Independence



Blue Solutions®

Health plans that prioritize care, flexibility, and savings for small employers

IBX

Never stop caring

Caring is a choice. It's one we make every day.

Every business deserves a health insurer that cares just as much as they do.

It starts with caring about the people who count on you — your employees. And it shows up in the ways Independence Blue Cross (IBX) supports the needs of our small business customers. We design our health plans and solutions around your needs to deliver care that's more affordable, accessible, and supports whole-person health.

We care about making health care more *affordable*.

By finding ways to lower costs and reduce barriers to care, your employees and their families can access quality care at a price that works.

We care about delivering a better *experience*.

By making things simpler, smoother, and easier to navigate, your employees can easily make the most of their health plan.

We care about elevating *whole-person health*.

By offering comprehensive benefits and innovative programs, we support our members' physical, mental, and financial well-being to help improve health outcomes.

Caring isn't just what we do. It's who we are. And we never stop caring about the people — and small businesses — we serve.

Look for this symbol to learn more.

Scan or click the QR code to access our 2027 small group portfolio toolkit.

ADDITIONAL MATERIALS



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The region's leading health plan — #1 in trust, choice, and member recommendation.*

*Based on the 2025 Blue Cross Blue Shield Association Brand Strength Measure Study for our service area.

New for 2027

What's new	Why it matters
Expanded access with 2 new EPO health plans	• New EPO plans offer flexible network solutions like a PPO plan but at a lower price point: — **EPO Platinum Preferred $30/$60/$400** — **EPO Gold Secure $1,000/$30/$60/$400**
Redesigned Healthy Lifestyles Rewards program	• Increased Healthy Lifestyles incentives: Members can earn more reward dollars when they complete eligible wellness programs • An enhanced Health Risk Assessment delivers personalized insights and connects members to relevant benefits and support • New member experience and greater spending flexibility
Removed the deductible requirement for Teladoc Health (Teladoc) visits on HSA-qualified High-Deductible Health Plans (QHDHPs)	• More affordable care options on demand • Members in QHDHPs won't have to meet their deductible to access Teladoc telemedicine, telebehavioral health, and teledermatology benefits at $0 cost-share
Better member support for specialty pharmacy through Free Market Health	• A simpler member experience, with ongoing personal support to help improve access to specialty drugs and medication adherence



ADDITIONAL MATERIALS

Scan or click on the QR code for more information about IBX products and services

Quick guide to your total benefits solution

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

Variety of coverage options

- **35 health plans**, including PPO, EPO, Direct POS, and HMO options
- Choose from **copay, coinsurance/deductible, copay/deductible, and high-deductible** health plans
- **Spending accounts:** HSA-qualified plans (PPO and EPO options)
- **Site-of-service benefits** included in certain health plans[1]
- **Virtual care benefits** with $0 cost-share through Teladoc or an in-network primary care provider or specialist at a reduced cost-share

Prescription drug

- All health plans include prescription drug coverage
- Coverage for **90-day fills** of maintenance medications at CVS retail pharmacies for the same cost-share as mail order/home delivery — less than three 30-day fills in most plans
- **Low-cost generic coverage** on all health plans[2]
- **Copay discounts** for select medications through **Sempre Health**
- **Free Market Health** ensures a seamless experience for members who are taking specific specialty drugs

Adult and pediatric vision

- All health plans include adult and pediatric vision benefits
- Members can use their in-network vision benefit at over **222,000 points of access**
- **In-network providers** include Visionworks, Pearle Vision, Target Optical, Warby Parker, and LensCrafters (adult vision benefit only)[3]
- **Enhanced frame allowance** available at preferred sites (adult vision benefit only)

Pediatric dental

- All health plans include **pediatric dental benefits** for dependents up to age 19
- Benefits provide **100% coverage for in-network dental exams and cleanings** once every six months

Financial well-being products and programs

- Adding spending accounts to your health plan selections offer **tax advantages** for you and your employees
- **AblePay** and **The College Tuition Benefit** are included at no cost

Offer your employees a complete benefits package

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

IBX Dental plans

Affordable and comprehensive PPO, EPO, and Managed Care dental plan options for the whole family.[4]

Supplemental insurance

Multiple products from our preferred partners help provide your employees with financial security in case of illness, accident, or injury.

International health plans from Blue Cross Blue Shield Global Solutions℠

Flexible solutions for short-term business travel and long-term expatriate assignments.

1 All plans include the Preventive Plus colonoscopy benefit. Other site-of-service benefits vary by plan design. Refer to the health plan charts beginning on page 19 for more details.

2 For HSA-qualified and HRA plans, members must meet their plan's deductible to receive their low-cost generics cost-share. The PPO Bronze HSA-0 $8,700/100% plan will continue to apply 0% after the deductible to all generic drugs.

3 Visionworks, Pearle Vision, Target, Warby Parker, and LensCrafters are in-network for adults only. These providers are out-of-network for pediatric members covered under small group medical plans.

4 Consult your IBX account representative for underwriting guidelines and eligibility.

Plans designed for affordability and access

IBX has a wide variety of health plans to fit your needs and budget.

Preferred: Copay health plans

The predictability of fixed out-of-pocket costs

- No deductible for in-network services
- Platinum and Gold options provide lower out-of-pocket costs
- Includes our popular tiered-network Keystone HMO Proactive health plans
- PPO and EPO plans for more flexibility; HMO and DPOS plans for affordability

Classic: Coinsurance/Deductible health plans

More control over health care choices

- Copays for doctor office visits
- Coinsurance on other services, including inpatient hospital admissions
- PPO plans available

Secure: Copay/Deductible health plans

Lower premiums with predictable out-of-pocket costs

- Copays for the most commonly used services
- Site-of-service differentials on certain services help members save more
- PPO and EPO plans available

Choose up to four health plans[1] from our portfolio, even if your employees live outside of the IBX five-county service area.[2]

GETTING HEALTH CARE COVERAGE RIGHT

Take a closer look at how IBX addresses theroot of rising health care costs.





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

2 Employees must reside in either the Pennsylvania five-county service area or a contiguous county to be eligible to enroll in a Keystone HMO Proactive plan.

NEW We've added two EPO health plans!

- **EPO Platinum Preferred $30/$60/$400** and **EPO Gold Secure $1,000/$30/$60/$400** offer affordability and added flexibility.
- Members have the freedom to see any in-network doctor or specialist without a referral, and they aren't required to select a PCP.
- Members can also save money on certain services through site-of-service benefits.

Health plans and network solutions that fit small business needs

Our Blue Solutions plans and networks are designed to give members the broadest access to the most cost-effective, quality care.

	Personal Choice® PPO	Personal Choice® EPO	Keystone Direct POS	Keystone HMO
Access to more than 60,000 in-network doctors	●	●	●	●
Out-of-network benefits	●		●	
PCP required			●	●
No specialist referrals needed for the highest level of benefits	●	●	●[1]	
In-network benefits nationwide through BlueCard® PPO	●	●		
Away From Home Care for members temporarily living outside the coverage area			●	●
Emergency and urgent care access worldwide	●	●	●	●
On-demand virtual care services from Teladoc and in-network doctors	●	●	●	●

Site-of-service benefits focus on choice and savings

Our large network of doctors and hospitals gives your employees access to care where and when they need it. Site-of-service benefits[2] give members choices when accessing certain services. Members save money on out-of-pocket costs based on where they receive health care for the following services:

- Virtual care visits with network primary care doctors and specialists[3]
- Outpatient labs
- Outpatient surgery[4]
- Preventive colonoscopy[5]
- Physical/Occupational therapy
- Routine/Complex radiology
- Biotech/Specialty injectables and infusion

1 Members with a Direct POS plan need a referral from their PCP for certain services: Routine X-rays, spinal manipulations, physical/occupational therapy, and acupuncture. For lab work, members should use the designated site selected by their PCP for the lowest out-of-pocket costs.

2 Site-of-service benefits vary by plan design. Refer to the health plan charts beginning on page 19 for more details.

3 The site-of-service virtual care benefit is for in network primary care and specialist visits and applies to most health plans. Refer to the health plan charts beginning on page 19 for more information.

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

5 All health plans include a Preventive Plus benefit with $0 member cost-sharing (no copayment, deductible, or coinsurance) when a member receives a preventive colonoscopy to screen for colorectal cancer at a Preventive Plus (P+) facility — and it is performed by an in-network professional (a gastroenterologist or a colon and rectal surgeon). Members pay $750 out of pocket by choosing non-Preventive Plus facilities. Age and frequency guidelines apply to preventive care, such as colonoscopies. The Preventive Plus benefit does not apply to members who reside or travel outside our service area and access care through the BlueCard® Program or the Away From Home Care® Guest Membership Program. For these members, a preventive colonoscopy to screen for colorectal cancer will be covered at no cost when they use an in-network provider. If they choose to visit an out-of-network provider, cost-sharing for their plan's out-of-network benefit applies, and their out-of-pocket costs may be significantly higher. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit. In addition to seeking services from Preventive Plus providers, colonoscopy screenings must meet the United States Preventive Services Task Force's (USPSTF) guidelines for $0 member cost- sharing to apply.

Virtual care that meets members where they are

- $0 24/7 virtual care for common and less urgent needs, including telemedicine, behavioral health, and dermatology services through Teladoc
- NEW $0 cost-share for members in HSA QHDHPs using Teladoc benefits —no deductible requirements necessary to access convenient care
- Many virtual services from PCPs and specialists available at a reduced cost-share[1]
- Fast access to high-quality virtual behavioral health care from the Connect to Care℠ network

IBX has access to the best doctors and hospitals[2] with 60,000 in-network, in-person, and virtual providers across the region.

1 Not all providers offer virtual care services. Check with your provider.

2 Based on the 2025 Blue Cross Blue Shield Association Brand Strength Measure Study for our service area.



Keystone HMO Proactive tiered network plans are a popular choice

Our Keystone HMO Proactive health plans give members access to the full Keystone Health Plan East HMO network at a lower premium. They offer the same essential health benefits as our other health plans.

The key differences are:

- Providers are grouped into three tiers based on cost and quality measures.
- Members choose a PCP to coordinate their care and refer them to specialists.
- They pay the lowest out-of-pocket costs by using doctors and hospitals in Tier 1 – Preferred.[1]

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

- Preventive care
- Emergency room[1]
- Urgent care
- Outpatient labs
- Prescription drugs
- Pediatric dental and vision
- Behavioral health services
- Physical and occupational therapy
- Routine radiology
- Spinal manipulations

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

50% of doctors and hospitals are in Tier 1 – Preferred.

ADDITIONAL MATERIALS

Scan or click to access the Keystone HMO Proactive tiered hospital directory.[2]

1 If a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care, including medical care provided by a participating professional provider, will apply based on the tier level of the in-network hospital or participating professional provider.

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

Faster access to behavioral health care

We help employees take better care of themselves, in less time and with the right support. Our Behavioral Health Care Navigation team is just a phone call away to help connect your employees to the right care and resources.

Digital care navigation offers fast and easy access to care

We also offer a digital behavioral health care navigation tool on our member website and mobile app to help members find high-quality, in-network mental health and substance use disorder care, at their own pace. This tool helps members identify providers that best match their needs and preferences, displaying in-network options with links for easy access to get started.

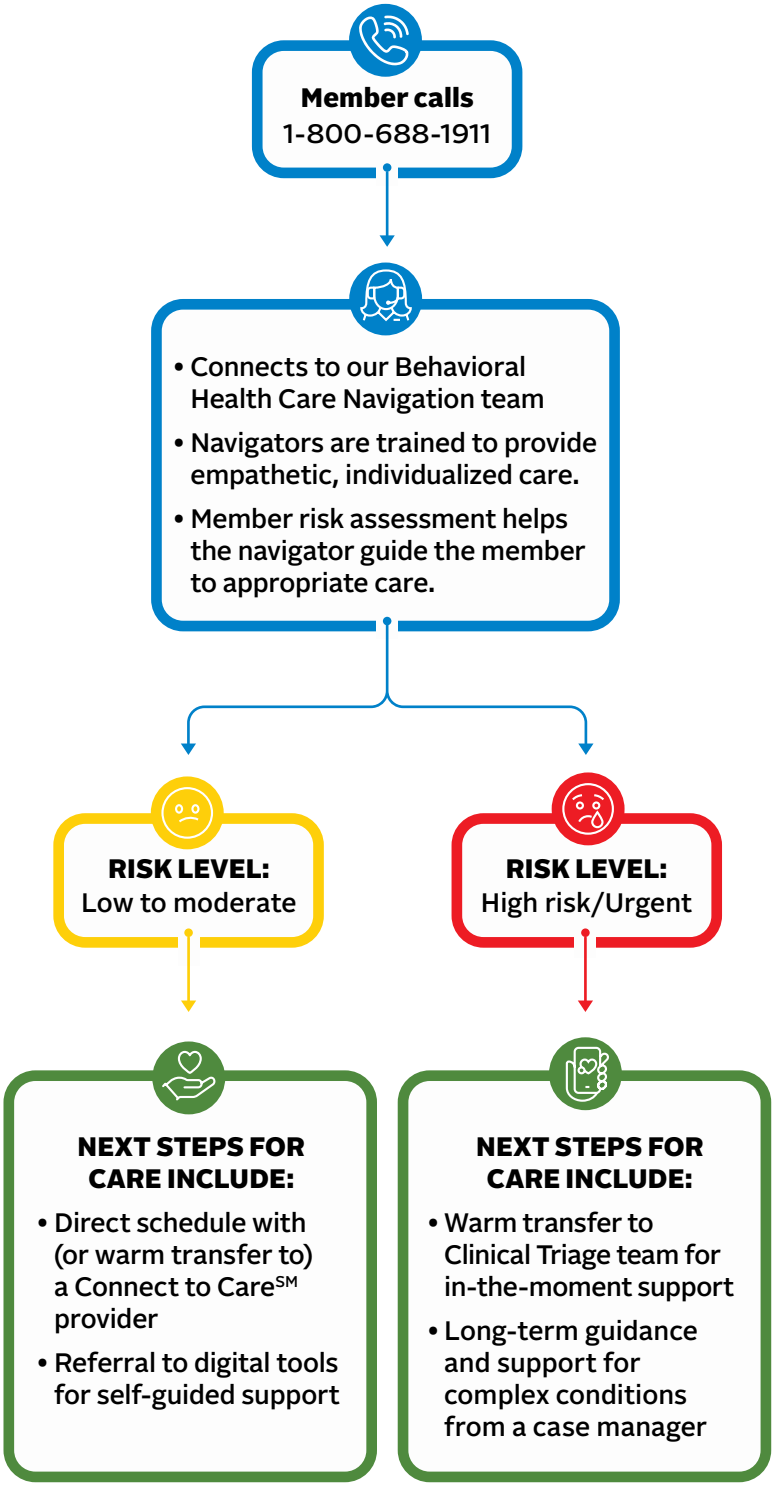
Care without the wait

Through the **Connect to Care**℠ network, members get an appointment in as quickly as 1 – 2 days, not weeks.

Self-guided tools for emotional and mental well-being

Members can access **Self Care from Spring Health** at no additional cost, a self-guided digital program designed to help them build healthy mental health habits, bring immediate relief from pressing concerns, and develop long-term skills for mental wellness.

Members can call the **Mental Health number** on the back of their ID card to connect with our Behavioral Health Care Navigation team for personalized guidance to the right level of care for their needs and help scheduling their first appointment: **1-800-688-1911**





NEW Autism support our members can count on

Our concierge autism program supports IBX members and their families who are being evaluated for or diagnosed with autism. Members are paired with a dedicated Autism Care Navigator, so they have one go-to person to help them pre- and post-diagnosis.

Here are some ways the program benefits our members and employers:

- Helps families find **timely, high-quality, and appropriate** in-network care to avoid unnecessary out-of-network costs.
- **Coordinates services across providers** to reduce avoidable delays or gaps in care and duplicative assessments and evaluations.
- **Whole-family coordination** supports caregivers and siblings to help reduce stress and time away from work.

Helping members manage chronic and complex conditions

Employees with chronic or complex conditions may require extra, targeted support to manage their health and use benefits efficiently.

Our **Registered Nurse Health Coaches** extend care provided at the doctor's office with:

Proactive care monitoring

Identifying health trends and ensuring employees receive coordinated, appropriate care.

Provider collaboration

Supporting doctors with robust data and analytics to optimize care plans and interventions.

Employee empowerment

Offering tools, resources, and encouragement to help employees take charge of their health.

Baby BluePrints®

This maternity program supports expectant mothers and promotes healthy pregnancy and postpartum care.

TruHearing®

TruHearing provides a comprehensive hearing care solution, including white-glove support, a no-cost hearing exam, and discounts on hearing aids.

Hear from an IBX member about how an IBX Health Coach helped save his life.

Providing extra support to members with cancer diagnoses

We support members throughout their cancer journey with personalized guidance, connection to high-quality treatment, and help managing costs so they can focus on what matters most.

- Preventive care, including **no-cost screenings and targeted outreach**, for earlier detection and better outcomes.
- **Personalized support** from Registered Nurse Health Coaches who guide them in their care journey.
- **Access to advanced therapies and expert care** through partnerships with top academic health systems and national Blue plans.
- **Proactive cost-management strategies**, including the use of biosimilars and site-of-care optimization.

AI in action

AI tools are helping IBX take steps to ensure better care coordination, reduce health care costs, and improve the member experience.

- Real-time AI-generated summary tool in clinical dashboards — reduces time for nurses to understand the member's overall health history and increases their ability to engage more members
- AI-enabled UM platform identifies requests that clearly meet criteria and quickly approves, while routing complex cases for clinical review — improves speed, consistency, and quality without replacing human clinical judgment
- Capturing member concerns and sentiment across all channels — service, portal, social — resulting in an improved experience and satisfaction

Health and well-being

Our well-being programs encourage healthier habits with reward incentives and opportunities to save on health care and everyday expenses.

ENHANCED Healthy Lifestyles Rewards program

Our reimagined Healthy Lifestyles Rewards program gives members the opportunity to earn money for taking steps every day that can add up to big changes in their health and their wallets.

1. Members must complete the newly enhanced Health Risk Assessment, which provides:
   - An enhanced member experience with more actionable steps to support our members' needs
   - Additional support when needed with our Registered Nurse Health Coaches
   - Access to the new Healthy Lifestyles Rewards platform*
2. Members and their families can get rewarded with a reloadable Visa® card when they complete these health- and lifestyle-improving programs. Members keep the Visa card and money is loaded directly onto the card after they submit their documentation.

   - **Fitness program**: Reward increased to $300. Eligible programs include an approved fitness center and/or virtual fitness program, including Peloton, NordicTrack, Tonal, Mirror, iFIT, and BODi.
   - **Weight management program**: Reward increased to $300. Eligible programs include an approved weight management program, such as Weight Watchers®, Weight Watchers® Online, or Noom, or an approved program offered at an in-network hospital.
   - **Smoking cessation program**: $150. Only approved tobacco cessation programs are eligible.
3. On the new Rewards platform, members now have more spending flexibility and choices with access to over 77,000 participating partners, including top retailers, restaurants, transportation and rideshare services, and much more.

Learn more about the new Healthy Lifestyles Rewards program!

ADDITIONAL MATERIALS

Nutrition counseling

Through their nutrition counseling benefit, members can receive up to six one-on-one virtual or in-person visits at no additional cost. Members have the option of seeing an in-network registered dietitian or a nutrition counselor via a variety of providers in our network, such as HUSK Nutrition.

* The new Healthy Lifestyles Rewards platform is powered by InComm.



Everyday value and engagement

Discounted products, services, and events encourage members to prioritize their health.

Blue365® offers exclusive deals and discounts on fitness gear, gym memberships, weight loss/healthy eating programs, and healthy travel experiences.*

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

Blue InsiderSM provides exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. Members can earn FunLife Rewards when making eligible purchases, to help offset or cover future purchases through the website.



Members can save money and feel more secure financially

AblePay

AblePay helps employees save up to 13% on out-of-pocket medical costs when using an AblePay provider — making it easier to manage and pay expenses with flexible, interest-free payment plans.

Spending accounts

HSAs offer both you and your employees tax-advantaged options that help reduce overall costs and support a range of health care needs. HSAs also offer investment options for market-savvy employees.

The College Tuition Benefit® (CTB)

The CTB helps employees reduce college costs by up to 25%, offering scholarship-like savings that can be applied to eligible schools for family members. Plus, employees can save up to 10% on select professional continuing education programs.

Learn how an IBX member used AblePay and their HSA to save almost $900.

Integrated pharmacy benefits lead to better outcomes

Every Blue Solutions health plan includes prescription drug coverage, giving your employees easy and affordable access to covered medications.

Helping members save on their medications

Price Edge Program

This program selects the lowest available price at the pharmacy, for a defined list of generic drugs, between the member's plan cost-share and any discount pricing (e.g., GoodRx). Members automatically pay the lower amount.

Copay card and copay assistance programs

These programs deliver out-of-pocket savings on specialty medications with some cost-shares reduced to as low as $0. Care Team Coordinators connect members taking high-cost specialty medications to available financial assistance, such as manufacturer coupons and copay cards, to significantly reduce or eliminate out-of-pocket costs.

Sempre Health

IBX works with **Sempre Health** to help improve medication adherence and lower costs by offering eligible members copay discounts at the pharmacy and timely refill reminders for their prescriptions.

ADDITIONAL MATERIALS

Learn more about these cost-saving pharmacy solutions.

90-day retail program

The **Retail 90 program** allows members to get up to a 90-day supply of maintenance medications for chronic conditions for the same cost as mail order/home delivery at CVS retail pharmacies. This means fewer trips to the pharmacy and lower out-of-pocket costs for members, and improved medication adherence that helps avoid costly complications.

NEW Free Market Health

To help manage the rising cost of specialty drugs and promote long-term affordability, we are working with **Free Market Health** to enable access to a competitive specialty drug marketplace with real-time best pricing. Free Market Health provides members with access to their specialty medication in a worry-free, efficient, cost-effective way.



More value for your employees and your bottom line

IBX coverage goes beyond traditional health plans, offering vision, dental, and other specialty insurance products that focus on preventive care, reducing costs, filling coverage gaps, and giving you the flexibility to build a more competitive benefits package.

Vision benefits

Every Blue Solutions health plan includes high-quality adult and pediatric vision benefits[1] that give members access to routine eye care, options for affordable eyewear, and more value-added services.

- National network of more than 222,000 access points
- Low-to-no copay on Davis Vision Exclusive Collection designer frames or an allowance toward any frame purchase
- Fixed copays on all lens styles and coatings, including protection against blue-light exposure
- In-network providers include Visionworks, Pearle Vision, Target Optical, Warby Parker, and LensCrafters[2]
- Discounted pricing and financing options on LASIK laser vision correction services through Davis Vision
- Free hearing exam, exclusive discounts on hearing aids and supplies, and more from Your Hearing Network through Davis Vision

Pediatric dental

All Blue Solutions health plans include in-network dental benefits[3] for children up to age 19, including 100% coverage for in-network dental exams and cleanings once every six months.

Personal Choice® PPO (included in PPO medical plans)

- To access their dental benefits, eligible pediatric members may see any in-network dentist.
- The IBX Dental PPO network has over 500,000 access points nationally.

Keystone Health Plan East DHMO (included in HMO and DPOS medical plans)

- The IBX Dental Managed Care network is one of the largest regional networks.

Note for Keystone Health Plan East DHMO members: Eligible members are required to select a primary dental office (PDO) from the plan's Managed Care dental network. To select a PDO, visit the IBX Dental member portal at ibxmember.dominionnational.com or contact Customer Service at 1-866-615-4956. When contacting Customer Service, provide your IBX member ID number, found on the front of your medical ID card. Once you have selected a PDO, you may contact the office to schedule an appointment and receive care. Your covered dependents may choose different PDOs. Pediatric members do not require a referral to see a pediatric dentist.

IBX Dental

The IBX Dental portfolio encourages prevention, early diagnosis, and treatment for the entire family. Choose from a wide variety of affordable PPO, EPO, and Managed Care plan options that feature rich, value-added services. Your employees will have access to a robust local network and an expanding national network, so they can find a dentist wherever they are. Best of all, you, your employees, and their dependents will benefit from the convenience and ease of administration when the company they know and trust can meet all their medical and dental care coverage needs.

Features

- Dental plans designed for prevention and savings, including plans with rollover benefit
- Robust provider networks[4]
- In-network savings
- No waiting periods

Supplemental insurance

Enhance your existing medical coverage and provide financial support for your employees in case of unexpected illness or injury with **life, disability, accident, critical illness, cancer, and hospital indemnity supplemental insurance coverage options** from our preferred partners.

International health plans from Blue Cross Blue Shield (BCBS) Global Solutions℠

With BCBS Global Solutions, your employees have access to care and support that is simplified, connected, and built for short- and long-term assignments:

- Unparalleled U.S. and global network
- Simplified payment and coordination
- Expertly coordinated medical assistance and emergency support
- Industry-leading digital tools

ADDITIONAL MATERIALS

Scan or click to access our IBX Dental portfolio.

1 Adult and pediatric vision benefits are not subject to a deductible.

2 Visionworks, Pearle Vision, Target, Warby Parker, and LensCrafters are in-network for adults only. Pediatric members covered under the medical plan are excluded.

3 Pediatric dental benefits are in-network only and include basic and major services, in addition to medically necessary orthodontia. All coinsurance, deductibles, and copayments for pediatric dental services contribute to the plan's out-of-pocket maximum.

4 Based on internal data.

A better experience for everyone

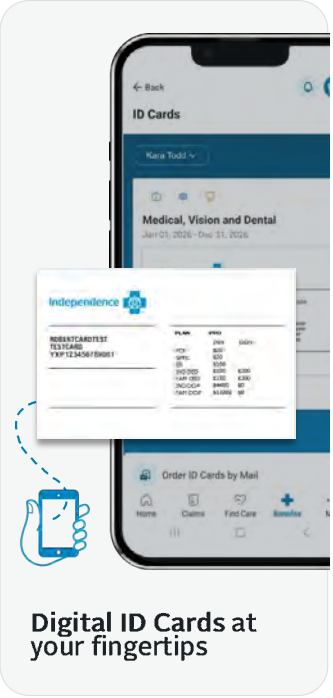
Employees can feel more confident using their benefits with tools, support, and solutions designed to make the experience simple, clear, and more connected.

Member digital experience

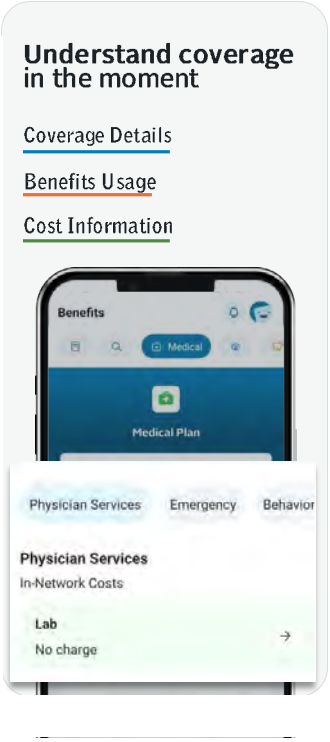
Our digital-first user experience anticipates needs, simplifies decisions, and offers meaningful, real-time support, right to our members' preferred devices. With our secure member portal and IBX mobile app, your employees can easily manage their benefits, health, and care team anywhere.

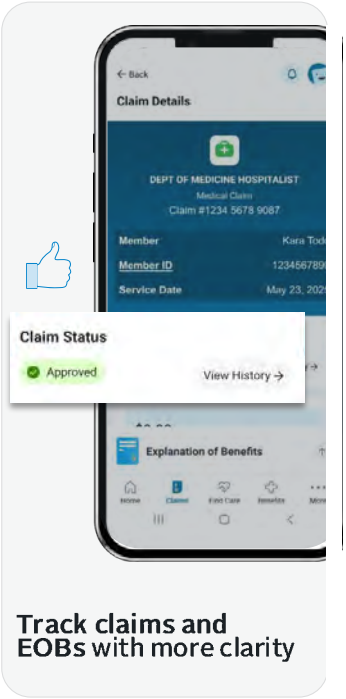
IBX is the most trusted health plan in the region.*

* Based on the 2025 Blue Cross Blue Shield Association Brand Strength Measure Study for our service area.

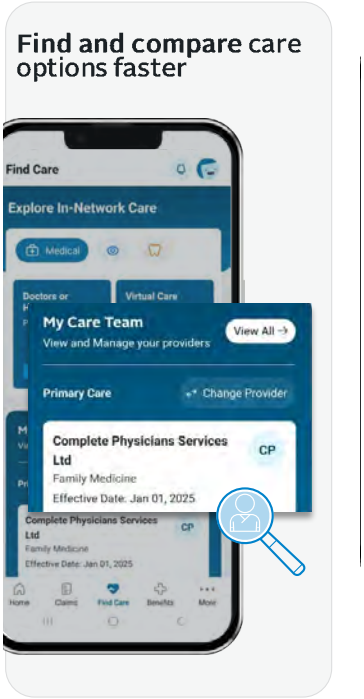


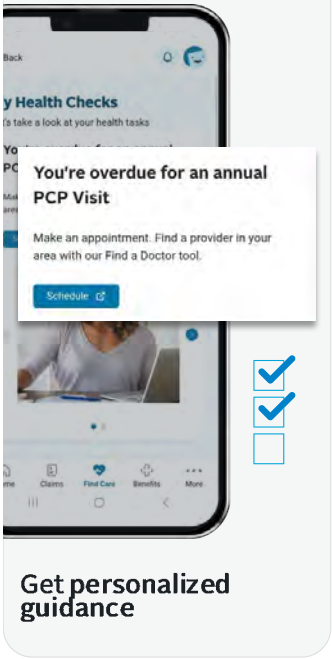
Digital ID Cards at your fingertips





Track claims and EOBs with more clarity





Get personalized guidance



Key features of the IBX mobile app include:

- Member dashboard that's personalized to their benefits and health care needs
- Enhanced provider search and cost transparency tools, including online appointment scheduling
- Digital behavioral health care navigation, with interactive provider search
- Health Checks to close gaps in care
- Detailed claims and prior authorization tracking and status monitoring
- Coordination of Benefits (COB) integration, reflecting status updates
- Enhanced security to ensure only the right users have access to member accounts

Employer experience

Manage your benefits more easily with streamlined tools and a more connected employer experience. From simplified billing to real-time communications, we help reduce administrative complexity so you can spend less time managing benefits and more time focusing on your business.

Designed to make your job easier

- **Simplified billing tools** let you view and pay multiple accounts in one place for faster, more efficient payment management.
- **Real-time updates and notifications** keep you informed of important changes and actions directly within the Group Portal.
- **Streamlined processes and automation** help reduce manual work, minimize errors, and save time.

Digital engagement drives healthier actions

Our award-winning digital engagement strategy delivers tailored messages to members about health topics, benefits updates, and wellness tips through IBX Wire text messages and email. Members can sign up at **ibx.com/getconnected**.

Identify

IBX identifies relevant messages based on claims, enrollment, benefits, or other member data points.

Clinical messages

Personalized health messages to help members stay on track with recommended care and preventive services.

"It's time to get your annual flu shot."

Transactional triggers

Important updates about coverage, benefits, and account activity.

"Your member ID card is on the way."

Core onboarding messages

Helpful information for members to get the most from their health plan and understand their benefits.

"Get to know the basics of your health plan."

Well-being reminders

Timely tips, reminders, and encouragement to support a member's health and wellness goals.

"You have unlimited access to mental health resources."

Notify

Member receives a text message letting them know they have a private message waiting and includes a secure link.

> Independence Blue Cross: You have a private message waiting.

58% of our subscribers are digitally engaged

65% of digitally engaged members have chronic conditions

60% of households have at least one member opted in

Engage

The member clicks the link to view personalized information, guidance, or actionable next steps.



Our Blue Solutions portfolio offers copay health plans, coinsurance/deductible health plans, and copay/deductible plans.

- **Preferred: Copay Health Plans**
- **Classic: Coinsurance/Deductible Health Plans**
- **Secure: Copay/Deductible Health Plans**

Platinum health plans	Personal Choice PPO Platinum Preferred[2] $10/$20/$150	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$4,750/$9,500 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$10/$5	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$20/$10	50% after ded/50% after ded
Retail clinic	$10	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$20[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$20/$50[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$150 per admission	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$100 (waived if admitted)	$100 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125/$250	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$20/$40	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$20/$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	$150 per admission	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$60	70% of retail
Retail non-preferred drug[18]	$150	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

Footnotes begin on page 53 | ded = Deductible

Platinum health plans	Personal Choice PPO Platinum Preferred[2] $15/$30/$200	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$5,000/$10,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$15/$10	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$30/$20	50% after ded/50% after ded
Retail clinic	$15	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$30[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$30/$60[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$200 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$150 (waived if admitted)	$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125/$250	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$30/$60	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$30/$30	50% after ded/50% after ded
Inpatient mental health and substance abuse	$200 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$150	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

Platinum health plans	Personal Choice PPO Platinum Preferred[2] $25/$50/$250	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$5,500/$11,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$25/$20	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$50/$35	50% after ded/50% after ded
Retail clinic	$25	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$50/$90[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$250 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$175 (waived if admitted)	$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125/$250	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$75/$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50/$50	50% after ded/50% after ded
Inpatient mental health and substance abuse	$250 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$150	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

Footnotes begin on page 53 | ded = Deductible

Platinum health plans	Keystone DPOS Platinum Preferred[2] $15/$30/$200	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$5,000/$10,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$15/$10	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$30/$20	50% after ded/50% after ded
Retail clinic	$15	50% after ded
Virtual care (from designated virtual provider)[†]	$0	Not covered
Urgent care	$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture[§] (18 visits per year)	$30[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$30/$30[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$200 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$150 (waived if admitted)	$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$30/$60	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$30/$30	50% after ded/50% after ded
Inpatient mental health and substance abuse	$200 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$150	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Not covered

Platinum health plans	Keystone DPOS Platinum Preferred[2] $25/$50/$250	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$5,500/$11,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$25/$20	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$50/$35	50% after ded/50% after ded
Retail clinic	$25	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$50/$50[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$250 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$175 (waived if admitted)	$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$75/$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50/$50	50% after ded/50% after ded
Inpatient mental health and substance abuse	$250 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$150	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Not covered

Footnotes begin on page 53 | ded = Deductible

Platinum health plans	Keystone HMO Platinum Preferred[3] $15/$30/$200	Keystone HMO Platinum Preferred[3] $25/$50/$250
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$0	$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family includes:	$5,000/$10,000 coinsurance and copays	$5,500/$11,000 coinsurance and copays
Preventive services[8]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750
Physician services		
Primary care visit — Office/Virtual care	$15/$10	$25/$20
Specialist visit — Office/Virtual care	$30/$20	$50/$35
Retail clinic	$15	$25
Virtual care (from designated virtual provider)†	$0	$0
Urgent care	$40	$50
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$30	$50
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$30/$30	$50/$50
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$200 per day[11]	$250 per day[11]
Inpatient professional services (includes maternity)	$0	$0
Emergency room	$150 (waived if admitted)	$175 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40	$40/$40
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	$100/$100
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	$75/$150
Infusion — Home or office/Outpatient	$30/$60	$50/$100
Durable medical equipment and prosthetics	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	$30/$30	$50/$50
Inpatient mental health and substance abuse	$200 per day[11]	$250 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	$100/$200
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10/$10
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	$3
Retail generic[18]	$10	$10
Retail preferred brand[18]	$75	$75
Retail non-preferred drug[18]	$150	$150
Self-administered specialty drug	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0
Adult routine eye exam[25]	$0	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Copay varies

Platinum health plans	Keystone HMO Platinum Preferred[3] $30/$60/$400	Personal Choice EPO Platinum Preferred[3] $30/$60/$400
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$0	$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family includes:	$6,000/$12,000 coinsurance and copays	$6,000/$12,000 coinsurance and copays
Preventive services[8]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750
Physician services		
Primary care visit — Office/Virtual care	$30/$20	$30/$20
Specialist visit — Office/Virtual care	$60/$40	$60/$40
Retail clinic	$30	$30
Virtual care (from designated virtual provider)[†]	$0	$0
Urgent care	$75	$75
Spinal manipulations (20 visits per year) or acupuncture[§] (18 visits per year)	$60	$60
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60/$90
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$400 per day[11]	$400 per day[11]
Inpatient professional services (includes maternity)	$0	$0
Emergency room	$200 (waived if admitted)	$300 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40	$60/$120
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	$125/$250
Biotech/Specialty injectables — Home or office/Outpatient	$75/$150	$75/$150
Infusion — Home or office/Outpatient	$60/$120	$60/$120
Durable medical equipment and prosthetics	50%	30%
Outpatient mental health and substance abuse — Office visit/All other	$60/$60	$60/$60
Inpatient mental health and substance abuse	$400 per day[11]	$400 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$100/$200	$100/$200
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10/$75
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	$3
Retail generic[18]	$10	$15
Retail preferred brand[18]	$85	$85
Retail non-preferred drug[18]	$150	$150
Self-administered specialty drug	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0
Adult routine eye exam[25]	$0	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$50
Pediatric exams and cleanings[29, 30]	$0	$0 no ded
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	50% after ded/50% no ded[32]

Footnotes begin on page 53 | ded = Deductible

Platinum health plans	Personal Choice PPO Platinum HSA — 50[4] $2,500/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,500/$5,000	$10,000/$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$15 after ded	50% after ded
Retail preferred brand[18]	$85 after ded	50% after ded
Retail non-preferred drug[18]	$200 after ded	50% after ded
Self-administered specialty drug	50% after ded up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	0% after ded	Not covered

Gold health plans	Personal Choice PPO Gold Preferred[2] $40/$80/$500	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$7,000/$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$7,500/$15,000 coinsurance and copays	$21,000/$42,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40/$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80/$55	50% after ded/50% after ded
Retail clinic	$40	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80/$110[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$500 per admission	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$300 (waived if admitted)	$300 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$70/$175	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150/$300	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$125/$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$80/$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80/$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	$500 per admission	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$150/$350	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$15	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

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Gold health plans	Personal Choice PPO Gold Preferred[2] $40/$80/$600	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$7,000/$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,800/$17,600 coinsurance and copays	$21,000/$42,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40/$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80/$55	50% after ded/50% after ded
Retail clinic	$40	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80/$110[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$600 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$500 (waived if admitted)	$500 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$70/$175	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150/$300	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$125/$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$80/$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80/$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	$600 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$350/$800	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$20	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

Gold health plans	Personal Choice PPO Gold Classic[2] $1,500/$20/$40/80%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$1,500/$3,000	$8,500/$17,000
Coinsurance	20%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$20 no ded/$15 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$40 no ded/$25 no ded	50% after ded/50% after ded
Retail clinic	$20 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$40 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40 no ded/$80 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room	20% after ded	20% after in-network ded
Routine radiology — Freestanding/Hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$40 no ded/20% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	20% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	20% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$20	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

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Gold health plans	Personal Choice PPO Gold Classic[2] $3,000/$40/$80/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$3,000/$6,000	$8,500/$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,000/$18,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	$100 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$110 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	$450 no ded (waived if admitted)	$450 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/0% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$20	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

Gold health plans	Keystone DPOS Gold Preferred[2] $40/$80/$650	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$0	$7,000/$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,200/$18,400 coinsurance and copays	$21,000/$42,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40/$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80/$55	50% after ded/50% after ded
Retail clinic	$40	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80/$80[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$650 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$500 (waived if admitted)	$500 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$120/$120[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300/$300	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$125/$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$80/$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80/$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	$650 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$450/$900	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$20	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Not covered

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Gold health plans	Keystone HMO Gold Preferred[3] $40/$80/$650
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$0
Coinsurance	0%
Out-of-pocket maximum — Individual/Family includes:	$9,200/$18,400 coinsurance and copays
Preventive services[8]	
Preventive care for adults and children	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750
Physician services	
Primary care visit — Office/Virtual care	$40/$30
Specialist visit — Office/Virtual care	$80/$55
Retail clinic	$40
Virtual care (from designated virtual provider)†	$0
Urgent care	$100
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80/$80
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	$650 per day[11]
Inpatient professional services (includes maternity)	$0
Emergency room	$500 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$120/$120
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300/$300
Biotech/Specialty injectables — Home or office/Outpatient	$125/$250
Infusion — Home or office/Outpatient	$80/$160
Durable medical equipment and prosthetics	50%
Outpatient mental health and substance abuse — Office visit/All other	$80/$80
Inpatient mental health and substance abuse	$650 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$450/$900
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10
Prescription drugs[16, 17, 19]	
Rx deductible — Individual/Family	$0
Low cost generic[18]	$3
Retail generic[18]	$20
Retail preferred brand[18]	$85
Retail non-preferred drug[18]	$200
Self-administered specialty drug	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0
Adult routine eye exam[25]	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0
Pediatric exams and cleanings[29, 30]	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies

Gold health plans	Keystone HMO Gold Proactive[3]		
Benefits per contract year[1]	**You pay in-network[6] – Tier 1 - Preferred**	**You pay in-network[6] – Tier 2 - Enhanced**	**You pay in-network[6] – Tier 3 - Standard**
Deductible — Individual/Family	$0	$0	$0
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$10,500/$21,000[12] coinsurance and copays	$10,500/$21,000[12] coinsurance and copays	$10,500/$21,000[12] coinsurance and copays
Preventive services[8]			
Preventive care for adults and children	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750	$750
Physician services			
Primary care visit — Office/Virtual care	$15/$10	$30/$20	$45/$30
Specialist visit — Office/Virtual care	$40/$30	$60/$40	$80/$55
Retail clinic	$15[13]	$30[13]	$45[13]
Virtual care (from designated virtual provider)†	$0	$0	$0
Urgent care	$40	$40	$40
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50	$50	$50
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60/$60	$60/$60
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	$350 per day[11, 14]	$700 per day[11, 14]	$1,100 per day[11, 14]
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room	$400 (waived if admitted)	$400 (waived if admitted)	$400 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$100/$100	$100/$100	$100/$100
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200/$200	$200/$200	$200/$200
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50%/50%	50%/50%
Infusion — Home or office/Outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment and prosthetics	50%	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	$40/$40	$40/$40
Inpatient mental health and substance abuse	$350 per day[11]	$350 per day[11]	$350 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$150/$150	$550/$550	$1,000/$1,000
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10/$10	$10/$10
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family	$0	$0	$0
Low cost generic[18]	$3	$3	$3
Retail generic[18]	$25	$25	$25
Retail preferred brand[18, 21]	$115	$115	$115
Retail non-preferred drug[18, 21]	50% up to $300 max per fill	50% up to $300 max per fill	50% up to $300 max per fill
Self-administered specialty drug[21]	50% up to $1,000 max per fill	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0	$0
Adult routine eye exam[25]	$0	$0	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

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Gold health plans	Keystone HMO Gold Proactive Value[2]		
Benefits per contract year[1]	**You pay in-network[6] – Tier 1 - Preferred**	**You pay in-network[6] – Tier 2 - Enhanced**	**You pay in-network[6] – Tier 3 - Standard**
Deductible — Individual/Family	$0	$2,000/$4,000[15]	$2,000/$4,000[15]
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$10,500/$21,000[12] coinsurance and copays	$10,500/$21,000[12] coinsurance, copays, and ded	$10,500/$21,000[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$15/$10	$30 no ded/ $20 no ded	$45 no ded/$30 no ded
Specialist visit — Office/Virtual care	$40/$30	$60 no ded/ $40 no ded	$80 no ded/$55 no ded
Retail clinic	$15[13]	$30 no ded[13]	$45 no ded [13]
Virtual care (from designated virtual provider)†	0%	0% no ded	0% no ded
Urgent care	$40	$40 no ded	$40 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60 no ded/$60 no ded	$60 no ded/$60 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	$350 per day[11, 14]	Subject to ded and $700 per day[11, 14]	Subject to ded and $1,100 per day[11, 14]
Inpatient professional services (includes maternity)	0%	20% after ded	30% after ded
Emergency room	$400 (waived if admitted)	$400 no ded (waived if admitted)	$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$100/$100	$100 no ded/$100 no ded	$100 no ded/$100 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200/$200	$200 no ded/$200 no ded	$200 no ded/$200 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	20% after ded/20% after ded	30% after ded/30% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Inpatient mental health and substance abuse	$350 per day[11]	$350 per day[11] no ded	$350 per day[11] no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$150/$150	Subject to ded and $550 copay/ Subject to ded and $550 copay	Subject to ded and $1,000 copay/ Subject to ded and $1,000 copay
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10 no ded/$10 no ded	$10 no ded/$10 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family	$0	$0	$0
Low cost generic[18]	$5	$5	$5
Retail generic[18]	$25	$25	$25
Retail preferred brand[18, 21]	$115	$115	$115
Retail non-preferred drug[18, 21]	50% up to $300 max per fill	50% up to $300 max per fill	50% up to $300 max per fill
Self-administered specialty drug[21]	50% up to $1,000 max per fill	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Gold health plans	Personal Choice PPO Gold HSA-0[4] $2,300/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,300/$4,600	$10,000/$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded /0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$20 after ded	50% after ded
Retail preferred brand[18]	$95 after ded	50% after ded
Retail non-preferred drug[18]	$200 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	0% after ded	Not covered

Footnotes begin on page 53 | ded = Deductible

Gold health plans	Personal Choice PPO Gold HRA – 20[2] $4,500/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,500/$9,000	$10,000/$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$20 after ded	50% after ded
Retail preferred brand[18]	$95 after ded	50% after ded
Retail non-preferred drug[18]	$200 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	0% after ded	Not covered

Gold health plans	Personal Choice PPO Gold HSA – 25[4] $2,500/$25/$50/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,500/$5,000	$10,000/$20,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$25 after ded/$20 after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$50 after ded/$35 after ded	50% after ded/50% after ded
Retail clinic	$25 after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50 after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$50 after ded/$50 after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50 after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$20 after ded	50% after ded
Retail preferred brand[18]	$95 after ded	50% after ded
Retail non-preferred drug[18]	$200 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	10% after ded	Not covered

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Gold health plans	Personal Choice EPO Gold Secure[2] $1,000/$30/$60/$400
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$1,000/$2,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	$30 no ded/$20 no ded
Specialist visit — Office/Virtual care	$60 no ded/$40 no ded
Retail clinic	$30 no ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	$100 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$60 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60 no ded/$90 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and $400 per day[11]
Inpatient professional services (includes maternity)	0% no ded
Emergency room	$350 after ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$70 no ded/$175 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150 no ded/$300 no ded
Biotech/Specialty injectables — Home or office/Outpatient	$125 no ded/$250 no ded
Infusion — Home or office/Outpatient	$60 after ded/$120 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$60 no ded/$60 no ded
Inpatient mental health and substance abuse	Subject to ded and $400 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$300 after ded/$700 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$75 after ded
Prescription drugs[16, 17, 19]	
Rx deductible — Individual/Family	$0
Low cost generic[18]	$3
Retail generic[18]	$20
Retail preferred brand[18]	$85
Retail non-preferred drug[18]	$200
Self-administered specialty drug	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$50
Pediatric exams and cleanings[29, 30]	$0 no ded
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded

Silver health plans	Personal Choice PPO Silver Classic[2] $4,000/$40/$80/70%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,000/$8,000	$8,500/$17,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	$11,000/$22,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$110 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	30% after in-network ded
Routine radiology — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/30% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	30% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	50% up to $125 max per fill	70% of retail
Retail non-preferred drug[18, 21]	50% up to $250 max per fill	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

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Silver health plans	Personal Choice PPO Silver Secure[2] $4,750/$40/$80/$600	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,750/$9,500	$8,500/$17,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$11,000/$22,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	$100 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$110 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11]	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	$450 after ded (waived if admitted)	$450 after in-network ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$100 no ded/$250 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250 no ded/$500 no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$600 no ded/$600 no ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$75 after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	$95	70% of retail
Retail non-preferred drug[18, 21]	$225	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

Silver health plans	Personal Choice PPO Silver Classic[2] $6,000/$50/$100/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$6,000/$12,000	$8,500/$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$11,000/$22,000 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$50 no ded/$35 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$100 no ded/$70 no ded	50% after ded/50% after ded
Retail clinic	$50 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	$125 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$100 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100 no ded/$130 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	$450 after ded (waived if admitted)	$450 after in-network ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$80 no ded/$200 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300 no ded/$600 no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$100 after ded/$200 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$100 no ded/$100 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$400 after ded/$750 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$75 after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	$95	70% of retail
Retail non-preferred drug[18, 21]	$225	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded/50% no ded[32]	Not covered

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Silver health plans	Keystone HMO Silver Proactive[2]		
Benefits per contract year[1]	**You pay in-network[6] – Tier 1 – Preferred**	**You pay in-network[6] – Tier 2 – Enhanced**	**You pay in-network[6] – Tier 3 – Standard**
Deductible — Individual/Family	$0	$6,000/$12,000[15]	$6,000/$12,000[15]
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$10,500/$21,000[12] coinsurance and copays	$10,500/$21,000[12] coinsurance, copays, and ded	$10,500/$21,000[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$40/$30	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual care	$90/$65	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic	$40[13]	$70 no ded[13]	$80 no ded[13]
Virtual care (from designated virtual provider)†	0%	0% no ded	0% no ded
Urgent care	$90	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	$600 per day[11, 14]	Subject to ded and $900 per day[11, 14]	Subject to ded and $1,300 per day[11,14]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room	$950 (waived if admitted)	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150/$150	$150 no ded/$150 no ded	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375/$375	$375 no ded/$375 no ded	$375 no ded/$375 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Inpatient mental health and substance abuse	$600 per day[11]	$600 per day[11] no ded	$600 per day[11] no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$350 /$350	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology — Freestanding/Hospital-based	$25/$25	$25 no ded/$25 no ded	$25 no ded/$25 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family[22]	$225/$450	$225/$450	$225/$450
Low cost generic[18]	$7 no ded	$7 no ded	$7 no ded
Retail generic[18]	$30 no ded	$30 no ded	$30 no ded
Retail preferred brand[18, 21]	$125 after ded	$125 after ded	$125 after ded
Retail non-preferred drug[18, 21]	50% after ded, up to $500 max per fill	50% after ded, up to $500 max per fill	50% after ded, up to $500 max per fill
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Silver health plans	Keystone HMO Silver Proactive Value[2]		
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$1,500/$3,000	$6,000/$12,000[15]	$6,000/$12,000[15]
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$10,500/$21,000[12] coinsurance, copays, and ded	$10,500/$21,000[12] coinsurance, copays, and ded	$10,500/$21,000[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual care	$90 no ded/$65 no ded	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic	$40 no ded[13]	$70 no ded[13]	$80 no ded[13]
Virtual care (from designated virtual provider)†	0% no ded	0% no ded	0% no ded
Urgent care	$90 no ded	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90 no ded/$90 no ded	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11,14]	Subject to ded and $900 per day[11,14]	Subject to ded and $1,300 per day[11,14]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375 no ded/$375 no ded	$375 no ded/$375 no ded	$375 no ded/$375 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$90 no ded/$90 no ded	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology — Freestanding/Hospital-based	$25 no ded/$25 no ded	$25 no ded/$25 no ded	$25 no ded/$25 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family[22]	$225/$450	$225/$450	$225/$450
Low cost generic[18]	$7 no ded	$7 no ded	$7 no ded
Retail generic[18]	$30 no ded	$30 no ded	$30 no ded
Retail preferred brand[18, 21]	$125 after ded	$125 after ded	$125 after ded
Retail non-preferred drug[18, 21]	50% after ded, up to $500 max per fill	50% after ded, up to $500 max per fill	50% after ded, up to $500 max per fill
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0 no ded	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Footnotes begin on page 53 | ded = Deductible

Silver health plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$3,000/$6,000	$8,000/$16,000[15]	$8,000/$16,000[15]
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$10,500/$21,000[12] coinsurance, copays, and ded	$10,500/$21,000[12] coinsurance, copays, and ded	$10,500/$21,000[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$50 no ded/$35 no ded	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual care	$100 no ded/$70 no ded	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic	$50 no ded[13]	$70 no ded[13]	$80 no ded[13]
Virtual care (from designated virtual provider)†	0% no ded	0% no ded	0% no ded
Urgent care	$100 no ded	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11,14]	Subject to ded and $900 per day[11,14]	Subject to ded and $1,300 per day[11,14]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375 no ded/$375 no ded	$375 no ded/$375 no ded	$375 no ded/$375 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology — Freestanding/Hospital-based	$25 no ded/$25 no ded	$25 no ded/$25 no ded	$25 no ded/$25 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family[22]	$225/$450	$225/$450	$225/$450
Low cost generic[18]	$7 no ded	$7 no ded	$7 no ded
Retail generic[18]	$30 no ded	$30 no ded	$30 no ded
Retail preferred brand[18, 21]	$125 after ded	$125 after ded	$125 after ded
Retail non-preferred drug[18, 21]	50% after ded, up to $500 max per fill	50% after ded, up to $500 max per fill	50% after ded, up to $500 max per fill
Self-administered specialty drug[21]	50% after ded, up to $1,000 max per fill	50% after ded, up to $1,000 max per fill	50% after ded, up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0 no ded	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Silver health plans	Personal Choice PPO Silver HSA – 0[4] $4,700/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,700/$9,400	$11,000/$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$5 after ded	50% after ded
Retail generic[18]	$25 after ded	50% after ded
Retail preferred brand[18, 21]	$100 after ded	50% after ded
Retail non-preferred drug[18, 21]	$225 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	0% after ded	Not covered

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Silver health plans	Personal Choice PPO Silver HSA – 0[4] $4,200/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,200/$8,400	$11,000/$22,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Retail clinic	10% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	10% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded/10% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	10% after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$5 after ded	50% after ded
Retail generic[18]	$25 after ded	50% after ded
Retail preferred brand[18, 21]	$100 after ded	50% after ded
Retail non-preferred drug[18, 21]	$225 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	10% after ded	Not covered

Silver health plans	Personal Choice PPO Silver HSA – O[4] $2,700/70%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,700/$5,400	$11,000/$22,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Retail clinic	30% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	30% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	30% after ded/30% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	30% after in-network ded
Routine radiology — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	30% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	30% after ded/30% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	30% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$5 after ded	50% after ded
Retail generic[18]	$25 after ded	50% after ded
Retail preferred brand[18, 21]	$100 after ded	50% after ded
Retail non-preferred drug[18, 21]	$225 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	30% after ded	Not covered

Footnotes begin on page 53 | ded = Deductible

Silver health plans	Personal Choice EPO Silver HSA – 0[4] $3,400/80%
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$3,400/$6,800
Coinsurance	20%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	20% after ded/20% after ded
Specialist visit — Office/Virtual care	20% after ded/20% after ded
Retail clinic	20% after ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	20% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	20% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded/20% after ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room	20% after ded
Routine radiology — Freestanding/Hospital-based	20% after ded/20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded
Biotech/Specialty injectables — Home or office/Outpatient	20% after ded/20% after ded
Infusion — Home or office/Outpatient	20% after ded/20% after ded
Durable medical equipment and prosthetics	20% after ded
Outpatient mental health and substance abuse — Office visit/All other	20% after ded/20% after ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	20% after ded/20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/20% after ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	Integrated with medical ded
Low cost generic[18]	$5 after ded
Retail generic[18]	$25 after ded
Retail preferred brand[18, 21]	$100 after ded
Retail non-preferred drug[18, 21]	$200 after ded
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	Integrated with medical ded
Pediatric exams and cleanings[29, 30]	0% no ded
Pediatric basic and major/Orthodontia services[29, 31]	20% after ded

Bronze health plans	Keystone HMO Bronze Essential[2] $7,500/$70/$140/$700
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$7,500/$15,000
Coinsurance	50%
Out-of-pocket maximum — Individual/Family includes:	$11,000/$22,000 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	$70 no ded/$50 no ded
Specialist visit — Office/Virtual care	$140 no ded/$95 no ded
Retail clinic	$70 no ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	$150 after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$140 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$140 no ded/$140 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and $700 per day[11]
Inpatient professional services (includes maternity)	50% after ded
Emergency room	$500 after ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$400 no ded/$400 no ded
Biotech/specialty injectables — Home or office/Outpatient	$100 no ded/$100 no ded
Infusion — Home or office/Outpatient	$140 after ded/$280 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$140 no ded/$140 no ded
Inpatient mental health and substance abuse	Subject to ded and $700 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$1,000 after ded/$1,000 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$15 no ded/$15 no ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	Integrated with medical ded
Low cost generic[18]	$7 no ded
Retail generic[18]	$30 after ded
Retail preferred brand[18, 21]	50% after ded, up to $500 max per fill
Retail non-preferred drug[18, 21]	50% after ded, up to $500 max per fill
Self-administered specialty drug[21]	50% after ded
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores
Pediatric dental deductible (per individual)[29]	$0
Pediatric exams and cleanings[29, 30]	$0
Pediatric basic and major/Orthodontia services[29, 31]	Copay varies

Footnotes begin on page 53 | ded = Deductible

Bronze health plans	Personal Choice PPO Bronze HSA – 0[4] $8,700/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$8,700/$17,400	$11,000/$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	0% after ded	50% after ded
Retail generic[18]	0% after ded	50% after ded
Retail preferred brand[18, 21]	0% after ded	50% after ded
Retail non-preferred drug[18, 21]	0% after ded	50% after ded
Self-administered specialty drug[21]	0% after ded	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	0% after ded	Not covered

Bronze health plans	Personal Choice PPO Bronze HSA – 0[4] $6,500/50%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$6,500/$13,000	$10,000/$20,000
Coinsurance	50%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,700/$17,400 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Retail clinic	50% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	50% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	50% after ded/50% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room	50% after ded	50% after in-network ded
Routine radiology — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	50% after ded/50% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	50% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low cost generic[18]	$7 after ded	50% after ded
Retail generic[18]	$30 after ded	50% after ded
Retail preferred brand[18, 21]	$150 after ded	50% after ded
Retail non-preferred drug[18, 21]	$250 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at preferred stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated with medical ded	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic and major/Orthodontia services[29, 31]	50% after ded	Not covered

Footnotes begin on page 53 | ded = Deductible

What's not covered

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

Benefits that require preapproval

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

Additional benefits and exclusions

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

Additional information

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

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

*IBX reserves the right to change premium rates.

Health plan footnotes

Medical

1. Certain plan benefits may be enhanced to comply with Affordable Care Act regulations. Eligible dependent children are covered to age 26.
2. Embedded deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
3. Embedded out-of-pocket maximum: Family out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual out-of-pocket maximum applies only when an individual is enrolled without dependents.
4. Aggregate deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the single out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
5. To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of the available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefits booklet/certificate.
6. There are no out-of-network services available except for emergency services, and generic, preferred brand, and non-preferred prescription drugs obtained at a retail pharmacy.
7. Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by IBX, 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 IBX applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBX'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 IBX's fee schedule, the amount is determined by IBX's fee schedule for the closest analogous covered service. It is important to note that all percentages for out-of-network services are a percentage of the plan allowance, not the actual charge of the provider.
8. Age and frequency schedules may apply. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit. For preventive colonoscopy for colorectal cancer screening, your cost-share may vary depending on where you receive the service.
9. For PPO plans, visit limits are combined in- and out-of-network.
10. Referral required from primary care physician.
11. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission.
12. For Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2, and 3 are combined.
13. For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Walgreens, which is assigned to Tier 3.
14. For Keystone HMO Proactive plans, if a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care will apply based on the tier level of the in-network hospital or participating professional provider. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Non-participating providers for Emergency Services will be covered at the Tier 3 level of benefits.
15. For Keystone HMO Gold Proactive Value and Silver Proactive plans, the medical deductible is combined for Tiers 2 and 3.

† Virtual care from a designated virtual provider includes telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, Teladoc Health, an independent company.

§ Acupuncture is covered for limited conditions. Please reference the medical policy for details on covered conditions.

Prescription drugs

16. Our prescription drug plans are administered by an independent pharmacy benefits management (PBM) company.
17. No cost-sharing is required at participating retail and mail order pharmacies for certain designated preventive drugs, prescription and over-the-counter (with a doctor's prescription).
18. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription, then file a paper claim for reimbursement. The member should refer to their benefits booklet to determine the out-of-network coverage for their plan.
19. Mail-order/home delivery coverage is available for all prescription drug plans. Mail-order/home delivery service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice. Up to a 90-day supply of maintenance drugs can also be obtained at CVS pharmacies for the same cost-sharing as mail order/home delivery.
20. Select plans utilize the Preferred Pharmacy Network, a subset of the national retail pharmacy network. It includes over 57,000 pharmacies, including most major chains and local pharmacies except Walgreens.
21. When a prescription drug is not available in a generic form, benefits will be provided for the brand drug and the member will be responsible for the cost-sharing for a brand drug. When a prescription drug is available in a generic form, benefits will be provided for that drug at the generic drug level only. If the member chooses to purchase a brand drug, the member will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate cost-sharing for a brand drug.
22. Embedded deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

Additional benefits: Vision and dental

23. IBX vision benefits are administered by Davis Vision, an independent company. Vision benefits are not subject to a deductible.
24. Pediatric vision benefits expire at the end of the month in which the child turns 19. Pediatric vision covers Davis Collection glasses or contact lenses in full at Davis Vision providers.
25. One eye exam per calendar year period.
26. Davis Collection pediatric contact lenses or spectacle lenses covered at no extra cost include single vision, lined bifocal, lined trifocal, or lenticular lenses. For frames to be covered in full, choose from Davis Vision's Pediatric Frame Selection (available at most independent participating providers). Eyewear (glasses or contact lenses) is covered once per calendar year.
27. Allowance up to $130 for frames or contact lenses at Davis Vision participating providers; up to $180 frame allowance at preferred stores. Medical plan deductibles do not apply to vision benefits.
28. Dental benefits are administered by Dominion Dental Services, Inc., an independent company.
29. Pediatric dental benefits are covered until the end of the contract year in which the member turns 19.
30. Pediatric dental benefit: One exam and one cleaning every six months per contract year.
31. Pediatric dental benefit: Only medically necessary orthodontia is covered.
32. There is no deductible for orthodontia.
33. Your IBX account executive or broker can provide you with descriptions of covered pediatric dental services and member cost-sharing.

Managed Care plans require the selection of a Primary Dental Office (PDO) from the Plan's Managed Care dental network. The member's PDO provides routine care and arranges or provides most other dentally necessary services. Pediatric members do not require a referral to see a pediatric dentist. Except for emergency services, benefits are covered only when provided or properly referred by the member's PDO. The manner of accessing benefits through the PDO is made clear in the terms of the Group Contract and Certificate of Coverage.

The member has the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment.

Underwriting guidelines summary

Maximum product offerings*

- Small employers are allowed up to four packaged health plans, which include medical, prescription drug, vision (adult and pediatric), and pediatric dental benefits. If offering four packaged health plans, the combination must consist of at least one HMO/DPOS and one PPO/EPO benefit.
- If a group is offering a PPO plan for out-of-area enrollment, the PPO benefit level must be equivalent to the benefit plans offered to in-area employees. Group offerings may not exceed four health plans, including a health plan for out-of-area PPO coverage.

Participation requirements*

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

For groups covering early retirees (under age 65), 100 percent participation of the early retiree population is required. The group must consist of a minimum of 70 percent participation for active employees.

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

IBX will count valid waivers in the eligibility calculations.

Credit is given for valid waivers who are eligible employees opting out because they have coverage through a spouse, as an eligible dependent up to age 26, or employees enrolled in Veteran coverage, Medicare, Medicaid, or any other government-issued coverage.

Employer contribution requirement*

For contributory plan offerings, the employer must contribute a minimum of 25 percent of the lowest-cost option's gross monthly premium.

Benefit plan changes

Benefit plan changes will only be allowed on anniversary.

Submission guidelines

All offerings are subject to final underwriting review and acceptance.

Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all-inclusive.

High-deductible health plan funding limitation

- Per Affordable Care Act regulations, employers should not fund more or less than the federally mandated standards for funding employee deductibles.
- The high-deductible plan design selected will specify the funding requirement (see table below). Please refer to each plan design for specific funding requirements.

Spending account funding requirements

When a Blue Solutions plan includes an HSA or HRA, the required employer contribution to the HSA or HRA is listed as a percentage of the deductible to the right of the plan name (e.g., 50 or 20 percent). To comply with federal requirements, the employer's HSA and/or HRA contribution must match this percentage. Contributions should not be less than or more than this percentage.

	Personal Choice PPO Platinum HSA – 50 $2,500/100%	Personal Choice PPO Gold HRA – 20 $4,500/100%
Contribution requirement	50% of deductible	20% of deductible
Plan deductible (Individual/Family)	$2,500/$5,000	$4,500/$9,000
Employer contribution amount	$1,250/$2,500	$900/$1,800

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

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

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross.

Dominion National, an independent company, assists in the administration of Independence Blue Cross Dental benefits.

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

International Health Solutions from Blue Cross Blue Shield Global Solutions telemedicine services via Global TeleMD are provided directly to members by Teladoc Health. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health.

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

InComm is an independent company.

Visa and the Visa Brand Mark are registered trademarks of Visa International.

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

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

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

HelpScript is an independent company that provides provider-administered drug copay assistance coordination and reporting for Independence Blue Cross.

AblePay is an independent company that does not offer Blue Cross or Blue Shield products. Independence Blue Cross is acting solely as an agent for AblePay. AblePay is solely responsible.

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

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

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

Sempre Health, Inc. is an independent company that is solely responsible for the services it is providing.

Sempre Health, Inc. does not offer Blue Cross or Blue Shield products or services.

Free Market Health is an independent company that provides specialty pharmacy services for Independence Blue Cross.

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Independence

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

IBX

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