

2023

Blue Solutions[®]

Health plans designed with small businesses in mind

Independence 

Independence Blue Cross (Independence) is leading the way to SMARTER, BETTER HEALTH CARESM while focusing on what matters to you.



Personalized member engagement

Driving better employee health and health care decisions.



Improving health care in every community

Applying a unique perspective that drives smarter health care solutions.



Tailored health plan solutions

Providing proven solutions focused on the needs of your business and employees.



Innovating purposefully

Addressing today's and tomorrow's challenges in new ways.

Sign up for IBX WORKS emails

Get helpful information about your health plan benefits, important industry topics and trends, and tips and discounts delivered to your inbox.

Scan the QR code or visit ibx.com/IBXWorks.



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WHAT'S NEW IN 2023

Our Blue Solutions portfolio helps meet the unique needs of small employers with cost-effective and innovative health plan designs, well-being programs, and value-added services. We're pleased to bring you the following enhancements for 2023:

Streamlined portfolio

Every year, we examine our portfolio to ensure our customers have options that make sense for their business and their employees. For 2023, we're offering customers the flexibility to choose **up to four health plan options** when one option is an HMO/DPOS plan.

We're also making it easier for members to understand their benefits by **removing complex coinsurance up-to-max benefit designs on outpatient surgery** for select plans. In addition, we're **waiving the emergency room cost-sharing on all copay plans** when members are admitted to the hospital.

Learn more about our health plans starting on page 36.

[Click on different products and services to learn more!](#)

Increased Achieve Well-being reward

Subscribers can now earn **\$300** (a \$150 increase from 2022) when they complete six activities every year. Activities include, but are not limited to, completing their Well-being profile, a checkup with their primary care physician, getting a flu shot, and a nutrition counseling visit.

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

New condition and lifestyle solutions

To help support your employees' whole health, we're now including **Ovia Health (Ovia)** and **Wondr Health (Wondr)** with our health plans, at no additional cost. Ovia provides family health and parenting support, and Wondr teaches sustainable weight loss skills.

Learn more about these lifestyle solutions on page 8.





New WealthCare Saver investment solution

Available now to members enrolled in an Independence high-deductible health plan (HDHP) with a health savings account (HSA), this new **WealthCare Saver investment solution** makes it easier for account holders to invest their HSA plan funds for long-term growth.

Learn more about the **WealthCare Saver investment solution** on page 11.

The College Tuition Benefit's **SAGE Prime** program

Your employees can now take advantage of The College Tuition Benefits' **SAGE Prime** program to help them reduce tuition for their professional certification, graduate studies, or degree completion.

Learn more about **SAGE Prime** on page 12.

Quick guide to your TOTAL BENEFITS SOLUTION

Our ACA-compliant health plans provide cost-effective coverage. They help empower your employees to stay healthier and save money on their health care.

Variety of coverage options

- 37 health plans including PPO, EPO, Direct POS, and HMO options
- Copay, coinsurance/deductible, copay/deductible, and high-deductible health plans
- Spending accounts: HSA-qualified plans (PPO and EPO options); HRA-qualified plan (PPO option)
- Site of service benefits included in certain health plans¹
- Virtual care options as low as \$0 through MDLIVE[®] or an in-network primary care provider or specialist at a reduced cost-share

Prescription drug

- All health plans include prescription drug coverage
- All health plans include coverage for 90-day fills of maintenance medications at Rite Aid pharmacies for the same cost-share as mail order
- All health plans include low-cost generics²

Adult and pediatric vision

- All health plans include adult and pediatric vision benefits
- Members can use their in-network vision benefit at over 116,000 points of access including Befitting.com, Glasses.com, Visionworks.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

Financial well-being tools

- AblePay, The College Tuition Benefit, and GradFin are included at no cost to support employees' financial well-being

Complete your benefits package

You can purchase the following benefits to add to your Blue Solutions health plan:

- **United Concordia dental plans:** Affordable standalone family and adult dental plan options offer in- and out-of-network benefits.
- **Guardian supplemental insurance:** Multiple products help provide your employees with financial security in case of illness or injury.
- **International health solutions through Blue Cross Global:** Flexible solutions for short-term business travel and long-term expatriate assignments.

¹ All plans include the Preventive Plus colonoscopy benefit. Other site of service benefits vary by plan design. Refer to the health plan charts beginning on page 37 for more details.

² For HSA-qualified and HRA plans, members will need to meet their plan's deductible to receive low-cost generics. The PPO Bronze HSA-0 \$7,450/100% plan will continue to apply 0% after deductible to all generic drugs.

Health care focused on your employees' overall health

Blue Solutions health plans go beyond just medical benefits. We make it easier for your employees and their families to stay healthy: **physically, mentally, and financially.**



Be healthy

with the largest network, virtual care options, and free nutrition counseling.



Get rewarded

by completing healthy activities to earn money back, plus get discounts on health and entertainment.



Stay connected

to a health coach, mental health support, your online benefits, and text/email messaging.



Save money

when you save, invest, and spend through a tax-advantaged HSA or HRA.



Connecting your members to the right care

Our comprehensive and integrated approach to care management is grounded in our strong local presence and relationships, enabling us to provide your employees with personalized support that connects them to the right care and resources. This leads to better outcomes; promotes more informed, empowered decision-making for your employees; and reduces costs through early and targeted intervention and guidance.

We accomplish this in four ways:



Managing chronic and complex conditions

- Monitoring employee health trends and patterns to ensure they receive appropriate health care
- Supporting providers in care planning and interventions with robust data and analytics
- Giving employees support and tools to better manage, organize, and engage in their care



Managing utilization effectively

- Working directly with providers to monitor medical necessity and coordinate appropriate health care
- Partnering with expert vendors to address complex and costly medical treatments



Supporting mental and behavioral health

- Facilitating collaboration between primary and behavioral health care providers through programs like Quartet
- Increasing access to virtual telebehavioral health care, online programs, and digital tools
- Focusing on effective substance use treatment and recovery
- Expanding public awareness with campaigns like #KnowYourMind and #MindPHL



Increasing engagement through health coaching

- Layering analytics on top of data to identify risk, then conduct outreach to engage and educate members
- Identifying current and future health risks through targeted clinical messages and outreach
- Providing 24/7 access to a Registered Nurse Health Coach, resources, and support for members with chronic conditions
- Offering a maternity program that supports pregnant members

Utilization management by the numbers

6:1 RETURN ON INVESTMENT FOR INTERNAL PROGRAMS

10-20% COST REDUCTION FOR VENDED PROGRAMS

Condition and lifestyle solutions offer extra support

Part of covering someone's overall health needs is offering solutions that go beyond medical benefits. The following programs provide members with the extra support they need to live their best lives.

NEW! **Ovia Health** provides personalized mobile support for pre-conception, pregnancy, and parenting.

NEW! **Wondr Health** teaches sustainable weight loss skills to reverse metabolic syndrome (MetS) risk factors, including hypertension and prediabetes.



Support for expecting members

Our Baby BluePrints® maternity program helps expecting members feel healthy, confident, and comfortable throughout their pregnancy. Registered Nurse Health Coaches assist pregnant members with program enrollment and are available to support them 24/7. The program also offers enrolled members reimbursements, free offers, and other discounts. Members also have access to Family Planning benefits and helpful tools at ibx.com.



Well-being programs encourage healthy behaviors

The prevalence of chronic conditions, unhealthy lifestyle choices, and mental health challenges are key factors in rising health care costs — and, ultimately, your bottom line. We have a range of well-being programs that encourage healthy living.

Achieve Well-being

Members have access to self-service tools through the IBX mobile app to help them stay healthy and earn Achieve Well-being rewards.

- Engaging online tools that make it easy for members to reach their well-being goals
- Targeted programs to address physical and emotional well-being
- Personalized profile and action plan includes ongoing activities and reminders
- Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges



Achieve Well-being rewards

As an incentive for healthy behaviors, subscribers can earn **\$300** by completing required wellness and preventive care activities throughout the year.

Subscribers must *complete all* of the following activities:

- ✓ Visit PCP for an annual check-up
- ✓ Get a flu shot
- ✓ Get digitally engaged by logging in at [ibx.com](https://www.ibx.com) and opting in to IBX Wire

NEW THIS YEAR: REWARD INCENTIVE INCREASED FROM \$150 TO \$300!

Subscribers must *complete any three* of the following activities:

- ✓ Receive an appropriate health screening¹
- ✓ Download and register for the GlobalFit Anywhere app
- ✓ Complete the Well-being Profile
- ✓ Complete a nutrition counseling visit
- ✓ Visit a United Concordia dentist for an exam and/or cleaning²

Achieve Well-being@Work

Your employees are your greatest asset, so you want to create a healthy work environment. Encouraging healthier habits and activities can boost your business by reducing health care costs³ and increasing productivity, performance, and morale.

We have resources to help get your employees engaged so they can take charge of their well-being, even if you're working with a small budget. Tools available to you at no cost include:

- Seminars, videos, and ready-made well-being challenges
- Toolkits, communications templates, and operational wellness plans
- Self-assessments

Visit wellbeing.ibx.com for no-cost Achieve Well-being@Work resources.

¹ A list of preventive services that are part of the Achieve Well-being program can be accessed by logging in at [ibx.com](https://www.ibx.com).

² Members must be enrolled in a United Concordia Dental Plan to complete this activity.
³ Source: wellsteps.com/blog/2020/01/02/workplace-wellness-statistics-wellness-stats

Member-specific resources for mental health and substance use disorder

Members can access information and resources at ibx.com to help improve their mental health and overcome challenges due to substance use disorder, including:

- Self-assessment tools
- Coverage, benefits, and treatment costs
- Specialist provider finder



Reimbursements and discounts

Providing additional perks and programs can help your members and their families get the most from their health plan — whether it's keeping fit or having fun. We offer reimbursement opportunities and discounts to help encourage members to make their physical, mental, and financial health a priority.

- **Healthy LifestylesSM Solutions** offers your employees a reimbursement of up to \$450 for the cost of fitness memberships, weight management, and tobacco cessation programs.
- **Blue InsiderSM** gives exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions.
- **GlobalFit[®]** offers membership discounts at thousands of gyms in the GlobalFit network, in addition to home exercise equipment. Members can also connect with virtual or in-person studios, local gyms, and schedule personal trainers at a discounted rate with the GlobalFit Anywhere app.
- **Blue365[®]** gives members access to exclusive deals and discounts on fitness gear, gym memberships, weight-loss/healthy eating programs, and travel experiences.



Additional member perks

Members are eligible for special savings, including free skating admission at the Blue Cross River Rink and 20 percent off Indego bike share guest passes and annual passes.

Helping your employees manage their financial well-being

Protecting your health is more than just taking care of your physical well-being — it includes protecting your wealth for added peace of mind. With a variety of spending account options and exclusive college tuition and student loan repayment programs available at no additional cost, you can help your employees feel secure in their financial future while providing an additional incentive when attracting and retaining top talent. You may even benefit from a reduction in payroll taxes.

Spending accounts can help save on health care costs

With tax advantages for both you and your employees, spending accounts make a smart addition to your health plan offerings. They are easy to manage with online tools at ibx.com and offer convenient funding methods¹ and on-demand reporting. You have the flexibility to choose a BlueSaver[®] health savings account (HSA) with one of our HSA-qualified plans, or you can add a health reimbursement account (HRA) to our HRA-eligible health plan.

	HSA	HRA
Benefits to employers	Allows employers to choose lower-premium plans with higher deductibles and gives employees a way to save for qualified medical expenses ² and future health care expenses	Helps employees offset health care expenses, but the employer owns the account, contributes tax-advantaged funds only when claims are paid, and can define eligible categories
Compatible with	HSA-qualified high-deductible health plans	Any plan except HSA plans
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 ²	Qualified medical expenses as determined by employer
Funds carry over	Yes	Employer option
Portable	Yes	No

NEW! WealthCare Saver (WCS) investment solution now available

Subscribers enrolled in an Independence HDHP with an HSA may now take advantage of the new WCS investment solution. This new solution offers a personalized investment experience that allows account holders to tailor their investment journey to their unique needs and experience level, all through their ibx.com account or the IBX mobile app.



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.

¹ Refer to page 75 for information about spending account funding requirements.

² Refer to IRS Publication 502 for a complete list of qualified medical and dental expenses. If HSA 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.

The College Tuition Benefit®

The College Tuition Benefit is a free, value-added benefit offered exclusively by Independence.

- All of your employees, regardless of health plan coverage, can earn Tuition Rewards® Points to help offset the cost of a four-year undergraduate education for a family member¹ at a SAGE Scholars school.
- One Tuition Rewards Point is equal to a \$1 guaranteed minimum discount off full tuition.
- Employees can accumulate an unlimited number of Tuition Rewards Points.
- The longer your employee stays with your company, the more Tuition Rewards Points they can accrue.²
- Employees also have access to Ready Set College, a comprehensive college and career planning website, designed to provide students and parents with best practices and proven strategies to achieve successful college outcomes.



¹ Subject to certain restrictions.

² A non-Independence subscriber's initial and continued eligibility will be verified by the employer-provided census sent to The College Tuition Benefit annually. Failure to send the annual census may impact the non-subscriber's ability to earn initial and ongoing Tuition Rewards Points.



NEW!

Supporting your employees' professional development

Higher education can be expensive. If your employees are interested in continuing their education and saving money, they can take advantage of SAGE Prime to reduce tuition for a professional certification, graduate studies, or degree completion by 10 percent.

GradFin

GradFin provides student loan debt reduction solutions and helps borrowers repay their student loans faster. Employees get free, personalized solutions to accelerate their student loan debt payoff process, which can potentially save them thousands of dollars.

- **Student Loan Financial Education.** Employees can take advantage of personal consultations, live webinars, and "town hall" meetings.
- **Student Loan Refinancing.** GradFin refinances and consolidates employees' student loan(s) through a lending platform made up of 11 lenders.
- **Public Service Loan Forgiveness (PSLF) Program.** The PSLF keeps employees or their family members compliant with federal loan forgiveness programs by enrolling loans, verifying employment, annually certifying income-based repayment plans, and auditing "qualified payments." Employees and/or their family members can participate in this program if employed at a 501(c)3 nonprofit.
- **Employer Match.** This program allows you to contribute towards an employee's student loans without a tax impact through the CARES Act. We have partnered with GradFin to provide employers with access to the Employer Match program at a discounted price.

AblePay

We understand that health care can be confusing to members, and sometimes costly. That is why we offer members access to **AblePay**, a value-added solution that supports your employees' financial well-being, and is available at no cost to you or your employees. AblePay allows your employees to:



- **Save on out-of-pocket medical costs.** Your employees can save up to 13 percent on out-of-pocket medical costs including deductibles, copays, and coinsurance.
- **Choose flexible payment plan options.** Payment plan options range from 1 to 12 payments. All payment plans are interest-free, which can be helpful for larger medical bills.
- **Pay all medical bills in one place.** AblePay is a simple, convenient way to pay medical bills.
- **Get help understanding medical bills.** AblePay billing advocates can answer questions and contact a provider's billing department to ensure a bill is correct, if needed.

Payment plans	Savings ¹ when paying with a bank ACH ²	Savings when paying with a card
1 payment	13%	10%
3 payments	10%	7%
6 payments	8%	5%
12 payments	No savings, 0% interest	No savings, 0% interest

¹ Savings are determined by the payment method and terms the member selects for each bill. The AblePay ID card should be presented to all medical providers. Providers currently accepting AblePay can be found at ablepayhealth.com.

² ACH payments are electronic payments that go through the Automated Clearing House (ACH) Network.

Personalized

EMPLOYEE ENGAGEMENT



Guide and empower your employees to take an active role in improving their health and well-being, to be happier, healthier, and more productive.

Employee engagement is about anticipating and avoiding poor health before it happens, while also connecting them to the right tools and resources. We take a hands-on approach by working with you to create and implement effective engagement strategies that help your employees feel empowered to make healthier decisions.

USING DATA TO IDENTIFY NEEDS AND STRATEGIES



Use our data and yours to identify the best opportunities.



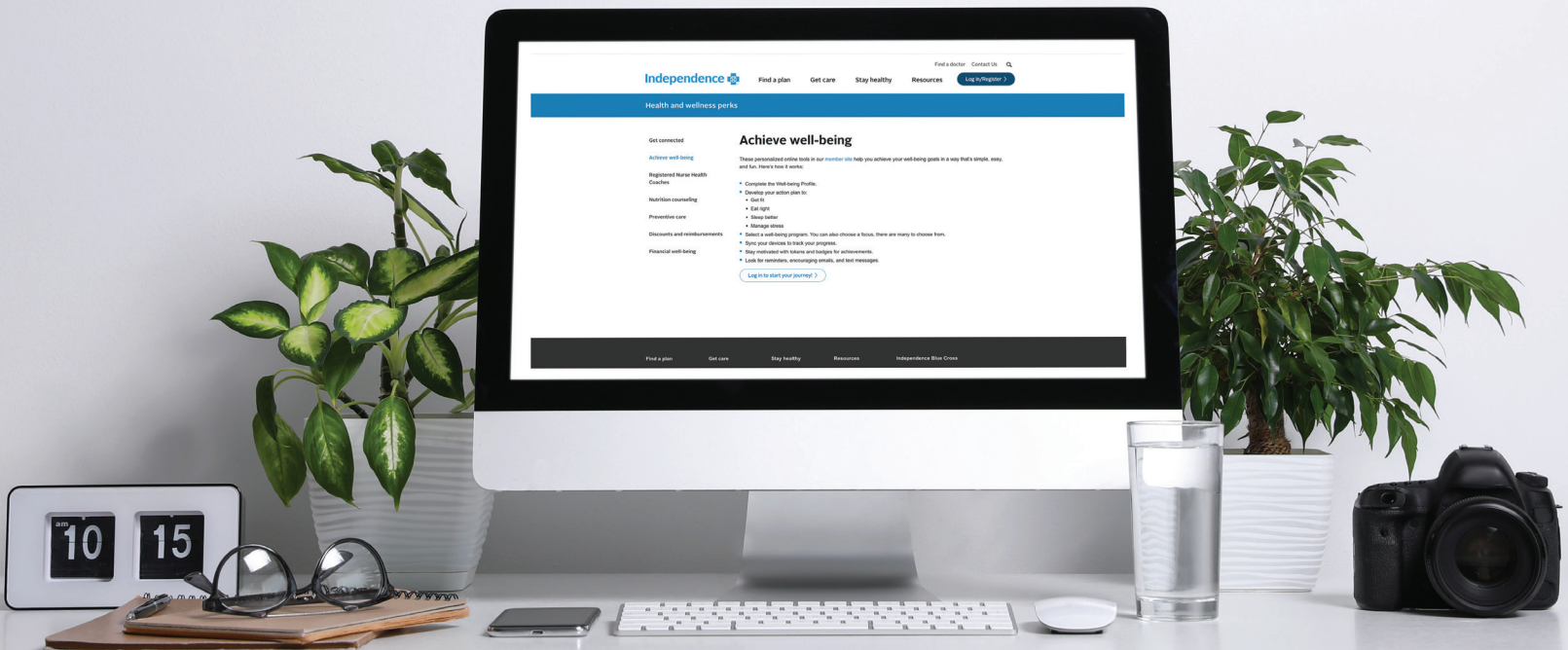
Implement programs and solutions that best support employees' individual health needs.



Measure defined outcomes, behavior changes, and employee feedback.



Guide employees with the right messages and navigational support.



Reaching your employees where they are

Using digital and social channels, we tailor engagement to the needs of your employees with targeted, personalized messaging and a variety of easy-to-use tools and programs to help them get and stay engaged.



66% OF OUR SUBSCRIBERS
ARE DIGITALLY ENGAGED

57% OF MEMBERS AGES 18 AND OLDER
ARE CONNECTED TO IBX

69% OF HOUSEHOLDS HAVE AT LEAST ONE
MEMBER OPTED IN FOR DIGITAL MESSAGING

IBX Wire

Two-thirds of our subscribers are digitally engaged through IBX Wire or email. Our award-winning member engagement strategy delivers targeted clinical topics and general health and benefits information. By engaging early and often, we are driving better health outcomes — thus helping to foster a healthier, more productive workforce.

Social channels

Members can also connect with us through our Facebook, Twitter, and Instagram pages, with new content posted daily. We also regularly post health-related articles on our blog, *IBX Insights*.

eNewsletters

Our quarterly *Get Good Living* eNewsletter includes short and entertaining articles on a range of general and seasonal topics and recipes.

Digital tools

Your employees can access their benefits and tools anytime, from anywhere, when they log in at ibx.com or use the IBX mobile app. All the information they need about their medical and prescription drug benefits is available right at their fingertips.



Care Cost Estimator **ENHANCED**

Our Care Cost Estimator tool helps members save money and avoid unplanned expenses, just as they'd want to do for any important purchase. It's easy to compare providers side-by-side and estimate out-of-pocket costs — all based on a member's specific health plan. The newly enhanced tool makes it easier to use and locate more detailed provider information, including languages spoken and reviews, to help members make informed choices.

We're committed to superior service

We bring you high-quality, cost-effective health plans, along with tools for effective account management and service excellence.

Best-in-class account management

Superior service starts with our approach to managing your account. You'll get a local team of dedicated, highly motivated, and experienced Independence professionals who:

- Focus on understanding your unique challenges
- Work with you to provide the best solutions
- Strive for excellence in service
- Remain proactive, consultative, and responsive



Service excellence

Our customer service center provides outstanding support to members. Our services include:

- Agents who receive extensive training on member needs
- State-of-the-art technology for quick, efficient service
- Live, in-person support at Independence LIVE

Visit ibx.com/events for Independence LIVE hours.

Easy-to-manage health benefits

Through ibx.com, you can administer your health benefits efficiently and securely. Sign in to access enrollment, billing, reporting, marketing tools, and our latest news.

- **Pay with eBill** — This secure and convenient service allows you to pay and view invoices. You can choose to make a one-time payment right up until your premium due date. Or you can set up a recurring monthly payment from one or multiple bank accounts.
- **Marketing toolkits and resources** — Access self-service materials and information to help you promote Independence capabilities and services to your employees.
- **Manage account** — Add or remove an employee and change employee or dependent information.



GO DIGITAL!

Looking for a digital option for open enrollment? We've developed online versions of open enrollment kits to make it even easier for you to share materials with your employees.

Visit ibx.com/virtualoe.

Innovating and improving care in **OUR COMMUNITY**



We are committed to finding new ways to make a meaningful and measurable impact on the health care quality delivered to ALL members.

For more than 80 years, Independence has built a trusted partnership with doctors and hospitals to provide a local depth and national reach that's unique to the Blues. We bring our power of experience, expertise, and talent to help tackle health care's most pressing problems. Our unique collaborative model uncovers new ideas, new ways of delivering care, and improves the patient experience to bring these ideas together to create change.

At the same time, because we're local, we can vet solutions to determine what works and what doesn't in our local markets. We accomplish this through:



Innovating through care delivery



Using unparalleled data and insights



Collaborating to pilot groundbreaking solutions



Investing in strategic partnerships and technologies



Diversity, equity, and inclusion

Independence is committed to diversity, equity, and inclusion (DEI). Inside and outside of the company, we work towards achieving DEI for our associates, members, customers, and community. As part of this commitment, we believe that everyone deserves access to health care that is fair and equitable and meets their overall health needs.

Accelerating the pace of progress

Independence is proud to be a leading organization in Accelerate Health Equity, a multi-year initiative that brings together organizations across the Philadelphia region to combat systemic racism and barriers in health care. It's designed to produce tangible improvement in these issues and, ultimately, positive change in health outcomes in Philadelphia.

Participating organizations are working together to design measurable pilot programs to combat disparities ranging from issues like maternal morbidity and mortality, to cancer screening and prevention, to reducing the risk of heart disease and more.



We work with regional health systems and community partners to ensure no one is overlooked, dismissed, or underserved based on their skin color, economic status, age, gender, sexual orientation, or zip code.

Blue Pledge for meaningful change

The Blue Cross Blue Shield Association (BCBS), along with 36 independent BCBS companies like Independence, have made the "Blue Pledge" to build a stronger future together. We have pledged to be the change we wish to see and work together, pursuing equality, justice, and good health for all.

Here at home, efforts by Independence to support diverse communities are varied and comprehensive.

This work includes:

- Promoting greater access to health care services
- Matching members with providers based on information regarding ethnicities, languages spoken, and specialties
- Addressing social determinants of health
- Building partnerships and supporting organizations that assist those dealing with economic hardships
- Choosing minority-owned businesses to provide us with goods and services



We're innovating purposefully

The Daniel J. Hilferty Center for Innovation is a high-tech venue that leverages design-thinking principles to unleash innovative solutions. We've worked with members, customers, hospitals, doctors, and business partners to help resolve health care and business challenges. Learn about the behaviors and tools that we use to stimulate the innovation process by checking out our digital Innovation Tool Kit at innovation.ibx.com/tool-kit/.

Tailored HEALTH PLAN SOLUTIONS



Lowering costs and delivering a positive member experience

Our value-added products, services, and personalized member tools help members make more informed health care decisions, easily access and understand their benefits, and save on a variety of out-of-pocket expenses.



For you

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



For members

- Health care coverage in- and out-of-network
- Affordable cost-sharing
- More choices and control

Give your employees complete coverage and protection

Add these benefits to your Blue Solutions health plan for the most complete package:

- United Concordia standalone family or adult dental plan (pages 30–32)
- Supplemental insurance products from Guardian (page 33)
- Blue Cross Global international health insurance (page 33)

Benefits that support employees' overall health

In addition to our 2023 enhancements, don't forget that we also offer these valuable benefits to members as part of our full portfolio:

- A free hearing exam and discounted hearing aids, as well as LASIK vision correction services, through Davis Vision™ (see page 27)
- Coverage for acupuncture services (refer to the health plan charts beginning on page 37 to view the 2023 benefit options)



Health plans to fit your needs and budget



Choose up to four health plans¹ to fit your budget and ensure your employees and their families are covered, even if they live outside of our five-county service area.²

	Personal Choice [®] PPO	Personal Choice EPO	Keystone Direct POS	Keystone HMO
Access to more than 60,000 in-network 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 ³	
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

Refer to the health plan charts beginning on page 37 to view the 2023 benefit options.

¹ If a group selects four plans, one must be an HMO/DPOS.

² 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.

³ 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.



Updated benefit for ER visits

In all copay plans, emergency room cost-sharing will be waived for members if they are admitted to the hospital.

Site of service gives members choice

Site of service benefits¹ give members choices when accessing certain services. Members save money on out-of-pocket costs based on where health care is received for the following services:

- Virtual care visits with network primary care doctors and specialists²
- Outpatient labs
- Outpatient surgery³
- Preventive colonoscopy⁴
- Physical/occupational therapy
- Routine/complex radiology
- Biotech/specialty injectables and infusion

¹ Site of service benefits vary by plan design. Refer to the health plan charts beginning on page 37 for more details.

² The site of service virtual care benefit is for in-network primary care and specialist visits and applies to most health plans. Refer to the health plan charts beginning on page 37 for more information.

³ Common outpatient surgical procedures performed at ambulatory surgical centers (ASCs) include tonsil removal, hernia repairs, and cataract surgeries.

⁴ 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.



Virtual care benefits help members save time and money

With virtual care benefits like telemedicine, telebehavioral health, teledermatology, and telenutrition, members can talk to a board-certified and licensed medical professional by video chat or phone. It's a quick, convenient, and cost-effective option for non-emergency, urgent care. Members who take advantage of virtual care benefits experience lower medical costs, decreased absenteeism,¹ and reduced ER and urgent care center visits for non-emergencies. Many virtual care services are available at either \$0 or a reduced cost-share.



Telemedicine

Here's how members can access telemedicine services:

- **MDLIVE®** – 24/7/365 access to board-certified physicians, including pediatricians, for non-urgent care via phone, video, or the app for \$0.²
- **PCP or specialist** – If available from their provider, members can get virtual care services through their PCP or specialist and pay a reduced cost-share.



Telebehavioral health

Members have access to **MDLIVE** as well as a comprehensive behavioral health provider network of therapists, psychologists, and psychiatrists who can help with anxiety, depression, bipolar and panic disorders, and more for \$0.²



Teledermatology

Through **MDLIVE**, members can get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions and pay \$0.²



Telenutrition visits

Members also have access to telenutrition visits. They can use their nutrition counseling benefit for up to six one-on-one virtual visits at no additional cost with either a **network nutritionist** or via **CHARGE**, available through the GlobalFit 360 network.



FINDING THE RIGHT PROVIDER

We've made several updates to our easy-to-use and comprehensive Find a Doctor tool on ibx.com to help members find doctors and behavioral health providers who offer virtual care.

¹ Forbes.com, "It's Time to Go All in On Telehealth," Nov. 2020.
² Cost-share is \$0 after deductible for HSA-qualified and HRA plans.

Keystone HMO Proactive tiered network plans

Access and savings

Our Keystone HMO Proactive health plans are a popular choice for small employers because they give members access to the full Keystone HMO network at a lower premium.

These health plans offer the same essential health benefits as our other health plans, including doctor visits, hospital stays, prescription drug coverage, blood tests, and X-rays. The difference is the tiered provider network — providers are grouped into three tiers based on cost and quality measures.

How Keystone HMO Proactive health plans work

Members choose a PCP to coordinate their care and refer them to specialists. They pay the lowest out-of-pocket costs by using doctors and hospitals in Tier 1 – Preferred. Some in-network services cost the same across all tiers — like preventive care, urgent care, and emergency room visits.¹

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

- Preventive care
- Emergency room¹
- Urgent care
- Outpatient labs
- Prescription drugs
- Pediatric dental and vision
- Mental health services
- Physical and occupational therapy
- Routine radiology
- Spinal manipulations

For some services, like surgery, the member pays out-of-pocket costs for both the facility where the procedure is performed and the doctor who performs the surgery. To maximize their benefits, members should check the tier of both the facility and the provider they want to use.



Enhanced ER benefit in all Proactive plans

The copay for an ER visit will be waived if a member is admitted to the hospital in all Proactive plans.

50% OF DOCTORS AND HOSPITALS
ARE IN TIER 1 - PREFERRED.



¹ If a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care, including medical care provided by a participating professional provider, will apply based on the tier level of the in-network hospital or participating professional provider. If a member is admitted to an out-of-network hospital following an emergency room admission, the Tier 3 – Standard level of benefits will apply. For non-emergency care, members must use in-network providers.

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 — Phoenixville Hospital

Delaware

Crozer-Chester Medical Center
 Delaware County Memorial Hospital
 Taylor Hospital

Lehigh

St. Luke’s Hospital – Allentown Campus
 St. Luke’s Hospital – Bethlehem Campus

Montgomery

Einstein Medical Center Montgomery
 (part of Jefferson Health)
 Holy Redeemer Hospital and Medical Center
 Jefferson Abington Hospital
 Jefferson Lansdale Hospital
 Suburban Community Hospital
 Tower Health — Pottstown Memorial
 Medical Center

Philadelphia

Einstein Medical Center
 (part of Jefferson Health)
 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
 Shriner’s 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 — 17th Street
 Lehigh Valley Hospital — Cedar Crest
 Lehigh Valley Hospital —
 Muhlenberg

St. Luke’s Hospital —
 Sacred Heart Campus

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 University Hospital —
 Episcopal Campus
 Temple University Hospital
 Thomas Jefferson University Hospital
 Trinity Health — Nazareth Hospital

New Jersey

Burlington

Virtua Marlton Hospital
 Virtua Memorial Hospital

Camden

Jefferson Cherry Hill Hospital
 Jefferson Stratford Hospital
 Jefferson Washington Township
 Hospital
 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 Hospital —
 Warren Campus

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.

Integrated prescription drug program offers additional value

Every Blue Solutions health plan includes prescription drug coverage, so your employees have safe, affordable access to covered medications.

Because medical and pharmacy benefits are integrated, our services are cost-effective and comprehensive. This helps us to better manage overall costs, improve health outcomes, and deliver a better member experience. Plus, you get the capabilities and negotiating power of a top-tier pharmacy benefits manager (PBM).



Prescription drug program features

We've implemented strategies that help members have better access to medications while also keeping costs low.

- **Mail order/home delivery** is available for certain maintenance medications with free shipping. Members may save money by getting 90-day fills of their maintenance medication at Rite Aid for the same cost-share as mail order/home delivery.
- **Low-cost generic medications** are available. Members can find a list of these medications in the Value Formulary at [ibx.com](https://www.ibm.com).
- **Formulary management** includes drugs based upon medical effectiveness, safety, and value.
- **Integrated data application** enables better utilization and clinical management —providing an improved and holistic experience for you and your employees.

PreCheck MyScript

In-network doctors can access the prescription drug information they need, when they need it, with PreCheck MyScript. This digital tool makes it easier for doctors to focus on patient care and improves medication adherence.

- **View a member's prescription drug benefits** and easily determine the most affordable cost-share options
- **Access information** on lower-cost alternatives for high-cost medications when available
- **Review prior authorization requirements** before prescribing medications and suggest alternative medications when possible

Price a Drug tool

Members can use the Price a Drug tool at [ibx.com](https://www.ibm.com) and the IBX mobile app to get the cost of a specific drug and compare savings by choosing a generic equivalent or switching from retail to mail order.

Keeping high-cost drug therapies under control

With integrated medical and pharmacy benefits, Independence can apply a total cost of care perspective to help contain rising costs for new drug therapies. We proactively establish programs like prior authorization, step therapy, value-based pharmacy contracting, clinically appropriate medication evaluation, and opioid risk management — all of which contribute to improved safety, efficacy, and cost savings.

Specialty pharmacy program

Specialty drugs have been the most significant contributor to increasing cost trends over the last five years. Our specialty drug management program provides convenient delivery options and support for members with high-cost conditions. Our program includes:

- Formularies designed to drive utilization to lower-cost alternative medication where appropriate
- Utilization management to ensure that only the right members get these expensive drugs at the right time and in the right quantities
- Industry-leading clinical support of members from specialty pharmacists and nurses
- Application of a total cost of care perspective across medical and pharmacy benefits

Biosimilars can help reduce overall costs

Whenever new treatments for complex medical conditions come to market, they are generally very expensive.

Biosimilars are less expensive, FDA-approved versions of high-cost biologic drugs. Independence continues to proactively monitor the drug pipeline and develop strategies for the best utilization and management of biosimilars.

Most Cost-Effective Setting program

Your employees want access to new and emerging treatments proven to be medically effective. So, we have taken great strides to incentivize savings by driving utilization of those services to the most cost-effective setting.

This program ensures that members with rare or complex conditions receive the appropriate medication in a safe and appropriate setting. Whether it's their home, a provider's office, or an infusion center, services in these settings could cost three to four times less than if received in a hospital. It's just one more way your medical and pharmacy benefits work better together.



Members with complex conditions receive support through the specialty program

- Cancer
- Hemophilia
- Hepatitis C
- Rheumatoid arthritis
- Multiple sclerosis
- Inflammatory conditions

12-15% SAVINGS

**SOME BIOSIMILARS
ARE PRICED 12-15%
LOWER THAN THEIR
RESPECTIVE BIOLOGIC.**

Vision and pediatric dental benefits protect members' overall health

Every Blue Solutions health plan includes high-quality, affordable adult and pediatric vision benefits,¹ plus pediatric dental benefits for children up to age 19. It helps ensure members' overall health care needs are met and can help prevent or identify serious medical conditions like diabetes and high blood pressure.



High-quality vision care — Frames, lenses, contacts, and more

Administered by Davis Vision, our adult and pediatric vision benefits give members access to routine eye care, options for affordable, quality eyewear, and more value-added services. Our vision benefits go beyond access to eye exams and eyewear.

- National network of more than 116,000 access points
- Low-to-no copay on Davis Vision Exclusive Collection frames or an allowance towards any frame purchase
- Exclusive \$50 frame allowance enhancement at Visionworks
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, **Visionworks.com**, and **Befitting.com**
- Fixed copays on all lens styles and coatings, including protection against blue-light exposure
- Discounted pricing and financing options on LASIK laser vision correction services
- Free hearing exam, exclusive discounts on hearing aids and supplies, and more from Your Hearing Network through Davis Vision



An interactive frame try-on tool allows members to see what Davis Vision Exclusive Collection frames look like on before purchasing them



Upgraded inventory of Davis Vision Exclusive Collection catalogue of designer frames offers even more stylish options to choose from

Adult eyewear allowance options

Up to \$130 frame or contact lens allowance, plus 20 percent off any frame overage at any provider in the national Davis Vision network

OR

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

Pediatric dental

All Blue Solutions health 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.

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.

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.

ADDITIONAL BENEFITS



Independence 

Affordable family and adult dental options available

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

For extra coverage, you have the option to add **standalone dental coverage** for their families or adult dental to your medical benefits. Our dental plans, which are administered by United Concordia Companies, Inc., offer flexibility, access to one of the largest PPO dental networks, great benefits, and savings.

Our affordable dental coverage also encourages prevention, early diagnosis, and treatment and can help detect serious and costly conditions like high blood pressure and diabetes.



Advantages of our Family PPO dental plans

Our standalone Family PPO dental plans offer access to the extensive United Concordia Advantage network, cover preventive care at 100 percent — including exams, cleanings, and X-rays — and feature in- and out-of-network benefits:

- No waiting periods and no referrals required for basic and major dental services for children and adults.
- Out-of-network pediatric dental benefits give members access to more providers.
- Deluxe PPO Family plan offers a level of cosmetic pediatric orthodontia coverage to help members save on out-of-pocket expenses.²
- Members with high-deductible health plans can access benefits for pediatric basic, major, and orthodontia services right away, without reaching their medical deductible.

Smile for Health wellness program

To help members treat gum disease effectively, Smile for Health³ provides full coverage for periodontal services, something most dental plans don't include. Oral wellness consultants can help educate members and encourage participation in the program.

Your employees can earn additional College Tuition Rewards Points!

Pairing your medical benefits with a United Concordia Companies, Inc. dental plan is a win-win. Offering these products helps you attract and retain talent, and helps your employees earn more Tuition Rewards Points that can be used to offset the cost of higher education. Your employees may earn additional Tuition Rewards Points by enrolling in a United Concordia Dental plan. Tuition Rewards Points can be combined into one account,⁴ making it easier to manage their total Points.

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 Smile for Health is administered by United Concordia Companies, Inc. and is available with Adult Premier, Family Premier, and Family Deluxe dental plans for small employers.

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.

⁴ Employees who are signed up must contact The College Tuition Benefit to request that their Tuition Rewards Points accounts be combined in order to stack Tuition Rewards Points.

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 \$1,000 ¹ Age 19+: Not Covered

Members enjoy more savings with Premier and Deluxe Family PPO plans

The Preventive Incentive in our Premier and Deluxe Family PPO dental plans helps members stretch their dental dollars. The amount they pay for in-network preventive care* doesn't count toward the \$3,000 annual maximum. This allows them to apply more costly covered dental services — such as fillings, root canals, crowns, and denture repairs — to the annual maximum.

1 OUT OF 2 DENTISTS

are in network in the Independence service area

57,251

unique providers & 237,544 points of access

84% OF DENTISTS

provide discounts for non-covered services**

48% SAVINGS

on covered services in the Independence service area

The statistics presented above are taken from United Concordia Companies, Inc. Internal Research and Reports.

* With preventive incentive, only in-network preventive care is covered at 100 percent. If members receive preventive care out of network, they will be balance billed.

** 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.

Adult only dental plan options: PPO and Managed Dental Care

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

Plan benefits	Adult Preventive PPO ³	Adult Preferred PPO ³	Adult Premier PPO ³	Adult Managed Dental Care ³	
Dental deductible	\$0	\$50 Individual, \$150 Family	\$50 Individual, \$150 Family	\$0	
Annual maximum benefit (per member)	\$1,000	\$1,000	\$1,000	None	
Preventive services	Member pays	Member pays	Member pays	Member pays	
Exams/Evaluations	\$0 ¹	\$0 ¹	\$0 ^{1,4}	\$0 – \$25	
Cleanings	\$0 ¹	\$0 ¹	\$0 ^{1,4}		
X-rays	\$0 ¹	\$0 ¹	\$0 ^{1,4}		
Emergency/Palliative treatment	Not covered	\$0 ¹	\$0 ^{1,4}		
Fluoride treatments	Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)		
Sealants	Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)		
Basic services	Member pays	Member pays	Member pays		Member pays
Space maintainers	Not covered (discount may apply)	Not covered (discount may apply)	Not covered (discount may apply)	\$0 – \$250 ⁵	
Fillings (Amalgam restorations — metal; Resin-based composite restorations – white)	Not covered (discount may apply)	50% ²	20% ²		
Simple and surgical extractions	Not covered (discount may apply)	50% ²	20% ²		
Crown and denture repair	Not covered (discount may apply)	50% ²	20% ²		
Root canals (Endodontic therapy and services)	Not covered (discount may apply)	50% ²	20% ²		
Surgical and non-surgical periodontics and maintenance	Not covered (discount may apply)	50% ²	20% ²		
Oral surgery	Not covered (discount may apply)	50% ²	20% ²		
General anesthesia, nitrous oxide, and/or IV sedation	Not covered (discount may apply)	50% ²	20% ²		
Major services	Member pays	Member pays	Member pays		Member pays
Crowns, inlays, onlays	Not covered (discount may apply)	Not covered (discount may apply)	50% ²		\$0 – \$433
Complete or fixed partial dentures (prosthetics)	Not covered (discount may apply)	Not covered (discount may apply)	50% ²		
Implants	Not covered	Not covered	Not covered	Not covered	
Orthodontia	Member pays	Member pays	Member pays	Member pays	
Cosmetic orthodontia	Not covered	Not covered	Not covered	Not covered	

See the footnotes for the dental benefits below.

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.

Managed Dental Care plan⁶

- 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.

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 Managed Dental Care plan, general anesthesia, nitrous oxide, and/or IV sedation benefit is limited to covered oral surgical services for impacted teeth.

6. 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.

Extra protection available to give your employees added peace of mind

Enhance your medical benefits with our industry-leading suite of specialty insurance products. When you bundle our comprehensive suite of specialty services together, you can build a more powerful health benefits solution that boosts employee retention and acquisition efforts and offers your employees peace of mind for life's uncertainties.



Guardian supplemental insurance

Pairing an Independence health plan with any of Guardian's seven products can help your employees be prepared for the unexpected. Guardian provides them with financial safety and security in case of 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

Part of the Blue Cross Blue Shield family, Blue Cross Global capitalizes on the network strength and name recognition of Blue Cross Blue Shield inside the U.S. and Bupa Global outside the U.S. Blue Cross Global provides access to one of the largest care networks in the world, with more than 1.7 million providers.

Our flexible group products offer solutions for short-term business travel and long-term expatriate assignments. Your employees would be supported by:

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

2-50 HEALTH PLANS



Independence 

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
- 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
- Site of service differentials on certain services help members save more
- PPO and HMO plans available



More choices

For 2023, customers have the flexibility to choose up to four health plan options when one option is an HMO/DPOS plan.



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

Platinum health plans

Personal Choice PPO Platinum Preferred² \$10/\$20/\$200

Benefits per contract year¹

	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:	\$3,500/\$7,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	\$10/\$5	50% after ded/50% after ded
Specialist visit — office/virtual care	\$20/\$10	50% after ded/50% after ded
Retail clinic	\$10	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$40	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (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

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$150 (waived if admitted)	\$150 no ded (waived if admitted)
Routine radiology — freestanding/hospital-based	\$40/\$80	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
Outpatient mental health and substance abuse — office visit/all other	\$20/\$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$200 per day ¹¹	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$50/\$100	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}

	You pay in-network	You pay out-of-network ⁷
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	\$60	70% of retail
Retail non-preferred drug ¹⁸	\$100	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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

Platinum health plans

Personal Choice PPO Platinum Preferred² \$20/\$40/\$250

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 visit — office/virtual care

Specialist visit — office/virtual care

Retail clinic

Virtual care (from designated virtual provider)[†]

Urgent care

Spinal manipulations (20 visits per year)/Acupuncture[§] (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

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

Outpatient mental health and substance abuse — office visit/all other

Inpatient mental health and substance abuse

Outpatient surgery — ambulatory surgical facility/hospital-based

Outpatient lab/Pathology — freestanding/hospital-based

Prescription drugs^{16, 17, 19}

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}

You pay in-network

\$0

0%

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

\$0

\$0

\$750

\$20/\$15

\$40/\$25

\$20

\$0

\$50

\$40⁹

\$40/\$70⁹

\$250 per day¹¹

\$0

\$175 (waived if admitted)

\$40/\$80

\$125/\$250

\$75/\$150

\$40/\$80

30%

\$40/\$40

\$250 per day¹¹

\$50/\$100

\$0/50%

\$0

\$3

\$10

\$60

\$100

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

\$0

\$0

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

\$50

\$0 no ded

50% after ded

You pay out-of-network⁷

\$3,000/\$6,000

50%

\$9,000/\$18,000 coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded⁹

50% after ded/50% after ded⁹

50% after ded

50% after ded

\$175 no ded (waived if admitted)

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

\$0

70% of retail

70% of retail

70% of retail

70% of retail

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Footnotes begin on page 72 | ded = Deductible

Platinum health plans

Keystone DPOS Platinum Preferred² \$10/\$20/\$200

Benefits per contract year¹

Deductible, individual/family

You pay in-network

\$0

You pay out-of-network⁵

\$3,000/\$6,000

Coinsurance

0%

50%

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

\$3,500/\$7,000 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 visit — office/virtual care

\$10/\$5

50% after ded/50% after ded

Specialist visit — office/virtual care

\$20/\$10

50% after ded/50% after ded

Retail clinic

\$10

50% after ded

Virtual care (from designated virtual provider)[†]

\$0

Not covered

Urgent care

\$40

50% after ded

Spinal manipulations (20 visits per year)/Acupuncture[§] (18 visits per year)

\$20¹⁰

50% after ded

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

\$20/\$20¹⁰

50% after ded/50% after ded

Hospital/other medical services

Inpatient hospital services (includes maternity)

\$200 per day¹¹

50% after ded

Inpatient professional services (includes maternity)

\$0

50% after ded

Emergency room

\$150 (waived if admitted)

\$150 no ded (waived if admitted)

Routine radiology — freestanding/hospital-based

\$40/\$40¹⁰

50% after ded/50% after ded

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

\$100/\$100

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

50%

50% after ded

Outpatient mental health and substance abuse — office visit/all other

\$20/\$20

50% after ded/50% after ded

Inpatient mental health and substance abuse

\$200 per day¹¹

50% after ded

Outpatient surgery — ambulatory surgical facility/hospital-based

\$50/\$100

50% after ded/50% after ded

Outpatient lab/Pathology — freestanding/hospital-based

\$0/\$0

50% after ded/50% after ded

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)

\$0

\$0

Low cost generic¹⁸

\$3

70% of retail

Retail generic¹⁸

\$10

70% of retail

Retail preferred brand¹⁸

\$60

70% of retail

Retail non-preferred drug¹⁸

\$100

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 exam²⁵

\$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

\$0

Not covered

Pediatric exams and cleanings^{29, 30}

\$0

Not covered

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

Copay varies

Not covered

Platinum health plans

Keystone DPOS Platinum Preferred² \$20/\$40/\$250

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 visit — office/virtual care	
Specialist visit — office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) [†]	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture [§] (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	
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	
Outpatient mental health and substance abuse — office visit/all other	
Inpatient mental health and substance abuse	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/Pathology — freestanding/hospital-based	

Prescription drugs^{16, 17, 19}

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}	

You pay in-network

\$0
0%
\$4,000/\$8,000 coinsurance and copays

\$0
\$0
\$750

\$20/\$15
\$40/\$25
\$20
\$0
\$50
\$40 ¹⁰
\$40/\$40 ¹⁰

\$250 per day ¹¹
\$0
\$175 (waived if admitted)
\$40/\$40 ¹⁰
\$100/\$100
\$75/\$150
\$40/\$80
50%
\$40/\$40
\$250 per day ¹¹
\$50/\$100
\$0/\$0

\$0
\$3
\$10
\$60
\$100
50% up to \$1,000 max per fill

\$0
\$0
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
\$0
\$0
Copay varies

You pay out-of-network⁵

\$3,000/\$6,000
50%
\$9,000/\$18,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded
50% after ded/50% after ded

50% after ded
50% after ded
\$175 no ded (waived if admitted)
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

\$0
70% of retail
70% of retail
70% of retail
70% of retail
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Footnotes begin on page 72 | ded = Deductible

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:	\$3,500/\$7,000 coinsurance and copays	\$4,000/\$8,000 coinsurance and copays
Preventive services⁸		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750	\$750
Physician services		
Primary care visit — office/virtual care	\$10/\$5	\$20/\$15
Specialist visit — office/virtual care	\$20/\$10	\$40/\$25
Retail clinic	\$10	\$20
Virtual care (from designated virtual provider) [†]	\$0	\$0
Urgent care	\$40	\$50
Spinal manipulations (20 visits per year)/Acupuncture [§] (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	\$150 (waived if admitted)	\$175 (waived if admitted)
Routine radiology — freestanding/hospital-based	\$40/\$40	\$40/\$40
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$100/\$100	\$100/\$100
Biotech/Specialty injectables — home, office/outpatient	\$50/\$100	\$75/\$150
Infusion — home, office/outpatient	\$20/\$40	\$40/\$80
Durable medical equipment/Prosthetics	50%	50%
Outpatient mental health and substance abuse — office visit/all other	\$20/\$20	\$40/\$40
Inpatient mental health and substance abuse	\$200 per day ¹¹	\$250 per day ¹¹
Outpatient surgery — ambulatory surgical facility/hospital-based	\$50/\$100	\$50/\$100
Outpatient lab/Pathology — freestanding/hospital-based	\$0/\$0	\$0/\$0
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$10	\$10
Retail preferred brand ¹⁸	\$60	\$60
Retail non-preferred drug ¹⁸	\$100	\$100
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

Preferred: Copay plans | Classic: Coinsurance/deductible plans | Secure: Copay/deductible plans

Platinum health plans	Keystone HMO Platinum Preferred³ \$5/\$15/\$500	Keystone HMO Platinum Preferred³ \$25/\$50/\$400
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:	\$5,500/\$11,000 coinsurance and copays	\$4,500/\$9,000 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 visit — office/virtual care	\$5/\$0	\$25/\$20
Specialist visit — office/virtual care	\$15/\$10	\$50/\$35
Retail clinic	\$5	\$25
Virtual care (from designated virtual provider) [†]	\$0	\$0
Urgent care	\$75	\$75
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$15	\$50
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$15/\$15	\$50/\$50
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$500 per day ¹¹	\$400 per day ¹¹
Inpatient professional services (includes maternity)	\$0	\$0
Emergency room	\$300 (waived if admitted)	\$200 (waived if admitted)
Routine radiology — freestanding/hospital-based	\$60/\$60	\$40/\$40
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$120/\$120	\$100/\$100
Biotech/Specialty injectables — home, office/outpatient	\$75/\$150	\$75/\$150
Infusion — home, office/outpatient	\$15/\$30	\$60/\$120
Durable medical equipment/Prosthetics	50%	50%
Outpatient mental health and substance abuse — office visit/all other	\$15/\$15	\$50/\$50
Inpatient mental health and substance abuse	\$500 per day ¹¹	\$400 per day ¹¹
Outpatient surgery — ambulatory surgical facility/hospital-based	\$80/\$160	\$50/\$100
Outpatient lab/Pathology — freestanding/hospital-based	\$0/\$0	\$0/\$0
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$10	\$10
Retail preferred brand ¹⁸	\$75	\$60
Retail non-preferred drug ¹⁸	\$125	\$100
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

Footnotes begin on page 72 | ded = Deductible

Platinum health plans

Personal Choice PPO Platinum HSA – 50⁴ \$1,800/100%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$1,800/\$3,600	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$7,450/\$14,900 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care visit — office/virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — office/virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	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
Hospital/other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab/Pathology — freestanding/hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs^{16, 17, 19}		
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$10 after ded	50% after ded
Retail preferred brand ¹⁸	\$60 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$100 after ded	50% after ded
Specialty drug	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
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	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	0% after ded	Not covered

Independence 

Gold health plans

Personal Choice PPO Gold Preferred² \$40/\$80/\$600

Benefits per contract year¹

	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:	\$9,100/\$18,200 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	\$40/\$30	50% after ded/50% after ded
Specialist visit — office/virtual care	\$80/\$55	50% after ded/50% after ded
Retail clinic	\$40	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$100	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (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

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	\$600 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$500 (waived if admitted)	\$500 no ded (waived if admitted)
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
Outpatient mental health and substance abuse — office visit/all other	\$80/\$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$600 per day ¹¹	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$300/\$700	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}

	You pay in-network	You pay out-of-network ⁷
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$15	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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

Gold health plans

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

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 visit — office/virtual care
Specialist visit — office/virtual care
Retail clinic
Virtual care (from designated virtual provider) [†]
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture [§] (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
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
Outpatient mental health and substance abuse — office visit/all other
Inpatient mental health and substance abuse
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/Pathology — freestanding/hospital-based

Prescription drugs^{16, 17, 19}

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}

You pay in-network

\$1,500/\$3,000
20%
\$8,000/\$16,000 coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$20 no ded/\$15 no ded

\$40 no ded/\$25 no ded

\$20 no ded

0% no ded

20% after ded

\$40 no ded⁹

\$40 no ded/\$80 no ded⁹

20% after ded

20% after ded

20% after ded

20% after ded/40% after ded

20% after ded/40% after ded

\$100 no ded/\$200 no ded

20% after ded/40% after ded

50% after ded

\$40 no ded/20% after ded

20% after ded

20% after ded/50% after ded

0% no ded/50% after ded

\$0

\$3

\$15

\$75

\$200

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

\$0 no ded

\$0 no ded

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

\$50

\$0 no ded

50% after ded

You pay out-of-network⁷

\$8,500/\$17,000
50%
\$25,000/\$50,000 coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded⁹

50% after ded/50% after ded⁹

50% after ded

50% after ded

20% 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

\$0

70% of retail

70% of retail

70% of retail

70% of retail

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Footnotes begin on page 72 | ded = Deductible

Gold health plans

Personal Choice PPO Gold Classic² \$2,500/\$40/\$80/100%

Benefits per contract year¹

Deductible, individual/family

\$2,500/\$5,000

\$8,500/\$17,000

Coinsurance

0%

50%

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

\$7,000/\$14,000 coinsurance, copays and ded

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

Preventive services⁸

Preventive care for adults and children

0% no ded

50% no ded

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

0% no ded

N/A

Preventive colonoscopy for colorectal cancer screening — hospital-based

\$750 no ded

50% no ded

Physician services

Primary care visit — office/virtual care

\$40 no ded/\$30 no ded

50% after ded/50% after ded

Specialist visit — office/virtual care

\$80 no ded/\$55 no ded

50% after ded/50% after ded

Retail clinic

\$40 no ded

50% after ded

Virtual care (from designated virtual provider)[†]

0% no ded

Not covered

Urgent care

\$100 no ded

50% after ded

Spinal manipulations (20 visits per year)/Acupuncture[§] (18 visits per year)

\$80 no ded⁹

50% after ded⁹

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

\$80 no ded/\$110 no ded⁹

50% after ded/50% after ded⁹

Hospital/other medical services

Inpatient hospital services (includes maternity)

0% after ded

50% after ded

Inpatient professional services (includes maternity)

0% after ded

50% after ded

Emergency room

\$400 no ded (waived if admitted)

\$400 no ded (waived if admitted)

Routine radiology — freestanding/hospital-based

\$70 no ded/\$175 no ded

50% after ded/50% after ded

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

\$150 no ded/\$300 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

0% after ded/20% after ded

50% after ded/50% after ded

Durable medical equipment/Prosthetics

50% after ded

50% after ded

Outpatient mental health and substance abuse — office visit/all other

\$80 no ded/0% no ded

50% after ded/50% after ded

Inpatient mental health and substance abuse

0% after ded

50% after ded

Outpatient surgery — ambulatory surgical facility/hospital-based

0% after ded/30% 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}

Rx deductible (individual/family)

\$0

\$0

Low cost generic¹⁸

\$3

70% of retail

Retail generic¹⁸

\$15

70% of retail

Retail preferred brand¹⁸

\$75

70% of retail

Retail non-preferred drug¹⁸

\$200

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 exam²⁵

\$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

Gold health plans

Keystone DPOS Gold Classic² \$1,500/\$30/\$60/90%

Benefits per contract year¹

Deductible, individual/family	\$1,500/\$3,000
Coinsurance	10%
Out-of-pocket maximum, individual/family includes:	\$8,000/\$16,000 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 visit — office/virtual care	\$30 no ded/\$20 no ded
Specialist visit — office/virtual care	\$60 no ded/\$40 no ded
Retail clinic	\$30 no ded
Virtual care (from designated virtual provider) [†]	0% no ded
Urgent care	10% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$60 no ded ¹⁰
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60 no ded/\$60 no ded ¹⁰

Hospital/other medical services

Inpatient hospital services (includes maternity)	10% after ded
Inpatient professional services (includes maternity)	10% after ded
Emergency room	10% after ded
Routine radiology — freestanding/hospital-based	\$60 no ded/\$60 no ded ¹⁰
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$120 no ded/\$120 no ded
Biotech/Specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded
Infusion — home, office/outpatient	\$60 after ded/\$120 after ded
Durable medical equipment/Prosthetics	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$60 no ded/\$60 no ded
Inpatient mental health and substance abuse	10% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$400 after ded/\$750 after ded
Outpatient lab/Pathology — freestanding/hospital-based	0% no ded/0% no ded

Prescription drugs^{16, 17, 19}

Rx deductible (individual/family)	\$0
Low cost generic ¹⁸	\$3
Retail generic ¹⁸	\$15
Retail preferred brand ¹⁸	\$75
Retail non-preferred drug ¹⁸	\$200
Specialty drug	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

You pay in-network

Deductible, individual/family	\$1,500/\$3,000
Coinsurance	10%
Out-of-pocket maximum, individual/family includes:	\$8,000/\$16,000 coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$30 no ded/\$20 no ded

\$60 no ded/\$40 no ded

\$30 no ded

0% no ded

10% after ded

\$60 no ded¹⁰

\$60 no ded/\$60 no ded¹⁰

10% after ded

10% after ded

10% after ded

\$60 no ded/\$60 no ded¹⁰

\$120 no ded/\$120 no ded

\$100 no ded/\$200 no ded

\$60 after ded/\$120 after ded

50% after ded

\$60 no ded/\$60 no ded

10% after ded

\$400 after ded/\$750 after ded

0% no ded/0% no ded

\$0

\$3

\$15

\$75

\$200

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

\$0 no ded

\$0 no ded

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

\$0

\$0

Copay varies

You pay out-of-network⁵

Deductible, individual/family	\$8,500/\$17,000
Coinsurance	50%
Out-of-pocket maximum, individual/family includes:	\$25,000/\$50,000 coinsurance and ded

50% no ded

N/A

50% no ded

50% after ded/50% after ded

50% after ded/50% after ded

50% after ded

Not covered

50% after ded

50% after ded

50% after ded/50% after ded

50% after ded

50% after ded

10% 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

\$0

70% of retail

70% of retail

70% of retail

70% of retail

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Not covered

Footnotes begin on page 72 | ded = Deductible

Gold health plans

Keystone DPOS Gold Preferred² \$40/\$80/\$650

Benefits per contract year¹

	You pay in-network	You pay out-of-network ⁵
Deductible, individual/family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁵
Preventive care for adults and children	\$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	N/A
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750	50% no ded

Physician services

	You pay in-network	You pay out-of-network ⁵
Primary care visit — office/virtual care	\$40/\$30	50% after ded/50% after ded
Specialist visit — office/virtual care	\$80/\$55	50% after ded/50% after ded
Retail clinic	\$40	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$100	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$80 ¹⁰	50% after ded
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80/\$80 ¹⁰	50% after ded/50% after ded

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁵
Inpatient hospital services (includes maternity)	\$650 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$500 (waived if admitted)	\$500 no ded (waived if admitted)
Routine radiology — freestanding/hospital-based	\$120/\$120 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$250/\$250	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
Outpatient mental health and substance abuse — office visit/all other	\$80/\$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$650 per day ¹¹	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$400/\$750	50% after ded/50% after ded
Outpatient lab/Pathology — freestanding/hospital-based	\$0/\$0	50% after ded/50% after ded

Prescription drugs^{16, 17, 19}

	You pay in-network	You pay out-of-network ⁵
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$15	70% of retail
Retail preferred brand ¹⁸	\$75	70% of retail
Retail non-preferred drug ¹⁸	\$200	70% of retail
Specialty drug	50% up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁵
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	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Preferred: Copay plans | Classic: Coinsurance/deductible plans | Secure: Copay/deductible plans

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			
Deductible, individual/family	\$2,500/\$5,000	\$1,500/\$3,000	\$0
Coinsurance	0%	10%	0%
Out-of-pocket maximum, individual/family includes:	\$7,000/\$14,000 coinsurance, copays, and ded	\$8,000/\$16,000 coinsurance, copays, and ded	\$9,100/\$18,200 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 visit — office/virtual care	\$40 no ded/\$30 no ded	\$30 no ded/\$20 no ded	\$40/\$30
Specialist visit — office/virtual care	\$80 no ded/\$55 no ded	\$60 no ded/\$40 no ded	\$80/\$55
Retail clinic	\$40 no ded	\$30 no ded	\$40
Virtual care (from designated virtual provider) [†]	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	\$400 no ded (waived if admitted)	10% after ded	\$500 (waived if admitted)
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	\$60 after ded/\$120 after ded	\$80/\$160
Durable medical equipment/Prosthetics	50% after ded	50% after ded	50%
Outpatient mental health and substance abuse — office visit/all other	\$80 no ded/0% no ded	\$60 no ded/\$60 no ded	\$80/\$80
Inpatient mental health and substance abuse	0% after ded	10% after ded	\$650 per day ¹¹
Outpatient surgery — ambulatory surgical facility/hospital-based	0% after ded/30% after ded	\$400 after ded/\$750 after ded	\$400/\$750
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}			
Rx deductible (individual/family)	\$0	\$0	\$0
Low cost generic ¹⁸	\$3	\$3	\$3
Retail generic ¹⁸	\$15	\$15	\$15
Retail preferred brand ¹⁸	\$75	\$75	\$75
Retail non-preferred drug ¹⁸	\$200	\$200	\$200
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

Footnotes begin on page 72 | ded = Deductible

Gold health plans

Keystone HMO Gold Proactive³

Benefits per contract year¹

	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	\$0	\$0
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 ¹² coinsurance and copays	\$9,100/\$18,200 ¹² coinsurance and copays	\$9,100/\$18,200 ¹² coinsurance and copays

Preventive services⁸

Preventive care for adults and children	\$0	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	\$0	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750	\$750	\$750

Physician services

Primary care visit — office/virtual care	\$15/\$10	\$30/\$20	\$45/\$30
Specialist visit — office/virtual care	\$40/\$30	\$60/\$40	\$80/\$55
Retail clinic	\$15 ¹³	\$30 ¹³	\$45 ¹³
Virtual care (from designated virtual provider) [†]	\$0	\$0	\$0
Urgent care	\$40	\$40	\$40
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$50	\$50	\$50
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$60/\$60	\$60/\$60	\$60/\$60

Hospital/other medical services

Inpatient hospital services (includes maternity)	\$350 per day ^{11, 14}	\$700 per day ^{11, 14}	\$1,100 per day ^{11, 14}
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room	\$400 (waived if admitted)	\$400 (waived if admitted)	\$400 (waived if admitted)
Routine radiology — freestanding/hospital-based	\$60/\$60	\$60/\$60	\$60/\$60
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$120/\$120	\$120/\$120	\$120/\$120
Biotech/Specialty injectables — home, office/outpatient	50%/50%	50%/50%	50%/50%
Infusion — home, office/outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment/Prosthetics	50%	50%	50%
Outpatient mental health and substance abuse — office visit/all other	\$40/\$40	\$40/\$40	\$40/\$40
Inpatient mental health and substance abuse	\$350 per day ¹¹	\$350 per day ¹¹	\$350 per day ¹¹
Outpatient surgery — ambulatory surgical facility/hospital-based	\$150/\$150	\$550/\$550	\$1,000/\$1,000
Outpatient lab/Pathology — freestanding/hospital-based	\$0/\$0	\$0/\$0	\$0/\$0

Prescription drugs^{16, 17, 19, 20}

Rx deductible (individual/family)	\$0	\$0	\$0
Low cost generic ¹⁸	\$3	\$3	\$3
Retail generic ¹⁸	\$20	\$20	\$20
Retail preferred brand ^{18, 21}	\$100	\$100	\$100
Retail non-preferred drug ^{18, 21}	50% up to \$300 max per fill	50% up to \$300 max per fill	50% up to \$300 max per fill
Specialty drug ²¹	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	\$0	\$0
Adult routine eye exam ²⁵	\$0	\$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	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

Gold health plans

Personal Choice PPO Gold HSA - 0⁴ \$2,100/100%

Personal Choice PPO Gold HRA - 20² \$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:	\$7,450/\$14,900 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded	\$7,450/\$14,900 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 visit — office/virtual care	0% after ded /0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — office/virtual care	0% after ded /0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded	0% after ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% after ded	Not covered	0% after ded	Not covered
Urgent care	0% after ded	50% after ded	0% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (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	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
Outpatient mental health and substance abuse — office visit/all other	0% after ded /0% after ded	50% after ded/50% after ded	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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}

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	\$15 after ded	50% after ded	\$15 after ded	50% after ded
Retail preferred brand ¹⁸	\$75 after ded	50% after ded	\$75 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$125 after ded	50% after ded	\$125 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

Gold health plans

Personal Choice PPO Gold HSA - 25⁴ \$2,400/\$25/\$50/90%

Benefits per contract year¹

	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$2,400/\$4,800	\$10,000/\$20,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$7,450/\$14,900 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	\$25 after ded/\$20 after ded	50% after ded/50% after ded
Specialist visit — office/virtual care	\$50 after ded/\$35 after ded	50% after ded/50% after ded
Retail clinic	\$25 after ded	50% after ded
Virtual care (from designated virtual provider) ¹	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture ⁵ (18 visits per year)	\$50 after ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$50 after ded/\$50 after ded ⁹	50% after ded/50% after ded ⁹

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$50 after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Outpatient lab/Pathology — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded

Prescription drugs^{16, 17, 19}

	You pay in-network	You pay out-of-network ⁷
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$15 after ded	50% after ded
Retail preferred brand ¹⁸	\$75 after ded	50% after ded
Retail non-preferred drug ¹⁸	\$125 after ded	50% after ded
Specialty drug	50% after ded up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	10% after ded	Not covered

Independence 

Silver health plans

Personal Choice PPO Silver Classic² \$3,800/\$40/\$80/70%

Benefits per contract year¹

	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$3,800/\$7,600	\$8,500/\$17,000
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	\$40 no ded/\$30 no ded	50% after ded/50% after ded
Specialist visit — office/virtual care	\$80 no ded/\$55 no ded	50% after ded/50% after ded
Retail clinic	\$40 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	\$125 no ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	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
Outpatient mental health and substance abuse — office visit/all other	\$80 no ded/30% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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, 20}

	You pay in-network	You pay out-of-network ⁷
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ^{18, 21}	50% up to \$125 max per fill	70% of retail
Retail non-preferred drug ^{18, 21}	50% up to \$250 max per fill	70% of retail
Specialty drug ²¹	50% up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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

Silver health plans

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

Benefits per contract year¹

Deductible, individual/family	\$4,750/\$9,500	\$8,500/\$17,000
Coinsurance	0%	50%
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 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 visit — office/virtual care	\$40 no ded/\$30 no ded	50% after ded/50% after ded
Specialist visit — office/virtual care	\$80 no ded/\$55 no ded	50% after ded/50% after ded
Retail clinic	\$40 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	\$100 no ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$110 no ded ⁹	50% after ded/50% after ded ⁹

Hospital/other medical services

Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	\$450 after ded (waived if admitted)	\$450 after in-network ded (waived if admitted)
Routine radiology — freestanding/hospital-based	\$80 after ded/\$200 after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$200 after ded/\$400 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	0% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$80 no ded/\$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	Subject to ded and \$600 per day ¹¹	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$600 no ded/\$600 no 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, 20}

Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ^{18, 21}	\$85	70% of retail
Retail non-preferred drug ^{18, 21}	\$225	70% of retail
Specialty drug ²¹	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	\$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

Footnotes begin on page 72 | ded = Deductible

Silver health plans

Personal Choice PPO Silver Classic² \$5,000/\$50/\$100/90%

Benefits per contract year¹

	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$5,000/\$10,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	\$50 no ded/\$35 no ded	50% after ded/50% after ded
Specialist visit — office/virtual care	\$100 no ded/\$70 no ded	50% after ded/50% after ded
Retail clinic	\$50 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	\$125 no ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$100 no ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$100 no ded/\$130 no ded ⁹	50% after ded/50% after ded ⁹

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	\$450 after ded (waived if admitted)	\$450 after in-network ded (waived if admitted)
Routine radiology — freestanding/hospital-based	\$80 no ded/\$200 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$200 no ded/\$400 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	\$100 after ded/\$200 after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$400 after ded/\$750 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, 20}

	You pay in-network	You pay out-of-network ⁷
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ^{18, 21}	\$85	70% of retail
Retail non-preferred drug ^{18, 21}	\$225	70% of retail
Specialty drug ²¹	50% up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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

Silver health plans

Keystone DPOS Silver Classic² \$3,750/\$40/\$80/50%

Benefits per contract year¹

	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:	\$9,100/\$18,200 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁵
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750 no ded	50% no ded

Physician services

	You pay in-network	You pay out-of-network ⁵
Primary care visit — office/virtual care	\$40 no ded/\$30 no ded	50% after ded/50% after ded
Specialist visit — office/virtual care	\$80 no ded/\$55 no ded	50% after ded/50% after ded
Retail clinic	\$40 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$80 no ded ¹⁰	50% after ded
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$80 no ded ¹⁰	50% after ded/50% after ded

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁵
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room	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	\$80 after ded/\$160 after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$80 no ded/\$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	50% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$1,000 after ded/\$1,000 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, 20}

	You pay in-network	You pay out-of-network ⁵
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	70% of retail
Retail generic ¹⁸	\$20	70% of retail
Retail preferred brand ^{18, 21}	50% up to \$125 max per fill	70% of retail
Retail non-preferred drug ^{18, 21}	50% up to \$250 max per fill	70% of retail
Specialty drug ²¹	50% up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁵
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

Footnotes begin on page 72 | ded = Deductible

Silver health plans	Keystone HMO Silver Classic ² \$4,750/\$40/\$80/70%	Keystone HMO Silver Classic ² \$3,750/\$40/\$80/50%
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible, individual/family	\$4,750/\$9,500	\$3,750/\$7,500
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 coinsurance, copays, and ded	\$9,100/\$18,200 coinsurance, copays, and ded
Preventive services⁸		
Preventive care for adults and children	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750 no ded	\$750 no ded
Physician services		
Primary care visit — office/virtual care	\$40 no ded/\$30 no ded	\$40 no ded/\$30 no ded
Specialist visit — office/virtual care	\$80 no ded/\$55 no ded	\$80 no ded/\$55 no ded
Retail clinic	\$40 no ded	\$40 no ded
Virtual care (from designated virtual provider) [†]	0% no ded	0% no ded
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$80 no ded	\$80 no ded
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$80 no ded/\$80 no ded	\$80 no ded/\$80 no ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	50% after ded
Routine radiology — freestanding/hospital-based	\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/Specialty injectables — home, office/outpatient	\$100 no ded/\$200 no ded	\$100 no ded/\$100 no ded
Infusion — home, office/outpatient	\$80 after ded/\$160 after ded	\$80 after ded/\$160 after ded
Durable medical equipment/Prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$80 no ded/\$80 no ded	\$80 no ded/\$80 no ded
Inpatient mental health and substance abuse	30% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	\$500 after ded/\$1,000 after ded	\$1,000 after ded/\$1,000 after ded
Outpatient lab/Pathology — freestanding/hospital-based	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 20}		
Rx deductible (individual/family)	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$20	\$20
Retail preferred brand ^{18, 21}	50% up to \$125 max per fill	50% up to \$125 max per fill
Retail non-preferred drug ^{18, 21}	50% up to \$250 max per fill	50% up to \$250 max per fill
Specialty drug ²¹	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
Adult routine eye exam ²⁵	\$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
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

Silver health plans

Keystone HMO Silver Secure² \$5,000/\$50/\$100/\$600

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 visit — office/virtual care

Specialist visit — office/virtual care

Retail clinic

Virtual care (from designated virtual provider)[†]

Urgent care

Spinal manipulations (20 visits per year)/Acupuncture[§] (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

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

Outpatient mental health and substance abuse — office visit/all other

Inpatient mental health and substance abuse

Outpatient surgery — ambulatory surgical facility/hospital-based

Outpatient lab/Pathology — freestanding/hospital-based

Prescription drugs^{16, 17, 19, 20}

Rx deductible (individual/family)

Low cost generic¹⁸

Retail generic¹⁸

Retail preferred brand^{18, 21}

Retail non-preferred drug^{18, 21}

Specialty drug²¹

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}

You pay in-network⁶

\$5,000/\$10,000

0%

\$9,100/\$18,200 coinsurance, copays, and ded

0% no ded

0% no ded

\$750 no ded

\$50 no ded/\$35 no ded

\$100 no ded/\$70 no ded

\$50 no ded

0% no ded

\$125 after ded

\$100 no ded

\$100 no ded/\$100 no ded

Subject to ded and \$600 per day¹¹

0% after ded

\$450 after ded (waived if admitted)

\$120 no ded/\$120 no ded

\$300 no ded/\$300 no ded

\$100 no ded/\$200 no ded

\$100 after ded/\$200 after ded

50% after ded

\$100 no ded/\$100 no ded

Subject to ded and \$600 per day¹¹

\$600 after ded/\$600 after ded

0% no ded/0% no ded

\$0

\$3

\$20

\$85

\$225

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

\$0 no ded

\$0 no ded

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

\$0

\$0

Copay varies

Footnotes begin on page 72 | ded = Deductible

Silver health plans

Keystone HMO Silver Proactive²

Benefits per contract year¹

Deductible, individual/family

You pay in-network⁶ –
Tier 1 – Preferred

\$0

You pay in-network⁶ –
Tier 2 – Enhanced

\$6,000/\$12,000¹⁵

You pay in-network⁶ –
Tier 3 – Standard

\$6,000/\$12,000¹⁵

Coinsurance

0%; unless otherwise noted

5%; unless otherwise noted

10%; unless otherwise noted

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

\$9,100/\$18,200¹²
coinsurance and copays

\$9,100/\$18,200¹²
coinsurance, copays, and ded

\$9,100/\$18,200¹²
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 visit — office/virtual care

\$40/\$30

\$70 no ded/\$50 no ded

\$80 no ded/\$55 no ded

Specialist visit — office/virtual care

\$90/\$65

\$140 no ded/\$100 no ded

\$150 no ded/\$105 no ded

Retail clinic

\$40¹³

\$70 no ded¹³

\$80 no ded¹³

Virtual care (from designated virtual provider)[†]

0%

0% no ded

0% no ded

Urgent care

\$90

\$90 no ded

\$90 no ded

Spinal manipulations (20 visits per year)/Acupuncture[§] (18 visits per year)

\$50

\$50 no ded

\$50 no ded

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

\$90/\$90

\$90 no ded/\$90 no ded

\$90 no ded/\$90 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

\$950 (waived if admitted)

\$950 no ded (waived if admitted)

\$950 no ded (waived if admitted)

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

Outpatient mental health and substance abuse — office visit/all other

\$90/\$90

\$90 no ded/\$90 no ded

\$90 no ded/\$90 no ded

Inpatient mental health and substance abuse

\$600 per day¹¹

\$600 per day¹¹ no ded

\$600 per day¹¹ 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, 20}

Rx deductible (individual/family)²²

\$500/\$1,000

\$500/\$1,000

\$500/\$1,000

Low cost generic¹⁸

\$5 no ded

\$5 no ded

\$5 no ded

Retail generic¹⁸

\$20 no ded

\$20 no ded

\$20 no ded

Retail preferred brand^{18, 21}

\$100 after ded

\$100 after ded

\$100 after ded

Retail non-preferred drug^{18, 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 drug²¹

50% after ded up to \$1000 max per fill

50% after ded up to \$1000 max per fill

50% after ded up to \$1000 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 exam²⁵

\$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

Silver health plans

Keystone HMO Silver Proactive Value²

Benefits per contract year¹

	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Deductible, individual/family	\$1,500/\$3,000	\$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:	\$9,100/\$18,200 ¹² coinsurance, copays, and ded	\$9,100/\$18,200 ¹² coinsurance, copays, and ded	\$9,100/\$18,200 ¹² coinsurance, copays, and ded

Preventive services⁸

	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Preventive care for adults and children	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750 no ded	\$750 no ded	\$750 no ded

Physician services

	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Primary care visit — office/virtual care	\$40 no ded/\$30 no ded	\$70 no ded/\$50 no ded	\$80 no ded/\$55 no ded
Specialist visit — office/virtual care	\$90 no ded/\$65 no ded	\$140 no ded/\$100 no ded	\$150 no ded/\$105 no ded
Retail clinic	\$40 no ded ¹³	\$70 no ded ¹³	\$80 no ded ¹³
Virtual care (from designated virtual provider) [†]	0% no ded	0% no ded	0% no ded
Urgent care	\$90 no ded	\$90 no ded	\$90 no ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$50 no ded	\$50 no ded	\$50 no ded
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded

Hospital/other medical services

	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Inpatient hospital services (includes maternity)	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}
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room	\$950 no ded (waived if admitted)	\$950 no ded (waived if admitted)	\$950 no ded (waived if admitted)
Routine radiology — freestanding/hospital-based	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded	\$150 no ded/\$150 no ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/Specialty injectables — home, office/outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — home, office/outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/Prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — office visit/all other	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded	\$90 no ded/\$90 no ded
Inpatient mental health and substance abuse	Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹	Subject to ded and \$600 per day ¹¹
Outpatient surgery — ambulatory surgical facility/hospital-based	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
Outpatient lab/Pathology — freestanding/hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded

Prescription drugs^{16, 17, 19, 20}

	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Rx deductible (individual/family) ²²	\$500/\$1,000	\$500/\$1,000	\$500/\$1,000
Low cost generic ¹⁸	\$5 no ded	\$5 no ded	\$5 no ded
Retail generic ¹⁸	\$20 no ded	\$20 no ded	\$20 no ded
Retail preferred brand ^{18, 21}	\$100 after ded	\$100 after ded	\$100 after ded
Retail non-preferred drug ^{18, 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 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}

	You pay in-network ⁶	You pay in-network ⁶	You pay in-network ⁶
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded	\$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

Silver health plans

Personal Choice PPO Silver HSA - 0⁴ \$3,400/90%

Benefits per contract year¹

	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$3,400/\$6,800	\$11,000/\$22,000
Coinsurance	10%	50%
Out-of-pocket maximum, individual/family includes:	\$7,450/\$14,900 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Specialist visit — office/virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Retail clinic	10% after ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	10% after ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	10% after ded/10% after ded ⁹	50% after ded/50% after ded ⁹

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	10% after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Outpatient lab/Pathology — freestanding/hospital-based	10% after ded/10% after ded	50% after ded/50% after ded

Prescription drugs^{16, 17, 19, 20}

	You pay in-network	You pay out-of-network ⁷
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$20 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$75 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded	50% after ded
Specialty drug ²¹	50% after ded up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	10% after ded	Not covered

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 visit — office/virtual care	
Specialist visit — office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) [†]	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture [§] (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	
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	
Outpatient mental health and substance abuse — office visit/all other	
Inpatient mental health and substance abuse	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/Pathology — freestanding/hospital-based	

Prescription drugs^{16, 17, 19, 20}

Rx deductible (individual/family)	
Low cost generic ¹⁸	
Retail generic ¹⁸	
Retail preferred brand ^{18, 21}	
Retail non-preferred drug ^{18, 21}	
Specialty drug ²¹	

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 - 0⁴ \$4,100/100%

You pay in-network

\$4,100/\$8,200
0%
\$7,450/\$14,900 coinsurance, copays, and ded

0% no ded
0% no ded
\$750 no ded

0% after ded/0% after ded
0% after ded/0% after ded
0% after ded
0% after ded
0% after ded
0% after ded ⁹
0% after ded/0% after ded ⁹

0% after ded
0% after ded
0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
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0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded

Integrated
\$3 after ded
\$20 after ded
\$75 after ded
\$150 after ded
50% after ded up to \$1,000 max per fill

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Integrated
0% no ded
0% after ded

You pay out-of-network⁷

\$11,000/\$22,000
50%
\$22,000/\$44,000 coinsurance and ded

50% no ded
N/A
50% no ded

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded ⁹
50% after ded/50% after ded ⁹

50% after ded
50% after ded
0% 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
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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
50% after ded
50% after ded
50% after ded
50% after ded
Not covered

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Footnotes begin on page 72 | ded = Deductible

Silver health plans

Personal Choice PPO Silver HSA - 0⁴ \$2,300/70%

Benefits per contract year¹

	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$2,300/\$4,600	\$11,000/\$22,000
Coinsurance	30%	50%
Out-of-pocket maximum, individual/family includes:	\$7,450/\$14,900 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded

Preventive services⁸

	You pay in-network	You pay out-of-network ⁷
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

	You pay in-network	You pay out-of-network ⁷
Primary care visit — office/virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Specialist visit — office/virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Retail clinic	30% after ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% after ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	30% after ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	30% after ded/30% after ded ⁹	50% after ded/50% after ded ⁹

Hospital/other medical services

	You pay in-network	You pay out-of-network ⁷
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	30% after in-network ded
Routine radiology — freestanding/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — home, office/outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — home, office/outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment/Prosthetics	30% after ded	50% after ded
Outpatient mental health and substance abuse — office visit/all other	30% after ded/30% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	30% after ded	50% after ded
Outpatient surgery — ambulatory surgical facility/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab/Pathology — freestanding/hospital-based	30% after ded/30% after ded	50% after ded/50% after ded

Prescription drugs^{16, 17, 19, 20}

	You pay in-network	You pay out-of-network ⁷
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic ¹⁸	\$3 after ded	50% after ded
Retail generic ¹⁸	\$20 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$75 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded	50% after ded
Specialty drug ²¹	50% after ded up to \$1,000 max per fill	Not covered

Vision and dental^{23, 28, 32}

	You pay in-network	You pay out-of-network ⁷
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	Integrated	Not covered
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	30% after ded	Not covered

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 visit — office/virtual care
Specialist visit — office/virtual care
Retail clinic
Virtual care (from designated virtual provider) [†]
Urgent care
Spinal manipulations (20 visits per year)/Acupuncture [§] (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
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
Outpatient mental health and substance abuse — office visit/all other
Inpatient mental health and substance abuse
Outpatient surgery — ambulatory surgical facility/hospital-based
Outpatient lab/Pathology — freestanding/hospital-based

Prescription drugs^{16, 17, 19, 20}

Rx deductible (individual/family)	Integrated
Low cost generic ¹⁸	\$3 after ded
Retail generic ¹⁸	\$20 after ded
Retail preferred brand ^{18, 21}	\$75 after ded
Retail non-preferred drug ^{18, 21}	\$150 after ded
Specialty drug ²¹	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 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	Integrated
Pediatric exams and cleanings ^{29, 30}	0% no ded
Pediatric basic, major, and orthodontia services ^{29, 31}	20% after ded

Personal Choice EPO Silver HSA-0⁴ \$3,000/80%

You pay in-network⁶

\$3,000/\$6,000
20%
\$7,450/\$14,900 coinsurance, copays, and ded

0% no ded
0% no ded
\$750 no ded

20% after ded/20% after ded
20% after ded/20% after ded
20% after ded
0% after ded
20% after ded
20% after ded
20% after ded/20% after ded

20% after ded
20% after ded
20% after ded
20% after ded/20% after ded
20% after ded/20% after ded
20% after ded/20% after ded
20% after ded
20% after ded/20% after ded
20% after ded
20% after ded/20% after ded
20% after ded/20% after ded

Integrated
\$3 after ded
\$20 after ded
\$75 after ded
\$150 after ded
50% after ded up to \$1,000 max per fill

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Integrated
0% no ded
20% after ded

Footnotes begin on page 72 | ded = Deductible

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 visit — office/virtual care	
Specialist visit — office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) [†]	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture [§] (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	
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	
Outpatient mental health and substance abuse — office visit/all other	
Inpatient mental health and substance abuse	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/Pathology — freestanding/hospital-based	

Prescription drugs^{16, 17, 19, 20}

Rx deductible (individual/family)	
Low cost generic ¹⁸	
Retail generic ¹⁸	
Retail preferred brand ^{18, 21}	
Retail non-preferred drug ^{18, 21}	
Specialty drug ²¹	

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}	

Keystone HMO Bronze Essential² \$7,500/\$70/\$140/\$700

You pay in-network⁶

Deductible, individual/family	\$7,500/\$15,000
Coinsurance	50%
Out-of-pocket maximum, individual/family includes:	\$9,100/\$18,200 coinsurance, copays, and ded
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
Primary care visit — office/virtual care	\$70 no ded/\$50 no ded
Specialist visit — office/virtual care	\$140 no ded/\$95 no ded
Retail clinic	\$70 no ded
Virtual care (from designated virtual provider) [†]	0% no ded
Urgent care	\$150 after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	\$140 no ded
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	\$140 no ded/\$140 no ded
Inpatient hospital services (includes maternity)	Subject to ded and \$700 per day ¹¹
Inpatient professional services (includes maternity)	50% after ded
Emergency room	\$500 after ded (waived if admitted)
Routine radiology — freestanding/hospital-based	\$150 no ded/\$150 no ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	\$350 no ded/\$350 no ded
Biotech/Specialty injectables — home, office/outpatient	\$100 no ded/\$100 no ded
Infusion — home, office/outpatient	\$140 after ded/\$280 after ded
Durable medical equipment/Prosthetics	50% after ded
Outpatient mental health and substance abuse — office visit/all other	\$140 no ded/\$140 no ded
Inpatient mental health and substance abuse	Subject to ded and \$700 per day ¹¹
Outpatient surgery — ambulatory surgical facility/hospital-based	\$1,000 after ded/\$1,000 after ded
Outpatient lab/Pathology — freestanding/hospital-based	0% no ded/0% no ded
Rx deductible (individual/family)	Integrated
Low cost generic ¹⁸	\$5 no ded
Retail generic ¹⁸	\$25 after ded
Retail preferred brand ^{18, 21}	50% after ded up to \$500 max per fill
Retail non-preferred drug ^{18, 21}	50% after ded up to \$500 max per fill
Specialty drug ²¹	50% after ded
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

Bronze health plans

Personal Choice PPO Bronze HSA - 0⁴ \$7,450/100%

Benefits per contract year¹

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

You pay in-network

\$7,450/\$14,900
0%
\$7,450/\$14,900 coinsurance, copays, and ded

You pay out-of-network⁷

\$11,000/\$22,000
50%
\$22,000/\$44,000 coinsurance and ded

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	

0% no ded
0% no ded
\$750 no ded

50% no ded
N/A
50% no ded

Physician services

Primary care visit — office/virtual care	
Specialist visit — office/virtual care	
Retail clinic	
Virtual care (from designated virtual provider) [†]	
Urgent care	
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	

0% after ded/0% after ded
0% after ded/0% after ded
0% after ded
0% after ded
0% after ded
0% after ded ⁹
0% after ded/0% after ded ⁹

50% after ded/50% after ded
50% after ded/50% after ded
50% after ded
Not covered
50% after ded
50% after ded ⁹
50% after ded/50% after ded ⁹

Hospital/other medical services

Inpatient hospital services (includes maternity)	
Inpatient professional services (includes maternity)	
Emergency room	
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	
Outpatient mental health and substance abuse — office visit/all other	
Inpatient mental health and substance abuse	
Outpatient surgery — ambulatory surgical facility/hospital-based	
Outpatient lab/Pathology — freestanding/hospital-based	

0% after ded
0% after ded
0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded/0% after ded
0% after ded
0% after ded/0% after ded
0% after ded
0% after ded/0% after ded
0% after ded/0% after ded

50% after ded
50% after ded
0% 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

Prescription drugs^{16, 17, 19, 20}

Rx deductible (individual/family)	
Low cost generic ¹⁸	
Retail generic ¹⁸	
Retail preferred brand ^{18, 21}	
Retail non-preferred drug ^{18, 21}	
Specialty drug ²¹	

Integrated
0% after ded
0% after ded
0% after ded
0% after ded
0% after ded

Integrated
50% after ded
50% after ded
50% after ded
50% after ded
Not covered

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}	

\$0 no ded
\$0 no ded
Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Integrated
0% no ded
0% after ded

Not covered
Not covered
Not covered
Not covered
Not covered
Not covered

Footnotes begin on page 72 | ded = Deductible

Bronze health plans

Personal Choice PPO Bronze HSA - 0⁴ \$5,600/50%

Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible, individual/family	\$5,600/\$11,200	\$10,000/\$20,000
Coinsurance	50%	50%
Out-of-pocket maximum, individual/family includes:	\$7,450/\$14,900 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care visit — office/virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Specialist visit — office/virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Retail clinic	50% after ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% after ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)/Acupuncture [§] (18 visits per year)	50% after ded ⁹	50% after ded ⁹
Physical/Occupational therapy — (30 visits per year) — freestanding/hospital-based	50% after ded/50% after ded ⁹	50% after ded/50% after ded ⁹
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	50% after ded	50% after in-network ded
Routine radiology — freestanding/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA/PET scan — freestanding/hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — home, office/outpatient	50% after ded/50% after 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
Outpatient mental health and substance abuse — office visit/all other	50% after ded/50% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	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	50% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs^{16, 17, 19, 20}		
Rx deductible (individual/family)	Integrated	Integrated
Low cost generic ¹⁸	\$5 after ded	50% after ded
Retail generic ¹⁸	\$25 after ded	50% after ded
Retail preferred brand ^{18, 21}	\$85 after ded	50% after ded
Retail non-preferred drug ^{18, 21}	\$175 after ded	50% after ded
Specialty drug ²¹	50% after ded	Not covered
Vision and dental^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$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
Pediatric exams and cleanings ^{29, 30}	0% no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Independence 

What's not covered

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

Benefits that require preapproval

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

Additional benefits and exclusions

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

Additional information

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

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

*Independence reserves the right to change premium rates.

Important plan details

Medical

1. Certain plan benefits may be enhanced to comply with Affordable Care Act regulations. Eligible dependent children are covered to age 26.
2. Embedded Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
3. Embedded Out-of-Pocket Maximum: Family out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual out-of-pocket maximum applies only when an individual is enrolled without dependents.
4. Aggregate Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the single out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
5. To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefits booklet/certificate.
6. There are no out-of-network services available except for emergency services, and generic, preferred brand, and non-preferred prescription drugs obtained at a retail pharmacy.
7. Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for out-of-network providers are based on the lesser of the Medicare Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is based on 50 percent of the actual charge of the provider with the exception of inpatient facility services. For inpatient facility covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is determined by Independence's fee schedule for the closest analogous covered service.

It is important to note that all percentages for out-of-network services are a 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 Walgreens, which is assigned to Tier 3.
14. For Keystone HMO Proactive plans, if a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care will apply based on the tier level of the in-network hospital or participating professional provider. 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.
 - † Virtual care from a designated virtual provider includes telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, MDLIVE.
 - § Acupuncture is covered for limited conditions. Please reference the medical policy for details on covered conditions.

Prescription drugs

16. Our prescription drug plans are administered by an independent pharmacy benefits management (PBM) company.
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/home delivery coverage is available for all prescription drug plans. Mail-order/home delivery 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 Rite Aid pharmacies for the same cost-sharing as mail order.
20. Select plans utilize the Preferred Pharmacy Network, a subset of the national retail pharmacy network. It includes over 58,000 pharmacies, including most major chains and local pharmacies except Walgreens.
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. 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 summary*

Maximum product offerings*

- Small employers are allowed up to four packaged health plans, which include medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits. If offering four packaged health plans, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit.
- 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 four health plans, including a health plan for out-of-area PPO coverage.

Participation requirements*

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

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 (under age 65 retirees not eligible for Medicare) cannot represent more than 10 percent of the total group enrollment.

Independence 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 (e.g., 50 or 20 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 requirement*

- 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.

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.

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 (see table below). Please refer to each plan design for specific funding requirements.

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

Ovia Health is an independent company.

The products listed are offered by Wondr Health, an independent company. These are not Blue Cross or Blue Shield products. Independence Blue Cross is acting solely as an agent for Wondr Health. Wondr Health is solely responsible.

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

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

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

The products listed are offered by AblePay, an independent company. These are not Blue Cross or Blue Shield products. Independence Blue Cross is acting solely as an agent for AblePay. AblePay is solely responsible.

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

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

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.

Blue Cross Global is a brand owned by Blue Cross Blue Shield Association. Bupa Global is a trade name of Bupa, an independent licensee of Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association, made available in cooperation with Blue Cross Blue Shield companies select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL NAIC #80985.

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

Quartet is a separate and independent company that facilitates and coordinates timely access to behavioral health services for Independence Blue Cross members.

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

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.

In addition to the Independence Blue Cross behavioral health network, Magellan Behavioral Health, Inc., an independent company, provides limited network and management services for mental health and substance abuse benefits.



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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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