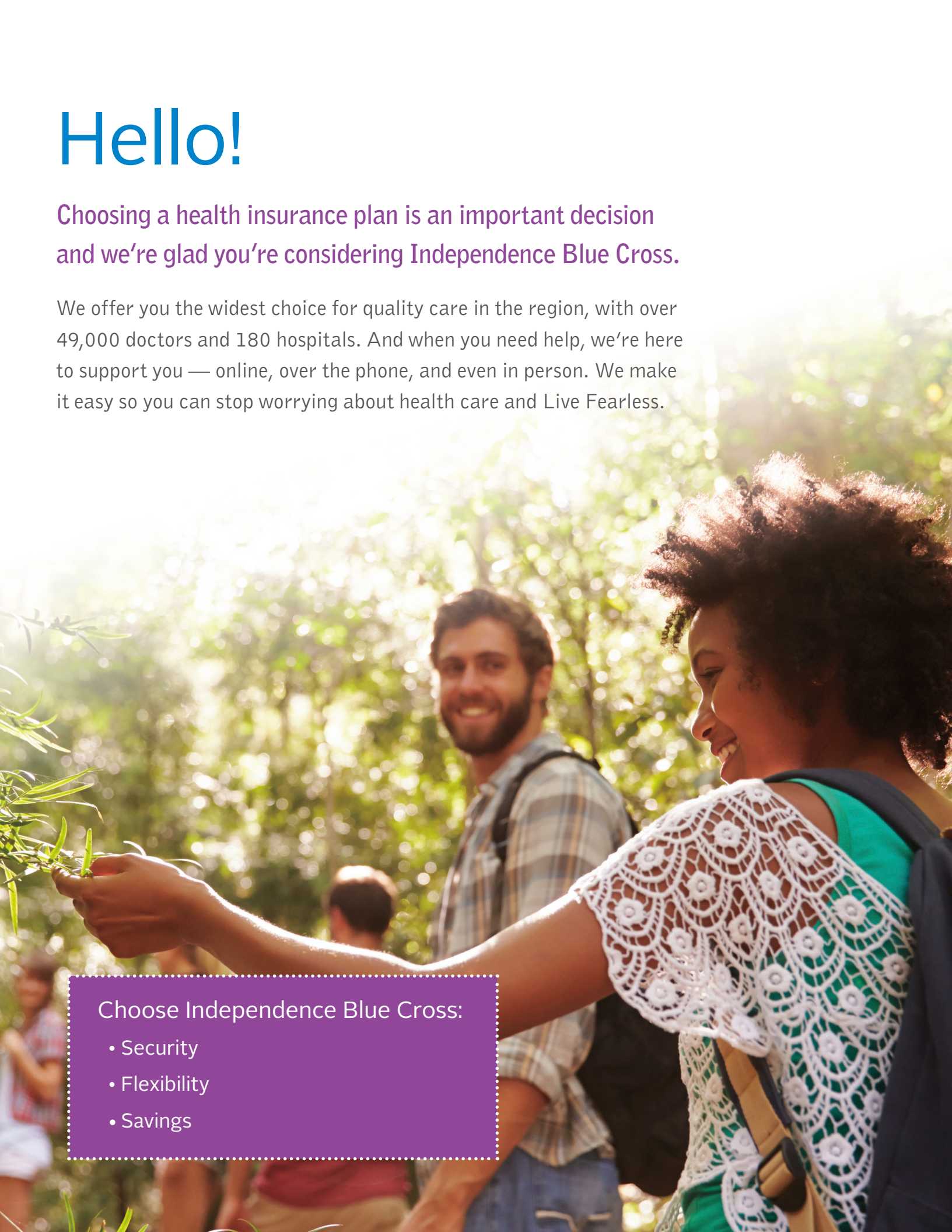
Independence

2019 Health Care Plans For Individuals and Families

Hello!

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

We offer you the widest choice for quality care in the region, with over 49,000 doctors and 180 hospitals. 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.



Choose Independence Blue Cross:

- Security
- Flexibility
- Savings

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Meet our plans

We offer a variety of health plans to meet your needs and fit your budget. No matter what plan you choose, you'll have access to the region's largest network of doctor's and hospitals.

HMOs, EPOs, and PPOs

We offer three types of health plans: Health Maintenance Organization (HMO), Exclusive Provider Organization (EPO), and Preferred Provider Organization (PPO). PPO plans may be appropriate if you want a little more freedom and flexibility, while HMO plans may offer a lower premium since you choose a primary care physician (PCP) to coordinate your care and refer you to specialists. EPO plans offer a balance of the two, as they only offer in-network coverage[1] but don't require you to select a PCP or get referrals.

HMO plan

In-network only

Primary Care Physician

Referral

Specialist

EPO plan

In-network only

Primary Care Physician

OR

Specialist

PPO plan

In- or out-of-network

Primary Care Physician

OR

Specialist

Lower premium ⟵ ⟶ More flexibility

Our HMO Proactive with a tiered network and HSA-qualified high deductible health plans are designed to offer the most value for your health care dollars. Get the details on p. 4–6.

1 Urgent and emergent care are covered at both in- and out-of-network providers.

What's the difference between these plans?

All of our plans cover essential health benefits like preventive care, emergency care, hospitalization, maternity services, and prescription drugs. But there are some key differences you should consider when choosing the best plan for you.

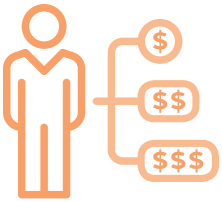
	HMO	HMO Proactive with a tiered network	EPO	EPO Reserve with an HSA	PPO
In-network coverage	✓	✓	✓	✓	✓
Out-of-network coverage[1]					✓
In-network benefits nationwide through BlueCard® PPO			✓	✓	✓
Requires selection of a primary care physician	✓	✓			
Referrals needed for specialists	✓	✓			
Includes a tiered network so you can choose when to save on care		✓			
Option of opening a tax-advantaged HSA				✓	

1 Urgent and emergent care are covered at both in- and out-of-network providers for all plan types.

Platinum, Gold, Silver, and Bronze health plans

The Affordable Care Act requires all plans to be organized by the level of coverage they offer — Platinum, Gold, Silver, and Bronze. Our plans are organized to align with these metallic levels. 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 catastrophic coverage that is available for people younger than 30 or those who qualify for a special exemption.

	P Platinum	G Gold	S Silver	B 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



Highlighted plans

Keystone HMO Proactive, our most popular plan

If you're looking for a health plan that offers you the best value, Keystone HMO Proactive plans with a tiered network may be right for you. You'll save on monthly premiums, plus you have the opportunity to save even more on your out-of-pocket costs each time you receive covered services.

How you'll save

Like a typical HMO, you select a primary care physician who can refer you to specialists. Once you have a referral, you can visit any doctor or hospital in the Keystone Health Plan East network.

We grouped our network into three tiers based on cost and, in many cases, quality measures. While all of the doctors and hospitals in our network must meet high quality standards, many offer services at a lower cost. You'll pay the lowest out-of-pocket costs when you visit doctors and hospitals in Tier 1 – Preferred.

The good news is that more than 50 percent of participating doctors and hospitals are in Tier 1 – Preferred. But the choice is always yours, and you can choose Tier 1 – Preferred for some covered services and Tiers 2 or 3 for others. Plus, there are some services that cost the same no matter where you go — like preventive care, emergency room, and urgent care.

We offer four Keystone HMO Proactive plans:

Keystone HMO Gold Proactive (p. 17)

Keystone HMO Silver Proactive (p. 20)

Keystone HMO Silver Proactive Select (p. 21)

Keystone HMO Silver Proactive Value (p. 23)

Blue Distinction Center+ hospitals

Blue Distinction Center+ (BDC+) hospitals are recognized for their expertise and efficiency in delivering specialty care. With a Keystone HMO Proactive plan, you can save on specialty care by choosing a BDC+ hospital in Tier 1 – Preferred, while being confident that it:

- Has extensive experience in one or more categories of specialty care
- Meets rigorous quality standards
- Consistently demonstrates positive care results

Keystone HMO Proactive hospital tier placements and BDC+ hospitals

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
Hahnemann University Hospital
Jeanes Hospital
Roxborough Memorial Hospital
Tower Health — Chestnut Hill Hospital
Wills Eye Hospital

New Jersey

Burlington

Deborah Heart & Lung Center
Lourdes Medical Center of Burlington County

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

Our Lady of Lourdes Medical Center

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

Salem

Inspira Medical Center — Elmer

Warren

St. Luke's Health Network — Warren Hospital

Delaware

New Castle

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

Maryland

Cecil

Union Hospital

Blue Distinction® Center+ Specialties

- Cardiac care
- Spine surgery
- Knee and hip replacement
- Maternity care

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

Health savings accounts

A health savings account, or HSA, is a tax-advantaged account you can open when you are in a qualified high deductible health plan. You make tax-free contributions to the HSA that you can then use to pay for eligible health care expenses. HSA funds may earn interest or investment income and any contributions you make are yours to keep, even if you change medical plans later. An HSA combined with a high deductible health plan gives you access to an extensive network of doctors, specialists, and hospitals and a powerful savings tool.

Advantages of an HSA

How HSAs work

- Pay for qualified health expenses, including dental and vision costs
- Leftover money rolls over each year
- Save money for future qualified health expenses

Pay no taxes on…

- Money you put in
- Money you use to pay for qualified health expenses
- Interest or investment income the HSA earns

Plans that include HSAs

Personal Choice® EPO Silver Reserve (p. 19)

Personal Choice® EPO Silver Reserve Select (p. 19)

Personal Choice® EPO Bronze Reserve (p. 25)

Watch your savings grow over time

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

Learn about financial assistance

For those who qualify, financial assistance is available to help pay for health insurance. There are several types of financial assistance to help people pay for health insurance costs:

Free or low-cost health insurance through Medicaid — Medicaid is a free public health insurance program administered by the Department of Health and Human Services. For information, visit dhs.pa.gov.

Lower monthly premiums and lower out-of-pocket costs when you receive care — You may qualify for help in paying for your monthly premium through a tax credit, also known as a subsidy. You may also be eligible for help with the out-of-pocket costs you pay when you need care.[1]

Lower monthly premiums — You may qualify for help in paying for your monthly premiums through a subsidy.[2]

You can choose to have your subsidy paid directly to your health insurance company so you will get the savings right away.

The Federal Poverty Level is used to determine eligibility for financial assistance.

If your income % of Federal Poverty Level is…					
	Less than 138%	138–149%	150–199%	200–249%	250–400%
Single	<$16,753.19	$16,753.20 – $18,209.99	$18,210 – $24,279.99	$24,280 – $30,349.99	$30,350 – $48,559.99
Family of 2	<$22,714.79	$22,714.80 – $24,689.99	$24,690 – $32,919.99	$32,920 – $41,149.99	$41,150 – $65,839.99
Family of 3	<$28,676.39	$28,676.40 – $31,169.99	$31,170 – $41,559.99	$41,560 – $51,949.99	$51,950 – $83,119.99
Family of 4	<$34,637.99	$34,638 – $37,649.99	$37,650 – $50,199.99	$50,200 – $62,749.99	$62,750 – $100,399.99
Family of 5	<$40,599.59	$40,599.60 – $44,129.99	$44,130 – $58,839.99	$58,840 – $73,549.99	$73,550 – $117,679.99
Family of 6	<$46,561.19	$46,561.20 – $50,609.99	$50,610 – $67,479.99	$67,480 – $84,349.99	$84,350 – $134,959.99
Family of 7	<$52,522.79	$52,522.80 – $57,089.99	$57,090 – $76,119.99	$76,120 – $95,149.99	$95,150 – $152,239.99
Family of 8[3]	<$58,484.39	$58,484.40 – $63,569.99	$63,570 – $84,759.99	$84,760 – $105,949.99	$105,950 – $169,519.99
You may be eligible for…					
	Free or low-cost health insurance	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy and cost-sharing reduction (CSR)	Premium subsidy
Plan types	Medical Assistance (Medicaid)	Silver 138–149% CSR plans	Silver 150–199% CSR plans	Silver 200–249% CSR plans	Standard plans
More info	dhs.pa.gov	p. 32–33	p. 30–31	p. 28–29	p. 15–25

This chart is intended to give you an idea of whether you'll 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/subsidy will be determined by the federal government.

Are you an American Indian or Alaskan Native?

The government offers Platinum, Gold, Silver, and Bronze plans with similar or no cost-sharing for those who qualify. See p. 34 or visit healthcare.gov to see if you may qualify for a plan with similar or no cost-sharing.

1 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.

2 If you qualify for a monthly premium subsidy, 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 subsidy, you can choose any one of these plans.

3 For more than eight, add this amount for each additional person: $4,320.

Source: ASPE HHS, https://aspe.hhs.gov/poverty-guidelines

Compare our plans

To make your decision easier, use the chart below to compare all of our health plans side by side. It includes the most frequently used benefits and their cost-sharing so you can identify plans that meet your needs. You can even write in your monthly premium from the rate sheet provided in this kit. Once you've narrowed down your choice, you can see our detailed benefit grids starting on p. 15, or read about our highlighted plans starting on p. 4.

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® PPO Silver	Personal Choice® EPO Silver Reserve	Personal Choice® EPO Silver Reserve Select[4]
Out-of-network benefits			✓			✓		
Primary care physician and referrals required		✓		✓	✓			
Out-of-pocket maximum	$4,500	$5,000	$6,500	$6,500	$7,900	$7,000	$6,750	$6,700
Deductible	$0	$0	$0	$0	$0	$2,500	$2,700	$2,700
Primary care physician visit	$15	$20	$30	$35	Tier 1 – $15 Tier 2 – $30 Tier 3 – $45	$30 no ded	30% after ded	30% after ded
Specialist visit	$50	$40	$65	$65	Tier 1 – $40 Tier 2 – $60 Tier 3 – $80	$70 no ded	30% after ded	30% after 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]	30% after ded	30% after ded
Generic prescription drugs	$10	$10	$15	$15	$20	$15 no ded	30% after ded	30% after ded
Special provisions	FP	FP	FP LCG	FP LCG	LCG MG PP	LCG MG PP	HSA MG PP	HSA MG PP

Worksheet. Use this section to calculate your estimated premium

Fill in your monthly premium	$	$	$	$	$	$	$	$
Fill in your subsidy amount	$	$	$	$	$	$	$	$
Subtract subsidy 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 PPO Silver, inpatient maternity hospital services are subject to 30% coinsurance after deductible.

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

4 These plans are not offered on the Federal Health Insurance Marketplace and must be purchased through Independence directly.

★ 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.

PP Preferred Pharmacy network means your coverage is available at more than 50,000 pharmacies.

Silver				Bronze				Catastrophic
Keystone HMO Silver[4]	★ Keystone HMO Silver Proactive	Keystone HMO Silver Proactive Select[4]	★ Keystone HMO Silver Proactive Value[4]	Personal Choice® PPO Bronze	Keystone HMO Bronze[4]	★ Personal Choice® EPO Bronze Reserve	Personal Choice® EPO Bronze Basic[4]	Personal Choice® EPO Catastrophic
				✓				
✓	✓	✓	✓		✓			
$7,000	$7,900	$7,850	$7,900	$7,900	$7,900	$6,750	$7,900	$7,900
$2,500	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $1,500 Tier 2 – $6,000 Tier 3 – $6,000	$5,500	$7,400	$6,750	$7,900	$7,900
$35 no ded	Tier 1 – $40 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	$50 no ded	0% after ded	Visits 1–3: $40 Visits 4+: 0% after ded	Visits 1–3: $50 Visits 4+: 0% after ded
$70 no ded	Tier 1 – $80 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	$100 no ded	0% after ded	0% after ded	0% after ded
30% after ded	Tier 1 – $500/day[1] Tier 2 – Subject to ded and $900/day[1] Tier 3 – Subject to ded and $1,300/day[1]	Tier 1 – $500/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 $500/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]	Subject to ded and $700/day[1]	0% after ded	0% after ded	0% after ded
$15 no ded	$20	$20	$20	$15 after ded (integrated with medical ded)	$15 after ded (integrated with medical ded)	0% after ded (integrated with medical ded)	0% after ded (integrated with medical ded)	0% after ded (integrated with medical ded)
LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	LCG MG PP	HSA MG PP	MG PP	MG PP
$	$	$	$	$	$	$	$	$
$	$	$	$	$	$	$	$	$
$	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

Prescription drug benefits

All of our medical plan offerings include prescription drug coverage. Our prescription drug benefits, administered by FutureScripts®, provide safe and affordable access to covered medications, while managing costs.

Cost-sharing levels

There are four levels of cost-sharing that range from lowest to highest cost, with generic drugs being the most affordable. In fact, members pay no more than $4 for certain generics at participating retail pharmacies.

$	$$	$$$	$$$$
GENERIC DRUGS	(Preferred Brand) BRAND-NAME DRUGS	(Non-preferred Brand) BRAND-NAME AND GENERIC DRUGS	SPECIALTY pharmacy drugs

Value Formulary

Helping members to consider generic and lower-cost brand medications

The Value Formulary includes a comprehensive list of generic, brand, and specialty drugs that helps keep costs down. Some drugs may not be covered if there are alternatives that can be used to treat the same condition for less.

EASY-TO-USE ONLINE TOOLS

Find a network pharmacy, estimate drug costs, review claims, and submit mail-order requests at ibxpress.com

MAIL ORDER CONVENIENCE

Free home delivery for medications you take regularly; some may receive a 90-day supply for the cost of a 60-day supply

SPECIALTY DRUG SAVINGS WITH BRIOVA Rx®

Convenient delivery and support from pharmacists and nurses by phone and through award-winning video consultation

68,000 pharmacies nationwide

Extensive network of retail and independent pharmacies

Note: Some prescription drug plans use the Preferred Pharmacy network, which includes more than 50,000 pharmacies. If members with these plans fill a prescription at a non-participating such as Rite Aid or Walgreens, they must pay the total cost up front. Members can submit a claim and may be reimbursed for part of the cost.

Other coverage

Adult dental and vision plans

Thinking about dental and vision coverage? You've come to the right place. Most health insurance plans only include dental and vision coverage for members younger than 19. That's why Independence Blue Cross offers adult dental and vision plans for adults ages 19 and older. And you can enroll in an adult dental or vision plan at any time, even if you aren't enrolled in an Independence Blue Cross medical plan.

Adult dental plans

- Flexibility to see any dentist you want, nationally*
- One of the largest dental networks in the country with over 63,000 unique dentists at over 246,000 access points nationwide
- 100-percent coverage for routine preventive care†
- Coverage for most basic and major dental services, such as fillings and root canals
- Discounts on non-covered services with some participating providers

Adult vision plans

- 100-percent coverage for routine annual eye exams with a participating provider
- Low- or no-cost frames from the Exclusive Davis Collection, available at most participating providers
- Option to use an allowance towards frames or contact lenses, in lieu of eyeglasses
- National provider network with over 72,000 points of access
- Discounts on other services including laser vision correction

Please see pages 36–39 for the adult dental and vision plans that we offer

International health insurance

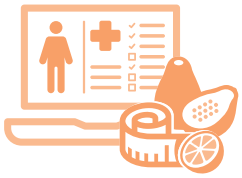
- Single trip, multi-trip, and expat plans available
- Access to English-speaking, Western-trained physicians in over 190 countries
- Comprehensive coverage for hospitalizations, doctor visits, and prescriptions
- Coverage for emergency medical evacuations, typically not covered by domestic medical plans
- Cashless, paperless billing
- 24/7/365 assistance for scheduling appointments and managing care

Visit ibx.com/global or call 1-855-481-6647 (TTY: 711) for more information and an instant quote.

*No need to get referrals to see specialists and no claim forms to submit when you see an in-network dentist.

† with an in-network provider

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.



Maximize your benefits

You want to get the most out of your benefits. Learn cost-effective ways to use your benefits and how to save money on common health care services.

Avoid the ER when it's not an emergency

When your doctor isn't available, you don't have to go far for high-quality and fast service for non-emergencies:

- **Telemedicine** — 24/7 access to a U.S. board-certified doctor by secure video, phone, or mobile app for treatment of non-emergent medical conditions[1] like allergies, sinus problems, or pink eye
- **Retail clinics** — Quick, convenient care for non-serious illnesses like cold and flu symptoms or digestive issues
- **Urgent care centers** — For illnesses or injuries that are not life-threatening but require immediate attention, such as sprains, sinus infections, and small wounds that need stitches

Save money by choosing the right provider

- **Save based on treatment site** — Pay lower cost-sharing for biotech/specialty injectables and infusion therapy that are administered in your home by an in-network home infusion provider or in an office setting, or pay higher cost-sharing when administered in an outpatient setting.
- **Save if you need outpatient surgery** — With many of our plans, you can pay less by choosing an in-network ambulatory surgical center (ASC). An ASC is a surgery center that is not hospital-based.
- **Choose Preventive Plus providers for colonoscopy**[2] — Pay $0 for a preventive colonoscopy when you choose a Preventive Plus provider or GI professional who is not hospital-based.[3] You could pay up to $750 in out-of-pocket costs if you choose a non-Preventive Plus provider.
- **Use in-network freestanding labs** — For select plans, you'll pay $0 for blood work and other lab services when you visit an in-network lab like LabCorp or the lab designated by your primary care physician.

As with any important health care matter, talk to your doctor to determine the most appropriate setting of care for you. Visit ibx4you.com/providerfinder to find in-network providers near you, including urgent care centers, retail clinics, ASCs, and labs.

1 While it's best to see your primary care physician for non-emergent medical conditions, telemedicine is a convenient option when it's not possible to visit your doctor's office, retail clinic, or urgent care center. Plus it's more cost-effective than visiting the ER for an illness that's not an emergency. In the event of an emergency, you should always go right to the nearest ER.

2 Age and frequency guidelines apply to preventive care, such as colonoscopies.

3 The Preventive Plus benefit does not apply to members who reside or travel outside our service area and access care through the BlueCard® Program or the Away From Home Care® Guest Membership Program. However, if they choose to visit an out-of-network provider, cost-sharing for their plan's out-of-network benefit applies, and their out-of-pocket costs may be significantly higher.

Improve your overall health and well-being

We're committed to helping you understand your health care benefits so you get the most out of them. Whether you're trying to find a doctor, get healthier, or make an important decision, we make it easy to Achieve with Independence Blue Cross.

Achieve Better Health

- 24/7 access to a registered nurse health coach who can answer your questions on any health topic
- Resources and support to help you manage your health
- Case managers to help you navigate complex illnesses or conditions
- Baby BluePrints®, a free program for pregnant members to provide support for a healthy pregnancy

Benefits tools and information

- Benefit summaries, booklets, EOBs, referrals, claims, and spending — all accessible at ibxpress.com and on our mobile app
- Find a doctor tool and care cost estimator
- Prescription drug finder and pricing tools
- Ask IBX tool to help answer your questions

Achieve Well-being

- Engaging, online tools that make it easier to achieve your well-being goals
- Personalized action plan with ongoing activities and reminders
- Ability to sync your fitness apps and devices to track your progress and biometrics
- Reimbursements for gym workouts, weight management, and stop-smoking programs

Get Connected

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

ibx.com/getconnected

Discounts and savings

- Up to six free nutritional counseling visits
- Healthy recipes and coupons available on getgoodliving.com*
- Money-saving discounts on health and well-being products and services*
- Deals on amusement parks, hotels, shopping, movie tickets, sporting events, and museums*

* Value-added programs are not benefits and are subject to change.

2019 Standard Plans

Questions?

Contact your broker for more information.

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]**
Deductible, individual/family	$0/$0	$0/$0
Coinsurance	0% unless otherwise noted	0% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$4,500/$9,000 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	$40
Telemedicine[28]	$40	$40
Urgent care	$100	$100
Spinal manipulations (20 visits per year)[6]	$50	$50
Physical/occupational therapy (30 visits per year)[6]	$50	$40
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	$40	$30
MRI/MRA, CT/CTA scan, PET scan	$80	$60
Biotech/specialty injectables — Home, office/outpatient	$100/$200	$60/$120
Infusion — Home, office/outpatient	$50/$100	$40/$80
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness & substance abuse — outpatient	$50	$40
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 deductible (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 $700	50% up to $700
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	$0
Dental[24,25]		
Pediatric dental deductible (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 35 | 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%
Out-of-pocket maximum, individual/family includes:[11]	$6,500/$13,000 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]	$40	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)[6]	$60	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	$60	50% after ded
MRI/MRA, CT/CTA scan, PET scan	$120	50% after ded
Biotech/specialty injectables — Home, office/outpatient	$120/$240	50% after ded/50% after ded
Infusion — Home, office/outpatient	$60/$120	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 $700	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
$6,500/$13,000 copay and coinsurance	$7,900/$15,800 copay and coinsurance	$7,900/$15,800 copay and coinsurance	$7,900/$15,800 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
$40	$40	$40	$40
$100	$100	$100	$100
$50	$50	$50	$50
$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
$120	$120	$120	$120
$120/$240	50%/50%	50%/50%	50%/50%
$60/$120	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 $700	50% up to $700[17,18]	50% up to $700[17,18]	50% up to $700[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

Silver health plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family	$2,500/$5,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:	$7,000/$14,000 copay, ded, and coinsurance	$20,000/$40,000 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	$30 no ded	50% after ded
Specialist office visit	$70 no ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	30% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$70 no ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	25% after ded[8]	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (not waived if admitted)	30% after ded	30% after in-network ded
Routine radiology	30% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	30% after ded	50% after ded
Biotech/specialty injectables — Home, office/outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home, office/outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$70 no ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	25% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	30% after ded	50% after ded
Hospital-based	50% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	0% no ded	50% after ded
Hospital-based	50% no ded	50% after ded
Prescription drugs[14,15,17,†]		
Rx ded (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$15 no ded[16,19]	70% no ded
Retail preferred brand[18]	50% after ded up to $300[16]	70% after ded
Retail non-preferred drug[18]	50% after ded up to $400[16]	70% after ded
Specialty[18]	50% after ded up to $700	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 Silver Reserve[2]	OFF Personal Choice EPO Silver Reserve Select[2]	OFF Keystone HMO Silver[2]
You pay in-network[3]	**You pay in-network[3]**	**You pay in-network[3]**
$2,700/$5,400	$2,700/$5,400	$2,500/$5,000
30% unless otherwise noted	30% unless otherwise noted	30% unless otherwise noted
$6,750/$13,500 copay, ded, and coinsurance	$6,700/$13,400 copay, ded, and coinsurance	$7,000/$14,000 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
30% after ded	30% after ded	$35 no ded
30% after ded	30% after ded	$70 no ded
30% after ded	30% after ded	$40 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	$60 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	$120 no ded
30% after ded	30% after ded	$250 no ded
30% after ded/30% after ded	30% after ded/30% after ded	30% after ded/50% after ded
30% after ded/30% after ded	30% after ded/30% after ded	30% after ded/50% after ded
30% after ded	30% after ded	50% after ded
30% after ded	30% after ded	$70 no ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	30% after ded
30% after ded	30% after ded	50% after ded
30% after ded	30% after ded	0% no ded
30% after ded	30% after ded	0% no ded
Integrated with medical ded	Integrated with medical ded	Integrated with medical ded
30% after ded[16]	30% after ded[16]	$15 no ded[16,19]
30% after ded[16]	30% after ded[16]	50% after ded up to $300[16]
30% after ded[16]	30% after ded[16]	50% after ded up to $400[16]
50% after ded up to $700	50% after ded up to $700	50% after ded up to $700
$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
30% after ded	30% after ded	50% after ded

OFF These plans are not offered on the Federal Health Insurance Marketplace and must be purchased through Independence directly.

Footnotes begin on page 35 | 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]	$7,900/$15,800 copay and coinsurance	$7,900/$15,800 copay, ded, and coinsurance	$7,900/$15,800 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]	$40	$40 no ded	$40 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)[6]	$80	$80 no ded	$80 no ded
Hospital/other medical services			
Inpatient hospital services (includes maternity)	$500 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	$120	$120 no ded	$120 no ded
MRI/MRA, CT/CTA scan, PET scan	$250	$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	$500 per day[7]	$500 per day no ded[7]	$500 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)	None	None	None
Retail generic[16,19]	$20	$20	$20
Retail preferred brand[16,18]	50% up to $400	50% up to $400	50% up to $400
Retail non-preferred drug[16,18]	50% up to $500	50% up to $500	50% up to $500
Specialty[18]	50% up to $700	50% up to $700	50% up to $700
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 Select[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
$0/$0	$6,000/$12,000	$6,000/$12,000
0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$7,850/$15,700 copay and coinsurance	$7,850/$15,700 copay, ded, and coinsurance	$7,850/$15,700 copay, ded, and coinsurance
0%	0% no ded	0% no ded
0%	0% no ded	0% no ded
$750	$750 no ded	$750 no ded
$40	$60 no ded	$70 no ded
$80	$120 no ded	$140 no ded
$40	$40 no ded	$40 no ded
$100	$100 no ded	$100 no ded
$50	$50 no ded	$50 no ded
$80	$80 no ded	$80 no ded
$500 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
0%	5% after ded	10% after ded
$550	$550 no ded	$550 no ded
$120	$120 no ded	$120 no ded
$250	$250 no ded	$250 no ded
50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
50%	50% no ded	50% no ded
$80	$80 no ded	$80 no ded
$500 per day[7]	$500 per day no ded[7]	$500 per day no ded[7]
$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
0%	0% no ded	0% no ded
0%	0% no ded	0% no ded
None	None	None
$20	$20	$20
50% up to $400	50% up to $400	50% up to $400
50% up to $500	50% up to $500	50% up to $500
50% up to $700	50% up to $700	50% up to $700
$0	$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 the Federal Health Insurance Marketplace and must be purchased through Independence directly.

Footnotes begin on page 35 | ded = Deductible

Silver health plans

Benefits per calendar year[1]

Ded, individual/family[10]

Coinsurance

Out-of-pocket maximum, individual/family includes:[11]

Preventive services[5]

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers

Preventive colonoscopy for colorectal cancer screening — Hospital-based

Physician services

Primary care office visit/retail clinic[13]

Specialist office visit

Telemedicine[28]

Urgent care

Spinal manipulations (20 visits per year)[6]

Physical/occupational therapy (30 visits per year)[6]

Hospital/other medical services

Inpatient hospital services (includes maternity)

Inpatient professional services (includes maternity)

Emergency room (not waived if admitted)[12]

Routine radiology

MRI/MRA, CT/CTA scan, PET scan

Biotech/specialty injectables — Home, office/outpatient

Infusion — Home, office/outpatient

Durable medical equipment/prosthetics

Mental health, serious mental illness & substance abuse — outpatient

Mental health, serious mental illness & substance abuse — inpatient

Outpatient surgery

Ambulatory surgical facility

Hospital-based

Outpatient lab/pathology

Freestanding

Hospital-based

Prescription drugs[14,15,17,†]

Rx ded (individual/family)

Retail generic[16,19]

Retail preferred brand[16,18]

Retail non-preferred drug[16,18]

Specialty[18]

Additional benefits

Vision[20,21]

Pediatric exam & pediatric eyewear[22,23]

Dental[24,25]

Pediatric dental ded (per individual)

Pediatric exams and cleanings[26]

Pediatric basic, major, and orthodontia services[27]

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
$7,900/$15,800 copay, ded, and coinsurance	$7,900/$15,800 copay, ded, and coinsurance	$7,900/$15,800 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
$40 no ded	$40 no ded	$40 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
Subject to ded and $500 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
$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 $500 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $500 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
None	None	None
$20	$20	$20
50% up to $400	50% up to $400	50% up to $400
50% up to $500	50% up to $500	50% up to $500
50% up to $700	50% up to $700	50% up to $700
$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 the Federal Health Insurance Marketplace and must be purchased through Independence directly.

Footnotes begin on page 35 | 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	$5,500/$11,000	$15,000/$30,000
Coinsurance	50% unless otherwise noted	50%
Out-of-pocket maximum, individual/family includes:	$7,900/$15,800 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]	$40 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)[6]	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	50% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	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]	OFF 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]
$6,750/$13,500	$7,900/$15,800	$7,400/$14,800
0%	0%	50% unless otherwise noted
$6,750/$13,500 copay, ded and coinsurance	$7,900/$15,800 copay, ded and coinsurance	$7,900/$15,800 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
0% after ded	Visits 1 – 3: $40 copay no ded* Visits 4+ : 0% after ded*	$50 no ded
0% after ded	0% after ded	$100 no ded
0% after ded	0% after ded	$40 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	$80 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	$120 no ded
0% after ded	0% after 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 copay 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 $700
$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 the Federal Health Insurance Marketplace and must be purchased through Independence directly.

Footnotes begin on page 35 | ded = Deductible

Catastrophic	Personal Choice® EPO Catastrophic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Ded, individual/family	$7,900/$15,800
Coinsurance	0%
Out-of-pocket maximum, individual/family includes:	$7,900/$15,800 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	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)	0% after ded
Physical/occupational therapy (30 visits per year)	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	0% after ded
MRI/MRA, CT/CTA scan, PET scan	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

Footnotes begin on page 35 | ded = Deductible

2019 Cost-Share Reduction Plans

Questions?

Contact your broker for more information.

Silver 200 – 249% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Ded, individual/family[10]	$2,500/$5,000	$10,000/$20,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$6,300/$12,600 copay, ded, and coinsurance	$20,000/$40,000 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[13]	$30 no ded	50% after ded
Specialist office visit	$60 no ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	20% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$60 no ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room (not waived if admitted)	20% after ded	20% after in-network ded
Routine radiology	20% after ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	20% after ded	50% after ded
Biotech/specialty injectables — Home, office/outpatient	20% after ded/20% after ded	50% after ded/50% after ded
Infusion — Home, office/outpatient	20% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	20% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$60 no ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	20% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	20% after ded	50% after ded
Hospital-based	20% after ded	50% after ded
Outpatient lab/pathology		
Freestanding	0% no ded	50% after ded
Hospital-based	50% no ded	50% after ded
Prescription drugs[14,15,17,†]		
Rx ded (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$15 no ded[16,19]	70% no ded
Retail preferred brand[18]	40% after ded up to $200[16]	70% after ded
Retail non-preferred drug[18]	50% after ded up to $200[16]	70% after ded
Specialty[18]	50% after ded up to $700	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

CSR 200–249

Personal Choice EPO Silver Reserve[2]	Keystone HMO Silver 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
$2,700/$5,400	$0/$0	$6,000/$12,000	$6,000/$12,000
30% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$4,200/$8,400 copay, ded, and coinsurance	$6,300/$12,600 copay and coinsurance	$6,300/$12,600 copay, ded, and coinsurance	$6,300/$12,600 copay, ded, and coinsurance
0% no ded	0%	0% no ded	0% no ded
0% no ded	0%	0% no ded	0% no ded
$750 no ded	$750	$750 no ded	$750 no ded
30% after ded	$40	$60 no ded	$70 no ded
30% after ded	$80	$120 no ded	$140 no ded
30% after ded	$40	$40 no ded	$40 no ded
30% after ded	$100	$100 no ded	$100 no ded
30% after ded	$50	$50 no ded	$50 no ded
30% after ded	$80	$80 no ded	$80 no ded
30% after ded	$500 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
30% after ded	0%	5% after ded	10% after ded
30% after ded	$550[12]	$550 no ded[12]	$550 no ded[12]
30% after ded	$120	$120 no ded	$120 no ded
30% after ded	$250	$250 no ded	$250 no ded
30% after ded/30% after ded	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
30% after ded/30% after ded	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
30% after ded	50%	50% no ded	50% no ded
30% after ded	$80	$80 no ded	$80 no ded
30% after ded	$500 per day[7]	$500 per day no ded[7]	$500 per day no ded[7]
30% after ded	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
30% after ded	$250	Subject to ded and $750 copay	Subject to ded and $1,250 copay
30% after ded	0%	0% no ded	0% no ded
30% after ded	0%	0% no ded	0% no ded
Integrated with medical ded	None	None	None
30% after ded[16]	$20[16,19]	$20[16,19]	$20[16,19]
30% after ded[16]	50% up to $400[16]	50% up to $400[16]	50% up to $400[16]
30% after ded[16]	50% up to $500[16]	50% up to $500[16]	50% up to $500[16]
50% after ded with $700	50% up to $700	50% up to $700	50% up to $700
$0 no ded	$0	$0 no ded	$0 no ded
Integrated with medical ded	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
30% after ded	50% after ded	50% after ded	50% after ded

Silver 150 – 199% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible, individual/family[10]	$2,200/$4,400	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$2,600/$5,200 copay, ded, and coinsurance	$20,000/$40,000 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	$500 no ded	50% no ded
Physician services		
Primary care office visit/retail clinic[13]	$20 no ded	50% after ded
Specialist office visit	$40 no ded	50% after ded
Telemedicine[28]	$40 no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	10% after ded	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$40 no ded	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10% no ded	50% after ded
Inpatient professional services (includes maternity)	10% no ded	50% after ded
Emergency room (not waived if admitted)	10% no ded	10% no ded
Routine radiology	10% no ded	50% after ded
MRI/MRA, CT/CTA scan, PET scan	10% no ded	50% after ded
Biotech/specialty injectables — Home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home, office/outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	10% after ded	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$40 no ded	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	10% no ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility	10% no ded	50% after ded
Hospital-based	10% no ded	50% after ded
Outpatient lab/pathology		
Freestanding	0% no ded	50% after ded
Hospital-based	50% no ded	50% after ded
Prescription drugs[14,15,17,†]		
Rx deductible (individual/family)	Integrated with medical ded	Integrated with medical ded
Retail generic	$7 no ded[16]	70% no ded
Retail preferred brand[18]	40% after ded up to $200[16]	70% after ded
Retail non-preferred drug[18]	50% after ded up to $200[16]	70% after ded
Specialty[18]	50% after ded up to $500	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0 no ded	Not covered
Dental[24,25]		
Pediatric dental deductible (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

CSR 150–199

Personal Choice EPO Silver Reserve[2]	Keystone HMO Silver 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
$500/$1,000	$0/$0	$1,250/$2,500	$1,250/$2,500
20% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,400/$4,800 copay, ded, and coinsurance	$2,600/$5,200 copay and coinsurance	$2,600/$5,200 copay, ded, and coinsurance	$2,600/$5,200 copay, ded, and coinsurance
0% no ded	0%	0% no ded	0% no ded
0% no ded	0%	0% no ded	0% no ded
$500 no ded	$500	$500 no ded	$500 no ded
20% after ded	$20	$30 no ded	$40 no ded
20% after ded	$40	$60 no ded	$80 no ded
20% after ded	$40	$40 no ded	$40 no ded
20% after ded	$50	$50 no ded	$50 no ded
20% after ded	$50	$50 no ded	$50 no ded
20% after ded	$40	$40 no ded	$40 no ded
20% after ded	$100 per day[7]	Subject to ded and $450 per day[7]	Subject to ded and $900 per day[7]
20% after ded	0%	5% after ded	10% after ded
20% after ded	$150[12]	$150 no ded[12]	$150 no ded[12]
20% after ded	$50	$50 no ded	$50 no ded
20% after ded	$100	$100 no ded	$100 no ded
20% after ded/20% after ded	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
20% after ded/20% after ded	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
20% after ded	20%	20% no ded	20% no ded
20% after ded	$40	$40 no ded	$40 no ded
20% after ded	$100 per day[7]	$100 per day no ded[7]	$100 per day no ded[7]
20% after ded	$100	Subject to ded and $450 copay	Subject to ded and $900 copay
20% after ded	$100	Subject to ded and $450 copay	Subject to ded and $900 copay
20% after ded	0%	0% no ded	0% no ded
20% after ded	0%	0% no ded	0% no ded
Integrated with medical ded	None	None	None
20% after ded[16]	$7[16]	$7[16]	$7[16]
20% after ded[16]	30% up to $300[16]	30% up to $300[16]	30% up to $300[16]
20% after ded[16]	40% up to $400[16]	40% up to $400[16]	40% up to $400[16]
50% after ded up to $500	50% up to $500	50% up to $500	50% up to $500
$0 no ded	$0	$0 no ded	$0 no ded
Integrated with medical ded	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
20% after ded	50% after ded	50% after ded	50% after ded

Footnotes begin on page 35 | ded = Deductible

Silver 138 – 149% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible, individual/family[10]	$0/$0	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum, individual/family includes:[11]	$1,500/$3,000 copay and coinsurance	$20,000/$40,000 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	$250	50% no ded
Physician services		
Primary care office visit/retail clinic[13]	$10	50% after ded
Specialist office visit	$20	50% after ded
Telemedicine[28]	$40	Not covered
Urgent care	10%	50% after ded
Spinal manipulations (20 visits per year)[6]	10%	50% after ded
Physical/occupational therapy (30 visits per year)[6]	$20	50% after ded
Hospital/other medical services		
Inpatient hospital services (includes maternity)	10%	50% after ded
Inpatient professional services (includes maternity)	10%	50% after ded
Emergency room (not waived if admitted)	10%	10% no ded
Routine radiology	10%	50% after ded
MRI/MRA, CT/CTA scan, PET scan	10%	50% after ded
Biotech/specialty injectables — Home, office/outpatient	10%/10%	50% after ded/50% after ded
Infusion — Home, office/outpatient	10%/10%	50% after ded/50% after ded
Durable medical equipment/prosthetics	10%	50% after ded
Mental health, serious mental illness & substance abuse — outpatient	$20	50% after ded
Mental health, serious mental illness & substance abuse — inpatient	10%	50% after ded
Outpatient surgery		
Ambulatory surgical facility	10%	50% after ded
Hospital-based	10%	50% after ded
Outpatient lab/pathology		
Freestanding	0%	50% after ded
Hospital-based	50%	50% after ded
Prescription drugs[14,15,17,†]		
Rx deductible (individual/family)	None	None
Retail generic	$4[16]	70%
Retail preferred brand[18]	20% up to $200[16]	70%
Retail non-preferred drug[18]	20% up to $200[16]	70%
Specialty[18]	50% up to $500	Not covered
Additional benefits		
Vision[20,21]		
Pediatric exam & pediatric eyewear[22,23]	$0	Not covered
Dental[24,25]		
Pediatric dental deductible (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

CSR 138–149

Personal Choice EPO Silver Reserve[2]	Keystone HMO Silver 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
$100/$200	$0/$0	$500/$1,000	$500/$1,000
10% unless otherwise noted	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
$2,000/$4,000 copay, ded, and coinsurance	$1,200/$2,400 copay and coinsurance	$1,200/$2,400 copay, ded, and coinsurance	$1,200/$2,400 copay, ded, and coinsurance
0% no ded	0%	0% no ded	0% no ded
0% no ded	0%	0% no ded	0% no ded
$250 no ded	$250	$250 no ded	$250 no ded
10% after ded	$10	$20 no ded	$30 no ded
10% after ded	$20	$40 no ded	$60 no ded
10% after ded	$40	$40 no ded	$40 no ded
10% after ded	$10	$10 no ded	$10 no ded
10% after ded	$50	$50 no ded	$50 no ded
10% after ded	$20	$20 no ded	$20 no ded
10% after ded	$75 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
10% after ded	0%	5% after ded	10% after ded
10% after ded	$75[12]	$75 no ded[12]	$75 no ded[12]
10% after ded	$10	$10 no ded	$10 no ded
10% after ded	$20	$20 no ded	$20 no ded
10% after ded/10% after ded	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
10% after ded/10% after ded	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
10% after ded	20%	20% no ded	20% no ded
10% after ded	$20	$20 no ded	$20 no ded
10% after ded	$75 per day[7]	$75 per day no ded[7]	$75 per day no ded[7]
10% after ded	$75	Subject to ded and $250 copay	Subject to ded and $500 copay
10% after ded	$75	Subject to ded and $250 copay	Subject to ded and $500 copay
10% after ded	0%	0% no ded	0% no ded
10% after ded	0%	0% no ded	0% no ded
Integrated with medical ded	None	None	None
10% after ded[16]	$4[16]	$4[16]	$4[16]
10% after ded[16]	10% up to $300[16]	10% up to $300[16]	10% up to $300[16]
10% after ded[16]	20% up to $400[16]	20% up to $400[16]	20% up to $400[16]
50% after ded up to $500	50% up to $500	50% up to $500	50% up to $500
$0 no ded	$0	$0 no ded	$0 no ded
Integrated with medical ded	$50	$50	$50
$0 no ded	$0 no ded	$0 no ded	$0 no ded
10% after ded	50% after ded	50% after ded	50% after ded

Coverage for American Indians/ Alaskan Natives

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 17–25, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium subsidy.

More than 300% FPL plan options

You may choose from any of the Standard plan options on pages 17–25 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 subsidy.

Household Income

Family size	Less than 300% FPL	More than 300% FPL
Single	$36,419.99	$36,420.00
Family of 2	$49,379.99	$49,380.00
Family of 3	$62,339.99	$62,340.00
Family of 4	$75,299.99	$75,300.00
Family of 5	$88,259.99	$88,260.00
Family of 6	$101,219.99	$101,220.00
Family of 7	$114,179.99	$114,180.00
Family of 8*	$127,139.99	$127,140.00

* For more than eight, add this amount for each additional person: $4,320. based on source: https://aspe.hhs.gov/poverty-guidelines

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/subsidy will be determined by the federal government.

Footnotes

Medical

* Retail clinic services are subject to 0% 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/providerfinder**.

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 5 copays per admission.

8 For PPO Silver, inpatient maternity hospital services are subject to 30% coinsurance after deductible.

9 For PPO Bronze, inpatient maternity hospital services are subject to 50% 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 Walgreens Healthcare Clinic and Rite Aid Redi Clinic, which are 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 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 50,000 pharmacies, including most major chains and local pharmacies except Walgreens and 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 chooses to purchase a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.

19 Certain designated generic drugs 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 share per each fill unless out of pocket max has been met.

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 For telemedicine, members are responsible for a $40 fee per occurrence. Independence telemedicine benefits are administered by MDLive, an independent company.

Adult dental and vision plans

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

Expect more from your adult dental plan

Independence Blue Cross offers two adult dental plans: Adult Dental Preferred and Adult Dental Premier. Here's what you can expect from both plans:

Expect a network that goes the distance. You get easy access to the national Concordia Advantage network, with more than 63,000 dentists and 246,000 points of access across the country.

TWO OUT OF THREE DENTISTS
in the Independence service area are part of the Concordia Advantage network

Expect discounts above the national average. Maximize your savings when you use a participating dentist — up to $937 on dental services!

OUR DENTAL PLANS	NATIONAL AVERAGE
DISCOUNTS OF MORE THAN **54%**	ABOUT **46%**

Expect flexibility and convenience. You have the option to see any dentist without a referral.

Expect 100% coverage for preventive care. Routine exams, cleanings, and X-rays are fully covered — pay $0 at the time of your visit.[1]

Expect immediate access to certain services. There's no waiting period for preventive care and certain basic services like fillings and extractions.

Expect hassle-free service.
First-call resolution: 96%
Claims paid within 30 days: 99%

1 With an in-network provider.

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

Choose your adult dental plan

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

Adult Dental Premier is the plan for you if you're looking to stretch your benefit dollars further and 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[1]	
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 lifetime (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 additional 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

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

Expect more from your adult vision plan

Expect a network that goes the distance. You get easy access to the national Davis Vision network, with more than 72,000 points of access across the country, including Visionworks stores and other retailers.

72,000 VISION ACCESS POINTS
are part of the Davis Vision network

Routine annual eye exams covered. You are fully covered for a routine annual eye exam with a participating provider at the time of your visit.

Expect $0 and low-cost options for frames and lenses. Choose from over 222 frames in the Davis Vision Exclusive Collection or use an allowance to choose frames or contact lenses from participating retailers nationwide, including Visionworks.

With the Vision Care 180 plan, you get an extra $50 frame allowance (up to $180) at Visionworks and deeper discounts on lens options

Expect hassle-free service. Enjoy discounts on other services, such as laser vision correction and name-brand hearing aid technology from EPIC hearing.

Next step: Apply!

There are several ways to enroll in Independence Blue Cross adult dental and vision plans:

- Visit ibx4you.com/dentalvision
- Call your broker or speak with one of our licensed sales agents at 1-844-762-2140 (TTY: 711).
- Complete the application in your enrollment kit and return it in the postage-paid envelope provided. Separate applications and payments are required for dental and vision plans.
- Stop by Independence LIVE on the 2nd floor of 1919 Market Street in Philadelphia for help from a licensed sales agent, Monday through Friday, 8 a.m. – 5 p.m.

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

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

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

There is a 30-day waiting period for all new vision plan contracts with original effective dates of January 1, 2019, and later.

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[1]	Up to $130, or up to $180[2] 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	4 boxes/multi-packs	4 boxes/multi-packs
• Planned replacement	2 boxes/multi-boxes	2 boxes/multi-packs
• Evaluation, fitting, and follow-up care	Included	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

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

2 Enhanced frame allowance available at all Visionworks locations nationwide.

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 **ibx4you.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 **ibx4you.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 level 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 level 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 call **1-866-346-2081 (TTY: 711)**.

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 call **1-866-346-2081 (TTY: 711)**.

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.

Subsidy – Financial assistance from the government (also known as a tax credit) 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*.

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.

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.

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