

2020

Adult dental and vision plans

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

Independence 



Choose your adult dental plan

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

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

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

Adult dental plans — Monthly premiums per member

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

Choose an adult vision plan

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

Adult vision plans — Monthly premiums

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

Health plan footnotes

Medical

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

- 1 Certain plan benefits may be enhanced to comply with health care reform law/regulations. Eligible dependent children are covered to age 26.
- 2 Embedded Deductible: Family deductible and out-of-pocket maximum apply when more than one person is covered under a plan. A covered family member only needs to satisfy his or her individual deductible before receiving plan benefits. Once the family deductible is met, then all covered family members will receive plan benefits. A covered family member only needs to satisfy his or her out-of-pocket maximum before that individual's benefits are covered in full. Once the family out-of-pocket is met, then all covered family members' benefits will be covered in full.
- 3 There are no out-of-network services available except for emergency services.
- 4 Out-of-Network providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for out-of-network providers are based on the lesser of the Medicare Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is based on 50 percent of the actual charge of the provider with the exception of inpatient facility services. For inpatient facility covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the amount is determined by Independence's fee schedule for the closest analogous covered service.
- 5 Age and frequency schedules may apply. In order to get a preventive colonoscopy without having to pay any out-of-pocket costs, you must choose Preventive Plus providers and GI professionals (gastroenterologists or colon and rectal surgeons) that are not hospital-based to perform the preventive colonoscopy. To find a Preventive Plus provider, visit ibx.com/findadoctor.
- 6 For PPO plans, visit limits are combined in- and out-of-network.
- 7 Amount shown reflects the copay per day. There is a maximum of five copays per admission.
- 8 For this plan, inpatient maternity hospital services are subject to 30 percent coinsurance after deductible.
- 9 For PPO Bronze, inpatient maternity hospital services are subject to 50 percent coinsurance after deductible.

Keystone HMO Proactive

- 10 For Keystone HMO Silver Proactive the deductible is combined for Tiers 2 and 3.
- 11 For all Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2, and 3 are combined.
- 12 For Keystone HMO Proactive plans, if you are admitted to an in-network hospital from the emergency room, the out-of-pocket costs for inpatient hospital will apply based on the tier of the in-network hospital. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Out-of-network providers for emergency services will be covered at the Tier 3 level of benefits.
- 13 For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Rite Aid Redi Clinic, which is assigned to Tier 3.

Prescription drugs

- 14 Prescription drug benefits are administered by FutureScripts, an independent company providing pharmacy benefit management services.
- 15 No cost-sharing is required at participating retail and mail order pharmacies for certain preventive drugs (prescription and over-the-counter drugs with a doctor's prescription).
- 16 Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription and then file a paper claim for reimbursement. The member should refer to their benefit booklet to determine the out-of-network coverage for their plan.

- 17 This plan utilizes the FutureScripts Preferred Pharmacy Network — a subset of the national retail pharmacy network. It includes over 59,000 pharmacies, including most major chains and local pharmacies except Rite Aid. With plans that use the Preferred Pharmacy network, filling a prescription at a non-participating pharmacy is considered out-of-network, and members must pay the total cost upfront. They may be able to get reimbursed for part of this cost, but they will need to submit a claim and reimbursement will be at a lower rate.
- 18 When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and the member will be responsible for the cost-sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If the member purchases a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.
- 19 Certain designated generic drugs are available at participating retail and mail order pharmacies for a reduced member cost-sharing (\$4 retail / \$8 mail order), after any applicable deductible.
 - † For all plans, member pays cost-sharing per each fill unless out-of-pocket max has been met.
 - ‡ Embedded Deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

Additional benefits

- 20 Independence vision plans are administered by Davis Vision, an independent company.
- 21 Pediatric vision benefits expire at the end of the month in which the child turns 19.
- 22 One eye exam per calendar year period.
- 23 Pediatric spectacle lenses covered at no extra cost include: single vision, lined bifocal, lined trifocal, or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers). Davis Vision Contact Lenses Collection is covered in full at participating independent providers.
- 24 Independence dental plans are administered by United Concordia Companies, Inc., an independent company.
- 25 Pediatric dental benefits are covered until the end of the calendar year in which the child turns 19.
- 26 One exam and one cleaning every six months per calendar year.
- 27 Only medically necessary orthodontia is covered.
- 28 Independence telemedicine benefits are administered by MDLIVE, an independent company.

Adult dental and vision

- 29 With the Adult Dental Premier plan, the amount that the plan pays for these services is not deducted from the annual benefit maximum.
- 30 Discount not available at Walmart, Sam's Club, and Costco.
- 31 Enhanced frame allowance available at all Visionworks locations nationwide. Only available with Vision Care 180 plan.

Coverage for American Indians/ Alaskan Natives



Are you an American Indian or Alaskan Native?

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

Less than 300% FPL plan options

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

More than 300% FPL plan options

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

Household Income

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

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

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

Keystone HMO Proactive hospital tier placements

Tier 1 – Preferred \$

Pennsylvania

Bucks

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

Chester

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

Delaware

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

Lehigh

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

Montgomery

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

Philadelphia

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

New Jersey

Burlington

Deborah Heart & Lung Center
Virtua Willingboro Hospital

Camden

Cooper Hospital University Medical Center

Mercer

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

Salem

Memorial Hospital of Salem County

Warren

Hackettstown Community Hospital

Tier 2 – Enhanced \$\$

Pennsylvania

Philadelphia

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

New Jersey

Camden

Virtua Our Lady of Lourdes Hospital

Gloucester

Inspira Medical Center — Woodbury

Delaware

New Castle

A.I. DuPont Hospital for Children

Tier 3 – Standard \$\$\$

Pennsylvania

Berks

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

Bucks

St. Mary Medical Center

Chester

Main Line Health — Paoli Hospital

Delaware

Main Line Health — Riddle Hospital

Lancaster

Ephrata Community Hospital
Lancaster General Hospital

Lehigh

Lehigh Valley Hospital
Lehigh Valley Hospital — Muhlenberg
Sacred Heart Hospital

Montgomery

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

Philadelphia

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

New Jersey

Burlington

Virtua Marlton Hospital
Virtua Memorial Hospital

Camden

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

Hunterdon

Hunterdon Medical Center

Mercer

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

Delaware

Salem

Inspira Medical Center — Elmer

Warren

St. Luke's Health Network —
Warren Hospital

New Castle

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

Maryland

Cecil

Union Hospital

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