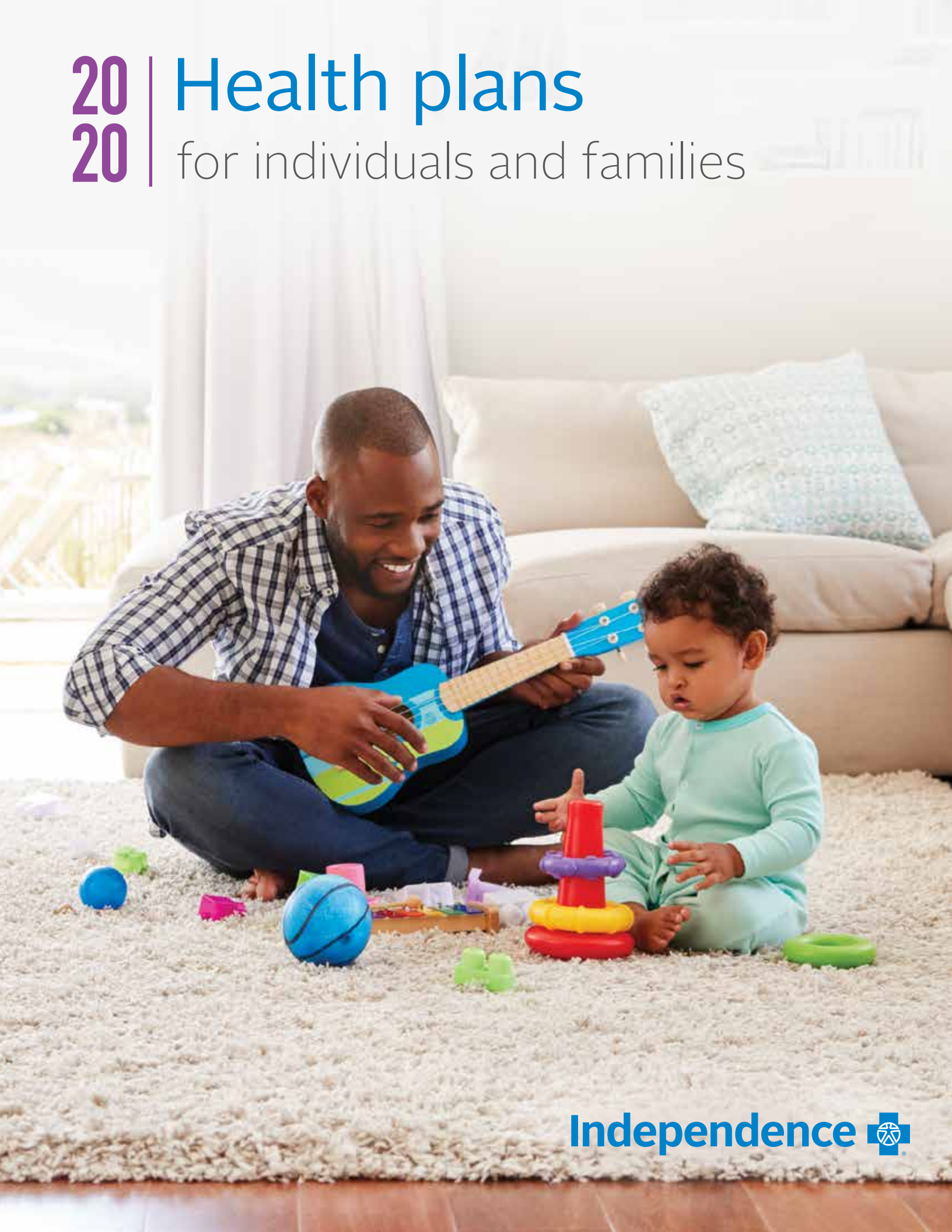
2020 Health plans

for individuals and families



Independence

HELLO!

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

We offer you the widest choice for quality care in the region, options that save you money, and personalized digital tools to help improve your health.

And when you need help, we're here to support you — online, over the phone, and even in person. We make it easy so you can stop worrying about health care and Live Fearless.

Take some time to review the information in this book. If you have questions or want help choosing or would like help with choosing or enrolling in a health plan, please contact your broker.

Table of contents

Why do you need HEALTH INSURANCE?

Health insurance is one of the most important purchases you can make for you and your family. Here are two good reasons why:

1. It saves you money.

You'll pay less for health care when you need it, whether it's your annual physical, emergency care, or prescription medications. Plus, if you have an accident or suddenly get sick, you have coverage and can avoid owing large amounts for medical bills.

2. It helps you stay healthy.

Check-ups, preventive screenings, tests, and vaccines can help prevent more serious medical conditions down the road.

Why choose Independence?

Independence Blue Cross (Independence) is bringing you smarter, better health care.

- The largest network of doctors and hospitals in the region
- Flexible health plan options that meet your budget and needs
- Telemedicine benefit so you can talk to a doctor 24/7 from anywhere in the U.S.
- Top-rated mobile app full of tools to help you make informed decisions and improve your health

How can you buy individual and family plans?

There are two ways to purchase an individual or family health plan. Use the information below to figure out which option is best for you and contact your broker if you have any questions.

Directly through Independence

If you don't qualify for financial assistance, you'll want to choose from a variety of private health insurance plans offered directly from Independence. Plus, when you purchase directly from us, there are more cost-saving options and it's easier to make updates to your policy. Talk to your broker to find a plan that best meets your needs.

Health Insurance Marketplace

The Marketplace at HealthCare.gov is operated by the federal government for the Commonwealth of Pennsylvania.

When you enroll in a health plan through HealthCare.gov, financial assistance may be available if you qualify. Sometimes called a tax credit or subsidy, financial assistance is available for those who qualify to help pay for health insurance costs. You may qualify for:

- Lower monthly premiums[1]
- Lower monthly premiums and lower out-of-pocket costs when you receive care[2]

See if you may qualify

Your household income, where you live, and household size determine if you are eligible for a tax credit. Use the chart below to see if you may qualify. If you think you may qualify, use our online tax credit calculator at ibx.com/calculator.

Who needs coverage?	What is the income for those covered under health plan? (income % of Federal Poverty Level)			
	138–149%	150–199%	200–249%	250–400%
Single	$17,236.20 – $18,734.99	$18,735.00 – $24,979.99	$24,980.00 – $31,224.99	$31,225.00 – $49,959.99
Family of 2	$23,335.80 – $25,364.99	$25,365.00 – $33,819.99	$33,820.00 – $42,274.99	$42,275.00 – $67,639.99
Family of 3	$29,435.40 – $31,994.99	$31,995.00 – $42,659.99	$42,660.00 – $53,324.99	$53,325.00 – $85,319.99
Family of 4	$35,535.00 – $38,624.99	$38,625.00 – $51,499.99	$51,500.00 – $64,374.99	$64,375.00 – $102,999.99
Family of 5	$41,634.60 – $45,254.99	$45,255.00 – $60,339.99	$60,340.00 – $75,424.99	$75,425.00 – $120,679.99
Family of 6	$47,734.20 – $51,884.99	$51,885.00 – $69,179.99	$69,180.00 – $86,474.99	$86,475.00 – $138,359.99
Family of 7	$53,833.80 – $58,514.99	$58,515.00 – $78,019.99	$78,020.00 – $97,524.99	$97,525.00 – $156,039.99
Family of 8[3]	$59,933.40 – $65,144.99	$65,145.00 – $86,859.99	$86,860.00 – $108,574.99	$108,575.00 – $173,719.99
You may be eligible for...				
Type	Premium tax credit and cost-sharing reduction (CSR)			Premium tax credit
Health plans	Silver 138–149% CSR plans	Silver 150–199% CSR plans	Silver 200–249% CSR plans	Standard plans
More info	p. 36–39	p. 32–35	p. 28–31	p. 15–25

This chart is intended to give you an idea of whether you're eligible for a tax credit. Final eligibility determinations and the actual amount of your financial assistance will be determined by the federal government. Source: ASPE HHS, https://aspe.hhs.gov/poverty-guidelines.

1 If you qualify for a monthly premium tax credit, you can choose from any of the Standard plans at the Platinum, Gold, Silver, or Bronze levels. Even if you do not qualify for a tax credit, you can choose any one of these plans.

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

3 For more than eight, add this amount for each additional person: $4,420.

Meet our health plans

All Independence individual and family health plans offer the same essential health benefits, which include doctor visits, hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more. No matter what health plan you choose, you always have access to the full Independence Blue Cross network.

Under the Affordable Care Act, we are required to organize all plans by the level of coverage they offer using metallic tiers — Platinum, Gold, Silver, and Bronze. Since all plans cover the same essential health benefits, the difference is what you pay in monthly premium and out-of-pocket costs when you need care. We also offer a catastrophic plan for people younger than 30 or for those who qualify for a special exemption.

	Platinum	Gold	Silver	Bronze
Monthly cost	$$$$	$$$	$$	$
Cost of care	$	$$	$$$	$$$$
Good option if members …	Plan to use a lot of health care services	Want to save on monthly premiums while keeping out-of-pocket costs low	Need to balance monthly premiums with out-of-pocket costs	Don't plan to use a lot of health care services

We offer three types of health plans:

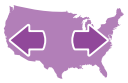
- HMO (Health Maintenance Organization)
- EPO (Exclusive Provider Organization)
- PPO (Preferred Provider Organization)

Here are the main features of these health plans

LOWER PREMIUM ⟷ MORE FLEXIBILITY

	HMO Proactive	HMO	EPO	EPO + HSA	PPO
In-network coverage	✓	✓	✓	✓	✓
Out-of-network coverage	For these health plans, out-of-network coverage is only available for urgent and emergent care.				✓
National access with the BlueCard® network			✓	✓	✓
Required to select a primary care physician	✓	✓			
Referrals needed for most specialists	✓	✓			
Uses a tiered network to help you save on care	✓				
Option to open a tax-advantaged HSA				✓	

Let's take a closer look at some of these terms. If you have questions about any other terms used throughout this book, please refer to the Glossary on p. 49.



National BlueCard® network

With an EPO or PPO plan, you have in-network coverage for the national BlueCard network. That means you can visit any doctor or hospital in the Blue Cross Blue Shield PPO network anywhere in the United States, with 9 out of 10 doctors accepting your Independence ID card.

96% OF HOSPITALS

95% OF DOCTORS

Primary care physician (PCP)

A PCP is your family doctor who treats your general health needs and can coordinate care by providing referrals to specialists, as needed. If you select an HMO plan, you are required to tell us who your PCP is.

Tax-advantaged HSA

When you enroll in one of our EPO Reserve health plans, you can open a health savings account, or HSA. You pay no taxes on money you put into your HSA, and you can use those funds to pay for certain health care expenses (including dental and vision care costs). You can also earn tax-free interest or investment income on these funds. Any contributions you make are yours to keep, even if you change health plans later.

WATCH YOUR SAVINGS GROW OVER TIME

An HSA can be a powerful savings tool. Let's say each year you contribute $2,000 to your HSA and spend $1,000 on qualified health expenses. With an investment return of 2 percent, your savings will grow each year.*

At the end of year 10

Tax Savings: $3,810.37

HSA Balance: $10,949.72

Account balances roll over from year-to-year, so unused funds are always yours — even when you retire.

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

* A $2.50 investment account fee is assessed monthly by the vendor to account holders with an optional, self-directed investment account. Investment fees are omitted from the above example.

Prescription drug benefits

All our medical plans include prescription drug coverage, so you get safe, affordable access to covered medications. Our prescription drug benefits are run by FutureScripts®, a national pharmacy benefits manager.

Savings and convenience with Value Formulary

We're helping members lower out-of-pockets costs by covering generic and lower-cost brand alternatives. In addition, we also give prescribing doctors online access through their systems to see the most affordable medication options for your prescription drug plan — while they are deciding what to prescribe.

There are generally four levels of cost-sharing for prescription drugs, with generic drugs being the most affordable. In fact, in some plans members pay no more than $4 for certain generics at participating retail pharmacies.

$ **GENERIC DRUGS**

$$ (Preferred brand) **BRAND-NAME DRUGS**

$$$ (Non-preferred drugs) **BRAND-NAME AND GENERIC DRUGS**

$$$$ **SPECIALTY** pharmacy drugs

Manage your medications

Easy-to-use online tools

Log in at ibx.com to find a network pharmacy, estimate drug costs, review claims, and submit mail order requests.

Mail order convenience

Sign up for free home delivery for medications you take regularly. In most plans, you can receive a 90-day supply for the cost of a 60-day supply at retail.

Specialty drug savings

Get convenient delivery options and support from experienced pharmacists and nurses by phone or video chat with our specialty pharmacy program.

In-network pharmacy options

The pharmacies included in your network are based on the medical plan you choose. Our broader pharmacy network includes 68,000 pharmacies nationwide.

Some of our plans use the Preferred Pharmacy network, which includes more than 59,000 pharmacies, including Walgreens. If you have the Preferred Pharmacy network and fill a prescription at an out-of-network pharmacy, such as Rite Aid, you will need to pay the up-front total cost at the pharmacy. You can then submit a claim, and you may be reimbursed for part of the cost.

Refer to p. 8–9 under "Special provisions" to see what pharmacy network each plan includes.

NEW FOR 2020!

Preferred Pharmacy network now includes Walgreens. You can also get a 90-day supply of maintenance medication at any Walgreens for the same cost as mail order.

Walgreens

Save with Keystone HMO Proactive,
OUR MOST POPULAR PLANS

Our Keystone HMO Proactive health plans are our most popular for good reason: You get access to high-quality care and save money. Not only do you pay less for your monthly premiums, but you can save even more by choosing doctors and hospitals in Tier 1 – Preferred.

Save with a tiered network plan

With a Keystone HMO Proactive health plan, in-network providers are grouped into three tiers. While all doctors and hospitals in our network must meet high quality standards, many offer services at a lower cost. These providers are in Tier 1 – Preferred, which **includes more than 50 percent of in-network doctors and hospitals.**

Tier 1 – Preferred $

Tier 2 – Enhanced $$

Tier 3 – Standard $$$

Here are the most important things to remember about Keystone HMO Proactive:

- Like a typical HMO, you will select a PCP to coordinate your care and refer you to specialists.
- You can visit any doctor or hospital in the Independence Blue Cross network once you have a referral.
- There are some services that will cost the same no matter what provider you choose — like preventive care, emergency room visits, and urgent care.
- When you use doctors and hospitals in Tier 1 – Preferred, you pay the lowest out-of-pocket costs.
- The choice is always yours. You can choose Tier 1 – Preferred for some covered services and Tiers 2 or 3 for others.

SAVE EVEN MORE WITH SELECT, VALUE, AND LITE OPTIONS

Keystone HMO Silver Proactive Select and Keystone HMO Silver Proactive Value plans are two lower-premium options that are only available when you purchase directly from Independence. Keystone HMO Silver Proactive Value includes a deductible for Tiers 1 – 3 for some services, whereas HMO Silver Proactive Select has no deductible for any services with Tier 1 providers.

New for 2020, Keystone HMO Silver Proactive Lite offers a lower premium for those shopping with a tax credit on HealthCare.gov. It includes a deductible for Tiers 1 – 3 for some services.

Be sure to review the details for these plans on p. 21 – 23 to make the right choice for you.

Choose the health plan that fits your needs

We offer you a range of individual and family health plans in each coverage level so you can find one that fits your lifestyle and budget. All health plans include pediatric dental and vision coverage for individuals younger than 19.

High-level plan comparison

	Platinum		Gold			Silver			
Plan Name	Personal Choice® EPO Platinum	Keystone HMO Platinum	Personal Choice® PPO Gold	Keystone HMO Gold	Keystone HMO Gold Proactive	Personal Choice® EPO Silver Reserve	Personal Choice® PPO Silver	Keystone HMO Silver Proactive	Keystone HMO Silver
Out-of-network benefits			✓				✓		
Primary care physician and referrals required		✓		✓	✓			✓	✓
Out-of-pocket maximum	$5,000	$5,000	$7,000	$7,000	$8,150	$6,900	$7,500	$8,150	$7,500
Deductible	$0	$0	$0	$0	$0	$2,800	$2,750	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	$2,750
Primary care physician visit	$15	$20	$30	$35	Tier 1 – $15 Tier 2 – $30 Tier 3 – $45	$30 after ded	$30 no ded	Tier 1 – $40 Tier 2 – $60 no ded Tier 3 – $70 no ded	$35 no ded
Specialist visit	$50	$50	$65	$65	Tier 1 – $40 Tier 2 – $60 Tier 3 – $80	$70 after ded	$70 no ded	Tier 1 – $80 Tier 2 – $120 no ded Tier 3 – $140 no ded	$70 no ded
Inpatient hospital	$300/day[1]	$400/day[1]	$750/day[1]	$750/day[1]	Tier 1 – $350/day[1] Tier 2 – $700/day[1] Tier 3 – $1,100/day[1]	25% after ded[2]	25% after ded[2]	Tier 1 – $600/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	30% after ded
Generic prescription drugs	$10	$10	$15	$15	$20	30% after ded	$15 no ded	$20 no ded ($250 Rx ded for all prescription drugs except generic)	$15 no ded
Special provisions	FP	FP	FP LCG	FP LCG	LCG MG PP	HSA MG PP	LCG MG PP	LCG MG PP	LCG MG OFF PP

Worksheet. Use this section to calculate your estimated premium

Fill in your monthly premium	$	$	$	$	$	$	$	$	$
Fill in your tax credit (subsidy) amount	$	$	$	$	$	$	$	$	$
Subtract tax credit amount from monthly premium to see final premium									
Final premium	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

ded = Deductible

Reserve = HSA qualified

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

2 For this plan, inpatient maternity hospital services are subject to 30 percent coinsurance after deductible.

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

Most popular

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

HSA This plan is compatible with a health savings account.

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

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

OFF These plans can only be purchased through Independence directly and are not available on HealthCare.gov.

ON This plan is only available for purchase through the Federal Health Insurance Marketplace at HealthCare.gov.

PP Preferred Pharmacy network means your coverage is available at more than 59,000 pharmacies.

			Bronze				Catastrophic
NEW! Keystone HMO Silver Proactive Lite	Keystone HMO Silver Proactive Select	Keystone HMO Silver Proactive Value	Personal Choice® PPO Bronze	Personal Choice® EPO Bronze Reserve	Personal Choice® EPO Bronze Basic	Keystone HMO Bronze	Personal Choice® EPO Catastrophic
			✓				
✓	✓	✓				✓	
$8,150	$8,100	$8,150	$8,150	$6,900	$8,150	$8,150	$8,150
Tier 1 – $2,000 Tier 2 – $6,500 Tier 3 – $6,500	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $1,500 Tier 2 – $6,000 Tier 3 – $6,000	$5,750	$6,900	$8,150	$7,400	$8,150
Tier 1 – $50 no ded Tier 2 – $60 no ded Tier 3 – $70 no ded	Tier 1 – $40 Tier 2 – $60 no ded Tier 3 – $70 no ded	Tier 1 – $40 no ded Tier 2 – $60 no ded Tier 3 – $70 no ded	$50 no ded	0% after ded	Visits 1–3: $40 Visits 4+: 0% after ded	$50 no ded	Visits 1–3: $50 Visits 4+: 0% after ded
Tier 1 – $100 no ded Tier 2 – $120 no ded Tier 3 – $140 no ded	Tier 1 – $80 Tier 2 – $120 no ded Tier 3 – $140 no ded	Tier 1 – $80 no ded Tier 2 – $120 no ded Tier 3 – $140 no ded	50% after ded	0% after ded	0% after ded	$100 no ded	0% after ded
Tier 1 – $subject to ded and $600/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	Tier 1 – $600/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	Tier 1 – Subject to ded and $600/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	25% after ded[3]	0% after ded	0% after ded	Subject to ded and $700/day[1]	0% after ded
$20 no ded ($250 Rx ded for all prescription drugs except generic)	$20 no ded ($250 Rx ded for all prescription drugs except generic)	$20 no ded ($250 Rx ded for all prescription drugs except generic)	$15 after ded (integrated with medical ded)	0% after ded (integrated with medical ded)	0% after ded (integrated with medical ded)	$15 after ded (integrated with medical ded)	0% after ded (integrated with medical ded)
LCG ON MG PP	LCG MG OFF PP	LCG MG OFF PP	LCG MG PP	HSA MG PP	MG PP	LCG MG OFF PP	MG PP
$	$	$	$	$	$	$	$
$	$	$	$	$	$	$	$
$	**$**	**$**	**$**	**$**	**$**	**$**	**$**

The summaries in this brochure represent only a partial listing of benefits of the Keystone Health Plan East and Personal Choice® plans. These managed care plans may not cover all of your health care expenses. Read your contract carefully to determine what health care services are covered. For more information, please contact your broker.

Maximize YOUR BENEFITS

Get healthy and save time and money with digital tools

Access valuable information

Whether you're at home or on-the-go, you have 24/7 access to your benefits information and member tools. Log in at ibx.com or through our top-rated free mobile app to:

- View and print your ID card
- Access plan information (claims, spending, and benefits)
- Find a doctor or hospital near you
- Estimate your costs for care

Get care — anytime, anywhere

We offer convenient care options whenever you need it — for both your physical and emotional health.

Telemedicine

Skip the waiting room for non-emergency conditions like earaches, fever, pink eye, or rash. With telemedicine from MDLIVE, you get 24/7/365 access to a board-certified doctor by phone or video chat. Within minutes, you'll have a virtual visit, diagnosis, and any needed prescriptions sent to your pharmacy.

Tele-behavioral health

Have a virtual visit by phone or video chat with a licensed behavioral health care professional (for example, psychologists and psychiatrists). Virtual visits are convenient, flexible, and completely confidential.

On To Better Health

Using your computer or smartphone, you can access self-help tools and resources shown to help people improve their mental health for conditions like anxiety, depression, and insomnia. After a short online assessment, you'll get a customized, interactive, guided program that uses proven therapy techniques.

Stay fit, for less

Our members get access to the new GlobalFit Anywhere app, which makes staying fit convenient and more affordable. You can choose from a variety of pay-as-you-go discounted classes, gym day passes, or personal training sessions through the mobile app. And there are no class limits or cancellation fees.

CONNECT WITH US

Sign up to receive health screening reminders, important plan notifications, and alerts about exclusive member discounts and savings by text or email.

ibx.com/getwired

Make the most of your health care dollars

Avoid the ER when it's not an emergency

As a member, you don't have to go far for convenient, high-quality, lower-cost care when it's not an emergency but your doctor isn't available.

Retail clinics

Retail clinics are usually located within local pharmacies and employ certified nurse practitioners who can treat minor, uncomplicated illnesses and injuries, such as fevers, colds, rashes, bumps, and scrapes. There is no need for an appointment.

Urgent care centers

When you have an illness or injury that needs immediate attention but isn't life-threatening, an urgent care center is a faster, lower-cost option than the ER. No appointment is needed, and their board-certified doctors can treat conditions like sprains, sinus infections, and small wounds that need stitches.

Or, use telemedicine

Members enrolled in a Bronze plan pay $0, and members enrolled in Silver, Gold, or Platinum plans pay $20 for a visit.*

Choose the right provider and save†

Our health plans give you choices when getting certain services. You can save on out-of-pocket costs — in some cases, hundreds of dollars — by getting care with certain providers:

Biotech/specialty injectables and infusion

- Lower cost-sharing when a drug is administered in your home or doctor's office instead of an outpatient setting

Outpatient surgery

- Lower cost-sharing for services at in-network ambulatory surgery centers (ASCs)

Preventive colonoscopy

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

Physical/occupational therapy & routine complex radiology

- Lower cost-sharing at office-based providers or freestanding sites instead of hospital-based sites

Outpatient labs

- For most plans, cost-sharing for covered lab services is $0 at a freestanding in-network lab. HMO plans offer 100 percent coverage for in-network labs when using their PCP's designated lab site.

FIND PROVIDERS EASILY ..... **ibx.com/findadoctor**

*HSA-qualified and Catastrophic plans are excluded

†Benefits vary by health plan. Refer to the health plan charts beginning on p. 15 to review benefits for each plan.

Achieve with INDEPENDENCE

Chronic health conditions and unhealthy lifestyle choices are a big part of the rising cost of health care. Whether you are generally healthy or need a little more support, our Achieve Well-being and Achieve Better Health programs can help you reach your health goals.

Achieve Well-being

Self-service tools and resources to help you stay healthy:

- Up to $450 in reimbursements for gym memberships and programs to help you manage your weight and quit smoking
- Online resources that make it easy and fun to achieve your health goals
- Action plans built just for you, including ongoing activities and reminders
- Ability to sync with fitness apps and devices so you can track your progress, create personal challenges, and invite friends to join
- Member-exclusive discounts on health-related products and services and deals on entertainment and events
- Up to six nutritional counseling sessions per benefit year — you pay $0

Achieve Better Health

Extra health support when you need it:

24/7 access to a Registered Nurse Health Coach by phone or email

Resources and support for members with chronic conditions

Case managers to help members with more serious illnesses or conditions

Maternity program support for pregnant members

Complete your coverage with adult dental or vision

Make sure you're covered for all your health needs and enroll in an adult dental or vision plan through Independence. These plans can be purchased any time of the year, with or without a medical plan. All medical plans include pediatric dental and vision coverage for members younger than 19.

Adult dental

Expect more from your adult dental plan. Choose from two dental PPO plans offering comprehensive benefits that include:

- **A network that goes the distance.** You get access to the national Concordia Advantage network, with 68,000 unique dentists at more than 250,000 access points across the country.[1]
- **Fully covered preventive and diagnostic services.*** Fully covered services include routine exams, cleanings, and X-rays — pay $0 at the time of your visit.
- **Coverage for most basic and major services (e.g., fillings, root canals).** There's no waiting period for preventive care and certain basic services like fillings and extractions.
- **Flexibility to see any dentist you want, nationally.†** You have the option to see any dentist without a referral. You can maximize your savings by using a participating dentist.
- **Discounts above the national average.** Maximize your savings when you use an in-network dentist. Our dental plans have discounts above the national average. And you get discounts on non-covered services with some in-network providers.
- **Hassle-free service.** 97 percent of calls are resolved with one call.[1] 98 percent of claims are paid within 30 days.[1]

Adult vision

Expect more from your adult vision plan. Choose from two vision plans offering benefits that include:

- **A network that goes the distance.** You get access to the national Davis Vision network, with 84,000 access points across the country, including Visionworks stores and other retailers.
- **Fully covered routine annual eye exam.*‡** When you use an in-network provider, you pay $0 at the time of your visit.
- **$0 and low-cost options for frames and lenses.** Choose from more than 220 frames in the Davis Vision Exclusive Collection. Or use an allowance to choose frames or contact lenses from in-network retailers nationwide, including Visionworks.
- **Discounts on other services.** Take advantage of discounts on other services, such as name-brand hearing aid technology from Your Hearing Network and laser eye correction.

See p. 41–42 for more details about the adult dental and vision plans we offer.

Next step: Apply!

Contact your broker for assistance or to learn more about adult dental and vision plans.

1 United Concordia Dental Internal Research and Reports; July 2019.

*With an in-network provider

†There's no need to get referrals to see specialists, and there are no claim forms to submit when you see an in-network dentist.

‡There is a 30-day waiting period for all new vision plan contracts.

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

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

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

Your Hearing Network products and services are made available through your coverage with Davis Vision. Your Hearing Network is not affiliated with Independence Blue Cross and does not provide Blue Cross or Blue Shield products or services. Your Hearing Network and/or Davis Vision are responsible for these products and services.

2020
Standard Plans

Our standard health plans include a wide range of options so you can choose the one that's best for you. For most of these plans, you can enroll at HealthCare.gov if you qualify for financial assistance. If a plan is available only through Independence, it is marked as "OFF."

Platinum health plans	Personal Choice® EPO Platinum[2]	Keystone HMO Platinum[2]
Benefits per calendar year[1]	**You pay in-network[3]**	**You pay in-network[3]**
Ded, individual/family	$0/$0	$0/$0
Coinsurance	0% unless otherwise noted	0% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$5,000/$10,000 copay and coinsurance	$5,000/$10,000 copay and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750
Physician services		
Primary care office visit/retail clinic	$15	$20
Specialist office visit	$50	$50
Telemedicine[28]	$20	$20
Urgent care	$100	$100
Spinal manipulations (20 visits per year)[6]	$50	$50
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$50/$80	$50/$50
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$300 per day[7]	$400 per day[7]
Inpatient professional services (includes maternity)	$0	$0
Emergency room (not waived if admitted)	$250	$250
Routine radiology/diagnostic — Freestanding/Hospital-based	$40/$70	$40/$40
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$80/$120	$80/$80
Biotech/specialty injectables — Home, office/outpatient	$100/$200	$60/$120
Infusion — Home, office/outpatient	$50/$100	$50/$100
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness & substance abuse — outpatient	$50	$50
Mental health, serious mental illness & substance abuse — inpatient	$300 per day[7]	$400 per day[7]
Outpatient surgery		
Ambulatory surgical facility	10% up to $50 max	10% up to $100 max
Hospital-based	10% up to $250 max	10% up to $300 max
Outpatient lab/pathology		
Freestanding	$0	$0
Hospital-based	50%	$0
Prescription drugs[14,15,†]		
Rx ded (individual/family)	None	None
Retail generic[16]	$10	$10
Retail preferred brand[16]	$50	$50
Retail non-preferred drug[16]	$100	$100
Specialty	50% up to $1,000	50% up to $1,000
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	$0
Dental[24,25]		
Pediatric dental ded (per individual)	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded

Footnotes begin on page 43 | ded = Deductible

Gold health plans	Personal Choice® PPO Gold[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family	$0/$0	$6,000/$12,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$7,000/$14,000 copay and coinsurance	$12,000/$24,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care office visit/retail clinic	$30	50% after ded
Specialist office visit	$65	50% after ded
Telemedicine[28]	$20	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year)[6]	$50	50% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$65/$95	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	$750 per day[7]	50% after ded
Inpatient professional services (includes maternity)	20%	50% after ded
Emergency room (not waived if admitted)	$350	$350 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$90	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$160	50% after ded/50% after ded
Biotech/specialty injectables — Home, office/outpatient	$120/$240	50% after ded/50% after ded
Infusion — Home, office/outpatient	$65/$130	50% after ded/50% after ded
Durable medical equipment/prosthetics	50%	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$65	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	$750 per day[7]	50% after ded
Outpatient surgery		
Ambulatory surgical facility	25% up to $300 max	50% after ded
Hospital-based	25% up to $700 max	50% after ded
Outpatient lab/pathology		
Freestanding	$0	50% after ded
Hospital-based	50%	50% after ded
Prescription drugs[14,15,†]		
Rx ded (individual/family)	None	None
Retail generic	$15[16,19]	70%
Retail preferred brand	40% up to $200[16]	70%
Retail non-preferred drug	50% up to $200[16]	70%
Specialty	50% up to $1,000	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	Not covered
Dental[24,25]		
Pediatric dental ded (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Keystone HMO Gold[2]	Keystone HMO Gold Proactive[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$0/$0	$0/$0	$0/$0	$0/$0
20% unless otherwise noted	0% unless otherwise noted	20% unless otherwise noted	30% unless otherwise noted
$7,000/$14,000 copay and coinsurance	$8,150/$16,300 copay and coinsurance	$8,150/$16,300 copay and coinsurance	$8,150/$16,300 copay and coinsurance
$0	$0	$0	$0
$0	$0	$0	$0
$750	$750	$750	$750
$35	$15[13]	$30[13]	$45[13]
$65	$40	$60	$80
$20	$20	$20	$20
$100	$100	$100	$100
$50	$50	$50	$50
$65/$65	$60/$60	$60/$60	$60/$60
$750 per day[7]	$350 per day[7]	$700 per day[7]	$1,100 per day[7]
20%	0%	20%	30%
$350	$400[12]	$400[12]	$400[12]
$60/$60	$60/$60	$60/$60	$60/$60
$120/$120	$120/$120	$120/$120	$120/$120
$120/$240	50%/50%	50%/50%	50%/50%
$65/$130	0%/0%	20%/20%	30%/30%
50%	50%	50%	50%
$65	$40	$40	$40
$750 per day[7]	$350 per day[7]	$350 per day[7]	$350 per day[7]
25% up to $300 max	$150	$550	$1,000
25% up to $700 max	$150	$550	$1,000
$0	$0	$0	$0
$0	$0	$0	$0
None	None	None	None
$15[16,19]	$20[16,17,19]	$20[16,17,19]	$20[16,17,19]
40% up to $200[16]	50% up to $200[16,17,18]	50% up to $200[16,17,18]	50% up to $200[16,17,18]
50% up to $200[16]	50% up to $300[16,17,18]	50% up to $300[16,17,18]	50% up to $300[16,17,18]
50% up to $1,000	50% up to $1,000[17,18]	50% up to $1,000[17,18]	50% up to $1,000[17,18]
$0	$0	$0	$0
$50	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded	50% after ded

Footnotes begin on page 43 | ded = Deductible

Silver health plans	Personal Choice® EPO Silver Reserve[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family	$2,800/$5,600
Coinsurance	30% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$6,900/$13,800 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care office visit/retail clinic	$30 after ded
Specialist office visit	$70 after ded
Telemedicine[28]	30% after ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year)[6]	30% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$70 after ded /$70 after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	25% after ded[8]
Inpatient professional services (includes maternity)	30% after ded
Emergency room (not waived if admitted)	30% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	30% after ded/30% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/30% after ded
Biotech/specialty injectables — Home, office/outpatient	30% after ded/30% after ded
Infusion — Home, office/outpatient	30% after ded/30% after ded
Durable medical equipment/prosthetics	30% after ded
Mental health, serious mental illness & substance abuse — outpatient	$70 after ded
Mental health, serious mental illness & substance abuse — inpatient	25% after ded
Outpatient surgery	
Ambulatory surgical facility	30% after ded
Hospital-based	30% after ded
Outpatient lab/pathology	
Freestanding	30% after ded
Hospital-based	30% after ded
Prescription drugs[14,15,17,†]	
Rx ded (individual/family)	Integrated with medical ded
Retail generic	30% after ded[16]
Retail preferred brand[18]	30% after ded[16]
Retail non-preferred drug[18]	30% after ded[16]
Specialty[18]	50% after ded up to $1,000
Additional benefits	
Vision[20,21]	
Pediatric exam & pediatric eyewear[22,23]	$0 no ded
Dental[24,25]	
Pediatric dental ded (per individual)	Integrated with medical ded
Pediatric exams and cleanings[26]	0% no ded
Pediatric basic, major, and orthodontia services[27]	30% after ded

Personal Choice® PPO Silver[2]

You pay in-network	You pay out-of-network[4]
$2,750/$5,500	$10,000/$20,000
30% unless otherwise noted	50% unless otherwise noted
$7,500/$15,000 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
0% no ded	50% no ded
0% no ded	n/a
$750 no ded	50% no ded
$30 no ded	50% after ded
$70 no ded	50% after ded
$20 no ded	Not covered
30% after ded	50% after ded
30% after ded	50% after ded
$70 no ded/$100 no ded	50% after ded/50% after ded
25% after ded[8]	50% after ded
30% after ded	50% after ded
30% after ded	30% after in-network ded
30% after ded /50% after ded	50% after ded/50% after ded
30% after ded /50% after ded	50% after ded/50% after ded
30% after ded/50% after ded	50% after ded/50% after ded
30% after ded/50% after ded	50% after ded/50% after ded
50% after ded	50% after ded
$70 no ded	50% after ded
25% after ded	50% after ded
30% after ded	50% after ded
50% after ded	50% after ded
0% no ded	50% after ded
50% no ded	50% after ded
Integrated with medical ded	Integrated with medical ded
$15 no ded[16,19]	70% no ded
50% after ded up to $300[16]	70% after ded
50% after ded up to $400[16]	70% after ded
50% after ded up to $1,000	Not covered
$0 no ded	Not covered
$50	n/a
$0 no ded	Not covered
50% after ded	Not covered

OFF These plans are not offered on HealthCare.gov and must be purchased through Independence directly.

Footnotes begin on page 43 | ded = Deductible

Silver health plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Ded, individual/family[10]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$8,150/$16,300 copay and coinsurance	$8,150/$16,300 copay, ded, and coinsurance	$8,150/$16,300 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care office visit/retail clinic[13]	$40	$60 no ded	$70 no ded
Specialist office visit	$80	$120 no ded	$140 no ded
Telemedicine[28]	$20	$20 no ded	$20 no ded
Urgent care	$100	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year)[6]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$80/$80	$80 no ded/$80 no ded	$80 no ded/$80 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[12]	$550	$550 no ded	$550 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$120/$120	$120 no ded/$120 no ded	$120 no ded/$120 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250/$250	$250 no ded/$250 no ded	$250 no ded/$250 no ded
Biotech/specialty injectables — Home, office/outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness & substance abuse — outpatient	$80	$80 no ded	$80 no ded
Mental health, serious mental illness & substance abuse — inpatient	$600 per day[7]	$600 per day no ded[7]	$600 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Hospital-based	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding	0%	0% no ded	0% no ded
Hospital-based	0%	0% no ded	0% no ded
Prescription drugs[14,15,17,†]			
Rx ded (individual/family)	$250/$500[‡]	$250/$500[‡]	$250/$500[‡]
Retail generic[16,19]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[16,18]	50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
Retail non-preferred drug[16,18]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[18]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[20,21]			
Pediatric exam & pediatric eyewear[22,23]	$0	$0 no ded	$0 no ded
Dental[24,25]			
Pediatric dental ded (per individual)	$50	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded	50% after ded

OFF Keystone HMO Silver[2]	ON Keystone HMO Silver Proactive Lite[2]		
You pay in-network[3]	You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$2,750/$5,500	$2,000/$4,000	$6,500/$13,000	$6,500/$13,000
30% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$7,500/$15,000 copay, ded, and coinsurance	$8,150/$16,300 copay, ded, and coinsurance	$8,150/$16,300 copay, ded, and coinsurance	$8,150/$16,300 copay, ded, and coinsurance
0% no ded	0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded	0% no ded
$750 no ded	$750 no ded	$750 no ded	$750 no ded
$35 no ded	$50 no ded	$60 no ded	$70 no ded
$70 no ded	$100 no ded	$120 no ded	$140 no ded
$20 no ded	$20 no ded	$20 no ded	$20 no ded
30% after ded	$100 no ded	$100 no ded	$100 no ded
30% after ded	$50 no ded	$50 no ded	$50 no ded
$70 no ded/$70 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
30% after ded	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
30% after ded	0% after ded	5% after ded	10% after ded
30% after ded	$600 no ded	$600 no ded	$600 no ded
$120 no ded/$120 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
$250 no ded/$250 no ded	$250 no ded/$250 no ded	$250 no ded/$250 no ded	$250 no ded/$250 no ded
30% after ded/50% after ded	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
30% after ded/50% after ded	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
50% after ded	50% no ded	50% no ded	50% no ded
$70 no ded	$100 no ded	$100 no ded	$100 no ded
30% after ded	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
30% after ded	Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
50% after ded	Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
0% no ded	0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded	0% no ded
Integrated with medical ded	$250/$500‡	$250/$500‡	$250/$500‡
$15 no ded	$20 no ded	$20 no ded	$20 no ded
50% after ded up to $300	50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
50% after ded up to $400	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
$0 no ded	$0 no ded	$0 no ded	$0 no ded
$50	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded	50% after ded

OFF These plans are not offered on HealthCare.gov and must be purchased through Independence directly.

ON These plans must be purchased on HealthCare.gov and cannot be purchased through Independence directly.

Footnotes begin on page 43 | ded = Deductible

Silver health plans	OFF Keystone HMO Silver Proactive Select[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Ded, individual/family[10]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$8,100/$16,200 copay and coinsurance	$8,100/$16,200 copay, ded, and coinsurance	$8,100/$16,200 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care office visit/retail clinic[13]	$40	$60 no ded	$70 no ded
Specialist office visit	$80	$120 no ded	$140 no ded
Telemedicine[28]	$20	$20 no ded	$20 no ded
Urgent care	$100	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year)[6]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$80/$80	$80 no ded/$80 no ded	$80 no ded/$80 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[12]	$550	$550 no ded	$550 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$120/$120	$120 no ded/$120 no ded	$120 no ded/$120 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250/$250	$250 no ded/$250 no ded	$250 no ded/$250 no ded
Biotech/specialty injectables — Home, office/outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness & substance abuse — outpatient	$80	$80 no ded	$80 no ded
Mental health, serious mental illness & substance abuse — inpatient	$600 per day[7]	$600 per day no ded[7]	$600 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Hospital-based	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding	0%	0% no ded	0% no ded
Hospital-based	0%	0% no ded	0% no ded
Prescription drugs[14,15,17,†]			
Rx ded (individual/family)[‡]	$250/$500	$250/$500	$250/$500
Retail generic[16,19]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[16,18]	50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
Retail non-preferred drug[16,18]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[18]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[20,21]			
Pediatric exam & pediatric eyewear[22,23]	$0	$0 no ded	$0 no ded
Dental[24,25]			
Pediatric dental ded (per individual)	$50	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded	50% after ded

OFF Keystone HMO Silver Proactive Value[2]

You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$1,500/$3,000	$6,000/$12,000	$6,000/$12,000
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$8,150/$16,300 copay, ded, and coinsurance	$8,150/$16,300 copay, ded, and coinsurance	$8,150/$16,300 copay, ded, and coinsurance
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$750 no ded	$750 no ded	$750 no ded
$40 no ded	$60 no ded	$70 no ded
$80 no ded	$120 no ded	$140 no ded
$20 no ded	$20 no ded	$20 no ded
$100 no ded	$100 no ded	$100 no ded
$50 no ded	$50 no ded	$50 no ded
$80 no ded/$80 no ded	$80 no ded/$80 no ded	$80 no ded/$80 no ded
Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
0% after ded	5% after ded	10% after ded
$550 no ded	$550 no ded	$550 no ded
$120 no ded/$120 no ded	$120 no ded/$120 no ded	$120 no ded/$120 no ded
$250 no ded/$250 no ded	$250 no ded/$250 no ded	$250 no ded/$250 no ded
50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
50% no ded	50% no ded	50% no ded
$80 no ded	$80 no ded	$80 no ded
Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$250/$500	$250/$500	$250/$500
$20 no ded	$20 no ded	$20 no ded
50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
$0 no ded	$0 no ded	$0 no ded
$50	$50	$50
$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded

OFF These plans are not offered on HealthCare.gov and must be purchased through Independence directly.

Footnotes begin on page 43 | ded = Deductible

Bronze health plans	Personal Choice® PPO Bronze[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family	$5,750/$11,500	$15,000/$30,000
Coinsurance	50% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$8,150/$16,300 copay, ded, and coinsurance	$25,000/$50,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic	$50 no ded	50% after ded
Specialist office visit	50% after ded	50% after ded
Telemedicine[28]	$0 no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	50% after ded	50% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	50% after ded/50% after ded	50% after ded/50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	25% after ded[9]	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (not waived if admitted)	50% after ded	50% after in-network ded
Routine radiology/diagnostic — 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, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home, office/outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	25% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	50% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	0% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Prescription drugs[14,15,17,†]		
Rx ded (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$15 after ded[16,19]	70% after ded
Retail preferred brand[18]	50% after ded[16]	70% after ded
Retail non-preferred drug[18]	50% after ded[16]	70% after ded
Specialty[18]	50% after ded	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0 no ded	Not covered
Dental[24,25]		
Pediatric dental ded (per individual)	$50	n/a
Pediatric exams and cleanings[26]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[27]	50% after ded	Not covered

Personal Choice® EPO Bronze Reserve[2]	Personal Choice® EPO Bronze Basic[2]	OFF Keystone HMO Bronze[2]
You pay in-network[3]	You pay in-network[3]	You pay in-network[3]
$6,900/13,800	$8,150/$16,300	$7,400/$14,800
0%	0%	50% unless otherwise noted
$6,900/13,800 copy, ded and coinsurance	$8,150/$16,300 copy, ded and coinsurance	8,150/16,300 copy, ded, and coinsurance
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$750 no ded	$750 no ded	$750 no ded
0% after ded	Visits 1 – 3: $40 copy no ded* Visits 4+ : 0% after ded*	$50 no ded
0% after ded	0% after ded	$100 no ded
0% after ded	0% no ded	$0 no ded
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	50% after ded
0% after ded/0% after ded	0% after ded/0% after ded	$100 no ded/$100 no ded
0% after ded	0% after ded	Subject to ded and $700 per day[7]
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	Subject to ded and $500 copay
0% after ded/0% after ded	0% after ded/0% after ded	$120 no ded/$120 no ded
0% after ded/0% after ded	0% after ded/0% after ded	$250 no ded/$250 no ded
0% after ded/0% after ded	0% after ded/0% after ded	50% after ded/50% after ded
0% after ded/0% after ded	0% after ded/0% after ded	50% after ded/50% after ded
0% after ded	0% after ded	50% after ded
0% after ded	Visits 1 – 3: $40 copy no ded Visits 4+: 0% after ded	$100 no ded
0% after ded	0% after ded	Subject to ded and $700 per day[7]
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	50% after ded
0% after ded	0% after ded	0% no ded
0% after ded	0% after ded	0% no ded
Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
0% after ded[16]	0% after ded[16]	$15 after ded[16,19]
0% after ded[16]	0% after ded[16]	50% after ded up to $300[16]
0% after ded[16]	0% after ded[16]	50% after ded up to $400[16]
0% after ded	0% after ded	50% after ded up to $1,000
$0 no ded	$0 no ded	$0 no ded
Integrated with medical ded	Integrated with medical ded	$50
0% no ded	0% no ded	$0 no ded
0% after ded	0% after ded	50% after ded

OFF These plans are not offered on HealthCare.gov and must be purchased through Independence directly.

Footnotes begin on page 43 | ded = Deductible

Catastrophic	Personal Choice® EPO Catastrophic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family	$8,150/16,300
Coinsurance	0%
Out-of-pocket maximum, individual/family includes:	$8,150/$16,300 copay, ded and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care office visit/retail clinic	Visits 1–3: $50 copay no ded* Visits 4+: 0% after ded*
Specialist office visit	0% after ded
Telemedicine[28]	0% after ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)[6]	0% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	0% after ded/0% after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (not waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/specialty injectables — Home, office/outpatient	0% after ded/0% after ded
Infusion — Home, office/outpatient	0% after ded/0% after ded
Durable medical equipment/prosthetics	0% after ded
Mental health, serious mental illness & substance abuse — outpatient	Visits 1 – 3: $50 copay no ded Visits 4+: 0% after ded
Mental health, serious mental illness & substance abuse — inpatient	0% after ded
Outpatient surgery	
Ambulatory surgical facility	0% after ded
Hospital-based	0% after ded
Outpatient lab/pathology	
Freestanding	0% after ded
Hospital-based	0% after ded
Prescription drugs[14,15,17,†]	
Rx ded (individual/family)	Integrated with medical ded
Retail generic[16]	0% after ded
Retail preferred brand[16,18]	0% after ded
Retail non-preferred drug[16,18]	0% after ded
Specialty[18]	0% after ded
Additional benefits	
Vision[20,21]	
Pediatric exam & pediatric eyewear[22,23]	$0 no ded
Dental[24,25]	
Pediatric dental ded (per individual)	Integrated with medical ded
Pediatric exams and cleanings[26]	0% no ded
Pediatric basic, major, and orthodontia services[27]	0% after ded

2020

Cost-Share Reduction Plans

Enroll in a Cost-Share Reduction (or CSR) health plan on HealthCare.gov if you qualify for both lower monthly premiums and lower out-of-pocket costs (see p. 3 for more information). Contact your broker if you want help determining your eligibility or applying.

Independence

Silver 200 – 249% CSR plans	Personal Choice® EPO Silver Reserve[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family[10]	$2,800/$5,600
Coinsurance	20% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$4,900/$9,800 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care office visit/retail clinic[13]	$20 after ded
Specialist office visit	$50 after ded
Telemedicine[28]	20% after ded
Urgent care	20% after ded
Spinal manipulations (20 visits per year)[6]	20% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$50 after ded/$50 after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room (not waived if admitted)	20% after ded
Routine radiology/diagnostic — 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, office/outpatient	20% after ded/20% after ded
Infusion — Home, office/outpatient	20% after ded/20% after ded
Durable medical equipment/prosthetics	20% after ded
Mental health, serious mental illness & substance abuse — outpatient	$50 after ded
Mental health, serious mental illness & substance abuse — inpatient	20% after ded
Outpatient surgery	
Ambulatory surgical facility	20% after ded
Hospital-based	20% after ded
Outpatient lab/pathology	
Freestanding	20% after ded
Hospital-based	20% after ded
Prescription drugs[14,15,17,†]	
Rx ded (individual/family)	Integrated with medical ded
Retail generic	20% after ded[16]
Retail preferred brand[18]	20% after ded[16]
Retail non-preferred drug[18]	20% after ded[16]
Specialty[18]	50% after ded with $1,000
Additional benefits	
Vision[20,21]	
Pediatric exam & pediatric eyewear[22,23]	$0 no ded
Dental[24,25]	
Pediatric dental ded (per individual)	Integrated with medical ded
Pediatric exams and cleanings[26]	0% no ded
Pediatric basic, major, and orthodontia services[27]	20% after ded

Personal Choice® PPO Silver[2]	
You pay in-network	**You pay out-of-network[4]**
$2,750/$5,500	$10,000/$20,000
20% unless otherwise noted	50% unless otherwise noted
$6,500/$13,000 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
0% no ded	50% no ded
0% no ded	n/a
$750 no ded	50% no ded
$30 no ded	50% after ded
$70 no ded	50% after ded
$20 no ded	Not covered
20% after ded	50% after ded
20% after ded	50% after ded
$70 no ded/$70 no ded	50% after ded/50% after ded
20% after ded	50% after ded
20% after ded	50% after ded
20% after ded	20% after in-network ded
20% after ded/20% after ded	50% after ded/50% after ded
20% after ded/20% after ded	50% after ded/50% after ded
20% after ded/20% after ded	50% after ded/50% after ded
20% after ded/20% after ded	50% after ded/50% after ded
20% after ded	50% after ded
$70 no ded	50% after ded
20% after ded	50% after ded
20% after ded	50% after ded
20% after ded	50% after ded
0% no ded	50% after ded
50% no ded	50% after ded
Integrated with medical ded	Integrated with medical ded
$15 no ded[16,19]	70% no ded
40% after ded up to $200[16]	70% after ded
50% after ded up to $200[16]	70% after ded
50% after ded up to $1,000	Not covered
$0 no ded	Not covered
$50	n/a
$0 no ded	Not covered
50% after ded	Not covered

Footnotes begin on page 43 | ded = Deductible

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Ded, individual/family[10]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$6,500/$13,000 copay and coinsurance	$6,500/$13,000 copay, ded, and coinsurance	$6,500/$13,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care office visit/retail clinic[13]	$40	$60 no ded	$70 no ded
Specialist office visit	$80	$120 no ded	$140 no ded
Telemedicine[28]	$20	$20 no ded	$20 no ded
Urgent care	$100	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year)[6]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$80/$80	$80 no ded/$80 no ded	$80 no ded/$80 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[12]	$550[12]	$550 no ded[12]	$550 no ded[12]
Routine radiology/diagnostic — Freestanding/Hospital-based	$120/$120	$120 no ded/$120 no ded	$120 no ded/$120 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250/$250	$250 no ded/$250 no ded	$250 no ded/$250 no ded
Biotech/specialty injectables — Home, office/outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
Mental health, serious mental illness & substance abuse — outpatient	$80	$80 no ded	$80 no ded
Mental health, serious mental illness & substance abuse — inpatient	$600 per day[7]	$600 per day no ded[7]	$600 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Hospital-based	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding	0%	0% no ded	0% no ded
Hospital-based	0%	0% no ded	0% no ded
Prescription drugs[14,15,17,†]			
Rx ded (individual/family)[‡]	$250/$500	$250/$500	$250/$500
Retail generic[16,19]	$20 no ded[16,19]	$20 no ded[16,19]	$20 no ded[16,19]
Retail preferred brand[16,18]	50% after ded up to $400[16]	50% after ded up to $400[16]	50% after ded up to $400[16]
Retail non-preferred drug[16,18]	50% after ded up to $500[16]	50% after ded up to $500[16]	50% after ded up to $500[16]
Specialty[18]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[20,21]			
Pediatric exam & pediatric eyewear[22,23]	$0	$0 no ded	$0 no ded
Dental[24,25]			
Pediatric dental ded (per individual)	$50	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded	50% after ded

Keystone HMO Silver Proactive Lite[2]

You pay in-network[3] Tier 1 – Preferred	You pay in-network[3] Tier 2 – Enhanced	You pay in-network[3] Tier 3 – Standard
$2,000/$4,000	$6,500/$13,000	$6,500/$13,000
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$6,500/$13,000 copay, ded, and coinsurance	$6,500/$13,000 copay, ded, and coinsurance	$6,500/$13,000 copay, ded, and coinsurance
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$750 no ded	$750 no ded	$750 no ded
$50 no ded	$60 no ded	$70 no ded
$100 no ded	$120 no ded	$140 no ded
$20 no ded	$20 no ded	$20 no ded
$100 no ded	$100 no ded	$100 no ded
$50 no ded	$50 no ded	$50 no ded
$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
0% after ded	5% after ded	10% after ded
$600 no ded	$600 no ded	$600 no ded
$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
$250 no ded/$250 no ded	$250 no ded/$250 no ded	$250 no ded/$250 no ded
50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
50% no ded	50% no ded	50% no ded
$100 no ded	$100 no ded	$100 no ded
Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
Subject to ded and $250 copay	Subject to ded and $750 copay	Subject to ded and $1,250 copay
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$250/$500	$250/$500	$250/$500
$20 no ded	$20 no ded	$20 no ded
50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
$0 no ded	$0 no ded	$0 no ded
$50	$50	$50
$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded

Footnotes begin on page 43 | ded = Deductible

Silver 150 – 199% CSR plans	Personal Choice® EPO Silver Reserve[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family[10]	$500/$1,000
Coinsurance	15% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,700/$5,400 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500 no ded
Physician services	
Primary care office visit/retail clinic[13]	$20 after ded
Specialist office visit	$50 after ded
Telemedicine[28]	15% after ded
Urgent care	15% after ded
Spinal manipulations (20 visits per year)[6]	15% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$50 after ded/$50 after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	15% after ded
Inpatient professional services (includes maternity)	15% after ded
Emergency room (not waived if admitted)	15% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	15% after ded/15% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	15% after ded/15% after ded
Biotech/specialty injectables — Home, office/outpatient	15% after ded/15% after ded
Infusion — Home, office/outpatient	15% after ded/15% after ded
Durable medical equipment/prosthetics	15% after ded
Mental health, serious mental illness & substance abuse — outpatient	$50 after ded
Mental health, serious mental illness & substance abuse — inpatient	15% after ded
Outpatient surgery	
Ambulatory surgical facility	15% after ded
Hospital-based	15% after ded
Outpatient lab/pathology	
Freestanding	15% after ded
Hospital-based	15% after ded
Prescription drugs[14,15,17,†]	
Rx ded (individual/family)	Integrated with medical ded
Retail generic	15% after ded[16]
Retail preferred brand[18]	15% after ded[16]
Retail non-preferred drug[18]	15% after ded[16]
Specialty[18]	50% after ded up to $500
Additional benefits	
Vision[20,21]	
Pediatric exam & pediatric eyewear[22,23]	$0 no ded
Dental[24,25]	
Pediatric dental ded (per individual)	Integrated with medical ded
Pediatric exams and cleanings[26]	0% no ded
Pediatric basic, major, and orthodontia services[27]	15% after ded

Personal Choice® PPO Silver[2]	
You pay in-network	**You pay out-of-network[4]**
$2,500/$5,000	$10,000/$20,000
10% unless otherwise noted	50% unless otherwise noted
$2,700/$5,400 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
0% no ded	50% no ded
0% no ded	n/a
$500 no ded	50% no ded
$25 no ded	50% after ded
$50 no ded	50% after ded
$20 no ded	Not covered
10% after ded	50% after ded
10% after ded	50% after ded
$50 no ded/$50 no ded	50% after ded/50% after ded
10% no ded	50% after ded
10% no ded	50% after ded
10% no ded	10% no ded
10% no ded/10% no ded	50% after ded/50% after ded
10% no ded/10% no ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded/10% after ded	50% after ded/50% after ded
10% after ded	50% after ded
$50 no ded	50% after ded
10% no ded	50% after ded
10% no ded	50% after ded
10% no ded	50% after ded
0% no ded	50% after ded
50% no ded	50% after ded
Integrated with medical ded	Integrated with medical ded
$10 no ded[16]	70% no ded
40% after ded up to $200[16]	70% after ded
50% after ded up to $200[16]	70% after ded
50% after ded up to $500	Not covered
$0 no ded	Not covered
$50	n/a
$0 no ded	Not covered
50% after ded	Not covered

Footnotes begin on page 43 | ded = Deductible

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Ded, individual/family[10]	$0/$0	$1,750/$3,500	$1,750/$3,500
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,700/$5,400 copay and coinsurance	$2,700/$5,400 copay, ded, and coinsurance	$2,700/$5,400 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500	$500 no ded	$500 no ded
Physician services			
Primary care office visit/retail clinic[13]	$20	$30 no ded	$40 no ded
Specialist office visit	$40	$60 no ded	$80 no ded
Telemedicine[28]	$20	$20 no ded	$20 no ded
Urgent care	$50	$50 no ded	$50 no ded
Spinal manipulations (20 visits per year)[6]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$40/$40	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$200 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[12]	$200[12]	$200 no ded[12]	$200 no ded[12]
Routine radiology/diagnostic — Freestanding/Hospital-based	$50/$50	$50 no ded/$50 no ded	$50 no ded/$50 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Biotech/specialty injectables — Home, office/outpatient	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20%	20% no ded	20% no ded
Mental health, serious mental illness & substance abuse — outpatient	$40	$40 no ded	$40 no ded
Mental health, serious mental illness & substance abuse — inpatient	$200 per day[7]	$200 per day no ded[7]	$200 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility	$100	Subject to ded and $450 copay	Subject to ded and $900 copay
Hospital-based	$100	Subject to ded and $450 copay	Subject to ded and $900 copay
Outpatient lab/pathology			
Freestanding	0%	0% no ded	0% no ded
Hospital-based	0%	0% no ded	0% no ded
Prescription drugs[14,15,17,†]			
Rx ded (individual/family)	None	None	None
Retail generic[16,19]	$10[16]	$10[16]	$10[16]
Retail preferred brand[16,18]	30% up to $300[16]	30% up to $300[16]	30% up to $300[16]
Retail non-preferred drug[16,18]	40% up to $400[16]	40% up to $400[16]	40% up to $400[16]
Specialty[18]	50% up to $500	50% up to $500	50% up to $500
Additional benefits			
Vision[20,21]			
Pediatric exam & pediatric eyewear[22,23]	$0	$0 no ded	$0 no ded
Dental[24,25]			
Pediatric dental ded (per individual)	$50	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded	50% after ded

Keystone HMO Silver Proactive Lite[2]		
You pay in-network[3] Tier 1 – Preferred	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
$ 1,000/$2,000	$2,000/$4,000	$2,000/$4,000
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,700/$5,400 copay, ded, and coinsurance	$2,700/$5,400 copay, ded, and coinsurance	$2,700/$5,400 copay, ded, and coinsurance
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$500 no ded	$500 no ded	$500 no ded
$20 no ded	$30 no ded	$40 no ded
$40 no ded	$60 no ded	$80 no ded
$20 no ded	$20 no ded	$20 no ded
$50 no ded	$50 no ded	$50 no ded
$50 no ded	$50 no ded	$50 no ded
$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
0% after ded	5% after ded	10% after ded
$250 no ded	$250 no ded	$250 no ded
$50 no ded/$50 no ded	$50 no ded/$50 no ded	$50 no ded/$50 no ded
$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
40% no ded/40% no ded	40% no ded/40% no ded	40% no ded/40% no ded
0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
20% no ded	20% no ded	20% no ded
$40 no ded	$40 no ded	$40 no ded
Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Subject to ded and $100 copay	Subject to ded and $450 copay	Subject to ded and $900 copay
Subject to ded and $100 copay	Subject to ded and $450 copay	Subject to ded and $900 copay
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
None	None	None
$10	$10	$10
30% up to $300	30% up to $300	30% up to $300
40% up to $400	40% up to $400	40% up to $400
50% up to $500	50% up to $500	50% up to $500
$0 no ded	$0 no ded	$0 no ded
$50	$50	$50
$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded

Footnotes begin on page 43 | ded = Deductible

Silver 138 – 149% CSR plans	Personal Choice® EPO Silver Reserve[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family[10]	$100/$200
Coinsurance	5% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,700/$5,400 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250 no ded
Physician services	
Primary care office visit/retail clinic[13]	$10 after ded
Specialist office visit	$30 after ded
Telemedicine[28]	5% after ded
Urgent care	5% after ded
Spinal manipulations (20 visits per year)[6]	5% after ded
Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based[6]	$30 after ded/$30 after ded
Hospital/other medical services	
Inpatient hospital services (includes maternity)	5% after ded
Inpatient professional services (includes maternity)	5% after ded
Emergency room (not waived if admitted)	5% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	5% after ded/5% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	5% after ded/5% after ded
Biotech/specialty injectables — Home, office/outpatient	5% after ded/5% after ded
Infusion — Home, office/outpatient	5% after ded/5% after ded
Durable medical equipment/prosthetics	5% after ded
Mental health, serious mental illness & substance abuse — outpatient	$30 after ded
Mental health, serious mental illness & substance abuse — inpatient	5% after ded
Outpatient surgery	
Ambulatory surgical facility	5% after ded
Hospital-based	5% after ded
Outpatient lab/pathology	
Freestanding	5% after ded
Hospital-based	5% after ded
Prescription drugs[14,15,17,†]	
Rx ded (individual/family)	Integrated with medical ded
Retail generic	5% after ded[16]
Retail preferred brand[18]	5% after ded[16]
Retail non-preferred drug[18]	5% after ded[16]
Specialty[18]	50% after ded up to $500
Additional benefits	
Vision[20,21]	
Pediatric exam & pediatric eyewear[22,23]	$0 no ded
Dental[24,25]	
Pediatric dental ded (per individual)	Integrated with medical ded
Pediatric exams and cleanings[26]	0% no ded
Pediatric basic, major, and orthodontia services[27]	5% after ded

Personal Choice® PPO Silver[2]	
You pay in-network	**You pay out-of-network[4]**
$0/$0	$10,000/$20,000
10% unless otherwise noted	50% unless otherwise noted
$2,700/$5,400 copay and coinsurance	$20,000/$40,000 ded and coinsurance
$0	50% no ded
$0	n/a
$250	50% no ded
$5	50% after ded
$10	50% after ded
$20	Not covered
10%	50% after ded
10%	50% after ded
$10/$10	50% after ded/50% after ded
10%	50% after ded
10%	50% after ded
10%	10% no ded
10%/10%	50% after ded/50% after ded
10%/10%	50% after ded/50% after ded
10%/10%	50% after ded/50% after ded
10%/10%	50% after ded/50% after ded
10%	50% after ded
$10	50% after ded
10%	50% after ded
10%	50% after ded
10%	50% after ded
0%	50% after ded
50%	50% after ded
None	None
$4[16]	70%
15% up to $200[16]	70%
15% up to $200[16]	70%
50% up to $500	Not covered
$0	Not covered
$50	n/a
$0 no ded	Not covered
50% after ded	Not covered

Footnotes begin on page 43 | ded = Deductible

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Ded, individual/family[10]	$0/$0	$200/$400	$200/$400
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,100/$4,200 copay and coinsurance	$2,100/$4,200 copay, ded, and coinsurance	$2,100/$4,200 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250 no ded	$250 no ded
Physician services			
Primary care office visit/retail clinic[13]	$5	$10 no ded	$20 no ded
Specialist office visit	$15	$20 no ded	$40 no ded
Telemedicine[28]	$20	$20 no ded	$20 no ded
Urgent care	$25	$25 no ded	$25 no ded
Spinal manipulations (20 visits per year)[6]	$50	$50 no ded	$50 no ded
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (not waived if admitted)[12]	$50[12]	$50 no ded[12]	$50 no ded[12]
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10 no ded/$10 no ded	$10 no ded/$10 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20 no ded/$20 no ded	$20 no ded/$20 no ded
Biotech/specialty injectables — Home, office/outpatient	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20%	20% no ded	20% no ded
Mental health, serious mental illness & substance abuse — outpatient	$15	$15 no ded	$15 no ded
Mental health, serious mental illness & substance abuse — inpatient	$50 per day[7]	$50 per day no ded[7]	$50 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility	$50	Subject to ded and $200 copay	Subject to ded and $400 copay
Hospital-based	$50	Subject to ded and $200 copay	Subject to ded and $400 copay
Outpatient lab/pathology			
Freestanding	0%	0% no ded	0% no ded
Hospital-based	0%	0% no ded	0% no ded
Prescription drugs[14,15,17,†]			
Rx ded (individual/family)	None	None	None
Retail generic[16,19]	$4[16]	$4[16]	$4[16]
Retail preferred brand[16,18]	5% up to $300[16]	5% up to $300[16]	5% up to $300[16]
Retail non-preferred drug[16,18]	5% up to $400[16]	5% up to $400[16]	5% up to $400[16]
Specialty[18]	30% up to $500	30% up to $500	30% up to $500
Additional benefits			
Vision[20,21]			
Pediatric exam & pediatric eyewear[22,23]	$0	$0 no ded	$0 no ded
Dental[24,25]			
Pediatric dental ded (per individual)	$50	$50	$50
Pediatric exams and cleanings[26]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[27]	50% after ded	50% after ded	50% after ded

Keystone HMO Silver Proactive Lite[2]		
You pay in-network[3] Tier 1 – Preferred	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
$50/$100	$200/$400	$200/$400
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,100/$4,200 copay, ded, and coinsurance	$2,100/$4,200 copay, ded, and coinsurance	$2,100/$4,200 copay, ded, and coinsurance
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
$250 no ded	$250 no ded	$250 no ded
$5 no ded	$10 no ded	$20 no ded
$15 no ded	$20 no ded	$40 no ded
$20 no ded	$20 no ded	$20 no ded
$25 no ded	$25 no ded	$25 no ded
$50 no ded	$50 no ded	$50 no ded
$15 no ded/$15 no ded	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Subject to ded and $50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
0% after ded	5% after ded	10% after ded
$50 no ded	$50 no ded	$50 no ded
$10 no ded/$10 no ded	$10 no ded/$10 no ded	$10 no ded/$10 no ded
$20 no ded/$20 no ded	$20 no ded/$20 no ded	$20 no ded/$20 no ded
40% no ded/40% no ded	40% no ded/40% no ded	40% no ded/40% no ded
0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
20% no ded	20% no ded	20% no ded
$15 no ded	$15 no ded	$15 no ded
Subject to ded and $50 per day[7]	Subject to ded and $50 per day[7]	Subject to ded and $50 per day[7]
Subject to ded and $50 copay	Subject to ded and $200 copay	Subject to ded and $400 copay
Subject to ded and $50 copay	Subject to ded and $200 copay	Subject to ded and $400 copay
0% no ded	0% no ded	0% no ded
0% no ded	0% no ded	0% no ded
None	None	None
$4	$4	$4
5% up to $300	5% up to $300	5% up to $300
5% up to $400	5% up to $400	5% up to $400
30% up to $500	30% up to $500	30% up to $500
$0 no ded	$0 no ded	$0 no ded
$50	$50	$50
$0 no ded	$0 no ded	$0 no ded
50% after ded	50% after ded	50% after ded

Footnotes begin on page 43 | ded = Deductible

2020

Adult dental and vision plans

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

Independence

Choose your adult dental plan

Adult Dental Preferred is the plan for you if you're looking for an adult dental plan that covers preventive services (like exams and cleanings) and basic services (like fillings and root canals).

Adult Dental Premier is the plan for you if you're looking to get the added protection of lower out-of-pocket costs and coverage for major services, such as crowns and dentures.

	Adult Dental Preferred		Adult Dental Premier[29]	
One-time annual deductible	$50 individual; $150 family		$50 individual; $150 family	
Annual maximum benefit	$1,000 per covered member		$1,000 per covered member	
Start using these services right away				
Exams	Covered at 100%, no deductible, no waiting period	1 per 12 months	Covered at 100%, no deductible, no waiting period	1 per 6 months
Cleanings	Covered at 100%, no deductible, no waiting period	1 per 12 months	Covered at 100%, no deductible, no waiting period	1 per 6 months
Bitewing X-rays	Covered at 100%, no deductible, no waiting period	1 set per 24 months, ages 19 – 29; 1 set per 3 years, ages 30 and older	Covered at 100%, no deductible, no waiting period	1 set per 18 months
Full mouth X-rays	Covered at 100%, no deductible, no waiting period	1 per 5 years (new patients only)	Covered at 100%, no deductible, no waiting period	1 per 5 years
Fillings, extractions	50% after deductible	No waiting period	20% after deductible	No waiting period
You'll get these benefits after 12 months				
Root canals, periodontics, oral surgery	50% after deductible	12 month waiting period for new members	20% after deductible	12 month waiting period for new members
Crown and denture repair	50% after deductible	12 month waiting period for new members	20% after deductible	12 month waiting period for new members
Crowns and dentures	Not covered	N/A	50% after deductible	12 month waiting period for new members

Adult dental plans — Monthly premiums per member

Age	Adult Dental Preferred	Adult Dental Premier
19–25	$17.55	$31.42
26–39	$18.65	$33.38
40–49	$21.94	$39.27
50–63	$25.78	$46.14
64+	$26.33	$47.12

Choose an adult vision plan

	Vision Care 100	Vision Care 180
In-network benefits	**You pay**	**You pay**
Frequency (exam and hardware)	Once every calendar year	Once every calendar year
Copays for exam and lenses	$0	$0
Frame		
Davis Vision Exclusive Frame Collection (instead of allowance):		
• Fashion selection	$0 copay	$0 copay
• Designer selection	$15 copay	$0 copay
• Premier selection	$40 copay	$25 copay
Non-collection frame allowance	Up to $100, 20% discount on overage[30]	Up to $130, or up to $180[31] at Visionworks, 20% discount on overage[1]
Lens options	**You pay**	**You pay**
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	$0	$0
Tinting of plastic lenses	$15	$0
Scratch-resistant coating	$0	$0
Polycarbonate lenses	$35	$30
Ultraviolet coating	$0	$0
Anti-reflective (AR) coating	$40/$55/$69	$35/$48/$60
Progressive lenses	$65/$105/$140	$50/$90/$140
High-index lenses	$60	$55
Transition lenses (plastic photosensitive)	$70	$65
Polarized lenses	$75	$75
Contact lens benefit (instead of eyeglasses)	**Benefit**	**Benefit**
Davis Vision Contact Lens Collection (instead of allowance)		
• Disposable	Not covered	4 boxes/multi-packs
• Planned replacement	Not covered	2 boxes/multi-packs
• Evaluation, fitting, and follow-up care	Not covered	Included
Non-collection contact lenses: Materials allowance	Up to $100, plus 15% discount on overage[1]	Up to $130, plus 15% discount on overage[1]
Medically necessary contact lenses (with prior approval): Materials, evaluation, fitting, and follow-up care	Included	Included
Out of network	**Reimbursable amount (up to)**	**Reimbursable amount (up to)**
Eye examination	$40	$40
Frame	$50	$50
Lenses: single/bifocal/trifocal/lenticular	$40/$60/$80/$100	$40/$60/$80/$100
Elective contact lenses	$80	$105
Medically necessary contact lenses	$225	$225

Adult vision plans — Monthly premiums

Family tier	Vision Care 100	Vision Care 180
Individual	$13.21	$14.17
Individual + one dependent	$26.41	$28.33
Individual + two or more dependents	$39.62	$42.50

Health plan footnotes

Medical

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

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

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

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

4 Out-of-Network providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for out-of-network providers are based on the lesser of the Medicare Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is based on 50 percent of the actual charge of the provider with the exception of inpatient facility services. For inpatient facility covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is determined by Independence's fee schedule for the closest analogous covered service.

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

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

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

8 For this plan, inpatient maternity hospital services are subject to 30 percent coinsurance after deductible.

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

Keystone HMO Proactive

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

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

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

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

Prescription drugs

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

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

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

17 This plan utilizes the FutureScripts Preferred Pharmacy Network — a subset of the national retail pharmacy network. It includes over 59,000 pharmacies, including most major chains and local pharmacies except Rite Aid. With plans that use the Preferred Pharmacy network, filling a prescription at a non-participating pharmacy is considered out-of-network, and members must pay the total cost upfront. They may be able to get reimbursed for part of this cost, but they will need to submit a claim and reimbursement will be at a lower rate.

18 When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and the member will be responsible for the cost-sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If the member purchases a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.

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

† For all plans, member pays cost-sharing per each fill unless out -of-pocket max has been met.

‡ Embedded Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

Additional benefits

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

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

22 One eye exam per calendar year period.

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

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

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

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

27 Only medically necessary orthodontia is covered.

28 Independence telemedicine benefits are administered by MDLIVE, an independent company.

Adult dental and vision

29 With the Adult Dental Premier plan, the amount that the plan pays for these services is not deducted from the annual benefit maximum.

30 Discount not available at Walmart, Sam's Club, and Costco.

31 Enhanced frame allowance available at all Visionworks locations nationwide. Only available with Vision Care 180 plan.

Coverage for American Indians/ Alaskan Natives

Are you an American Indian or Alaskan Native?

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

Less than 300% FPL plan options

You may choose from any of the Standard plan options on pages 15–25, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium tax credit (subsidy).

More than 300% FPL plan options

You may choose from any of the Standard plan options on pages 15–25 and you will pay the cost-sharing amounts listed, but you will have $0 cost-sharing if you receive care for any essential health benefits that are referred by or received directly from the HIS, Indian Tribe, Tribal Organization, or Urban Indian Organization. You may also qualify for a premium tax credit.

Household Income

Family size	Less than 300% FPL	More than 300% FPL
Single	$37,469.99	$37,470.00
Family of 2	$50,729.99	$50,730.00
Family of 3	$63,989.99	$63,990.00
Family of 4	$77,249.99	$77,250.00
Family of 5	$90,509.99	$90,510.00
Family of 6	$103,769.99	$103,770.00
Family of 7	$117,029.99	$117,030.00
Family of 8*	$130,289.99	$130,290.00

* For more than eight, add this amount for each additional person: $4,420. This chart is intended to give you an idea if you will be eligible for help in paying your health insurance costs depending on your income, and household size. Final eligibility determinations and the actual amount of your tax credit will be determined by the federal government.

Source: https://aspe.hhs.gov/poverty-guidelines

Keystone HMO Proactive hospital tier placements

Tier 1 – Preferred $

Pennsylvania

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

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

Delaware
Crozer-Chester Medical Center
Delaware County Memorial Hospital
Springfield Hospital
Taylor Hospital

Lehigh
St. Luke's Health Network — Allentown Campus
St. Luke's Health Network — Bethlehem Campus

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

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

New Jersey

Burlington
Deborah Heart & Lung Center
Virtua Willingboro Hospital

Camden
Cooper Hospital University Medical Center

Mercer
Robert Wood Johnson University Hospital at Hamilton
St. Francis Medical Center

Salem
Memorial Hospital of Salem County

Warren
Hackettstown Community Hospital

Tier 2 – Enhanced $$

Pennsylvania

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

New Jersey

Camden
Virtua Our Lady of Lourdes Hospital

Gloucester
Inspira Medical Center — Woodbury

Delaware

New Castle
A.I. DuPont Hospital for Children

Tier 3 – Standard $$$

Pennsylvania

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

Bucks
St. Mary Medical Center

Chester
Main Line Health — Paoli Hospital

Delaware
Main Line Health — Riddle Hospital

Lancaster
Ephrata Community Hospital
Lancaster General Hospital

Lehigh
Lehigh Valley Hospital
Lehigh Valley Hospital — Muhlenberg
Sacred Heart Hospital

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

Philadelphia
Hospital of the University of Pennsylvania
Mercy Fitzgerald Hospital
Mercy Philadelphia Hospital
Methodist Hospital
Nazareth Hospital
Penn Presbyterian Medical Center
Pennsylvania Hospital
Temple — Northeast Campus
Temple University Hospital
Thomas Jefferson University Hospital

New Jersey

Burlington
Virtua Marlton Hospital
Virtua Memorial Hospital

Camden
Kennedy University Hospitals — Cherry Hill Division
Kennedy University Hospitals — Stratford Division
Kennedy University Hospitals — Washington Township Division
Virtua Voorhees Hospital

Hunterdon
Hunterdon Medical Center

Mercer
Capital Health System — Fuld Campus
Capital Health System — Hopewell Campus

Delaware

Salem
Inspira Medical Center — Elmer

Warren
St. Luke's Health Network — Warren Hospital

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

Maryland

Cecil
Union Hospital

Occasionally updates are made to our network and tier placements. Visit **ibx.com/findadoctor** for the latest information. Be sure to select *Keystone HMO Proactive* under Your Plan to see the tiers.

Important plan information

Benefits that require preapproval

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

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

Inpatient hospital stays

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

Utilization review

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

Continuity of care

(Continuity of care policy applies to HMO plans only)

Terminated providers

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

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

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

Emergency services

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

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

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

Complaints and grievances

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

Privacy policy

Protecting your privacy is very important to us. That is why we have taken numerous steps to see that your Protected Health Information (PHI) is kept confidential. PHI is individually identifiable health information about you. This information may be in oral, written, or electronic form. Independence Blue Cross may obtain or create your PHI while conducting our business of providing you with health care benefits. To view information and documentation related to privacy and HIPAA (the Health Insurance Portability and Accountability Act of 1996), visit **ibx.com/privacy** or call us at **215-241-4735** or **1-888-678-7005** (toll-free).

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

Prescription drug guidelines

Our prescription drug plans are administered by FutureScripts, an independent pharmacy benefits management company who is responsible for providing a network of participating pharmacies, administering benefits, conducting prior authorization reviews, and providing customer service. Our prescription drug plans are designed to provide you with safe and affordable access to covered medications. We support a number of procedures to support safe prescribing, including:

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

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

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

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

To learn more about safe prescribing procedures, see a list of drugs requiring prior authorization, find out what's covered by your plan, or find out how to file a request or appeal, visit **ibx.com/rx** or contact your broker.

Exception process

Your doctor may request coverage for a drug that is not on the formulary after a trial of covered drugs on the Value Formulary, or if there are medical reasons that you cannot use other covered drugs. Your doctor must submit an exception request that describes your need for the drug that is not covered on the formulary. Your doctor should fax the request to 1-888-671-5285. If your doctor does not receive a response in two business days, please call FutureScripts at 1-888-678-7012.

If the exception request is approved, the drug will be covered at the highest cost-share as listed in your benefits. Certain limits, such as quantity limits and age limits, will still apply. If the request is denied, you and your doctor will receive a denial letter. The letter will explain how to file an appeal, if you wish to appeal the decision.

Prescription drug program provider payment information

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

Benefits exclusions

The benefits summaries in this brochure represent only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy.
This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please contact your broker.

What's not covered?

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

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

Glossary

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

Copay – The flat fee you pay when you see a doctor or receive other services. For example, your health plan may have a $20 copay to see a doctor.

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

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

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

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

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

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

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

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

Primary care physician (PCP) – Another term for your family doctor.

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

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

Tax credit (subsidy) – Financial assistance from the government to help pay for your health insurance costs.

Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Discrimination is Against the Law

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

This Plan provides:

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

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

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

International health insurance offered through GeoBlue®

Make sure you're covered when you're abroad. Most plans cost just a few dollars per travel day, and you can enroll up to the day you plan to leave the country.

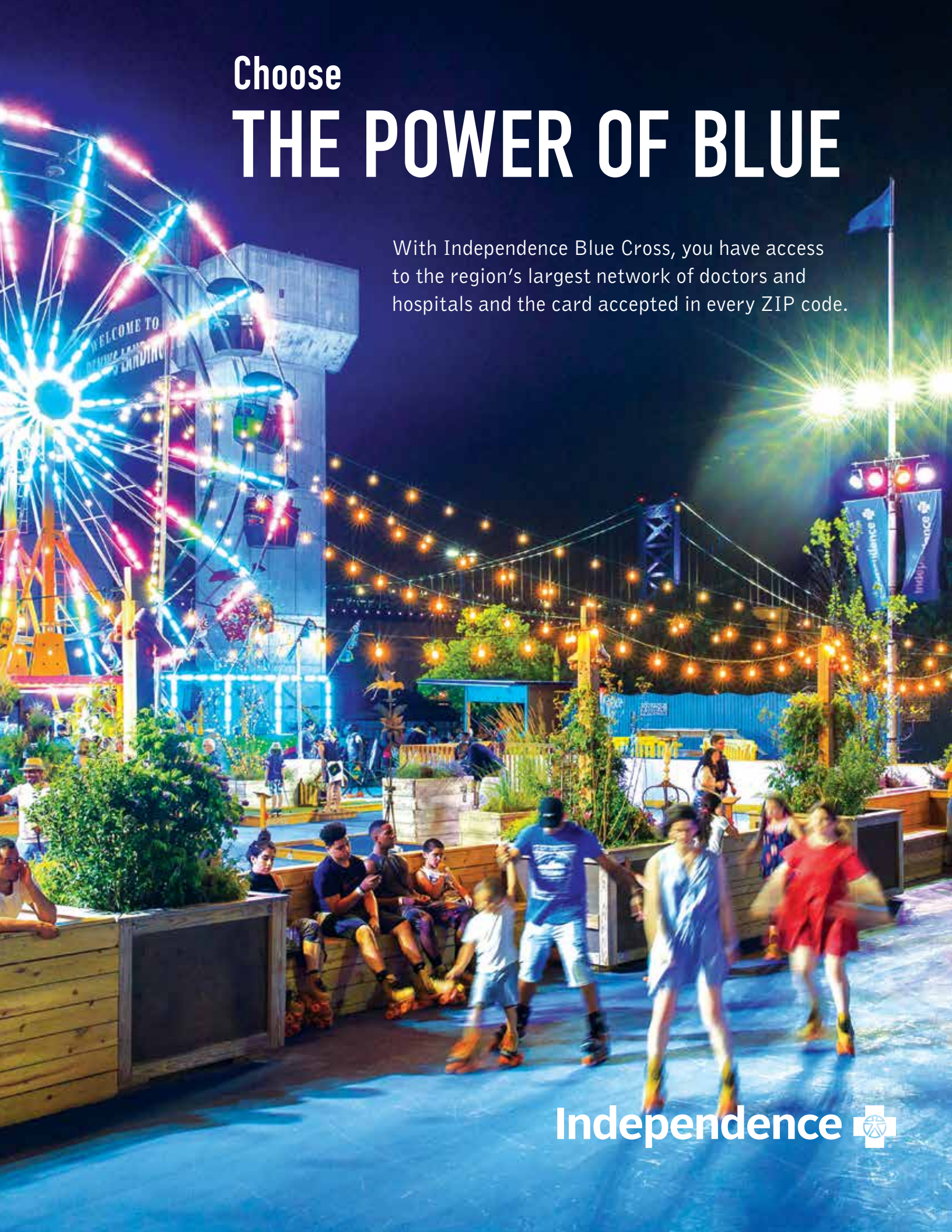
- Single trip, multi-trip, and expat plans available
- Access to English-speaking, Western-trained physicians in more than 190 countries
- Cashless, paperless billing
- Coverage for emergency medical evacuations, not typically covered by domestic medical plans
- 24/7/365 assistance

Get more information and an instant quote

Visit **ibx.com/global**

Call **1-855-481-6647 (TTY: 711)**

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


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

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

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

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

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

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

Independence

19371 752251 (10/19)