2023

Health plans

for individuals and families

Independence

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HELLO!

Health insurance is one of the most important purchases you can make for you and your family.

We are glad you are considering Independence Blue Cross (Independence)! We make health insurance easier, so you can focus on what matters most to you.

Getting started

Take some time to review the information in this book. Refer to page 68 to see if you are eligible for financial assistance and learn more about how to enroll.

If you have any questions or want help enrolling in a health plan, contact your broker.

Taking care of
ALL OF YOU

You deserve a health plan that makes it easier to keep your body, mind, and even your finances healthy.

That's why you should pick Independence Blue Cross.

With an Independence health plan, you:

Get affordable care

You have a wide variety of health plans to choose from, so you can find one that fits your needs and budget. That includes **options with no deductible!**

All our health plans cover the same essential health benefits, including doctor visits, hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more.

No matter what health plan you choose, **you always have access to the full Independence Blue Cross network** — the strongest network in the region with the most doctors and hospitals.

Feel supported

You're never alone with Independence Blue Cross. You have access to valuable services that make your life a little easier — and there's no additional cost to you. Here are some of them:

- **Customer Service reps who are ready to help**
- **Registered Nurse Health Coaches available 24/7**
- **Mental health services to match you with a provider**
- **Digital weight management program**
- **Family planning apps for each stage of your parenthood journey**

And when you need information about your benefits and care, log in anytime at **ibx.com** or using our free IBX app. You can also sign up to get important plan notifications, health screening reminders, and cost-saving tips by email or text.

Get rewarded

You can earn $300 in gift cards for completing certain activities, like an annual check-up or getting a flu shot.

We also cover part of the cost when you make healthy lifestyle choices. You can **get reimbursed up to $150 each** for gym memberships, weight loss programs, and quit smoking programs.

You can also take advantage of **member-exclusive savings and discounts** from well-known partners, such as Peloton, Walt Disney World, and Rocket Mortgage.

Save money

You have many ways to save on the care and services you need. For many services, you will **pay $0 out-of-pocket:**

- **Preventive care:** Pay $0 for preventive care, like annual check-ups, cancer screenings, and immunizations.
- **Virtual care:** Pay $0 for unlimited, 24/7 virtual care from a board-certified doctor through MDLIVE®. You'll also pay $0 for virtual behavioral health visits.
- **Nutritional counseling:** Pay $0 for up to six sessions each year.

When you enroll in AblePay Health at no cost, you can **save up to 13% on out-of-pocket costs** for your medical bills.

You can even take advantage of programs that help you **lower the cost of higher education and reduce student loan debt.**

Meet our health plans

We offer a wide variety of health plans so you can find the one that fits your needs. No matter what health plan you choose, you always have access to the full Independence provider network.

We have three levels of health plans for individuals and families: Gold, Silver, and Bronze. They all cover the same essential health benefits, including doctor visits, hospital stays, prescription drug coverage, blood tests, X-rays, preventive care, and more. You also get access to unlimited, 24/7 virtual care for a $0 copay.*

The differences between health plans are in the monthly premium, if a deductible applies, and out-of-pocket costs when you receive covered services.

	Gold	Silver	Bronze
Monthly premium	$$$	$$	$
Out-of-pocket costs	$	$$	$$$
Good option if you …	Plan to use a lot of health care services	Want to pay a lower premium and keep out-of-pocket costs lower	Don't plan to use a lot of health care services

We also offer a Catastrophic health plan for people younger than 30 or for those who qualify for a special exemption.

Get the strongest network

All our health plans offer the largest network of doctors and hospitals in the region.

60,000+ IN-NETWORK DOCTORS

180+ IN-NETWORK HOSPITALS

*Cost-sharing may apply for Catastrophic and HSA-qualified health plans.

Our most popular plans

KEYSTONE HMO PROACTIVE

Keystone HMO Proactive health plans are our most popular for good reason: You can get high-quality care and save money. Not only is your monthly premium lower, but you save even more when you use doctors and hospitals in Tier 1 – Preferred.

Save with a tiered network plan

For Keystone HMO Proactive, we've grouped our in-network providers into three tiers. Doctors and hospitals that offer high-quality care at a lower cost are in Tier 1 – Preferred.

50% **Tier 1 – Preferred** includes more than half of the network.

Tier 1 – Preferred 

Tier 2 – Enhanced 

Tier 3 – Standard 

What you need to know about Keystone HMO Proactive:

- You will select a PCP to coordinate your care and refer you to specialists.
- You can visit any doctor or hospital in the Independence network once you have a referral (referrals not needed for OB/GYN, mammograms, mental health, or emergency care).
- Some services cost the same across all tiers — like preventive care, emergency room visits,* and urgent care.
- You pay the lowest out-of-pocket costs when you use doctors and hospitals in Tier 1 – Preferred.
- You can use Tier 1 providers for some covered services and Tiers 2 or 3 for others.

Save even more

Keystone HMO Silver Proactive Select and **Keystone HMO Silver Proactive Value:** These lower-premium options are only available when you purchase directly from Independence. Keystone HMO Silver Proactive Select has no deductible for any services when you use Tier 1 providers. Keystone HMO Silver Proactive Value includes a deductible for Tiers 1 – 3 for some services.

Keystone HMO Silver Proactive Lite: This plan offers a lower premium for those shopping with a tax credit on Pennie. It includes a deductible for Tiers 1 – 3 for some services.

Review the details for these plans on pages 23 – 28.

*If you are admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care, including medical care provided by an in-network professional provider, will apply based on the tier of the in-network hospital or in-network professional provider. If you are admitted to an out-of-network hospital following an emergency room admission, the Tier 3 – Standard level of benefits will apply. For non-emergency care, you must use in-network providers.

Prescription drug benefits

All our medical plans include prescription drug coverage, so you get safe, affordable access to covered medications.

Easy-to-use digital tools

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

Mail order convenience

Mail order/home delivery with free shipping is available for medication you take regularly. In most plans, you'll pay less for a 90-day supply when you use mail order/home delivery.

You can also get a 90-day supply of your maintenance medications at Rite Aid retail pharmacies for the same cost-sharing as mail order.

Specialty drug savings

Our specialty pharmacy program provides convenient delivery options and support for members with complex conditions, including cancer, hemophilia, hepatitis C, HIV/AIDS, rheumatoid arthritis, multiple sclerosis, and other inflammatory conditions. You'll get counseling from experienced pharmacists and nurses by phone or video chat and access to videos and other resources.

Save with lower-cost alternatives

We're helping members save money. You'll pay less when your doctor prescribes generic and lower-cost brand alternatives. We make it easier for doctors to select more affordable medications because many can see how much you'll pay for a medication while they're choosing one to prescribe for you.

The Value Formulary has five tiers of cost-sharing for prescription drugs, with generic drugs being the most affordable.

$	Low-cost generic
$$	Generic
$$$	Brand-name (Preferred brand)
$$$$	Brand-name and generic (Non-preferred)
$$$$$	Specialty

Standard Pharmacy network

68,000 PHARMACIES NATIONWIDE

Preferred Pharmacy network

58,000+ PHARMACIES NATIONWIDE

Refer to pages 12 – 13 in the "Special provisions" row to see what pharmacy network each health plan uses.

Complete your coverage with adult dental or vision

Expect more from your adult dental and vision plans! These plans can be purchased any time of the year through Independence, with or without a medical plan. Note: All medical plans include pediatric dental and vision coverage for members younger than 19.

Adult dental

Choose from two dental PPO plans that offer these comprehensive benefits:

- **A network that goes the distance.** The national Concordia Advantage network has 57,251 unique providers at more than 237,000 access points.[1]
- **Full coverage on most preventive and diagnostic services.*** Fully covered services include routine exams, cleanings, and X-rays — you'll pay $0.
- **Coverage for most basic and major services.** There's no waiting period for preventive care and certain basic services, like fillings and extractions.
- **Flexibility to see any dentist you want.†** You can see any dentist without a referral. Maximize your savings by using an in-network dentist.
- **More savings.** Our dental plans have discounts above the national average. You can also save on non-covered services with some in-network providers.

Adult vision

Choose from two vision plans that offer these benefits:

- **A network that goes the distance.** The national Davis Vision network has 116,000 access points, including Visionworks stores and other retailers.
- **Fully covered routine annual eye exam.*‡** When you use an in-network provider, you'll pay $0.
- **$0 copay and low-cost options for frames and lenses.** Choose from an upgraded inventory of Davis Vision Exclusive Collection designer frames. Or use your benefit allowance to choose frames or contact lenses from in-network independent providers and retailers nationwide, including Visionworks.
- **Fixed fee pricing on all cosmetic lenses.** Choose from a wide variety of state-of-the-art lens types and styles.
- **Discounts on other services.** Save on other services, such as laser eye correction, hearing exams, and name-brand hearing aid technology from Your Hearing Network.

See pages 56 – 58 for more details about the adult dental and vision plans we offer.

Plan for the unexpected with LifeSecure

After an accident, serious illness, or hospital stay, your focus should be on your recovery, not your finances. Insurance plans from LifeSecure can help you:

- Make up for lost income
- Pay for expenses like medical deductibles, out-of-network office visits, uncovered treatments, childcare, transportation to appointments, and household upkeep

Learn more at ibx.com/lifesecure.

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

* With an in-network provider

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

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

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

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

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

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

LifeSecure Insurance Company (Brighton, MI) underwrites and has sole financial responsibility for the Accident, Critical Illness, and Hospital Recovery insurance products. The products listed are offered by LifeSecure Insurance Company, an independent company. These are not Blue Cross or Blue Shield products. LifeSecure is solely responsible. LifeSecure and the logo are trademarks of LifeSecure Insurance Company.

Save time and money with VIRTUAL CARE

Our virtual care benefits make it easier and more affordable to take care of your physical and emotional health. Get high-quality non-emergency care without leaving home.

Pay $0 for virtual care from MDLIVE®

Skip the waiting room and take advantage of virtual care benefits when you need to talk to a doctor or behavioral health professional. You'll pay $0* cost-sharing when you use the virtual care services below provided by MDLIVE.

Telemedicine

Request an appointment 24/7 with a board-certified doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. MDLIVE also provides pediatric telemedicine services, so all your covered dependents can get the care they need.

Telebehavioral health

Talk to licensed MDLIVE therapists, psychologists, and psychiatrists from the comfort of home. Schedule a confidential virtual visit if you are feeling stressed or overwhelmed, or for conditions such as anxiety, depression, and panic disorders.

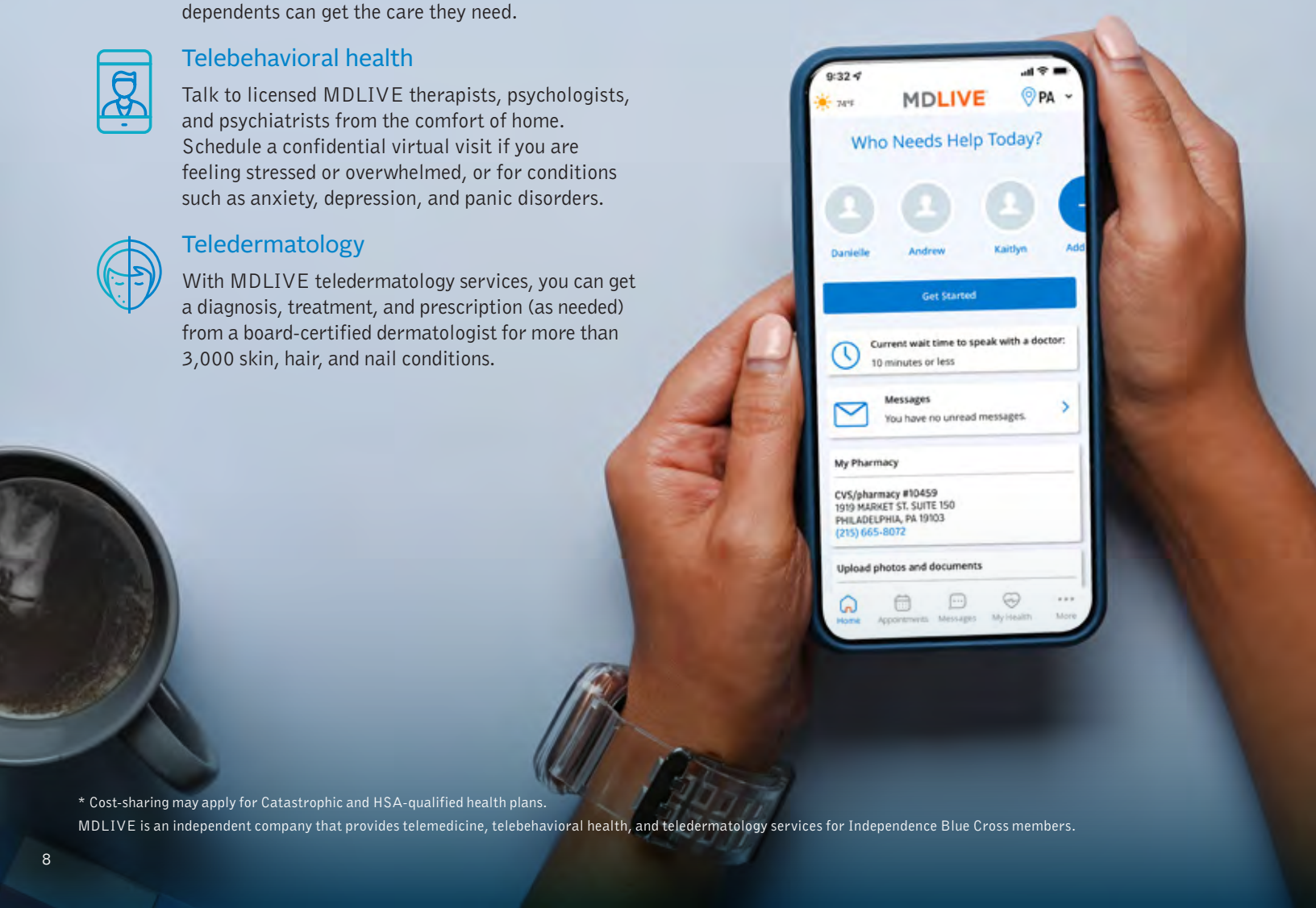
Teledermatology

With MDLIVE teledermatology services, you can get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions.

Pay less for virtual care from in-network providers

When you have a virtual visit with your PCP or specialist, you'll pay less than you would for an in-person visit. This reduced cost-sharing is available for virtual visits with in-network primary care doctors and specialists who offer this option.

You also pay $0 for virtual behavioral health visits with an in-network provider.



* Cost-sharing may apply for Catastrophic and HSA-qualified health plans.

MDLIVE is an independent company that provides telemedicine, telebehavioral health, and teledermatology services for Independence Blue Cross members.

Get the support you need

You're never alone with Independence. To support you on your health journey, we offer services and resources that make staying healthy a little easier. There's no additional cost to you.

Personalized health support

Our team of Registered Nurse Health Coaches are available to provide extra support to members with chronic or more serious illnesses and conditions. We also offer maternity support for members during and after pregnancy.

Mental health resources

Quartet can help you find your match. They'll connect you with an in-network mental health care provider who fits your needs.

Healthy weight

You'll have access to Wondr, a digital behavioral counseling program that helps you manage your weight, prevent diabetes, and reverse metabolic syndrome.

Family planning

Get personal digital support at any stage of your parenthood journey using the Ovia apps. You can get daily personalized support and feedback to guide you through every transition and important moment.

We're here for you!

We make it easy for you to get the information you need, when you need it.

24/7 access to your benefits

Whether you're at home or on-the-go, you always have access to your benefits information and member tools. You can log in at ibx.com or using our free IBX mobile app to:

- View, print, or send your ID card
- Access plan information, like claims, spending, and benefits
- Find a doctor or hospital near you
- Estimate your costs for care
- Price a prescription medication

Answers to your questions

Customer Service: If you ever have any questions about your benefits, our knowledgeable Customer Service representatives are ready to help.

Registered Nurse Health Coaches: You can call a Registered Nurse Health Coach 24/7 for questions about your health or treatment plan. This service is confidential, and there is no additional cost to you.

Wondr Health is an independent company. These are not Blue Cross or Blue Shield products. Independence Blue Cross is acting solely as an agent for Wondr Health. Wondr Health is solely responsible.

Helping you
ACHIEVE WELL-BEING

Everyone's health journey is different. Whether you are generally healthy or need extra support, Achieve Well-being is a fun, personalized way to reach your health goals.

Achieve your personal health goals

Through Achieve Well-being, you have access to support, resources, and member-exclusive savings at no additional cost. You get:

Personalized online tools

Achieve Well-being makes it easy and fun to stay motivated on your well-being journey. You can create an action plan and get reminders specific to your health goals. You can also sync up with fitness apps and devices to track your progress, create challenges, and invite friends.

Discounts on getting fit

Use the GlobalFit Anywhere app, which makes getting fit convenient and more affordable. Choose from a variety of on-demand content, pay-as-you-go discounted classes, virtual workouts, gym day passes, or personal training sessions. There are no class limits or cancellation fees.

Member-exclusive savings

Save money on a wide range of health-related products and services, entertainment, and events — from local and regional businesses to merchant gift certificates and online shopping.

Earn $300 for your healthy habits!

Here's even more incentive to get healthy. You'll earn a $300 gift card just for completing six activities during your plan year:

- Have an annual PCP check-up
- Get your flu shot
- Get digitally engaged
- Complete three of the following:
  - Get an eligible preventive health screening*
  - Download and register for the GlobalFit Anywhere app
  - Complete your Well-being Profile in your online member account
  - Have a nutrition counseling visit
  - Have an in-network dental exam and/or cleaning

* You can find a list of preventive services that are part of the Achieve Well-being program when you log in at ibx.com in the Achieve Well-being section.

Support for your financial well-being

Our health plans include more than just medical and prescription drug benefits. We want to help you reach your financial goals, too.

Helping you pay for college

These value-added services* are available to members at no cost to help ease the burden of paying for higher education:

The College Tuition Benefit®

The College Tuition Benefit program works like a scholarship. You can earn SAGE Scholars Tuition Rewards® that will be spread evenly over four years of undergraduate education. Use Tuition Rewards at more than 400 participating colleges and universities nationwide.

- You can sponsor immediate or extended family, including children, grandchildren, nieces, nephews, stepchildren, and godchildren.†
- One Tuition Rewards point is equal to a $1 guaranteed minimum discount off the full price of tuition.
- Earn 2,000 Tuition Rewards when you sign up, and students receive 500 Tuition Rewards when they are registered. Earn an additional 2,500 in year four.‡

The longer you keep your Independence coverage, the more Tuition Rewards points you can accrue.

GradFin®

GradFin helps you save for college and reduce student loan debt. These services can improve your financial future:

- **Student Loan Financial Education:** Free consultations, live webinars, and "town hall" meetings to help you reduce debt.
- **Student Loan Solutions:** Help getting new or refinanced loans and consolidating loans. GradFin's lending platform includes 11 lenders, so your chances of loan approval and lower rates are better.
- **Public Service Loan Forgiveness (PSLF) program:** GradFin helps you stay on track by auditing payments and certifying income and employment.

Schedule a consultation with a GradFin Student Loan Expert, who will review your loan portfolios and discuss your payoff options to help you save.

Save with a health savings account

When you enroll in an EPO Reserve health plan, you can open a health savings account, or HSA. You'll pay no taxes on money you put into your HSA, and you can use those funds tax-free to pay for qualified health care expenses (for example, dental and vision care).

You can also earn tax-free interest or investment income on these funds. Your savings roll over year-to-year and are yours to keep, even if you change health plans down the road.

For example, let's say each year you contribute $2,000 to your HSA and spend $1,000 on qualified health expenses. Your savings will grow over time.§

At the end of year 10

Tax savings	HSA balance
$3,810	$10,949

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

The Tuition Rewards program is provided by The College Tuition Benefit, an independent company. Neither The College Tuition Benefit nor SAGE Scholars, Inc. provides Blue Cross products or services.

GradFin, LLC, an independent company, is providing a student debt refinancing program to members of Independence Blue Cross. GradFin, LLC does not provide Blue Cross products or services.

* These are value-added programs and not a benefit under an Independence health plan and are, therefore, subject to change without notice.

† Subject to certain restrictions.

‡ Balance does not accrue interest.

§ Investment accounts are optional; monthly fees apply. Investment fees are omitted from the above example.

A quick look at our health plans

We offer a variety of health plans so you can find the one that fits your needs. Below is a high-level plan comparison of some of our health plans. The most popular ones are highlighted in blue. You can find more detailed information starting on page 14.

Note: All health plans include pediatric dental and vision coverage for individuals younger than 19.

High-level plan comparison

	Gold					Silver			
Plan name	Personal Choice® PPO Gold	Keystone HMO Gold	Personal Choice® PPO Gold Classic	Keystone HMO Gold Proactive	Keystone HMO Gold Classic	Personal Choice® PPO Silver	Keystone HMO Silver Classic	Keystone HMO Silver Proactive	Keystone HMO Silver Proactive Lite
Deductible	$0	$0	$1,250	$0	$500	$3,500	$3,500	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $2,000 Tier 2 – $6,500 Tier 3 – $6,500
Out-of-pocket maximum	$8,000	$8,000	$9,100	$9,100	$8,000	$8,500	$9,000	$9,100	$9,100
Primary care visit — Office/Virtual care	$30/$20	$35/$25	$50/$35	Tier 1 – $15/$10 Tier 2 – $30/$20 Tier 3 – $45/$30	$40/$25	$30/$20	$35/$25	Tier 1 – $40/$30 Tier 2 – $70/$50 Tier 3 – $80/$55	Tier 1 – $50/$35 Tier 2 – $60/$40 Tier 3 – $70/$50
Specialist visit — Office/Virtual care	$65/$45	$65/$45	20% after ded/ 20% after ded	Tier 1 – $40/$30 Tier 2 – $60/$40 Tier 3 – $80/$55	$80/$55	$75/$50	$80/$55	Tier 1 – $90/$65 Tier 2 – $140/$100 Tier 3 – $150/$105	Tier 1 – $90/$60 Tier 2 – $120/$80 Tier 3 – $140/$95
Mental health — Outpatient visit	$65	$65	20% after ded	$40 for each tier	$80	$75	$80	$90 for each tier	$90 for each tier
Urgent care	$65	$65	20% after ded	$40 for each tier	$80	30% after ded	30% after ded	$90 for each tier	$90 for each tier
Emergency room	$400	$400	$750 after ded	$400 for each tier	$500	30% after ded	30% after ded	$950 for each tier	$950 for each tier
Generic prescription drugs	$15	$15	$15	$15	$15	$20 no ded (integrated with medical ded)	$20 no ded (integrated with medical ded)	$25 no ded ($500 Rx ded for all prescription drugs except generic)	$20 no ded ($500 Rx ded for all prescription drugs except generic)
Special provisions	LCG OON SRx	LCG PCP SRx	LCG ON OON SRx	LCG MG PCP PRx	LCG ON PCP SRx	LCG MG OON PRx	LCG MG PCP PRx	LCG MG PCP PRx	LCG MG ON PCP PRx
Worksheet. Use this section to calculate your estimated premium									
Fill in your monthly premium	$	$	$	$	$	$	$	$	$
Fill in your tax credit amount (see page 68)	$	$	$	$	$	$	$	$	$
Subtract tax credit amount from monthly premium to see final premium									
Final premium	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

Ded = Deductible

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

Most popular

HSA This plan is compatible with a health savings account.

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

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

OFF This plan can only be purchased through Independence directly and is not available on Pennie.

ON This plan is only available for purchase through Pennie.

OON Out-of-network benefits

PCP Primary care physician and referrals required

PRx Preferred Pharmacy network includes more than 58,000 pharmacies.

SRx Standard pharmacy network includes more than 68,000 pharmacies.

Silver					Bronze				Catastrophic
Keystone HMO Silver Basic	Keystone HMO Silver Proactive Select	Keystone HMO Silver Proactive Basic	Keystone HMO Silver Proactive Essential	Keystone HMO Silver Proactive Value	Personal Choice® PPO Bronze	Personal Choice® EPO Bronze Reserve	Personal Choice® EPO Bronze Basic	Keystone HMO Bronze	Personal Choice® EPO Catastrophic
$5,500	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $2,500 Tier 2 – $7,000 Tier 3 – $7,000	Tier 1 – $5,000 Tier 2 – $8,000 Tier 3 – $8,000	Tier 1 – $1,500 Tier 2 – $6,000 Tier 3 – $6,000	$6,000	$7,450	$9,100	$8,500	$9,100
$8,500	$9,050	$9,100	$9,100	$9,100	$9,100	$7,450	$9,100	$9,100	$9,100
$35/$25	Tier 1 – $40/$30 Tier 2 – $70/$50 Tier 3 – $80/$55	Tier 1 – $50/$35 Tier 2 – $60/$40 Tier 3 – $70/$50	Tier 1 – $50/$35 Tier 2 – $60/$40 Tier 3 – $70/$50	Tier 1 – $40/$30 Tier 2 – $60/$40 Tier 3 – $70/$50	$50/$35	0% after ded/ 0% after ded	Visits 1 – 3: $20/$15 Visits 4+: 0% after ded/0% after ded	$75/$50	Visits 1 – 3: $50/$35 Visits 4+: 0% after ded/0% after ded
$80/$55	Tier 1 – $90/$60 Tier 2 – $140/$100 Tier 3 – $150/$105	Tier 1 – $100/$70 Tier 2 – $120/$80 Tier 3 – $140/$95	Tier 1 – $100/$70 Tier 2 – $120/80 Tier 3 – $140/$95	Tier 1 – $80/$55 Tier 2 – $120/$80 Tier 3 – $140/$95	50% after ded/ 50% after ded	0% after ded/ 0% after ded	0% after ded/ 0% after ded	$150/$100	0% after ded/ 0% after ded
$80	$90 for each tier	$100 for each tier	$100 for each tier	$80 for each tier	50% after ded	0% after ded	Visits 1 – 3: $0 Visits: 4+: 0% after ded	$150	Visits 1 – 3: $0 Visits 4+: 0% after ded
50% after ded	$90 for each tier	$100 for each tier	$100 for each tier	$80 for each tier	50% after ded	0% after ded	0% after ded	50% after ded	0% after ded
$600	$950 for each tier	$950 for each tier	$975 for each tier	$950 for each tier	50% after ded	0% after ded	0% after ded	50% after ded	0% after ded
$20 no ded (integrated with medical ded)	$20 no ded ($600 Rx ded for all prescription drugs except generic)	$20 no ded ($500 Rx ded for all prescription drugs except generic)	$25 no ded ($600 Rx ded for all prescription drugs except generic)	$20 no ded ($500 Rx ded for all prescription drugs except generic)	$25 no ded (integrated with medical ded)	0% after ded (integrated with medical ded)	$25 no ded (integrated with medical ded)	$25 no ded (integrated with medical ded)	0% after ded (integrated with medical ded)
LCG MG ON PCP PRx	LCG MG OFF PCP PRx	LCG MG ON PCP PRx	LCG MG ON PCP PRx	LCG MG OFF PCP PRx	LCG MG OON PRx	HSA LCG MG PRx	LCG MG PRx	LCG MG PCP PRx	LCG MG PRx
$	$	$	$	$	$	$	$	$	$
$	$	$	$	$	$	$	$	$	$
$	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**	**$**

The summaries in this brochure represent only a partial listing of benefits of the Keystone Health Plan East and Personal Choice® plans. These managed care plans may not cover all of your health care expenses. Read your contract carefully to determine what health care services are covered. For more information, please call 1-855-640-3454 (TTY: 711).

2023 STANDARD PLANS

Our standard health plans include a wide range of options so you can choose the one that's best for you. For most of these plans, you can enroll using Pennie, the Pennsylvania Insurance Exchange, if you qualify for financial assistance. You'll also see the following indicators on some health plans:

- OFF — These plans are **not offered** on Pennie and must be purchased through Independence directly.
- ON — These plans must be purchased on Pennie and cannot be purchased through Independence directly.

Independence

Gold health plans	Personal Choice® PPO Gold[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$0/$0	$6,000/$12,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,000/$16,000 copay and coinsurance	$12,000/$24,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual	$30/$20	50% after ded/50% after ded
Specialist visit — Office/Virtual	$65/$45	50% after ded/50% after ded
Retail clinic	$30	50% after ded
Virtual care services from designated virtual provider[25]	$0	Not covered
Urgent care	$65	50% after ded
Spinal manipulations (20 visits per year)[6]	$50	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	$65/$95	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	$750 per day[7]	50% after ded
Inpatient professional services (includes maternity)	20%	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$400	$400 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$90	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$160	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	$120/$240	50% after ded/50% after ded
Infusion — Home, office/Outpatient	$65/$130	50% after ded/50% after ded
Durable medical equipment/prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$65/$65	50% after ded/50% after ded
Inpatient mental health and substance abuse	$750 per day[7]	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	$300/$700	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/Hospital-based	$0/50%	50% after ded/50% after ded
Prescription drugs[12,13]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$15	70%
Retail preferred brand[14]	$100	70%
Retail non-preferred drug[14]	50% up to $200	70%
Specialty	50% up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Gold health plans	ON Personal Choice® PPO Gold[2] Classic	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$1,250/$2,500	$6,000/$12,000
Coinsurance	20% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,100/$18,200 copay, ded, and coinsurance	$25,000/$50,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual	$50 no ded/$35 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	20% after ded/20% after ded	50% after ded/50% after ded
Retail clinic	$50 no ded	50% after ded
Virtual care services from designated virtual provider[25]	0% no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	20% after ded	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	20% after ded/20% after ded	50% after ded/50% after ded
Hospital and 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 (for copay plans, copay waived if admitted)	$750 after ded	$750 after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Infusion — Home, office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	20% after 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/40% after ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/Hospital-based	0% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$15	70%
Retail preferred brand[14,16]	$100	70%
Retail non-preferred drug[14,16]	50% up to $200	70%
Specialty[16]	50% up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Gold health plans	Keystone HMO Gold[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$0/$0
Coinsurance	20% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,000/$16,000 copay and coinsurance
Preventive services[5]	
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	$35/$25
Specialist visit — Office/Virtual	$65/$45
Retail clinic	$35
Virtual care services from designated virtual provider[25]	$0
Urgent care	$65
Spinal manipulations (20 visits per year)	$50
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$65/$65
Hospital and other medical services	
Inpatient hospital services (includes maternity)	$750 per day[7]
Inpatient professional services (includes maternity)	20%
Emergency room (for copay plans, copay waived if admitted)	$400
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$60
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$120
Biotech/Specialty injectables — Home, office/Outpatient	$120/$240
Infusion — Home, office/Outpatient	$65/$130
Durable medical equipment/prosthetics	50%
Outpatient mental health and substance abuse — Office visit/All other	$65/$65
Inpatient mental health and substance abuse	$750 per day[7]
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$300/$700
Outpatient lab/pathology	
Freestanding/Hospital-based	$0/$0
Prescription drugs[12,13]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$15
Retail preferred brand[14]	$100
Retail non-preferred drug[14]	50% up to $200
Specialty	50% up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Gold health plans	Keystone HMO Gold Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family	$0/$0	$0/$0	$0/$0
Coinsurance	0% unless otherwise noted	20% unless otherwise noted	30% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,100/$18,200 copay and coinsurance	$9,100/$18,200 copay and coinsurance	$9,100/$18,200 copay and coinsurance
Preventive services[5]			
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	$15/$10	$30/$20	$45/$30
Specialist visit — Office/Virtual	$40/$30	$60/$40	$80/$55
Retail clinic[11]	$15	$30	$45
Virtual care services from designated virtual provider[25]	$0	$0	$0
Urgent care	$40	$40	$40
Spinal manipulations (20 visits per year)	$50	$50	$50
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$60/$60	$60/$60	$60/$60
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$350 per day[7]	$700 per day[7]	$1,100 per day[7]
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room (for copay plans, copay waived if admitted)[10]	$400	$400	$400
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$60	$60/$60	$60/$60
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$120	$120/$120	$120/$120
Biotech/Specialty injectables — Home, office/Outpatient	50%/50%	50%/50%	50%/50%
Infusion — Home, office/Outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment/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[7]	$350 per day[7]	$350 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$150/$150	$550/$550	$1,000/$1,000
Outpatient lab/pathology			
Freestanding/Hospital-based	$0/$0	$0/$0	$0/$0
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$15	$15	$15
Retail preferred brand[14,16]	$100	$100	$100
Retail non-preferred drug[14,16]	50% up to $300	50% up to $300	50% up to $300
Specialty[16]	50% up to $1,000	50% up to $1,000	50% up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0	$0
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Gold health plans	ON Keystone HMO Gold Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$500/$1,000
Coinsurance	20% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,000/$16,000 copay and coinsurance
Preventive services[5]	
Preventive care for adults and children	$0 no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0 no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$40 no ded/$25 no ded
Specialist visit — Office/Virtual	$80 no ded/$55 no ded
Retail clinic	$40 no ded
Virtual care services from designated virtual provider[25]	$0 no ded
Urgent care	$80 no ded
Spinal manipulations (20 visits per year)	$50 no ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$80 no ded/$80 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room (for copay plans, copay waived if admitted)	$500 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$65 no ded/$65 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125 no ded/$125 no ded
Biotech/Specialty injectables — Home, office/Outpatient	$150 no ded/$300 no ded
Infusion — Home, office/Outpatient	$80 no ded/$160 no ded
Durable medical equipment/prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/$80 no ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$300 no ded/$700 no ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$15
Retail preferred brand[14]	$100
Retail non-preferred drug[14]	50% up to $200
Specialty	50% up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver health plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$3,500/$7,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,500/$17,000 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual	$30 no ded/$20 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$75 no ded/$50 no ded	50% after ded/50% after ded
Retail clinic	$30 no ded	50% after ded
Virtual care services from designated virtual provider[25]	0% no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	30% after ded	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	$75 no ded/$105 no ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	25% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded	30% after in-network ded
Routine radiology/diagnostic — 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, office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home, office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75 no ded/30% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	25% 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/pathology		
Freestanding/Hospital-based	0% no ded/50% no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3 no ded	70% no ded
Retail generic[14]	$20 no ded	70% no ded
Retail preferred brand[14,16]	50% after ded up to $300	70% after ded
Retail non-preferred drug[14,16]	50% after ded up to $400	70% after ded
Specialty[16]	50% after ded up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Silver health plans	Keystone HMO Silver Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$3,500/$7,000
Coinsurance	30% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,000/$18,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$35 no ded/$25 no ded
Specialist visit — Office/Virtual	$80 no ded/$55 no ded
Retail clinic	$35 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year)	30% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$80 no ded/$80 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	30% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$120 no ded/$120 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250 no ded/$250 no ded
Biotech/Specialty injectables — Home, office/Outpatient	30% after ded/50% after ded
Infusion — Home, office/Outpatient	30% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/$80 no ded
Inpatient mental health and substance abuse	30% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$400 no ded/$800 no ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$20 no ded
Retail preferred brand[14,16]	50% after ded up to $300
Retail non-preferred drug[14,16]	50% after ded up to $400
Specialty[16]	50% after ded up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver health plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,100/$18,200 copay and coinsurance	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual	$40/$30	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual	$90/$65	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic[11]	$40	$70 no ded	$80 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$90	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300/$300	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
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[7]	$600 per day no ded[7]	$600 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$250/$250	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$500/$1,000	$500/$1,000	$500/$1,000
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$25 no ded	$25 no ded	$25 no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver health plans	ON Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,000/$4,000	$6,500/$13,000	$6,500/$13,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]			
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	$50 no ded/$35 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$90 no ded/$60 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$50 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	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)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$90 no ded/$90 no ded	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950 no ded	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/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[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$500/$1,000	$500/$1,000	$500/$1,000
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	$90 after ded	$90 after ded	$90 after ded
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver health plans	ON Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$5,500/$11,000
Coinsurance	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,500/$17,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$35 no ded/$25 no ded
Specialist visit — Office/Virtual	$80 no ded/$55 no ded
Retail clinic	$35 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year)	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$80 no ded/$80 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$600 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	50% after ded/50% after ded
Infusion — Home, office/Outpatient	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/50% no ded
Inpatient mental health and substance abuse	50% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$20 no ded
Retail preferred brand[14,16]	50% after ded up to $300
Retail non-preferred drug[14,16]	50% after ded up to $400
Specialty[16]	50% after ded up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver health plans	OFF Keystone HMO Silver Proactive Select[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,050/$18,100 copay and coinsurance	$9,050/$18,100 copay, ded, and coinsurance	$9,050/$18,100 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual	$40/$30	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual	$90/$60	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic[11]	$40	$70 no ded	$80 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$90	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300/$300	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
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[7]	$600 per day no ded[7]	$600 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$250/$250	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family[‡]	$600/$1,200	$600/$1,200	$600/$1,200
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver health plans	ON Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,500/$5,000	$7,000/$14,000	$7,000/$14,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]			
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	$50 no ded/$35 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$100 no ded/$70 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$50 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	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)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950 no ded	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/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[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$500/$1,000	$500/$1,000	$500/$1,000
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver health plans	ON Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$5,000/$10,000	$8,000/$16,000	$8,000/$16,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]			
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	$50 no ded/$35 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$100 no ded/$70 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$50 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	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)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$975 no ded	$975 no ded	$975 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/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[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$600/$1,200	$600/$1,200	$600/$1,200
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$25 no ded	$25 no ded	$25 no ded
Retail preferred brand[14,16]	50% after ded up to $400	50% after ded up to $400	50% after ded up to $400
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver health plans	OFF Keystone HMO Silver Proactive Value[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,500/$3,000	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]			
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	$40 no ded/$30 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$80 no ded/$55 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$40 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	0% no ded	0% no ded	0% no ded
Urgent care	$80 no ded	$80 no ded	$80 no ded
Spinal manipulations (20 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$80 no ded/$80 no ded	$80 no ded/$80 no ded	$80 no ded/$80 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950 no ded	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/$80 no ded	$80 no ded/$80 no ded	$80 no ded/$80 no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$500/$1,000	$500/$1,000	$500/$1,000
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Bronze health plans	Personal Choice® PPO Bronze[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$6,000/$12,000	$15,000/$30,000
Coinsurance	50% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,100/$18,200 copay, ded, and coinsurance	$25,000/$50,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual	$50 no ded/$35 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	50% after ded/50% after ded	50% after ded/50% after ded
Retail clinic	$50 no ded	50% after ded
Virtual care services from designated virtual provider[25]	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	50% after ded	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	50% after ded/50% after ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	25% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	50% after ded	50% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home, office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded	50% after ded
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	25% 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/pathology		
Freestanding/Hospital-based	0% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3 no ded	70% no ded
Retail generic[14]	$25 no ded	70% no ded
Retail preferred brand[14,16]	50% after ded	70% after ded
Retail non-preferred drug[14,16]	50% after ded	70% after ded
Specialty[16]	50% after ded	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Bronze health plans	Personal Choice® EPO Bronze Reserve[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$7,450/$14,900
Coinsurance	0%
Out-of-pocket maximum — Individual/Family	$7,450/$14,900 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	0% after ded/0% after ded
Specialist visit — Office/Virtual	0% after ded/0% after ded
Retail clinic	0% after ded
Virtual care services from designated virtual provider[25]	0% after ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	0% after ded/0% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (for copay plans, copay waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/Specialty injectables — Home, office/Outpatient	0% after ded/0% after ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded
Durable medical equipment/prosthetics	0% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded
Inpatient mental health and substance abuse	0% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% after ded/0% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	0% after ded
Retail generic[14]	0% after ded
Retail preferred brand[14,16]	0% after ded
Retail non-preferred drug[14,16]	0% after ded
Specialty[16]	0% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	Integrated with medical ded
Pediatric exams and cleanings[23]	0% no ded
Pediatric basic, major, and orthodontia services[24]	0% after ded

Bronze health plans	Personal Choice® EPO Bronze Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$9,100/$18,200
Coinsurance	0%
Out-of-pocket maximum — Individual/Family	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	Visits 1 – 3: $20 copay no ded*/$15 copay no ded* Visits 4+: 0% after ded*/0% after ded*
Specialist visit — Office/Virtual	0% after ded/0% after ded
Retail clinic	0% after ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	0% after ded/0% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (for copay plans, copay waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/Specialty injectables — Home, office/Outpatient	0% after ded/0% after ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded
Durable medical equipment/prosthetics	0% after ded
Outpatient mental health and substance abuse — Office visit/All other	Visits 1 – 3: 0% no ded/0% after ded Visits 4+: 0% after ded/0% after ded
Inpatient mental health and substance abuse	0% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% after ded/0% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$25 no ded
Retail preferred brand[14,16]	0% after ded
Retail non-preferred drug[14,16]	0% after ded
Specialty[16]	0% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	Integrated with medical ded
Pediatric exams and cleanings[23]	0% no ded
Pediatric basic, major, and orthodontia services[24]	0% after ded

Bronze health plans	Keystone HMO Bronze[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$8,500/$17,000
Coinsurance	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$75 no ded/$50 no ded
Specialist visit — Office/Virtual	$150 no ded/$100 no ded
Retail clinic	$75 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year)	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$150 no ded/$150 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and $700 per day[7]
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	50% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250 no ded/$250 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% after ded/50% after ded
Infusion — Home, office/Outpatient	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$150 no ded/$150 no ded
Inpatient mental health and substance abuse	Subject to ded and $700 per day[7]
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$750 after ded/$1,000 after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$25 no ded
Retail preferred brand[14,16]	50% after ded up to $300
Retail non-preferred drug[14,16]	50% after ded up to $400
Specialty[16]	50% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Catastrophic health plan	Personal Choice® EPO Catastrophic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$9,100/$18,200
Coinsurance	0%
Out-of-pocket maximum — Individual/Family	$9,100/$18,200 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	Visits 1–3: $50 copay no ded*/35 copay no ded* Visits 4+: 0% after ded*/0% after ded*
Specialist visit — Office/Virtual	0% after ded/0% after ded
Retail clinic	0% after ded
Virtual care services from designated virtual provider[25]	0% after ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	0% after ded/0% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (for copay plans, copay waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/Specialty injectables — Home, office/Outpatient	0% after ded/0% after ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded
Durable medical equipment/prosthetics	0% after ded
Outpatient mental health and substance abuse — Office visit/All other	Visits 1 – 3: 0% no ded/0% after ded Visits 4+: 0% after ded/0% after ded
Inpatient mental health and substance abuse	0% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% after ded/0% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	0% after ded
Retail generic[14]	0% after ded
Retail preferred brand[14,16]	0% after ded
Retail non-preferred drug[14,16]	0% after ded
Specialty[16]	0% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	Integrated with medical ded
Pediatric exams and cleanings[23]	0% no ded
Pediatric basic, major, and orthodontia services[24]	0% after ded

2023 COST-SHARE REDUCTION PLANS

Enroll in a Cost-Share Reduction (or CSR) health plan on Pennie, the Pennsylvania Insurance Exchange, if you qualify for both lower monthly premiums and lower out-of-pocket costs (see page 68 for more information). Contact your broker if you want help determining your eligibility or applying.

Independence

Silver 200 – 249% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$3,500/$7,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$7,250/$14,500 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual	$30 no ded/$20 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$75 no ded/$50 no ded	50% after ded/50% after ded
Retail clinic	$30 no ded	50% after ded
Virtual care services from designated virtual provider[25]	0% no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	30% after ded	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	$75 no ded/$75 no ded	50% after ded/50% after ded
Hospital and 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 (for copay plans, copay waived if admitted)	30% after ded	30% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — Home, office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	30% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75 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/20% after ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/Hospital-based	0% no ded/50% no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3 no ded	70% no ded
Retail generic[14]	$20 no ded	70% no ded
Retail preferred brand[14,16]	40% after ded up to $200	70% after ded
Retail non-preferred drug[14,16]	50% after ded up to $200	70% after ded
Specialty[16]	50% after ded up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Silver 200 – 249% CSR plans	Keystone HMO Silver Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$3,500/$7,000
Coinsurance	30% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$7,250/$14,500 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$35 no ded/$25 no ded
Specialist visit — Office/Virtual	$70 no ded/$50 no ded
Retail clinic	$35 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year)	30% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$70 no ded/$70 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	30% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$120 no ded/$120 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250 no ded/$250 no ded
Biotech/Specialty injectables — Home, office/Outpatient	30% after ded/30% after ded
Infusion — Home, office/Outpatient	30% after ded/30% after ded
Durable medical equipment/prosthetics	30% after ded
Outpatient mental health and substance abuse — Office visit/All other	$70 no ded/$70 no ded
Inpatient mental health and substance abuse	30% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$400 no ded/$800 no ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$15 no ded
Retail preferred brand[14,16]	50% after ded up to $300
Retail non-preferred drug[14,16]	50% after ded up to $400
Specialty[16]	50% after ded up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$7,250/$14,500 copay and coinsurance	$7,250/$14,500 copay, ded, and coinsurance	$7,250/$14,500 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual	$40/$30	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual	$90/$60	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic[11]	$40	$70 no ded	$80 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$90	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300/$300	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	50%	50% no ded	50% no ded
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[7]	$600 per day no ded[7]	$600 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$250/$250	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% /0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$500/$1,000	$500/$1,000	$500/$1,000
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$25 no ded	$25 no ded	$25 no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,000/$4,000	$6,500/$13,000	$6,500/$13,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$7,200/$14,400 copay, ded, and coinsurance	$7,200/$14,400 copay, ded, and coinsurance	$7,200/$14,400 copay, ded, and coinsurance
Preventive services[5]			
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	$50 no ded/$35 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$90 no ded/$60 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$50 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	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)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$90 no ded/$90 no ded	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950 no ded	$950 no ded	$950 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/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[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$300/$600	$300/$600	$300/$600
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	$90 after ded	$90 after ded	$90 after ded
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$5,000/$10,000
Coinsurance	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$7,250/$14,500 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$35 no ded/$25 no ded
Specialist visit — Office/Virtual	$80 no ded/$55 no ded
Retail clinic	$35 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year)	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$80 no ded/$80 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$600 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	50% after ded/50% after ded
Infusion — Home, office/Outpatient	50% after ded/50% after ded
Durable medical equipment/prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/50% no ded
Inpatient mental health and substance abuse	50% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$15 no ded
Retail preferred brand[14,16]	50% after ded up to $300
Retail non-preferred drug[14,16]	50% after ded up to $400
Specialty[16]	50% after ded up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,500/$5,000	$6,500/$13,000	$6,500/$13,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$7,250/$14,500 copay, ded, and coinsurance	$7,250/$14,500 copay, ded, and coinsurance	$7,250/$14,500 copay, ded, and coinsurance
Preventive services[5]			
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	$50 no ded/$35 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$100 no ded/$70 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$50 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	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)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$600 no ded	$600 no ded	$600 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/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[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$300/$600	$300/$600	$300/$600
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	40% after ded up to $400	40% after ded up to $400	40% after ded up to $400
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$4,500/$9,000	$7,000/$14,000	$7,000/$14,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$7,250/$14,500 copay, ded, and coinsurance	$7,250/$14,500 copay, ded, and coinsurance	$7,250/$14,500 copay, ded, and coinsurance
Preventive services[5]			
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	$50 no ded/$35 no ded	$60 no ded/$40 no ded	$70 no ded/$50 no ded
Specialist visit — Office/Virtual	$100 no ded/$70 no ded	$120 no ded/$80 no ded	$140 no ded/$95 no ded
Retail clinic[11]	$50 no ded	$60 no ded	$70 no ded
Virtual care services from designated virtual provider[25]	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)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$750 no ded	$750 no ded	$750 no ded
Routine radiology/diagnostic — 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	$300 no ded/$300 no ded	$300 no ded/$300 no ded	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home, office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/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[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $250 copay/ Subject to ded and $250 copay	Subject to ded and $750 copay/ Subject to ded and $750 copay	Subject to ded and $1,250 copay/ Subject to ded and $1,250 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	$600/$1,200	$600/$1,200	$600/$1,200
Low-cost generic[14]	$5 no ded	$5 no ded	$5 no ded
Retail generic[14]	$20 no ded	$20 no ded	$20 no ded
Retail preferred brand[14,16]	40% after ded up to $400	40% after ded up to $400	40% after ded up to $400
Retail non-preferred drug[14,16]	50% after ded up to $500	50% after ded up to $500	50% after ded up to $500
Specialty[16]	50% after ded up to $1,000	50% after ded up to $1,000	50% after ded up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 150 – 199% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$2,250/$4,500	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$3,000/$6,000 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual	$25 no ded/$20 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$50 no ded/$35 no ded	50% after ded/50% after ded
Retail clinic	$25 no ded	50% after ded
Virtual care services from designated virtual provider[25]	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	10% after ded	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	$50 no ded/$50 no ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	10% no ded	50% after ded
Inpatient professional services (includes maternity)	10% no ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	10% after ded	10% after in-network ded
Routine radiology/diagnostic — 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, office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home, office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment/prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50 no ded/10% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% no ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/Hospital-based	0% no ded/50% no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3 no ded	70% no ded
Retail generic[14]	$10 no ded	70% no ded
Retail preferred brand[14,16]	40% after ded up to $200	70% after ded
Retail non-preferred drug[14,16]	50% after ded up to $200	70% after ded
Specialty[16]	50% after ded up to $500	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Silver 150 – 199% CSR plans	Keystone HMO Silver Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$1,000/$2,000
Coinsurance	20% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$2,500/$5,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$30 no ded/$20 no ded
Specialist visit — Office/Virtual	$60 no ded/$40 no ded
Retail clinic	$30 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	20% after ded
Spinal manipulations (20 visits per year)	20% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$60 no ded/$60 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room (for copay plans, copay waived if admitted)	20% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$50 no ded/$50 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100 no ded/$100 no ded
Biotech/Specialty injectables — Home, office/Outpatient	20% after ded/20% after ded
Infusion — Home, office/Outpatient	20% after ded/20% after ded
Durable medical equipment/prosthetics	20% after ded
Outpatient mental health and substance abuse — Office visit/All other	$60 no ded/$60 no ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$200 no ded/$400 no ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$10 no ded
Retail preferred brand[14,16]	40% after ded up to $200
Retail non-preferred drug[14,16]	50% after ded up to $200
Specialty[16]	50% after ded up to $500
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$1,750/$3,500	$1,750/$3,500
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,000/$6,000 copay and coinsurance	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500	$500 no ded	$500 no ded
Physician services			
Primary care visit — Office/Virtual	$20/$15	$30 no ded/$20 no ded	$40 no ded/$30 no ded
Specialist visit — Office/Virtual	$40/$30	$60 no ded/$40 no ded	$80 no ded/$55 no ded
Retail clinic[11]	$20	$30 no ded	$40 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$40	$40 no ded	$40 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$40/$40	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$200 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$450	$450 no ded	$450 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$50/$50	$50 no ded/$50 no ded	$50 no ded/$50 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20%	20% no ded	20% no ded
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	$200 per day[7]	$200 per day no ded[7]	$200 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$100/$100	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	$100	$100	$100
Retail non-preferred drug[14,16]	40% up to $400	40% up to $400	40% up to $400
Specialty[16]	50% up to $500	50% up to $500	50% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance
Preventive services[5]			
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	$500 no ded	$500 no ded	$500 no ded
Physician services			
Primary care visit — Office/Virtual	$20 no ded/$15 no ded	$30 no ded/$20 no ded	$40 no ded/$30 no ded
Specialist visit — Office/Virtual	$40 no ded/$30 no ded	$60 no ded/$40 no ded	$80 no ded/$55 no ded
Retail clinic[11]	$20 no ded	$30 no ded	$40 no ded
Virtual care services from designated virtual provider[25]	0% no ded	0% no ded	0% no ded
Urgent care	$40 no ded	$40 no ded	$40 no ded
Spinal manipulations (20 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$250 no ded	$250 no ded	$250 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75 no ded/$75 no ded	$75 no ded/$75 no ded	$75 no ded/$75 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40% no ded/40% no ded	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20% no ded	20% no ded	20% no ded
Outpatient mental health and substance abuse — Office visit/All other	$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Inpatient mental health and substance abuse	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $100 copay/ Subject to ded and $100 copay	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	$90	$90	$90
Retail non-preferred drug[14,16]	40% up to $400	40% up to $400	40% up to $400
Specialty[16]	50% up to $500	50% up to $500	50% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$1,000/$2,000
Coinsurance	30% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$2,900/$5,800 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual	$20 no ded/$15 no ded
Specialist visit — Office/Virtual	$40 no ded/$30 no ded
Retail clinic	$20 no ded
Virtual care services from designated virtual provider[25]	0% no ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year)	30% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$40 no ded/$40 no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	30% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room (for copay plans, copay waived if admitted)	$250 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	30% after ded/30% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/30% after ded
Biotech/Specialty injectables — Home, office/Outpatient	30% after ded/30% after ded
Infusion — Home, office/Outpatient	30% after ded/30% after ded
Durable medical equipment/prosthetics	30% after ded
Outpatient mental health and substance abuse — Office visit/All other	$40 no ded/30% no ded
Inpatient mental health and substance abuse	30% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	30% after ded/30% after ded
Outpatient lab/pathology	
Freestanding/Hospital-based	0% no ded/0% no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3 no ded
Retail generic[14]	$10 no ded
Retail preferred brand[14,16]	40% after ded up to $300
Retail non-preferred drug[14,16]	50% after ded up to $400
Specialty[16]	50% after ded up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0 no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance
Preventive services[5]			
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	$500 no ded	$500 no ded	$500 no ded
Physician services			
Primary care visit — Office/Virtual	$20 no ded/$15 no ded	$30 no ded/$20 no ded	$40 no ded/$30 no ded
Specialist visit — Office/Virtual	$40 no ded/$30 no ded	$60 no ded/$40 no ded	$80 no ded/$55 no ded
Retail clinic[11]	$20 no ded	$30 no ded	$40 no ded
Virtual care services from designated virtual provider[25]	0% no ded	0% no ded	0% no ded
Urgent care	$40 no ded	$40 no ded	$40 no ded
Spinal manipulations (20 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$250 no ded	$250 no ded	$250 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75 no ded/$75 no ded	$75 no ded/$75 no ded	$75 no ded/$75 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40% no ded/40% no ded	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20% no ded	20% no ded	20% no ded
Outpatient mental health and substance abuse — Office visit/All other	$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Inpatient mental health and substance abuse	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $100 copay/ Subject to ded and $100 copay	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	30% up to $300	30% up to $300	30% up to $300
Retail non-preferred drug[14,16]	40% up to $400	40% up to $400	40% up to $400
Specialty[16]	50% up to $500	50% up to $500	50% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,500/$3,000	$2,000/$4,000	$2,000/$4,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance	$3,000/$6,000 copay, ded, and coinsurance
Preventive services[5]			
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	$500 no ded	$500 no ded	$500 no ded
Physician services			
Primary care visit — Office/Virtual	$20 no ded/$15 no ded	$30 no ded/$20 no ded	$40 no ded/$30 no ded
Specialist visit — Office/Virtual	$40 no ded/$30 no ded	$60 no ded/$40 no ded	$80 no ded/$55 no ded
Retail clinic[11]	$20 no ded	$30 no ded	$40 no ded
Virtual care services from designated virtual provider[25]	0% no ded	0% no ded	0% no ded
Urgent care	$40 no ded	$40 no ded	$40 no ded
Spinal manipulations (20 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$250 no ded	$250 no ded	$250 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75 no ded/$75 no ded	$75 no ded/$75 no ded	$75 no ded/$75 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40% no ded/40% no ded	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20% no ded	20% no ded	20% no ded
Outpatient mental health and substance abuse — Office visit/All other	$40 no ded/$40 no ded	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Inpatient mental health and substance abuse	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $100 copay/ Subject to ded and $100 copay	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0% no ded/0% no ded	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$15	$15	$15
Retail preferred brand[14,16]	30% up to $300	30% up to $300	30% up to $300
Retail non-preferred drug[14,16]	40% up to $400	40% up to $400	40% up to $400
Specialty[16]	50% up to $500	50% up to $500	50% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0 no ded	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 138 – 149% CSR plans	Personal Choice® PPO Silver[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$0/$0	$10,000/$20,000
Coinsurance	10% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$2,250/$4,500 copay and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	n/a
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	50% no ded
Physician services		
Primary care visit — Office/Virtual	$5/$0	50% after ded/50% after ded
Specialist visit — Office/Virtual	$10/$5	50% after ded/50% after ded
Retail clinic	$5	50% after ded
Virtual care services from designated virtual provider[25]	$0	Not covered
Urgent care	10%	50% after ded
Spinal manipulations (20 visits per year)[6]	10%	50% after ded
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based[6]	$10/$10	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	10%	50% after ded
Inpatient professional services (includes maternity)	10%	50% after ded
Emergency room (for copay plans, copay waived if admitted)	10%	10% no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	10%/10%	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10%/10%	50% after ded/50% after ded
Biotech/Specialty injectables — Home, office/Outpatient	10%/10%	50% after ded/50% after ded
Infusion — Home, office/Outpatient	10%/10%	50% after ded/50% after ded
Durable medical equipment/prosthetics	10%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$10/10%	50% after ded/50% after ded
Inpatient mental health and substance abuse	10%	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	10%/10%	50% after ded/50% after ded
Outpatient lab/pathology		
Freestanding/Hospital-based	0%/50%	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$4	70%
Retail preferred brand[14,16]	15% up to $200	70%
Retail non-preferred drug[14,16]	15% up to $200	70%
Specialty[16]	50% up to $500	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	n/a
Pediatric exams and cleanings[23]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[24]	50% after ded	Not covered

Silver 138 – 149% CSR plans	Keystone HMO Silver Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$0/$0
Coinsurance	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$1,850/$3,700 copay and coinsurance
Preventive services[5]	
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	$10/$5
Specialist visit — Office/Virtual	$20/$15
Retail clinic	$10
Virtual care services from designated virtual provider[25]	$0
Urgent care	10%
Spinal manipulations (20 visits per year)	10%
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$20/$20
Hospital and other medical services	
Inpatient hospital services (includes maternity)	10%
Inpatient professional services (includes maternity)	10%
Emergency room (for copay plans, copay waived if admitted)	10%
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20
Biotech/Specialty injectables — Home, office/Outpatient	10%/10%
Infusion — Home, office/Outpatient	10%/10%
Durable medical equipment/prosthetics	10%
Outpatient mental health and substance abuse — Office visit/All other	$20/$20
Inpatient mental health and substance abuse	10%
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$40/$80
Outpatient lab/pathology	
Freestanding/Hospital-based	$0/$0
Prescription drugs[12,13,15]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$4
Retail preferred brand[14,16]	5% up to $200
Retail non-preferred drug[14,16]	15% up to $200
Specialty[16]	50% up to $500
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$200/$400	$200/$400
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$1,850/$3,700 copay and coinsurance	$1,850/$3,700 copay, ded, and coinsurance	$1,850/$3,700 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250 no ded	$250 no ded
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10 no ded/$5 no ded	$20 no ded/$15 no ded
Specialist visit — Office/Virtual	$15/$10	$20 no ded/$15 no ded	$40 no ded/$30 no ded
Retail clinic[11]	$5	$10 no ded	$20 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$15	$15 no ded	$15 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50 no ded	$50 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10 no ded/$10 no ded	$10 no ded/$10 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20 no ded/$20 no ded	$20 no ded/$20 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20%	20% no ded	20% no ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day no ded[7]	$50 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50/$50	Subject to ded and $200 copay/ Subject to ded and $200 copay	Subject to ded and $400 copay/ Subject to ded and $400 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$4	$4	$4
Retail preferred brand[14,16]	$15	$15	$15
Retail non-preferred drug[14,16]	5% up to $400	5% up to $400	5% up to $400
Specialty[16]	30% up to $500	30% up to $500	30% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$200/$400	$200/$400
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$1,850/$3,700 copay and coinsurance	$1,850/$3,700 copay, ded, and coinsurance	$1,850/$3,700 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250 no ded	$250 no ded
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10 no ded/$5 no ded	$20 no ded/$15 no ded
Specialist visit — Office/Virtual	$15/$10	$20 no ded/$15 no ded	$40 no ded/$30 no ded
Retail clinic[11]	$5	$10 no ded	$20 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$15	$15 no ded	$15 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50 no ded	$50 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10 no ded/$10 no ded	$10 no ded/$10 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20 no ded/$20 no ded	$20 no ded/$20 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20%	20% no ded	20% no ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day no ded[7]	$50 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50 copay/$50 copay	Subject to ded and $200 copay/ Subject to ded and $200 copay	Subject to ded and $400 copay/ Subject to ded and $400 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$4	$4	$4
Retail preferred brand[14,16]	$15	$15	$15
Retail non-preferred drug[14,16]	5% up to $400	5% up to $400	5% up to $400
Specialty[16]	30% up to $500	30% up to $500	30% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$0/$0
Coinsurance	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$2,000/$4,000 copay and coinsurance
Preventive services[5]	
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	$15/$10
Specialist visit — Office/Virtual	$30/$20
Retail clinic	$15
Virtual care services from designated virtual provider[25]	$0
Urgent care	10%
Spinal manipulations (20 visits per year)	10%
Physical/Occupational therapy (30 visits/year) — Freestanding/Hospital-based	$30/$30
Hospital and other medical services	
Inpatient hospital services (includes maternity)	10%
Inpatient professional services (includes maternity)	10%
Emergency room (for copay plans, copay waived if admitted)	$50
Routine radiology/diagnostic — Freestanding/Hospital-based	10%/10%
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10%/10%
Biotech/Specialty injectables — Home, office/Outpatient	10%/10%
Infusion — Home, office/Outpatient	10%/10%
Durable medical equipment/prosthetics	10%
Outpatient mental health and substance abuse — Office visit/All other	$30/10%
Inpatient mental health and substance abuse	10%
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	10%/10%
Outpatient lab/pathology	
Freestanding/Hospital-based	$0/$0
Prescription drugs[12,13,15]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$4
Retail preferred brand[14,16]	5% up to $300
Retail non-preferred drug[14,16]	15% up to $400
Specialty[16]	15% up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$200/$400	$200/$400
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$1,850/$3,700 copay and coinsurance	$1,850/$3,700 copay, ded, and coinsurance	$1,850/$3,700 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250 no ded	$250 no ded
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10 no ded/$5 no ded	$20 no ded/$15 no ded
Specialist visit — Office/Virtual	$15/$10	$20 no ded/$15 no ded	$40 no ded/$30 no ded
Retail clinic[11]	$5	$10 no ded	$20 no ded
Virtual care services from designated virtual provider[25]	0%	0% no ded	0% no ded
Urgent care	$15	$15 no ded	$15 no ded
Spinal manipulations (20 visits per year)	$50	$50 no ded	$50 no ded
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50 no ded	$50 no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10 no ded/$10 no ded	$10 no ded/$10 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20 no ded/$20 no ded	$20 no ded/$20 no ded
Biotech/Specialty injectables — Home, office/Outpatient	40%/40%	40% no ded/40% no ded	40% no ded/40% no ded
Infusion — Home, office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment/prosthetics	20%	20% no ded	20% no ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day no ded[7]	$50 per day no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50/$50	Subject to ded and $200 copay/ Subject to ded and $200 copay	Subject to ded and $400 copay/ Subject to ded and $400 copay
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0% no ded/0% no ded	0% no ded/0% no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family‡	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$4	$4	$4
Retail preferred brand[14,16]	5% up to $300	5% up to $300	5% up to $300
Retail non-preferred drug[14,16]	5% up to $400	5% up to $400	5% up to $400
Specialty[16]	30% up to $500	30% up to $500	30% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0 no ded	$0 no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family	$0/$0	$0/$0	$0/$0
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$1,500/$3,000 copay and coinsurance	$1,500/$3,000 copay and coinsurance	$1,500/$3,000 copay and coinsurance
Preventive services[5]			
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	$250	$250	$250
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10/$5	$20/$15
Specialist visit — Office/Virtual	$15/$10	$20/$15	$40/$30
Retail clinic[11]	$5	$10	$20
Virtual care services from designated virtual provider[25]	0%	0%	0%
Urgent care	$15	$15	$15
Spinal manipulations (20 visits per year)	$50	$50	$50
Physical/Occupational therapy (30 visits/year)— Freestanding/Hospital-based	$15/$15	$15/$15	$15/$15
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	$250 per day[7]	$500 per day[7]
Inpatient professional services (includes maternity)	0%	5%	10%
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50	$50
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10/$10	$10/$10
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20/$20	$20/$20
Biotech/Specialty injectables — Home, office/Outpatient	40%/40%	40%/40%	40%/40%
Infusion — Home, office/Outpatient	0%/0%	5%/5%	10%/10%
Durable medical equipment/prosthetics	20%	20%	20%
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15/$15	$15/$15
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day[7]	$50 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50/$50	$200/$200	$400/$400
Outpatient lab/pathology			
Freestanding/Hospital-based	0%/0%	0%/0%	0%/0%
Prescription drugs[12,13,15]			
Deductible — Individual/Family[‡]	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	5% up to $300	5% up to $300	5% up to $300
Retail non-preferred drug[14,16]	5% up to $400	5% up to $400	5% up to $400
Specialty[16]	30% up to $500	30% up to $500	30% up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0	$0
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0 no ded	$0 no ded	$0 no ded
Pediatric basic, major, and orthodontia services[24]	50% after ded	50% after ded	50% after ded

2023 ADULT DENTAL AND VISION PLANS

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

Independence

Choose your adult dental plan

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

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

	Adult Dental Preferred		Adult Dental Premier[1]	
In-network benefits	**You pay**		**You pay**	
Annual deductible — Individual/Family	$50/$150		$50/$150	
Annual maximum benefit	$1,500 per covered member		$2,000 per covered member	
Start using these services right away	**You pay**		**You pay**	
Exams	Covered at 100%, no deductible, no waiting period	1 per 12 months	Covered at 100%, no deductible, no waiting period	1 per 6 months
Cleanings	Covered at 100%, no deductible, no waiting period	1 per 12 months	Covered at 100%, no deductible, no waiting period	1 per 6 months
Bitewing X-rays	Covered at 100%, no deductible, no waiting period	1 set per 24 months, ages 19 – 29; 1 set per 3 years, ages 30 and older	Covered at 100%, no deductible, no waiting period	1 set per 18 months
Full mouth X-rays	Covered at 100%, no deductible, no waiting period	1 per 5 years	Covered at 100%, no deductible, no waiting period	1 per 5 years
Fillings, extractions	50% after deductible	No waiting period	20% after deductible	No waiting period
You'll get these benefits after 12 months	**You pay**		**You pay**	
Root canals, periodontics, oral surgery	50% after deductible	12-month waiting period for new members	20% after deductible	12-month waiting period for new members
Crown and denture repair	50% after deductible	12-month waiting period for new members	20% after deductible	12-month waiting period for new members
Crowns and dentures	Not covered	N/A	50% after deductible	12-month waiting period for new members

Monthly premiums per member

Age	Adult Dental Preferred	Adult Dental Premier
19–25	$18.51	$33.13
26–39	$19.67	$35.20
40–49	$23.14	$41.41
50–63	$27.19	$48.66
64+	$27.77	$49.69

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

Choose an adult vision plan

	Vision Care 150	Vision Care 200
In-network benefits	**You pay**	**You pay**
Frequency (exam and hardware)	Once every calendar year	Once every calendar year
Copays for exam and lenses	$0	$0
Frames	**You pay**	**You pay**
Davis Vision Exclusive Collection frames (instead of allowance):		
• Fashion selection	$0 copay	$0 copay
• Designer selection	$15 copay	$0 copay
• Premier selection	$40 copay	$0 copay
Non-Collection frame allowance	Up to $100, or up to $150[2] at Visionworks, 20% discount on overage[1]	Up to $150, or up to $200[2] at Visionworks, 20% discount on overage[3]
Lens options	**You pay**	**You pay**
Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any Rx)	$0	$0
Tinting of plastic lenses	$15	$0
Scratch-resistant coating	$0	$0
Polycarbonate lenses	$35	$0
Ultraviolet coating	$0	$0
Anti-reflective (AR) coating (standard/premium/ultra/ultimate)	$40/$55/$69/$85	$35/$48/$60/$85
Progressive lenses (standard/premium/ultra/ultimate)	$65/$105/$140/$175	$0/$40/$90/$125
High-index lenses (single/multi)	$60/$120	$55/$120
Transition lenses (plastic photosensitive)	$70	$65
Polarized lenses	$75	$75
Contact lenses (instead of eyeglasses)	**Benefit**	**Benefit**
Davis Vision Contact Lens Collection (instead of allowance)		
• Disposable	Not covered	8 boxes/multi-packs
• Planned replacement	Not covered	4 boxes/multi-packs
• Evaluation, fitting, and follow-up care	Not covered	Included
Non-Collection contact lenses: Materials allowance	Up to $100, plus 15% discount on overage[3]	Up to $150, plus 15% discount on overage[3]
Medically necessary contact lenses (with prior approval): Materials, evaluation, fitting, and follow-up care	Included	Included
Out-of-network	**Reimbursable amount (up to)**	**Reimbursable amount (up to)**
Eye examination	$40	$40
Frames	$50	$50
Lenses: Single/bifocal/trifocal/lenticular	$40/$60/$80/$100	$40/$60/$80/$100
Elective contact lenses	$80	$105
Medically necessary contact lenses	$225	$225

Monthly premiums

Family tier	Vision Care 150	Vision Care 200
Individual	$13.83	$17.12
Individual + one dependent	$27.66	$34.25
Individual + two or more dependents	$41.49	$51.37

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

2 Enhanced frame allowance available at all Visionworks locations nationwide.

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

Health plan footnotes

Medical

* For these plans, visit limits are combined for office and virtual care.

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

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

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

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

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

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

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

Keystone HMO Proactive

8 For all Keystone HMO Silver Proactive plans, the deductible is combined for Tiers 2 and 3.

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

10 If a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care, including medical care provided by a participating professional provider, will apply based on the tier level of the in-network hospital or participating professional provider. If a member is admitted to an out-of-network hospital following an emergency room admission, the Tier 3 – Standard level of benefits will apply. For non-emergency care, members must use in-network providers.

11 For all Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Walgreen's Health Clinic, which is assigned to Tier 3.

Prescription drugs

12 Our prescription drug plans are administered by an independent pharmacy benefits management (PBM) company.

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

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

15 This plan uses the Preferred Pharmacy network, with more than 58,000 pharmacies nationwide. If you have the Preferred Pharmacy network and fill a prescription at an out-of-network pharmacy, such as Walgreens, you will need to pay the up-front total cost at the pharmacy. You can then submit a claim, and you may be reimbursed for part of the cost.

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

‡ Embedded Deductible/Out-of-pocket maximum: 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

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

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

19 One eye exam per calendar year period.

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

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

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

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

24 Only medically necessary orthodontia is covered.

25 Virtual care from a designated virtual provider includes telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, MDLIVE.

Adult dental and vision

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

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

28 Enhanced frame allowance available at all Visionworks locations nationwide.

Coverage for American Indians/ Alaskan Natives

Are you an American Indian or Alaskan Native?

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

Less than 300% FPL plan options

You can choose from any of the Standard plan options on pages 14 – 33, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium tax credit (subsidy).

More than 300% FPL plan options

You can choose from any of the Standard plan options on pages 14 – 33 and you will pay the cost-sharing amounts listed, but you will have $0 cost-sharing if you receive care for any essential health benefits that are referred by or received directly from the HIS, Indian Tribe, Tribal Organization, or Urban Indian Organization. You may also qualify for a premium tax credit.

	Household income	
Family size	**Less than 300% FPL**	**More than 300% FPL**
Single	$40,769.99	$40,770.00
Family of 2	$54,929.99	$54,930.00
Family of 3	$69,089.99	$69,090.00
Family of 4	$83,249.99	$83,250.00
Family of 5	$97,409.99	$97,410.00
Family of 6	$111,569.99	$111,570.00
Family of 7	$125,729.99	$125,730.00
Family of 8*	$139,889.99	$139,890.00

* For more than eight, add this amount for each additional person: $4,720. Based on source: https://aspe.hhs.gov/poverty-guidelines

This chart is intended to give you an idea if you will be eligible for help in paying your health insurance costs depending on your income and household size. Final eligibility determinations and the actual amount of your tax credit will be determined by the federal government.

Keystone HMO Proactive hospital tier placements

Tier 1 – Preferred $

Pennsylvania

Bucks
- Doylestown Hospital
- Grand View Hospital
- Jefferson Bucks Hospital
- Prime Healthcare — Lower Bucks Hospital
- Rothman Orthopaedic Specialty Hospital
- St. Luke's Health Network — Quakertown Campus

Chester
- Penn Medicine — Chester County Hospital
- Tower Health — Phoenixville Hospital

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

Lehigh
- St. Luke's Hospital – Allentown Campus
- St. Luke's Hospital – Bethlehem Campus

Montgomery
- Einstein Medical Center Montgomery (part of Jefferson Health)
- Holy Redeemer Hospital and Medical Center
- Jefferson Abington Hospital
- Jefferson Lansdale Hospital
- Suburban Community Hospital
- Tower Health — Pottstown Memorial Medical Center

Philadelphia
- Einstein Medical Center (part of Jefferson Health)
- Jefferson Frankford Hospital
- Jefferson Torresdale Hospital
- Prime Healthcare — Roxborough Memorial Hospital
- Temple University Hospital — Jeanes Campus
- Tower Health — Chestnut Hill Hospital
- Wills Eye Hospital

New Jersey

Burlington
- Virtua Willingboro Hospital

Camden
- Cooper Hospital University Medical Center

Mercer
- Robert Wood Johnson University Hospital at Hamilton

Salem
- Memorial Hospital of Salem County

Warren
- Hackettstown Community Hospital

Tier 2 – Enhanced $$

Pennsylvania

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

New Jersey

Camden
- Virtua Our Lady of Lourdes Hospital

Gloucester
- Inspira Medical Center — Woodbury

Delaware

New Castle
- A.I. DuPont Hospital for Children

Tier 3 – Standard $$$

Pennsylvania

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

Bucks
- Trinity Health — St. Mary Medical Center

Chester
- Main Line Health — Paoli Hospital

Delaware
- Main Line Health — Riddle Hospital
- Trinity Health — Mercy Fitzgerald Hospital

Lancaster
- Ephrata Community Hospital
- Penn Medicine — Lancaster General Hospital

Lehigh
- Lehigh Valley Hospital — 17th Street
- Lehigh Valley Hospital — Cedar Crest
- Lehigh Valley Hospital — Muhlenberg
- St. Luke's Hospital — Sacred Heart Campus

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

Philadelphia
- Jefferson Methodist Hospital
- Penn Medicine — Hospital of the University of Pennsylvania
- Penn Medicine — Penn Presbyterian Medical Center
- Penn Medicine — Pennsylvania Hospital
- Temple University Hospital — Episcopal Campus
- Temple University Hospital
- Thomas Jefferson University Hospital
- Trinity Health — Nazareth Hospital

New Jersey

Burlington
- Virtua Marlton Hospital
- Virtua Memorial Hospital

Camden
- Jefferson Cherry Hill Hospital
- Jefferson Stratford Hospital
- Jefferson Washington Township Hospital
- Virtua Voorhees Hospital

Hunterdon
- Hunterdon Medical Center

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

Salem
- Inspira Medical Center — Elmer

Warren
- St. Luke's Hospital — Warren Campus

Delaware

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

Maryland

Cecil
- Union Hospital

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

Important plan information

Benefits that require preapproval

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

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

Inpatient hospital stays

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

Utilization review

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

Continuity of care

(Continuity of care policy applies to HMO plans only)

Terminated providers

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

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

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

Emergency services

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

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

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

Complaints and grievances

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

Privacy policy

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

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

Prescription drug guidelines

Our prescription drug plans are designed to provide you with safe and affordable access to covered medications. We support a number of procedures to ensure safe prescribing, including:

- **Prior authorization** — This means that you may need additional approval from your health plan. Certain covered drugs require prior authorization to ensure that the drug prescribed is medically necessary and appropriate and is being prescribed according to the U.S. Food and Drug Administration's (FDA) guidelines.
- **Age limits** — The FDA has established specific procedures that govern prescribing practices. These rules are designed to prevent potential harm to patients and ensure that medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals ages 14 and older.
- **Quantity limits** — These are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses and length of therapy of a particular drug. There are several different types of quantity limits, such as rolling 30-day period, refill too soon, and therapeutic drug class.

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

Exception process

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

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

Prescription drug program information

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

Benefits exclusions

The benefits summaries in this brochure represent only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy.

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please contact your broker.

What's not covered under your medical plan?

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

NOTE: Eligible dependent children are generally covered up to age 26. See contract for additional details. To obtain complete copies of these policies by mail, please contact your broker.

Glossary

Coinsurance – The percentage you pay for some covered services. If your coinsurance is 20 percent, your health insurance company will pay 80 percent of the cost of covered services; you will pay the remaining 20 percent.

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

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

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

EPO – One type of health plan. EPO stands for Exclusive Provider Organization.

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

HMO – One type of health plan. HMO stands for Health Maintenance Organization.

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

Out-of-network – The doctors, hospitals, labs, and other health care providers that do not have a contract with Independence Blue Cross. Certain health plans do not cover services from out-of-network providers (e.g., HMO and EPO plans) except when it's an emergency. Members who have out-of-network coverage (e.g., PPO members) typically pay more for services from out-of-network providers.

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

PPO – One type of health plan. PPO stands for Preferred Provider Organization.

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

Preventive care – The care and counseling you receive to prevent health problems. Preventive care is one of the best ways to keep you and your family in good health and may detect some diseases in the early stages. Some examples of preventive care are annual checkups, flu shots, mammograms, colonoscopies, and cholesterol tests.

Primary care physician (PCP) – Another term for your family doctor. HMO health plans require you to select a PCP.

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

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

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

Language Assistance Services

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Taglines as of 10/14/2016

Discrimination is Against the Law

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

This Plan provides:

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

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

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

Notes

How can you buy individual and family plans?

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

Directly through Independence

If you don't qualify for financial assistance, you can choose from a variety of private health insurance plans offered directly through Independence. When you purchase directly from us, you have more cost-saving options and it's easier to make updates to your policy. We have licensed agents who can help you find a plan that best meets your needs.

Pennsylvania Insurance Exchange (Pennie)

The Pennsylvania Insurance Exchange, called Pennie, is operated by the Commonwealth of Pennsylvania. When you enroll in a health plan through Pennie, financial assistance may be available if you qualify. Sometimes called a tax credit or subsidy, financial assistance helps those who qualify pay for health insurance costs. You may qualify for:

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

See if you qualify

Your household income, where you live, and household size determine if you are eligible for a tax credit. You could pay as little as $0/month for a high-quality health plan!

See if you qualify at ibx.com/calculator.

Who needs coverage?	What is the income for those covered under the health plan? (income % of Federal Poverty Level)			
	138 – 149%	150 – 199%	200 – 249%	250 – 400%
Single	$18,754.00 – $20,384.99	$20,385.00 – $27,179.99	$27,180.00 – $33,974.99	$33,975.00 – $54,360.00
Family of 2	$25,268.00 – $27,464.99	$27,465.00 – $36,619.99	$36,620.00 – $45,774.99	$45,775.00 – $73,240.00
Family of 3	$31,781.00 – $34,544.99	$34,545.00 – $46,059.99	$46,060.00 – $57,574.99	$57,575.00 – $92,120.00
Family of 4	$38,295.00 – $41,624.99	$41,625.00 – $55,499.99	$55,500.00 – $69,374.99	$69,375.00 – $111,000.00
Family of 5	$44,809.00 – $48,704.99	$48,705.00 – $64,939.99	$64,940.00 – $81,174.99	$81,175.00 – $129,880.00
Family of 6	$51,322.00 – $55,784.99	$55,785.00 – $74,379.99	$74,380.00 – $92,974.99	$92,975.00 – $148,760.00
Family of 7	$57,836.00 – $62,864.99	$62,865.00 – $83,819.99	$83,820.00 – $104,774.99	$104,775.00 – $167,640.00
Family of 8[3]	$64,349.00 – $69,944.99	$69,945.00 – $93,259.99	$93,260.00 – $116,574.99	$116,575.00 – $186,520.00
You may be eligible for...				
Type	Premium tax credit and cost–sharing reduction (CSR)			Premium tax credit
Health plans	Silver 138–149% CSR plans	Silver 150–199% CSR plans	Silver 200–249% CSR plans	Standard plans
More info	p. 49 – 55	p. 42 – 48	p. 35 – 41	p. 14 – 33

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

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

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

3 For more than eight, add this amount for each additional person: $4,720.

International health insurance through GeoBlue®

When you leave the U.S., you may not have all the protection you need through your domestic medical plan. That's why it's important to get international coverage when you travel. GeoBlue international health plans take the worry and what-ifs out of traveling and living abroad.

- Single trip, multi-trip, and expat plans available
- Access to doctors in more than 190 countries
- Direct billing with providers
- Coverage for emergency medical evacuations, not typically covered by domestic medical plans
- 24/7/365 assistance from a team of global health and safety experts
- Global TeleMD™ telemedicine services that provide 24/7/365 access to doctor consultations by telephone or video

Get more information and an instant quote

Visit ibx.com/global

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

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

Global TeleMD telemedicine services are provided by Advance Medical, part of Teladoc Health, directly to you. GeoBlue assumes no liability and accepts no responsibility for information provided by Advance Medical and the performance of the services by Advance Medical. Support and information provided through this service does not confirm that any related treatment or additional support is covered under your health plan. To discuss the coverage under your health plan, please contact us using the number on the back of your ID card. This service is not intended to be used for emergency or urgent treatment medical questions.

Independence

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