61,260.00
Family of 4	$73,799.99	$73,800.00
Family of 5	$86,339.99	$86,340.00
Family of 6	$98,879.99	$98,880.00
Family of 7	$111,419.99	$111,420.00
Family of 8*	$123,959.99	$123,960.00

* For more than eight, add this amount for each additional person: $4,180.

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

Glossary



Coinsurance – The percentage you pay for some covered services. If your coinsurance is 20 percent, your health insurance company will pay 80 percent of the cost of covered services; you will pay the remaining 20 percent (your costs are usually based on a discounted amount negotiated by your insurance company).

Copay – The flat fee you pay when you see a doctor or receive other services. For example, $20 to see a doctor.

Cost-sharing – Also known as out-of-pocket costs, this is the money you pay when you receive care in the form of a copay, deductible, or coinsurance. This is separate from the monthly premium you pay to be a member of the health plan.

Deductible – The amount you pay each year before your health plan starts paying for covered services. For example, if your plan has a $1,000 deductible, you will need to pay the first $1,000 of the costs for the health care services you receive. Once you have paid this amount, your insurance will begin to pay a portion or all of your health care costs, depending on the health plan.

Health Savings Account (HSA) – An HSA is a type of savings account that allows you to set aside money on a pre-tax basis to pay for qualified medical expenses.

In-network – The doctors, hospitals, labs, and other health care providers who contract with a health insurance company to deliver services to members. They usually charge discounted rates for their services. To keep it simple, we'll just refer to them as doctors and hospitals throughout this brochure.

Out-of-network – Doctors, hospitals, labs, and other health care providers who do not have a contract with a health insurance company. Members typically pay more for services from out-of-network providers. Some health plans may not cover services from out-of-network providers (e.g., HMO and EPO plans).

Out-of-pocket maximum – An out-of-pocket maximum is the most you will have to pay for your health care expenses during a plan period (usually a year) for covered services received from providers that participate in the plan's network. No matter what, you will not pay more than this amount each year. Any care for covered services you get after you meet your out-of-pocket maximum will be covered 100 percent by the health insurer. Monthly premiums do not count towards your out of pocket maximum.

Premium – Also known as a monthly rate, this is the money you pay to your insurance company each month to have health insurance. This is separate from the copays, deductibles, and coinsurance you pay when you need care.

Preventive care – Services that help you stay healthy and may also detect some diseases in the early stages. Examples include flu shots, mammograms, and cholesterol tests.

Primary care physician (PCP) – This is just another term for your family doctor.

Referral – If you have an HMO plan, your family doctor (or primary care physician) will need to provide you with a referral before you see other network providers, such as a heart doctor (cardiologist).

Specialist – A specialist provides care for certain conditions in addition to the treatment provided by your family doctor (primary care physician). For example, you may need to see an allergist for allergies or an orthopedic surgeon for a knee injury.

Subsidy – Financial help from the government (also known as a tax credit) to pay for your health insurance expenses.

Important Plan Information

Benefits that require preapproval

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

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

Inpatient hospital stays

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

Utilization review

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

Continuity of care

(Continuity of care policy applies to HMO plans only)

Terminated providers

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

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

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

Emergency services

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

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

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

Complaints and grievances

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

Privacy policy

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

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

Procedures that support safe prescribing

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

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

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

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

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

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

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

Prescription drug program provider payment information

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

Benefits exclusions

The benefits summaries in this brochure represent only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please call **1-866-346-2081 (TTY: 711)**.

What's not covered?

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

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

Footnotes

Medical

* Retail clinic services are subject to 0% coinsurance after deductible.

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

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

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

4 Out-of-Network 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 out-of-network providers are based on the lesser of the Medicare Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the 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 amount is based on 50 percent of the actual charge of the provider with the exception of inpatient facility services. For inpatient facility covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is determined by Independence's fee schedule for the closest analogous covered service.

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

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

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

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

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

Keystone HMO Proactive

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

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

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

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

Prescription Drugs

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

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

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

17 This plan utilizes the FutureScripts Preferred Pharmacy Network — a subset of the national retail pharmacy network. It includes over 50,000 pharmacies, including most major chains and local pharmacies except Walgreens and Rite Aid. With plans that use the Preferred Pharmacy network, filling a prescription at a non-participating pharmacy is considered out of network, and members must pay the total cost upfront. They may be able to get reimbursed for part of this cost, but they will need to submit a claim and reimbursement will be at a lower rate.

18 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.

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

‡ For all plans, member pays cost share per each fill unless out of pocket max has been met.

Additional Benefits

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

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

22 One eye exam per calendar year period.

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

24 Independence dental plans are administered by United Concordia Companies, Inc., an independent company.

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

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

27 Only medically necessary orthodontia is covered.

28 For telemedicine, members are responsible for a $40 fee per occurrence. Independence telemedicine benefits are administered by MDLive, an independent company.

Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Urdu:
توجہ درکارہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

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

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Taglines as of 10/14/2016

Discrimination is Against the Law

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

This Plan provides:

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

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

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

Choose the Power of Blue

With Independence Blue Cross, you have access to the region's largest network of doctors and hospitals and the card accepted in every ZIP code.

FutureScripts is an independent company providing pharmacy benefits management services for Independence Blue Cross.

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

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

International health insurance is provided by GeoBlue, the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued in the District of Columbia by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association.

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.

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