2026 Blue Solutions®

Small group health plans designed for flexibility and savings

Independence

Committed to the health of our region's small businesses

For over 85 years, Independence Blue Cross (IBX) has been investing in our communities and developing meaningful relationships with our customers, members, broker partners, and providers.

We're proud to serve you, your business, and your employees. As your hometown health insurer, we're committed to bringing you affordable, comprehensive, and innovative health plan solutions that support your business and encourage your employees and their families to stay healthy.

We anticipate your needs and deliver solutions to empower healthier lives by:

- Advancing provider partnerships
- Elevating whole-person health
- Maximizing your health care dollar
- Personalizing the experience

VOLUNTEERING

1,400 Blue Crew volunteers

6,800 hours

180 projects

DONATING

$1M+ through annual employee campaign

INVESTING

$382M in local and national initiatives

SUPPORTING

300+ community organizations for events, sponsorships, and programs

EMPLOYING

6x recipient of the *Top Workplaces* award by *The Philadelphia Inquirer*

IBX is dedicated to helping improve the health and well-being of the people and businesses in our region by offering the strongest network of doctors and hospitals, providing the highest quality of care, helping to support whole-person health, and making health care more affordable and accessible. It's what we call ***IBX: The X-Factor.***

Look for this icon throughout the brochure next to products or programs that bring ***IBX: The X-Factor*** to your business.

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What's new in 2026

Our Blue Solutions® portfolio helps meet the unique needs of small employers with cost-effective and innovative health plan designs, well-being programs, and value-added services. We're pleased to bring you the following exciting enhancements for 2026:

NEW Expanded health plan portfolio

Every year, we work to ensure that our portfolio offers customers options that make sense for their small business and their employees. As a result, we've added a new health plan to our portfolio to help meet your needs.

Our Keystone HMO Proactive health plans are a popular choice among our customers, and we're excited to introduce our **new Keystone HMO Silver Proactive Basic** plan. It's our most affordable Proactive plan yet, offering access to the same robust tiered network as our other Keystone HMO Proactive products.

Learn more about our health plans starting on page 37.

UPDATED Activities for Achieve Well-being Rewards

The Achieve Well-being Rewards program encourages subscribers to make healthier choices throughout the year and earn a $300 gift card once they do! We've updated some of the activities, giving subscribers more options to engage with their benefit.

Learn more about Achieve Well-being on page 18.

NEW Rx retail 90 expansion

Members may now receive a 90-day supply of their maintenance medications at CVS or through mail order/home delivery for the same cost-share.

Learn more about our prescription drug program on page 16.

UPDATED Vision network updates

Providers are available nationwide with many flexible options and now over 198,000 points of access. National retailers include Visionworks, Pearle Vision, Warby Parker, Target, and the latest addition, LensCrafters.*

Learn more about vision coverage on page 34.

VIDEO AVAILABLE

A welcome message from Brett Mayfield, SVP & Market President

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

EXPANDED IBX Dental portfolio

We've added three new dental plans that include annual maximum rollover. With our rollover feature, members can make the most of their dental insurance by rolling over a portion of their unused annual benefit for future dental care. It's the smart way to prepare for tomorrow while taking care of today! In addition, the plans also offer out-of-network reimbursement based on either the Maximum Allowable Charge (MAC) or the 90th percentile of Reasonable and Customary charges.

Option 1: Premier PPO 100/80/50/50 $1,500 w/Rollover

Option 2: Elite PPO 100/100/50/50 $2,000 w/Rollover

Option 3: Deluxe PPO 100/90/60/50 $1,500 w/Rollover

Learn more about IBX Dental on page 35.

ENHANCED Expanded behavioral health care network and services

We've expanded our behavioral health offerings to enhance access, increase engagement, and drive value. Our expansive network and care navigation team make it easier for your employees to quickly receive high-quality care for their specific needs, which supports an integrated health approach.

Learn more about our behavioral health offerings on page 12.

NEW Price Edge prescription savings program

Price Edge helps members save money on certain non-specialty prescription drugs automatically at the pharmacy, so they always pay the lowest price available.

Learn more about Price Edge on page 16.

NEW Personalized pharmacy savings through the member portal

The Health Opportunities Center (HOC) on our IBX member portal empowers individuals with personalized prescription drug cost-savings.

Learn more about the HOC on page 16.

ADDITIONAL MATERIALS

Scan the QR code to access additional materials.

Quick guide to your total benefits solution

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

Variety of coverage options

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

Prescription drug

All health plans include:

- Prescription drug coverage
- Coverage for 90-day fills of maintenance medications at CVS for the same cost-share as mail order/home delivery
- Low-cost generics[2]

Adult and pediatric vision

- All health plans include adult and pediatric vision benefits
- Members can use their in-network vision benefit at over 198,000 points of access
- In-network providers include Visionworks, Pearle Vision, Target Optical, Warby Parker, and most recently, LensCrafters (adult vision benefit only)[3]
- Enhanced frame allowance available at Visionworks® (adult vision benefit only)
- In-network online retail providers include **Visionworks.com**, **Befitting.com**, **Glasses.com**, and **1800Contacts.com**

Pediatric dental

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

Financial well-being products and programs

- Adding spending accounts to your health plan selections offer tax advantages for you and your employees.
- AblePay and The College Tuition Benefit are included at no cost to support employees' financial well-being.

Focused care solutions

Teladoc Diabetes Management, Teladoc Hypertension Management, TruHearing, and Wondr Health support members' whole-person health care needs and are included at no additional cost.

Offer your employees a complete benefits package

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

- **IBX Dental plans[4]:** Affordable and comprehensive dental plan options for the whole family.
- **Guardian supplemental insurance:** Multiple products help provide your employees with financial security in case of illness or injury.
- **International health solutions through Blue Cross Global:** Flexible solutions for short-term business travel and long-term expatriate assignments.

1 All plans include the Preventive Plus colonoscopy benefit. Other site-of-service benefits vary by plan design. Refer to the health plan charts beginning on page 39 for more details.

2 For HSA-qualified and HRA plans, members must meet their plan's deductible to receive their low-cost generics cost-share. The PPO Bronze HSA-0 $8,500/100% plan will continue to apply 0% after the deductible to all generic drugs.

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

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

Advancing provider partnerships

The unmatched scale of Blue Cross® and Blue Shield® plans translates into a unique ability to drive changes that ensure our health care system is sustainable and delivers the quality and value you, your employees, and their families want and deserve.
We work closely with providers across the health care ecosystem to help elevate care and address each member's unique needs.

Superior partnerships make a difference

HealthShare Exchange (HSX)

Provides deep, real-time insights, helps improve patient care, and reduces fraud, waste, and abuse

Clinical Care Innovation Grants

Investing in our value-based network providers to drive innovative approaches to care delivery and member outcomes

Utilization management simplification

Working with providers to help simplify access to care, reduce administrative burden, and offer an improved health care experience

Advanced network for gene-based therapeutics

Deeper discounts, advocacy and navigation, and outcomes-based agreements with area health systems to help ensure value for life-changing treatments

Shared accountability

Value-based contracting drives savings while helping to improve outcomes and patient experience

Epic Payer Platform

IBX implemented the Epic Payer Platform with health systems and providers to:

Streamline data exchange

Close gaps in care

Improve health outcomes

The platform helps to reduce the administrative burdens on providers and speed up access to necessary treatments for members.

Best local care

We equip providers with tools and data to help identify care gaps, create targeted interventions, and deliver cost-effective care. This leads to measurable improvements in care quality, chronic condition management, health maintenance, and resource use.

IBX Population Health Specialists collaborate with primary care physicians (PCPs) to improve member outcomes by reviewing key clinical performance areas (e.g., cancer screenings and diabetes testing) and creating strategies to close care gaps.

The Joint Value Committee (JVC) encourages year-round collaboration between IBX, network health systems, and large specialty provider groups to address value-based care challenges. It reflects IBX's commitment to partnering with providers to develop solutions that improve care delivery and manage costs.

Health plans and network solutions designed for small employers

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

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

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

Site-of-service benefits focus on choice and savings

Our large network of doctors and hospitals gives your employees access to care where and when they need it. Site-of-service benefits[1] give members choices when accessing certain services. Members save money on out-of-pocket costs based on where they receive health care for the following services:

- Virtual care visits with network primary care doctors and specialists[2]
- Outpatient labs
- Outpatient surgery[3]
- Preventive colonoscopy[4]
- Physical/occupational therapy
- Routine/complex radiology
- Biotech/specialty injectables and infusion

1 Site of service benefits vary by plan design. Refer to the health plan charts beginning on page 39 for more details.

2 The site of service virtual care benefit is for in-network primary care and specialist visits and applies to most health plans. Refer to the health plan charts beginning on page 39 for more information.

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

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

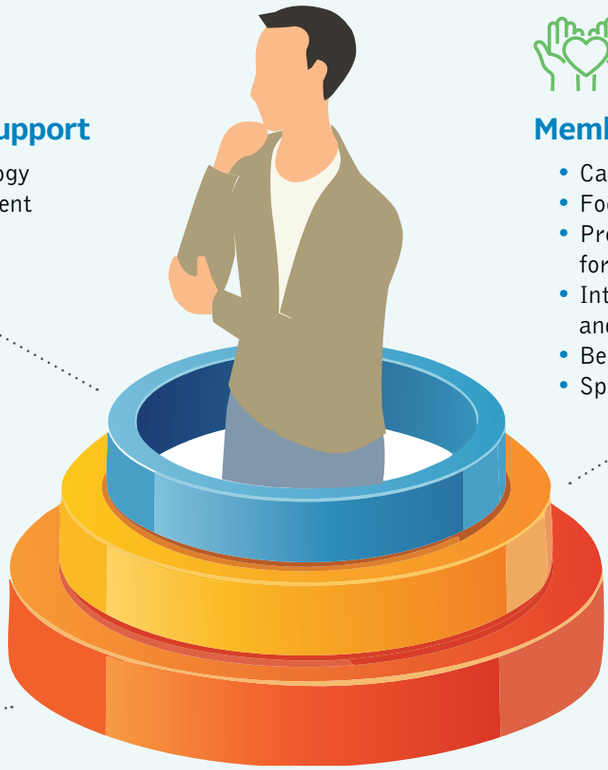
Elevating whole-person health

Supporting your employees' health isn't just good for them — it's good for your business. Employees with access to tools and resources that simplify and improve their health care experience are healthier, happier, and more productive.

Our fully integrated medical, behavioral health, and prescription drug benefits — paired with well-being and financial programs — close gaps in care, improve outcomes, and provide peace of mind. We offer care management, clinical programs for condition-specific or highly complex cases, and personalized advocacy to help employees find and navigate care.

Digital tools and personal support

- Digital health tools and technology
- Member outreach and engagement
- Advocacy and navigation



Member benefits and programs

- Case and condition management
- Focused care solutions
- Programs, resources, and discounts for whole-person health
- Integrated prescription drug and medical benefits
- Behavioral health programs and services
- Specialty services

Medical management

- Robust network solutions
- Simplified utilization management (UM) and precertification
- Lower-cost sites of service
- Medical policy

Helping employees manage chronic and complex conditions

Employees who have chronic or complex conditions may require extra support to manage their health and use benefits efficiently.

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

Proactive care monitoring

Identifying health trends and ensuring employees receive coordinated, appropriate care

Provider collaboration

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

Employee empowerment

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

Focused care — solutions that go beyond medical benefits

The following programs and services give members the extra support they need to live their best lives:

Chronic condition management

Teladoc Hypertension and **Teladoc Diabetes Management** programs offer individualized, data-driven assistance with hypertension and diabetes, improving outcomes and supporting members as they move through their daily lives.

Hearing health

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

Weight management solution

Wondr Health is a digital behavioral change program that goes beyond diet fads to teach members how to reach a healthy weight and improve their overall health without giving up the foods they love.

Supporting women throughout their health journey

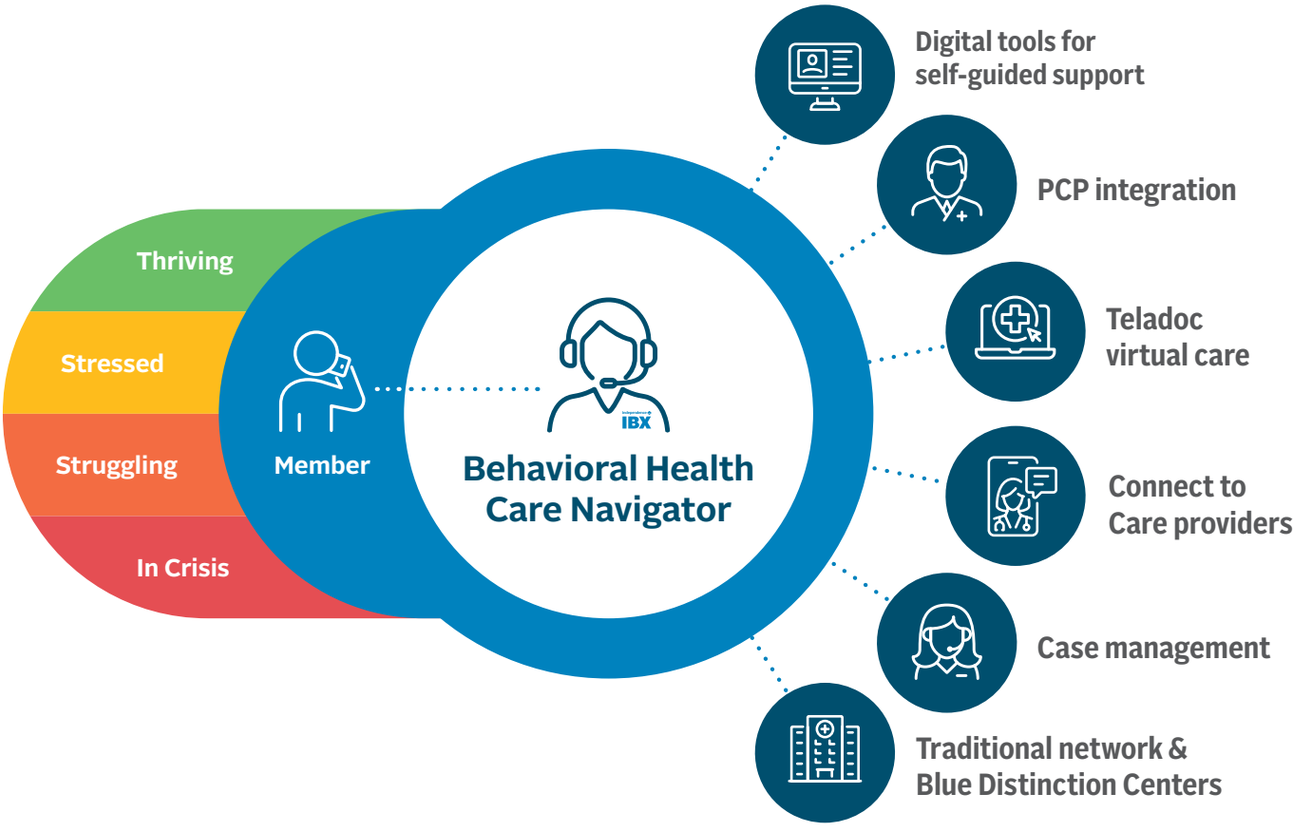
- $0 for preventive care, including annual GYN visits and screenings (i.e., mammogram)
- Contraceptive coverage
- Fast access to high-quality well-being and behavioral health digital tools through the IBX mobile app
- Targeted member messaging for gaps in screenings and care
- Discounts and reimbursements for health and fitness programs
- Nutrition counseling
- Baby BluePrints® maternity program to support expectant mothers and promote a healthy pregnancy

Behavioral health support

More than 50 percent of adults with mental health issues don't seek treatment. When left untreated, members experience lower engagement in care, lower medication adherence, and worse health outcomes, which ultimately have a negative impact on your workforce. In fact, unresolved depression accounts for a 35 percent reduction in productivity and an average of 31.4 missed workdays per year for each affected employee.*

Our integrated approach to behavioral health care gives members fast access to high-quality care, both in-person and virtually, driving engagement and value.

- Our dedicated **Behavioral Health Care Navigation** team helps members find and access behavioral health care, including **directly scheduling appointments** with in-network providers on behalf of members
- A robust (and growing) behavioral health network, including psychiatric providers and therapists
- The **Connect to Care** network, with providers who are committed to seeing IBX members quickly
- 450k+ in-network providers through **BlueCard®**
- 300+ **Blue Distinction Centers of Excellence** for treating substance use disorder
- National telebehavioral health network from **Teladoc**
- Digital support tools for convenient access to self-guided resources



* The Impacts of Poor Mental Health in Business; executive.berkeley.edu/thought-leadership/blog/impacts-poor-mental-health-businessental Health in Business | Berkeley Exec Ed

Connect to Care network for fast access

The **Connect to Care** network is a subset of the behavioral health provider network. Connect to Care providers have committed to getting our members into high-quality care in **as quickly as one to two days**. This behavioral health benefit is available to all members at no additional cost.

With guaranteed capacity, national coverage, and more than 21,000 appointments per month available for IBX members, your employees can receive high-quality care fast.

Connect to Care provider specialties include general mental health concerns, substance use disorders, eating disorders, OCD, anxiety, bipolar disorder, and care for children, adolescents, and teens.

Connect to Care providers help more members get the care they need and experience better outcomes. In 2024, 55 percent of members who used the Connect to Care provider network were accessing behavioral health services for the first time.

45% **consistent improvement in depression symptoms**

42% **consistent improvement in anxiety symptoms**

To find a Connect to Care provider, go to **ibx.com/bhcare.**

WE'RE HERE TO SUPPORT YOU!

When members call our Behavioral Health Care Navigation team, our specially-trained team matches them to the right in-network provider and schedules an appointment in as quickly as 1–2 days.

Digital behavioral health tools

Members have access to digital tools and resources to support their behavioral health.

Quartet Health connects members to behavioral health care that fits their needs and preferences. It also enables primary care and behavioral health providers to collaborate on a member's care.

Shatterproof's Treatment Atlas is an online tool that helps members and their loved ones find trustworthy, in-network addiction treatment options, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.

Guiding your employees to the right care

Finding behavioral health care can seem overwhelming, but with IBX it doesn't have to be. Our **Behavioral Health Care Navigation team** is just a phone call away to help connect your employees to the right care and resources, leading to better outcomes.

At the beginning of every call, members are screened by the Care Navigation team for safety, substance use, and acuity.

Members with low-moderate risk needs

A Behavioral Health Care Advocate, who is part of the Behavioral Health Care Navigation team, helps guide members to care, including the ability to **directly schedule an appointment** for the member or warm transfer to an in-network provider.

Members with high-risk needs including all substance use-related calls or urgent needs

The member will be connected to a licensed behavioral health professional on the **Clinical Triage team** for immediate care. These members all receive follow-up support to ensure they were able to get care.

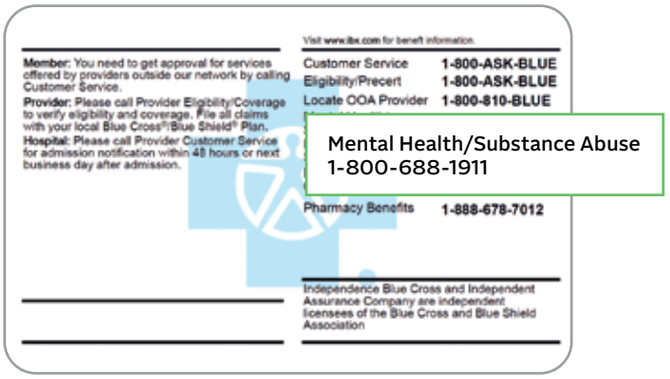
A **Case Manager** may also be assigned to complex cases that need long-term guidance and support.

Additionally, Case Managers perform outreach to members who have, or are predicted to have, more complex clinical needs to ensure they understand their care plan and support long-term success.

As a result, members in behavioral health case management have*:

55% lower hospital admissions

35% lower ER visits



Members can call the Mental Health/Substance Abuse number on the back of their ID card to get connected to care: **1-800-688-1911.**

Behavioral health employee communications toolkit

This toolkit of ready-to-use materials can help employers promote dialogue and address behavioral health challenges affecting the workforce. Scan the QR code to go directly to the toolkit.

ADDITIONAL MATERIALS

Scan the QR code to view the toolkit, or visit **ibx.com/bht.**

* Utilization data from July 2022 to June 2024 were included to obtain 6 months pre- and post. The pre-post analysis excludes the month of enrollment in both the pre- and post-period.

Integrated prescription drug program

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

Our cross-functional team of medical and pharmacy experts works with our pharmacy benefits manager to help ensure that our health care coverage is cost-effective and comprehensive for medical and prescription drug benefits. This helps us to lower the total cost of care, improve the management of your employees' health, and deliver a unified customer and member experience.

With integrated medical and prescription drug benefits in every Blue Solutions health plan, we can:

- Better support your employees with comprehensive care management and a streamlined experience — one member ID card, one secure member portal, and one source of direct messaging that addresses all their health needs
- Maximize value through simplified plan administration
- Deepen the data available for stronger and more rapid insights that support optimal care

IBX MEMBERS WITH INTEGRATED MEDICAL AND PRESCRIPTION DRUG BENEFITS TEND TO HAVE FEWER INPATIENT VISITS AND FEWER EMERGENCY DEPARTMENT VISITS.

Prescription drug program features

We've implemented strategies to help improve members' access to the medications they need while working to keep costs low.

- UPDATED We've expanded our 90-day retail benefit. Members can now receive their 90-day supply of maintenance medications at CVS or through mail order/home delivery at the same cost-share.
- Low-cost generic medications are available. Members can find a list of these medications in the Value formulary at ibx.com.
- Formulary management includes drugs based on medical effectiveness, safety, and value.
- Utilization and clinical management provide an improved and holistic experience for members.

NEW Price Edge prescription savings program

Price Edge automatically compares available market discounts with a member's prescription cost-share for many non-specialty generic drugs when a prescription is processed at the pharmacy. Members automatically pay the lower amount. Price Edge even provides discounts to certain generics not covered by benefits, saving your employees both time and money while maximizing the value of their prescription drug benefits.

NEW Personalized prescription savings programs

Members can log in at ibx.com to access the **Health Opportunities Center (HOC)** for personalized savings on prescription drugs. The HOC recommends cost-savings opportunities to members on their specific prescriptions, like formulary alternative options or switching from retail to mail order/home delivery.

Civica Rx drives generic drug savings

IBX is one of 18 Blue Cross and Blue Shield companies that partner with **Civica Rx**, a nonprofit company that manufactures select high-cost generic drugs. Through this partnership, we help provide members with greater access to much-needed medications at a price they can afford:

- Patients who access abiraterone acetate to treat prostate cancer from other manufacturers pay $126 a month.
- When accessed through CivicaRx, they pay $45 per month, saving them nearly $1,000 per year.

Specialty pharmacy program

Our specialty drug program provides convenient delivery options and support for members with complex conditions.

- Utilization management helps ensure that certain particularly expensive drugs are used only under appropriate circumstances and at appropriate dosages.
- Specialty pharmacists and nurses provide industry-leading clinical support.
- A total cost-of-care perspective across medical and prescription drug benefits helps drive appropriate decision-making.

Most Cost-Effective Setting (MCES) program

We drive the utilization of infusion drug services through our site of care program, ensuring members receive injectable medication in a safe and appropriate setting. Services received at home, in a provider's office, or at an infusion center can facilitate more convenient access to care and an improved member experience, when medically appropriate.

MCES: Supporting a better member experience since 2012

HelpScript program

HelpScript is designed to reduce out-of-pocket costs for your employees. Members who are eligible pay a $0 cost-share on over 200 medical benefit specialty drugs, including oncology, inflammatory, immunology, ophthalmology, and more. Eligible members can opt in to HelpScript at no additional cost to them or their health plan.

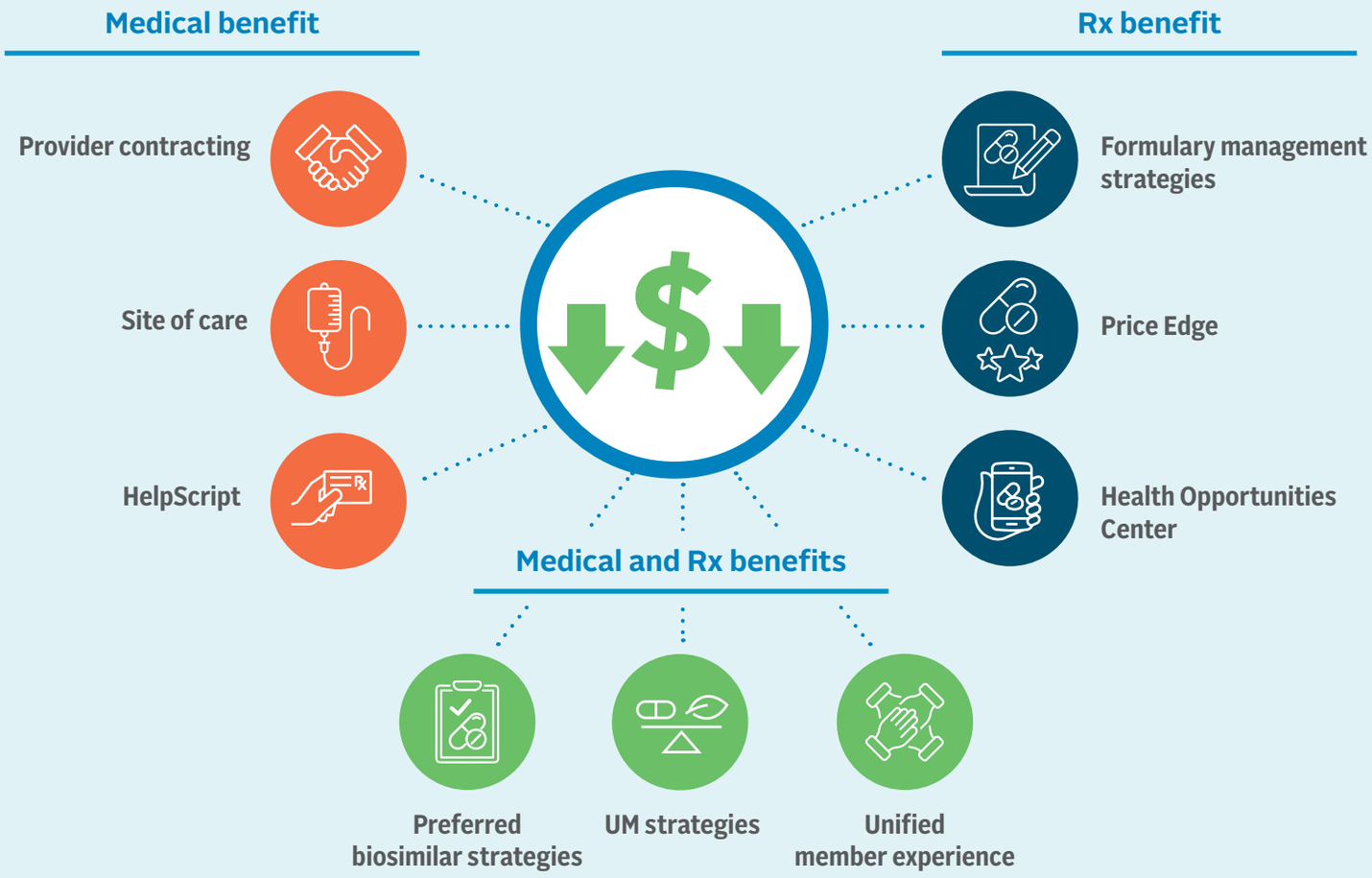
Biosimilars market strategy

Biosimilar drugs offer an opportunity for significant price reductions for expensive biologic drugs. IBX has successfully provided savings based on a best price strategy across many biosimilar classes. In 2024 and 2025, we shifted to preferred Humira, Stelara, and insulin biosimilars.

Biosimilar competition drives significant savings, leading to more than 50% price-reduction within 3 years.*

* iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/long-termmarketsustainability-for-infused-biosimilars-in-the-us

Multi-faceted approach to lowering member drug costs and improving their experience



In 2024, Humira and Stelara were IBX's #1 and #2 specialty drug spend. IBX has been able to secure exclusive, high-impact savings for biosimilar contracts to significantly reduce the spend for these high-cost drugs.

Well-being programs

Our well-being programs encourage healthy living and motivate members to build healthy habits by offering incentives, like gift cards, reimbursements, savings on health care expenses, and higher education cost-reduction opportunities.

Achieve Well-being

Achieve Well-being is a fun, personalized way to help members reach their health goals. Members can access Achieve Well-being by logging in at ibx.com or using the IBX mobile app.

- Engaging online tools make it easy for members to set and reach their well-being goals
- Targeted programs address everyday life, such as physical, financial, and emotional well-being
- Personalized profile and action plans feature ongoing activities and reminders
- Ability to sync with fitness apps and devices allows members to track progress, biometrics, and personal challenges

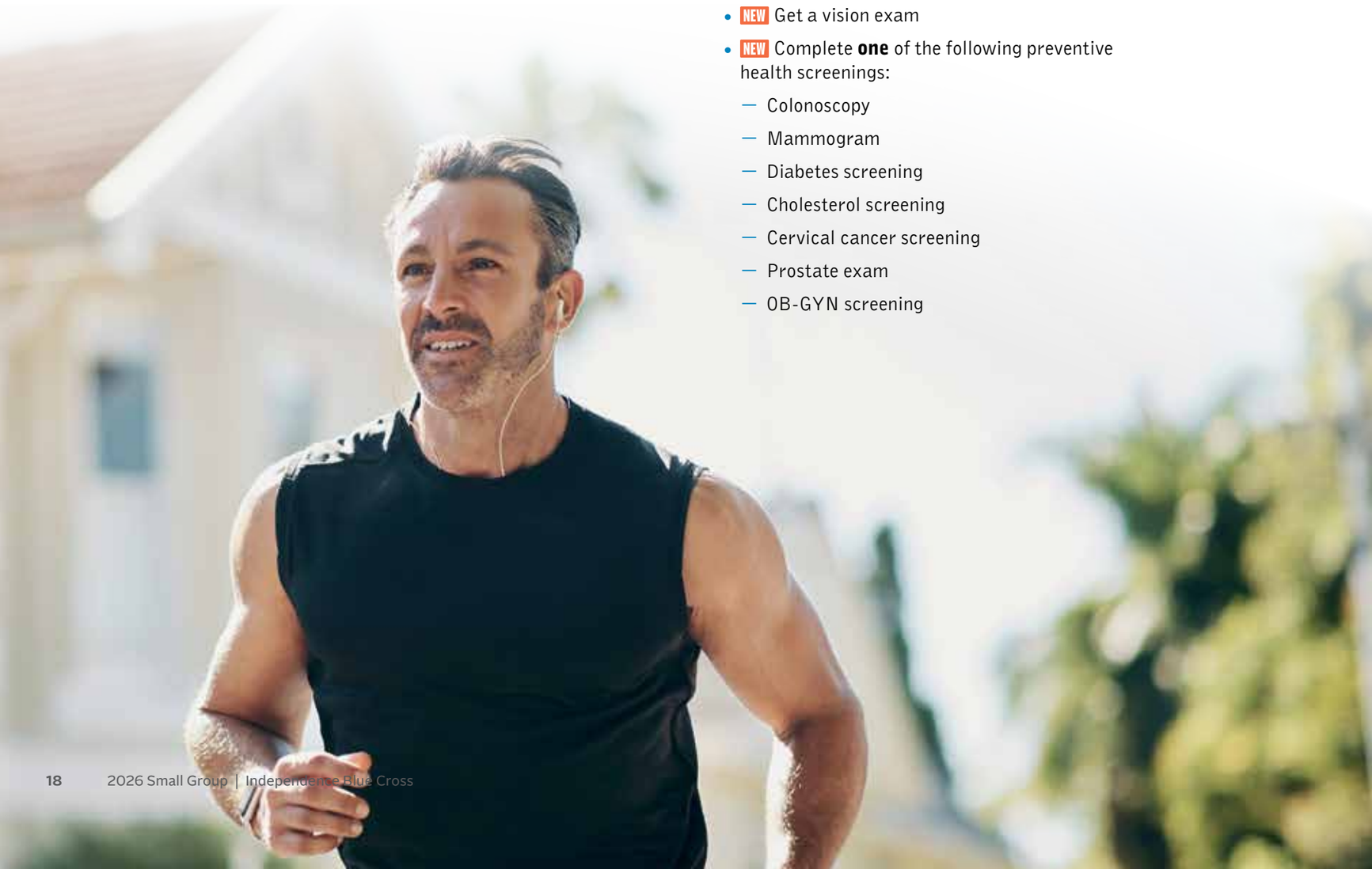
UPDATED Achieve Well-being Rewards

Subscribers can earn a $300 gift card by completing six simple tasks. Subscribers must complete ***all three*** of these required activities:

- NEW Complete their Well-being Profile by logging in at ibx.com
- Have an annual check-up with their PCP
- Get digitally engaged by opting into IBX Wire® at ibx.com/getconnected

Subscribers must complete ***any three*** of the following activities:

- Register for Teladoc at teladochealth.com
- Get a preventive vaccine (e.g., flu, COVID-19, RSV)
- Visit a dentist for an exam and/or cleaning[1]
- NEW Get a vision exam
- NEW Complete **one** of the following preventive health screenings:
  - Colonoscopy
  - Mammogram
  - Diabetes screening
  - Cholesterol screening
  - Cervical cancer screening
  - Prostate exam
  - OB-GYN screening



Achieve Well-being@Work

Encouraging healthier habits and activities can boost your business by increasing productivity, performance, and morale. We have resources to help get your employees engaged so they can take charge of their well-being, even if you're working with a small budget. Tools available to you at no cost include:

- Seminars, videos, and ready-made well-being challenges
- Toolkits, communications templates, and operational wellness plans
- Self-assessments

Visit wellbeing.ibx.com for no-cost Achieve Well-being@Work resources.

Reimbursements and discounts

Additional perks and programs help your employees and their families get the most from their health plan — whether it's keeping fit or having fun. We offer reimbursements and discounts to help encourage members to make their physical, mental, and financial health a priority.

The Healthy Lifestyles℠ Wellness Reimbursement Program gives your employees up to $450 for fitness memberships, weight management programs, and tobacco cessation programs. Yoga studio fees are also eligible for reimbursement.

Blue Insider℠ provides exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions. Earn rewards points to help with future purchases.

Blue365® offers exclusive deals and discounts on fitness gear, gym memberships, weight loss/healthy eating programs, and healthy travel experiences.[2]

HUSK Marketplace offers discounts on a variety of wellness items, including new gym memberships, virtual studios, on-demand curated workout videos, gym equipment, and more.

1 Subscribers must have enrolled in dental coverage through IBX to complete this activity.

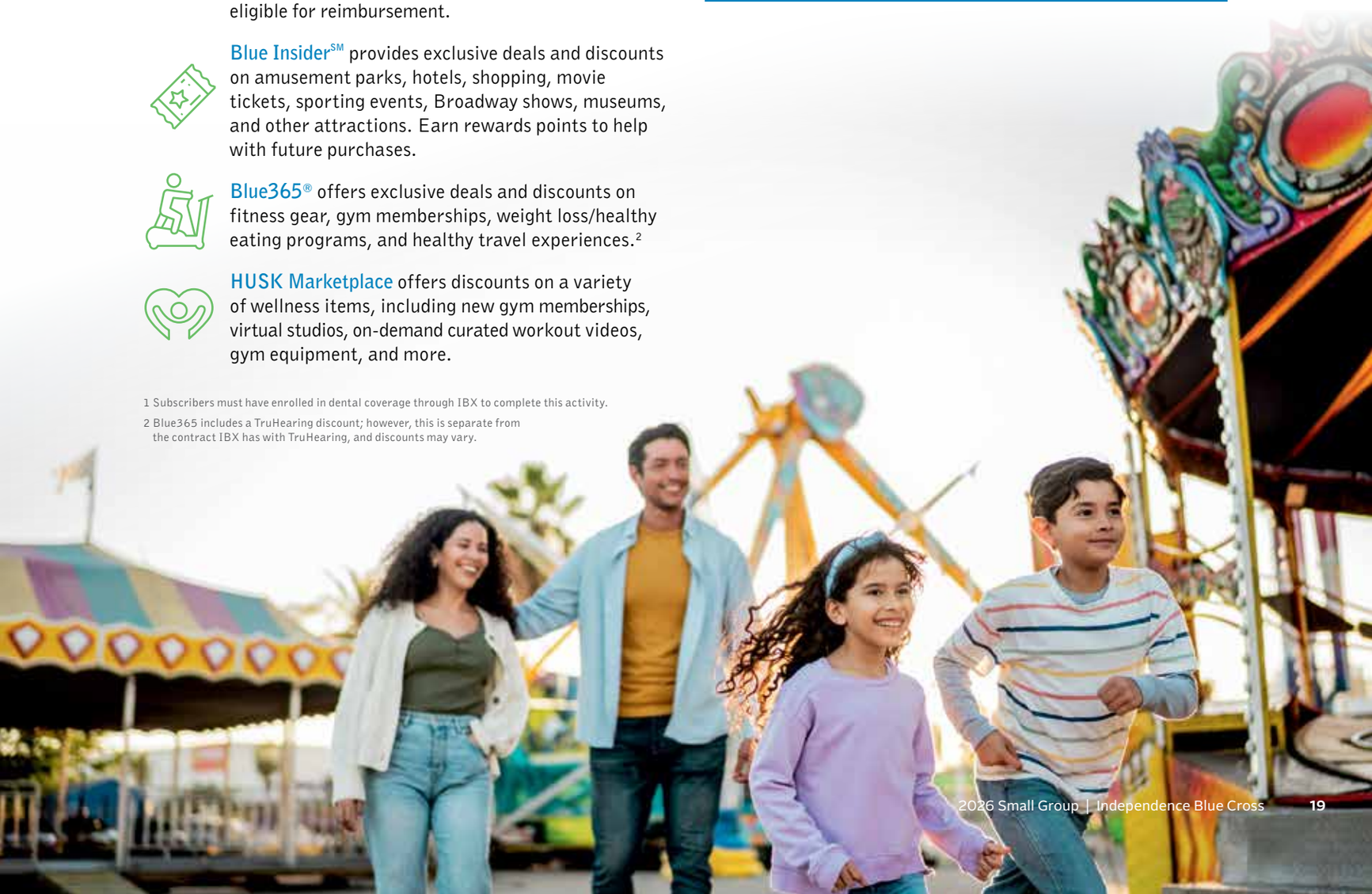
2 Blue365 includes a TruHearing discount; however, this is separate from the contract IBX has with TruHearing, and discounts may vary.

LOCAL MEMBER DEALS AND PERKS

Members are also eligible for special savings on local attractions and activities, including:

- Free skating admission at the Independence Blue Cross RiverRink
- $6 off Philadelphia Zoo general admission tickets when purchasing online or 15% off general membership
- 20% off an Indego bike share monthly or annual pass
- Discounts on select events in Philadelphia, including tickets to sporting events

Visit **ibx.com/discounts** for more information.



Financial well-being programs

Financial health plays a role in overall well-being. Your employees' financial stress could impact your business.

Spending accounts help reduce overall health care costs

Spending accounts are a smart addition to your health plans. They offer tax advantages for you and your employees, easy management tools, convenient funding methods, investment opportunities, and on-demand reporting.

Choose the right spending account for your needs:

Health savings account (HSA)

An HSA is a personal savings account that lets employees set aside pre-tax dollars for current and future health care expenses for themselves and their dependents.

Key benefits:

- $0 monthly administrative costs for fully insured customers offering qualified high-deductible health plans with HSA.[1]
- Employer contributions are tax-free and deductible as a business expense, helping lower employer payroll taxes.
- Easily access employee status, debit card status, enrollee list, contributions, payroll reconciliation, and more from ibx.com.
- Employees can invest for growth once they reach a balance of $500.

WealthCare Saver investment solution

Account holders with over $500 in their HSA have the option to open an investment account and customize their investments[2] through multiple investment options. Investment options include:

- **Managed**: A portfolio option based on risk profile.
- **Self-directed**: A curated list of low-expense ratio ETFs .
- **Brokerage**: Flexible investing options with over 500 ETFs and individual stocks, including fractional trading.

Account holders have the ability to get even more value from their HSA by choosing between two interest options[3] for their cash deposits: high-yield or traditional.

High-yield

- This option offers the potential to earn a higher interest rate on the HSA cash balance.
- Funds are not FDIC-insured and are held in the deposit account backed by a highly-rated insurance company.

Traditional

- This option has lower interest rates on the HSA balance.
- Funds are held at a depository institution and insured by the FDIC.

1 All fees associated with the QHDHP medical plan will still be incurred.

2 Invested funds are not FDIC-insured and may lose value. The balance in the HSA Investment Account is subject to investment risks, including fluctuations in value and the possible loss of the principal amount invested. Investing through the WealthCare Saver investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement(s). See the applicable investment prospectus and other publicly available information for information regarding underlying investment expenses, earnings, and distributions.

3 This choice only impacts the HSA cash balance and does not impact the investment account — if the account holder is enrolled in one. Account holders may change their interest option preference at any time.

AblePay lowers out-of-pocket medical costs

AblePay makes it easier for employees to understand and pay for out-of-pocket medical expenses. When your employees sign up for a free AblePay membership and use an AblePay provider, they can save up to 13 percent on their out-of-pocket medical costs, including deductibles, copays, and coinsurance. AblePay also offers flexible payment plans for up to 12 months, all with no interest.

ADDITIONAL MATERIALS

Scan the QR code to access additional materials.

The College Tuition Benefit® helps students both prepare and pay for college

The College Tuition Benefit works like a scholarship. The SAGE Scholars Tuition Rewards® Points your employees earn can reduce the cost of a four year of undergraduate education at more than 450 colleges and universities by up to 25 percent for immediate or extended family.[4]

Employees and their families may also use Ready Set College — a comprehensive web-based college research and planning tool.

With SAGE Prime, employees can save on professional continuing education programs for themselves, with a guaranteed minimum of 10 percent off the published price at select colleges and universities.

VIDEO AVAILABLE

Watch this demo video for The College Tuition Benefit.

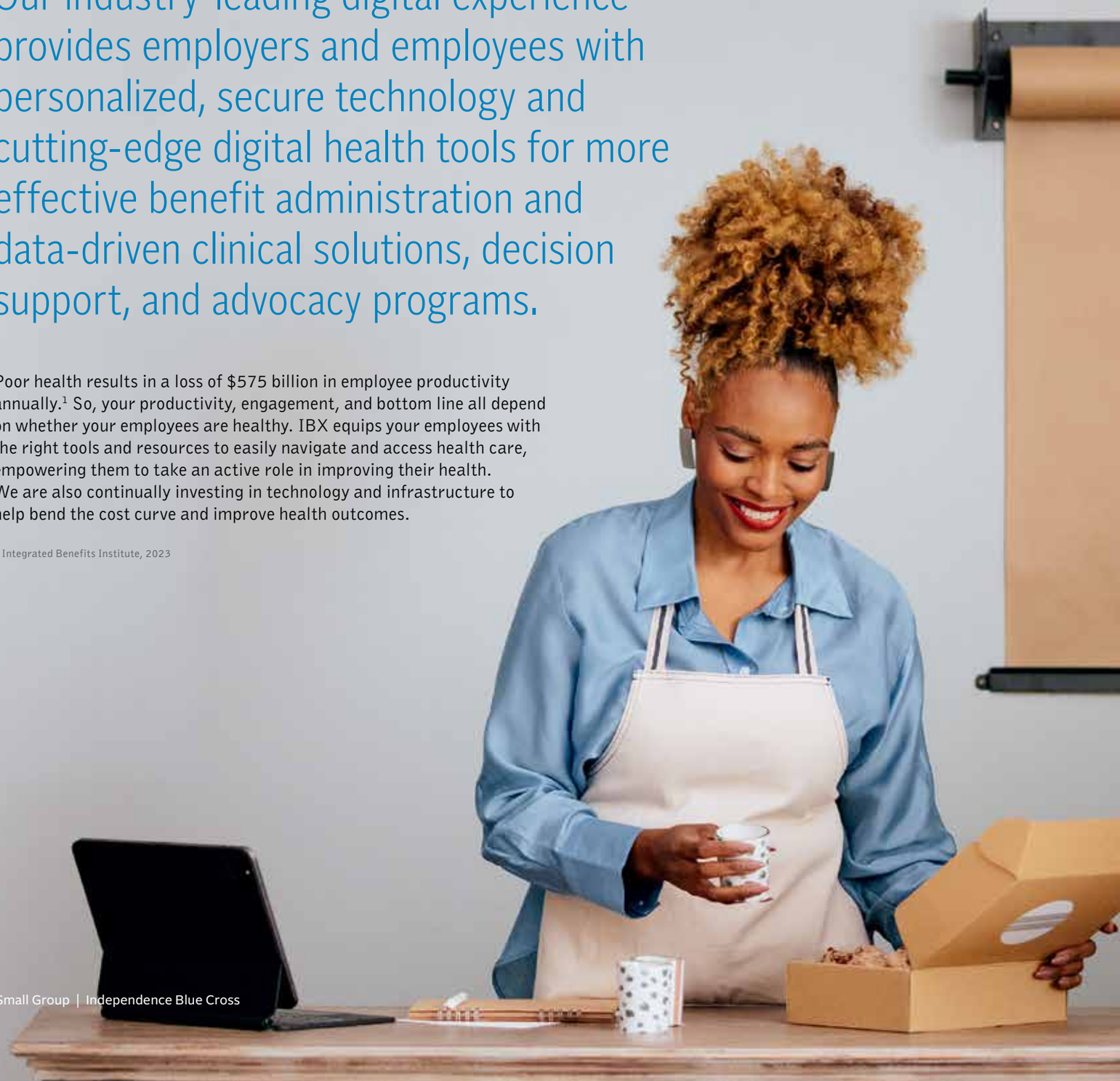
4 Employees can sponsor immediate or extended family, including children, grandchildren, great-grandchild, niece/nephew, great niece/ nephew, stepchild, adopted child, cousin, sibling, or other family member for which the subscriber feels a responsibility.

Personalizing the experience

We simplify health care by providing a proactive experience that is rooted in caring and amplified by technology. Our industry-leading digital experience provides employers and employees with personalized, secure technology and cutting-edge digital health tools for more effective benefit administration and data-driven clinical solutions, decision support, and advocacy programs.

Poor health results in a loss of $575 billion in employee productivity annually.[1] So, your productivity, engagement, and bottom line all depend on whether your employees are healthy. IBX equips your employees with the right tools and resources to easily navigate and access health care, empowering them to take an active role in improving their health. We are also continually investing in technology and infrastructure to help bend the cost curve and improve health outcomes.

1 Integrated Benefits Institute, 2023



Harnessing the power of technology

We've strengthened our core operating platform to increase flexibility and efficiency, offer advanced technology, and deliver a better overall user experience so you can more easily manage your account. We've also streamlined the functionality and appearance of our member website to provide more direct user access to commonly used features.

Our new operating platform:

- Ensures we can react quickly, using technology customized to your ever-changing needs
- Delivers innovative products and services across all our lines of business
- Simplifies the claims processing experience, making it easier for our members and providers to do business with us

Reaching employees where they are

Using digital and social channels, we tailor engagement to the needs of your employees, using targeted, personalized messaging and a variety of easy-to-use tools and programs to help them get and stay engaged.

eNewsletters

For members who are digitally engaged, our quarterly *Get Good Living* eNewsletter includes short and entertaining articles on a range of general and seasonal topics and recipes.

Small business customers can stay up to date on programs and services with our *IBX Works for Small Business* monthly eNewsletter. Sign up at ibx.com/ibxworks.

Digital engagement

Our award-winning member engagement strategy delivers targeted digital messaging about clinical and general health topics and benefits information. Engaging early and often drives better health outcomes, thus helping foster a healthier, more productive workforce.

Over two-thirds of our subscribers are digitally engaged through IBX Wire or email, which is helping to lower costs and reduce gaps in care[2]:

more likely to schedule a mammography

more savings for hospitalization & ER visits

more likely to schedule a preventive screening

more likely to follow their medication regimen after 90 days

2 Based on internal data

Connecting through our social channels

Members and employers can connect with us through our Facebook, Instagram, and LinkedIn pages, with new content posted daily. We also regularly publish health-related articles on our blog, *IBX Insights*, which includes a section with topics you as an employer care about most.

Personalized self-service tools and digital health experience

Your employees have 24/7 access to a comprehensive suite of tools and programs when they log in at ibx.com or use the IBX mobile app. All the information they need for their health and wealth is right at their fingertips.

Health

- Achieve Well-being Rewards program
- Behavioral health digital resources
- Drug and pharmacy search tools
- Family planning tool
- Find a Doctor tool
- *Healthy You!* newsletter
- Mail order/home delivery of prescriptions
- Mental health and substance use disorder tools

Wealth

- Blue365 discounts
- Blue Insider savings
- Care Cost Estimator
- *Get Good Living* coupons and recipes
- Price a Drug tool
- Health Opportunities Center
- Spending accounts
- The College Tuition Benefit®
- Healthy Lifestyles reimbursements for approved in-person/virtual gym subscriptions and weight management programs

Third-party apps and tools

- AblePay
- Teladoc Health General Medical, Mental Health Care, and Teledermatology
- Teladoc Diabetes Management and Hypertension Management
- TruHearing
- Wondr Health

Digital health experience: Built by members, for members

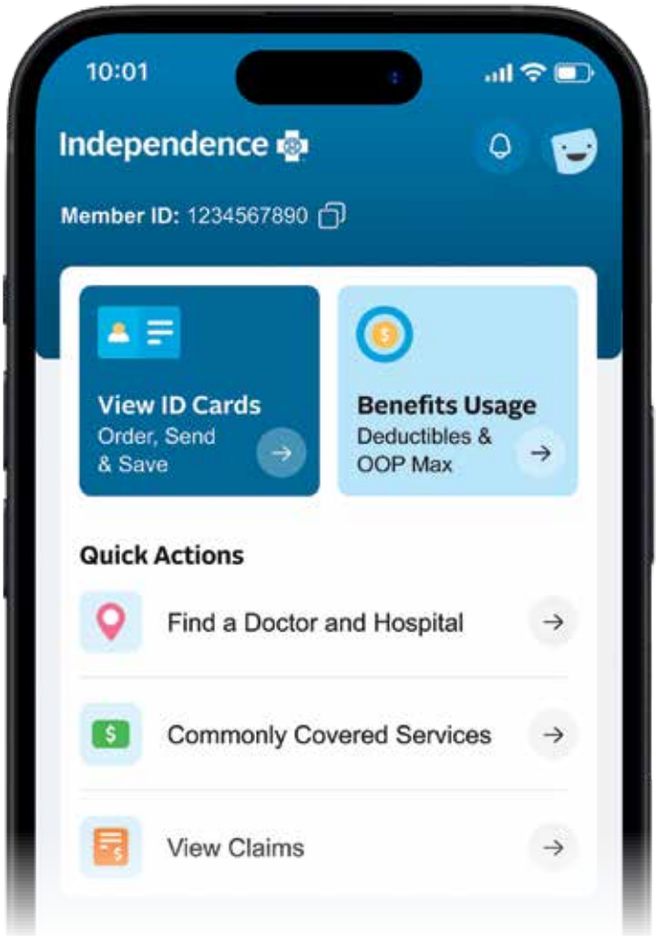
We took a human-centered design approach to improve our ibx.com member portal and IBX mobile app, making the process of using and understanding benefits more convenient and less stressful.

Easy navigation: Members can find what they need, such as claims, ID cards, and benefit summaries, quickly and easily.

Seamless care planning: Members can use features like My Care Team to build a directory of all their health care providers. The personalized experience also includes screening and appointment reminders.

One-stop health hub: Through Health Journeys, members can quickly view everything related to their care, such as their benefit coverage, condition-specific information, and programs that help them identify gaps in care and reach their health goals.

Mobile-first approach: Members now have a more optimized experience when accessing their benefits through the IBX mobile app.



Easy-to-manage health benefits

Through ibx.com, you can administer your health benefits efficiently and securely. Sign in to access enrollment, billing, marketing tools, and our latest news.

Pay with eBill — We offer an optimized Electronic Billing Presentment & Payment system (EBPP), which is user-friendly, convenient, and easy to navigate. This streamlined payment process offers increased operational efficiency, ultimately enhancing your overall portal experience.

Manage account — Add or remove an employee and change employee or dependent information.

Spending accounts — Easily manage your spending accounts with online tools, offer convenient funding methods, and receive on-demand reporting.

GO DIGITAL!

Looking for a digital option for open enrollment? We've developed digital versions of open enrollment kits to make it even easier to share materials with your employees.

Visit **ibx.com/virtualoe**.

Best-in-class account management

We care about you and your business. That's why we're committed to superior service that starts with our approach to managing your account. You'll get a local team of dedicated, highly motivated, and experienced IBX professionals who:

- Focus on understanding your unique challenges
- Work with you to provide the best solutions
- Strive for excellence in service
- Remain proactive, consultative, and responsive

Service excellence

Our customer service center provides outstanding, caring support to members.

Our services include:

- Live, in-person support at Independence LIVE*
- Agents who receive extensive training on member needs
- State-of-the-art technology for quick, efficient service

* Subject to availability

AI in action

We're making it easier for our members to get quick and accurate answers about their benefits by using Generative AI. When a member reaches out to IBX Customer Service, our representatives use a smart and secure AI tool to instantly find details about their specific coverage, costs, medical policy rules, and age requirements.

All information viewed in this tool is then saved in the member's profile for future reference. The tool helps save time and improve satisfaction by getting members the answers they need right away to support them at the moment they need it most.

VIDEO AVAILABLE

Scan the QR code to access the demo!

Maximizing your health care dollar

We leverage our scale and expertise to provide market-leading unit costs and financial value for those we serve. Blue Cross and Blue Shield companies are driving a market-leading total cost of care that is 7% lower nationally than competitors.[1]

Cost-optimization programs

As stewards of your dollar, we prioritize paying the right amount for the right services to the right provider. We have a variety of payment integrity programs in place that are continually enhanced to verify the accuracy of claims, detect and help prevent fraud, waste, and abuse, and help ensure that the services billed were provided and necessary.

Pharmacy integration
Integrated benefit-based programs and a full suite of powerful, data-fueled clinical programs result in high-touch engagement for members and improved health outcomes that help reduce health care costs.

Cost containment
Our cost reduction, recovery, and savings programs reduce expenses. Services include pre-payment review of claims, obtaining discounts through secondary networks, negotiations with non-participating providers, and post-payment review of claim payments.

UM simplification
IBX has long been at the forefront of identifying opportunities to automate and reduce unnecessary prior authorizations. Our UM Simplification Program has maintained utilization trends, reduced low-utility prior authorizations, and improved the experience for both providers and members.

Medical management
Medical management helps ensure care is medically appropriate and provided in an appropriate setting. It also helps improve quality and affordability by reducing unproven and unnecessary care so premium dollars are used effectively.

Helping ensure equitable care for all

IBX is committed to helping advance health equity and addressing disparities in maternal health, behavioral health, diabetes, and cardiovascular conditions. We're working to create a fairer health care system by measuring disparities, scaling effective programs, addressing unconscious bias, and influencing policy.

Locally, we collaborate with health systems and community organizations to help ensure no one is underserved based on race, economic status, gender, or ZIP code, while our fellow independent Blue Plans do the same across the country. Our goal is to help improve access to care and allow everyone to live a healthy life.

Today, health inequities in the U.S. generate excess health care costs totaling about **$320 billion annually.**[2]

1 Singleton, A., Tilley, C., & Rachlin, S. (2025). Milliman analysis of total cost of care benchmarks. Overview. milliman.com/en/insight/analysis-total-cost-of- care-benchmarks-blue-cross-blue-shield

2 US health care can't afford health inequities, Deloitte, 2022.

Innovative product solutions

When you offer your employees health benefits from IBX, you're giving them peace of mind that they are covered in every stage of life, physically and mentally. Whether they visit their PCP in their hometown or need care while away on vacation, a work trip, or at college, your employees and their families have access to in-person or virtual providers for all their needs.

For you

- Health plans at almost every price point
- Flexibility to add industry-leading specialty insurance products to your medical plans
- Employee satisfaction and retention

For your employees

- Health care coverage in- and out-of-network
- Affordable cost-sharing
- More choices and control over how benefits are used

Give your employees complete coverage and protection

Add these benefits to your Blue Solutions health plan for the most complete package:

- IBX Dental plans (page 35)
- Supplemental insurance products from Guardian (page 36)
- Blue Cross Global international health insurance (page 36)

Affordable plans to fit your needs and budget

Choose up to four health plans[1] from our portfolio of comprehensive and innovative plan options and ensure your employees and their families are covered, even if they live outside of the IBX five-county service area.[2]

Preferred: Copay Health Plans

Give employees the predictability of fixed out-of-pocket costs

- No deductible for in-network services
- Platinum and Gold options provide lower out-of-pocket costs
- PPO plans for more flexibility; HMO and DPOS plans for affordability

Classic: Coinsurance/Deductible Health Plans

Give employees more control over their health care choices

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

Secure: Copay/Deductible Health Plans

Balance lower premiums with predictable out-of-pocket costs

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

Pediatric and adult vision benefits are not subject to a deductible for all health plans.

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

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

Keystone HMO Proactive tiered network plans

A popular choice for small employers

Our Keystone HMO Proactive health plans give members access to the full Keystone Health Plan East HMO network at a lower premium. They offer the same essential health benefits as our other health plans, including doctor visits, behavioral health visits, hospital stays, prescription drug coverage, blood tests, and X-rays. The key difference is that providers are grouped into three tiers based on cost and quality measures.

How Keystone HMO Proactive health plans work

Members choose a PCP to coordinate their care and refer them to specialists. They pay the lowest out-of-pocket costs by using doctors and hospitals in Tier 1 – Preferred.*

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

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

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

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

NEW PROACTIVE PLAN!

We're excited to introduce the new Keystone HMO Silver Proactive Basic plan. It's our most affordable Proactive plan yet, offering access to the same robust tiered network as our other Keystone HMO Proactive products.

* 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.

Keystone HMO Proactive hospital tier placements

Tier 1 – Preferred $

Pennsylvania

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

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

Delaware
- Main Line Health — Riddle Hospital

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

Montgomery
- Holy Redeemer Hospital and Medical Center
- Jefferson Health — Abington Hospital
- Jefferson Health — Jefferson Einstein Montgomery Hospital
- Jefferson Health — Lansdale Hospital
- Tower Health — Pottstown Memorial Medical Center

Philadelphia
- Jefferson Health — Frankford Hospital
- Jefferson Health — Jefferson Einstein Philadelphia Hospital
- Jefferson Health — Torresdale Hospital
- Prime Healthcare — Roxborough Memorial Hospital
- Temple Health — Chestnut Hill Hospital
- Temple University Hospital — Jeanes Campus
- Wills Eye Hospital

New Jersey

Camden
- Cooper University Hospital

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

Salem
- Memorial Hospital of Salem County

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
- ChristianaCare — West Grove Campus
- Main Line Health — Paoli Hospital

Delaware
- 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 University Health Network — Sacred Heart Campus

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

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

New Jersey

Burlington
- Virtua Marlton Hospital
- Virtua Memorial Hospital
- Virtua Willingboro Hospital

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

Gloucester
- Inspira Medical Center — Woodbury

Hunterdon
- Hunterdon Medical Center

Mercer
- Capital Health System — Fuld Campus
- Capital Health System — Hopewell Campus
- Robert Wood Johnson University Hospital at Hamilton

Salem
- Inspira Medical Center — Elmer

Warren
- St. Luke's University Health Network — Warren Campus

Delaware

New Castle
- ChristianaCare — Christiana Hospital
- ChristianaCare — 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.

Virtual care services

Seeing a board-certified or licensed medical professional by video chat, email, or phone is a convenient, cost-effective option for non-emergency care. Many virtual care services are available at a $0 copay or reduced cost-share.

The value of Teladoc

IBX is collaborating with Teladoc, the global leader in whole-person virtual care, to provide members with an all-in-one integrated experience. Using the Teladoc website or mobile app, members can register for their Teladoc account and access Teladoc doctors for telemedicine and teledermatology needs or talk to a licensed behavioral health provider. Those who need individual assistance for diabetes and hypertension have access to Teladoc's condition-specific care programs.

Members who take advantage of virtual care benefits experience lower medical costs, decreased absenteeism, and reduced emergency room and urgent care center visits for non-emergencies.

Telemedicine

Members can use telemedicine services for a wide range of everyday conditions like flu, pink eye, sore throat, bug bites, food poisoning, and more:

Teladoc General Medical — Members have 24/7 access to board-certified doctors for a $0 copay.[1] With virtual visits available in several languages through an interpreter, including American Sign Language (ASL), physicians can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video. And with the Caregiving feature, members can request three-way visits to help them manage their loved ones' care.

PCP or specialist — If their PCP or specialist offers telemedicine, members can get virtual care through these providers and pay a reduced cost-share.

Telebehavioral health

Through **Teladoc Mental Health Care**, members can speak with board-certified psychiatrists and licensed psychologists or therapists by phone or video from wherever they feel most comfortable. This service can address concerns like anxiety, depression, grief, work pressures, and more.

In addition, many in-network behavioral health providers, including our **Connect to Care network**, offer virtual visits.

Both telebehavioral health options are available to members at a $0 cost-share.[1]

Teledermatology

Through **Teladoc Health Dermatology**, members can receive convenient and reliable skincare from a licensed dermatologist for a wide range of conditions, without the wait, for a $0 cost-share.[1] They simply log in to their Teladoc account, request a dermatology consultation, complete the intake form, and upload digital images of their skin issue. They will receive a response through the online message center within two business days.

Telenutrition

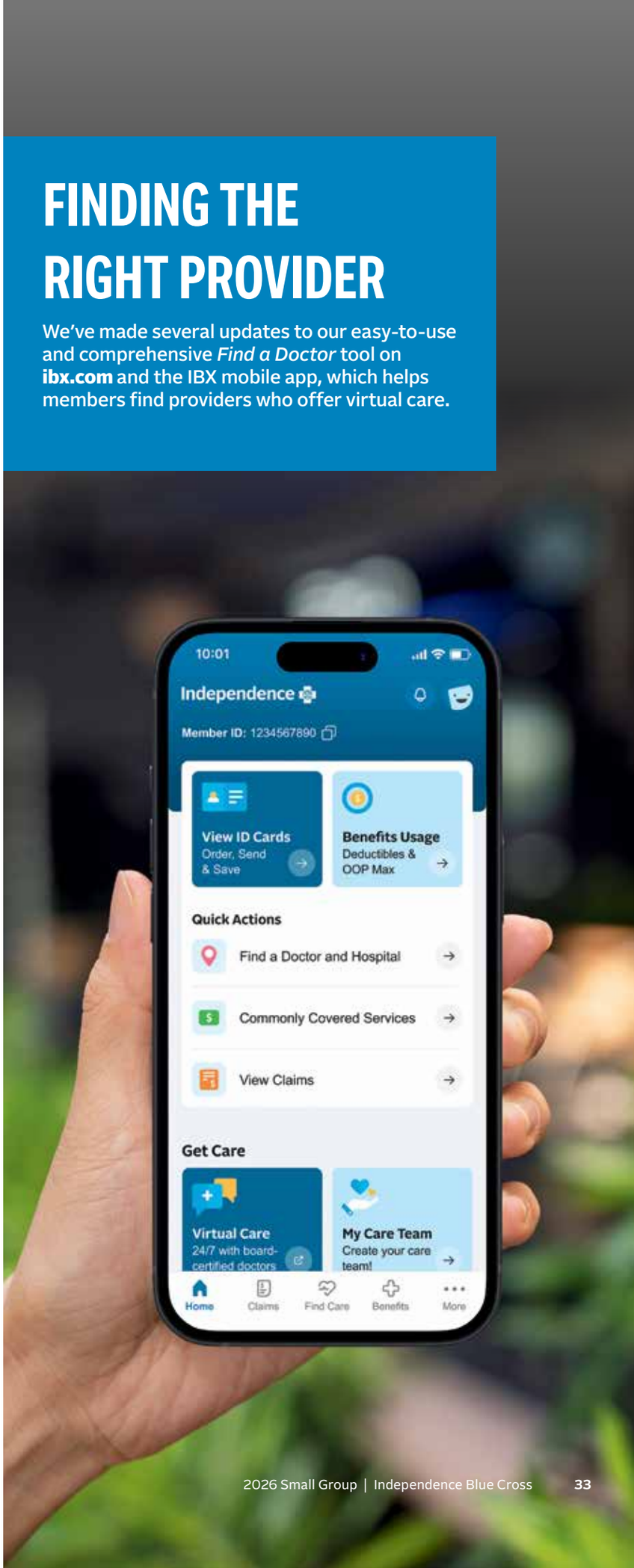
Members can use their nutrition counseling benefit to receive up to **six one-on-one virtual visits** at no additional cost. Members have the option of seeing an in-network registered dietitian or a nutrition counselor via **HUSK Nutrition**, available through the **HUSK Marketplace,** to access personalized virtual nutrition counseling.[2]

1 Cost-share is $0 after deductible for HSA plans.

2 Six nutrition counseling visits are covered as a part of small group fully insured plans. Telenutrition counseling visits through HUSK Nutrition are included in this six-visit limit.

FINDING THE RIGHT PROVIDER

We've made several updates to our easy-to-use and comprehensive *Find a Doctor* tool on ibx.com and the IBX mobile app, which helps members find providers who offer virtual care.



Vision and pediatric dental benefits

Every Blue Solutions health plan includes high-quality, affordable adult and pediatric vision benefits,[1] plus pediatric dental benefits for children up to age 19. This helps ensure that members' overall health care needs are met and can help prevent or identify serious medical conditions like diabetes and high blood pressure.

High-quality vision care — Frames, lenses, contacts, and more

Our adult and pediatric vision benefits give members access to routine eye care, options for affordable, quality eyewear, and more value-added services. Our vision benefits go beyond access to eye exams and eyewear.

- National network of more than 198,000 access points
- Low-to-no copay on Davis Vision Exclusive Collection designer frames or an allowance toward any frame purchase
- Exclusive $50 frame allowance enhancement at Visionworks for adults
- Fixed copays on all lens styles and coatings, including protection against blue-light exposure
- $0 cost-sharing on evaluations and fittings for non-Collection standard contact lenses at participating providers
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, and **Befitting.com**
- In-network providers include Pearle Vision, Target Optical, Warby Parker, and most recently, LensCrafters for adults[2]
- Discounted pricing and financing options on LASIK laser vision correction services
- An interactive frame try-on tool allows members to see what Davis Vision Exclusive Collection frames look like on before purchasing them
- Free hearing exam, exclusive discounts on hearing aids and supplies, and more from Your Hearing Network through Davis Vision

Adult eyewear allowance options

Members receive up to $130 frame or contact lenses allowance, plus 20 percent off any frame overage at any provider in the national Davis Vision network

OR

Up to $180 frame allowance, plus 20 percent off any overage, at more than 700 Visionworks locations nationwide

Pediatric dental

All Blue Solutions health plans include in-network dental benefits[3] for children up to age 19 to help kids develop good oral health.

Personal Choice® PPO

- Included in PPO medical plans.
- 100% coverage for in-network dental exams and cleanings once every six months.
- To access their dental benefits, eligible pediatric members may see any in-network dentist.
- The IBX Dental PPO network has over 500,000 access points nationally.

Keystone Health Plan East DHMO

- Included in HMO and DPOS medical plans.
- 100% coverage for in-network dental exams and cleanings once every six months.
- The IBX Dental Managed Care network is one of the largest regional networks.

Note for Keystone Health Plan East DHMO members: Eligible members are required to select a primary dental office (PDO) from the plan's Managed Care dental network. To select a PDO, visit the IBX Dental member portal at ibxmember.dominionnational.com or contact Customer Service at 1-866-615-4956.

When contacting Customer Service, provide your IBX member ID number, found on the front of your medical ID card. Once you have selected a PDO, you may contact the office to schedule an appointment and receive care.

Your covered dependents may choose different PDOs. Pediatric members do not require a referral to see a pediatric dentist.

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

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

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

Specialty services and additional benefits

Enhance your medical benefits with our industry-leading suite of specialty insurance products. When you bundle our comprehensive suite of specialty services together, you can build a more powerful health benefits solution that boosts employee retention and acquisition efforts and gives them peace of mind for life's uncertainties.

IBX Dental

The IBX Dental portfolio encourages prevention, early diagnosis, and treatment. Choose from a wide variety of customizable, affordable PPO, EPO, and Managed Care plan options that feature rich, value-added services. Your employees will have access to a robust local network and an expanding national network, so they can find a dentist wherever they are.

Best of all, you and your employees will benefit from the convenience and ease of administration when the company they know and trust can meet all their medical and dental care coverage needs.

Features

- Dental plans designed for prevention and savings
- Robust provider networks[1]
- In-network savings
- No waiting periods

ADDITIONAL MATERIALS

Scan the QR code to access the full IBX Dental portfolio.

Value-added dental services

- **Preventive Reward program**: The subscriber will receive $20 for each covered dependent who gets two in-network cleanings during the calendar year.
- **Teledentistry**[2]: Members can use a credentialed virtual dentist to get virtual exams, second opinions, and expert advice quickly.
- **Savings incentive**: Preventive services do not count against the annual maximum and are covered at 100 percent on most dental plans, which allows members to use their coverage for other necessary, more costly services.
- **Additional cleanings**: Members who are pregnant or have diabetes are eligible for an additional cleaning.
- **Annual maximum rollover**[3]: Maximum rollover allows dental plan members to carry over unused portions of their annual benefit maximum into the next plan year for future use, provided certain plan requirements are met. Each family member has their own account, with funds accumulating over time and remaining available as long as the plan is active and the member remains enrolled. This feature offers flexibility for covering future dental expenses and helps manage costs effectively.

Three new dental plans now available!

NEW We're adding three new plans that allow members to carry over a portion of their unused maximum, which will be in annual maximum dollars, year after year. So, the longer they are enrolled, the more money they can potentially roll over. Members can then use those unused dollars toward more costly dental procedures. The new plans below are available with out-of-network reimbursement based on either the Maximum Allowable Charge (MAC) or the 90th percentile of Reasonable and Customary charges.

- **Premier PPO 100/80/50/50 $1,500 w/Rollover**
- **Elite PPO 100/100/50/50 $2,000 w/Rollover**
- **Deluxe PPO 100/90/60/50 $1,500 w/Rollover**

20M+ workdays are lost each year due to dental illness.[4]

1 Based on internal data.

2 All provider offices may not offer teledentistry. Check with your provider.

3 Available on three new plans in 2026.

4 The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022

Guardian supplemental insurance

Pairing an IBX health plan with any of Guardian's seven products can help your employees be prepared for the unexpected. Guardian provides them with financial safety and security in case of an unexpected illness or injury.

- Life insurance
- Short- and long-term disability insurance
- Accident insurance
- Critical illness and cancer insurance
- Hospital indemnity insurance

International health solutions from Blue Cross Global

Part of the Blue Cross Blue Shield Association, Blue Cross Global capitalizes on the network strength and name recognition of Blue Cross® Blue Shield® inside the U.S. and Bupa Global outside the U.S. Blue Cross Global provides access to one of the largest care networks in the world, with more than 1.7 million providers.

Our flexible group products offer solutions for short-term business travel and long-term expatriate assignments. Your employees would be supported by:

- Leading digital tools that simplify the international health care experience
- 24/7/365 integrated service experience through convenient tools and programs
- Global TeleMD™ telemedicine services that provide 24/7/365 access to doctor consultations by phone

2026 Blue Solutions Health Plans

Independence

IBX

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

Preferred: Copay Health Plans

Classic: Coinsurance/Deductible Health Plans

Secure: Copay/Deductible Health Plans

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

Preferred: Copay plans | Classic: Coinsurance/deductible plans | Secure: Copay/deductible plans

Footnotes begin on page 78 | ded = Deductible

Platinum health plans	Personal Choice PPO Platinum Preferred[2] $10/$20/$200	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$4,000/$8,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$10/$5	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$20/$10	50% after ded/50% after ded
Retail clinic	$10	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$20[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$20/$50[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$200 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$150 (waived if admitted)	$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125/$250	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$20/$40	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$20/$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	$200 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$50/$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$125	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

Platinum health plans	Personal Choice PPO Platinum Preferred[2] $20/$40/$250	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$4,500/$9,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$20/$15	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$40/$25	50% after ded/50% after ded
Retail clinic	$20	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$40[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40/$70[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$250 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$175 (waived if admitted)	$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$80	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125/$250	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$75/$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$40/$80	50% after ded/50% after ded
Durable medical equipment and prosthetics	30%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	50% after ded/50% after ded
Inpatient mental health and substance abuse	$250 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$50/$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$125	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

Platinum health plans	Keystone DPOS Platinum Preferred[2] $10/$20/$200	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$4,000/$8,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$10/$5	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$20/$10	50% after ded/50% after ded
Retail clinic	$10	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$40	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$20[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$20/$20[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$200 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$150 (waived if admitted)	$150 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$20/$40	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$20/$20	50% after ded/50% after ded
Inpatient mental health and substance abuse	$200 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$50/$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$125	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Not covered

Platinum health plans	Keystone DPOS Platinum Preferred[2] $20/$40/$250	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$0	$3,000/$6,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$4,500/$9,000 coinsurance and copays	$9,000/$18,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$20/$15	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$40/$25	50% after ded/50% after ded
Retail clinic	$20	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$50	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$40[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40/$40[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$250 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$175 (waived if admitted)	$175 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$75/$150	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$40/$80	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	50% after ded/50% after ded
Inpatient mental health and substance abuse	$250 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$50/$100	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$10	70% of retail
Retail preferred brand[18]	$75	70% of retail
Retail non-preferred drug[18]	$125	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Not covered

Footnotes begin on page 78 | ded = Deductible

Platinum health plans	Keystone HMO Platinum Preferred[3] $10/$20/$200	Keystone HMO Platinum Preferred[3] $20/$40/$250
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$0	$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family includes:	$4,000/$8,000 coinsurance and copays	$4,500/$9,000 coinsurance and copays
Preventive services[8]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750
Physician services		
Primary care visit — Office/Virtual care	$10/$5	$20/$15
Specialist visit — Office/Virtual care	$20/$10	$40/$25
Retail clinic	$10	$20
Virtual care (from designated virtual provider)†	$0	$0
Urgent care	$40	$50
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$20	$40
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$20/$20	$40/$40
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$200 per day[11]	$250 per day[11]
Inpatient professional services (includes maternity)	$0	$0
Emergency room	$150 (waived if admitted)	$175 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$40/$40	$40/$40
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100/$100	$100/$100
Biotech/Specialty injectables — Home or office/Outpatient	$50/$100	$75/$150
Infusion — Home or office/Outpatient	$20/$40	$40/$80
Durable medical equipment and prosthetics	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	$20/$20	$40/$40
Inpatient mental health and substance abuse	$200 per day[11]	$250 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$50/$100	$50/$100
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10/$10
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	$3
Retail generic[18]	$10	$10
Retail preferred brand[18]	$75	$75
Retail non-preferred drug[18]	$125	$125
Self-administered specialty drug	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0
Adult routine eye exam[25]	$0	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies

Platinum health plans	Keystone HMO Platinum Preferred[3] $5/$15/$500	Keystone HMO Platinum Preferred[3] $25/$50/$400
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$0	$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family includes:	$6,000/$12,000 coinsurance and copays	$5,000/$10,000 coinsurance and copays
Preventive services[8]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750
Physician services		
Primary care visit — Office/Virtual care	$5/$0	$25/$20
Specialist visit — Office/Virtual care	$15/$10	$50/$35
Retail clinic	$5	$25
Virtual care (from designated virtual provider)†	$0	$0
Urgent care	$75	$75
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$15	$50
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$15/$15	$50/$50
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$500 per day[11]	$400 per day[11]
Inpatient professional services (includes maternity)	$0	$0
Emergency room	$300 (waived if admitted)	$200 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$60/$60	$40/$40
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$120	$100/$100
Biotech/Specialty injectables — Home or office/Outpatient	$75/$150	$75/$150
Infusion — Home or office/Outpatient	$15/$30	$60/$120
Durable medical equipment and prosthetics	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$50/$50
Inpatient mental health and substance abuse	$500 per day[11]	$400 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$80/$160	$50/$100
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10/$10
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	$3
Retail generic[18]	$10	$10
Retail preferred brand[18]	$85	$85
Retail non-preferred drug[18]	$125	$125
Self-administered specialty drug	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0
Adult routine eye exam[25]	$0	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies

Platinum health plans	Personal Choice PPO Platinum HSA — 50[4] $1,800/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$1,800/$3,600	$10,000/$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$10 after ded	50% after ded
Retail preferred brand[18]	$75 after ded	50% after ded
Retail non-preferred drug[18]	$125 after ded	50% after ded
Self-administered specialty drug	50% after ded up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	0% after ded	Not covered

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

Gold health plans	Personal Choice PPO Gold Preferred[2] $40/$80/$600	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$0	$7,000/$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,800/$17,600 coinsurance and copays	$21,000/$42,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40/$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80/$55	50% after ded/50% after ded
Retail clinic	$40	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80/$110[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$600 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$500 (waived if admitted)	$500 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$70/$175	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150/$300	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$125/$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$80/$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80/$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	$600 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$300/$700	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$75	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$15	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

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

Gold health plans	Personal Choice PPO Gold Classic[2] $2,500/$40/$80/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,500/$5,000	$8,500/$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,000/$16,000 coinsurance, copays and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	$100 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$110 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	$400 no ded (waived if admitted)	$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% no ded/10% no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/0% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$20	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

Gold health plans	Keystone DPOS Gold Classic[2] $1,500/$30/$60/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$1,500/$3,000	$8,500/$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,200/$18,400 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$30 no ded/$20 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$60 no ded/$40 no ded	50% after ded/50% after ded
Retail clinic	$30 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$60 no ded[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60 no ded/$60 no ded[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	$60 no ded/$60 no ded[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120 no ded/$120 no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$60 after ded/$120 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$60 no ded/$60 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$400 after ded/$750 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$10 no ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$20	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Not covered

Gold health plans	Keystone DPOS Gold Preferred[2] $40/$80/$650	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$0	$7,000/$14,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,200/$18,400 coinsurance and copays	$21,000/$42,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	$0	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40/$30	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80/$55	50% after ded/50% after ded
Retail clinic	$40	50% after ded
Virtual care (from designated virtual provider)†	$0	Not covered
Urgent care	$100	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80/$80[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	$650 per day[11]	50% after ded
Inpatient professional services (includes maternity)	$0	50% after ded
Emergency room	$500 (waived if admitted)	$500 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$120/$120[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250/$250	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$125/$250	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$80/$160	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80/$80	50% after ded/50% after ded
Inpatient mental health and substance abuse	$650 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$400/$750	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	70% of retail
Retail generic[18]	$15	70% of retail
Retail preferred brand[18]	$85	70% of retail
Retail non-preferred drug[18]	$200	70% of retail
Self-administered specialty drug	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	Not covered
Adult routine eye exam[25]	$0	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Not covered

Gold health plans	Keystone HMO Gold Classic[2] $1,500/$30/$60/90%	Keystone HMO Gold Preferred[3] $40/$80/$650
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$1,500/$3,000	$0
Coinsurance	10%	0%
Out-of-pocket maximum — Individual/Family includes:	$9,200/$18,400 coinsurance, copays, and ded	$9,200/$18,400 coinsurance and copays
Preventive services[8]		
Preventive care for adults and children	0% no ded	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	$750
Physician services		
Primary care visit — Office/Virtual care	$30 no ded/$20 no ded	$40/$30
Specialist visit — Office/Virtual care	$60 no ded/$40 no ded	$80/$55
Retail clinic	$30 no ded	$40
Virtual care (from designated virtual provider)†	0% no ded	$0
Urgent care	10% after ded	$100
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$60 no ded	$80
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60 no ded/$60 no ded	$80/$80
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	$650 per day[11]
Inpatient professional services (includes maternity)	10% after ded	$0
Emergency room	10% after ded	$500 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$60 no ded/$60 no ded	$120/$120
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120 no ded/$120 no ded	$250/$250
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	$125/$250
Infusion — Home or office/Outpatient	$60 after ded/$120 after ded	$80/$160
Durable medical equipment and prosthetics	50% after ded	50%
Outpatient mental health and substance abuse — Office visit/All other	$60 no ded/$60 no ded	$80/$80
Inpatient mental health and substance abuse	10% after ded	$650 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$400 after ded/$750 after ded	$400/$750
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$10 no ded	$10/$10
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$3	$3
Retail generic[18]	$20	$15
Retail preferred brand[18]	$85	$85
Retail non-preferred drug[18]	$200	$200
Self-administered specialty drug	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	$0
Adult routine eye exam[25]	$0 no ded	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies

Gold health plans	Keystone HMO Gold Proactive[3]		
Benefits per contract year[1]	**You pay in-network[6] – Tier 1 - Preferred**	**You pay in-network[6] – Tier 2 - Enhanced**	**You pay in-network[6] – Tier 3 - Standard**
Deductible — Individual/Family	$0	$0	$0
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600[12] coinsurance and copays	$9,800/$19,600[12] coinsurance and copays	$9,800/$19,600[12] coinsurance and copays
Preventive services[8]			
Preventive care for adults and children	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750	$750
Physician services			
Primary care visit — Office/Virtual care	$15/$10	$30/$20	$45/$30
Specialist visit — Office/Virtual care	$40/$30	$60/$40	$80/$55
Retail clinic	$15[13]	$30[13]	$45[13]
Virtual care (from designated virtual provider)†	$0	$0	$0
Urgent care	$40	$40	$40
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50	$50	$50
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60/$60	$60/$60
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	$350 per day[11, 14]	$700 per day[11, 14]	$1,100 per day[11, 14]
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room	$400 (waived if admitted)	$400 (waived if admitted)	$400 (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$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 or office/Outpatient	50%/50%	50%/50%	50%/50%
Infusion — Home or office/Outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment and prosthetics	50%	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	$40/$40	$40/$40
Inpatient mental health and substance abuse	$350 per day[11]	$350 per day[11]	$350 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$150/$150	$550/$550	$1,000/$1,000
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10/$10	$10/$10
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family	$0	$0	$0
Low cost generic[18]	$3	$3	$3
Retail generic[18]	$25	$25	$25
Retail preferred brand[18, 21]	$115	$115	$115
Retail non-preferred drug[18, 21]	50% up to $300 max per fill	50% up to $300 max per fill	50% up to $300 max per fill
Self-administered specialty drug[21]	50% up to $1,000 max per fill	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0	$0
Adult routine eye exam[25]	$0	$0	$0
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Gold health plans	Keystone HMO Gold Proactive Value[3]		
Benefits per contract year[1]	**You pay in-network[6] – Tier 1 - Preferred**	**You pay in-network[6] – Tier 2 - Enhanced**	**You pay in-network[6] – Tier 3 - Standard**
Deductible — Individual/Family	$0	$2,000/$4,000[15]	$2,000/$4,000[15]
Coinsurance	0%; unless otherwise noted	20%; unless otherwise noted	30%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600[12] coinsurance and copays	$9,800/$19,600[12] coinsurance, copays, and ded	$9,800/$19,600[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$15/$10	$30 no ded/ $20 no ded	$45 no ded/$30 no ded
Specialist visit — Office/Virtual care	$40/$30	$60 no ded/ $40 no ded	$80 no ded/$55 no ded
Retail clinic	$15[13]	$30 no ded[13]	$45 no ded [13]
Virtual care (from designated virtual provider)†	0%	0% no ded	0% no ded
Urgent care	$40	$40 no ded	$40 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60 no ded/$60 no ded	$60 no ded/$60 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	$350 per day[11, 14]	Subject to ded and $700 per day[11, 14]	Subject to ded and $1,100 per day[11, 14]
Inpatient professional services (includes maternity)	0%	20% after ded	30% after ded
Emergency room	$400 (waived if admitted)	$400 no ded (waived if admitted)	$400 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$60/$60	$60 no ded/$60 no ded	$60 no ded/$60 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$120	$120 no ded/$120 no ded	$120 no ded/$120 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	20% after ded/20% after ded	30% after ded/30% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	$40 no ded/$40 no ded	$40 no ded/$40 no ded
Inpatient mental health and substance abuse	$350 per day[11]	$350 per day[11] no ded	$350 per day[11] no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$150/$150	Subject to ded and $550 copay/ Subject to ded and $550 copay	Subject to ded and $1,000 copay/ Subject to ded and $1,000 copay
Outpatient lab and pathology — Freestanding/Hospital-based	$10/$10	$10 no ded/$10 no ded	$10 no ded/$10 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family	$0	$0	$0
Low cost generic[18]	$5	$5	$5
Retail generic[18]	$25	$25	$25
Retail preferred brand[18, 21]	$115	$115	$115
Retail non-preferred drug[18, 21]	50% up to $300 max per fill	50% up to $300 max per fill	50% up to $300 max per fill
Self-administered specialty drug[21]	50% up to $1,000 max per fill	50% up to $1,000 max per fill	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Footnotes begin on page 78 | ded = Deductible

Gold health plans	Personal Choice PPO Gold HSA – 0[4] $2,200/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,200/$4,400	$10,000/$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded /0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$20 after ded	50% after ded
Retail preferred brand[18]	$85 after ded	50% after ded
Retail non-preferred drug[18]	$125 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	0% after ded	Not covered

Gold health plans	Personal Choice PPO Gold HRA – 20[2] $4,200/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,200/$8,400	$10,000/$20,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded /0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$20 after ded	50% after ded
Retail preferred brand[18]	$85 after ded	50% after ded
Retail non-preferred drug[18]	$125 after ded	50% after ded
Self-administered specialty drug	50% after ded up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	0% after ded	Not covered

Footnotes begin on page 78 | ded = Deductible

Gold health plans	Personal Choice PPO Gold HSA – 25[4] $2,400/$25/$50/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$2,400/$4,800	$10,000/$20,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$25 after ded/$20 after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$50 after ded/$35 after ded	50% after ded/50% after ded
Retail clinic	$25 after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50 after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$50 after ded/$50 after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50 after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$3 after ded	50% after ded
Retail generic[18]	$20 after ded	50% after ded
Retail preferred brand[18]	$85 after ded	50% after ded
Retail non-preferred drug[18]	$125 after ded	50% after ded
Self-administered specialty drug	50% after ded, up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	10% after ded	Not covered

Silver health plans	Personal Choice PPO Silver Classic[2] $3,800/$40/$80/70%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$3,800/$7,600	$8,500/$17,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$110 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	30% after in-network ded
Routine radiology — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/30% no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	30% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% no ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	50% up to $125 max per fill	70% of retail
Retail non-preferred drug[18, 21]	50% up to $250 max per fill	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

Silver health plans	Personal Choice PPO Silver Secure[2] $4,750/$40/$80/$600	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$4,750/$9,500	$8,500/$17,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	$100 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$110 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11]	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	$450 after ded (waived if admitted)	$450 after in-network ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$100 no ded/$250 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250 no ded/$500 no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$600 no ded/$600 no ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$75 after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	$95	70% of retail
Retail non-preferred drug[18, 21]	$225	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

Silver health plans	Personal Choice PPO Silver Classic[2] $5,000/$50/$100/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$5,000/$10,000	$8,500/$17,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$50 no ded/$35 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$100 no ded/$70 no ded	50% after ded/50% after ded
Retail clinic	$50 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	$125 no ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$100 no ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100 no ded/$130 no ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	$450 after ded (waived if admitted)	$450 after in-network ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$80 no ded/$200 no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200 no ded/$400 no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$100 after ded/$200 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$100 no ded/$100 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$400 after ded/$750 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$75 after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	$95	70% of retail
Retail non-preferred drug[18, 21]	$225	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$50	Not covered
Pediatric exams and cleanings[29, 30]	$0 no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded[32]	Not covered

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Silver health plans	Keystone DPOS Silver Classic[2] $3,750/$40/$80/50%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[5]**
Deductible — Individual/Family	$3,750/$7,500	$8,500/$17,000
Coinsurance	50%	50%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded	$25,000/$50,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded	50% after ded/50% after ded
Retail clinic	$40 no ded	50% after ded
Virtual care (from designated virtual provider)†	0% no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded[10]	50% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$80 no ded[10]	50% after ded/50% after ded
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room	50% after ded	50% after in-network ded
Routine radiology — Freestanding/Hospital-based	$125 no ded/$125 no ded[10]	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300 no ded/$300 no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$100 no ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$80 after ded/$160 after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80 no ded/$80 no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	50% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$1,000 after ded/$1,000 after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$10 no ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	$0	$0
Low cost generic[18]	$5	70% of retail
Retail generic[18]	$25	70% of retail
Retail preferred brand[18, 21]	50% up to $125 max per fill	70% of retail
Retail non-preferred drug[18, 21]	50% up to $250 max per fill	70% of retail
Self-administered specialty drug[21]	50% up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	$0	Not covered
Pediatric exams and cleanings[29, 30]	$0	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Not covered

Silver health plans	Keystone HMO Silver Classic[2] $3,750/$40/$80/50%
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$3,750/$7,500
Coinsurance	50%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded
Specialist visit — Office/Virtual care	$80 no ded/$55 no ded
Retail clinic	$40 no ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$80 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80 no ded/$80 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room	50% after ded
Routine radiology — Freestanding/Hospital-based	$125 no ded/$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$100 no ded
Infusion — Home or office/Outpatient	$80 after ded/$160 after ded
Durable medical equipment and 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	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$1,000 after ded/$1,000 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$10 no ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	$0
Low cost generic[18]	$5
Retail generic[18]	$25
Retail preferred brand[18, 21]	50% up to $125 max per fill
Retail non-preferred drug[18, 21]	50% up to $250 max per fill
Self-administered specialty drug[21]	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0
Pediatric exams and cleanings[29, 30]	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies

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Silver health plans	Keystone HMO Silver Classic[2] $4,750/$45/$90/70%
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$4,750/$9,500
Coinsurance	30%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	$45 no ded/$30 no ded
Specialist visit — Office/Virtual care	$90 no ded/$55 no ded
Retail clinic	$45 no ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$90 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90 no ded/$90 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	30% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room	30% after ded
Routine radiology — Freestanding/Hospital-based	$125 no ded/$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded
Infusion — Home or office/Outpatient	$90 after ded/$180 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$90 no ded/$90 no ded
Inpatient mental health and substance abuse	30% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$500 after ded/$1,000 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$10 no ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	$0
Low cost generic[18]	$5
Retail generic[18]	$25
Retail preferred brand[18, 21]	50% up to $125 max per fill
Retail non-preferred drug[18, 21]	50% up to $250 max per fill
Self-administered specialty drug[21]	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0
Pediatric exams and cleanings[29, 30]	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies

Silver health plans	Keystone HMO Silver Secure[2] $5,000/$50/$100/$600
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$5,000/$10,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	$50 no ded/$35 no ded
Specialist visit — Office/Virtual care	$100 no ded/$70 no ded
Retail clinic	$50 no ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	$125 after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$100 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100 no ded/$100 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11]
Inpatient professional services (includes maternity)	0% after ded
Emergency room	$450 after ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$125 no ded/$125 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300 no ded/$300 no ded
Biotech/Specialty injectables — Home or office/Outpatient	$100 no ded/$200 no ded
Infusion — Home or office/Outpatient	$100 after ded/$200 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$100 no ded/$100 no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$600 after ded/$600 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$10 no ded/$10 no ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	$0
Low cost generic[18]	$5
Retail generic[18]	$25
Retail preferred brand[18, 21]	$95
Retail non-preferred drug[18, 21]	$225
Self-administered specialty drug[21]	50% up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0
Pediatric exams and cleanings[29, 30]	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies

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Silver health plans	Keystone HMO Silver Proactive[2]		
Benefits per contract year[1]	**You pay in-network[6] – Tier 1 – Preferred**	**You pay in-network[6] – Tier 2 – Enhanced**	**You pay in-network[6] – Tier 3 – Standard**
Deductible — Individual/Family	$0	$6,000/$12,000[15]	$6,000/$12,000[15]
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600[12] coinsurance and copays	$9,800/$19,600[12] coinsurance, copays, and ded	$9,800/$19,600[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$40/$30	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual care	$90/$65	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic	$40[13]	$70 no ded[13]	$80 no ded[13]
Virtual care (from designated virtual provider)†	0%	0% no ded	0% no ded
Urgent care	$90	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	$600 per day[11, 14]	Subject to ded and $900 per day[11, 14]	Subject to ded and $1,300 per day[11,14]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room	$950 (waived if admitted)	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150/$150	$150 no ded/$150 no ded	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375/$375	$375 no ded/$375 no ded	$375 no ded/$375 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$90/$90	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Inpatient mental health and substance abuse	$600 per day[11]	$600 per day[11] no ded	$600 per day[11] no ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$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 and pathology — Freestanding/Hospital-based	$15/$15	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family[22]	$225/$450	$225/$450	$225/$450
Low cost generic[18]	$7 no ded	$7 no ded	$7 no ded
Retail generic[18]	$30 no ded	$30 no ded	$30 no ded
Retail preferred brand[18, 21]	$125 after ded	$125 after ded	$125 after ded
Retail non-preferred drug[18, 21]	50% after ded up to $500 max per fill	50% after ded up to $500 max per fill	50% after ded up to $500 max per fill
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Silver health plans	Keystone HMO Silver Proactive Value[2]		
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$1,500/$3,000	$6,000/$12,000[15]	$6,000/$12,000[15]
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600[12] coinsurance, copays, and ded	$9,800/$19,600[12] coinsurance, copays, and ded	$9,800/$19,600[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$40 no ded/$30 no ded	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual care	$90 no ded/$65 no ded	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic	$40 no ded[13]	$70 no ded[13]	$80 no ded[13]
Virtual care (from designated virtual provider)†	0% no ded	0% no ded	0% no ded
Urgent care	$90 no ded	$90 no ded	$90 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90 no ded/$90 no ded	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11,14]	Subject to ded and $900 per day[11,14]	Subject to ded and $1,300 per day[11,14]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375 no ded/$375 no ded	$375 no ded/$375 no ded	$375 no ded/$375 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$90 no ded/$90 no ded	$90 no ded/$90 no ded	$90 no ded/$90 no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	Subject to ded and $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 and pathology — Freestanding/Hospital-based	$15 no ded/$15 no ded	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family[22]	$225/$450	$225/$450	$225/$450
Low cost generic[18]	$7 no ded	$7 no ded	$7 no ded
Retail generic[18]	$30 no ded	$30 no ded	$30 no ded
Retail preferred brand[18, 21]	$125 after ded	$125 after ded	$125 after ded
Retail non-preferred drug[18, 21]	50% after ded up to $500 max per fill	50% after ded up to $500 max per fill	50% after ded up to $500 max per fill
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0 no ded	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

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Silver health plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per contract year[1]	**You pay in-network[6]**	**You pay in-network[6]**	**You pay in-network[6]**
Deductible — Individual/Family	$3,000/$6,000	$8,000/$16,000[15]	$8,000/$16,000[15]
Coinsurance	0%; unless otherwise noted	5%; unless otherwise noted	10%; unless otherwise noted
Out-of-pocket maximum — Individual/Family includes:	$9,800/$19,600[12] coinsurance, copays, and ded	$9,800/$19,600[12] coinsurance, copays, and ded	$9,800/$19,600[12] coinsurance, copays, and ded
Preventive services[8]			
Preventive care for adults and children	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	$750 no ded	$750 no ded
Physician services			
Primary care visit — Office/Virtual care	$50 no ded/$35 no ded	$70 no ded/$50 no ded	$80 no ded/$55 no ded
Specialist visit — Office/Virtual care	$100 no ded/$70 no ded	$140 no ded/$100 no ded	$150 no ded/$105 no ded
Retail clinic	$50 no ded[13]	$70 no ded[13]	$80 no ded[13]
Virtual care (from designated virtual provider)†	0% no ded	0% no ded	0% no ded
Urgent care	$100 no ded	$100 no ded	$100 no ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$50 no ded	$50 no ded	$50 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Hospital/Other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[11,14]	Subject to ded and $900 per day[11,14]	Subject to ded and $1,300 per day[11,14]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)	$950 no ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150 no ded/$150 no ded	$150 no ded/$150 no ded	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375 no ded/$375 no ded	$375 no ded/$375 no ded	$375 no ded/$375 no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% no ded/50% no ded	50% no ded/50% no ded	50% no ded/50% no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50% no ded	50% no ded	50% no ded
Outpatient mental health and substance abuse — Office visit/All other	$100 no ded/$100 no ded	$100 no ded/$100 no ded	$100 no ded/$100 no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]	Subject to ded and $600 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	Subject to ded and $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 and pathology — Freestanding/Hospital-based	$15 no ded/$15 no ded	$15 no ded/$15 no ded	$15 no ded/$15 no ded
Prescription drugs[16, 17, 19, 20]			
Rx deductible — Individual/Family[22]	$225/$450	$225/$450	$225/$450
Low cost generic[18]	$7 no ded	$7 no ded	$7 no ded
Retail generic[18]	$30 no ded	$30 no ded	$30 no ded
Retail preferred brand[18, 21]	$125 after ded	$125 after ded	$125 after ded
Retail non-preferred drug[18, 21]	50% after ded up to $500 max per fill	50% after ded up to $500 max per fill	50% after ded up to $500 max per fill
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]			
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	$0 no ded	$0 no ded
Adult routine eye exam[25]	$0 no ded	$0 no ded	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0	$0	$0
Pediatric exams and cleanings[29, 30]	$0	$0	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies	Copay varies	Copay varies

Silver health plans	Personal Choice PPO Silver HSA – 0[4] $3,600/90%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network**[7]
Deductible — Individual/Family	$3,600/$7,200	$11,000/$22,000
Coinsurance	10%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	10% after ded/10% after ded	50% after ded/50% after ded
Retail clinic	10% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	10% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded/10% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	10% after ded	50% after ded
Inpatient professional services (includes maternity)	10% after ded	50% after ded
Emergency room	10% after ded	10% after in-network ded
Routine radiology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	10% after ded/10% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	10% after ded/ 10% after ded	50% after ded/ 50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/10% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$5 after ded	50% after ded
Retail generic[18]	$25 after ded	50% after ded
Retail preferred brand[18, 21]	$95 after ded	50% after ded
Retail non-preferred drug[18, 21]	$150 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	10% after ded	Not covered

Footnotes begin on page 78 | ded = Deductible

Silver health plans	Personal Choice PPO Silver HSA – 0[4] $4,400/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network**[7]
Deductible — Individual/Family	$4,400/$8,800	$11,000/$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$5 after ded	50% after ded
Retail generic[18]	$25 after ded	50% after ded
Retail preferred brand[18, 21]	$95 after ded	50% after ded
Retail non-preferred drug[18, 21]	$150 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	0% after ded	Not covered

Silver health plans	Personal Choice PPO Silver HSA – 0[4] $2,400/70%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network**[7]
Deductible — Individual/Family	$2,400/$4,800	$11,000/$22,000
Coinsurance	30%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	30% after ded/30% after ded	50% after ded/50% after ded
Retail clinic	30% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	30% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	30% after ded/30% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	30% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room	30% after ded	30% after in-network ded
Routine radiology — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	30% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	30% after ded/30% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	30% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	30% after ded/30% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$5 after ded	50% after ded
Retail generic[18]	$25 after ded	50% after ded
Retail preferred brand[18, 21]	$95 after ded	50% after ded
Retail non-preferred drug[18, 21]	$150 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	30% after ded	Not covered

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Silver health plans	Personal Choice EPO Silver HSA – 0[4] $3,000/80%
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$3,000/$6,000
Coinsurance	20%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	20% after ded/20% after ded
Specialist visit — Office/Virtual care	20% after ded/20% after ded
Retail clinic	20% after ded
Virtual care (from designated virtual provider)†	0% after ded
Urgent care	20% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	20% after ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded/20% after ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room	20% after ded
Routine radiology — Freestanding/Hospital-based	20% after ded/20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded
Biotech/Specialty injectables — Home or office/Outpatient	20% after ded/20% after ded
Infusion — Home or office/Outpatient	20% after ded/20% after ded
Durable medical equipment and prosthetics	20% after ded
Outpatient mental health and substance abuse — Office visit/All other	20% after ded/20% after ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	20% after ded/20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/20% after ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	Integrated
Low cost generic[18]	$5 after ded
Retail generic[18]	$25 after ded
Retail preferred brand[18, 21]	$95 after ded
Retail non-preferred drug[18, 21]	$150 after ded
Self-administered specialty drug[21]	50% after ded up to $1,000 max per fill
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	Integrated
Pediatric exams and cleanings[29, 30]	0% no ded
Pediatric basic, major, and orthodontia services[29, 31]	20% after ded

Bronze health plans	Keystone HMO Bronze Essential[2] $7,500/$70/$140/$700
Benefits per contract year[1]	**You pay in-network[6]**
Deductible — Individual/Family	$7,500/$15,000
Coinsurance	50%
Out-of-pocket maximum — Individual/Family includes:	$10,150/$20,300 coinsurance, copays, and ded
Preventive services[8]	
Preventive care for adults and children	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded
Physician services	
Primary care visit — Office/Virtual care	$70 no ded/$50 no ded
Specialist visit — Office/Virtual care	$140 no ded/$95 no ded
Retail clinic	$70 no ded
Virtual care (from designated virtual provider)†	0% no ded
Urgent care	$150 after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	$140 no ded
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	$140 no ded/$140 no ded
Hospital/Other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and $700 per day[11]
Inpatient professional services (includes maternity)	50% after ded
Emergency room	$500 after ded (waived if admitted)
Routine radiology — Freestanding/Hospital-based	$150 no ded/$150 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$350 no ded/$350 no ded
Biotech/specialty injectables — Home or office/Outpatient	$100 no ded/$100 no ded
Infusion — Home or office/Outpatient	$140 after ded/$280 after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$140 no ded/$140 no ded
Inpatient mental health and substance abuse	Subject to ded and $700 per day[11]
Outpatient surgery — Ambulatory surgical facility/Hospital-based	$1,000 after ded/$1,000 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$15 no ded/$15 no ded
Prescription drugs[16, 17, 19, 20]	
Rx deductible — Individual/Family	Integrated
Low cost generic[18]	$7 no ded
Retail generic[18]	$30 after ded
Retail preferred brand[18, 21]	50% after ded up to $500 max per fill
Retail non-preferred drug[18, 21]	50% after ded up to $500 max per fill
Self-administered specialty drug[21]	50% after ded
Vision and dental[23, 28, 33]	
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded
Adult routine eye exam[25]	$0 no ded
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores
Pediatric dental deductible (per individual)[29]	$0
Pediatric exams and cleanings[29, 30]	$0
Pediatric basic, major, and orthodontia services[29, 31]	Copay varies

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Bronze health plans	Personal Choice PPO Bronze HSA – 0[4] $8,500/100%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$8,500/$17,000	$11,000/$22,000
Coinsurance	0%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$22,000/$44,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	0% after ded/0% after ded	50% after ded/50% after ded
Retail clinic	0% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	0% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	0% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	0% after ded	50% after ded
Inpatient professional services (includes maternity)	0% after ded	50% after ded
Emergency room	0% after ded	0% after in-network ded
Routine radiology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	0% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	0% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	0% after ded	50% after ded
Retail generic[18]	0% after ded	50% after ded
Retail preferred brand[18, 21]	0% after ded	50% after ded
Retail non-preferred drug[18, 21]	0% after ded	50% after ded
Self-administered specialty drug[21]	0% after ded	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	0% after ded	Not covered

Bronze health plans	Personal Choice PPO Bronze HSA – O[4] $5,600/50%	
Benefits per contract year[1]	**You pay in-network**	**You pay out-of-network[7]**
Deductible — Individual/Family	$5,600/$11,200	$10,000/$20,000
Coinsurance	50%	50%
Out-of-pocket maximum — Individual/Family includes:	$8,500/$17,000 coinsurance, copays, and ded	$20,000/$40,000 coinsurance and ded
Preventive services[8]		
Preventive care for adults and children	0% no ded	50% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0% no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750 no ded	50% no ded
Physician services		
Primary care visit — Office/Virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Specialist visit — Office/Virtual care	50% after ded/50% after ded	50% after ded/50% after ded
Retail clinic	50% after ded	50% after ded
Virtual care (from designated virtual provider)†	0% after ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year) or acupuncture§ (18 visits per year)	50% after ded[9]	50% after ded[9]
Physical or occupational therapy (30 visits per year) — Freestanding/Hospital-based	50% after ded/50% after ded[9]	50% after ded/50% after ded[9]
Hospital/Other medical services		
Inpatient hospital services (includes maternity)	50% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room	50% after ded	50% after in-network ded
Routine radiology — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	50% after ded/50% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	50% after ded	50% after ded
Outpatient surgery — Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs[16, 17, 19, 20]		
Rx deductible — Individual/Family	Integrated	Integrated
Low cost generic[18]	$7 after ded	50% after ded
Retail generic[18]	$30 after ded	50% after ded
Retail preferred brand[18, 21]	$100 after ded	50% after ded
Retail non-preferred drug[18, 21]	$175 after ded	50% after ded
Self-administered specialty drug[21]	50% after ded	Not covered
Vision and dental[23, 28, 33]		
Pediatric routine eye exam[24, 25] and eyewear (glasses or contacts)[24, 26]	$0 no ded	Not covered
Adult routine eye exam[25]	$0 no ded	Not covered
Adult eyewear (glasses or contacts)[27]	Allowance up to $130 for frames or contact lenses; up to $180 frame allowance at Visionworks stores	Not covered
Pediatric dental deductible (per individual)[29]	Integrated	Not covered
Pediatric exams and cleanings[29, 30]	0% no ded	Not covered
Pediatric basic, major, and orthodontia services[29, 31]	50% after ded	Not covered

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Independence

What's not covered

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

Benefits that require preapproval

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

Additional benefits and exclusions

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

Additional information

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

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

* IBX reserves the right to change premium rates.

Health plan footnotes

Medical

1. Certain plan benefits may be enhanced to comply with Affordable Care Act regulations. Eligible dependent children are covered to age 26.
2. Embedded deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
3. Embedded out-of-pocket maximum: Family out-of-pocket maximum applies when an individual and one or more dependents are enrolled. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual out-of-pocket maximum applies only when an individual is enrolled without dependents.
4. Aggregate deductible: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the single out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
5. To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of the available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefits booklet/certificate.
6. There are no out-of-network services available except for emergency services, and generic, preferred brand, and non-preferred prescription drugs obtained at a retail pharmacy.
7. Out-of-network providers may bill you for differences between the Plan allowance, which is the amount paid by IBX, and the actual charge of the provider. This amount may be significant. Claims payments for out-of-network providers are based on the lesser of the Medicare Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the IBX applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBX's fee schedule, the amount is based on 50 percent of the actual charge of the provider with the exception of inpatient facility services. For inpatient facility covered services not recognized or reimbursed by Medicare or IBX's fee schedule, the amount is determined by IBX's fee schedule for the closest analogous covered service. It is important to note that all percentages for out-of-network services are a percentage of the plan allowance, not the actual charge of the provider.
8. Age and frequency schedules may apply. Diagnostic colonoscopies are subject to the cost-sharing provision of the member's outpatient surgery benefit. For preventive colonoscopy for colorectal cancer screening, your cost-share may vary depending on where you receive the service.
9. For PPO plans, visit limits are combined in-and out-of-network.
10. Referral required from primary care physician.
11. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission.
12. For Keystone HMO Proactive plans, the out-of-pocket maximum for Tiers 1, 2, and 3 are combined.
13. For Keystone HMO Proactive plans, all in-network retail clinics are assigned to Tier 1, with the exception of Walgreens, which is assigned to Tier 3.
14. For Keystone HMO Proactive plans, if a member is admitted to an in-network hospital from the emergency room, the cost-sharing for inpatient hospital care will apply based on the tier level of the in-network hospital or participating professional provider. If admitted to an out-of-network hospital following an emergency room admission, the Tier 3 in-network level of benefits will apply. Non-participating providers for Emergency Services will be covered at the Tier 3 level of benefits.
15. For Keystone HMO Gold Proactive Value and Silver Proactive plans, the medical deductible is combined for Tiers 2 and 3.

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

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

Prescription drugs

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

Additional benefits: Vision and dental

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

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

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

Underwriting guidelines summary

Maximum product offerings*

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

Participation requirements*

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

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

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

IBX will count valid waivers in the eligibility calculations.

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

Employer contribution requirement*

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

Benefit plan changes

Benefit plan changes will only be allowed on anniversary.

Submission guidelines

All offerings are subject to final underwriting review and acceptance.

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

High-deductible health plan funding limitation

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

Spending account funding requirements

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

	Personal Choice PPO Platinum HSA – 50 $1,800/100%	Personal Choice PPO Gold HRA – 20 $4,200/100%
Contribution requirement	50% of deductible	20% of deductible
Plan deductible (Individual/Family)	$1,800/$3,600	$4,200/$8,400
Employer contribution amount	$900/$1,800	$840/$1,680

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

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

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

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

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

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY., an independent company. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage.

Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GCLife-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-RADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

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

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

Quartet is a separate and independent company that facilitates and coordinates timely access to behavioral health services for Independence Blue Cross members.

Shatterproof, a national non-profit dedicated to reversing the addiction crisis in the U.S., is leading the implementation of Shatterproof's Treatment Atlas tool, a quality measurement system for addiction treatment facilities. Shatterproof is an independent company that provides behavioral health services for Independence Blue Cross.

Wondr Health is an independent company.

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

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

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

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

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

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

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

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

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

Independence

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