



2021

2021 Blue Solutions[®]

Affordable health care coverage for small employers

Independence 

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

Bringing you SMARTER, BETTER HEALTH CARESM



Improving care in every community

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



Personalized member engagement

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



Purposeful innovation

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



Tailored health plan solutions

using utilization trends and competitive analysis to design plans specific to small employer needs.



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What's new in 2021

You want health care that's effective, affordable, and simple. Independence Blue Cross (Independence) makes this a reality for both you and your employees by developing innovative products and solutions that lower costs and improve health outcomes. We're pleased to share enhancements to our Blue Solutions® portfolio for 2021.

New and enhanced virtual care solutions

Virtual care helps increase access to care, provides an alternative to ER and urgent care visits, and reduces overall costs. Enhancements to our virtual care options through MDLIVE broaden the scope of services available and encourage member usage by eliminating cost-sharing. All health plans now feature:

- ▶ \$0 cost-share for telemedicine services through MDLIVE
- ▶ \$0 cost-share for telebehavioral health services through Magellan and MDLIVE
- ▶ \$0 cost-share for teledermatology services through MDLIVE

For more information about virtual care services, see page 17.

New Achieve Well-being rewards

We've added rewards to our Achieve Well-being program to give your employees even more incentive to get and stay healthy. Employees can earn a \$150 gift card for completing required activities like getting preventive care and opting into digital messaging.

Learn more about Achieve Well-being rewards on page 9.

New solutions to help protect your employees' wealth

We now offer the opportunity to help your employees and their families pay back student loans. GradFin provides strategies to reduce debt by refinancing or consolidating student loans.

Learn more about GradFin on page 21.

Additional product enhancements

- ▶ **Low-cost generics:** Members have access to low-cost generic drugs included in all plans (page 22).
- ▶ **Reduced site-of-service cost-share:** Most PPO plans feature an even lower cost-share when members use freestanding radiology sites (page 16).
- ▶ **Reduced urgent care cost-share in most copay plans:** A lower cost-share encourages members to visit an urgent care center instead of the ER for non-emergencies (page 34).
- ▶ **More choices for eyewear:** Members can use their in-network frame or contact lens allowance at **Glasses.com** and **1800Contacts.com** (page 24).
- ▶ **Enhanced family dental plan benefit:** Our Deluxe and Premier Family PPO dental plans now feature a \$3,000 annual maximum to help members stretch their dental dollars (page 27).



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 every Blue Solutions plan.

Health plans

- 39 health plans
- PPO, EPO, Direct POS, and HMO options
- Copay, coinsurance/deductible, copay/deductible, and high deductible health plans
- Site-of-service benefits included in certain health plans¹
- Expanded virtual care options featuring a \$0 cost-share

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
- All health plans include \$3 low-cost generics²
- A 90-day supply of maintenance medications is available at Walgreens pharmacies at the same cost-share amount as the mail-order benefit

Adult and pediatric vision

- All health plans include adult and pediatric vision benefits
- In-network access to **Glasses.com** and **1800Contacts.com**
- Enhanced frame allowance available at Visionworks

Pediatric dental

- All health plans include pediatric dental benefits for dependents 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® and GradFin

- Both included at no cost
- The College Tuition Benefit allows subscribers to earn Tuition Rewards® points to help pay for higher education for eligible family members
- GradFin's solutions help employees and their families with student loans through 1-on-1 consultations and refinancing services



Add more benefits to your health plans

You can purchase the following benefits to add to your Blue Solutions health plan for a holistic approach to helping your employees manage their health and wealth:

- **United Concordia dental plans:** Affordable standalone family and adult dental plan options, administered by United Concordia Companies Inc., encourage prevention, early diagnosis, and treatment of conditions before they become costly issues.
- **Guardian® supplemental insurance:** Life, disability, accident, critical illness, cancer, and hospital indemnity coverage provides employees with financial safety and security in case of unexpected illness or injury.
- **International health solutions through Blue Cross Global:** Flexible solutions for short-term business travel and long-term expatriate assignments, providing access to one of the largest care networks in the world.

Learn more about these added benefits beginning on page 27.

¹ The Preventive Plus colonoscopy benefit is included in all health plans.

² For HSA-qualified and HRA plans, members will need to meet their plan's deductible to receive \$3 low-cost generics. The PPO Bronze HSA-0 \$7,000/100% plan will continue to apply 0% after deductible to all generic drugs.

Improving care in EVERY COMMUNITY

We're making health care work better in the communities we serve by empowering 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 providing value-based health care coverage. Our Facilitated Health Networks (FHN) offer a results-driven, innovative approach to:



Engage doctors and hospitals in financial arrangements that drive shared accountability



Enable providers with powerful payor-provider data-sharing to more effectively coordinate, manage and monitor patient care



Empower doctors with practice-specific programs and support

Value-based care by the numbers*

48% of providers participate in our value-based programs

57% of the payments we make are to providers in a value-based contract

* Based on internal data

Optimizing the value of health care

As stewards of your dollar, we regularly review our programs, processes, and policies. We use industry benchmarks and best practice standards to identify and address outliers in health care costs and utilization. Once we identify opportunities for improvement, we embed them into our utilization management and claim payment policies.

Driving value in medical management

We have optimized our medical management savings to ensure members receive high-quality health care in the safest setting. As a result, we are:

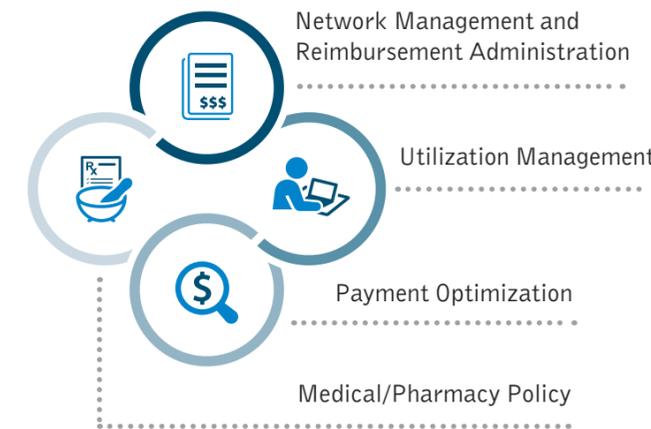
- Driving evidence-based care
- Reducing the number of unnecessary procedures and related costs from potential complications
- Increasing member access to services in the most cost-effective setting

Integrated behavioral health

Untreated mental health and substance abuse issues cost employers thousands of dollars and significantly affect workplace productivity.

Our approach to a member's health and emotional well-being starts with a holistic view of their whole health. Our clinical programs are designed to help promote member behavioral health and wellness while containing costs through prevention and early intervention. Case management helps ensure health care is aligned and integrated within medical delivery systems and connects members to care and community resources.

Health Care Value Optimization



Helping members with a substance abuse disorder

Independence is a leader in promoting ways to help prevent opioid misuse, including five-day supply limits, changing prior-authorizations, and increasing contact with pharmacists. We have also designed medical and prescription drug benefit strategies to assist with medication-assisted treatment and inpatient and outpatient rehabilitation. We've integrated behavioral health services, including the use of non-opioid medications and alternative pain management therapies, like acupuncture, into our benefit plans. These services have resulted in a:

- 43% reduction in patients taking opioid medications*
- 52% decrease in opioid prescriptions*



Combatting a global health crisis

The global COVID-19 pandemic has affected our customers, their businesses, and their employees. Independence has led the way with extensive efforts to support members and health care providers. We covered all costs for virus testing and treatment, expanded virtual care solutions, adjusted clinical policies and procedures, and offered enhanced emotional support services. We've even built some of these services, such as expanded virtual care, into our 2021 product portfolio. We will continue to monitor public health issues to ensure our members have access to the care they need.

*Based on internal analytics, between 2014 and Q4 2019.

Personalized MEMBER ENGAGEMENT

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

- 
Better understand and maximize their health benefits
- 
Make informed health care decisions
- 
Improve their health and well-being
- 
Use self-service tools and resources

Members can access the following tools anytime, anywhere at ibx.com or through the IBX mobile app.

Tools for members' health

- NEW! Achieve Well-being rewards
- Behavioral health digital resources
- NEW! Family planning resources
- ENHANCED! Drug and pharmacy search tools
- Find a Doctor tool
- NEW! Healthy LifestylesSM virtual gym subscriptions
- Get Good Living e-newsletter
- ENHANCED! GlobalFit[®] Anywhere app
- ENHANCED! MDLIVE access

Tools for members' wealth

- Blue365[®] discounts
- Blue InsiderSM savings
- Care Cost Estimator
- NEW! GradFin
- Healthy LifestylesSM reimbursements
- ENHANCED! Price a Drug tool
- Spending accounts
- The College Tuition Benefit[®]

66% of our subscribers are digitally connected to Independence.



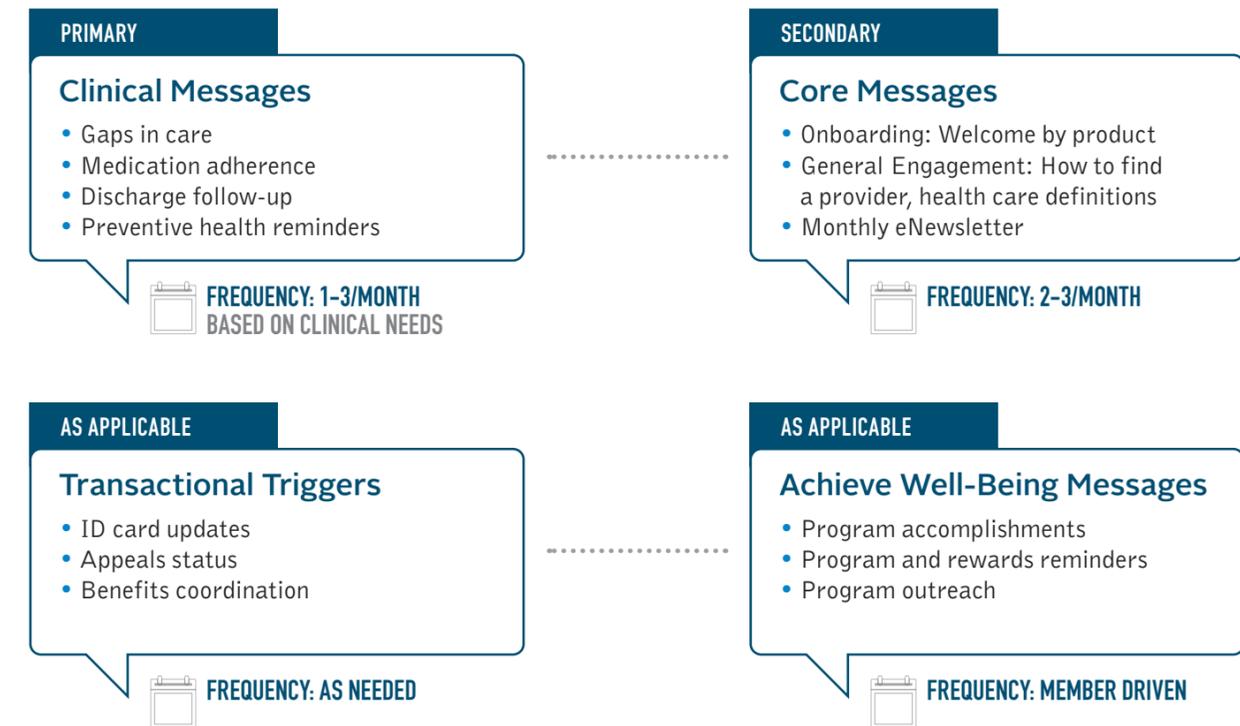
Engaging with members, early and often

Industry-leading member engagement

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. By engaging early and often, we're driving better health outcomes and fostering a healthier, more productive workforce.

Keeping members connected

It all starts with the member ID card, which invites members to call to confirm receipt and opt into digital messaging. 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 communications first.



Engagement drives powerful results and experiences*

42% MORE LIKELY

to be compliant with their medication regimen

14% LESS LIKELY

to use the ER for non-emergencies

11% MORE

compliant with preventive screenings

20% SWITCH RATE

from brand to generic drugs

45% INCREASE

in Health Coach calls

* Statistics are based on internal analytics.

Helping members achieve their unique health goals

The prevalence of chronic conditions and unhealthy lifestyle choices are key factors in rising health care costs. Our Achieve Well-being and Achieve Better Health programs are tailored to meet your employees' specific needs.

Achieve Well-being	Achieve Better Health
<p>Self-service tools to help employees stay healthy</p> <ul style="list-style-type: none"> Engaging online tools that make it easy for members to achieve their well-being goals Personalized profile and action plan include ongoing activities and reminders Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges \$150 reward for completing required Achieve Well-being activities NEW 	<p>Care management programs for extra health support</p> <ul style="list-style-type: none"> 24/7 access to a registered nurse Health Coach Resources and support for members with chronic conditions Case managers to help members with serious illnesses or conditions Targeted clinical messaging to help members Achieve Better Health Maternity program support for pregnant members



Enhanced reimbursements for healthy living

To encourage members to make healthy choices, we offer them a total of \$450 in reimbursements. They can earn up to \$150 back for each of the following programs they complete:

- Workouts at an eligible fitness center
- An approved weight management program
- An approved tobacco cessation program

Members can also now submit the cost of virtual subscriptions towards their fitness reimbursement.

Online behavioral health tools

Cognitive-behavioral therapies are available to your employees at ibx.com. These confidential and free online programs, called On To Better Health, help employees balance work and home responsibilities. They can:

- Create a personal health plan based on a quick screening
- Receive online self-paced care on demand
- View helpful tips and articles
- Find local providers who offer telebehavioral health capabilities

Creating a culture of well-being

Your employees are your company's greatest asset, and their overall wellness can dramatically affect your workplace. Our new Achieve Well-being rewards complement the free worksite well-being resources we offer you to help increase productivity and employee satisfaction.

Achieve Well-being rewards **NEW**

We've added rewards to our Achieve Well-being program* to help give your employees extra motivation to reach their personal health goals. Subscribers now have the opportunity to earn a \$150 gift card by completing all of the following activities:



Annual check-up

- Preventive care visit with PCP



Flu shot

- Annual vaccination for seasonal influenza



Get digitally engaged:

- Register for member portal
- Register for MDLIVE.com
- Complete Well-being Profile
- Opt-in to digital messaging at ibx.com



Help your employees maintain work-life balance

We give you resources and a step-by-step guide to help you create a worksite well-being program that promotes more engaged, productive, and healthier employees. Available tools include:



Seminars and videos



Ready-made well-being challenges



Assessments



Operational wellness plans



Toolkits and communication templates

Visit wellbeing.ibx.com for more information about creating a worksite well-being program.

*Independence recommends that you discuss the program with your legal and/or tax advisor.

Putting the member at the center of everything

We believe in putting the member at the center and viewing everything we do through their eyes. We have an entire team dedicated to understanding and improving the member's experience and whose role it is to:



Ideate
solutions and create experiences



Research
through member and non-member interviews to test and learn



Prototype
realistic concepts and experiences



Develop
enhancements based on member feedback and insights



Enhancing ibx.com with members in mind

We use these principles to continually enhance our member portal at ibx.com and strive to create an experience that is personalized, intuitive, and easy. Recent improvements include:

- **Personalized homepage** that presents the most relevant information
- **Responsive design and simplified language** which makes content easy to read on any device
- **Claims summary and benefits usage pages** to help members better understand their out-of-pocket accumulated costs
- **Care Cost Estimator** allows users to estimate their costs based on their specific plan
- **Provider Finder** gives members quicker access to search for medical, pharmacy, and vision providers
- **Family Planning** section is now dedicated to presenting benefits, tools, and resources available to help members with conception, delivery, and newborns

Superior service for you and your employees

We work collaboratively with you and/or your broker to help make the most informed decisions about health care benefits for your workforce. When your employees and their families have questions, our highly-trained customer service team responds to their needs to help them understand and maximize their benefits.

Service excellence



Agents who receive extensive training on members' needs



State-of-the-art technology that helps agents give quick, efficient service



In-person support available at Independence LIVE*

Collaborative account management

- Focus on understanding your unique challenges
- Provide you with the best solutions
- Remain proactive, consultative, and responsive
- Deliver competitive intelligence regarding trends in the marketplace



Secure, convenient online benefits administration

Administer your health benefits efficiently and securely 24/7 at ibx.com. Sign in to access enrollment, billing, marketing tools, and our latest news.

Pay by eBill

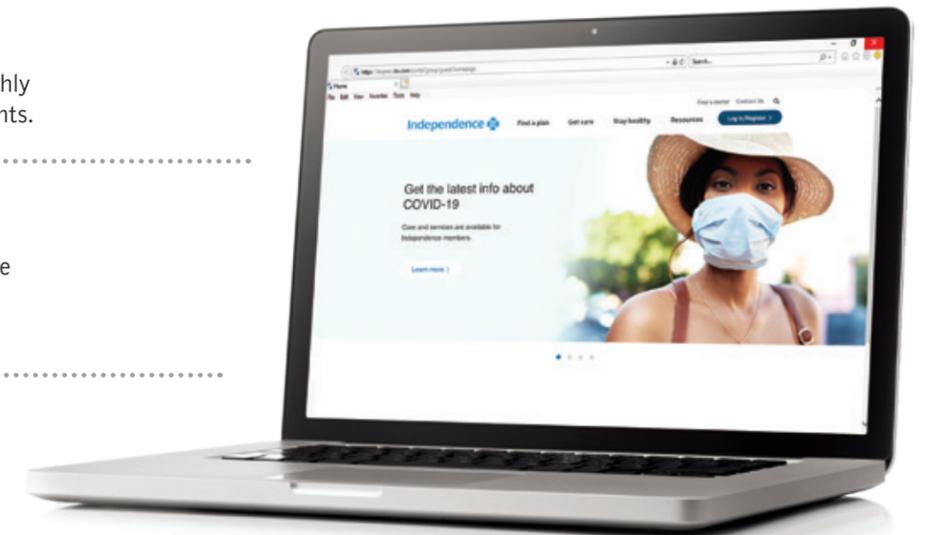
Make a one-time payment up until your premium due date or set up recurring monthly payments from one or multiple bank accounts.

Manage your account

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

Get marketing toolkits

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



*Visit events.ibx.com to confirm Independence LIVE hours of operation based on public health conditions.

Inspiring PURPOSEFUL INNOVATION

Our focus is always on members, their health, and innovative ways of doing things that will help make the health care experience more convenient, effective, and affordable.



The Center for Innovation

Located at our headquarters in Philadelphia, the Independence Blue Cross Center for Innovation is a high-tech center that leverages design-thinking principles to unleash innovative solutions. Since its opening in 2019, we have hosted members, brokers, customers of all sizes, hospitals, doctors, and business partners to develop solutions to challenges in health care and business. We hold workshops, pilot programs, and presentations by experts across all fields.



Quil

Through our partnership with Comcast, the Quil platform meets members where they are on their health journeys using their favorite digital device (i.e., TV, smartphone, tablet, computer, smartwatch). Quil empowers individuals and their support teams with customized health-related content, supporting them in their health care decisions, and helping them answer the question, "What's next?"

Investing in new ventures, partnerships, and technologies

We're creating 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.



B.PHL Innovation Fest

With Philadelphia being a hub for innovation on the East Coast, Independence was thrilled to serve as the presenting sponsor of the first-ever three-day B.PHL innovation festival. More than 5,000 registrants had the opportunity to hear from over 460 experts in business, music, food, fashion, art, engineering, tech, and more. The annual festival takes place each fall.



Blue Cross Blue Shield Health of America

This report is a source of insights, research, and powerful stories highlighting how Blue Cross Blue Shield companies are leading the way to better health care — and better health — for America. One of the more notable reports addressed the health of millennials, who are about to surpass baby boomers as the nation's largest generation.

The report found that millennials have a higher prevalence of nearly all of the ten most common health conditions compared to prior generations. In response, the Blues hosted an event to share how Blues plans are working to address the health care risks of millennials. And we continue to develop programs and find unique ways to engage millennials to address these issues. To view the reports, visit bcbs.com/the-health-of-america.

Tailored HEALTH PLAN SOLUTIONS

No one knows your business better than you do. We listen to your feedback and use utilization trends and competitive intelligence to design health plan benefits that meet the unique business needs of small employers like you.



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 that include in- and out-of-network benefits
- Affordable cost-sharing
- More choices and control

Create a complete benefits package

You can add a standalone family or adult dental plan to your medical coverage and offer even more protection for your employees and their families with supplemental insurance products and international health insurance.

Refer to family dental and additional benefits on pages 27, 28, 29, and 30 for more details.



Health plans to fit your needs and budget

No matter what size your business is, 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.¹

	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 ²	
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



Lowering member costs NEW

We've made several enhancements to help members save even more on their out-of-pocket costs:

- Added low-cost generics at a reduced copay to all plans
- Lowered radiology Site of Service cost-share in most PPO plans
- Lowered cost-share for urgent care visits in most copay plans

Refer to the health plan charts beginning on page 34 to view the 2021 benefit enhancements.



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.

Driving members to the most cost-effective settings

The Site of Service (SoS) benefits in every Blue Solutions plan¹ give members the choice to save money when accessing certain services based on where care is received. By driving members to the most cost-effective settings, we are working to help reverse rising health care cost trends year over year.

Members can lower their out-of-pocket costs based on the location where they receive care for the following services:



Outpatient labs

- In most PPO plans, cost-sharing for covered services is \$0 at freestanding in-network labs.
- In HMO and Direct POS plans, members pay \$0 for in-network lab services when using their PCP's designated lab.



Outpatient surgery²

- Lower cost-sharing for services at in-network ambulatory surgical centers (ASCs)
- Higher cost-sharing at hospital-based sites



Preventive colonoscopy³

- \$0 preventive colonoscopy when performed by non-hospital-based Preventive Plus providers and GI professionals



Physical/occupational (PT/OT) therapy

- Lower cost-sharing at office-based providers and freestanding sites
- Higher cost-sharing at hospital-based sites



Routine/complex radiology

- Lower cost-sharing at office-based providers and freestanding sites **NEW**
- Higher cost-sharing at hospital-based sites



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

Refer to the health plan charts beginning on page 34 for SoS cost-sharing.

1. Site of Service benefits vary by plan design. Refer to the health plan charts beginning on page 34 for more details.

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

3. Members pay \$750 out of pocket 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.

New and enhanced virtual care options

Virtual care, like telemedicine, gives members access to a medical professional through secure video, phone, or mobile app. It's quicker, more convenient, and typically costs members less than visiting the ER. Members can access telemedicine services through network doctors and specialists that offer them. We also provide telemedicine services through MDLIVE and have enhanced the virtual care services they provide to include telebehavioral health and teledermatology in addition to telemedicine in all Blue Solutions plans. These MDLIVE and Magellan virtual care services are now covered with \$0 cost-share.



Telebehavioral health through Magellan and MDLIVE **NEW**

Members can also receive telebehavioral health services through MDLIVE and Magellan for \$0 cost-share. Major depression is a growing concern, with diagnoses in millennials rising 33 percent* since 2013. Telebehavioral health provides members more access to care from therapists, psychologists, and psychiatrists who can help with anxiety, depression, bipolar, panic disorders, and more.

Teledermatology through MDLIVE **NEW**

We added teledermatology services through MDLIVE to all plans for a \$0 cost-share. The average wait time to see a dermatologist is 32.3 days for 15 major metro areas, and as long as three to six months in other areas.* Teledermatology provides increased access to dermatologists who can treat more than 3,000 skin, hair, and nail conditions online.

Telemedicine

MDLIVE telemedicine visits are now covered at \$0 cost-share in all plans. MDLIVE gives members secure, 24/7/365 access to board-certified doctors anywhere in the U.S. MDLIVE also provides pediatric services, so employees can use this benefit on behalf of their child or covered dependent at any age.

Members can sign up with the help of Sophie, a virtual assistant who guides members through the registration processes. They can download the app to their smartphones, visit the MDLIVE website, or call to register.

If available, members may also receive telemedicine services through their primary care physician or specialist and pay their health plan's cost-share.

Benefits of telemedicine through MDLIVE

97% PATIENT SATISFACTION

96% OF PATIENTS

did not receive further care for that same condition

82% OF CASES

did not require any further action within the next 7 days

*2017 Merritt Hawkins "Survey of Physician Appointment Wait Times," Sept. 2017

Keystone HMO Proactive tiered network plans

Our suite of Keystone HMO Proactive plans 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. To maximize this benefit, members need to check the tier of the facility and the provider they want to use.

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.**



Lower urgent care cost-share NEW

We reduced the urgent care cost-share across all tiers in our Proactive plans to help members save by using urgent care centers instead of the ER for issues that are not emergencies.

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

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

Tier 1 – Preferred



Tier 2 – Enhanced



Tier 3 – Standard



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

Keystone HMO Proactive hospital tier placements

Tier 1 – Preferred \$

Pennsylvania

Bucks

Doylestown Hospital
Grand View Hospital
Jefferson Bucks Hospital
Prime Healthcare — Lower Bucks Hospital
Rothman Orthopaedic Specialty Hospital
St. Luke’s Health Network — Quakertown Campus

Chester

Penn Medicine — 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

Albert Einstein Medical Center — Montgomery Campus
Holy Redeemer Hospital and Medical Center
Jefferson Health — Abington Hospital
Jefferson Health — Abington — Lansdale Hospital
Suburban Community Hospital
Tower Health — Pottstown Memorial Medical Center

Philadelphia

Albert Einstein Medical Center
Albert Einstein Medical Center — Germantown Campus
Jefferson Frankford Hospital
Jefferson Torresdale Hospital
Prime Healthcare — Roxborough Memorial Hospital
Temple University Hospital — Jeanes Campus
Tower Health — Chestnut Hill Hospital
Wills Eye Hospital

New Jersey

Burlington

Virtua Willingboro Hospital

Camden

Cooper Hospital University Medical Center

Mercer

Robert Wood Johnson University Hospital at Hamilton

Salem

Memorial Hospital of Salem County

Warren

Hackettstown Community Hospital

Tier 2 – Enhanced \$\$

Pennsylvania

Philadelphia

Children’s Hospital of Philadelphia
Shriners’ Hospital for Children
Temple Health — Fox Chase Cancer Center
Tower Health — St. Christopher’s 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

Trinity Health — St. Mary Medical Center

Chester

Main Line Health — Paoli Hospital

Delaware

Main Line Health — Riddle Hospital
Trinity Health — Mercy Fitzgerald Hospital

Lancaster

Ephrata Community Hospital
Penn Medicine — 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

Jefferson Methodist Hospital
Penn Medicine — Hospital of the University of Pennsylvania
Penn Medicine — Penn Presbyterian Medical Center
Penn Medicine — Pennsylvania Hospital
Temple Health — Northeastern Campus
Temple University Hospital
Thomas Jefferson University Hospital
Trinity Health — Mercy Philadelphia Hospital
Trinity Health — Nazareth 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

Salem

Inspira Medical Center — Elmer

Warren

St. Luke’s Health Network — Warren Hospital

Delaware

New Castle

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

Maryland

Cecil

Union Hospital

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

Spending accounts offer tax advantages

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, on-demand reporting, and spending account resources at ibx.com

For employees

- Tax advantages and no monthly account fee*
- Easy access through ibx.com and the IBX app
- Claims integration enables streamlined payment from spending accounts
- Specialized customer service teams to provide support
- Easy access to funds via Mastercard® 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 health 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 ¹	Employer and/or employee	Employer
Who establishes contribution rules	IRS	Employer and Independence
Helps pay for ²	Qualified medical expenses	Qualified medical expenses as determined by employer
Funds carry over	Yes	No
Portable	Yes	No

* Some banking fees and optional investment account fees may apply.
 1. Refer to page 65 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 Blue Cross does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of spending accounts.

Tools to help members protect their wealth

Included in all Blue Solutions plans at no additional cost, The College Tuition Benefit and the new student loan debt reduction solutions from GradFin help you attract and retain talent and make it easier for your employees and their families to pay for higher education.



The College Tuition Benefit®

Through The College Tuition Benefit, subscribers can earn SAGE Scholars Tuition Rewards® to help offset the cost of a four-year undergraduate education at a participating Sage Scholars network college or university 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 the full price of tuition.
- Subscribers earn 2,000 points when they sign up and students receive 500 points when registered.
- Subscribers then earn 2,000 points each year and an additional bonus of 2,500 points in year four.

The longer your employee stays with your company and keeps their Independence coverage, the more Tuition Rewards points your employees can accrue. Subscribers can visit ibx.collegetuitionbenefit.com to view the full list of participating colleges and universities.

*Subject to certain restrictions.

GradFin NEW

GradFin provides student loan debt reduction solutions by helping borrowers repay their student loans faster so they can start saving for the future. GradFin provides employees and their families free personalized solutions to accelerate their student loan debt payoff process and can potentially save them thousands of dollars.

- **Student Loan Financial Education.** GradFin offers free personal consultations, live webinars, and in-house “town hall” meetings to educate employees and their families on reducing their debt.
- **Student Loan Solutions.** GradFin originates, refinances, and consolidates an employee and their family’s student loan(s) through a lending platform made up of 11 lenders, maximizing the member’s chance for loan approval and the lowest rates.
- **Public Service Loan Forgiveness (PSLF) Program.** GradFin will work with employees and their families to ensure they stay compliant with the PSLF program through auditing payments and certifying income and employment.

Integrated medical and prescription drug

Combined medical and pharmacy benefits enable improved outcomes and better control of overall costs for members. All Blue Solutions medical plans include pharmacy benefits managed by FutureScripts®, a national, top-three pharmacy benefits manager.

Members have access to more than 68,000 retail and independent pharmacies nationwide.¹ We work with FutureScripts to provide safe and affordable access to covered medications through:

- **PreCheck MyScript.** A digital tool that allows the prescribing physician to determine more affordable medication options when prescribing a drug based on the member's benefit design.
- **Rebates at point-of-sale.** Where applicable, rebates are provided directly to members with deductibles or coinsurance health plans to reduce out-of-pocket costs.
- **Online and mobile tools.** Members can use our drug pricing tools to help them identify lower-cost alternatives. We also provide self-serve tools to manage mail-order/home delivery, and targeted messaging regarding medication adherence and generic drug availability.
- **Mail order and 90-day retail pharmacy options.** Free home delivery is available for medications members take regularly. Members can also get a 90-day supply of maintenance medications at Walgreens retail pharmacies for the same cost-share as mail order to help make medication adherence easier and affordable.



\$3 low-cost generics in every health plan² **NEW**

We enhanced the pharmacy benefit in all health plans to include low-cost generic drugs, in addition to reducing the cost-share. The copay is now \$3 for certain generic drugs used to treat chronic conditions such as high cholesterol and high blood pressure.



Lowering prescription drug costs for all Americans

We believe everyone should have access to safe, effective prescription medications when they need them and at a price they can afford. That's why Independence Blue Cross is one of 18 independent Blue Cross and Blue Shield companies partnering with Civica Rx, a nonprofit company that manufactures select high-cost generic drugs. Through this partnership, we can help provide greater access to much-needed medications.



1. Some plans use the Preferred Pharmacy network, which includes more than 59,000 pharmacies, including Walgreens pharmacies.
 2. The copay for mail order low-cost generics is \$6 for up to a 90-day supply. Members with HSA-qualified and HRA plans will need to meet the plan's deductible first to receive the low-cost generic benefit. For members with the PPO Bronze HSA-0 \$7,000/100%, no cost-sharing applies after meeting the plan's deductible.

Specialty drug strategy delivers savings and support

As spending for specialty drugs increases, we make use of several strategies to manage costs. Because we manage both medical and pharmacy for you, we can manage your employees' treatment more holistically for this class of drugs.

Our strategies for managing specialty drugs help:

- Drive superior clinical outcomes
- Lower total cost of care
- Identify and manage future costs based on drugs in the pipeline
- Simplify the overall member experience

Specialty pharmacy program

Our specialty pharmacy program provides convenient delivery options and support for members with complex and high-cost conditions, including cancer, hemophilia, hepatitis C, rheumatoid arthritis, multiple sclerosis, and cystic fibrosis.

Starting with their first fill, we offer these members counseling from experienced pharmacists and nurses by phone or video chat, as well as online videos, support materials, and resources.



Most Cost-Effective Setting

Our Most Cost-Effective Setting program helps members with rare or complex high-cost conditions receive the appropriate medication in their home, provider's office, or infusion center, where it costs three to four times less than if they received it in a hospital. Since the program's inception, we've saved more than \$105 million and continue to add new drugs every year.

PROBLEM	ACTION	RESOLUTION
Specialty drugs ¹	Strategies	Most Cost Effective Setting program ²
\$400 billion estimated national spend	Clinically appropriate drugs for members	Over 70 drugs currently covered
9% + national health care spend	Safe, cost-effective treatment setting	\$105+ million in savings

1 Nationally by 2020
 2 Based on internal data

Biosimilars can help reduce overall costs

We are always looking for innovative ways to make specialty drugs more affordable without restricting members' access. As part of these efforts, we have been closely following the recent launch and growth of biosimilars in the U.S. drug market. Biosimilars are less expensive FDA-approved versions of biologic drugs, commonly used for vaccines, allergenics, and cancer treatments.

Because of the growth and savings potential of biosimilars, we are proactively monitoring the drug pipeline and applying utilization management strategies to increase member and provider use of this class of drugs, while decreasing treatment costs.

Included vision and dental benefits help lower overall costs

All Blue Solutions plans include adult and pediatric vision benefits¹, plus pediatric dental benefits for children up to age 19, that encourage prevention, early diagnosis, and treatment for better overall health for members.

Our adult and pediatric vision benefits, administered by Davis Vision, ensure members have access to routine eye care, options for affordable, quality eyewear, and more value-added services.

Frames, lenses, and contacts

- Adult members can use their frame or contact lens allowance at two popular in-network, online retailers, Glasses.com and 1800Contacts.com **NEW**
- Plans feature low to no copay on Davis Vision Exclusive Collection frames
- Additional \$50 allowance to use towards frames at Visionworks, with an average of 1,200 frame styles available
- Fixed pricing on all spectacle lens styles and coatings, including blue light to protect against blue-light exposure.
- One-year frame and lens breakage warranty from Davis Vision providers



Adult eyewear allowance options

Up to \$130 frame or contact lens allowance, plus 20% off any frame overage, at more than 94,000 points of access in the national Davis Vision network

OR

Up to \$180 frame allowance, plus 20% off any overage, at more than 700 Visionworks locations nationwide

Value-added services:

- Discounted pricing and financing options on LASIK laser vision correction services
- Access to a free hearing exam and exclusive discounts on hearing aids, supplies, and more from Your Hearing Network through Davis Vision

..... Pediatric dental benefits: Keeping young smiles healthy

All Blue Solutions medical plans include in-network dental benefits² administered by United Concordia Companies, Inc. for children up to age 19 to help kids develop good oral health.

Personal Choice® PPO

- Included in PPO medical plans
- 100% coverage for in-network dental exams and cleanings once every six months
- Choose any provider in the Concordia Advantage network
- No referrals required

Keystone Health Plan East DHMO

- Included in HMO and DPOS medical plans
- 100% coverage for in-network dental exams and cleanings once every six months
- Must choose a Primary Dental Office (PDO) from the Keystone DHMO network
- Referrals required from PDO for specialist services

See page 28 for standalone Family PPO dental plans to add to your medical coverage.

See footnotes on page 66.



COMPLETE YOUR BENEFITS PACKAGE

Add family dental coverage to your health plan benefits

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

Our Family PPO dental plans offer richer benefits and greater savings

All Blue Solutions health plans cover in-network dental benefits for children up to age 19, but they don't cover cosmetic orthodontia¹ or out-of-network services, which many children may need.

Our standalone Family PPO dental plans provide coverage for the entire family and feature in-and out-of-network benefits and savings in one dental plan.



Smile for Health® wellness program

This program from United Concordia Companies, Inc. provides full coverage for periodontal services to help eligible members treat gum disease effectively⁴, something most dental plans do not include. Members have access to oral wellness consultants, who offer a range of services to educate members and encourage participation in the program.

Advantages of standalone Family PPO dental plans

- Deluxe Family PPO plan offers a level of cosmetic pediatric orthodontia coverage to help members save on out-of-pocket expenses²
- Access to the extensive United Concordia Advantage network
- Out-of-network pediatric dental benefits, giving members access to more providers
- Preventive care is covered at 100 percent, including exams, cleanings, and X-rays
- Coverage for basic and major dental services for children and adults, with no waiting periods
- 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



Enhanced annual maximum **NEW**

Premier and Deluxe Family PPO plans help stretch members' dental dollars

We increased the annual maximum on our Premier and Deluxe Family PPO dental plans to \$3,000. These plans feature a Preventive Incentive, which means the amount members pay for in-network preventive care³ doesn't count toward their annual maximum. This allows members to apply other, more costly covered dental services towards the \$3,000, such as fillings, root canals, crowns, and denture repairs.

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

2 OF 3 DENTISTS	68,000	84% OF DENTISTS	56% SAVINGS
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 Companies, Inc. 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 66.

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 ³	Adult Preferred PPO ³	Adult Premier PPO ³	Adult DHMO ^{6, 33}
\$0	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family	\$0
\$1,000	\$1,000	\$1,000	None
Member pays	Member pays	Member pays	Member pays
\$0 ¹	\$0 ¹	\$0 ^{1,4}	\$0-25
\$0 ¹	\$0 ¹	\$0 ^{1,4}	
\$0 ¹	\$0 ¹	\$0 ^{1,4}	
Not covered	\$0 ¹	\$0 ^{1,4}	
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)	
Member pays	Member pays	Member pays	Member pays
Not covered (discount may apply)	50% ²	20% ²	\$0-250 ⁵
Not covered (discount may apply)	50% ²	20% ²	
Not covered (discount may apply)	50% ²	20% ²	
Not covered (discount may apply)	50% ²	20% ²	
Not covered (discount may apply)	50% ²	20% ²	
Not covered (discount may apply)	50% ²	20% ²	
Member pays	Member pays	Member pays	Member pays
Not covered (discount may apply)	Not covered (discount may apply)	50% ²	\$0-433
Not covered (discount may apply)	Not covered (discount may apply)	50% ²	
Not covered	Not covered	Not covered	Not covered
Member pays	Member pays	Member pays	Member pays
Not covered	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:

This plan requires the selection of a Primary Dental Office (PDO) from the plan's dental HMO network. The member's PDO provides routine care and arranges or provides most other dentally necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the group contract and certificate of coverage.

See footnotes for dental benefits on page 66.

Give your employees peace of mind when it matters

We offer a comprehensive suite of industry-leading specialty insurance products to complement your medical benefits. They provide a holistic approach to managing your employees' health and wealth while reducing their total costs of care. You can build a more powerful health benefits solution, and boost employee retention and acquisition efforts, when you bundle specialty services together.

Guardian supplemental insurance

Our suite of seven Guardian-sponsored products are a perfect complement to your medical coverage. They provide your employees with financial safety and security from an unexpected illness or injury.

- Life insurance
- Short- and long-term disability insurance
- Accident insurance
- Critical illness and cancer insurance
- Hospital indemnity insurance

International health solutions through Blue Cross Global

As part of the Blue Cross Blue Shield (BCBS) family, Blue Cross Global products capitalize on the network strength and name recognition of BCBS inside the U.S. and Bupa Global outside the U.S.

They provide access to one of the largest care networks in the world, with more than 1.7 million providers worldwide.

Our flexible group products offer solutions for short-term business travel and long-term expatriate assignments.

Our members are supported by:

- Leading digital tools that help simplify the international health care experience
- A 24/7/365 integrated service experience through centralized tools and programs
- Global TeleMD™ telemedicine services that provide 24/7/365 access to doctor consultations by telephone or video

TALK TO US.

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



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



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



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



Platinum health plans	Personal Choice PPO Platinum Preferred ² \$10/\$20/\$200	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$4,500/\$9,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care office visit/retail clinic	\$10	50% after ded
Specialist office visit	\$20	50% after ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	\$0	Not covered
Urgent care	\$40	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (18 visits per year)	\$20 ⁹	50% after ded ⁹
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$20/\$50 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	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	\$50/\$150	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$125/\$250	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 ¹¹	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^{16, 17, 19, 22}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$45	70% of retail
Retail non-preferred drug ¹⁸	\$75	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Personal Choice PPO Platinum Preferred ² \$20/\$40/\$250		Keystone DPOS Platinum Preferred ² \$10/\$20/\$200		Keystone DPOS Platinum Preferred ² \$20/\$40/\$250	
You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁵	You pay in-network	You pay out-of-network ⁵
\$0	\$3,000/\$6,000	\$0	\$3,000/\$6,000	\$0	\$3,000/\$6,000
0%	50%	0%	50%	0%	50%
\$5,000/\$10,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded	\$4,500/\$9,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded	\$5,000/\$10,000 coinsurance and copays	\$9,000/\$18,000 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
\$50	50% after ded	\$40	50% after ded	\$50	50% after ded
\$40 ⁹	50% after ded ⁹	\$20 ¹⁰	50% after ded	\$40 ¹⁰	50% after ded
\$40/\$70 ⁹	50% after ded/50% after ded ⁹	\$20/\$20 ¹⁰	50% after ded/50% after ded	\$40/\$40 ¹⁰	50% after ded/50% after ded
\$250 per day ¹¹	50% after ded	\$200 per day ¹¹	50% after ded	\$250 per day ¹¹	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
\$50/\$150	50% after ded/50% after ded	\$30/\$30 ¹⁰	50% after ded/50% after ded	\$30/\$30 ¹⁰	50% after ded/50% after ded
\$125/\$250	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 ¹¹	50% after ded	\$200 per day ¹¹	50% after ded	\$250 per day ¹¹	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
\$3	70% of retail	\$3	70% of retail	\$3	70% of retail
\$10	70% of retail	\$10	70% of retail	\$10	70% of retail
\$45	70% of retail	\$45	70% of retail	\$45	70% of retail
\$75	70% of retail	\$75	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 ³ \$10/\$20/\$200	Keystone HMO Platinum Preferred ³ \$20/\$40/\$250
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible, individual/family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum, individual/family includes:	\$4,500/\$9,000 coinsurance and copays	\$5,000/\$10,000 coinsurance and copays
Preventive services⁸		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	\$750
Physician services		
Primary care office visit/retail clinic	\$10	\$20
Specialist office visit	\$20	\$40
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	\$0	\$0
Urgent care	\$40	\$50
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (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 ¹¹	\$250 per day ¹¹
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 ¹¹	\$250 per day ¹¹
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^{16, 17, 19, 22}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$10	\$10
Retail preferred brand ¹⁸	\$45	\$45
Retail non-preferred drug ¹⁸	\$75	\$75
Specialty drug	50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0
Adult routine eye exam ²⁵	\$0	\$0
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies

Keystone HMO Platinum Preferred ³ \$30/\$60/\$400	Personal Choice PPO Platinum HSA — 50 ⁴ \$1,800/100%	
You pay in-network ⁶	You pay in-network	You pay out-of-network ⁷
\$0	\$1,800/\$3,600	\$10,000/\$20,000
0%	0%	50%
\$5,500/\$11,000 coinsurance and copays	\$7,000/\$14,000 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% no ded	Not covered
\$75	0% after ded	50% after ded
\$60	0% after ded ⁹	50% after ded ⁹
\$60/\$60	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
\$400 per day ¹¹	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 ¹¹	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
\$3	\$3 after ded	50% after ded
\$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 Preferred²
\$40/\$80/\$600

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750	50% no ded
Physician services		
Primary care office visit/retail clinic	\$40	50% after ded
Specialist office visit	\$80	50% after ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	\$0	Not covered
Urgent care	\$100	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (18 visits per year)	\$80 ⁹	50% after ded ⁹
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80/\$110 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$600 per day ¹¹	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	\$70/\$175	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$150/\$300	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 ¹¹	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^{16, 17, 19, 22}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$50	70% of retail
Retail non-preferred drug ¹⁸	\$150	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Personal Choice PPO Gold Classic²
\$1,500/\$20/\$40/80%

You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁷
\$1,500/\$3,000	\$8,500/\$17,000	\$2,500/\$5,000	\$8,500/\$17,000
20%	50%	0%	50%
\$7,000/\$14,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded	\$5,500/\$11,000 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
0% no ded	Not covered	0% no ded	Not covered
20% after ded	50% after ded	\$100 no ded	50% after ded
\$40 no ded ⁹	50% after ded ⁹	\$80 no ded ⁹	50% after ded ⁹
\$40 no ded/\$80 no ded ⁹	50% after ded/50% after ded ⁹	\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹
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	\$400 no ded	\$400 no ded
20% after ded/40% after ded	50% after ded/50% after ded	\$70 no ded/\$175 no ded	50% after ded/50% after ded
20% after ded/40% after ded	50% after ded/50% after ded	\$150 no ded/\$300 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
\$3	70% of retail	\$3	70% of retail
\$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 ² \$1,500/\$30/\$60/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$7,000/\$14,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
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
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (18 visits per year)	\$60 no ded ¹⁰	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded ¹⁰	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 ¹⁰	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 ^{16, 17, 19, 22}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$10	70% of retail
Retail preferred brand ¹⁸	\$50	70% of retail
Retail non-preferred drug ¹⁸	\$150	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Keystone DPOS Gold Preferred ² \$40/\$80/\$650	
You pay in-network	You pay out-of-network ⁵
\$0	\$7,000/\$14,000
0%	50%
\$8,550/\$17,100 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
\$0	50% no ded
\$0	N/A
\$750	50% no ded
\$40	50% after ded
\$80	50% after ded
\$0	Not covered
\$100	50% after ded
\$80 ¹⁰	50% after ded
\$80/\$80 ¹⁰	50% after ded/50% after ded
\$650 per day ¹¹	50% after ded
\$0	50% after ded
\$500	\$500 no ded
\$120/\$120 ¹⁰	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 ¹¹	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
\$3	70% of retail
\$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 ² \$2,500/\$40/\$80/100%	Keystone HMO Gold Classic ² \$1,500/\$30/\$60/90%	Keystone HMO Gold Preferred ³ \$40/\$80/\$650
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶	You pay in-network⁶
Deductible, individual/family	\$2,500/\$5,000	\$1,500/\$3,000	\$0
Coinsurance	0%	10%	0%
Out-of-pocket maximum, individual/family includes:	\$5,500/\$11,000 coinsurance, copays, and ded	\$7,000/\$14,000 coinsurance, copays, and ded	\$8,550/\$17,100 coinsurance and copays
Preventive services⁸			
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
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0% no ded	0% no ded	\$0
Urgent care	\$100 no ded	10% after ded	\$100
Spinal manipulations (20 visits per year)/Acupuncture [§] (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 ¹¹
Inpatient professional services (includes maternity)	0% after ded	10% after ded	\$0
Emergency room (not waived if admitted)	\$400 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 ¹¹
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^{16, 17, 19, 22}			
Rx deductible (individual/family)	\$0	\$0	\$0
Low cost generic ¹⁸	\$3	\$3	\$3
Retail generic ¹⁸	\$10	\$10	\$10
Retail preferred brand ¹⁸	\$50	\$50	\$50
Retail non-preferred drug ¹⁸	\$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^{23, 28, 32}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	\$0 no ded	\$0
Adult routine eye exam ²⁵	\$0 no ded	\$0 no ded	\$0
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Keystone HMO Gold Secure ² \$1,000/\$40/\$80/\$650	Keystone HMO Gold Proactive ³		
You pay in-network ⁶	You pay in-network ⁶ - Tier 1 - Preferred	You pay in-network ⁶ - Tier 2 - Enhanced	You pay in-network ⁶ - Tier 3 - Standard
\$1,000/\$2,000	\$0	\$0	\$0
0%	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
\$8,550/\$17,100 coinsurance, copays, and ded	\$8,550/\$17,100 ¹² coinsurance and copays	\$8,550/\$17,100 ¹² coinsurance and copays	\$8,550/\$17,100 ¹² 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 ¹³	\$30 ¹³	\$45 ¹³
\$80 no ded	\$40	\$60	\$80
0% no ded	\$0	\$0	\$0
\$100 no ded	\$40	\$40	\$40
\$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 ¹¹	\$350 per day ^{11, 14}	\$700 per day ^{11, 14}	\$1,100 per day ^{11, 14}
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 ¹¹	\$350 per day ¹¹	\$350 per day ¹¹	\$350 per day ¹¹
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
\$3	\$3 ²⁰	\$3 ²⁰	\$3 ²⁰
\$10	\$15 ²⁰	\$15 ²⁰	\$15 ²⁰
\$50	50% up to \$200 max per fill ^{20, 21}	50% up to \$200 max per fill ^{20, 21}	50% up to \$200 max per fill ^{20, 21}
\$150	50% up to \$300 max per fill ^{20, 21}	50% up to \$300 max per fill ^{20, 21}	50% up to \$300 max per fill ^{20, 21}
50% up to \$1,000 max per fill	50% up to \$1,000 max per fill ^{20, 21}	50% up to \$1,000 max per fill ^{20, 21}	50% up to \$1,000 max per fill ^{20, 21}
\$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 ⁴ \$2,100/100%	Personal Choice PPO Gold HRA - 20 ² \$3,700/100%		
Benefits per contract year¹	You pay in-network	You pay out-of-network⁷	You pay in-network	You pay out-of-network⁷
Deductible, individual/family	\$2,100/\$4,200	\$10,000/\$20,000	\$3,700/\$7,400	\$10,000/\$20,000
Coinsurance	0%	50%	0%	50%
Out-of-pocket maximum, individual/family includes:	\$7,000/\$14,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$7,000/\$14,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸				
Preventive care for adults and children	0% no ded	50% no ded	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded	\$750 no ded	50% no ded
Physician services				
Primary care office visit/retail clinic	0% after ded	50% after ded	0% after ded	50% after ded
Specialist office visit	0% after ded	50% after ded	0% after ded	50% after ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0% no ded	Not covered	0% no ded	Not covered
Urgent care	0% after ded	50% after ded	0% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (18 visits per year)	0% after ded ⁹	50% after ded ⁹	0% after ded ⁹	50% after ded ⁹
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services				
Inpatient hospital services (includes maternity)	0% after ded	50% after ded	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded	0% after ded	50% after ded
Emergency room (not waived if admitted)	0% after ded	0% after in-network ded	0% after ded	0% after in-network ded
Routine Radiology — 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^{16, 17, 19, 22}				
Rx deductible (individual/family)	Integrated	Integrated	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded	\$3 after ded	50% after ded
Retail generic ¹⁸	\$10 after ded	50% after ded	\$10 after ded	50% after ded
Retail preferred brand ¹⁸	\$50 after ded	50% after ded	\$50 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$100 after ded	50% after ded	\$100 after ded	50% after ded
Specialty drug	50% 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^{23, 28, 32}				
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$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) ²⁹	Integrated	Not covered	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered	0% after ded	Not covered

Personal Choice PPO Gold HSA - 25 ⁴ \$2,400/\$25/\$50/90%	
You pay in-network	You pay out-of-network ⁷
\$2,400/\$4,800	\$10,000/\$20,000
10%	50%
\$7,000/\$14,000 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
\$25 after ded	50% after ded
\$50 after ded	50% after ded
0% no ded	Not covered
10% after ded	50% after ded
\$50 after ded ⁹	50% after ded ⁹
\$50 after ded/\$50 after ded ⁹	50% after ded/50% after ded ⁹
10% after ded	50% after ded
10% after ded	50% after ded
10% after ded	10% after in-network ded
10% after ded/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
\$50 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
\$3 after ded	50% after ded
\$10 after ded	50% after ded
\$50 after ded	50% after ded
\$100 after ded	50% after ded
50% after ded up to \$1,000 max per fill	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

Personal Choice PPO Silver Classic²
\$3,750/\$30/\$60/70%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$3,750/\$7,500	\$8,500/\$17,000
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$30 no ded	50% after ded
Specialist office visit	\$60 no ded	50% after ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0% no ded	Not covered
Urgent care	\$125 no ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (18 visits per year)	\$60 no ded ⁹	50% after ded ⁹
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$90 no ded ⁹	50% after ded/50% after ded ⁹
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^{16, 17, 19, 22}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3 ²⁰	70% of retail
Retail generic ¹⁸	\$15 ²⁰	70% of retail
Retail preferred brand ¹⁸	50% up to \$125 max per fill ^{20, 21}	70% of retail ²¹
Retail non-preferred drug ¹⁸	50% up to \$250 max per fill ^{20, 21}	70% of retail ²¹
Specialty drug	50% up to \$1,000 max per fill ^{20, 21}	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Personal Choice PPO Silver Secure²
\$4,750/\$40/\$80/\$600

You pay in-network	You pay out-of-network ⁷	You pay in-network	You pay out-of-network ⁷
\$4,750/\$9,500	\$8,500/\$17,000	\$5,000/\$10,000	\$8,500/\$17,000
0%	50%	10%	50%
\$8,550/\$17,100 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded	\$8,550/\$17,100 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
0% no ded	Not covered	0% no ded	Not covered
\$100 no ded	50% after ded	\$125 no ded	50% after ded
\$80 no ded ⁹	50% after ded ⁹	\$100 no ded ⁹	50% after ded ⁹
\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹	\$100 no ded/\$130 no ded ⁹	50% after ded/50% after ded ⁹
Subject to ded and \$600 per day ¹¹	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
\$80 after ded/\$200 after ded	50% after ded/50% after ded	\$80 no ded/\$200 no ded	50% after ded/50% after ded
\$200 after ded/\$400 after ded	50% after ded/50% after ded	\$200 no ded/\$400 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 ¹¹	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
\$3 ²⁰	70% of retail	\$3 ²⁰	70% of retail
\$15 ²⁰	70% of retail	\$15 ²⁰	70% of retail
\$60 ^{20, 21}	70% of retail ²¹	\$60 ^{20, 21}	70% of retail ²¹
\$150 ^{20, 21}	70% of retail ²¹	\$150 ^{20, 21}	70% of retail ²¹
50% up to \$1,000 max per fill ^{20, 21}	Not covered	50% up to \$1,000 max per fill ^{20, 21}	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 Classic²
\$3,750/\$30/\$60/50%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$3,750/\$7,500	\$8,500/\$17,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	\$30 no ded	50% after ded
Specialist office visit	\$60 no ded	50% after ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$60 no ded ¹⁰	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded ¹⁰	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 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300 no ded/\$300 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^{16, 17, 19, 22}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3 ²⁰	70% of retail
Retail generic ¹⁸	\$15 ²⁰	70% of retail
Retail preferred brand ¹⁸	50% up to \$125 max per fill ^{20, 21}	70% of retail ²¹
Retail non-preferred drug ¹⁸	50% up to \$250 max per fill ^{20, 21}	70% of retail ²¹
Specialty drug	50% up to \$1,000 max per fill ^{20, 21}	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Keystone HMO Silver Classic²
\$4,750/\$30/\$60/70%

Keystone HMO Silver Classic²
\$3,750/\$30/\$60/50%

You pay in-network ⁶	You pay in-network ⁶
\$4,750/\$9,500	\$3,750/\$7,500
30%	50%
\$8,550/\$17,100 coinsurance, copays, and ded	\$8,550/\$17,100 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
0% no ded	0% no ded
30% after ded	50% after ded
\$60 no ded	\$60 no ded
\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
30% after ded	50% after ded
30% after ded	50% after ded
30% after ded	50% after ded
\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
\$100 no ded/\$200 no ded	\$100 no ded/\$100 no ded
30% after ded/50% after ded	50% after ded/50% after ded
50% after ded	50% after ded
\$60 no ded	\$60 no ded
30% after ded	50% after ded
30% after ded/50% after ded	50% after ded/50% after ded
0% no ded/0% no ded	0% no ded/0% no ded
\$0	\$0
\$3 ²⁰	\$3 ²⁰
\$15 ²⁰	\$15 ²⁰
50% up to \$125 max per fill ^{20, 21}	50% up to \$125 max per fill ^{20, 21}
50% up to \$250 max per fill ^{20, 21}	50% up to \$250 max per fill ^{20, 21}
50% up to \$1,000 max per fill ^{20, 21}	50% up to \$1,000 max per fill ^{20, 21}
\$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 ² \$4,500/\$50/\$100/100%
Benefits per contract year¹	You pay in-network⁶
Deductible, individual/family	\$4,500/\$9,000
Coinsurance	0%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded
Preventive services⁸	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded
Physician services	
Primary care office visit/retail clinic	\$50 no ded
Specialist office visit	\$100 no ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health)†	0% no ded
Urgent care	\$125 no ded
Spinal manipulations (20 visits per year)/Acupuncture ⁵ (18 visits per year)	\$100 no ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$100 no ded/\$100 no ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (not waived if admitted)	\$450 after ded
Routine Radiology — freestanding/hospital-based	\$120 no ded/\$120 no ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300 no ded/\$300 no ded
Biotech/specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded
Infusion — home, office/outpatient	0% after ded/20% after ded
Durable medical equipment/prosthetics	50% after ded
Mental health, serious mental illness, and substance abuse — outpatient	\$100 no ded
Mental health, serious mental illness, and substance abuse — inpatient	0% after ded
Outpatient surgery	
Ambulatory surgical facility/hospital-based	0% after ded/30% after ded
Outpatient lab/pathology	
Freestanding/hospital-based	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 22}	
Rx deductible (individual/family)	\$0
Low cost generic ^{18, 20}	\$3
Retail generic ^{18, 20}	\$15
Retail preferred brand ^{18, 20, 21}	50% up to \$125 max per fill
Retail non-preferred drug ^{18, 20, 21}	50% up to \$250 max per fill
Specialty drug ^{20, 21}	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}	
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) ²⁹	\$0
Pediatric exams and cleanings ^{29, 30}	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies

	Keystone HMO Silver Secure ² \$5,000/\$50/\$100/\$600
You pay in-network⁶	You pay in-network⁶
\$5,000/\$10,000	\$5,000/\$10,000
0%	0%
\$8,550/\$17,100 coinsurance, copays, and ded	\$8,550/\$17,100 coinsurance, copays, and ded
0% no ded	0% no ded
0% no ded	0% no ded
\$750 no ded	\$750 no ded
\$50 no ded	\$50 no ded
\$100 no ded	\$100 no ded
0% no ded	0% no ded
\$125 after ded	\$125 after ded
\$100 no ded	\$100 no ded
\$100 no ded/\$100 no ded	\$100 no ded/\$100 no ded
Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹
0% after ded	0% after ded
\$450 after ded	\$450 after ded
\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
\$100 no ded/\$200 no ded	\$100 no ded/\$200 no ded
0% after ded/20% after ded	0% after ded/20% after ded
50% after ded	50% after ded
\$100 no ded	\$100 no ded
Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹
30% after ded up to \$600 max/30% after ded up to \$600 max	30% after ded up to \$600 max/30% after ded up to \$600 max
0% no ded/0% no ded	0% no ded/0% no ded
\$0	\$0
\$3	\$3
\$15	\$15
\$60	\$60
\$150	\$150
50% up to \$1,000 max per fill	50% up to \$1,000 max per fill
\$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 Proactive ²		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 – Preferred	You pay in-network ⁶ – Tier 2 – Enhanced	You pay in-network ⁶ – Tier 3 – Standard
Deductible, individual/family	\$0	\$6,000/\$12,000 ¹⁵	\$6,000/\$12,000 ¹⁵
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 ¹² coinsurance and copays	\$8,550/\$17,100 ¹² coinsurance, copays, and ded	\$8,550/\$17,100 ¹² coinsurance, copays, and ded
Preventive services⁸			
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 ¹³	\$60 no ded ¹³	\$70 no ded ¹³
Specialist office visit	\$80	\$120 no ded	\$140 no ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0%	0% no ded	0% no ded
Urgent care	\$80	\$80 no ded	\$80 no ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (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 ^{11, 14}	Subject to ded and \$900 per day ^{11, 14}	Subject to ded and \$1,300 per day ^{11, 14}
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	\$150/\$150	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$300/\$300	\$300 no ded/\$300 no ded	\$300 no ded/\$300 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 ¹¹	\$600 per day ¹¹ no ded	\$600 per day ¹¹ 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^{16, 17, 19, 22}			
Rx deductible (individual/family)	\$250/\$500 [†]	\$250/\$500 [†]	\$250/\$500 [†]
Low cost generic ^{18, 20}	\$3 no ded	\$3 no ded	\$3 no ded
Retail generic ^{18, 20}	\$20 no ded	\$20 no ded	\$20 no ded
Retail preferred brand ^{18, 20, 21}	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 ^{18, 20, 21}	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 ^{20, 21}	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^{23, 28, 32}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	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) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Keystone HMO Silver Proactive Value ²		
You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
\$1,500/\$3,000	\$6,000/\$12,000 ¹⁵	\$6,000/\$12,000 ¹⁵
0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
\$8,550/\$17,100 ¹² coinsurance, copays, and ded	\$8,550/\$17,100 ¹² coinsurance, copays, and ded	\$8,550/\$17,100 ¹² 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 ¹³	\$60 no ded ¹³	\$70 no ded ¹³
\$80 no ded	\$120 no ded	\$140 no ded
0% no ded	0% no ded	0% no ded
\$80 no ded	\$80 no ded	\$80 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 ^{11, 14}	Subject to ded and \$900 per day ^{11, 14}	Subject to ded and \$1,300 per day ^{11, 14}
0% after ded	5% after ded	10% after ded
\$550 no ded	\$550 no ded	\$550 no ded
\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded
\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded	\$300 no ded/\$300 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 ¹¹	Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹
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 [†]	\$250/\$500 [†]	\$250/\$500 [†]
\$3 no ded	\$3 no ded	\$3 no ded
\$20 no ded	\$20 no ded	\$20 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

Benefits per contract year¹

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

Preventive services⁸

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic
Specialist office visit
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (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^{16, 17, 19, 22}

Rx deductible (individual/family)
Low cost generic ¹⁸
Retail generic ¹⁸
Retail preferred brand ¹⁸
Retail non-preferred drug ¹⁸
Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}
Adult routine eye exam ²⁵
Adult eyewear (glasses or contacts) ²⁷
Pediatric dental deductible (per individual) ²⁹
Pediatric exams and cleanings ^{29, 30}
Pediatric basic, major, and orthodontia services ^{29, 31}

	Personal Choice PPO Silver HSA - O ⁴ \$2,100/70%	Personal Choice EPO Silver HSA-O ⁴ \$3,000/80%
You pay in-network	You pay out-of-network⁷	You pay in-network⁶
\$2,100/\$4,200	\$10,000/\$20,000	\$3,000/\$6,000
30%	50%	20%
\$7,000/\$14,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$7,000/\$14,000 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
0% no ded	Not covered	0% no ded
30% after ded	50% after ded	20% after ded
30% after ded ⁹	50% after ded ⁹	20% after ded
30% after ded/30% after ded ⁹	50% after ded/50% after ded ⁹	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	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
\$3 after ded ²⁰	50% after ded	\$3 after ded ²⁰
\$15 after ded ²⁰	50% after ded	\$15 after ded ²⁰
\$50 after ded ^{20, 21}	50% after ded ²¹	\$50 after ded ^{20, 21}
\$100 after ded ^{20, 21}	50% after ded ²¹	\$100 after ded ^{20, 21}
50% after ded up to \$1,000 max per fill ^{20, 21}	Not covered	50% after ded up to \$1,000 max per fill ^{20, 21}
\$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 ² \$7,500/\$70/\$140/\$700	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$7,500/\$15,000	\$10,000/\$20,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$8,550/\$17,100 coinsurance, copays, and ded	\$40,000/\$80,000 coinsurance and ded
Preventive services ⁸		
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	\$70 no ded	50% after ded
Specialist office visit	\$140 no ded	50% after ded
Virtual Care (Telemedicine, teledermatology, and telebehavioral health) [†]	0% no ded	Not covered
Urgent care	\$150 after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁸ (18 visits per year)	\$140 no ded ¹⁰	50% after ded
Physical/occupational therapy — (30 visits per year) — freestanding/hospital-based	\$140 no ded/\$140 no ded ¹⁰	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and \$700 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	\$500 after ded	\$500 after in-network ded
Routine Radiology — freestanding/hospital-based	\$150 no ded/\$150 no ded ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA/ PET scan — freestanding/hospital-based	\$350 no ded/\$350 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	\$140 no ded	50% after ded
Mental health, serious mental illness, and substance abuse — inpatient	Subject to ded and \$700 per day ¹¹	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 ^{16, 17, 19, 22}		
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic ¹⁸	\$3 no ded ²⁰	70% of retail, no ded
Retail generic ¹⁸	\$20 after ded ²⁰	70% of retail after ded
Retail preferred brand ¹⁸	50% after ded up to \$500 max per fill ^{20, 21}	70% of retail after ded ²¹
Retail non-preferred drug ¹⁸	50% after ded up to \$500 max per fill ^{20, 21}	70% of retail after ded ²¹
Specialty drug	50% after ded ^{20, 21}	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Keystone HMO Bronze Essential ² \$7,500/\$70/\$140/\$700	Personal Choice PPO Bronze HSA - O ⁴ \$7,000/100%	
You pay in-network ⁶	You pay in-network	You pay out-of-network ⁷
\$7,500/\$15,000	\$7,000/\$14,000	\$10,000/\$20,000
50%	0%	50%
\$8,550/\$17,100 coinsurance, copays, and ded	\$7,000/\$14,000 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
\$70 no ded	0% after ded	50% after ded
\$140 no ded	0% after ded	50% after ded
0% no ded	0% no ded	Not covered
\$150 after ded	0% after ded	50% after ded
\$140 no ded	0% after ded ⁹	50% after ded ⁹
\$140 no ded/\$140 no ded	0% after ded/0% after ded ⁹	50% after ded/50% after ded ⁹
Subject to ded and \$700 per day ¹¹	0% after ded	50% after ded
50% after ded	0% after ded	50% after ded
\$500 after ded	0% after ded	0% after in-network ded
\$150 no ded/\$150 no ded	0% after ded/0% after ded	50% after ded/50% after ded
\$350 no ded/\$350 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
\$140 no ded	0% after ded	50% after ded
Subject to ded and \$700 per day ¹¹	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
\$3 no ded ²⁰	0% after ded ²⁰	50% after ded
\$20 after ded ²⁰	0% after ded ²⁰	50% after ded
50% after ded up to \$500 max per fill ^{20, 21}	0% after ded ^{20, 21}	50% after ded ²¹
50% after ded up to \$500 max per fill ^{20, 21}	0% after ded ^{20, 21}	50% after ded ²¹
50% after ded ^{20, 21}	0% after ded ^{20, 21}	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 year¹

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

Preventive services⁸

Preventive care for adults and children
 Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers
 Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic
 Specialist office visit
 Virtual Care (Telemedicine, teledermatology, and telebehavioral health)[†]
 Urgent care
 Spinal manipulations (20 visits per year)/Acupuncture⁸ (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^{16, 17, 19, 22}

Rx deductible (individual/family)
 Low cost generic¹⁸
 Retail generic¹⁸
 Retail preferred brand¹⁸
 Retail non-preferred drug¹⁸
 Specialty drug

Vision and dental^{23, 28, 32}

Pediatric routine eye exam^{24, 25} and eyewear (glasses or contacts)^{24, 26}
 Adult routine eye exam²⁵
 Adult eyewear (glasses or contacts)²⁷
 Pediatric dental deductible (per individual)²⁹
 Pediatric exams and cleanings^{29, 30}
 Pediatric basic, major, and orthodontia services^{29, 31}

Personal Choice PPO Bronze HSA - O⁴ \$5,600/50%

You pay in-network	You pay out-of-network ⁷
\$5,600/\$11,200	\$10,000/\$20,000
50%	50%
\$7,000/\$14,000 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
0% no ded	Not covered
50% after ded	50% after ded
50% after ded ⁹	50% after ded ⁹
50% after ded/50% after ded ⁹	50% after ded/50% after ded ⁹
50% after ded	50% after ded
50% after ded	50% after ded
50% after ded	50% after in-network ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded/50% after ded	50% after ded/50% after ded
50% after ded	50% after ded
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
\$3 after ded ²⁰	50% after ded
\$20 after ded ²⁰	50% after ded
\$50 after ded ^{20, 21}	50% after ded ²¹
\$100 after ded ^{20, 21}	50% after ded ²¹
50% after ded ^{20, 21}	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

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.
- † Independence Virtual Care benefits are administered by MDLIVE, an independent company.
- § Acupuncture is covered for limited conditions. Please reference the medical policy for details on covered conditions.

* Independence reserves the right to change premium rates.

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. 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.
33. This plan requires the selection of a Primary Dental Office (PDO) from the Plan's dental HMO network. The member's PDO provides routine care and arranges or provides most other Dentally Necessary services. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.

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 summary¹

Maximum product offerings¹

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

Participation requirements¹

- Small employers must have 70 percent participation, which includes all product lines.

For groups covering early retirees (under age 65), 100 percent participation of the early retiree population is required. The group must consist of a minimum of 70 percent participation for the active employees. Early retirees cannot represent more than 10 percent of the total group enrollment.

IBC will count valid waivers in the eligibility calculations.

Credit is given for valid waivers who are eligible employees opting 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.

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:

	Personal Choice PPO Platinum HSA – 50 \$1,800/100%	Personal Choice PPO Gold HRA – 20 \$3,700/100%
Contribution requirement	50% of deductible	20% of deductible
Plan deductible (Individual/family)	\$1,800/\$3,600	\$3,700/\$7,400
Employer contribution amount	\$900/\$1,800	\$740/\$1,480

Employer contribution requirement¹

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

Benefit Plan Changes

- Benefit plan changes will only be allowed on anniversary (this includes upgrades, downgrades, as well as additions, terminations, or changes to ancillary benefit).

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.

Vision and dental footnotes from page 24

1. Adult and pediatric vision benefits are not subject to a deductible.
2. 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.

Dental footnotes from page 27

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.
4. Smile for Health is administered by United Concordia Companies, Inc. Smile for Health services are available to members who have been diagnosed with diabetes, cerebral vascular disease, coronary artery disease, lupus, oral cancer, and rheumatoid arthritis and those who have had an organ transplant.

Dental footnotes from page 28 and 29

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 the Preventive Incentive. The amount paid by the plan (benefit) does not count toward the member's annual benefit maximum.
5. For the 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 the Adult 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 virtual care services for Independence Blue Cross.

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence Blue Cross members.

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 Blue Cross health plan and is, therefore, subject to change without notice.

GradFin, LLC, an independent company, is providing a student debt refinancing program to customers of Independence Blue Cross. GradFin, LLC does not provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence Blue Cross 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. The Smile for Health® wellness program is administered by United Concordia Companies, Inc.

Independence Blue Cross vision benefits are administered by Davis Vision, an independent company.

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

The Guardian Life Insurance Company of America, New York, NY is an independent company that does not offer Blue Cross products or services. 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.

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Telemedicine services via Global TeleMD are provided directly to members by Teladoc Health. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health.

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





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