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# Blue Solutions<sup>®</sup>

Affordable health care coverage for small employers

**Independence** 

Health | Well-being | Prescription Drug | Vision | Dental | Additional Benefits

# Bringing you SMARTER, BETTER HEALTH CARE



## Improving care in every community

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with a robust portfolio that delivers programs that drive higher-quality health care and lower costs.



## Personalized member engagement

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to help your employees make smart decisions about their health care expenses.



## Purposeful innovation

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to change the way health care is designed, delivered, and experienced for our members.



## Tailored health plan solutions

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that are comprehensive and flexible to meet your business' unique needs.



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# SMARTER, BETTER HEALTH CARE

Choosing the right health plans to fit your budget is a big decision.

Independence Blue Cross (Independence) makes it easier with a variety of health plans that protect your bottom line and give your employees and their families comprehensive benefits and personal support to live their healthiest lives.

## Why choose Independence for your business?

We make health care effective, affordable, and simple for you and your employees with:

Programs that motivate members to achieve well-being

Digital tools to help members stay informed and save money

Additional benefits to complement medical coverage

## ..... The Power of Blue\* .....



1 in 3 Americans carry a Blue Card



Largest provider network  
(96% of hospitals, 95% of doctors)



106 million members

# Quick guide to your total benefits solution

Our ACA-compliant health plans help empower members to stay healthier and save money on their health care. Take a look at what's included in our Blue Solutions® portfolio.

## Health plans

- 40 health plans with 2 new plans
- PPO, EPO, Direct POS, HMO
- Copay, coinsurance/deductible, copay/deductible, and high deductible health plans
- Preventive Plus colonoscopy benefit included in all plans
- Site of service benefits for outpatient surgery, biotech/specialty & infusion, labs, PT/OT, and radiology included in certain plans
- Enhanced telemedicine benefit in most plans
- Tele-behavioral health visits with licensed professionals available at the same cost-share as in-office behavioral health visits

## Spending accounts

- HSAs and HRA available with eligible plans

## Prescription drug

- All health plans include prescription drug coverage
- Preferred Pharmacy network includes Walgreens retail pharmacies
- 90-day supply of maintenance medications available at Walgreens pharmacies at the same cost-share amount as the mail-order benefit

## Adult and pediatric vision

- All health plans include pediatric and adult vision benefits

## Pediatric dental

- All health plans include pediatric dental benefits for children up to age 19
- Pediatric dental benefits provide 100 percent coverage for in-network dental exams and cleanings once every six months

## The College Tuition Benefit®

- Included at no cost in all health plans
- Subscribers can earn Tuition Rewards® to help pay for higher education for eligible family members

## GlobalFit® Anywhere app

- Get discounts on fitness classes. Schedule workouts by location, budget, fitness goals, and activity preference.
- Pay as you go with no membership fees
- No class limits or cancellation fees



## Additional benefits help lower the total cost of care

We offer you the option to purchase additional benefits to pair with our health plans for a holistic approach to managing your employees' health and wealth:

- Affordable standalone family and adult dental plans administered by United Concordia Companies, Inc.
- Guardian® life, disability, accident, critical illness, cancer, and hospital indemnity coverage
- Short- and long-term international health insurance from GeoBlue®

# Improving care in EVERY COMMUNITY



We're making health care work better in the communities we serve by working with providers to improve the quality and affordability of the care delivered to your employees.



## Value-based programs provide quality and savings

Independence is a leader in driving value-based health care through our Facilitated Health Networks (FHN). Instead of paying providers for volume, this approach rewards providers based on quality and outcomes.

**32%**  
BETTER

in pediatric prevention<sup>1</sup>

**21%**  
DECREASE

in avoidable ER visits per 1,000<sup>2</sup>

**18%**  
MORE PROVIDERS

in a value-based contract  
than the national average<sup>3</sup>



1. Based on 2017 HEDIS National Average

2. Based on internal data

3. Health Care Payment Learning & Action Network. *Measuring Progress: Adoption of Alternative Payment Models in Commercial, Medicaid, Medicare Advantage, and Medicare Fee-for-Service Programs*. October 22, 2018

# How we're reducing overall health care costs

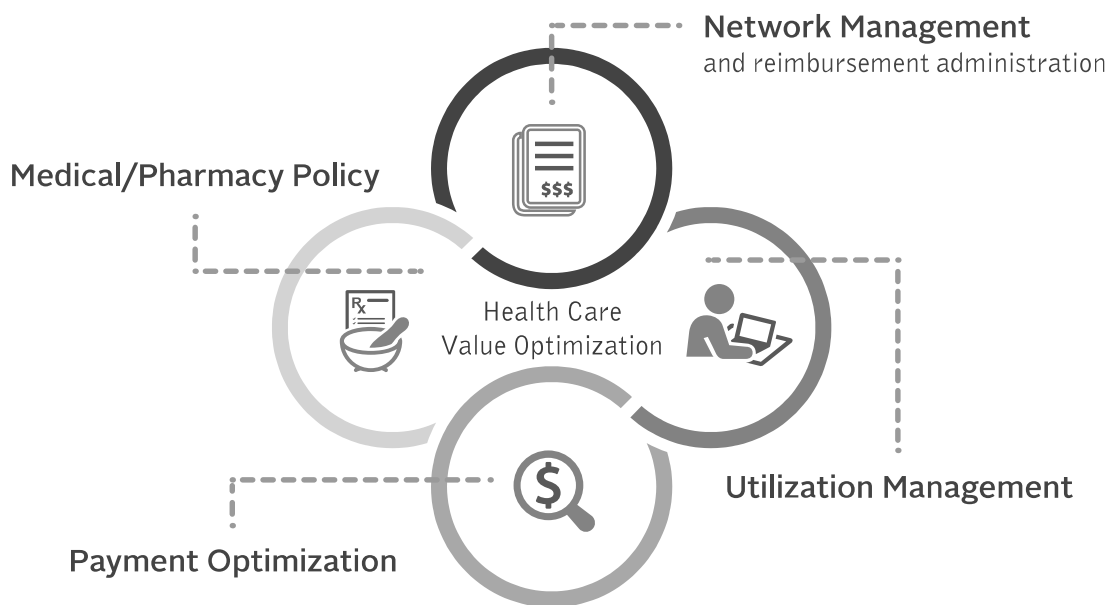
## Health care value optimization

As stewards of your dollar, we regularly review programs, processes, and policies. Using industry benchmarks and best practice standards, we identify and address outliers in health care costs and utilization. We use this information to continually evolve and enhance our utilization management and claim payment policies.

## Driving value in medical management

In recent years, Independence has optimized our medical management savings to ensure members receive high-quality health care in the safest setting. As a result, we are:

- Driving evidence-based care
- Reducing the number of unnecessary procedures and related costs from potential complications
- Increasing savings by driving access to services in the most cost-effective setting



## Our value-based programs are delivering results

As part of our FHN model, we're collaborating with providers — including Rothman Institute and Penn Medicine — to ensure members receive high-quality health care, while reducing overall costs.

### Shared accountability

Enhanced provider payment models incentivize doctors to deliver quality care rather than quantity.

### Real-time data exchange

Doctors get a complete view of patients' health to help them make more informed decisions on appropriate care.

### Strengthening efficiency

Bundled payments for an episode of care for certain procedures eliminate unnecessary services.

# Personalized MEMBER ENGAGEMENT



A positive and engaging member experience is about getting members to understand and use their benefits to make smart decisions about their health care. Engaging with members helps them:



Better understand  
and maximize their  
health benefits



Improve their health  
and well-being



Make informed health  
care decisions



Use self-service tools  
and resources

Members can access the following tools anytime, anywhere on [ibx.com](https://ibx.com) or through the IBX mobile app.

## Tools for members' health

- Digital member ID card
- Achieve Well-being
- Telemedicine services
- Find a Doctor
- Behavioral health resources



## Tools for members' wealth

- Spending accounts
- Care Cost Estimator
- Price a Drug
- Healthy Lifestyles reimbursements
- Blue 365® discounts
- Blue Insider<sup>SM</sup> savings

THE IBX MOBILE APP IS A  
TOP-RATED APP IN BOTH THE  
APPLE AND GOOGLE PLAY STORES.



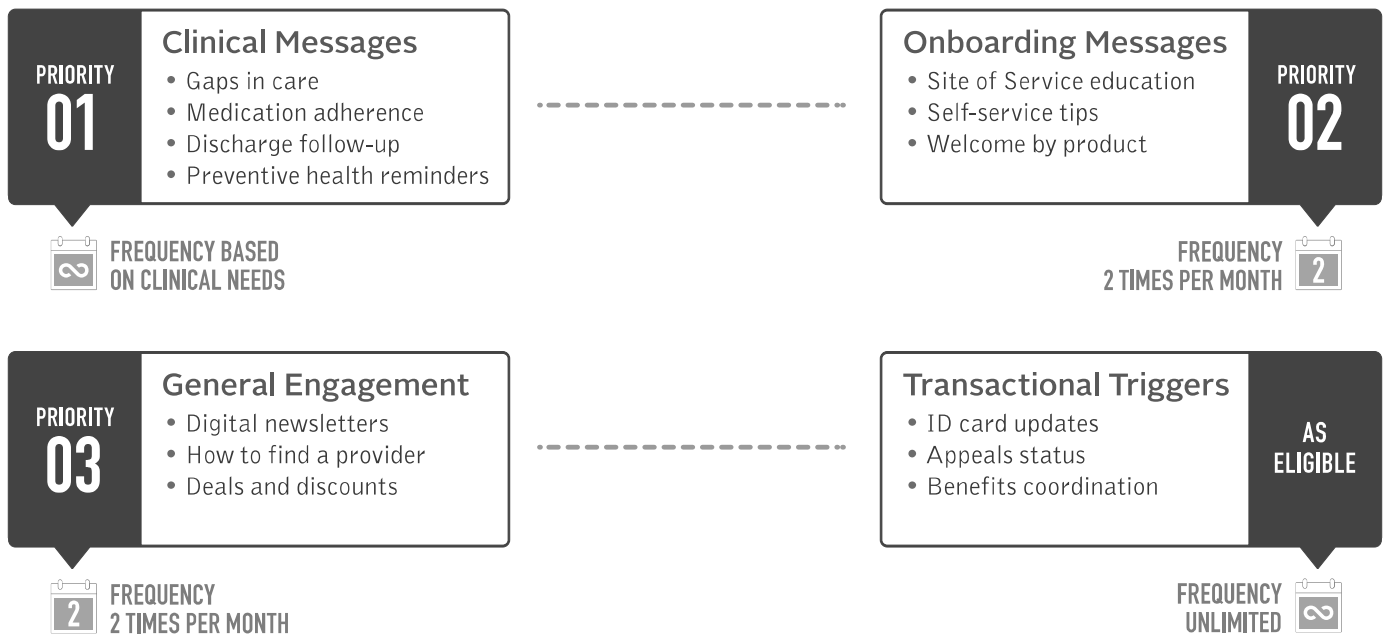
# Delivering the right information, at the right time

## Industry-leading member experience

With two-thirds of our subscribers digitally engaged in IBX Wire® or email, our award-winning engagement strategy delivers customized content that guides members to the right tools and resources for their needs. By engaging early and often, we're not only driving better health outcomes but also driving a healthier, more productive workforce for your business.

## Keeping members connected

It all starts with the member ID card, which invites members to call to confirm receipt. Then, we reach out to members throughout the year with personalized information depending on where they are in their health care journey. Messages are also prioritized so that members receive the most vital ones first.



## Engagement drives powerful results

42%

MORE LIKELY  
TO BE COMPLIANT WITH  
THEIR MEDICATION REGIMEN

14%

LESS LIKELY  
TO USE THE ER FOR  
NON-EMERGENT REASONS

11%

MORE  
COMPLIANT WITH  
PREVENTIVE SCREENINGS

# Helping members Achieve with Independence

The prevalence of chronic conditions and unhealthy lifestyle choices are key factors in rising health care costs and, ultimately, your bottom line. Whether your employees are generally healthy or need a little more support, our Achieve Well-being and Achieve Better Health programs are tailored to meet their specific needs.

Achieve Well-being	Achieve Better Health
<b>Self-service tools to help employees stay healthy</b>	<b>Care management programs for extra health support</b>
<ul style="list-style-type: none"><li>• Engaging online tools that make it easy for members to achieve their well-being goals</li><li>• Personalized action plan includes ongoing activities and reminders</li><li>• Ability to sync with fitness apps and devices for progress, biometrics, personal challenges, and inviting friends</li><li>• Up to \$450 in reimbursements for gym workouts, weight management, and tobacco cessation programs</li></ul>	<ul style="list-style-type: none"><li>• 24/7 access to a registered nurse Health Coach</li><li>• Resources and support for members with chronic conditions</li><li>• Case managers to help members with serious illnesses or conditions</li><li>• Targeted clinical messaging to help members Achieve Better Health</li><li>• Maternity program support to pregnant members</li></ul>

## NEW FOR 2020!



### Find affordable workouts with the GlobalFit® Anywhere app

The new pay-as-you-go GlobalFit Anywhere app helps make staying fit convenient and affordable. Members can choose from a variety of discounted classes, such as yoga and kickboxing, gym day passes, and personal training sessions and schedule them through the app based on location, activity preference, fitness goals, and budget.

#### Getting started is easy:

- Download the app on Google Play or the App Store.
- Create an account on the app (members should enter their member ID number in the client code field).
- Search for available classes and workouts.



Discounted pricing through the app offers the best value on available classes and workouts



Choose from local studios, trainers, and gyms



No class limits, and no membership or class cancellation fees

# Improving members' health and emotional well-being

Using a comprehensive, holistic approach, we help your employees manage their work-life balance, improve emotional wellness, and build resiliency. They are your company's greatest asset, and their health can dramatically affect your workplace.

## WE PROVIDE TOOLS TO HELP YOU BUILD A CUSTOMIZED WORKSITE WELL-BEING PROGRAM, WHICH CAN INCLUDE:



Seminars and videos

Incentives and rewards



Ready-made well-being challenges

Operational wellness plans



Assessments

Toolkits and communication templates



Visit [wellbeing.ibx.com](https://wellbeing.ibx.com) for tools to build your customized well-being program.

## Convenient, confidential behavioral health resources

Untreated mental health and substance abuse issues cost employers thousands of dollars and significantly affect workplace productivity. Employees can access free online *On To Better Health* cognitive behavioral therapies at [ibx.com](https://ibx.com) and virtual visits with behavioral health providers.\*



### *On To Better Health* online

- Create a personal health plan based on a quick screening
- Get self-paced care on demand
- View helpful tips and articles



### Tele-behavioral health visits

- Same costs apply for tele-behavioral health visits as in-office visits
- Connect to licensed health care professionals securely by phone or video chat
- More than 200 providers available in the Independence five-county service area
- Find providers that offer tele-behavioral visits at [ibx.com/providerfinder](https://ibx.com/providerfinder)

\* Available to members who have employee assistance program benefits through Magellan Behavioral Health.

# Secure, convenient account management

Administer your health benefits efficiently and securely at [ibx.com](http://ibx.com).

Sign in to access enrollment, billing, marketing tools, and our latest news.



## PAY BY eBILL

This secure and convenient service allows you to pay and view invoices. Make a one-time payment at any time right up until your premium due date, or set up recurring monthly payments from one or multiple bank accounts.



## MARKETING TOOLKITS

Access self-service toolkits to help you promote Independence capabilities and services to your employees.



## MANAGE YOUR ACCOUNT

Add or remove employees, change employee or dependent information, and administer spending accounts.

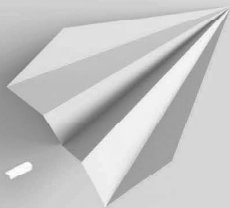


IBX.COM

# Inspiring PURPOSEFUL INNOVATION



Making health care work better means disrupting the status quo and pioneering new ways to improve health care for our members. As market leaders, we are inspired to develop new ways to improve health care. Our focus is always on members, their health, and making the health care experience more convenient, effective, and affordable.



## Quil

Through our new partnership with Comcast, we've developed a platform that empowers individuals with customized health-related content through multiple digital channels, supporting them through their health care journey.



## Innovation center

Located at our headquarters in Center City Philadelphia, our two-floor, high-tech innovation center leverages design-thinking principles to unleash innovative solutions. Customers and partners are invited to use this space to help solve specific challenges.



## Investing in new ventures, partnerships, and technologies

We help to make a better and more sustainable health care system by nurturing the country's most promising health-related startups. We also forge powerful partnerships that foster public-private collaborations and improve quality, lower costs, and promote health care innovation.



## Blue Cross Blue Shield *Health of America*

This report series is a source of insights, information, and powerful stories highlighting how Blue Cross Blue Shield companies are leading the way to better health care — and better health — for America. To view the reports, visit [bcbs.com/the-health-of-america](http://bcbs.com/the-health-of-america).

# Tailored HEALTH PLAN SOLUTIONS

No one knows your business better than you do. That's why we work with you to design the most comprehensive benefits solutions to fit your unique business needs. In addition to medical coverage, you can choose to add a standalone family or adult dental plan and offer even more protection for your employees and their families with supplemental insurance and international health insurance.



## For you

- Medical plans at every price point
- Flexibility to add industry leading products to your medical plans
- Employee satisfaction and retention



## For members

- Coverage options in and out of network
- Affordable cost-sharing
- More choices and control



# Health plans to fit your needs and budget

No matter the size of your business, you can choose up to three health plans to fit your budget and ensure employees and their families are covered, even if they live outside of our five-county service area.

## NEW PLANS FOR 2020



### Keystone HMO Gold Secure \$1,000/\$40/\$80/\$650

Competitively priced alternative to Gold Preferred plan

- Same copays as the popular Gold Preferred
- Includes a deductible on major services



### Keystone HMO Silver Proactive Value<sup>1</sup>

Most affordable Proactive plan

- Leverages the same tiered network as our other Proactive products
- Includes a deductible on all tiers

	Personal Choice® PPO	Personal Choice EPO	Keystone Direct POS	Keystone HMO
Access to more than 60,000 doctors	X	X	X	X
Out-of-network benefits	X		X	
Select a PCP			X	X
No specialist referrals needed for the highest level of benefits	X	X	X <sup>2</sup>	
In-network benefits nationwide through BlueCard® PPO	X	X		
Away from Home Care® for members temporarily living outside the coverage area			X	X
Emergency and urgent care access worldwide	X	X	X	X

1. Employees must reside in either the Pennsylvania 5-county area or a contiguous county to be eligible to enroll in a Keystone HMO Proactive plan.

2. Members with a Direct POS plan need a referral from their PCP for certain services: Routine X-rays, spinal manipulations, physical/occupational therapy, and acupuncture. For lab work, members should use the designated site selected by their PCP for the lowest out-of-pocket costs.

# Site of Service benefits empower members to save

All Blue Solutions plans feature Site of Service (SoS) benefits that give members choices when accessing certain services. Members save money on out-of-pocket costs – in some cases hundreds of dollars – based on where care is received.

## Choosing the most cost-effective location to receive care

Members have the choice to lower out-of-pocket costs based on the location where they receive care for the following services:



### Biotech/specialty injectables and infusion

- Lower cost-sharing when a drug is administered in the home or doctor's office
- Higher cost-sharing in an outpatient setting
- Benefit included in many non-HSA qualified and non-HRA plans



### Outpatient labs

- For members with non-HSA and non-HRA PPO plans, cost-sharing for covered services is \$0 at freestanding in-network labs.
- Members with HMO and Direct POS plans have 100 percent coverage for in-network lab services when using their PCP's designated lab.



### Outpatient surgery<sup>1</sup>

- Lower cost-sharing for services at in-network ambulatory surgical centers (ASCs)
- Benefit included in most non-HSA qualified plans



### Preventive colonoscopy<sup>2</sup>

- \$0 preventive colonoscopy when performed by non-hospital-based Preventive Plus providers and GI professionals
- Benefit included in all plans



### Physical/occupational therapy & routine/complex radiology

- Lower cost-sharing at office-based providers or freestanding sites
- Higher cost-sharing at hospital-based sites
- Benefit included in non-HSA qualified PPO plans

Refer to the health plans charts beginning on page 32 for SoS cost-sharing.

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

2. Out-of-pocket costs can be up to \$750 by choosing non-Preventive Plus providers and professionals. Age and frequency guidelines apply to preventive care, such as colonoscopies. The Preventive Plus benefit does not apply to members who reside or travel outside our service area and access care through the BlueCard® Program or the Away From Home Care® Guest Membership Program. For these members, a preventive colonoscopy to screen for colorectal cancer will be covered at no cost when they use an in-network provider. If they choose to visit an out-of-network provider, cost-sharing for their plan's out-of-network benefit applies, and their out-of-pocket costs may be significantly higher. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit.

# More affordable telemedicine visits

Most Blue Solutions plans have an enhanced telemedicine benefit, offering members a convenient, cost-effective option for care when their own doctor isn't available. New this year, a telemedicine visit is \$0 for members with Platinum plans and \$20 for members in other plans.<sup>1</sup>

## Avoiding costly ER visits when it's not an emergency

MDLIVE®, a leading telemedicine vendor, offers secure, 24/7 access to board-certified physicians via secure video chat, over the telephone, or through the mobile app. They can treat non-emergency medical conditions such as:

- Colds and flu
- Allergies and asthma
- Ear and sinus infections
- Pink eye
- Rashes
- Joint aches and pains

## Simple sign up with Sophie

Members can text IBX to 635-483 and Sophie, a virtual assistant, will guide them through the steps to activate their MDLIVE account using their smartphone.



## Telemedicine can help lower the overall cost of care

Members may experience lower medical costs, reduced ER and urgent care utilization for non-emergencies, and decreased absenteeism when they take advantage of the telemedicine benefit.

# 97% PATIENT SATISFACTION

# 96% OF PATIENTS

did not receive additional treatment for that same condition

# 82% OF CASES

did not require any further action within the next 7 days



1. The enhanced telemedicine benefit does not apply to HSA-qualified or HRA plans.

# Keystone HMO Proactive tiered network plans

Our suite of Keystone HMO Proactive plans — expanded to include the new Silver Proactive Value plan — gives members access to the full Keystone HMO network at a lower premium. These plans offer members more choice and control over their health care dollars, which can add up to big savings for your business.

## High-quality care, lower out-of-pocket costs

Members with Keystone HMO Proactive plans must choose a primary care physician to coordinate their care and refer them to specialists. Providers are grouped into three tiers based on cost and quality measures. Members are free to choose providers in any tier but save the most by using **Tier 1 — Preferred** providers.

Tier 1 – Preferred



Tier 2 – Enhanced



Tier 3 – Standard



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

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

**50% OF DOCTORS AND  
HOSPITALS ARE IN  
TIER 1 – PREFERRED**



## Keystone HMO Proactive hospital tier placements

### 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

Chester County Hospital  
Tower Health — Brandywine Hospital  
Tower Health — Jenersville Regional Hospital  
Tower Health — Phoenixville Hospital

##### Delaware

Crozer-Chester Medical Center  
Delaware County Memorial Hospital  
Springfield 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  
Suburban Community Hospital  
Tower Health — Pottstown Memorial  
Medical Center

##### Philadelphia

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

#### New Jersey

##### Burlington

Deborah Heart & Lung Center  
Virtua Willingboro Hospital

##### 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  
Shriners' Hospital for Children

#### New Jersey

##### Camden

Virtua Our Lady of Lourdes Hospital

##### Gloucester

Inspira Medical Center — Woodbury

#### Delaware

##### New Castle

A.I. DuPont Hospital for Children

### Tier 3 – Standard \$\$\$

#### Pennsylvania

##### Berks

St. Joseph Medical Center  
Tower Health — Reading Hospital and  
Medical Center

##### Bucks

St. Mary Medical Center

##### Chester

Main Line Health — Paoli Hospital

##### Delaware

Main Line Health — Riddle Hospital

##### Lancaster

Ephrata Community Hospital  
Lancaster General Hospital

##### 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 Marlton Hospital  
Virtua Memorial 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

#### Delaware

##### Salem

Inspira Medical Center — Elmer

##### Warren

St. Luke's Health Network —  
Warren Hospital

##### New Castle

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

#### Maryland

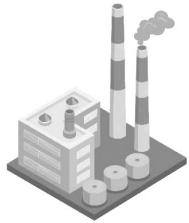
##### Cecil

Union Hospital

Updates are made periodically to our network and provider tiering. To get the latest information, visit [ibx.com/providerfinder](https://ibx.com/providerfinder). Select *Keystone HMO Proactive* under *Your Plan* for the tiers to display.

# Spending accounts offer tax advantages and more control over health care spending

With tax advantages for both employers and employees, spending accounts are a smart addition to your health plans. You can choose to offer an HSA with one of our HSA-qualified health plans or add an HRA to our HRA-eligible health plan.



## The value of a BlueSaver® HSA or HRA

Encourage your employees to take more control over planning and paying for eligible health care expenses and help them get the most out of their health care dollars.



### For employers

- Flexibility to choose plans that fit your budget
- Tax advantages and no administrative fees\*
- Convenient funding methods
- Seamless account management, reporting tools, and spending account resources at [ibx.com](https://ibx.com)

### For employees

- Tax advantages and no monthly account fee\*
- Easy access through [ibx.com](https://ibx.com)
- Integration of spending accounts and health claims
- Streamlined payments including debit card

## Choose the tax-advantaged health spending account that works best for you

	HSA	HRA
Why employers offer	Allows employers to choose lower premium plans with higher deductibles while giving employees a way to save for qualified medical expenses as well as future health care expenses.	Another way to help employees offset health care expenses. The employer only pays for HRA-covered expenses, owns the accounts, and can define what's covered.
Compatible with	HSA-qualified high-deductible health plans	Eligible HRA plan
Who owns the account	Employee	Employer
Who funds the account <sup>1</sup>	Employer and/or employee	Employer
Who establishes contribution rules	IRS	Employer and Independence
Helps pay for <sup>2</sup>	Qualified medical expenses	Qualified medical expenses as determined by employer
Funds carry over	Yes	No
Portable	Yes	No

\* Some banking fees may apply.

1. Refer to page 63 for information about spending account funding requirements.

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

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

# The College Tuition Benefit<sup>®</sup> helps ease the financial burden of college

Included in all Blue Solutions plans at no additional cost, The College Tuition Benefit helps you attract and retain talent and makes it easier for your employees and their families to pay for higher education.

## How The College Tuition Benefit works

The College Tuition Benefit works like a scholarship program, allowing Independence subscribers to earn SAGE Scholars Tuition Rewards<sup>®</sup> to help offset the cost of a four-year undergraduate education at participating colleges and universities nationwide.

- Subscribers can sponsor students who are part of their immediate or extended family — children, grandchildren, nieces, nephews, stepchildren, and godchildren.\*
- One Tuition Rewards point is equal to a \$1 guaranteed minimum discount off of the full price of tuition.
- When subscribers register for the program they earn 2,000 points, and students receive 500 Student Tuition Rewards points upon enrollment. Upon renewal each year, subscribers will receive an additional 2,000 points. Subscribers also receive an additional 2,500 points in year four.

The College Tuition Benefit is a great retention tool, because the longer employees stay with your company and keep their Independence coverage, the more points they can accrue.

Year 7	16,500 pts
Year 6	14,500 pts
Year 5	12,500 pts
Year 4	10,500 pts**
Year 3	6,000 pts
Year 2	4,000 pts
Sign up	2,000 pts



[ibx.collegetuitionbenefit.com](http://ibx.collegetuitionbenefit.com)

View the full list of participating colleges and universities.



\* Subject to certain restrictions.

\*\* Includes additional 2,500 points received in year four.

# Power of one: Medical and pharmacy together

All Blue Solutions medical plans include pharmacy benefits, which gives us a holistic view of members' health and utilization. It allows us to more effectively coordinate all aspects of members' health care, which leads to improved outcomes and better control of overall costs.

## Driving cost savings for employers and members

Our prescription drug benefits are powered by FutureScripts®, a national, top-three Pharmacy Benefit Manager. Members have access to more than 68,000 retail and independent pharmacies nationwide. As drug prices continue to rise, we are working with FutureScripts to provide members safe and affordable access to their covered medications through:

- **PreCheck MyScript.** This digital tool allows prescribing physicians to determine the most affordable, covered medication options for members.
- **Rebates at point-of-sale.** Applicable drug rebates are provided directly to members with deductibles or coinsurance plans to help reduce out-of-pocket costs.
- **Online and mobile tools.** In addition to a pharmacy lookup tool, members can access a drug pricing tool at [ibx.com](http://ibx.com) and the IBX mobile app. Members can compare prices between pharmacies to help find lower-cost alternatives. Our tools also provide messaging about medication adherence and generic drug availability.

- **Mail order.** Free home delivery is available for medications members take regularly. Members may also be able to get a 90-day supply of certain medications for the cost of a 60-day supply.

## NEW FOR 2020!

### 90-day maintenance medications available at Walgreens

Walgreens is participating in the Preferred Pharmacy network,<sup>1</sup> giving members with Blue Solutions plans that use the Preferred Pharmacy network more choice for filling prescriptions. Additionally, members in all Blue Solutions plans can get a 90-day supply of maintenance medications at Walgreens retail pharmacies for the same cost-share as mail order.

## ••••• Promising results in combating the opioid crisis •••••

Independence has improved opioid prescribing habits by adding five-day supply limits, introducing enhanced pre-authorization policies, and setting up system alerts to call attention to possible misuse.

We've created programs that give those suffering from addiction access to effective community-based opioid treatment and prevention. We are also building better integration with behavioral health services and offering alternative pain management therapies, like acupuncture, in our plan benefits.

We have seen a major reduction in the number of members using opioids, claims processed, and opioid dosages prescribed.<sup>2</sup>

**46% DECREASE**  
in opioid prescriptions

**40% REDUCTION**  
in opioid users

1. Some plans use the Preferred Pharmacy network, which includes more than 59,000 pharmacies. For these plans, filling a prescription at a non-participating pharmacy such as Rite Aid is considered out of network, and members must pay the total cost up front. 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.  
2. Statistics from claims data over a five-year period.

# Savings on specialty drugs

Specialty drug spending continues to outpace other health care costs. Our specialty pharmacy program goes beyond just helping members manage their medications.

Our therapy management programs and experienced pharmacy and nurse clinical management teams deliver whole-person care to improve member health outcomes, which in turn helps lower the total cost of care.

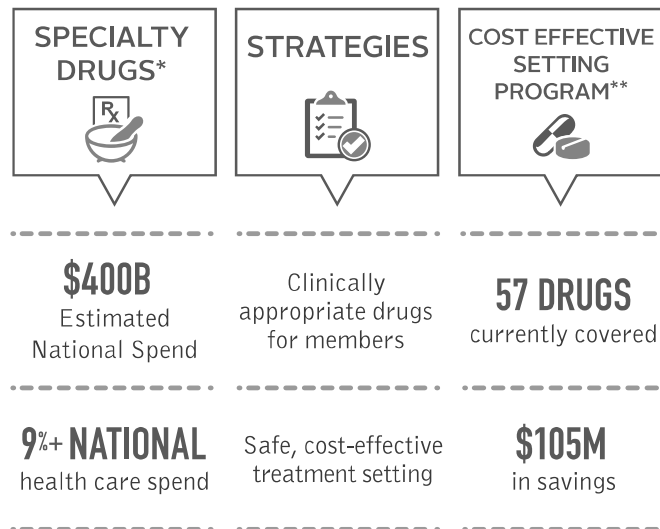
## Most Cost Effective Setting program

For members with rare and serious conditions requiring newer specialty medications and emerging technologies, our Most Cost Effective Setting program helps them receive the appropriate medication in their home, provider's office, or infusion center. In these settings, medications cost three to four times less than if they received them in a hospital.

## Personal support for the best health outcomes

With the help of our specialty drug programs managed by FutureScripts, members receive expert, personalized 24/7 support from pharmacists and nurses experienced in treating rare, complex, and chronic diseases.

- **Video consultations.** Real-time, face-to-face video consultations with an expert clinician or patient care coordinator from a secure online patient portal.
- **Side effect management.** Free therapy support kits help members manage their condition and any treatment side effects.
- **Condition, clinical, and lifestyle support.** Members receive emails with tailored videos based on their condition that provide encouragement and support throughout treatment.



\* Nationally by 2020

\*\* Based on internal analytics

# Health plans include vision and dental benefits

Every Blue Solutions plan includes adult and pediatric vision benefits in addition to pediatric dental benefits for children up to age 19, encouraging prevention, early diagnosis, and treatment to help detect more serious, costly conditions.

## The benefits of vision coverage are clear

Vision benefits are administered by Davis Vision® and give members a choice of more than 84,000 points of access nationwide. Pediatric members are covered in-full for exams and glasses, while adults are covered in full for exams and have two allowance options for eyewear.<sup>1</sup>

Members can also take advantage of discounted hearing services from Davis Vision, including a free hearing exam, access to a large national network of audiologists and ENTs, and up to 40 percent off national average selling prices on brand name hearing aids from Your Hearing Network.

## Adult eyewear allowance

Up to \$130 frame or contact lens allowance, plus 20 percent off any frame overage at participating Davis Vision providers

OR

Up to \$180 frame allowance, plus 20% off any overage, at Visionworks locations

## Additional vision benefits



### Frames and lenses

- Low to no copay on Davis Vision Exclusive Collection frames
- Fixed lens pricing on all cosmetic options, including anti-reflective lens coatings that block harmful blue light
- One-year frame and lens warranty from Davis Vision providers



### Contacts

- Low prices and same-day shipping? for replacement contacts and solution from [davisvisioncontacts.com](http://davisvisioncontacts.com)



### Vision correction discounts

- 40 – 50 percent off of the national average price of traditional LASIK laser vision correction
- Exclusive pricing and financing options for LASIK services

## Pediatric dental benefits: Keeping young smiles healthy

All Blue Solutions medical plans include in-network dental benefits<sup>3</sup> administered by United Concordia Companies, Inc. for enrolled members up to age 19 to help kids develop good oral health.

Personal Choice® PPO	Keystone Health Plan East DHMO
<ul style="list-style-type: none"><li>• Included in PPO medical plans</li><li>• 100 percent coverage for in-network dental exams and cleanings once every six months</li><li>• Choose any provider in the Concordia Advantage network</li><li>• No referrals required</li></ul>	<ul style="list-style-type: none"><li>• Included in HMO and DPOS medical plans</li><li>• 100 percent coverage for in-network dental exams and cleanings once every six months</li><li>• Must choose a Primary Dental Office (PDO) from the Keystone DHMO network</li><li>• Referrals required from PDO for specialist services</li></ul>

See page 26 and 27 for family and adult dental plan options to add to your medical coverage.

ADDITIONAL BENEFITS



Independence 

COMPLETE YOUR  
**BENEFITS PACKAGE**



# Purchase dental coverage for the whole family

Providing employees and their families with comprehensive dental coverage in addition to medical benefits helps protect your workforce and your bottom line. We offer affordable standalone family plans and adult dental plans administered by United Concordia that encourage preventive care to help improve members' overall well-being and lower the total cost of care.

## The value of Family PPO dental plans: Richer benefits, greater savings

The pediatric dental benefits included in all Blue Solutions health plans cover in-network cleanings and exams for children up to age 19. These benefits don't cover services like fillings and oral surgery or cosmetic orthodontia,<sup>1</sup> which many children may need.

Our standalone Family PPO dental plans feature richer pediatric benefits, plus dental benefits and savings for adults — all in one plan.

## Compare pediatric-only and family dental coverage



### Health plans with pediatric dental Benefits for children up to age 19 only

- Cover in-network pediatric dental benefits only
- Some health plans have dental deductibles that must be satisfied before non-preventive dental benefits kick in
- Cover in-network preventive exams and cleanings at 100 percent
- All other preventive, basic, and major dental services have coinsurances, and if the health plan has a dental deductible, it must be satisfied
- Cosmetic pediatric orthodontia is not covered<sup>2</sup>
- HMO plans require members to select a Primary Dental Office before benefits can be used as well as referrals for specialists in the Keystone DHMO network

VS.



### Standalone Family dental plans Children and adult benefits

- Cover out-of-network pediatric dental benefits, giving members access to more providers
- Members save more by choosing providers in the extensive United Concordia Advantage network
- Cover preventive care at 100 percent, including exams, cleanings, and X-rays
- Cover all basic and major dental services for children and adults, with no waiting periods
- Deluxe PPO Family plan offers a level of cosmetic pediatric orthodontia coverage to help members save on out-of-pocket expenses<sup>2</sup>
- No referrals are required
- Members with HDHPs can access benefits for pediatric basic, major, and orthodontia services right away, without waiting to reach their medical deductible first



## Preventive incentive maximizes members' dental dollars

Our Adult Premier PPO and Premier and Deluxe Family PPO plans include a preventive incentive to help members get the most from their annual maximum. The amount these plans pay for in-network preventive care<sup>3</sup> doesn't count toward the \$1,000 annual maximum. It allows members to apply the full \$1,000 toward more costly covered dental services, like fillings and crowns.

See footnotes for dental benefits on page 64

# Family PPO dental plan options

Our standalone Family PPO dental plans offer coverage for children and adults, including preventive care and most basic and major dental services.

Plan benefits	Preferred Family PPO <sup>3</sup>	Premier Family PPO <sup>3</sup>	Deluxe Family PPO <sup>3</sup>
Dental deductible	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family
Annual maximum benefit (per member)	\$1,000	\$1,000	\$1,000
Preventive services	Member pays	Member pays	Member pays
Exams/Evaluations	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
Cleanings	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
X-rays	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
Emergency/Palliative treatment	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0 <sup>1,4</sup>
Fluoride treatments	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)
Sealants	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)	Up to age 19: \$0 <sup>1</sup> Age 19+: Not covered (discount may apply)
Basic services	Member pays	Member pays	Member pays
Space maintainers	Up to age 19: 50% after ded <sup>2</sup> Age 19+: Not covered (discount may apply)	Up to age 19: 20% after ded <sup>2</sup> Age 19+: Not covered (discount may apply)	Up to age 19: 10% after ded <sup>2</sup> Age 19+: Not covered (discount may apply)
Fillings (Amalgam restorations – metal; Resin-based composite restorations – white)	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Simple and surgical extractions	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Crown and denture repair	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Root canals (Endodontic therapy and services)	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Surgical and non-surgical periodontics and maintenance	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Oral surgery	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
General anesthesia, nitrous oxide, and/or IV sedation	50% <sup>2</sup>	20% <sup>2</sup>	10% <sup>2</sup>
Major services	Member pays	Member pays	Member pays
Crowns, inlays, onlays	Not covered (discount may apply)	50% <sup>2</sup>	40% <sup>2</sup>
Complete or fixed partial dentures (prosthetics)	Not covered (discount may apply)	50% <sup>2</sup>	40% <sup>2</sup>
Implants	Not covered	Not covered	Not covered
Orthodontia	Member pays	Member pays	Member pays
Cosmetic orthodontia	Not covered <sup>1</sup>	Not covered	Up to age 19: 50% coverage with a lifetime maximum of \$1000 <sup>1</sup> Age 19+: Not Covered

## ----- Concordia Advantage network offers choice and savings -----

Members can visit any dental provider but pay less by choosing providers in the Concordia Advantage network, one of the nation's largest dental networks. More participating providers means lower out-of-pocket costs for members.

<b>2<sup>OUT</sup> OF 3 DENTISTS</b>	<b>68,000</b>	<b>84% OF DENTISTS</b>	<b>56% SAVINGS</b>
are in network in the Independence service area	unique providers & 250,000 points of access	provide discounts for non-covered services*	on covered services in the Independence service area

The statistics presented above are taken from United Concordia Dental Internal Research and Reports (July 2019).  
\* Including services that exceed a plan's annual maximum benefit

Adult dental benefits are current at the time of publication and are subject to change. Refer to the benefit booklet for limitations and exclusions.  
See additional footnotes for dental benefits on page 64

# Adult only dental plan options: PPO and DHMO

Our standalone Adult dental plans for members age 19 and older complement the embedded pediatric coverage included in your Blue Solutions health plan.

Adult Preventive PPO <sup>3</sup>	Adult Preferred PPO <sup>3</sup>	Adult Premier PPO <sup>3</sup>	Adult DHMO <sup>6</sup>
\$0	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family	\$0
\$1,000	\$1,000	\$1,000	None
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	\$0-25
\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	
\$0 <sup>1</sup>	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	
Not covered	\$0 <sup>1</sup>	\$0 <sup>1,4</sup>	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	\$0-250 <sup>5</sup>
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	\$0-433
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	Not covered
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
Not covered (discount may apply)	50% <sup>2</sup>	20% <sup>2</sup>	
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>
Not covered (discount may apply)	Not covered (discount may apply)	50% <sup>2</sup>	Not covered
Not covered (discount may apply)	Not covered (discount may apply)	50% <sup>2</sup>	
Not covered	Not covered	Not covered	
<b>Member pays</b>	<b>Member pays</b>	<b>Member pays</b>	
Not covered	Not covered	Not covered	

## Adult only PPO dental plans:

- Offer \$0 exams, cleanings, and X-rays.
- Members can visit any dental provider but save by using the Concordia Advantage network.
- No referrals are required.

## Adult DHMO plan:

- Available to purchase with Keystone HMO and DPOS medical plans only.
- Fixed copays help members predict out of pocket costs.
- Members must choose a Primary Dental Office (PDO) from the Keystone DHMO network.
- Referrals are required from the PDO for specialists.

See footnotes for dental benefits on page 64

# Add industry leading products to your medical benefits

We offer a comprehensive suite of ancillary products that complement your medical benefits by providing a holistic approach to managing your employees' health and wealth while reducing the total costs of care.

## Guardian supplemental insurance

Guardian products provide your employees and their families with a sense of financial security in case of an unexpected illness or injury:

- **Life insurance.** Provides money to an employee's family in the event of his/her death and is guaranteed, regardless of health history.
- **Short- and long-term disability insurance.** Features an enhanced rehabilitation benefit, including dependent care reimbursement.
- **Accident, critical illness, and cancer insurance.** Provides a lump sum payment, with the option to increase accident insurance benefits for a child injured while playing organized sports.
- **Hospital indemnity insurance.** Coverage helps offset high out-of-pocket costs associated with hospitalization and pays benefits directly to an employee.

## International health insurance through GeoBlue®

GeoBlue offers short- or long-term coverage (less than 180 days or more than 6 months) for employees traveling or working internationally. Most plans cost just a few dollars per travel day and feature:

- **Comprehensive coverage.** Includes hospitalizations, doctor visits, and prescription drugs
- **Best-in-class providers.** Access to English-speaking, Western-trained physicians in over 190 countries
- **Emergency coverage.** Medical evacuation and other emergency services are covered
- **Stress-free payment.** Cashless and paperless billing
- **24/7 support.** Concierge-level assistance plus an app that helps members find care anywhere, anytime

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## LET'S TALK MORE.

Ask your broker, consultant, or Independence account executive how these products can help you create the most complete benefits package.





Independence 

COVERAGE THAT  
**WORKS FOR YOU**



# Choose from plan options at various price points in all metallic levels



## Preferred: Copay Health Plans

Give employees the predictability of fixed out-of-pocket costs

- No deductible for in-network services
- Platinum and Gold options provide lower out-of-pocket costs
- PPO plans for more flexibility; HMO and DPOS plans for affordability



For all health plans, pediatric and adult vision benefits are not subject to a deductible.



## Classic: Coinsurance/Deductible Health Plans

Give employees more control over their health care choices

- Copays for doctor office visits
- Coinsurance on other services, including inpatient hospital admissions and outpatient surgical procedures
- PPO, HMO, and DPOS plans available



## Secure: Copay/Deductible Plans

Balance lower premiums with predictable out-of-pocket costs

- Copays for the most commonly used services
- Members save even more by visiting designated or freestanding sites instead of hospital-based sites for care
- PPO and HMO plans available



## Essential: High-Deductible Health Plans with Integrated Pharmacy Deductible\*

Offer employees more control of their health care dollars

- Prescription drug expenses accumulate toward overall plan deductible
- Copays for doctor office visits
- Encourage smarter, more informed health care choices
- HMO and DPOS plans available

\* These are not HSA or HRA plans.



## Platinum health plans

## Personal Choice PPO Platinum Preferred<sup>2</sup> \$10/\$20/\$200

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$0	\$2,500/\$5,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$4,500/\$9,000 coinsurance and copays	\$7,500/\$15,000 coinsurance and ded
Preventive services <sup>8</sup>		
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	\$10	50% after ded
Specialist office visit	\$20	50% after ded
Telemedicine <sup>†</sup>	\$0	Not covered
Urgent care	\$70	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$20 <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$20/\$50 <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$200 per day <sup>11</sup>	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room (not waived if admitted)	\$150	\$150 no ded
Routine Radiology — freestanding/hospital-based	\$70/\$100	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$175/\$215	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — home, office/outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment/prosthetics	30%	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$20	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	\$200 per day <sup>11</sup>	50% after ded
Outpatient surgery		
Ambulatory surgical facility/hospital-based	10% up to \$35 max/10% up to \$155 max	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>		
Rx deductible (individual/family)	\$0	\$0
Retail generic <sup>18</sup>	\$10	70% of retail
Retail preferred brand <sup>18</sup>	\$40	70% of retail
Retail non-preferred drug <sup>18</sup>	\$70	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental <sup>23, 28, 32</sup>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	Not covered
Adult routine eye exam <sup>25</sup>	\$0	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$50	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	50% after ded	Not covered

Personal Choice PPO Platinum Preferred <sup>2</sup> \$20/\$40/\$250		Keystone DPOS Platinum Preferred <sup>2</sup> \$10/\$20/\$200		Keystone DPOS Platinum Preferred <sup>2</sup> \$20/\$40/\$250	
You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network	You pay out-of-network <sup>5</sup>	You pay in-network	You pay out-of-network <sup>5</sup>
\$0	\$2,500/\$5,000	\$0	\$2,500/\$5,000	\$0	\$2,500/\$5,000
0%	50%	0%	50%	0%	50%
\$4,500/\$9,000 coinsurance and copays	\$7,500/\$15,000 coinsurance and ded	\$4,500/\$9,000 coinsurance and copays	\$7,500/\$15,000 coinsurance and ded	\$5,000/\$10,000 coinsurance and copays	\$7,500/\$15,000 coinsurance and ded
\$0	50% no ded	\$0	50% no ded	\$0	50% no ded
\$0	N/A	\$0	N/A	\$0	N/A
\$750	50% no ded	\$750	50% no ded	\$750	50% no ded
\$20	50% after ded	\$10	50% after ded	\$20	50% after ded
\$40	50% after ded	\$20	50% after ded	\$40	50% after ded
\$0	Not covered	\$0	Not covered	\$0	Not covered
\$75	50% after ded	\$75	50% after ded	\$75	50% after ded
\$40 <sup>9</sup>	50% after ded <sup>9</sup>	\$20 <sup>10</sup>	50% after ded	\$40 <sup>10</sup>	50% after ded
\$40/\$70 <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	\$20/\$20 <sup>10</sup>	50% after ded/50% after ded	\$40/\$40 <sup>10</sup>	50% after ded/50% after ded
\$250 per day <sup>11</sup>	50% after ded	\$200 per day <sup>11</sup>	50% after ded	\$250 per day <sup>11</sup>	50% after ded
\$0	50% after ded	\$0	50% after ded	\$0	50% after ded
\$175	\$175 no ded	\$150	\$150 no ded	\$175	\$175 no ded
\$70/\$100	50% after ded/50% after ded	\$30/\$30 <sup>10</sup>	50% after ded/50% after ded	\$30/\$30 <sup>10</sup>	50% after ded/50% after ded
\$175/\$215	50% after ded/50% after ded	\$60/\$60	50% after ded/50% after ded	\$60/\$60	50% after ded/50% after ded
\$75/\$150	50% after ded/50% after ded	\$50/\$100	50% after ded/50% after ded	\$75/\$150	50% after ded/50% after ded
\$40/\$80	50% after ded/50% after ded	\$20/\$40	50% after ded/50% after ded	\$40/\$80	50% after ded/50% after ded
30%	50% after ded	50%	50% after ded	50%	50% after ded
\$40	50% after ded	\$20	50% after ded	\$40	50% after ded
\$250 per day <sup>11</sup>	50% after ded	\$200 per day <sup>11</sup>	50% after ded	\$250 per day <sup>11</sup>	50% after ded
10% up to \$45 max/10% up to \$185 max	50% after ded/50% after ded	10% up to \$25 max/10% up to \$125 max	50% after ded/50% after ded	10% up to \$45 max/10% up to \$185 max	50% after ded/50% after ded
\$0/50%	50% after ded/50% after ded	\$0/\$0	50% after ded/50% after ded	\$0/\$0	50% after ded/50% after ded
\$0	\$0	\$0	\$0	\$0	\$0
\$10	70% of retail	\$10	70% of retail	\$10	70% of retail
\$45	70% of retail	\$40	70% of retail	\$45	70% of retail
\$75	70% of retail	\$70	70% of retail	\$75	70% of retail
50% up to \$1,000 max per fill	Not covered	50% up to \$1,000 max per fill	Not covered	50% up to \$1,000 max per fill	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered
\$0	Not covered	\$0	Not covered	\$0	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
\$50	Not covered	\$0	Not covered	\$0	Not covered
\$0 no ded	Not covered	\$0	Not covered	\$0	Not covered
50% after ded	Not covered	Copay varies	Not covered	Copay varies	Not covered



## Platinum health plans

### Keystone HMO Platinum Preferred<sup>3</sup> \$10/\$20/\$200

### Keystone HMO Platinum Preferred<sup>3</sup> \$20/\$40/\$250

#### Benefits per contract year<sup>1</sup>

Deductible, individual/family

\$0

\$0

Coinsurance

0%

0%

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

\$4,500/\$9,000  
coinsurance and copays

\$5,000/\$10,000  
coinsurance and copays

#### Preventive services<sup>8</sup>

Preventive care for adults and children

\$0

\$0

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

\$0

\$0

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750

\$750

#### Physician services

Primary care office visit/retail clinic

\$10

\$20

Specialist office visit

\$20

\$40

Telemedicine<sup>†</sup>

\$0

\$0

Urgent care

\$75

\$75

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

\$20

\$40

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

\$20/\$20

\$40/\$40

#### Hospital/other medical services

Inpatient hospital services (includes maternity)

\$200 per day<sup>11</sup>

\$250 per day<sup>11</sup>

Inpatient professional services (includes maternity)

\$0

\$0

Emergency room (not waived if admitted)

\$150

\$175

Routine Radiology — freestanding/hospital-based

\$30/\$30

\$30/\$30

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

\$60/\$60

\$60/\$60

Biotech/specialty injectables — home, office/outpatient

\$50/\$100

\$75/\$150

Infusion — home, office/outpatient

\$20/\$40

\$40/\$80

Durable medical equipment/prosthetics

50%

50%

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

\$20

\$40

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

\$200 per day<sup>11</sup>

\$250 per day<sup>11</sup>

#### Outpatient surgery

Ambulatory surgical facility/hospital-based

10% up to \$25 max/10% up to \$125 max

10% up to \$45 max/10% up to \$185 max

#### Outpatient lab/pathology

Freestanding/hospital-based

\$0/\$0

\$0/\$0

#### Prescription drugs<sup>16, 17, 19, ‡</sup>

Rx deductible (individual/family)

\$0

\$0

Retail generic<sup>18</sup>

\$10

\$10

Retail preferred brand<sup>18</sup>

\$40

\$45

Retail non-preferred drug<sup>18</sup>

\$70

\$75

Specialty drug

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

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

#### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

\$0

\$0

Adult routine eye exam<sup>25</sup>

\$0

\$0

Adult eyewear (glasses or contacts)<sup>27</sup>

Allowance up to \$130 for frames or contact lenses;  
up to \$180 frame allowance at Visionworks stores

Allowance up to \$130 for frames or contact lenses;  
up to \$180 frame allowance at Visionworks stores

Pediatric dental deductible (per individual)<sup>29</sup>

\$0

\$0

Pediatric exams and cleanings<sup>29, 30</sup>

\$0

\$0

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

Copay varies

Copay varies

Keystone HMO Platinum Preferred <sup>3</sup> \$30/\$60/\$400	Personal Choice PPO Platinum HSA — 50 <sup>4</sup> \$1,800/100%	
You pay in-network <sup>6</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
\$0	\$1,800/\$3,600	\$10,000/\$20,000
0%	0%	50%
\$5,500/\$11,000 coinsurance and copays	\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
\$0	0% no ded	50% no ded
\$0	0% no ded	N/A
\$750	\$750 no ded	50% no ded
\$30	0% after ded	50% after ded
\$60	0% after ded	50% after ded
\$0	0% after ded	Not covered
\$75	0% after ded	50% after ded
\$60	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>
\$60/\$60	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
\$400 per day <sup>11</sup>	0% after ded	50% after ded
\$0	0% after ded	50% after ded
\$300	0% after ded	0% after in-network ded
\$60/\$60	0% after ded/0% after ded	50% after ded/50% after ded
\$120/\$120	0% after ded/0% after ded	50% after ded/50% after ded
\$75/\$150	0% after ded/0% after ded	50% after ded/50% after ded
\$60/\$120	0% after ded/0% after ded	50% after ded/50% after ded
50%	0% after ded	50% after ded
\$60	0% after ded	50% after ded
\$400 per day <sup>11</sup>	0% after ded	50% after ded
10% up to \$45 max/10% up to \$185 max	0% after ded/0% after ded	50% after ded/50% after ded
\$0/\$0	0% after ded/0% after ded	50% after ded/50% after ded
\$0	Integrated	Integrated
\$10	\$10 after ded	50% after ded
\$50	\$50 after ded	50% after ded
\$100	\$100 after ded	50% after ded
50% up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill	Not covered
\$0	\$0 no ded	Not covered
\$0	\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
\$0	Integrated	Not covered
\$0	0% no ded	Not covered
Copay varies	0% after ded	Not covered



## Gold health plans

## Personal Choice PPO Gold Preferred<sup>2</sup> \$40/\$80/\$600

### Benefits per contract year<sup>1</sup>

Deductible, individual/family

Coinsurance

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

### You pay in-network

\$0

0%

\$8,150/\$16,300  
coinsurance and copays

### You pay out-of-network<sup>7</sup>

\$6,000/\$12,000

50%

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

### Preventive services<sup>8</sup>

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

\$40

50% after ded

Specialist office visit

\$80

50% after ded

Telemedicine<sup>†</sup>

\$20

Not covered

Urgent care

\$125

50% after ded

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

\$80<sup>9</sup>

50% after ded<sup>9</sup>

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

\$80/\$110<sup>9</sup>

50% after ded/50% after ded<sup>9</sup>

### Hospital/other medical services

Inpatient hospital services (includes maternity)

\$600 per day<sup>11</sup>

50% after ded

Inpatient professional services (includes maternity)

\$0

50% after ded

Emergency room (not waived if admitted)

\$500

\$500 no ded

Routine Radiology — freestanding/hospital-based

\$100/\$130

50% after ded/50% after ded

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

\$250/\$290

50% after ded/50% after ded

Biotech/specialty injectables — home, office/outpatient

\$125/\$250

50% after ded/50% after ded

Infusion — home, office/outpatient

\$80/\$160

50% after ded/50% after ded

Durable medical equipment/prosthetics

50%

50% after ded

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

\$80

50% after ded

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

\$600 per day<sup>11</sup>

50% after ded

### Outpatient surgery

Ambulatory surgical facility/hospital-based

30% up to \$300 max/30% up to \$700 max

50% after ded/50% after ded

### Outpatient lab/pathology

Freestanding/hospital-based

\$0/50%

50% after ded/50% after ded

### Prescription drugs<sup>16, 17, 19, ‡</sup>

Rx deductible (individual/family)

\$0

\$0

Retail generic<sup>18</sup>

\$10

70% of retail

Retail preferred brand<sup>18</sup>

\$50

70% of retail

Retail non-preferred drug<sup>18</sup>

\$150

70% of retail

Specialty drug

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

Not covered

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

\$0

Not covered

Adult routine eye exam<sup>25</sup>

\$0

Not covered

Adult eyewear (glasses or contacts)<sup>27</sup>

Allowance up to \$130 for frames or contact lenses;  
up to \$180 frame allowance at Visionworks stores

Not covered

Pediatric dental deductible (per individual)<sup>29</sup>

\$50

Not covered

Pediatric exams and cleanings<sup>29, 30</sup>

\$0 no ded

Not covered

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

50% after ded

Not covered

Personal Choice PPO Gold Classic <sup>2</sup> \$1,500/\$20/\$40/80%		Personal Choice PPO Gold Classic <sup>2</sup> \$2,500/\$40/\$80/100%	
You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
\$1,500/\$3,000	\$8,000/\$16,000	\$2,500/\$5,000	\$8,000/\$16,000
20%	50%	0%	50%
\$6,500/\$13,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded	\$5,000/\$10,000 coinsurance, copays and ded	\$25,000/\$50,000 coinsurance and ded
0% no ded	50% no ded	0% no ded	50% no ded
0% no ded	N/A	0% no ded	N/A
\$750 no ded	50% no ded	\$750 no ded	50% no ded
\$20 no ded	50% after ded	\$40 no ded	50% after ded
\$40 no ded	50% after ded	\$80 no ded	50% after ded
\$20 no ded	Not covered	\$20 no ded	Not covered
20% after ded	50% after ded	\$125 no ded	50% after ded
\$40 no ded <sup>9</sup>	50% after ded <sup>9</sup>	\$80 no ded <sup>9</sup>	50% after ded <sup>9</sup>
\$40 no ded/\$80 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	\$80 no ded/\$110 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
20% after ded	50% after ded	0% after ded	50% after ded
20% after ded	50% after ded	0% after ded	50% after ded
20% after ded	20% after in-network ded	\$300 no ded	\$300 no ded
20% after ded/40% after ded	50% after ded/50% after ded	\$70 no ded/\$100 no ded	50% after ded/50% after ded
20% after ded/40% after ded	50% after ded/50% after ded	\$175 no ded/\$215 no ded	50% after ded/50% after ded
\$100 no ded/\$200 no ded	50% after ded/50% after ded	\$100 no ded/\$200 no ded	50% after ded/50% after ded
20% after ded/40% after ded	50% after ded/50% after ded	0% after ded/20% after ded	50% after ded/50% after ded
50% after ded	50% after ded	50% after ded	50% after ded
\$40 no ded	50% after ded	\$80 no ded	50% after ded
20% after ded	50% after ded	0% after ded	50% after ded
20% after ded/50% after ded	50% after ded/50% after ded	0% after ded/30% after ded	50% after ded/50% after ded
0% no ded/50% after ded	50% after ded/50% after ded	0% no ded/50% after ded	50% after ded/50% after ded
\$0	\$0	\$0	\$0
\$10	70% of retail	\$10	70% of retail
\$50	70% of retail	\$50	70% of retail
\$150	70% of retail	\$150	70% of retail
50% up to \$1,000 max per fill	Not covered	50% up to \$1,000 max per fill	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
\$50	Not covered	\$50	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
50% after ded	Not covered	50% after ded	Not covered



## Gold health plans

## Keystone DPOS Gold Classic<sup>2</sup> \$1,500/\$30/\$60/90%

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>5</sup>
Deductible, individual/family	\$1,500/\$3,000	\$8,000/\$16,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$6,500/\$13,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services <sup>8</sup>		
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	\$60 no ded	50% after ded
Telemedicine <sup>†</sup>	\$20 no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$60 no ded <sup>10</sup>	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded <sup>10</sup>	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room (not waived if admitted)	10% after ded	10% after in-network ded
Routine Radiology — freestanding/hospital-based	\$60 no ded/\$60 no ded <sup>10</sup>	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$120 no ded/\$120 no ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	10% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$60 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	10% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/hospital-based	10% after ded/40% after ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>		
Rx deductible (individual/family)	\$0	\$0
Retail generic <sup>18</sup>	\$10	70% of retail
Retail preferred brand <sup>18</sup>	\$50	70% of retail
Retail non-preferred drug <sup>18</sup>	\$150	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental <sup>23, 28, 32</sup>		
Pediatric routine eye exam <sup>24,25</sup> and eyewear (glasses or contacts) <sup>24,26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Not covered

**Keystone DPOS Gold Preferred<sup>2</sup>**  
**\$40/\$80/\$650**

You pay in-network	You pay out-of-network <sup>5</sup>
\$0	\$6,000/\$12,000
0%	50%
\$8,150/\$16,300 coinsurance and copays	\$18,000/\$36,000 coinsurance and ded
\$0	50% no ded
\$0	N/A
\$750	50% no ded
\$40	50% after ded
\$80	50% after ded
\$20	Not covered
\$125	50% after ded
\$80 <sup>10</sup>	50% after ded
\$80/\$80 <sup>10</sup>	50% after ded/50% after ded
\$650 per day <sup>11</sup>	50% after ded
\$0	50% after ded
\$500	\$500 no ded
\$120/\$120 <sup>10</sup>	50% after ded/50% after ded
\$250/\$250	50% after ded/50% after ded
\$125/\$250	50% after ded/50% after ded
\$80/\$160	50% after ded/50% after ded
50%	50% after ded
\$80	50% after ded
\$650 per day <sup>11</sup>	50% after ded
30% up to \$400 max/30% up to \$750 max	50% after ded/50% after ded
\$0/\$0	50% after ded/50% after ded
\$0	\$0
\$10	70% of retail
\$50	70% of retail
\$150	70% of retail
50% up to \$1,000 max per fill	Not covered
\$0	Not covered
\$0	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
\$0	Not covered
\$0	Not covered
Copay varies	Not covered



## Gold health plans

Keystone HMO Gold Classic<sup>2</sup>  
\$2,500/\$40/\$80/100%

Keystone HMO Gold Classic<sup>2</sup>  
\$1,500/\$30/\$60/90%

Keystone HMO Gold Preferred<sup>3</sup>  
\$40/\$80/\$650

### Benefits per contract year<sup>1</sup>

Deductible, individual/family

\$2,500/\$5,000

\$1,500/\$3,000

\$0

Coinsurance

0%

10%

0%

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

\$5,000/\$10,000  
coinsurance, copays, and ded

\$6,500/\$13,000  
coinsurance, copays, and ded

\$8,150/\$16,300  
coinsurance and copays

### Preventive services<sup>8</sup>

Preventive care for adults and children

0% no ded

0% no ded

\$0

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

0% no ded

0% no ded

\$0

Preventive colonoscopy for colorectal cancer screening — Hospital-based

\$750 no ded

\$750 no ded

\$750

### Physician services

Primary care office visit/retail clinic

\$40 no ded

\$30 no ded

\$40

Specialist office visit

\$80 no ded

\$60 no ded

\$80

Telemedicine<sup>†</sup>

\$20 no ded

\$20 no ded

\$20

Urgent care

\$125 no ded

10% after ded

\$125

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

\$80 no ded

\$60 no ded

\$80

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

\$80 no ded/\$80 no ded

\$60 no ded/\$60 no ded

\$80/\$80

### Hospital/other medical services

Inpatient hospital services (includes maternity)

0% after ded

10% after ded

\$650 per day<sup>11</sup>

Inpatient professional services (includes maternity)

0% after ded

10% after ded

\$0

Emergency room (not waived if admitted)

\$300 no ded

10% after ded

\$500

Routine Radiology — freestanding/hospital-based

\$60 no ded/\$60 no ded

\$60 no ded/\$60 no ded

\$120/\$120

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

\$120 no ded/\$120 no ded

\$120 no ded/\$120 no ded

\$250/\$250

Biotech/specialty injectables — home, office/outpatient

\$100 no ded/\$200 no ded

\$100 no ded/\$200 no ded

\$125/\$250

Infusion — home, office/outpatient

0% after ded/20% after ded

10% after ded/30% after ded

\$80/\$160

Durable medical equipment/prosthetics

50% after ded

50% after ded

50%

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

\$80 no ded

\$60 no ded

\$80

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

0% after ded

10% after ded

\$650 per day<sup>11</sup>

### Outpatient surgery

Ambulatory surgical facility/hospital-based

0% after ded/30% after ded

10% after ded/40% after ded

30% up to \$400 max/30% up to \$750 max

### Outpatient lab/pathology

Freestanding/hospital-based

0% no ded/0% no ded

0% no ded/0% no ded

\$0/\$0

### Prescription drugs<sup>16, 17, 19, ‡</sup>

Rx deductible (individual/family)

\$0

\$0

\$0

Retail generic<sup>18</sup>

\$10

\$10

\$10

Retail preferred brand<sup>18</sup>

\$50

\$50

\$50

Retail non-preferred drug<sup>18</sup>

\$150

\$150

\$150

Specialty drug

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

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

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

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

\$0 no ded

\$0 no ded

\$0

Adult routine eye exam<sup>25</sup>

\$0 no ded

\$0 no ded

\$0

Adult eyewear (glasses or contacts)<sup>27</sup>

Allowance up to \$130 for frames or  
contact lenses; up to \$180 frame  
allowance at Visionworks stores

Allowance up to \$130 for frames or  
contact lenses; up to \$180 frame  
allowance at Visionworks stores

Allowance up to \$130 for frames or  
contact lenses; up to \$180 frame  
allowance at Visionworks stores

Pediatric dental deductible (per individual)<sup>29</sup>

\$0

\$0

\$0

Pediatric exams and cleanings<sup>29, 30</sup>

\$0

\$0

\$0

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

Copay varies

Copay varies

Copay varies

Keystone HMO Gold Secure <sup>2</sup> \$1,000/\$40/\$80/\$650	Keystone HMO Gold Proactive <sup>3</sup>		
You pay in-network <sup>6</sup>	You pay in-network <sup>6</sup> - Tier 1 - Preferred	You pay in-network <sup>6</sup> - Tier 2 - Enhanced	You pay in-network <sup>6</sup> - Tier 3 - Standard
\$1,000/\$2,000	\$0	\$0	\$0
0%	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
\$8,150/\$16,300 coinsurance, copays, and ded	\$8,150/\$16,300 <sup>12</sup> coinsurance and copays	\$8,150/\$16,300 <sup>12</sup> coinsurance and copays	\$8,150/\$16,300 <sup>12</sup> coinsurance and copays
0% no ded	\$0	\$0	\$0
0% no ded	\$0	\$0	\$0
\$750 no ded	\$750	\$750	\$750
\$40 no ded	\$15 <sup>13</sup>	\$30 <sup>13</sup>	\$45 <sup>13</sup>
\$80 no ded	\$40	\$60	\$80
\$20 no ded	\$20	\$20	\$20
\$125 no ded	\$100	\$100	\$100
\$80 no ded	\$50	\$50	\$50
\$80 no ded/\$80 no ded	\$60/\$60	\$60/\$60	\$60/\$60
Subject to ded and \$650 per day <sup>11</sup>	\$350 per day <sup>11, 14</sup>	\$700 per day <sup>11, 14</sup>	\$1,100 per day <sup>11, 14</sup>
0% after ded	0%	20%	30%
\$500 after ded	\$400	\$400	\$400
\$120 no ded/\$120 no ded	\$60/\$60	\$60/\$60	\$60/\$60
\$250 no ded/\$250 no ded	\$120/\$120	\$120/\$120	\$120/\$120
\$125 no ded/\$250 no ded	50%/50%	50%/50%	50%/50%
\$80 no ded/\$160 no ded	0%/0%	20%/20%	30%/30%
50% no ded	50%	50%	50%
\$80 no ded	\$40	\$40	\$40
Subject to ded and \$650 per day <sup>11</sup>	\$350 per day <sup>11</sup>	\$350 per day <sup>11</sup>	\$350 per day <sup>11</sup>
30% after ded up to \$400 max/ 30% after ded up to \$750 max	\$150/\$150	\$550/\$550	\$1,000/\$1,000
0% no ded/0% no ded	\$0/\$0	\$0/\$0	\$0/\$0
\$0	\$0	\$0	\$0
\$10	\$15 <sup>20, 22</sup>	\$15 <sup>20, 22</sup>	\$15 <sup>20, 22</sup>
\$50	50% up to \$200 max per fill <sup>20, 21</sup>	50% up to \$200 max per fill <sup>20, 21</sup>	50% up to \$200 max per fill <sup>20, 21</sup>
\$150	50% up to \$300 max per fill <sup>20, 21</sup>	50% up to \$300 max per fill <sup>20, 21</sup>	50% up to \$300 max per fill <sup>20, 21</sup>
50% up to \$1,000 max per fill	50% up to \$1,000 max per fill <sup>20, 21</sup>	50% up to \$1,000 max per fill <sup>20, 21</sup>	50% up to \$1,000 max per fill <sup>20, 21</sup>
\$0 no ded	\$0	\$0	\$0
\$0 no ded	\$0	\$0	\$0
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0	\$0	\$0	\$0
\$0	\$0	\$0	\$0
Copay varies	Copay varies	Copay varies	Copay varies



Gold health plans	Personal Choice PPO Gold HSA - O <sup>4</sup> \$2,100/100%	Personal Choice PPO Gold HRA - 25 <sup>2</sup> \$3,400/100%		
Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$2,100/\$4,200	\$10,000/\$20,000	\$3,400/\$6,800	\$10,000/\$20,000
Coinsurance	0%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services <sup>8</sup>				
Preventive care for adults and children	0% no ded	50% no ded	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded	\$750 no ded	50% no ded
Physician services				
Primary care office visit/retail clinic	0% after ded	50% after ded	0% after ded	50% after ded
Specialist office visit	0% after ded	50% after ded	0% after ded	50% after ded
Telemedicine <sup>†</sup>	0% after ded	Not covered	0% after ded	Not covered
Urgent care	0% after ded	50% after ded	0% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
Hospital/other medical services				
Inpatient hospital services (includes maternity)	0% after ded	50% after ded	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded	0% after ded	50% after ded
Emergency room (not waived if admitted)	0% after ded	0% after in-network ded	0% after ded	0% after in-network ded
Routine Radiology — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	0% after ded	50% after ded	0% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	0% after ded	50% after ded	0% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	0% after ded	50% after ded	0% after ded	50% after ded
Outpatient surgery				
Ambulatory surgical facility/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab/pathology				
Freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>				
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated
Retail generic <sup>18</sup>	\$10 after ded	50% after ded	\$10 after ded	50% after ded
Retail preferred brand <sup>18</sup>	\$50 after ded	50% after ded	\$50 after ded	50% after ded
Retail non-preferred drug <sup>18</sup>	\$100 after ded	50% after ded	\$100 after ded	50% after ded
Specialty drug	50% after ded up to \$1,000 max per fill	Not covered	50% after ded up to \$1,000 max per fill	Not covered
Vision and dental <sup>23, 28, 32</sup>				
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	0% no ded	Not covered	0% no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	0% after ded	Not covered	0% after ded	Not covered

Personal Choice PPO Gold HSA - 25 <sup>4</sup> \$2,400/\$25/\$50/90%		Personal Choice PPO Gold HSA - 25 <sup>4</sup> \$2,600/80%	
You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
\$2,400/\$4,800	\$10,000/\$20,000	\$2,600/\$5,200	\$10,000/\$20,000
10%	50%	20%	50%
\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
0% no ded	50% no ded	0% no ded	50% no ded
0% no ded	N/A	0% no ded	N/A
\$750 no ded	50% no ded	\$750 no ded	50% no ded
\$25 after ded	50% after ded	20% after ded	50% after ded
\$50 after ded	50% after ded	20% after ded	50% after ded
10% after ded	Not covered	20% after ded	Not covered
10% after ded	50% after ded	20% after ded	50% after ded
\$50 after ded <sup>9</sup>	50% after ded <sup>9</sup>	20% after ded <sup>9</sup>	50% after ded <sup>9</sup>
\$50 after ded/\$50 after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	20% after ded/20% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
10% after ded	50% after ded	20% after ded	50% after ded
10% after ded	50% after ded	20% after ded	50% after ded
10% after ded	10% after in-network ded	20% after ded	20% after in-network ded
10% after ded/10% after ded	50% after ded/50% after ded	20% after ded/20% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded	20% after ded/20% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded	20% after ded/20% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded	20% after ded/20% after ded	50% after ded/50% after ded
10% after ded	50% after ded	20% after ded	50% after ded
\$50 after ded	50% after ded	20% after ded	50% after ded
10% after ded	50% after ded	20% after ded	50% after ded
10% after ded/10% after ded	50% after ded/50% after ded	20% after ded/20% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded	20% after ded/20% after ded	50% after ded/50% after ded
Integrated	Integrated	Integrated	Integrated
\$10 after ded	50% after ded	\$10 after ded	50% after ded
\$50 after ded	50% after ded	\$50 after ded	50% after ded
\$100 after ded	50% after ded	\$100 after ded	50% after ded
50% after ded up to \$1,000 max per fill	Not covered	50% after ded up to \$1,000 max per fill	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Integrated	Not covered	Integrated	Not covered
0% no ded	Not covered	0% no ded	Not covered
10% after ded	Not covered	20% after ded	Not covered



## Silver health plans

## Personal Choice PPO Silver Classic<sup>2</sup> \$3,750/\$30/\$60/70%

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$3,750/\$7,500	\$8,000/\$16,000
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$8,150/\$16,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services <sup>8</sup>		
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	\$60 no ded	50% after ded
Telemedicine <sup>†</sup>	\$20 no ded	Not covered
Urgent care	\$125 no ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$60 no ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$90 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
Hospital/other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (not waived if admitted)	30% after ded	30% after in-network ded
Routine Radiology — freestanding/hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$60 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	30% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/hospital-based	0% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>		
Rx deductible (individual/family)	\$0	\$0
Retail generic <sup>18</sup>	\$15 <sup>20</sup>	70% of retail
Retail preferred brand <sup>18</sup>	50% up to \$125 max per fill <sup>20, 21</sup>	70% of retail <sup>21</sup>
Retail non-preferred drug <sup>18</sup>	50% up to \$250 max per fill <sup>20, 21</sup>	70% of retail <sup>21</sup>
Specialty drug	50% up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
Vision and dental <sup>23, 28, 32</sup>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$50	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	50% after ded	Not covered

Personal Choice PPO Silver Secure <sup>2</sup> \$4,750/\$40/\$80/\$600		Personal Choice PPO Silver Classic <sup>2</sup> \$5,000/\$50/\$100/90%	
You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
\$4,750/\$9,500	\$8,000/\$16,000	\$5,000/\$10,000	\$8,000/\$16,000
0%	50%	10%	50%
\$8,150/\$16,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded	\$8,150/\$16,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
0% no ded	50% no ded	0% no ded	50% no ded
0% no ded	N/A	0% no ded	N/A
\$750 no ded	50% no ded	\$750 no ded	50% no ded
\$40 no ded	50% after ded	\$50 no ded	50% after ded
\$80 no ded	50% after ded	\$100 no ded	50% after ded
\$20 no ded	Not covered	\$20 no ded	Not covered
\$125 no ded	50% after ded	\$125 no ded	50% after ded
\$80 no ded <sup>9</sup>	50% after ded <sup>9</sup>	\$100 no ded <sup>9</sup>	50% after ded <sup>9</sup>
\$80 no ded/\$110 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	\$100 no ded/\$130 no ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
Subject to ded and \$600 per day <sup>11</sup>	50% after ded	10% after ded	50% after ded
0% after ded	50% after ded	10% after ded	50% after ded
\$450 after ded	\$450 after in-network ded	\$450 after ded	\$450 after in-network ded
\$100 after ded/\$130 after ded	50% after ded/50% after ded	\$100 no ded/\$130 no ded	50% after ded/50% after ded
\$250 after ded/\$290 after ded	50% after ded/50% after ded	\$250 no ded/\$290 no ded	50% after ded/50% after ded
\$100 no ded/\$200 no ded	50% after ded/50% after ded	\$100 no ded/\$200 no ded	50% after ded/50% after ded
0% after ded/20% after ded	50% after ded/50% after ded	10% after ded/30% after ded	50% after ded/50% after ded
50% after ded	50% after ded	50% after ded	50% after ded
\$80 no ded	50% after ded	\$100 no ded	50% after ded
Subject to ded and \$600 per day <sup>11</sup>	50% after ded	10% after ded	50% after ded
40% after ded up to \$600 max/40% after ded up to \$600 max	50% after ded/50% after ded	10% after ded/30% after ded	50% after ded/50% after ded
0% no ded/50% after ded	50% after ded/50% after ded	0% no ded/50% after ded	50% after ded/50% after ded
\$0	\$0	\$0	\$0
\$15 <sup>20</sup>	70% of retail	\$15 <sup>20</sup>	70% of retail
\$60 <sup>20, 21</sup>	70% of retail <sup>21</sup>	\$60 <sup>20, 21</sup>	70% of retail <sup>21</sup>
\$150 <sup>20, 21</sup>	70% of retail <sup>21</sup>	\$150 <sup>20, 21</sup>	70% of retail <sup>21</sup>
50% up to \$1,000 max per fill <sup>20, 21</sup>	Not covered	50% up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
\$50	Not covered	\$50	Not covered
\$0 no ded	Not covered	\$0 no ded	Not covered
50% after ded	Not covered	50% after ded	Not covered



## Silver health plans

## Keystone DPOS Silver Classic<sup>2</sup> \$3,750/\$30/\$60/50%

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>5</sup>
Deductible, individual/family	\$3,750/\$7,500	\$8,000/\$16,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$8,150/\$16,300 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services <sup>8</sup>		
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	\$60 no ded	50% after ded
Telemedicine <sup>†</sup>	\$20 no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$60 no ded <sup>10</sup>	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded <sup>10</sup>	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	50% after ded	50% after in-network ded
Routine Radiology — freestanding/hospital-based	\$120 no ded/\$120 no ded <sup>10</sup>	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$250 no ded/\$250 no ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$60 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	50% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>		
Rx deductible (individual/family)	\$0	\$0
Retail generic <sup>18</sup>	\$15 <sup>20</sup>	70% of retail
Retail preferred brand <sup>18</sup>	50% up to \$125 max per fill <sup>20, 21</sup>	70% of retail <sup>21</sup>
Retail non-preferred drug <sup>18</sup>	50% up to \$250 max per fill <sup>20, 21</sup>	70% of retail <sup>21</sup>
Specialty drug	50% up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
Vision and dental <sup>23, 28, 32</sup>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Not covered

Keystone HMO Silver Classic <sup>2</sup> \$3,750/\$30/\$60/50%	Keystone HMO Silver Classic <sup>2</sup> \$4,750/\$30/\$60/70%
<b>You pay in-network<sup>6</sup></b>	<b>You pay in-network<sup>6</sup></b>
\$3,750/\$7,500	\$4,750/\$9,500
50%	30%
\$8,150/\$16,300 coinsurance, copays, and ded	\$8,150/\$16,300 coinsurance, copays, and ded
0% no ded	0% no ded
0% no ded	0% no ded
\$750 no ded	\$750 no ded
\$30 no ded	\$30 no ded
\$60 no ded	\$60 no ded
\$20 no ded	\$20 no ded
50% after ded	30% after ded
\$60 no ded	\$60 no ded
\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
50% after ded	30% after ded
50% after ded	30% after ded
50% after ded	30% after ded
\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
\$250 no ded/\$250 no ded	\$250 no ded/\$250 no ded
\$100 no ded/\$100 no ded	\$100 no ded/\$200 no ded
50% after ded/50% after ded	30% after ded/50% after ded
50% after ded	50% after ded
\$60 no ded	\$60 no ded
50% after ded	30% after ded
50% after ded/50% after ded	30% after ded/50% after ded
0% no ded/0% no ded	0% no ded/0% no ded
\$0	\$0
\$15 <sup>20</sup>	\$15 <sup>20</sup>
50% up to \$125 max per fill <sup>20,21</sup>	50% up to \$125 max per fill <sup>20,21</sup>
50% up to \$250 max per fill <sup>20,21</sup>	50% up to \$250 max per fill <sup>20,21</sup>
50% up to \$1,000 max per fill <sup>20,21</sup>	50% up to \$1,000 max per fill <sup>20,21</sup>
\$0 no ded	\$0 no ded
\$0 no ded	\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0	\$0
\$0	\$0
Copay varies	Copay varies



## Silver health plans

## Keystone HMO Silver Classic<sup>2</sup> \$4,500/\$50/\$100/100%

### Benefits per contract year<sup>1</sup>

Deductible, individual/family

Coinsurance

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

### Preventive services<sup>8</sup>

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine<sup>†</sup>

Urgent care

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine Radiology — freestanding/hospital-based

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

Biotech/specialty injectables — home, office/outpatient

Infusion — home, office/outpatient

Durable medical equipment/prosthetics

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

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

### Outpatient surgery

Ambulatory surgical facility/hospital-based

### Outpatient lab/pathology

Freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, ‡</sup>

Rx deductible (individual/family)

Retail generic<sup>18,20</sup>

Retail preferred brand<sup>18, 20, 21</sup>

Retail non-preferred drug<sup>18, 20, 21</sup>

Specialty drug<sup>20, 21</sup>

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

Adult routine eye exam<sup>25</sup>

Adult eyewear (glasses or contacts)<sup>27</sup>

Pediatric dental deductible (per individual)<sup>29</sup>

Pediatric exams and cleanings<sup>29, 30</sup>

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

### You pay in-network<sup>6</sup>

\$4,500/\$9,000

0%

\$8,150/\$16,300  
coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$50 no ded

\$100 no ded

\$20 no ded

\$125 no ded

\$100 no ded

\$100 no ded/\$100 no ded

0% after ded

0% after ded

\$450 after ded

\$120 no ded/\$120 no ded

\$250 no ded/\$250 no ded

\$100 no ded/\$200 no ded

0% after ded/20% after ded

50% after ded

\$100 no ded

0% after ded

0% after ded/30% after ded

0% no ded/0% no ded

\$0

\$15

50% up to \$125 max per fill

50% up to \$250 max per fill

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

\$0 no ded

\$0 no ded

Allowance up to \$130 for frames or contact lenses;  
up to \$180 frame allowance at Visionworks stores

\$0

\$0

Copay varies

Keystone HMO Silver Secure<sup>2</sup>  
\$5,000/\$50/\$100/\$600

**You pay in-network<sup>6</sup>**

\$5,000/\$10,000

0%

\$8,150/\$16,300  
coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$50 no ded

\$100 no ded

\$20 no ded

\$125 after ded

\$100 no ded

\$100 no ded/\$100 no ded

Subject to ded and \$600 per day<sup>11</sup>

0% after ded

\$450 after ded

\$120 no ded/\$120 no ded

\$250 no ded/\$250 no ded

\$100 no ded/\$200 no ded

0% after ded/20% after ded

50% after ded

\$100 no ded

Subject to ded and \$600 per day<sup>11</sup>

30% after ded up to \$600 max/30% after ded up to \$600 max

0% no ded/0% no ded

\$0

\$15

\$60

\$150

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

\$0 no ded

\$0 no ded

Allowance up to \$130 for frames or contact lenses;  
up to \$180 frame allowance at Visionworks stores

\$0

\$0

Copay varies



## Silver health plans

## Keystone HMO Silver Proactive<sup>2</sup>

Benefits per contract year <sup>1</sup>	You pay in-network <sup>6</sup> – Tier 1 – Preferred	You pay in-network <sup>6</sup> – Tier 2 – Enhanced	You pay in-network <sup>6</sup> – Tier 3 – Standard
Deductible, individual/family	\$0	\$6,000/\$12,000 <sup>15</sup>	\$6,000/\$12,000 <sup>15</sup>
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:	\$8,150/\$16,300 <sup>12</sup> coinsurance and copays	\$8,150/\$16,300 <sup>12</sup> coinsurance, copays, and ded	\$8,150/\$16,300 <sup>12</sup> coinsurance, copays, and ded
Preventive services <sup>8</sup>			
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	\$40 <sup>13</sup>	\$60 no ded <sup>13</sup>	\$70 no ded <sup>13</sup>
Specialist office visit	\$80	\$120 no ded	\$140 no ded
Telemedicine†	\$20	\$20 no ded	\$20 no ded
Urgent care	\$100	\$100 no ded	\$100 no ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$50	\$50 no ded	\$50 no ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80/\$80	\$80 no ded/\$80 no ded	\$80 no ded/\$80 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	\$600 per day <sup>11, 14</sup>	Subject to ded and \$900 per day <sup>11, 14</sup>	Subject to ded and \$1,300 per day <sup>11, 14</sup>
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)	\$550	\$550 no ded	\$550 no ded
Routine Radiology — freestanding/hospital-based	\$120/\$120	\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$250/\$250	\$250 no ded/\$250 no ded	\$250 no ded/\$250 no ded
Biotech/specialty injectables — home, office/outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness, and substance abuse — outpatient	\$80	\$80 no ded	\$80 no ded
Mental health, serious mental illness, and substance abuse — inpatient	\$600 per day <sup>11</sup>	\$600 per day <sup>11</sup> no ded	\$600 per day <sup>11</sup> no ded
Outpatient surgery			
Ambulatory surgical facility/hospital-based	\$250/\$250	Subject to ded and \$750 copay/ Subject to ded and \$750 copay	Subject to ded and \$1,250 copay/ Subject to ded and \$1,250 copay
Outpatient lab/pathology			
Freestanding/hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs <sup>16, 17, 19, ‡</sup>			
Rx deductible (individual/family)	\$250/\$500 <sup>†</sup>	\$250/\$500 <sup>†</sup>	\$250/\$500 <sup>†</sup>
Retail generic <sup>18, 20, 22</sup>	\$15 no ded	\$15 no ded	\$15 no ded
Retail preferred brand <sup>18, 20, 21</sup>	50% after ded up to \$400 max per fill	50% after ded up to \$400 max per fill	50% after ded up to \$400 max per fill
Retail non-preferred drug <sup>18, 20, 21</sup>	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill
Specialty drug <sup>20, 21</sup>	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill
Vision and dental <sup>23, 28, 32</sup>			
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0	\$0 no ded	\$0 no ded
Adult routine eye exam <sup>25</sup>	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	\$0	\$0
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Copay varies	Copay varies

Keystone HMO Silver Proactive Value <sup>2</sup>		
You pay in-network <sup>6</sup>	You pay in-network <sup>6</sup>	You pay in-network <sup>6</sup>
\$1,500/\$3,000	\$6,000/\$12,000 <sup>15</sup>	\$6,000/\$12,000 <sup>15</sup>
0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
\$8,150/\$16,300 <sup>12</sup> coinsurance, copays, and ded	\$8,150/\$16,300 <sup>12</sup> coinsurance, copays, and ded	\$8,150/\$16,300 <sup>12</sup> coinsurance, copays, and ded
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 <sup>13</sup>	\$60 no ded <sup>13</sup>	\$70 no ded <sup>13</sup>
\$80 no ded	\$120 no ded	\$140 no ded
\$20 no ded	\$20 no ded	\$20 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/\$80 no ded	\$80 no ded/\$80 no ded
Subject to ded and \$600 per day <sup>11,14</sup>	Subject to ded and \$900 per day <sup>11,14</sup>	Subject to ded and \$1,300 per day <sup>11,14</sup>
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/\$120 no ded	\$120 no ded/\$120 no ded
\$250 no ded/\$250 no ded	\$250 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
0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
50% no ded	50% no ded	50% no ded
\$80 no ded	\$80 no ded	\$80 no ded
Subject to ded and \$600 per day <sup>11</sup>	Subject to ded and \$600 per day <sup>11</sup>	Subject to ded and \$600 per day <sup>11</sup>
Subject to ded and \$250 copay/Subject to ded and \$250 copay	Subject to ded and \$750 copay/Subject to ded and \$750 copay	Subject to ded and \$1,250 copay/Subject to ded and \$1,250 copay
0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
\$250/\$500 <sup>†</sup>	\$250/\$500 <sup>†</sup>	\$250/\$500 <sup>†</sup>
\$15 no ded	\$15 no ded	\$15 no ded
50% after ded up to \$400 max per fill	50% after ded up to \$400 max per fill	50% after ded up to \$400 max per fill
50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill	50% after ded up to \$500 max per fill
50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill	50% after ded up to \$1,000 max per fill
\$0 no ded	\$0 no ded	\$0 no ded
\$0 no ded	\$0 no ded	\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0	\$0	\$0
\$0	\$0	\$0
Copay varies	Copay varies	Copay varies



## Silver health plans

## Personal Choice PPO Silver HSA - O<sup>4</sup> \$3,500/100%

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
Deductible, individual/family	\$3,500/\$7,000	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services <sup>8</sup>		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	0% after ded	50% after ded
Specialist office visit	0% after ded	50% after ded
Telemedicine <sup>†</sup>	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
Hospital/other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room (not waived if admitted)	0% after ded	0% after in-network ded
Routine Radiology — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	0% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	0% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	0% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>		
Rx deductible (individual/family)	Integrated	Integrated
Retail generic <sup>18</sup>	\$15 after ded <sup>20</sup>	50% after ded
Retail preferred brand <sup>18</sup>	\$50 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
Retail non-preferred drug <sup>18</sup>	\$100 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
Specialty drug	50% after ded up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
Vision and dental <sup>23, 28, 32</sup>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	Integrated	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	0% no ded	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	0% after ded	Not covered

**Personal Choice PPO Silver HSA - O<sup>4</sup>**  
**\$3,000/90%**

You pay in-network	You pay out-of-network <sup>7</sup>
\$3,000/\$6,000	\$10,000/\$20,000
10%	50%
\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
0% no ded	50% no ded
0% no ded	N/A
\$750 no ded	50% no ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	Not covered
10% after ded	50% after ded
10% after ded <sup>9</sup>	50% after ded <sup>9</sup>
10% after ded/10% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	10% after in-network ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
Integrated	Integrated
\$15 after ded <sup>20</sup>	50% after ded
\$50 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
\$100 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
50% after ded up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Integrated	Not covered
0% no ded	Not covered
10% after ded	Not covered



## Silver health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family

Coinsurance

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

### Preventive services<sup>8</sup>

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine<sup>†</sup>

Urgent care

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine Radiology — freestanding/hospital-based

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

Biotech/specialty injectables — home, office/outpatient

Infusion — home, office/outpatient

Durable medical equipment/prosthetics

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

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

### Outpatient surgery

Ambulatory surgical facility/hospital-based

### Outpatient lab/pathology

Freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, ‡</sup>

Rx deductible (individual/family)

Retail generic<sup>18</sup>

Retail preferred brand<sup>18</sup>

Retail non-preferred drug<sup>18</sup>

Specialty drug

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

Adult routine eye exam<sup>25</sup>

Adult eyewear (glasses or contacts)<sup>27</sup>

Pediatric dental deductible (per individual)<sup>29</sup>

Pediatric exams and cleanings<sup>29, 30</sup>

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

Personal Choice PPO Silver HSA – O <sup>4</sup> \$2,100/70%		Personal Choice EPO Silver HSA-O <sup>4</sup> \$3,000/80%
You pay in-network	You pay out-of-network <sup>7</sup>	You pay in-network <sup>6</sup>
\$2,100/\$4,200	\$10,000/\$20,000	\$3,000/\$6,000
30%	50%	20%
\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$6,900/\$13,800 coinsurance, copays, and ded
0% no ded	50% no ded	0% no ded
0% no ded	N/A	0% no ded
\$750 no ded	50% no ded	\$750 no ded
30% after ded	50% after ded	20% after ded
30% after ded	50% after ded	20% after ded
30% after ded	Not covered	20% after ded
30% after ded	50% after ded	20% after ded
30% after ded <sup>9</sup>	50% after ded <sup>9</sup>	20% after ded
30% after ded/30% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>	20% after ded/20% after ded
30% after ded	50% after ded	20% after ded
30% after ded	50% after ded	20% after ded
30% after ded	30% after in-network ded	20% after ded
30% after ded/30% after ded	50% after ded/50% after ded	20% after ded/20% after ded
30% after ded/30% after ded	50% after ded/50% after ded	20% after ded/20% after ded
30% after ded/30% after ded	50% after ded/50% after ded	20% after ded/20% after ded
30% after ded/30% after ded	50% after ded/50% after ded	20% after ded/20% after ded
30% after ded	50% after ded	20% after ded
30% after ded	50% after ded	20% after ded
30% after ded	50% after ded	20% after ded
30% after ded/30% after ded	50% after ded/50% after ded	20% after ded/20% after ded
30% after ded/30% after ded	50% after ded/50% after ded	20% after ded/20% after ded
Integrated	Integrated	Integrated
\$15 after ded <sup>20</sup>	50% after ded	\$15 after ded <sup>20</sup>
\$50 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>	\$50 after ded <sup>20, 21</sup>
\$100 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>	\$100 after ded <sup>20, 21</sup>
50% after ded up to \$1,000 max per fill <sup>20, 21</sup>	Not covered	50% after ded up to \$1,000 max per fill <sup>20, 21</sup>
\$0 no ded	Not covered	\$0 no ded
\$0 no ded	Not covered	\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Integrated	Not covered	Integrated
0% no ded	Not covered	0% no ded
30% after ded	Not covered	20% after ded



## Bronze health plans

## Keystone DPOS Bronze Essential<sup>2</sup> \$7,000/\$50/\$100/\$700

Benefits per contract year <sup>1</sup>	You pay in-network	You pay out-of-network <sup>5</sup>
Deductible, individual/family	\$7,000/\$14,000	\$10,000/\$20,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$8,150/\$16,300 coinsurance, copays, and ded	\$40,000/\$80,000 coinsurance and ded
Preventive services <sup>8</sup>		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$50 no ded	50% after ded
Specialist office visit	\$100 no ded	50% after ded
Telemedicine <sup>†</sup>	\$20 no ded	Not covered
Urgent care	\$150 after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture <sup>§</sup> (18 visits per year)	\$100 no ded <sup>10</sup>	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$100 no ded/\$100 no ded <sup>10</sup>	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and \$700 per day <sup>11</sup>	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	\$500 after ded	\$500 after in-network ded
Routine Radiology — freestanding/hospital-based	\$100 no ded/\$100 no ded <sup>10</sup>	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$250 no ded/\$250 no ded	50% after ded/50% after ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Infusion — home, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$100 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	Subject to ded and \$700 per day <sup>11</sup>	50% after ded
Outpatient surgery		
Ambulatory surgical facility/hospital-based	30% after ded up to \$750 max/30% after ded up to \$750 max	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
Prescription drugs <sup>16, 17, 19, ‡</sup>		
Rx deductible (individual/family)	Integrated	Integrated
Retail generic <sup>18</sup>	\$15 after ded <sup>20</sup>	70% of retail after ded
Retail preferred brand <sup>18</sup>	50% after ded up to \$500 max per fill <sup>20, 21</sup>	70% of retail after ded <sup>21</sup>
Retail non-preferred drug <sup>18</sup>	50% after ded up to \$500 max per fill <sup>20, 21</sup>	70% of retail after ded <sup>21</sup>
Specialty drug	50% after ded up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
Vision and dental <sup>23, 28, 32</sup>		
Pediatric routine eye exam <sup>24, 25</sup> and eyewear (glasses or contacts) <sup>24, 26</sup>	\$0 no ded	Not covered
Adult routine eye exam <sup>25</sup>	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) <sup>27</sup>	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) <sup>29</sup>	\$0	Not covered
Pediatric exams and cleanings <sup>29, 30</sup>	\$0	Not covered
Pediatric basic, major, and orthodontia services <sup>29, 31</sup>	Copay varies	Not covered

Keystone HMO Bronze Essential <sup>2</sup> \$7,000/\$50/\$100/\$700	Personal Choice PPO Bronze HSA - O <sup>4</sup> \$6,900/100%	
You pay in-network <sup>6</sup>	You pay in-network	You pay out-of-network <sup>7</sup>
\$7,000/\$14,000	\$6,900/\$13,800	\$10,000/\$20,000
50%	0%	50%
\$8,150/\$16,300 coinsurance, copays, and ded	\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
0% no ded	0% no ded	50% no ded
0% no ded	0% no ded	N/A
\$750 no ded	\$750 no ded	50% no ded
\$50 no ded	0% after ded	50% after ded
\$100 no ded	0% after ded	50% after ded
\$20 no ded	0% after ded	Not covered
\$150 after ded	0% after ded	50% after ded
\$100 no ded	0% after ded <sup>9</sup>	50% after ded <sup>9</sup>
\$100 no ded/\$100 no ded	0% after ded/0% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
Subject to ded and \$700 per day <sup>11</sup>	0% after ded	50% after ded
50% after ded	0% after ded	50% after ded
\$500 after ded	0% after ded	0% after in-network ded
\$100 no ded/\$100 no ded	0% after ded/0% after ded	50% after ded/50% after ded
\$250 no ded/\$250 no ded	0% after ded/0% after ded	50% after ded/50% after ded
\$100 no ded/\$100 no ded	0% after ded/0% after ded	50% after ded/50% after ded
50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
50% after ded	0% after ded	50% after ded
\$100 no ded	0% after ded	50% after ded
Subject to ded and \$700 per day <sup>11</sup>	0% after ded	50% after ded
30% after ded up to \$750 max/30% after ded up to \$750 max	0% after ded/0% after ded	50% after ded/50% after ded
0% no ded/0% no ded	0% after ded/0% after ded	50% after ded/50% after ded
Integrated	Integrated	Integrated
\$15 after ded <sup>20</sup>	0% after ded <sup>20</sup>	50% after ded
50% after ded up to \$500 max per fill <sup>20, 21</sup>	0% after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
50% after ded up to \$500 max per fill <sup>20, 21</sup>	0% after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
50% after ded up to \$1,000 max per fill <sup>20, 21</sup>	0% after ded <sup>20, 21</sup>	Not covered
\$0 no ded	\$0 no ded	Not covered
\$0 no ded	\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
\$0	Integrated	Not covered
\$0	0% no ded	Not covered
Copay varies	0% after ded	Not covered



## Bronze health plans

### Benefits per contract year<sup>1</sup>

Deductible, individual/family

Coinsurance

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

### Preventive services<sup>8</sup>

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

### Physician services

Primary care office visit/retail clinic

Specialist office visit

Telemedicine<sup>†</sup>

Urgent care

Spinal manipulations (20 visits per year)/Acupuncture<sup>§</sup> (18 visits per year)

Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based

### Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)

Routine Radiology — freestanding/hospital-based

MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based

Biotech/specialty injectables — home, office/outpatient

Infusion — home, office/outpatient

Durable medical equipment/prosthetics

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

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

### Outpatient surgery

Ambulatory surgical facility/hospital-based

### Outpatient lab/pathology

Freestanding/hospital-based

### Prescription drugs<sup>16, 17, 19, ‡</sup>

Rx deductible (individual/family)

Retail generic<sup>18</sup>

Retail preferred brand<sup>18</sup>

Retail non-preferred drug<sup>18</sup>

Specialty drug

### Vision and dental<sup>23, 28, 32</sup>

Pediatric routine eye exam<sup>24, 25</sup> and eyewear (glasses or contacts)<sup>24, 26</sup>

Adult routine eye exam<sup>25</sup>

Adult eyewear (glasses or contacts)<sup>27</sup>

Pediatric dental deductible (per individual)<sup>29</sup>

Pediatric exams and cleanings<sup>29, 30</sup>

Pediatric basic, major, and orthodontia services<sup>29, 31</sup>

**Personal Choice PPO Bronze HSA - O<sup>4</sup>**  
**\$5,200/50%**

<b>You pay in-network</b>	<b>You pay out-of-network<sup>7</sup></b>
\$5,200/\$10,400	\$10,000/\$20,000
50%	50%
\$6,900/\$13,800 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
0% no ded	50% no ded
0% no ded	N/A
\$750 no ded	50% no ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	Not covered
50% after ded	50% after ded
50% after ded <sup>9</sup>	50% after ded <sup>9</sup>
50% after ded/50% after ded <sup>9</sup>	50% after ded/50% after ded <sup>9</sup>
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after in-network ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
Integrated	Integrated
\$15 after ded <sup>20</sup>	50% after ded
\$50 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
\$100 after ded <sup>20, 21</sup>	50% after ded <sup>21</sup>
50% after ded up to \$1,000 max per fill <sup>20, 21</sup>	Not covered
\$0 no ded	Not covered
\$0 no ded	Not covered
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Integrated	Not covered
0% no ded	Not covered
50% after ded	Not covered

# What's not covered

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

## Benefits that require preapproval

Additional approval from Independence may be required before your employees may receive certain tests, procedures, and medications. When your employees need services that require preapproval, their physician or provider contacts the Clinical Services team and submits information to support the request for services. The Clinical Services team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The Clinical Services team will notify your employee's physician/provider if the services are approved for coverage. If the Clinical Services team does not have sufficient information or the information evaluated does not support coverage, your employee and his or her physician/provider are notified in writing of the decision. Employees or a provider acting on their behalf may appeal the decision. At any time during the evaluation process or the appeal, the provider or your employee may submit additional information to support the request.

## Additional benefits and exclusions

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

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

## Additional information

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

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

\* Independence reserves the right to change premium rates.

# Important plan details

## Medical

1. Certain plan benefits may be enhanced to comply with Affordable Care Act regulations. Eligible dependent children are covered to age 26.
2. Embedded Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
3. Embedded Out-of-Pocket Maximum: Family out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual out-of-pocket maximum applies only when an individual is enrolled without dependents.
4. Aggregate Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the single out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
5. To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefits booklet/certificate.
6. There are no out-of-network services available except for emergency services, and generic, preferred brand, and non-preferred prescription drugs obtained at a retail pharmacy.
7. Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by 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.  
  
It is important to note that all percentages for out-of-network services are percentage of the plan allowance, not the actual charge of the provider.
8. Age and frequency schedules may apply. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit. For preventive colonoscopy for colorectal cancer screening, your cost-share may vary depending on where you receive the service.
9. For PPO plans, visit limits are combined in-and out-of-network.
10. Referral required from primary care physician.
11. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission.
12. For Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2, and 3 are combined.
13. For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Rite Aid RediClinic, which is assigned to Tier 3.
14. For Keystone HMO Proactive plans, if admitted to an in-network hospital from the emergency room, the out-of-pocket costs for inpatient hospital will apply based on the tier of the in-network hospital. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Non-participating providers for Emergency Services will be covered at the Tier 3 level of benefits.
15. For Keystone HMO Silver Proactive plans, the medical deductible is combined for Tiers 2 and 3.

## Prescription drugs

16. Prescription drug benefits are administered by FutureScripts, an independent company providing pharmacy benefit management services.
  17. No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs, prescription and over-the-counter (with a doctor's prescription).
  18. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a paper claim for reimbursement. Member should refer to their benefits booklet to determine the out-of-network coverage for their plan.
  19. Mail-order coverage is available for all prescription drug plans. The FutureScripts Mail-order service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice. Up to a 90-day supply of maintenance drugs can also be obtained at Walgreens pharmacies for the same cost-sharing as mail order.
  20. Select plans utilize the FutureScripts Preferred Pharmacy Network, a subset of the national retail pharmacy network. It includes over 50,000 pharmacies, including most major chains and local pharmacies except Rite Aid.
  21. When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and the member will be responsible for the cost-sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If the member chooses to purchase a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.
  22. Certain designated generic drugs are available at participating retail and mail-order pharmacies for reduced member cost-sharing (\$4 retail/\$8 mail order).
- ‡ For all plans, member pays cost-share per each fill unless out-of-pocket maximum has been met.
- ¶ Embedded Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

## Additional benefits

23. Independence vision benefits are administered by Davis Vision, an independent company. Vision benefits are not subject to a deductible.
  24. Pediatric vision benefits expire at the end of the month in which the child turns 19. Pediatric vision covers Davis Collection glasses or contact lenses in full at Davis Vision providers.
  25. One eye exam per calendar year period.
  26. Davis Collection pediatric contact lenses or spectacle lenses covered at no extra cost include: single vision, lined bifocal, lined trifocal, or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers and at Visionworks retail centers, a national optical chain). Eyewear (glasses or contact lenses) is covered once per calendar year.
  27. Allowance up to \$130 for frames or contact lenses at Davis Vision participating providers; up to \$180 frame allowance at Visionworks stores. Medical plan deductibles do not apply to vision benefits.
  28. Independence dental benefits are administered by United Concordia Companies, Inc., an independent company.
  29. Pediatric dental benefits are covered until the end of the contract year in which the member turns 19.
  30. Pediatric dental benefit: One exam and one cleaning every six months per contract year.
  31. Pediatric dental benefit: Only medically necessary orthodontia is covered.
  32. Your Independence account executive or broker can provide you with descriptions of covered pediatric dental services and member cost-sharing.
- † Independence telemedicine benefits are administered by MDLIVE, an independent company.
- § Acupuncture is covered for limited conditions. Please reference the medical policy for details on covered conditions.

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

# Underwriting guidelines summary<sup>1</sup>

## Maximum product offerings<sup>1</sup>

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

## Participation requirements<sup>1</sup>

- Small employers must have 70 percent participation, which includes all product lines.
- Independence will count waivers in the eligibility calculations. Credit is given for those eligible employees who opt out because they have coverage through a spouse, as an eligible dependent to 26, or employees enrolled in Veteran coverage, Medicare, Medicaid, or any other government-issued coverage.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for retired employees. The group must consist of a minimum of 70 percent active employees.

## Employer contribution requirement<sup>1</sup>

- For contributory plan offerings, the employer must contribute a minimum of 25 percent of the lowest-cost option's gross monthly premium.

## Off-anniversary benefit change

- Upgrades and downgrades will only be allowed on anniversary.

## High-deductible health plan funding limitation

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

## Submission guidelines

- All offerings are subject to final underwriting review and acceptance.

Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

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

## Spending account funding requirements

When a Blue Solution plan includes an HSA or HRA, the required employer contribution to the HSA or HRA is listed as a percentage of the deductible to the right of the plan name (i.e., 50 or 25 percent). To comply with federal requirements, the employer HSA and/or HRA contribution must match this percentage. Contributions should not be less than or more than this percentage. Examples:

	<b>Personal Choice PPO Platinum HSA – 50 \$1,800/100%</b>	<b>Personal Choice PPO Gold HRA – 25 \$3,400/100%</b>
<b>Contribution requirement</b>	50% of deductible	25% of deductible
<b>Plan deductible (Individual/family)</b>	\$1,800/\$3,600	\$3,400/\$6,800
<b>Employer contribution amount</b>	\$900/\$1,800	\$850/\$1,700

Footnotes from page 22

1. Adult and pediatric vision benefits are not subject to a deductible.
2. Shipping is available in the United States, including Hawaii and Alaska. Shipping outside the United States, including Puerto Rico, is currently not available.
3. Pediatric dental benefits are in-network only and include basic and major services, in addition to medically necessary orthodontia. All coinsurance, deductibles, and copayments for pediatric dental services contribute to the plan's out-of-pocket maximum.

Footnotes from page 25

1. In-network pediatric basic, major, and medically necessary orthodontia services covered under the health plan are subject to copays and deductibles and are not covered in full.
2. The Deluxe Family PPO plan provides 50 percent cosmetic orthodontia coverage, up to \$1,000 lifetime maximum, for dependents up to age 19.
3. With preventive incentive, only in-network preventive care is covered at 100 percent. If members receive preventive care out of network, they will be balanced billed.

Footnotes from page 26

1. No deductible
2. Coinsurance after deductible
3. Coverage is based on the Maximum Allowable Charge (MAC) for the specific covered service. Participating dentists accept contracted MACs as payment in full. Non-participating dentists do not limit their charges and may bill you for the difference between their charge and the benefit paid by the plan.
4. Included in Preventive Incentive. The amount paid by the plan (benefit) does not count toward the member's annual benefit maximum.
5. For Adult DHMO plan, general anesthesia, nitrous oxide and/or IV sedation benefit is limited to covered oral surgical services for impacted teeth.
6. Members in a DHMO dental plan must utilize the KHPE DHMO network and choose an in-network Primary Dental Office (PDO) for benefits to be covered. The PDO will manage referrals for specialists.

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

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

The Tuition Rewards program is provided by The College Tuition Benefit, an independent company. Neither The College Tuition Benefit nor SAGE Scholars, Inc. provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence health plan and is, therefore, subject to change without notice.

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

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

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

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

International health insurance is provided by Blue Cross Global, a brand owned by the Blue Cross Blue Shield Association, a national federation of 36 independent, community-based and locally-operated Blue Cross and Blue Shield Companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of Blue Cross Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield Companies in select service areas.

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.

**Independence**   
**Blue Solutions®**

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