



2024 Blue Solutions®

Small group health plans designed for flexibility and savings

Independence 

IBX

Proud to be your Blue

When it comes to caring for the people of the Philadelphia region, Independence Blue Cross (IBX) has been here from the very beginning. Building the strongest network of doctors and hospitals, cultivating the highest quality of care, supporting the whole person, and making sure care is affordable and accessible to all.

For over 85 years, we've created programs you can count on and relationships you can believe in. That's why far more people in our region — from every neighborhood and every walk of life — choose IBX over any other health plan. When it matters most, we'll be here for whatever comes next. We're proud to serve you, your business, and your employees.

When you choose IBX, you're choosing a company fully committed to the people and communities we serve. We don't take that lightly, and we'll keep working to bring the best health care possible to you and everyone who calls the Philadelphia region home.

We invest \$382 million in local and national initiatives together with our fellow Blue plans to drive sustainable change.

We serve as a community partner with hundreds of local organizations across the region.

We've been named a Top Workplace by *The Philadelphia Inquirer* every year since 2020, as well as one of America's Greatest Workplaces for Diversity in 2023.

We are the title sponsor for Philadelphia's key signature health events, and proudly sponsor many of the City's professional sports teams and annual events.

We support more than 45 local nonprofits throughout the year through our Blue Crew corporate volunteer program.



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What's new for 2024

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 2024:

New health plans

Every year, we work to ensure that our portfolio offers customers options that make sense for their small business and their employees. As a result, we've added three new plans to our portfolio to help meet your needs.

Our Keystone HMO Proactive health plans are a popular choice among our customers. Therefore, we're excited to introduce the new **HMO Gold Proactive Value** plan. It offers access to the same robust tiered network as our other Keystone HMO Proactive products and includes a deductible on Tier 2 and 3 providers for facility services — making this an affordable Gold health plan option.

We've also added two new versions of our popular PPO Preferred plans. **PPO Platinum Preferred \$10/\$20/\$150** and **PPO Gold Preferred \$40/\$80/\$500** offer a lower out-of-pocket maximum and facility costs, including a per-admission hospital copay.

Learn more about our health plans starting on page 36.

Teladoc Health virtual care solutions

Virtual care benefits will now be available to all members through **Teladoc Health (Teladoc)**. Members can use telemedicine services for general medical needs to speak with a board-certified physician. Telebehavioral health allows members to talk with a licensed therapist or psychologist, and teledermatology enables members to get a dermatology consultation.

Learn more about virtual care benefits on page 24.

New condition and lifestyle solutions

To improve the member experience and health outcomes, we have partnered with **TruHearing** to provide exclusive discounts for hearing aids, products, and exams.

In addition, to help support your employees' whole health, we're now including **Livongo Diabetes and Hypertension**. These programs help members manage these chronic conditions and reduce unnecessary and avoidable utilization of health care resources.

Learn more about our condition and lifestyle solutions on page 8.

Independence Blue Cross Dental

Our new **Independence Blue Cross Dental** portfolio provides a variety of affordable plans with a large national network, low out-of-pocket costs, and value-added savings from the brand you know and trust.

Learn more about Independence Blue Cross Dental on page 33.

New digital tools to support behavioral health

We know that behavioral health is a fundamental part of a person's overall well-being. That's why we've added new tools to support your employees' behavioral health needs. Employees can now take advantage of **myStrength Plus** from Teladoc, a flexible and convenient digital program with proven tools and dedicated support for managing stress, depression, sleep, and more.

We're also including access to **Atlas** to help members find addiction treatment that will meet their needs.

Learn more about our behavioral health resources on page 7.

Reimagined member portal

Members will soon have access to a new experience when they log in at **ibx.com**, making it easier than ever to navigate and access care, manage benefits, and learn how their plan works with knowledge and confidence.

Learn more about **ibx.com** on page 17.

Vision benefit enhancement

All Blue Solutions health plans include adult and pediatric vision benefits. To help members make the most of their vision benefits, we've removed the member cost-sharing on evaluations and fittings for non-Collection standard contact lenses at participating providers.

Learn more about adult and pediatric vision benefits on page 29.



Scan the QR code
to access additional
materials.



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

- 39 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 Teladoc 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/home delivery
- 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 131,000 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 and programs

- 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:

- **Coming soon! Independence Blue Cross Dental plans:** Affordable and comprehensive dental plan options for the whole family.
- **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 their low-cost generics cost-share. The PPO Bronze HSA-0 \$8,000/100% plan will continue to apply 0% after deductible to all generic drugs.

Elevating whole-person health

Meeting the evolving needs of our members by promoting healthy communities and highlighting the need for equitable access to health care.

We've proudly been serving our members and the community for 85 years. IBX is the Blue plan you've known and trusted all along. Our network has the most doctors and hospitals in the region. Our plans give you affordable ways to build and sustain good health. And our commitment to Philadelphia and every community in our area grows stronger by the day.

Addressing a member's whole health — including their physical, mental, and financial health — improves access, quality, and their overall well-being, while reducing medical costs.

As a leading health care organization, we're committed to advancing equitable whole-person health by addressing race, gender, and other disparities we see to help make health care more accessible and affordable for everyone.



Members with physical and behavioral health comorbidities are four times more likely than members with physical ailments alone to be admitted to the hospital.



Our enhanced behavioral health solution

Personalized support for better outcomes, reduced costs

A member's mental and physical health are equally important to their overall health. Our integrated approach to behavioral health care is grounded in our strong local presence and relationships. Your employees receive personalized support connecting them to the right care and resources, leading to better outcomes and more informed, empowered decision-making. This personalized support also reduces costs through early and targeted intervention and guidance.



Enhanced access

We work closely with physicians in our network to build this care model to ensure members have rapid access to care and a comprehensive experience with limited interruption.



One-on-one support

Our specially trained Customer Care Advocates screen members and help connect them to behavioral health care that suits their needs and preferences.



Helping those with immediate needs

Licensed clinical triage staff are available for immediate crisis management, followed by transition to Case Management for longer-term coordination and support, as needed.



Taking the first step towards care

With the IBX network of behavioral health providers and our clinical and service staff, we're able to enhance access, close gaps, drive value, and offer personalized solutions.



Utilization management

Through our utilization management processes, we do our part to ensure your employees are receiving the right services, at the right time and place, for the right price.



Finding the right care

Quartet enables primary care and behavioral health providers to collaborate on a member's mental health needs. Using one Quartet platform, primary care and behavioral health providers can share notes on treatment. Then, Quartet can connect members to mental health care that fits their needs and preferences.



In-the-moment tools

In addition to tools and resources available on ibx.com as well as telebehavioral health options, members also have access to digital tools through the member portal.

NEW myStrength Plus is a digital platform that offers evidence-based self-guided programs and tools to help your employees tackle their mental health challenges head-on. It eliminates traditional access barriers, caters to members' unique needs, and leverages intelligent personalization to drive long-term engagement. Additionally, the myStrength Plus solution is accessible from Teladoc Health, our new virtual care provider, for a more streamlined, whole-health experience.

NEW Atlas is a web-based platform created by Shatterproof that empowers members to make informed care decisions when choosing addiction treatment facilities. It also supports efforts to improve overall treatment quality by setting a quality standard.



ADDITIONAL
MATERIALS

Condition and lifestyle solutions

Offering extra support for healthy living

We offer solutions that go beyond medical benefits. The following programs, tools, and services give members the extra support they need to live their best lives.

Ovia Health provides personalized mobile support through some of life’s biggest transitions, including planning and starting a family, having a healthy pregnancy, balancing life as a working parent, and managing menopause.

NEW Livongo Diabetes and Hypertension offers individualized, data-driven assistance with diabetes as well as hypertension management.

Wondr Health is a digital behavioral counseling program that teaches sustainable weight loss skills to reverse metabolic syndrome (MetS) risk factors, including hypertension and prediabetes.

NEW TruHearing®

Hearing well is essential to overall health and well-being. Treating hearing loss can help improve balance,¹ mental health, and quality of life. Members have access to TruHearing for an easy and affordable way to hear better. The TruHearing program includes coverage for a hearing exam and discounts on a range of hearing aids and hardware.

Service	Member’s cost	Average retail cost	Frequency
Hearing exam	\$0	\$59 – \$95	1 exam per year
Hearing aid – Basic ²	\$495	\$1,850	1 aid per ear, every 3 years
Hearing aid – Standard ²	\$895	\$2,000	
Hearing aid – Advanced ²	\$1,295	\$2,450	
Hearing aid – Premium ²	\$1,695	\$3,100	

1 Attitudes and Actions Towards Hearing Health: Summary Report of U.S. Adults
Ages 18+, ASHA, 2021.
2 Price based per hearing aid.



Well-being programs

Encouraging 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 can access self-service tools and resources through ibx.com or on 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 and opting in to IBX Wire

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

- ✓ Receive an appropriate health screening¹
- ✓ Download and register for HUSK Movement app
- ✓ Complete the Well-being Profile
- ✓ Complete a nutrition counseling visit
- ✓ Visit a network dentist for an exam and/or cleaning²

Achieve Well-being@Work

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.

² Subscribers must have purchased dental coverage through IBX to complete this activity.
³ Source: wellsteps.com/blog/2020/01/02/workplace-wellness-statistics-wellness-stats

Reimbursements and discounts

Helping members focus on well-being

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

- **Healthy LifestylesSM Solutions** reimburses your employees up to \$450 for fitness memberships, weight management, and tobacco cessation programs.
- **Blue InsiderSM** provides exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions.
- **HUSK Marketplace and HUSK Movement app (formerly GlobalFit programs)** offers discounts on a variety of wellness items, including new gym memberships, virtual studios, on-demand curated workout videos, gym equipment, and more.
- **Blue365[®]** presents exclusive deals and discounts on fitness gear, gym memberships, weight loss/healthy eating programs, and healthy travel experiences.*



Local member perks

Members are also eligible for special savings on local attractions and activities, including:

- Free skating admission at the Independence Blue Cross RiverRink
- \$5 off Philadelphia Zoo tickets when purchasing online
- 20 percent off Indego bike share guest passes and annual passes
- \$3 off admission (for up to five people) to The Franklin Institute at the box office

Visit ibx.com/discounts for more information.

* Blue365 includes a TruHearing discount; however, this is separate from the contract IBX has with TruHearing, and discounts may vary.

Financial well-being tools and programs

Help your employees feel secure financially while attracting and retaining top talent.

Spending accounts lower health care costs

With tax advantages for you and your employees, spending accounts are a smart addition to your health plan offerings. They are easily managed with online tools at ibx.com and offer convenient funding methods³ 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.

76% of employees are less productive at work due to financial worries.¹

\$3,922 Average annual cost per employee due to financial stress.²

	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 ³	Employer and/or employee	Employer
Who establishes contribution rules	IRS	Employer and IBX
Helps pay for ⁴	Qualified medical expenses ²	Qualified medical expenses as determined by employer
Funds carry over	Yes	Employer option
Portable	Yes	No

WealthCare Saver investment solution

Members enrolled in an IBX qualified high-deductible health plan (QHDHP) with an HSA can personalize their investment journey based on their unique needs and experiences. Best of all, the solution is fully integrated and accessible from the account holder's HSA when they log in at ibx.com.

NEW High-yield interest option available to account holders with HSAs

Members enrolled in an IBX QHDHP can choose between two interest options for their cash deposits: traditional or high-yield.⁵

- **Traditional option.** Cash deposits are insured by the FDIC for up to \$250,000 and receive a lower interest rate.
- **High-yield interest option.** Account holders earn a higher interest rate on their cash balance. The high-yield cash account funds are not FDIC-insured and are held in a deposit account backed by Pacific Life, a highly rated California insurance company.

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

¹ pwc.com/us/en/services/consulting/business-transformation/library/employee-financialwellness-survey.html

² graystone.morganstanley.com/graystone-consulting-the-robertson-group/articles/graystone/thought-leadership/financially-stressed-employees

³ Refer to page 77 for information about spending account funding requirements.

⁴ 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.

⁵ This choice only impacts the HSA cash balance and does NOT impact the investment account — if the account holder is enrolled in one.

The College Tuition Benefit®

This free benefit is offered exclusively by IBX. All your employees, regardless of their health plan coverage, can sign up and 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 equals a \$1.00 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
- Students and parents can use **Ready Set College**, a comprehensive college and career planning website, to help achieve successful college outcomes.
- **FastTrak®** allows your employees' student family members to be directly recruited by participating colleges and universities.
- Specifically for your employees: **SAGE Prime** reduces their tuition costs for degree completion programs, occupational certifications, and special interest courses by 10 percent or more at a growing network of colleges and universities. SAGE Prime is an advantage to our clients who do not have an in-place tuition reimbursement program.

IBX subscribers
have already
redeemed
more than 5.6
million Tuition
Rewards Points.

GradFin

GradFin provides smart technology and personalized student loan advice to all your employees and their families, regardless of their health plan. Employees have access to personalized solutions offered at reduced rates that may help accelerate their student loan debt payoff process, which can potentially save them thousands of dollars.

- **Expert Loan Analysis.** GradFin conducts one-on-one consultations with borrowers to educate them on their student loans free of charge. GradFin can also host live webinars and "town hall" meetings for employees.
- **Public Service Loan Forgiveness (PSLF) Program.** The PSLF keeps employees or their family members on track with federal loan forgiveness programs. Employees and their family members can participate in this program if employed at a 501(c)3 nonprofit.
- **The GradFin Income Driven Repayment (IDR) Membership.** The IDR membership provides borrowers with guidance on how to navigate the program compliantly and maximize their forgiveness. GradFin consultants assist employees in finding the right IDR plan to maximize their savings over the life of the loan and provide estimates on saving for a potential tax liability.



¹ Subject to certain restrictions.

² A non-IBX 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.

AblePay

AblePay gives all your employees, regardless of their health plan, the opportunity to become AblePay members at no cost. When they visit a participating AblePay provider, they can:

- **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 have zero percent interest with no fees or penalties, making it easier to pay for larger medical bills.
- **Pay all medical bills in one place.** The secure AblePay member portal is a simple, convenient way for your employees and their families to pay medical bills.
- **Get help understanding medical bills.** AblePay member advocates can answer questions and contact a provider's billing department on your employees' behalf, if needed.



.....

Employees with high debt are
twice as likely to miss work as
those with lower debt.*

* [pwc.com/us/en/services/consulting/business-transformation/library/employee-financial-wellness-survey.html](https://www.pwc.com/us/en/services/consulting/business-transformation/library/employee-financial-wellness-survey.html)

Personalizing the employee care experience

Guiding and empowering your employees and their families to take an active role in improving their health and well-being, helping them lead happier and more productive lives.

Your employees' health has a direct impact on your business

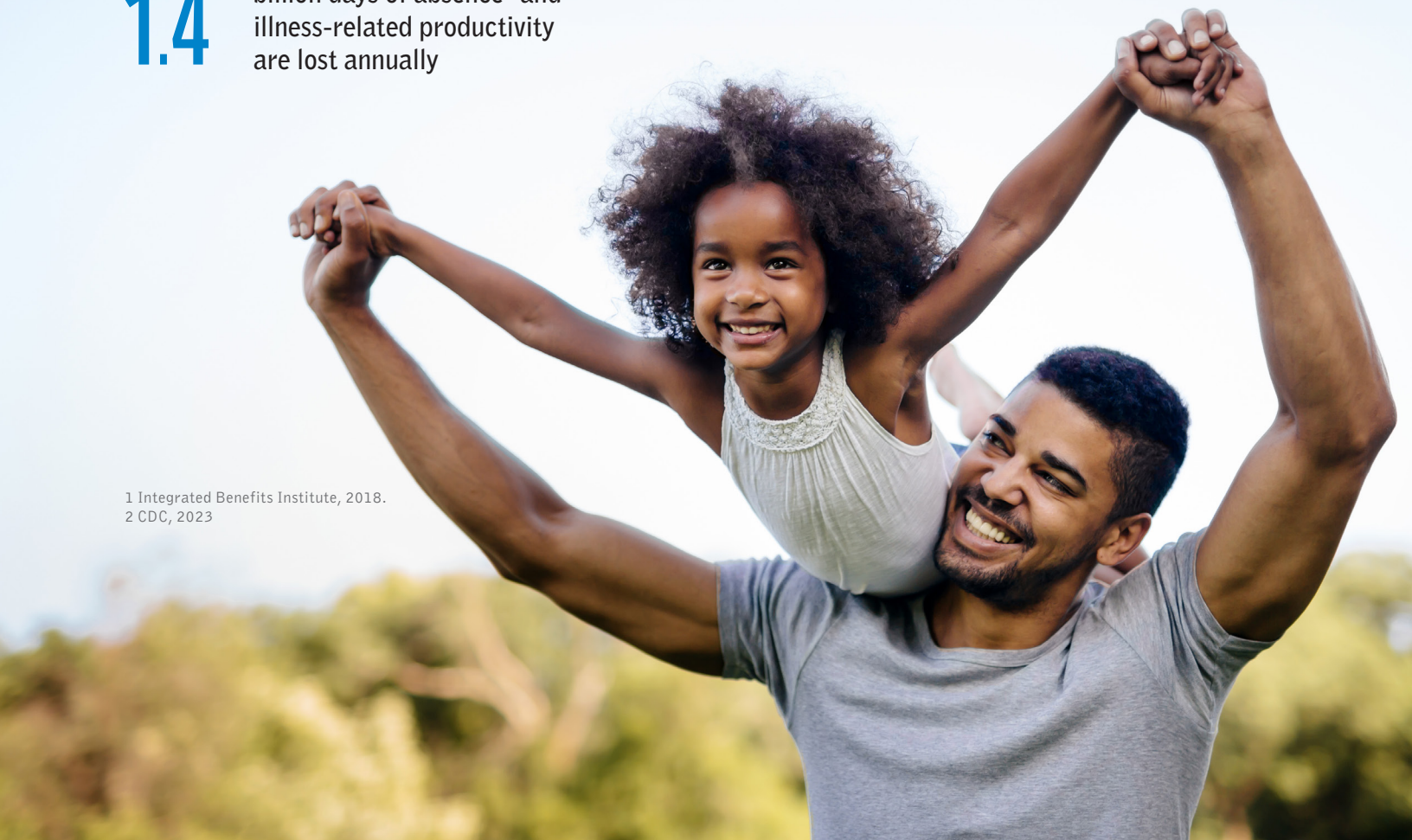
When it comes to your small business, your employees are your company's greatest asset. So, you want to create a work environment that supports their health and well-being. Your productivity, engagement, and bottom line all depend on whether your employees are healthy. Poor health results in a loss of \$530 billion in employee productivity annually.¹

25% of the country's population skips their annual check-up¹

90% of U.S. health care costs are from chronic and behavioral health conditions²

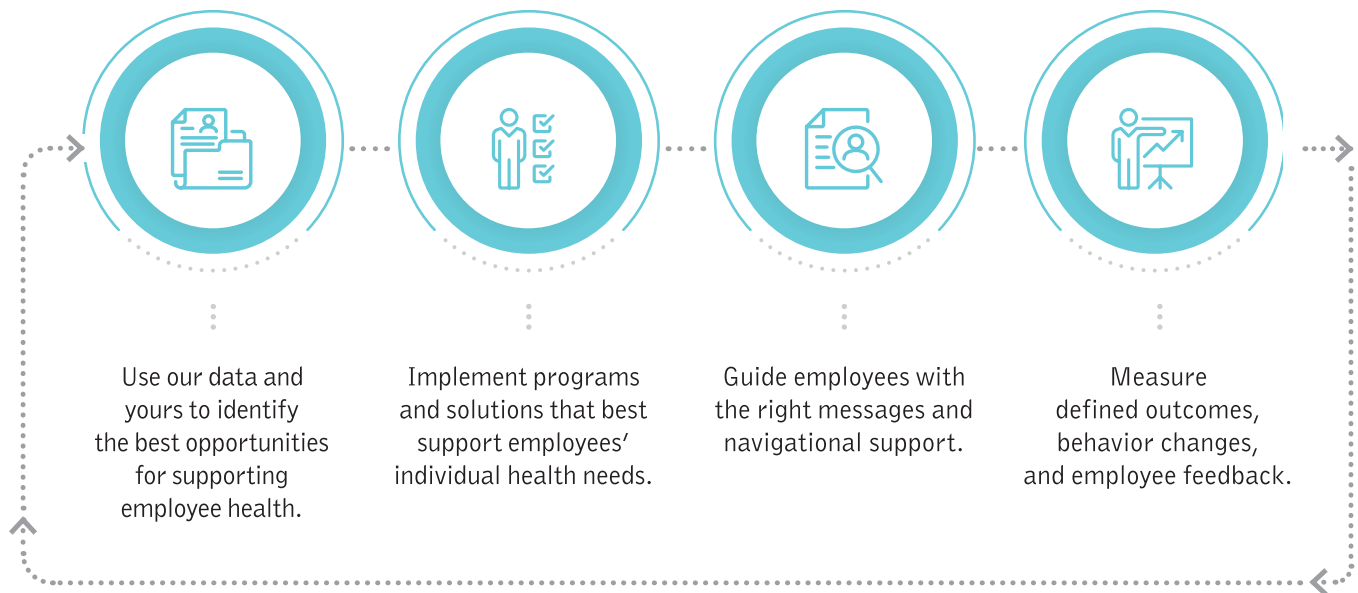
1.4 billion days of absence- and illness-related productivity are lost annually

1 Integrated Benefits Institute, 2018.
2 CDC, 2023



Helping employees get the most out of their benefits

Employee engagement is about anticipating and avoiding poor health before it happens. Most importantly, it's about empowering employees to make healthier decisions that improve their quality of life. We work with you actively to create and implement effective employee engagement strategies to help them get the most out of their health plan.



Member engagement improves utilization and outcomes*

- 14%** less likely to use the ER for non-emergency reasons
- 42%** more likely to adhere to their medication regimen
- 11%** more compliant with gap-related tests and screenings

As a result, your employees not only have a more positive experience but also better health outcomes, and you and your employees will both enjoy cost savings.

* IBX internal data.

Managing chronic and complex conditions

Employees with chronic or complex conditions may need more support to effectively manage and improve their health and use their benefits in the most cost-effective ways. Our Registered Nurse Health Coaches act as an extension of the doctor's office and:

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

Health Coaches can increase engagement

Our Registered Nurse Health Coaches perform targeted outreach to your employees and help them better understand where their health stands, set reasonable health goals, and work to achieve them. Health Coaches have a 360-degree view of every member's health, so they can:

- Identify current and future health risks
- Offer integrated support through condition and lifestyle solutions like Livongo, Wondr, Ovia, and TruHearing
- Connect members to useful education and resources like registered dietitians, stress management programs, wellness discounts, and incentives
- Track their progress and provide support if they need help getting back on track

Managing utilization effectively

Through our utilization management processes, we do our part to ensure that your employees are receiving the right services, at the right time and place, and for the right price. We:

- Work directly with providers to monitor medical necessity and coordinate appropriate care
- Partner with expert vendors to address complex and costly medical treatments

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.

60% of subscribers
are connected to **ibx.com**

70% of subscribers
are digitally engaged

78% of households have at least one member
opted in for digital messaging

IBX Wire®

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

eNewsletters

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

Connecting through our social channels

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

Personalized self-service tools and experiences

Your employees have 24/7 access to a comprehensive suite of tools and programs when they log in at **ibx.com** or use the mobile app. All the information they need for their health and wealth is right at their fingertips.

Health

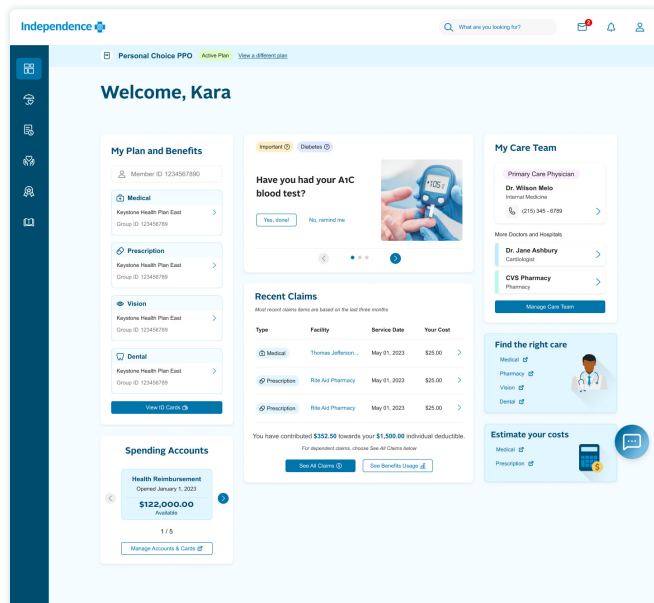
- Achieve Well-being Rewards program
- **ENHANCED** Behavioral health digital resources
- Drug and pharmacy search tools
- **ENHANCED** Family planning tool
- Find a Doctor tool
- *Healthy You!* newsletter
- Mail order/home delivery of prescriptions
- **ENHANCED** Mental health and substance use disorder tools
- **NEW** myStrength Plus

Wealth

- Blue365® discounts
- Blue InsiderSM savings
- Care Cost Estimator
- *Get Good Living* coupons and recipes
- GradFin
- Healthy Lifestyles reimbursements for approved in-person/virtual gym subscriptions and weight management programs
- Price a Drug tool
- Spending accounts
- The College Tuition Benefit

Third-party apps and tools

- AblePay
- **NEW** Shatterproof Atlas
- HUSK Movement app
- **NEW** Livongo Diabetes and Hypertension management
- Ovia Health
- **NEW** TruHearing
- **NEW** Virtual care solutions — Teladoc Health
- Wondr Health



NEW Reimagining the member experience

New features are coming to **ibx.com**! Over the next year, we will be introducing a reimagined member portal that makes it easier than ever for members to manage their benefits, costs, and care. It will also provide improved navigation and functions to help members better navigate their health care journey.

Our commitment to our customers

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 IBX 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*

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.
- **Manage account** — Add or remove an employee and change employee or dependent information.
- **Marketing toolkits and resources** — Access self-service materials and information to help you promote IBX capabilities and services to your employees.

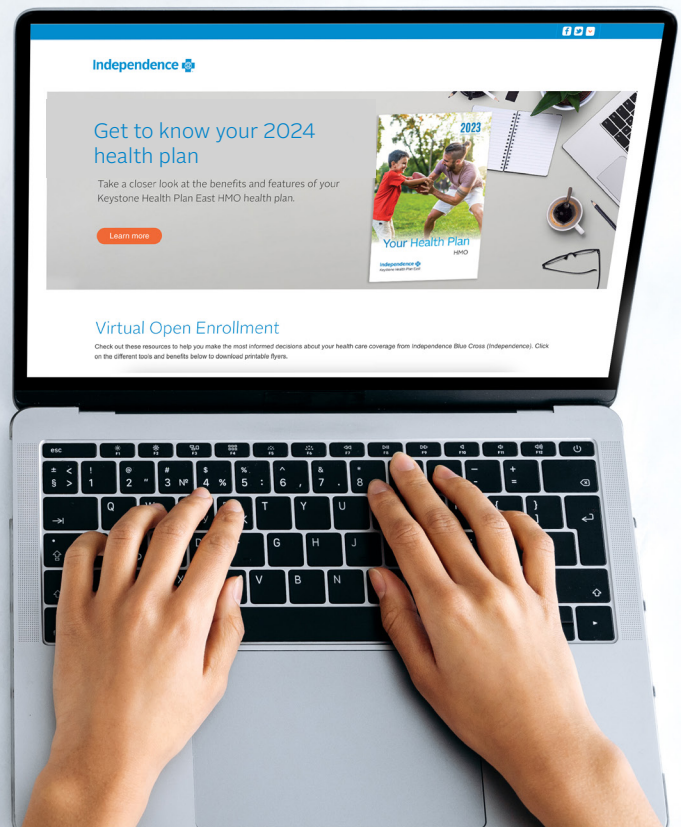
Visit ibx.com/events for Independence LIVE hours.



Go digital!

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

Visit ibx.com/virtualoe.



* Subject to availability.

Improving care in every community

Searching for new ways to make a meaningful and measurable impact on the quality of health care delivered to ALL members.

Your employees receive health care in the local communities where they live and work, and each community is different in terms of care quality, cost, and access. The independent Blue Cross® and Blue Shield® plans have a local presence that spans every U.S. ZIP code, giving us a unique view of health care challenges and opportunities community by community — at the heart of where health care is delivered.

It's all part of our "nationally designed, locally delivered" approach to care. Think of it as bringing the best of the Blues to your doorstep, delivering quality and service in health care to every employee you have, wherever they live.



Driving equity and affordability for everyone in every community



Covering 1 in 3 Americans in every ZIP code in the U.S.



Fostering strong provider collaboration and deep community investment



Using the industry's largest national data resource to influence every aspect of health care through Blue Cross Blue Shield Axis



Better insights, better health care

IBX has built trusted relationships with doctors and hospitals to provide a local depth and national reach unique to the Blues. Pairing our deep-rooted local presence and strong provider relationships with our wealth of data allows us to influence and truly change how care is delivered in every community your employees call home.

We tailor programs and network solutions to address the unique needs of each community we serve through:

Value-based care

Our value-based programs are thoughtfully developed to meet the needs of specific markets and relationships with providers.

Best local care

Our value-based care portfolio is far and away the strongest in the industry, allowing us to share resources and expertise with providers to deliver the highest quality of care to you and your employees in the local communities where you live and work.

Provider support

We equip providers with tools, data, analytics, and resources to help them identify gaps in care, develop targeted health interventions, and provide the most cost-effective care to your employees and their families.

As a result, we're seeing measurable improvements in population health regarding care quality, chronic condition management, health maintenance, and resource utilization.

Changing care delivery

Our Clinical Care Innovation (CCI) grant program is an example of how we are helping providers and health systems drive innovation in health care. Through the CCI program, we've created an infrastructure to pilot clinical capabilities that have been proven outside of the five-county area with our provider partners in a structured and efficient manner. Selected participants are provided support and grants to help them explore new technologies and clinical approaches for improving care, cost, and efficiency. Innovative ideas from the CCI program can be shared across the IBX network and eventually be considered best practices in the future.

By improving the quality and delivery of health care across our network, we are investing in our local customers and their employees by ensuring they receive the highest-quality care and the best experience, at the most affordable cost.

We're helping to promote improvements in:

- Quality of care
- Member experience
- Provider experience
- Health equity
- Cost savings

73^{M+} members with access to value-based programs

48% of claims spend tied to value-based care

634^K providers in BCBS value-based care arrangements

3^x more providers than our closest competitor

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 your employees

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



For you

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



Give your employees complete coverage and protection

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

- Supplemental insurance products from Guardian (page 32)
- Blue Cross Global international health insurance (page 32)
- **Coming soon!** Independence Blue Cross Dental plans (page 33)



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 2024 benefit options.



New health plan offerings in 2024

PPO Platinum Preferred \$10/\$20/\$150

- New PPO Platinum option with the lowest out-of-pocket maximum and facility costs of any plan in the portfolio, including a per-admission inpatient hospital copay

PPO Gold Preferred \$40/\$80/\$500

- A new version of our popular PPO Gold Preferred plan with lower out-of-pocket and facility costs, including a per-admission hospital copay and lower outpatient surgery costs

HMO Gold Proactive Value

- Leverages the same tiered network as our other Proactive products
- A deductible on Tiers 2 and 3 applies to facility services, making this plan a more affordable Gold option

¹ If a group selects four plans, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit.

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.

Site of service benefits help members save

Site of service benefits¹ give members choices when accessing certain services. Members save money on out-of-pocket costs based on where they receive health care 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 All health plans include a Preventive Plus benefit with \$0 member cost-sharing (no copayment, deductible, or coinsurance) when a member receives a preventive colonoscopy to screen for colorectal cancer at a Preventive Plus (P+) facility — and it is performed by an in-network professional (a gastroenterologist or a colon and rectal surgeon). Members pay \$750 out of pocket by choosing non-Preventive Plus facilities. 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. In addition to seeking services from Preventive Plus providers, colonoscopy screenings must meet the United States Preventive Services Task Force's (USPSTF) guidelines for \$0 member cost sharing to apply.



Virtual care benefits help members save time and money

Members can talk to board-certified and licensed medical professionals by video chat, email, or phone for a variety of needs. It's a convenient, cost-effective option for non-emergency care. Members who take advantage of virtual care benefits experience lower medical costs, decreased absenteeism,¹ and reduced emergency room (ER) and urgent care center visits for non-emergencies. Many virtual care services are available at a \$0 copay or a reduced cost-share.



Telemedicine

Members can use telemedicine services to help diagnose and manage a wide range of everyday conditions like flu, pink eye, sore throat, bug bites, food poisoning, and more:

- **NEW Teladoc General Medical** — Members have 24/7 access to board-certified doctors for a \$0 cost-share.² With virtual visits available in several languages through an interpreter, including American Sign Language (ASL), physicians can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video. And with the Caregiving feature, members can request three-way visits to help them manage their loved ones' care.
- **PCP or specialist** — If their primary care physician (PCP) or specialists offer a telemedicine option, members can get virtual care through these providers and pay a reduced cost-share.



Telebehavioral health

NEW Through **Teladoc Mental Health Care**, members can speak with board-certified psychiatrists and licensed psychologists or therapists by phone or video, from wherever they feel most comfortable. Teladoc Mental Health Care can be used to address concerns like anxiety, depression, grief, work pressures, and more.

In addition, if their mental health care providers offer telebehavioral health, members can visit these providers virtually.

Both of these telebehavioral health options are available to members at a \$0 cost-share.²



Teledermatology

NEW Through **Teladoc Health Dermatology**, members can receive convenient and reliable skin care from a licensed dermatologist for a wide range of conditions without the wait for a \$0 cost-share.² They simply log in to their Teladoc account, request a dermatology consult, complete the intake form, and upload digital images of their skin issue. They will receive a response within two business days through the online message center.



Telenutrition

Members can use their nutrition counseling benefit to receive up to six one-on-one virtual visits at no additional cost. Members have the option of seeing their in-network nutritionist or a nutrition counselor via HUSK Nutrition, available through the HUSK Marketplace, to access personalized virtual nutritional counseling.



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 health providers who offer virtual care.



ADDITIONAL
MATERIALS

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

A popular choice for small employers

Our Keystone HMO Proactive health plans give members access to the full Keystone Health Plan East HMO network at a lower premium. They 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 key difference is that 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.*

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

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

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.

50% of doctors and hospitals
are in Tier 1 - Preferred

New Proactive health plan option

For 2024, we've added a more affordable Gold health plan option — the **HMO Gold Proactive Value** plan.

* 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 Health — Bucks Hospital
Prime Healthcare — Lower Bucks Hospital
Rothman Orthopaedic Specialty Hospital
St. Luke's University 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 University Health Network — Allentown Campus
St. Luke's University Health Network — Bethlehem Campus

Montgomery

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

Philadelphia

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

New Jersey

Camden

Cooper University Hospital

Warren

Hackettstown Community Hospital

Tier 2 – Enhanced \$\$

Pennsylvania

Philadelphia

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

New Jersey

Camden

Virtua Our Lady of Lourdes Hospital

Salem

Memorial Hospital of Salem County

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 University Health Network — Sacred Heart Campus

Montgomery

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

Philadelphia

Jefferson Health — 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
Jefferson Health — Thomas Jefferson University Hospital
Trinity Health — Nazareth Hospital

Burlington

Virtua Marlton Hospital
Virtua Memorial Hospital
Virtua Willingboro Hospital

New Jersey

Camden

Jefferson Health — Cherry Hill Hospital
Jefferson Health — Stratford Hospital
Jefferson Health — Washington Township Hospital
Virtua Voorhees Hospital

Gloucester

Inspira Medical Center — Woodbury

Hunterdon

Hunterdon Medical Center

Mercer

Capital Health System — Fuld Campus
Capital Health System — Hopewell Campus
Robert Wood Johnson University Hospital at Hamilton

Salem

Inspira Medical Center — Elmer

Warren

St. Luke's University Health Network — 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* to view the tiers.

Integrated prescription drug program offers additional value

Every Blue Solutions health plan includes prescription drug coverage, so your employees have easy and affordable access to covered medications. Our services are cost-effective and comprehensive because medical and pharmacy benefits are integrated. This helps us to better manage overall costs, improve health outcomes, and deliver a better member experience. It also offers your employees more complete care management support and a streamlined experience — one member ID card, one secure member portal, and one source of direct messaging that addresses all their medical and pharmacy needs together. 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 access medications better while 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.
- **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.

Integration lowers cost and enhances care quality*

\$148 savings per member, per year

15% lower hospitalization rates

7% fewer ER visits

* Journal of Managed Care and Specialty Pharmacy, Medical Costs and Health Care Utilization Among Self-Insured Members with Carve-In Versus Carve-Out Pharmacy Benefits, leveraging Cambia Health Solutions self-insured BCBS Plan member data, June 2020.

Price a Drug tool

Members can use the Price a Drug tool at ibx.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/home delivery.



Keeping high-cost drug therapies under control

With integrated medical and pharmacy benefits, IBX 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:

- Formulary management, which promotes the utilization of 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
- Patient copay assistance programs to ensure that manufacturer copay cards can be used to lower member cost share but not count toward accumulators for out-of-pocket maximum or deductible
- 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 bring affordability to expensive medicines

When new medications for complex medical conditions come to market, they are generally very expensive. Biosimilars are more affordable, equally effective alternatives for these expensive medications. Although each drug class is unique, IBX has developed a robust strategy in the management of biosimilar drug categories and has saved our clients over \$100 million in the last five years.

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 the 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.

Gene replacement therapy

IBX established the Advanced Network for Gene-Based Therapeutics to help members access these potentially life-changing therapies from best-in-class health care providers. Our Advanced Network for Gene-Based Therapeutics includes Penn Medicine and Children's Hospital of Philadelphia (CHOP), hospitals that have a reputation for exceeding quality, safety, and value benchmarks. IBX works closely with these hospitals to ensure that they provide complete care that centers around the patient, as well as with drug manufacturers on outcomes-based agreements.



Members with complex conditions receive support through the specialty program

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

Some biosimilars can lower the cost of their respective biologic treatments by more than 20% year over year.

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. This helps ensure that 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 131,000 access points
- Low-to-no copay on Davis Vision Exclusive Collection frames or an allowance toward 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**
- **NEW** \$0 cost-sharing on evaluations and fittings for non-Collection standard contact lenses at participating providers
- 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 catalog 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 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.



Independence 

IBX

Additional Benefits

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 IBX 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



Independence Blue Cross Dental

All Blue Solutions medical plans include pediatric dental benefits for dependents up to age 19. For an extra level of coverage for your employees and their families, you also have the option to add Independence Blue Cross Dental (IBX Dental) benefits to your health plan.

We give you something to smile about

Dental health is an important part of members' overall health. That's why in 2024, we're unveiling our new IBX Dental portfolio and network. Our affordable dental coverage encourages prevention, early diagnosis, and treatment and can help detect serious medical conditions like high blood pressure and diabetes before they become costly problems.



New IBX Dental portfolio coming soon in 2024. More details to come!

Dental benefits that suit the needs of small businesses and their employees

IBX Dental gives you a wide variety of plan options that feature rich benefits, a large national network, and value-added services all designed to help your employees save.



For you

- **Ease of administration:** A one-stop-shop for all your health and dental care needs, and one account management team for both dental and medical benefits.
- **A variety of affordable plan options** that feature rich benefits and value-added services allow you to select the type of plans that best meet your budget and employee needs.¹
- Most plans are available as **fully insured or self-funded**.¹
- **Save when you bundle** dental with your medical coverage; additional bundling options are available when you add other specialty services products.



For employees

- **Plans designed for prevention and savings:** Plans feature 100 percent coverage for most Class 1 diagnostic and preventive services, and unique value-adds that help save on out-of-pocket expenses.
- **Robust network of providers:** PPO plan members have access to a large national network of dental providers.
- **In-network savings:** Most plans feature both in-and out-of-network benefits, but members will save money, time, and have lower out-of-pocket costs when they stay in-network.
- **Dedicated dental services team:** Members receive support to help them get the most out of their benefits and answers to their questions.
- **No waiting periods:** Members can begin using benefits on day one.
- **Value-adds:** Plans include access to discounts and extra coverage options to help employees save.

20M+ workdays are lost each year due to dental illness.²

¹ Consult your Independence account representative for underwriting guidelines and funding arrangements.

² The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022.



Independence 

IBX

2024 Blue Solutions Health Plans

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



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

Platinum health plans	Personal Choice PPO Platinum Preferred ² \$10/\$20/\$150	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$3,000/\$6,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
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) or acupuncture [§] (18 visits per year)	\$20 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$50 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$150 per admission	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$100 (waived if admitted)	\$100 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment and 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	\$150 per admission	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Platinum health plans	Personal Choice PPO Platinum Preferred ² \$10/\$20/\$200	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$3,500/\$7,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
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) or acupuncture ⁵ (18 visits per year)	\$20 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$50 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$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 scan, PET scan — Freestanding/Hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Platinum health plans	Personal Choice PPO Platinum Preferred ² \$20/\$40/\$250	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$4,000/\$8,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
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	\$20/\$15	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$40/\$25	50% after ded/50% after ded
Retail clinic	\$20	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$40 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40/\$70 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$250 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$175 (waived if admitted)	\$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$125/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$75/\$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$40/\$80	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$250 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Platinum health plans	Keystone DPOS Platinum Preferred ² \$10/\$20/\$200	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
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 services ⁸		
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) or acupuncture ⁹ (18 visits per year)	\$20 ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$20/\$20 ¹⁰	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$200 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$150 (waived if admitted)	\$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$40 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100/\$100	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$20/\$40	50% after ded/50% after ded
Durable medical equipment and 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 day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and 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 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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$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 Preferred ² \$20/\$40/\$250	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$0	\$3,000/\$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$4,000/\$8,000 coinsurance and copays	\$9,000/\$18,000 coinsurance and ded
Preventive services ⁸		
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	\$20/\$15	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$40/\$25	50% after ded/50% after ded
Retail clinic	\$20	50% after ded
Virtual care (from designated virtual provider) [†]	\$0	Not covered
Urgent care	\$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$40 ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40/\$40 ¹⁰	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$250 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$175 (waived if admitted)	\$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$40/\$40 ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100/\$100	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$75/\$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$40/\$80	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	50% after ded/50% after ded
Inpatient mental health and substance abuse	\$250 per day ¹¹	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$50/\$100	50% after ded/50% after ded
Outpatient lab and 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 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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$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 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) or acupuncture ⁹ (18 visits per year)	\$20	\$40
Physical or 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 scan, PET scan — Freestanding/Hospital-based	\$100/\$100	\$100/\$100
Biotech/specialty injectables — Home or office/Outpatient	\$50/\$100	\$75/\$150
Infusion — Home or office/Outpatient	\$20/\$40	\$40/\$80
Durable medical equipment and 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 and 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
Self-administered 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

Platinum health plans	Keystone HMO Platinum Preferred ³ \$5/\$15/\$500	Keystone HMO Platinum Preferred ³ \$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) or acupuncture ⁹ (18 visits per year)	\$15	\$50
Physical or 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 scan, PET scan — Freestanding/Hospital-based	\$120/\$120	\$100/\$100
Biotech/specialty injectables — Home or office/Outpatient	\$75/\$150	\$75/\$150
Infusion — Home or office/Outpatient	\$15/\$30	\$60/\$120
Durable medical equipment and 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 and 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
Self-administered 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

Platinum health plans	Personal Choice PPO Platinum HSA — 50 ⁴ \$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:	\$8,000/\$16,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture ⁵ (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or 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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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
Self-administered 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

Gold health plans	Personal Choice PPO Gold Preferred ² \$40/\$80/\$500	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$7,500/\$15,000 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services ⁸		
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	\$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) or acupuncture [§] (18 visits per year)	\$80 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80/\$110 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$500 per admission	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$300 (waived if admitted)	\$300 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$70/\$175	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$150/\$300	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$125/\$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80/\$160	50% after ded/50% after ded
Durable medical equipment and 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	\$500 per admission	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$150/\$350	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Gold health plans	Personal Choice PPO Gold Preferred ² \$40/\$80/\$600	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$0	\$7,000/\$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services ⁸		
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	\$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) or acupuncture ⁵ (18 visits per year)	\$80 ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80/\$110 ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	\$600 per day ¹¹	50% after ded
Inpatient professional services (includes maternity)	\$0	50% after ded
Emergency room	\$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 scan, PET scan — Freestanding/Hospital-based	\$150/\$300	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$125/\$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80/\$160	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based	\$0/50%	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$50	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0 no ded	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	50% after ded	Not covered

Gold health plans	Personal Choice PPO Gold Classic ² \$1,500/\$20/\$40/80%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	20%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$20 no ded/\$15 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$40 no ded/\$25 no ded	50% after ded/50% after ded
Retail clinic	\$20 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁵ (18 visits per year)	\$40 no ded ⁹	50% after ded ⁹
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40 no ded/\$80 no ded ⁹	50% after ded/50% after ded ⁹
Hospital/other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room	20% after ded	20% after in-network ded
Routine radiology — Freestanding/Hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$40 no ded/20% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	20% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	20% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and 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 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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$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 Classic ² \$2,500/\$40/\$80/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,500/\$5,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$7,500/\$15,000 coinsurance, copays and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture [‡] (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical or 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)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	\$400 no ded (waived if admitted)	\$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and 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	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab and 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 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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$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 Classic ² \$1,500/\$30/\$60/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$1,500/\$3,000	\$8,500/\$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	\$30 no ded/\$20 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	\$60 no ded/\$40 no ded	50% after ded/50% after ded
Retail clinic	\$30 no ded	50% after ded
Virtual care (from designated virtual provider) [†]	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [‡] (18 visits per year)	\$60 no ded ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 no ded/\$60 no ded ¹⁰	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	\$60 no ded/\$60 no ded ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120 no ded/\$120 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$60 after ded/\$120 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$60 no ded/\$60 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 and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19}		
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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded	Not covered
Adult routine eye exam ²⁵	\$0 no ded	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Gold health plans	Keystone DPOS Gold Preferred ² \$40/\$80/\$650	
Benefits per contract year ¹	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:	\$9,450/\$18,900 coinsurance and copays	\$21,000/\$42,000 coinsurance and ded
Preventive services ⁸		
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	\$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) or acupuncture [‡] (18 visits per year)	\$80 ¹⁰	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80/\$80 ¹⁰	50% after ded/50% after ded
Hospital/other medical services		
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 scan, PET scan — Freestanding/Hospital-based	\$250/\$250	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$125/\$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80/\$160	50% after ded/50% after ded
Durable medical equipment and 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 and 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 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
Self-administered specialty drug	50% up to \$1,000 max per fill	Not covered
Vision and dental ^{23, 28, 32}		
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	Not covered
Adult routine eye exam ²⁵	\$0	Not covered
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual) ²⁹	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Gold health plans	Keystone HMO Gold Classic ² \$1,500/\$30/\$60/90%	Keystone HMO Gold Preferred ³ \$40/\$80/\$650
Benefits per contract year ¹	You pay in-network ⁶	You pay in-network ⁶
Deductible — Individual/Family	\$1,500/\$3,000	\$0
Coinsurance	10%	0%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$9,450/\$18,900 coinsurance and copays
Preventive services ⁹		
Preventive care for adults and children	0% no ded	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	\$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	\$750
Physician services		
Primary care visit — Office/Virtual care	\$30 no ded/\$20 no ded	\$40/\$30
Specialist visit — Office/Virtual care	\$60 no ded/\$40 no ded	\$80/\$55
Retail clinic	\$30 no ded	\$40
Virtual care (from designated virtual provider) [†]	0% no ded	\$0
Urgent care	10% after ded	\$100
Spinal manipulations (20 visits per year) or acupuncture [‡] (18 visits per year)	\$60 no ded	\$80
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 no ded/\$60 no ded	\$80/\$80
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% after ded	\$650 per day ¹¹
Inpatient professional services (includes maternity)	10% after ded	\$0
Emergency room	10% after ded	\$500 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$60 no ded/\$60 no ded	\$120/\$120
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120 no ded/\$120 no ded	\$250/\$250
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	\$125/\$250
Infusion — Home or office/Outpatient	\$60 after ded/\$120 after ded	\$80/\$160
Durable medical equipment and prosthetics	50% after ded	50%
Outpatient mental health and substance abuse — Office visit/All other	\$60 no ded/\$60 no ded	\$80/\$80
Inpatient mental health and substance abuse	10% after ded	\$650 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$400 after ded/\$750 after ded	\$400/\$750
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded	\$0/\$0
Prescription drugs ^{16, 17, 19}		
Rx deductible — Individual/Family	\$0	\$0
Low cost generic ¹⁸	\$3	\$3
Retail generic ¹⁸	\$15	\$15
Retail preferred brand ¹⁸	\$75	\$75
Retail non-preferred drug ¹⁸	\$200	\$200
Self-administered 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 no ded	\$0
Adult routine eye exam ²⁵	\$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
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

Gold health plans	Keystone HMO Gold Proactive ³		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 - Preferred	You pay in-network ⁶ – Tier 2 - Enhanced	You pay in-network ⁶ – Tier 3 - Standard
Deductible — Individual/Family	\$0	\$0	\$0
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 ¹² coinsurance and copays	\$9,450/\$18,900 ¹² coinsurance and copays	\$9,450/\$18,900 ¹² coinsurance and copays
Preventive services ⁸			
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) or acupuncture [‡] (18 visits per year)	\$50	\$50	\$50
Physical or 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 scan, PET scan — Freestanding/Hospital-based	\$120/\$120	\$120/\$120	\$120/\$120
Biotech/specialty injectables — Home or office/Outpatient	50%/50%	50%/50%	50%/50%
Infusion — Home or office/Outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment and 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 and 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
Self-administered 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	Keystone HMO Gold Proactive Value ³		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 - Preferred	You pay in-network ⁶ – Tier 2 - Enhanced	You pay in-network ⁶ – Tier 3 - Standard
Deductible — Individual/Family	\$0	\$2,000/\$4,000 ¹⁵	\$2,000/\$4,000 ¹⁵
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 ¹² coinsurance and copays	\$9,450/\$18,900 ¹² coinsurance, copays, and ded	\$9,450/\$18,900 ¹² coinsurance, copays, and ded
Preventive services ⁸			
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	\$15/\$10	\$30 no ded/ \$20 no ded	\$45 no ded/\$30 no ded
Specialist visit — Office/Virtual care	\$40/\$30	\$60 no ded/ \$40 no ded	\$80 no ded/\$55 no ded
Retail clinic	\$15 ¹³	\$30 no ded ¹³	\$45 no ded ¹³
Virtual care (from designated virtual provider) [†]	0%	0% no ded	0% no ded
Urgent care	\$40	\$40 no ded	\$40 no ded
Spinal manipulations (20 visits per year) or acupuncture [‡] (18 visits per year)	\$50	\$50 no ded	\$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60/\$60	\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	\$350 per day ^{11, 14}	Subject to ded and \$700 per day ^{11, 14}	Subject to ded and \$1,100 per day ^{11, 14}
Inpatient professional services (includes maternity)	0%	20% after ded	30% after ded
Emergency room	\$400 (waived if admitted)	\$400 no ded (waived if admitted)	\$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$60/\$60	\$60 no ded/\$60 no ded	\$60 no ded/\$60 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$120/\$120	\$120 no ded/\$120 no ded	\$120 no ded/\$120 no ded
Biotech/specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	20% after ded/20% after ded	30% after ded/30% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	\$40/\$40	\$40 no ded/\$40 no ded	\$40 no ded/\$40 no ded
Inpatient mental health and substance abuse	\$350 per day ¹¹	\$350 per day ¹¹ no ded	\$350 per day ¹¹ no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$150/\$150	Subject to ded and \$550 copay/ Subject to ded and \$550 copay	Subject to ded and \$1,000 copay/ Subject to ded and \$1,000 copay
Outpatient lab and 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	\$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
Self-administered 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 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Gold health plans	Personal Choice PPO Gold HSA – 0 ⁴ \$2,200/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,200/\$4,400	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture [‡] (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or 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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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	\$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
Self-administered 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

Gold health plans	Personal Choice PPO Gold HRA – 20 ² \$4,000/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$4,000/\$8,000	\$10,000/\$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture [‡] (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or 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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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	\$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
Self-administered 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

Gold health plans		Personal Choice PPO Gold HSA – 25 ⁴ \$2,400/\$25/\$50/90%	
Benefits per contract year ¹		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:		\$8,000/\$16,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸			
Preventive care for adults and children		0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers		0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based		\$750 no ded	50% no ded
Physician services			
Primary care 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) [†]		0% after ded	Not covered
Urgent care		10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁶ (18 visits per year)		\$50 after ded ⁹	50% after ded ⁹
Physical or 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)		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 scan, PET scan — Freestanding/Hospital-based		10% after ded/10% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient		10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient		10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based		10% after ded/10% 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		\$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
Self-administered 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}		10% after ded	Not covered

Silver health plans	Personal Choice PPO Silver Classic ² \$3,800/\$40/\$80/70%	
Benefits per contract year ¹	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:	\$9,450/\$18,900 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical or 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)	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 scan, PET scan — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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}	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
Self-administered 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

Silver health plans	Personal Choice PPO Silver Secure ² \$4,750/\$40/\$80/\$600	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$4,750/\$9,500	\$8,500/\$17,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture ⁹ (18 visits per year)	\$80 no ded ⁹	50% after ded ⁹
Physical or 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	\$100 no ded/\$250 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$250 no ded/\$500 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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
Self-administered 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

Silver health plans	Personal Choice PPO Silver Classic ² \$5,000/\$50/\$100/90%	
Benefits per contract year ¹	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:	\$9,450/\$18,900 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture [§] (18 visits per year)	\$100 no ded ⁹	50% after ded ⁹
Physical or 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		
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 scan, PET scan — Freestanding/Hospital-based	\$200 no ded/\$400 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$100 after ded/\$200 after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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
Self-administered 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

Silver health plans	Keystone DPOS Silver Classic ² \$3,750/\$40/\$80/50%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁵
Deductible — Individual/Family	\$3,750/\$7,500	\$8,500/\$17,000
Coinsurance	50%	50%
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 coinsurance, copays, and ded	\$25,000/\$50,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture ⁹ (18 visits per year)	\$80 no ded ¹⁰	50% after ded
Physical or 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		
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	\$125 no ded/\$125 no ded ¹⁰	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 no ded/\$300 no ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$100 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	\$80 after ded/\$160 after ded	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based	0% no ded/0% no 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}	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
Self-administered 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	\$0	Not covered
Pediatric exams and cleanings ^{29, 30}	\$0	Not covered
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Not covered

Silver health plans	Keystone HMO Silver Classic ² \$3,750/\$40/\$80/50%	Keystone HMO Silver Classic ² \$4,750/\$40/\$80/70%
Benefits per contract year¹	You pay in-network⁶	You pay in-network⁶
Deductible — Individual/Family	\$3,750/\$7,500	\$4,750/\$9,500
Coinsurance	50%	30%
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 coinsurance, copays, and ded	\$9,450/\$18,900 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) ⁷	0% no ded	0% no ded
Urgent care	50% after ded	30% after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$80 no ded	\$80 no ded
Physical or 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)	50% after ded	30% after ded
Inpatient professional services (includes maternity)	50% after ded	30% after ded
Emergency room	50% after ded	30% after ded
Routine radiology — Freestanding/Hospital-based	\$125 no ded/\$125 no ded	\$125 no ded/\$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 no ded/\$300 no ded	\$300 no ded/\$300 no ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$100 no ded	\$100 no ded/\$200 no ded
Infusion — Home or office/Outpatient	\$80 after ded/\$160 after ded	\$80 after ded/\$160 after ded
Durable medical equipment and 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	50% after ded	30% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$1,000 after ded/\$1,000 after ded	\$500 after ded/\$1,000 after ded
Outpatient lab and 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
Self-administered 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 Secure ² \$5,000/\$50/\$100/\$600
Benefits per contract year¹	You pay in-network⁶
Deductible — Individual/Family	\$5,000/\$10,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 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	\$50 no ded/\$35 no ded
Specialist visit — Office/Virtual care	\$100 no ded/\$70 no ded
Retail clinic	\$50 no ded
Virtual care (from designated virtual provider) ⁷	0% no ded
Urgent care	\$125 after ded
Spinal manipulations (20 visits per year) or acupuncture ⁹ (18 visits per year)	\$100 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$100 no ded/\$100 no ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and \$600 per day ¹¹
Inpatient professional services (includes maternity)	0% after ded
Emergency room	\$450 after ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	\$125 no ded/\$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 no ded/\$300 no ded
Biotech/specialty injectables — Home or office/Outpatient	\$100 no ded/\$200 no ded
Infusion — Home or office/Outpatient	\$100 after ded/\$200 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	\$100 no ded/\$100 no ded
Inpatient mental health and substance abuse	Subject to ded and \$600 per day ¹¹
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$600 after ded/\$600 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs^{16, 17, 19, 20}	
Rx deductible — Individual/Family	\$0
Low cost generic ¹⁸	\$3
Retail generic ¹⁸	\$20
Retail preferred brand ^{18, 21}	\$85
Retail non-preferred drug ^{18, 21}	\$225
Self-administered specialty drug ²¹	50% up to \$1,000 max per fill
Vision and dental^{23, 28, 32}	
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0 no ded
Adult routine eye exam ²⁵	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) ²⁹	\$0
Pediatric exams and cleanings ^{29, 30}	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies

Silver health plans	Keystone HMO Silver Proactive ²		
Benefits per contract year ¹	You pay in-network ⁶ – Tier 1 – Preferred	You pay in-network ⁶ – Tier 2 – Enhanced	You pay in-network ⁶ – Tier 3 – Standard
Deductible — Individual/Family	\$0	\$6,000/\$12,000 ¹⁵	\$6,000/\$12,000 ¹⁵
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	\$9,450/\$18,900 ¹² coinsurance and copays	\$9,450/\$18,900 ¹² coinsurance, copays, and ded	\$9,450/\$18,900 ¹² coinsurance, copays, and ded
Preventive services ⁸			
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	\$40 ¹³	\$70 no ded ¹³	\$80 no ded ¹³
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) or acupuncture [§] (18 visits per year)	\$50	\$50 no ded	\$50 no ded
Physical or 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 scan, PET scan — Freestanding/Hospital-based	\$375/\$375	\$375 no ded/\$375 no ded	\$375 no ded/\$375 no ded
Biotech/specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and 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 day ¹¹	\$600 per day ¹¹ no ded	\$600 per day ¹¹ no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	\$250 /\$250	Subject to ded and \$750 copay/ Subject to ded and \$750 copay	Subject to ded and \$1,250 copay/ Subject to ded and \$1,250 copay
Outpatient lab and 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 generic ¹⁸	\$5 no ded	\$5 no ded	\$5 no ded
Retail generic ¹⁸	\$25 no ded	\$25 no ded	\$25 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
Self-administered 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}			
Pediatric routine eye exam ^{24, 25} and eyewear (glasses or contacts) ^{24, 26}	\$0	\$0 no ded	\$0 no ded
Adult routine eye exam ²⁵	\$0	\$0 no ded	\$0 no ded
Adult eyewear (glasses or contacts) ²⁷	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores	Allowance up to \$130 for frames or contact lenses; up to \$180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual) ²⁹	\$0	\$0	\$0
Pediatric exams and cleanings ^{29, 30}	\$0	\$0	\$0
Pediatric basic, major, and orthodontia services ^{29, 31}	Copay varies	Copay varies	Copay varies

Silver health plans	Keystone HMO Silver Proactive Value ²		
Benefits per contract year ¹	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:	\$9,450/\$18,900 ¹² coinsurance, copays, and ded	\$9,450/\$18,900 ¹² coinsurance, copays, and ded	\$9,450/\$18,900 ¹² coinsurance, copays, and ded
Preventive services ⁸			
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			
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) or acupuncture [‡] (18 visits per year)	\$50 no ded	\$50 no ded	\$50 no ded
Physical or 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			
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 scan, PET scan — Freestanding/Hospital-based	\$375 no ded/\$375 no ded	\$375 no ded/\$375 no ded	\$375 no ded/\$375 no ded
Biotech/specialty injectables — Home or office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and 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 and 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}			
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	\$25 no ded	\$25 no ded	\$25 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
Self-administered 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}			
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 – O ⁴ \$3,600/90%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$3,600/\$7,200	\$11,000/\$22,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture [§] (18 visits per year)	10% after ded ⁹	50% after ded ⁹
Physical or 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		
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 scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
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
Self-administered specialty drug ²¹	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}	10% after ded	Not covered

Silver health plans	Personal Choice PPO Silver HSA – O ⁴ \$4,400/100%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$4,400/\$8,800	\$11,000/\$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture ⁵ (18 visits per year)	0% after ded ⁹	50% after ded ⁹
Physical or 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 scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
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
Self-administered specialty drug ²¹	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

Silver health plans	Personal Choice PPO Silver HSA – O ⁴ \$2,400/70%	
Benefits per contract year ¹	You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family	\$2,400/\$4,800	\$11,000/\$22,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	\$8,000/\$16,000 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	\$750 no ded	50% no ded
Physician services		
Primary care 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) or acupuncture ⁵ (18 visits per year)	30% after ded ⁹	50% after ded ⁹
Physical or 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		
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 scan, PET scan — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}		
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
Self-administered specialty drug ²¹	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}	30% after ded	Not covered

Silver health plans	Personal Choice EPO Silver HSA – O ⁴ \$3,000/80%
Benefits per contract year¹	You pay in-network⁶
Deductible — Individual/Family	\$3,000/\$6,000
Coinsurance	20%
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	20% after ded/20% after ded
Specialist visit — Office/Virtual care	20% after ded/20% after ded
Retail clinic	20% after ded
Virtual care (from designated virtual provider) [†]	0% after ded
Urgent care	20% after ded
Spinal manipulations (20 visits per year) or acupuncture [§] (18 visits per year)	20% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded/20% after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room	20% after ded
Routine radiology — Freestanding/Hospital-based	20% after ded/20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded
Biotech/specialty injectables — Home or office/Outpatient	20% after ded/20% after ded
Infusion — Home or office/Outpatient	20% after ded/20% after ded
Durable medical equipment and prosthetics	20% after ded
Outpatient mental health and substance abuse — Office visit/All other	20% after ded/20% after ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	20% after ded/20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/20% after ded
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
Self-administered 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

Bronze health plans		Keystone HMO Bronze Essential ² \$7,500/\$70/\$140/\$700	
Benefits per contract year ¹		You pay in-network ⁶	
Deductible — Individual/Family		\$7,500/\$15,000	
Coinsurance		50%	
Out-of-pocket maximum — Individual/Family includes:		\$9,450/\$18,900 coinsurance, copays, and ded	
Preventive services ⁸			
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		\$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) or acupuncture [‡] (18 visits per year)		\$140 no ded	
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based		\$140 no ded/\$140 no ded	
Hospital/other medical services			
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 scan, PET scan — Freestanding/Hospital-based		\$350 no ded/\$350 no ded	
Biotech/specialty injectables — Home or office/Outpatient		\$100 no ded/\$100 no ded	
Infusion — Home or office/Outpatient		\$140 after ded/\$280 after ded	
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based		0% no ded/0% no ded	
Prescription drugs ^{16, 17, 19, 20}			
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	
Self-administered specialty drug ²¹		50% after ded	
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	

Bronze health plans		Personal Choice PPO Bronze HSA – O ⁴ \$8,000/100%	
Benefits per contract year ¹		You pay in-network	You pay out-of-network ⁷
Deductible — Individual/Family		\$8,000/\$16,000	\$11,000/\$22,000
Coinsurance		0%	50%
Out-of-pocket maximum — Individual/Family includes:		\$8,000/\$16,000 coinsurance, copays, and ded	\$22,000/\$44,000 coinsurance and ded
Preventive services ⁸			
Preventive care for adults and children		0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers		0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based		\$750 no ded	50% no ded
Physician services			
Primary care 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) or acupuncture ⁶ (18 visits per year)		0% after ded ⁹	50% after ded ⁹
Physical or 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 scan, PET scan — Freestanding/Hospital-based		0% after ded/0% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient		0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient		0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and pathology — Freestanding/Hospital-based		0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs ^{16, 17, 19, 20}			
Rx deductible — Individual/Family		Integrated	Integrated
Low cost generic ¹⁸		0% after ded	50% after ded
Retail generic ¹⁸		0% after ded	50% after ded
Retail preferred brand ^{18, 21}		0% after ded	50% after ded
Retail non-preferred drug ^{18, 21}		0% after ded	50% after ded
Self-administered specialty drug ²¹		0% 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}		0% after ded	Not covered

Bronze health plans		Personal Choice PPO Bronze HSA – O ⁴ \$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:		\$8,000/\$16,000 coinsurance, copays, and ded	\$20,000/\$40,000 coinsurance and ded
Preventive services ⁸			
Preventive care for adults and children		0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers		0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based		\$750 no ded	50% no ded
Physician services			
Primary care 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) or acupuncture ⁹ (18 visits per year)		50% after ded ⁹	50% after ded ⁹
Physical or 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 scan, PET scan — Freestanding/Hospital-based		50% after ded/50% after ded	50% after ded/50% after ded
Biotech/specialty injectables — Home or office/Outpatient		50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient		50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and 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 and 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
Self-administered 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



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 IBX 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 IBX 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

* IBX reserves the right to change premium rates.

Health plan footnotes

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 Gold Proactive Value and 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, Teladoc Health, an independent company.
- § 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/home delivery.
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. Dental Plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.
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.

IBX 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 up to age 26, or employees enrolled in Veteran coverage, Medicare, Medicaid, or any other government-issued coverage.

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.

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's 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 \$4,000/100%
Contribution requirement	50% of deductible	20% of deductible
Plan deductible (Individual/family)	\$1,800/\$3,600	\$4,000/\$8,000
Employer contribution amount	\$900/\$1,800	\$800/\$1,600

Teladoc Health, Inc. is an independent company that provides virtual care, and digital mental health services.

Dental Plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

TruHearing® is an independent company and is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

Livongo is an independent company.

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.

Shatterproof Atlas: Shatterproof, a national non-profit dedicated to reversing the addiction crisis in the U.S., is leading the implementation of Shatterproof's Treatment Atlas tool, a quality measurement system for addiction treatment facilities. Shatterproof is an independent company that provides behavioral health services for Independence Blue Cross.

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

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, a brand of KeyBank N.A., is providing student loan products and services to customers of AmeriHealth Administrators. GradFin does not provide Independence Blue Cross products or services.

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.

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.

Access to the HUSK Movement app is only available as a value-added benefit in standard and select small group plans.

Alegeus Technologies LLC, dba WealthCare Saver, a licensed Non-Bank Custodian to provide spending account claims processing and debit card services. The WealthCare Saver investment solution leverages DriveWealth as the broker-dealer and CAPTRUST as the registered investment advisor (RIA). DriveWealth uses Citibank to custody the investment assets. The front-end technology platform that the account holder interacts with is designed and managed by Alegeus. CAPTRUST, the registered investment advisor (RIA), selects the investment options.

In addition to 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.

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

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

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

