Independence

2027 Large Group Benefits

Health plans that prioritize care, flexibility, and savings

IBX

Never stop caring

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

It starts with caring about the people who count on you — your employees. And it shows up in the ways Independence Blue Cross (IBX) supports you, our valued customers, every day.

We care about making health care more *affordable*.

By finding ways to lower costs while expanding access to quality care, your employees and their families get what they need at a price that works.

We care about delivering a better *experience*.

By building trusted relationships and making things simpler, smoother, and easier to navigate, you can get it done right the first time.

We care about driving real *results*.

By creating solutions that improve health outcomes, strengthen value, and support healthier, more productive teams, we help your business perform at its best.

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

Look for this symbol to learn more. Scan or click on the QR code to access our 2027 large group portfolio toolkit.

ADDITIONAL MATERIALS

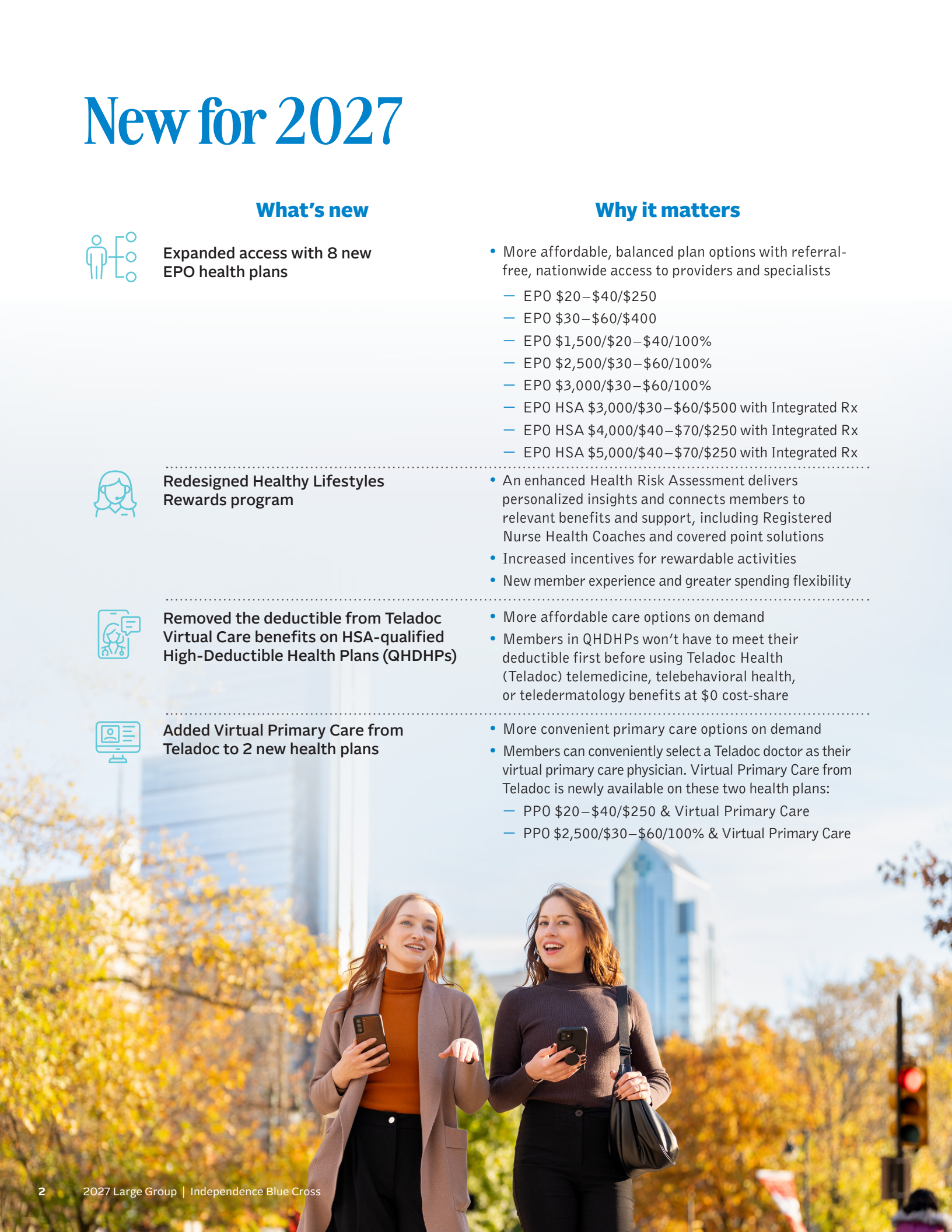
Table of contents

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

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

New for 2027

What's new	Why it matters
Expanded access with 8 new EPO health plans	• More affordable, balanced plan options with referral-free, nationwide access to providers and specialists — EPO $20–$40/$250 — EPO $30–$60/$400 — EPO $1,500/$20–$40/100% — EPO $2,500/$30–$60/100% — EPO $3,000/$30–$60/100% — EPO HSA $3,000/$30–$60/$500 with Integrated Rx — EPO HSA $4,000/$40–$70/$250 with Integrated Rx — EPO HSA $5,000/$40–$70/$250 with Integrated Rx
Redesigned Healthy Lifestyles Rewards program	• An enhanced Health Risk Assessment delivers personalized insights and connects members to relevant benefits and support, including Registered Nurse Health Coaches and covered point solutions • Increased incentives for rewardable activities • New member experience and greater spending flexibility
Removed the deductible from Teladoc Virtual Care benefits on HSA-qualified High-Deductible Health Plans (QHDHPs)	• More affordable care options on demand • Members in QHDHPs won't have to meet their deductible first before using Teladoc Health (Teladoc) telemedicine, telebehavioral health, or teledermatology benefits at $0 cost-share
Added Virtual Primary Care from Teladoc to 2 new health plans	• More convenient primary care options on demand • Members can conveniently select a Teladoc doctor as their virtual primary care physician. Virtual Primary Care from Teladoc is newly available on these two health plans: — PPO $20–$40/$250 & Virtual Primary Care — PPO $2,500/$30–$60/100% & Virtual Primary Care



Smarter health plan designs

Everyone should have access to high-quality health care at a price they can afford. IBX has a wide variety of health plans to fit your needs and budget.

What are you trying to achieve when choosing your benefits?

Predictable costs

Copay plans give you predictable out-of-pocket costs and flexible options to fit your benefits strategy.

Lower premiums for the budget conscious

Deductible and coinsurance plans can help lower monthly premiums with plan designs that support a range of budgets.

Member-driven savings

HSA-qualified plans help lower premium costs and give employers and employees tax advantages.

The money in HSAs can be used towards customizable investment portfolios, or gain value in high-yield or traditional interest options.

More access to primary care options

Plans with Virtual Primary Care from Teladoc provide quick, convenient access to primary care and support earlier interventions, care planning, and a better member experience.

Primary care helps reduce ER visits and non-emergency hospital use.

Built-in ways to lower the total cost of care

EPO and **Choice Advantage** plans help control total cost of care through competitive pricing, focused networks, and savings for using lower-cost settings.

View our full product portfolio on page 19.

IBX is the #1 preferred health insurance company in the region.*

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

Accessing the right care at the right place and price

Caring means being there—wherever members need us. With the region's largest network and tools to guide them, IBX makes it easy to find the right care, anytime, anywhere.

Helping members find the right care, at the right price, every time

- 60,000+ in-network, in-person and virtual providers across the region
- Powerful **Find a Doctor** tool with filters for location, specialty, and virtual care, and clear provider profiles that show services offered and ratings
- Plan-specific **Care Cost Estimator** tool estimates out-of-pocket expenses from routine visits to complex procedures, helping members save
- A dedicated behavioral health care navigation team for personalized guidance and first-time appointment scheduling
- **Site of Service** benefits save members money on out-of-pocket costs for services like infusions, colonoscopies, outpatient surgery, and physical and occupational therapy

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

Virtual care that meets members where they are

- $0 24/7 virtual care for common and less-urgent needs, such as colds, flu, and pink eye, f or telemedicine, behavioral health, and dermatology services through Teladoc
- Many virtual services from PCPs and specialists available at a reduced cost-share*

Advancing quality care through strong provider partnerships

- Blue Distinction® Centers for specialty care are recognized for delivering quality care and better patient outcomes, giving members access to trusted providers
- Value Based Care and Joint Value Committee partnerships with local providers, large specialty groups, and health systems focus on better quality and outcomes, and help manage costs

Nationwide availability

- In-network access across the country through BlueCard® PPO
- Emergency and urgent care coverage worldwide

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

GETTING HEALTH CARE COVERAGE RIGHT

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

VIDEO AVAILABLE

Members can save money and feel more secure financially

AblePay

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

Spending accounts

HSAs, FSAs, and HRAs offer both you and your employees tax-advantaged options that help reduce overall costs and support a range of health care and dependent care needs. And, on select account types, investment options are available for the market-savvy employee.

The College Tuition Benefit® (CTB)

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

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

More value for your employees and your bottom line

IBX coverage goes beyond traditional health plans, offering value-added programs and resources that reduce costs, fill coverage gaps, and give you the flexibility to build a more competitive benefits package. You may also qualify for a medical rate discount when you bundle specialty insurance products.

IBX Dental

- Flexible PPO, EPO, and Managed Care dental plans that help support preventive care and control costs.
- Access to robust local and national provider networks that help employees get the care they need.
- Value-added features that encourage early treatment and enhance the member experience.

View our complete IBX Dental brochure for plan details.

IBX Vision

- Flexible, affordable vision coverage that goes beyond routine eye care.
- Large national network with more than 222,000 access points, plus convenient in-network retail and online shopping options.
- Value-added features and discounted services that support preventive care and enhance the member experience.

Learn more on page 45.

Popular in-network providers include Visionworks, Target Optical, Pearle Vision, Warby Parker,[3] and LensCrafters.

Supplemental insurance

Enhance your existing medical coverage and provide financial support for your employees in case of unexpected illness or injury with **life, disability, accident, critical illness, cancer, and hospital indemnity supplemental insurance coverage options** from our preferred partners. Plus, choosing multiple products may unlock preferred pricing and discounts.[1]

Blue Cross Global Solutions

Blue Cross Global Solutions offers one of the largest care networks in the world, with more than 1.7 million providers. Our flexible group solutions support both short-term travel and long-term expatriate needs, with digital tools, 24/7 service, and global telemedicine access to simplify the international health care experience.

Stop loss[2]

- Stop loss insurance from Sun Life Assurance Company of Canada (Sun Life) helps protect your self-funded business from large or catastrophic claims, reducing financial risk.
- Flexible contract options support a self-funded strategy and can be tailored to your organization's needs.
- Transparent administration, faster claims processing, and competitive pricing help control costs and simplify plan management.

1 Customizable for 100+ customers only. Supplemental products available to 51+ customers.

2 Self-funded customers only

3 Warby Parker is an in-network provider if your plan has a frame allowance of at least $85. Check your policy for frame benefit details and eligibility.

Group Supplemental Medical Expense (GAP) Insurance

- GAP insurance from Chubb is designed to complement HDHPs and help offset out-of-pocket costs such as deductibles, copays, and coinsurance.
- Helps fill coverage gaps and reduce the financial burden of unexpected health care expenses.
- Flexible coverage options support a more affordable, comprehensive benefits package.

Employee Assistance Program (EAP)

- Uprise Health's Employee Assistance Program (EAP) provides 24/7 confidential support through a digital platform with coaching, short-term counseling, and work-life resources.
- Live support is available for legal and financial needs, childcare and eldercare resources, and education planning.
- Workplace training, referral management, and incident support help employees and organizations navigate challenges with confidence.

Save when you bundle! Contact your IBX account representative about our bundling discount opportunities.

ADDITIONAL MATERIALS

Scan to access our IBX Dental portfolio.

Earlier behavioral health intervention: Getting members care sooner

We help employees take better care of themselves, in less time and with the right support.

Faster access to behavioral health care

IBX makes it easier for members to connect to the right support quickly, which can improve outcomes and reduce the need for higher-cost care.

Care without the wait

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

- 21,000+ appointments per month available for IBX members
- In-person and virtual appointments available
- For general mental health, substance use disorders, OCD, eating disorders, and more
- Care available for all ages: Children, adolescents, and adults
- 40%+ Consistent improvements in depression/anxiety symptoms

Guidance to the right level of care

Our **Care Navigation** team helps members navigate behavioral health needs from early support to more complex care.

- Personalized guidance to the right behavioral health care
- Help scheduling a member's first appointment
- In-the-moment support for tough times or crisis

Supporting self-guided emotional and mental well-being

Members can access **Self Care from Spring Health**, a self-guided digital program designed to help them build healthy mental health habits, bring immediate relief from pressing concerns, and develop long-term skills for mental wellness.

Behavioral health employee communications toolkit

This ready-to-use, multi-touch toolkit can help you promote dialogue about behavioral health challenges affecting your workforce. These communications guide employees to the support and care they need that's covered by their IBX health plan.

ADDITIONAL MATERIALS

Scan the QR code to access the behavioral health employee communications toolkit.

The most trusted company with access to the care members want.

NEW Autism support our members can count on

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

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

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

Helping manage chronic and complex conditions

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

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

Proactive care monitoring

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

Provider collaboration

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

Employee empowerment

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

Baby BluePrints®

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

TruHearing®

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

VIDEO AVAILABLE

Learn how IBX Registered Nurse Health Coaches give members real support.

Providing extra support to members with cancer diagnoses

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

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

AI in action

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

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

Health and well-being

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

NEW Healthy Lifestyles Rewards program

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

1. An enhanced Health Risk Assessment provides:
   - A meaningful member experience with more actionable next steps
   - Creates pathways for members to engage in point solutions available through member benefits
   - Offers additional support when needed with our Registered Nurse Health Coaches
2. Members and their families can get rewarded with a reloadable Visa® card when they complete these health- and lifestyle-improving programs. Members keep the Visa card and money is loaded directly onto the card after they submit their documentation.
   - Fitness program – $300
   - Weight management program – $300
   - Smoking cessation program – $150
3. On the new Rewards platform, members now have more spending flexibility and choices with access to over 77,000 participating retailers, from shopping, food, travel, entertainment, and more.

Everyday value and engagement

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

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

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

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

Wellness credits

Employers with 51 – 99 employees are eligible for 5,000 wellness credits annually. These can be used on pre-selected vendors that provide services for onsite biometric screenings, chair massages, fitness challenges, nutrition counseling, stress management workshops, and much more.

Well-being@Work

Build a customized worksite well-being program, virtual or in person, to promote more engaged, productive, empowered, and healthier employees.

Visit **wellbeing.ibx.com**.

Integrated pharmacy benefits lead to better outcomes

Combining medical and prescription drug benefits creates a more connected experience, improving care coordination, enhancing insights, and lowering the total cost of care.

Pharmacy programs make a difference for members

Smart, data-driven drug strategies lower costs for employers and increase savings for members. Our plans cover biosimilars, specialty drugs, and include targeted programs, delivering lower total costs without compromising quality.

Choosing IBX for pharmacy benefits offers you real PMPM savings[1]

- **$40** savings for members with chronic conditions[2]
- **$32** medical cost savings
- **$14** savings on inpatient costs
- **$5** in additional medical cost savings for members with a population health solution
- **$2** lower ER costs

1 Internal data

2 Chronic conditions include chronic kidney disease (CKD), congestive heart failure (CHF), hypertension, diabetes, coronary artery disease (CAD), depression, anxiety, chronic obstructive pulmonary disease (COPD), and asthma.

Helping members save on their medications

Enhanced Copay Card and HelpScript copay assistance programs

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

90-day retail program

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

Sempre Health

IBX works with **Sempre Health** to help improve medication adherence and lower costs by offering eligible members reduced out-of-pocket expenses at the pharmacy and timely refill reminders for their prescriptions.

Price Edge Program

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

ADDITIONAL MATERIALS

Learn more about these cost-saving pharmacy solutions.

Helping members receive more convenient care

Most Cost-Effective Setting (MCES) expansion

Our **MCES program** helps ensure that certain medical specialty medications are administered in safe, clinically appropriate settings such as the home or doctor's office, rather than in higher-cost settings like hospitals. Starting in 2026, the program expanded to include members taking immunotherapies for cancer, when medically safe and appropriate.

NEW Free Market Health

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

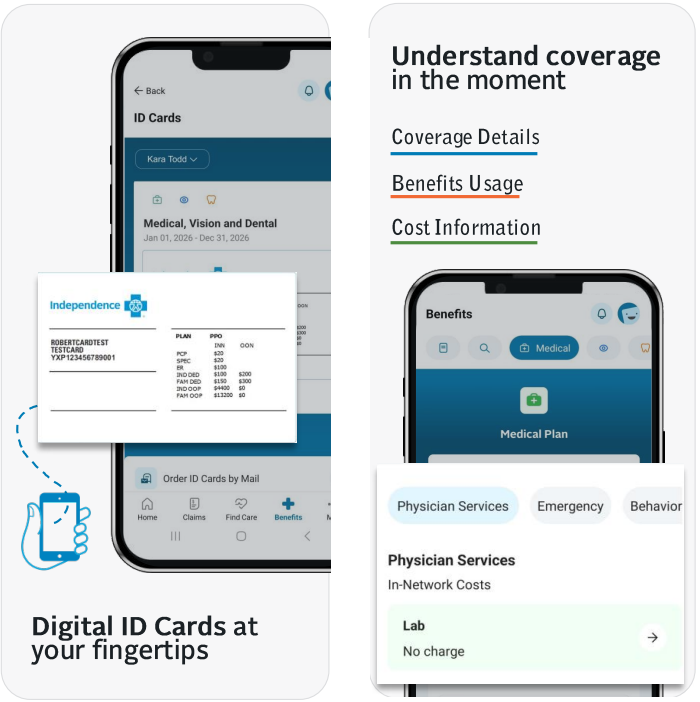
A better experience for everyone

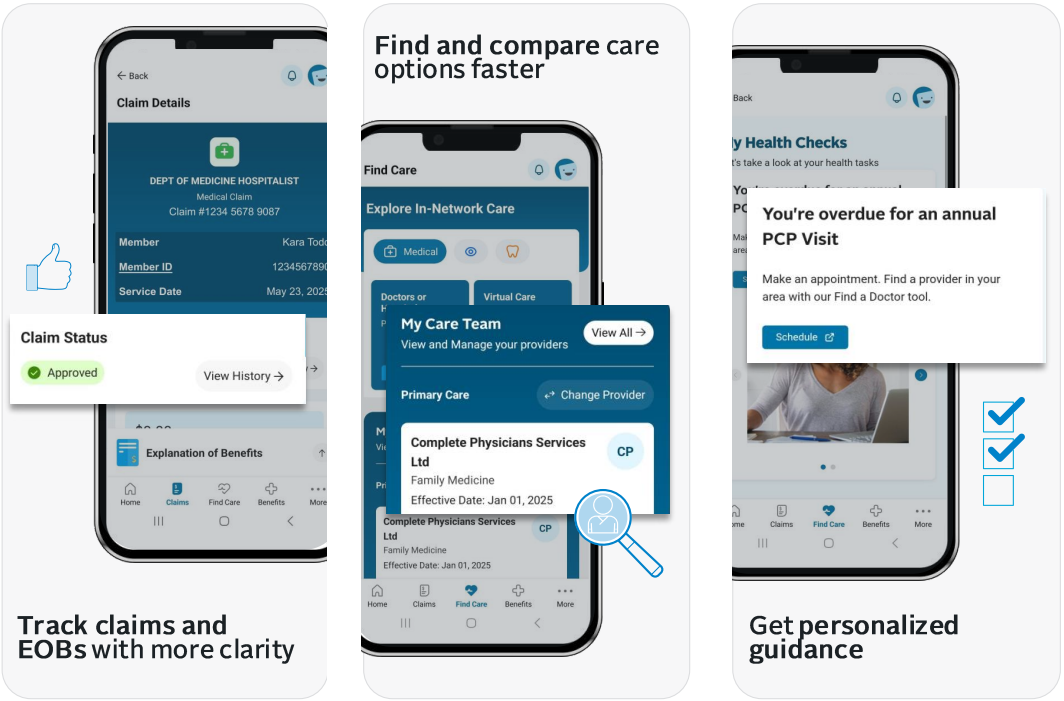
Employees can feel more confident using their benefits with tools, support, and solutions designed to make the experience simple, clear, and more connected.

Member digital experience

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

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





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

Key features of the IBX mobile app include:

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

Employer experience

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

Designed to make your job easier

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

Digital engagement drives healthier actions

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

Identify

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

Clinical messages

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

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

Transactional triggers

Important updates about coverage, benefits, and account activity.

"Your member ID card is on the way"

Core onboarding messages

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

"Get to know the basics of your health plan"

Well-being reminders

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

"You have unlimited access to mental health resources"

Notify

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

> Independence Blue Cross: You have a private message waiting. ibxwire.com/a/1b2345c6d Text HELP or STOP.

58% of our subscribers are digitally engaged

65% of digitally engaged members have chronic conditions

60% of households have at least one member opted in

Engage

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

51+ health plans

Independence

IBX

Never stop caring

IBX offers a streamlined 51+ portfolio that contains health plans for customers with 51+ and 100+ employees.

- **Copay health plans**
- **Deductible/Copay health plans**
- **Deductible/Coinsurance health plans**
- **HSA-qualified health plans**
- **Virtual Primary Care health plans**
- **Choice Advantage health plans**

NEW **Our 8 new EPO health plans provide access and savings:**

- EPO $20 – $40/$250
- EPO $30 – $60/$400
- EPO $1,500/$20 – $40/100%
- EPO $2,500/$30 – $60/100%
- EPO $3,000/$30 – $60/100%
- EPO HSA $3,000/$30 – $60/$500 with Integrated Rx
- EPO HSA $4,000/$40 – $70/$250 with Integrated Rx
- EPO HSA $5,000/$40 – $70/$250 with Integrated Rx

NEW **Our 2 new PPO health plans with Teladoc Virtual Primary Care give members on-demand primary care options:**

- PPO $20 – $40/$250 & Virtual Primary Care
- PPO $2,500/$30 – $60/100% & Virtual Primary Care

Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS $50/$80/$500+$250[1]	Personal Choice PPO Keystone DPOS Keystone POS $40/$70/$500[1]	Personal Choice PPO Personal Choice EPO Keystone DPOS/Keystone POS $30/$60/$400[1]
Plan meets minimum value (MV) requirements	Yes	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$0	$0	$0
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800	$7,900/$15,800
Preventive services[4]			
Preventive care for adults and children	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750	$0/$750	$0/$750
Physician services			
Primary care visit — Office & Retail Clinic/Virtual care	$50/$35	$40/$30	$30/$20
Specialist visit — Office/Virtual care	$80/$55	$70/$50	$60/$40
Eye exam	DPOS/POS — $40[5] PPO — Not covered	DPOS/POS — $40[5] PPO — Not covered	DPOS/POS — $40[5] PPO/EPO — Not covered
Virtual care[23]	$0	$0	$0
Urgent care	$100	$100	$100
Spinal manipulations (20 visits per year)	$80[6,7]	$70[6,7]	$60[6,7]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80[6,7]	$70[6,7]	$60[6,7]
Hospital and other medical services			
Inpatient hospital services[8]/Professional services (includes maternity)	$500 per day for days 1 – 5, $250 per day for days 6 – 10[9]/$0	$500 per day[10]/$0	$400 per day[10]/$0
Emergency room (not waived if admitted)[11]	$300	$300	$300
Observation room (waived if admitted)	$300	$300	$300
Ambulance	$80	$70	$60
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$80[7]	$70[7]	$60[7]
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300	$300	$200
Biotech and specialty injectables — Home or office/Outpatient	$150/$300	$150/$300	$150/$300
Infusion — Home or office/Outpatient	$50/$100	$40/$80	$30/$60
Durable medical equipment and prosthetics	50%	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$80/$500 per day for days 1 – 5, $250 per day for days 6 – 10[9]	$70/$500 per day[10]	$60/$400 per day[10]
Outpatient surgery — Ambulatory surgical center/Hospital-based	$500	$500	$400
Outpatient lab and pathology — Freestanding/Hospital-based	$0 (POS/DPOS) $0/$160 (PPO)	$0 (POS/DPOS) $0/$140 (PPO)	$0 (POS/DPOS) $0/$120 (PPO/EPO)
Prescription drugs			
Low-cost generic drugs Generic drugs Preferred brand drugs Non-preferred drugs Self-administered specialty drugs	See prescription drug plans on pages 41.	See prescription drug plans on pages 41.	See prescription drug plans on pages 41.
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**	**You pay out-of-network**
Deductible	$2,500/$5,000 (PPO/DPOS) $5,000/$10,000 (POS)	$2,500/$5,000 (PPO/DPOS) $5,000/$10,000 (POS)	$2,500/$5,000 (PPO/DPOS) $5,000/$10,000 (POS) Not Covered (EPO)
Coinsurance	50% after ded	50% after ded	50% after ded (PPO/DPOS/POS) Not Covered (EPO)
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS)	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS)	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS) Not Covered (EPO)

Footnotes begin on page 48 | ded = Deductible

Copay Health Plans	Personal Choice PPO/Personal Choice EPO Keystone DPOS/Keystone POS $20/$40/$250[1]	Personal Choice PPO $15/$35/$150[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$0	$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750	$0/$750
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$20/$15	$15/$10
Specialist visit — Office/Virtual care	$40/$30	$35/$25
Eye exam	DPOS/POS — $35[5] PPO/EPO — Not covered	Not covered
Virtual care[23]	$0	$0
Urgent care	$85	$70
Spinal manipulations (20 visits per year)	$40[6,7]	$35[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40[6,7]	$35[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	$250 per day[10]/$0	$150 per day[10]/$0
Emergency room (not waived if admitted)[11]	$250	$200
Observation room (waived if admitted)	$250	$200
Ambulance	$40	$35
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$40[7]	$35
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$80	$70
Biotech and specialty injectables — Home or office/Outpatient	$100/$200	$100/$200
Infusion — Home or office/Outpatient	$20/$40	$15/$30
Durable medical equipment and prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$40/$250 per day[10]	$35/$150 per day[10]
Outpatient surgery — Ambulatory surgical center/Hospital-based	$250	$150
Outpatient lab and pathology — Freestanding/Hospital-based	$0 (POS/DPOS) $0/$80 (PPO/EPO)	$0/$70
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$2,500/$5,000 (PPO/DPOS) $5,000/$10,000 (POS) Not Covered (EPO)	$2,500/$5,000
Coinsurance	50% after ded (PPO/DPOS/POS) Not Covered (EPO)	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS) Not Covered (EPO)	$10,000/$20,000

Footnotes begin on page 48 | ded = Deductible

Deductible/Copay Health Plans	Keystone POS $3,500/$20/$40/70%[1]	Personal Choice PPO/Keystone DPOS Keystone POS $2,000/$30/$60/80%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$3,500/$7,000	$2,000/$4,000
Coinsurance	30%	20%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$20, no ded/$15, no ded	$30, no ded/$20, no ded
Specialist visit — Office/Virtual care	$40, no ded/$30, no ded	$60, no ded/$40, no ded
Eye exam	$35, no ded[5]	DPOS/POS — $40, no ded[5] PPO — Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$85, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$40, no ded[7]	$60, no ded[6,7]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded[7]	$60, no ded[6,7]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	30% after ded/30% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted)[11]	$250 after ded	$300 after ded
Observation room (waived if admitted)	30% after ded	20% after ded
Ambulance	$250, no ded	$200, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$40, no ded[7]	$60, no ded[7]
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$80, no ded	$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	$100, no ded/$200, no ded	$150, no ded/$300, no ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	20% after ded/40% after ded
Durable medical equipment and prosthetics	30% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$40, no ded/30% after ded	$60, no ded/20% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$250 after ded	$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$40, no ded	$60, no ded (POS/DPOS) $60, no ded/$120, no ded (PPO)
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$5,000/$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$30,000/$60,000	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS)

Footnotes begin on page 48 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS $3,000/$30/$60/90%[1]	Personal Choice PPO Keystone DPOS Keystone POS $4,000/$30/$60/90%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$3,000/$6,000	$4,000/$8,000
Coinsurance	10%	10%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$30, no ded/$20, no ded	$30, no ded/$20, no ded
Specialist visit — Office/Virtual care	$60, no ded/$40, no ded	$60, no ded/$40, no ded
Eye exam	DPOS/POS — $40, no ded[5] PPO — Not covered	DPOS/POS — $40, no ded[5] PPO — Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$60, no ded[6,7]	$60, no ded[6,7]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60, no ded[6,7]	$60, no ded[6,7]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	10% after ded/10% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$300 after ded
Observation room (waived if admitted)	10% after ded	10% after ded
Ambulance	$150, no ded	$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$60, no ded[7]	$60, no ded[7]
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200, no ded	$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	$150, no ded/$300, no ded	$150, no ded/$300, no ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$60, no ded/10% after ded	$60, no ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$300 after ded	$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$60, no ded (POS/DPOS) $60, no ded/$120, no ded (PPO)	$60, no ded (POS/DPOS) $60, no ded/$120, no ded (PPO)
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$6,000/$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS)	$12,000/$24,000 (PPO/DPOS) $30,000/$60,000 (POS)

Footnotes begin on page 48 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS $5,000/$30/$60/90%[1]	Personal Choice PPO $500/$20/$40/100%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$5,000/$10,000	$500/$1,000
Coinsurance	10%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$30, no ded/$20, no ded	$20, no ded/$15, no ded
Specialist visit — Office/Virtual care	$60, no ded/$40, no ded	$40, no ded/$30, no ded
Eye exam	DPOS/POS — $40, no ded[5] PPO — Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100, no ded	$85, no ded
Spinal manipulations (20 visits per year)	$60, no ded[6,7]	$40, no ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60, no ded[6,7]	$40, no ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	10% after ded/10% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$250 after ded
Observation room (waived if admitted)	10% after ded	$250 after ded
Ambulance	$150, no ded	$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$60, no ded[7]	$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200, no ded	$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	$150, no ded/$300, no ded	$100, no ded/$200, no ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	10% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$60, no ded/10% after ded	$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$300 after ded	$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$60, no ded (POS/DPOS) $60, no ded/$120, no ded (PPO)	$40, no ded/$80, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$7,500/$15,000	$5,000/$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$15,000/$30,000 (PPO/DPOS) $30,000/$60,000 (POS)	$10,000/$20,000

Footnotes begin on page 48 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO $1,000/$20/$40/100%[1]	Personal Choice PPO Personal Choice EPO $1,500/$20/$40/100%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$1,000/$2,000	$1,500/$3,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$20, no ded/$15, no ded	$20, no ded/$15, no ded
Specialist visit — Office/Virtual care	$40, no ded/$30, no ded	$40, no ded/$30, no ded
Eye exam	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$85, no ded	$85, no ded
Spinal manipulations (20 visits per year)	$40, no ded[6]	$40, no ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded[6]	$40, no ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	$250 after ded	$250 after ded
Observation room (waived if admitted)	$250 after ded	$250 after ded
Ambulance	$100, no ded	$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$40, no ded	$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$80, no ded	$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	$100, no ded/$200, no ded	$100, no ded/$200, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$40, no ded/0% after ded	$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$250 after ded	$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$40, no ded/$80, no ded	$40, no ded/$80, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$5,000/$10,000 (PPO) Not Covered (EPO)
Coinsurance	50% after ded	50% after ded (PPO) Not Covered (EPO)
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$10,000/$20,000 (PPO) Not Covered (EPO)

Footnotes begin on page 48 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Personal Choice EPO Keystone DPOS/Keystone POS $2,500/$30/$60/100%[1]	Personal Choice PPO Personal Choice EPO Keystone DPOS/Keystone POS $3,000/$30/$60/100%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$2,500/$5,000	$3,000/$6,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$30, no ded/$20, no ded	$30, no ded/$20, no ded
Specialist visit — Office/Virtual care	$60, no ded/$40, no ded	$60, no ded/$40, no ded
Eye exam	DPOS/POS — $40, no ded[5] PPO/EPO — Not covered	DPOS/POS — $40, no ded[5] PPO/EPO — Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$60, no ded[6,7]	$60, no ded[6,7]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60, no ded[6,7]	$60, no ded[6,7]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$300 after ded
Observation room (waived if admitted)	$300 after ded	$300 after ded
Ambulance	$100, no ded	$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$60, no ded[7]	$60, no ded[7]
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200, no ded	$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	$150, no ded/$300, no ded	$150, no ded/$300, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$60, no ded/0% after ded	$60, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$300 after ded	$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$60, no ded (POS/DPOS) $60, no ded/$120, no ded (PPO/EPO)	$60, no ded (POS/DPOS) $60, no ded/$120, no ded (PPO/EPO)
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000 (PPO/DPOS/POS) Not Covered (EPO)	$5,000/$10,000 (PPO/DPOS/POS) Not Covered (EPO)
Coinsurance	50% after ded (PPO/DPOS/POS) Not Covered (EPO)	50% after ded (PPO/DPOS/POS) Not Covered (EPO)
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS) Not Covered (EPO)	$10,000/$20,000 (PPO/DPOS) $30,000/$60,000 (POS) Not Covered (EPO)

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Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS $5,000/$40/$70/100%[1]	Personal Choice PPO $6,000/$20/$40/100%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$5,000/$10,000	$6,000/$12,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$40, no ded/$30, no ded	$20, no ded/$15, no ded
Specialist visit — Office/Virtual care	$70, no ded/$50, no ded	$40, no ded/$30, no ded
Eye exam	DPOS/POS — $40, no ded[5] PPO — Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100, no ded	$85, no ded
Spinal manipulations (20 visits per year)	$70, no ded[6,7]	$40, no ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$70, no ded[6,7]	$40, no ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$250 after ded
Observation room (waived if admitted)	$300 after ded	$250 after ded
Ambulance	$150, no ded	$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$70, no ded[7]	$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded	$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	$150, no ded/$300, no ded	$100, no ded/$200, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$70, no ded/0% after ded	$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$300 after ded	$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$70, no ded (POS/DPOS) $70, no ded/$140, no ded (PPO)	$40, no ded/$80, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$7,500/$15,000	$9,000/$18,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$15,000/$30,000 (PPO/DPOS) $30,000/$60,000 (POS)	$18,000/$36,000

Footnotes begin on page 48 | ded = Deductible

Deductible/Coinsurance Health Plan	Personal Choice PPO $4,000/90% with Integrated Rx[1]
Plan meets minimum value (MV) requirements	Yes
Benefits per contract year	**You pay in-network**
Deductible — Individual/Family	$4,000/$8,000
Coinsurance	10%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800
Preventive services[4]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based[22]	$0, no ded/$750, no ded
Physician services	
Primary care visit — Office & Retail Clinic/Virtual care	10% after ded
Specialist visit — Office/Virtual care	10% after ded
Eye exam	Not covered
Virtual care[23]	0%, no ded
Urgent care	10% after ded
Spinal manipulations (20 visits per year)	10% after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded[6]
Hospital and other medical services	
Inpatient hospital services[8]/Professional services (includes maternity)	10% after ded/10% after ded
Emergency room (not waived if admitted)[11]	10% after ded
Observation room (waived if admitted)	10% after ded
Ambulance	10% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	10% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded
Biotech and specialty injectables — Home or office/Outpatient	10% after ded/30% after ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	10% after ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	10% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/20% after ded
Prescription drugs[12,14]	
Low-cost generic drugs[13,15,16]	$3 after ded
Generic drugs[13,16]	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**
Deductible	$6,000/$12,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$12,000/$24,000

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Deductible/Copay Health Plans	Personal Choice PPO $20/$40/$250 & VPCP[1]	Personal Choice PPO $2,500/$30/$60/100% & VPCP[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$0	$2,500/$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	$0	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$20/$15	$30, no ded/$20, no ded
Specialist visit — Office/Virtual care	$40/$30	$60, no ded/$40, no ded
Eye exam	Not covered	Not covered
Virtual care[23,24]	$0	$0, no ded
Urgent care	$85	$100, no ded
Spinal manipulations (20 visits per year)	$40[6]	$60, no ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40[6]	$60, no ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	$250 per day[10]/$0	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	$250	$300 after ded
Observation room (waived if admitted)	$250	$300 after ded
Ambulance	$40	$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$40	$60, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$80	$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	$100/$200	$150, no ded/$300, no ded
Infusion — Home or office/Outpatient	$20/$40	0% after ded/20% after ded
Durable medical equipment and prosthetics	50%	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$40/$250 per day[10]	$60, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$250	$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$0/$80	$60, no ded/$120, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$2,500/$5,000	$5,000/$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$10,000/$20,000

Footnotes begin on page 48 | ded = Deductible

HSA-qualified Health Plan	Personal Choice PPO $3,000/$30/$60/$500 & VPCP[2]
Plan meets minimum value (MV) requirements	Yes
Benefits per contract year	**You pay in-network**
Deductible — Individual/Family	$3,000/$6,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500
Preventive services[4]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded
Physician services	
Primary care visit — Office & Retail Clinic/Virtual care	$30 after ded/$20 after ded
Specialist visit — Office/Virtual care	$60 after ded/$40 after ded
Eye exam	Not covered
Virtual care[23,24]	$0, no ded
Urgent care	$100 after ded
Spinal manipulations (20 visits per year)	$60 after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60 after ded[6]
Hospital and other medical services	
Inpatient hospital services[8]/Professional services (includes maternity)	Subject to ded and $500/day[10]/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded
Observation room (waived if admitted)	$300 after ded
Ambulance	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$60 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200 after ded
Biotech and specialty injectables — Home or office/Outpatient	$150 after ded/$300 after ded
Infusion — Home or office/Outpatient	0% after ded/$60 after ded
Durable medical equipment and prosthetics	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$60 after ded/Subject to ded and $500/day[10]
Outpatient surgery — Ambulatory surgical center/Hospital-based	$500 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$60 after ded/$120 after ded
Prescription drugs[12,14,26]	
Low-cost generic drugs[13,15,16]	$3 after ded
Generic drugs[13,16]	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded
Self-administered specialty drugs[17,28]	50% up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**
Deductible	$5,000/$10,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000

Footnotes begin on page 48 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO $2,000/80%[2]	Personal Choice PPO $3,000/80%[2]	Personal Choice PPO $5,000/80%[2]
Plan meets minimum value (MV) requirements	Yes	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$2,000/$4,000	$3,000/$6,000	$5,000/$10,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500	$6,750/$13,500	$6,750/$13,500
Preventive services[4]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded	$0/$750, no ded
Physician services			
Primary care visit — Office & Retail Clinic/Virtual care	20% after ded	20% after ded	20% after ded
Specialist visit — Office/Virtual care	20% after ded	20% after ded	20% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded	$0, no ded
Urgent care	20% after ded	20% after ded	20% after ded
Spinal manipulations (20 visits per year)	20% after ded[6]	20% after ded[6]	20% after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded[6]	20% after ded[6]	20% after ded[6]
Hospital and other medical services			
Inpatient hospital services[8]/Professional services (includes maternity)	20% after ded/20% after ded	20% after ded/20% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted)[11]	20% after ded	20% after ded	20% after ded
Observation room (waived if admitted)	20% after ded	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded	20% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	20% after ded	20% after ded	20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded	20% after ded	20% after ded
Biotech and specialty injectables — Home or office/Outpatient	20% after ded/40% after ded	20% after ded/40% after ded	20% after ded/40% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	20% after ded/40% after ded	20% after ded/40% after ded
Durable medical equipment and prosthetics	20% after ded	20% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	20% after ded/20% after ded	20% after ded/20% after ded	20% after ded/20% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	20% after ded	20% after ded	20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/30% after ded	20% after ded/30% after ded	20% after ded/30% after ded
Prescription drugs[12,14,26]			
Low-cost generic drugs[13,15,16]	$3 after ded	$3 after ded	$3 after ded
Generic drugs[13,16]	$20 after ded	$20 after ded	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded	$40 after ded	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded	$70 after ded	$70 after ded
Self-administered specialty drugs[17,28]	50% up to $500 after ded	50% up to $500 after ded	50% up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$5,000/$10,000	$7,500/$15,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$10,000/$20,000	$15,000/$30,000

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HSA-qualified Health Plans	Personal Choice PPO $2,500/90%[2]	Personal Choice PPO $5,000/70%[2]	Personal Choice PPO $3,000/90%[2]	Personal Choice PPO $4,000/90%[2]
Plan meets minimum value (MV) requirements	Yes	Yes	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$2,500/$5,000	$5,000/$10,000	$3,000/$6,000	$4,000/$8,000
Coinsurance	10%	30%	10%	10%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500	$6,750/$13,500	$6,750/$13,500	$6,750/$13,500
Preventive services[4]				
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded	$0/$750, no ded	$0/$750, no ded
Physician services				
Primary care visit — Office & Retail Clinic/Virtual care	10% after ded	30% after ded	10% after ded	10% after ded
Specialist visit — Office/Virtual care	10% after ded	30% after ded	10% after ded	10% after ded
Eye exam	Not covered	Not covered	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded	$0, no ded	$0, no ded
Urgent care	10% after ded	30% after ded	10% after ded	10% after ded
Spinal manipulations (20 visits per year)	10% after ded[6]	30% after ded[6]	10% after ded[6]	10% after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded[6]	30% after ded[6]	10% after ded[6]	10% after ded[6]
Hospital and other medical services				
Inpatient hospital services[8]/Professional services (includes maternity)	10% after ded/ 10% after ded	30% after ded/ 30% after ded	10% after ded/ 10% after ded	10% after ded/ 10% after ded
Emergency room (not waived if admitted)[11]	10% after ded	30% after ded	10% after ded	10% after ded
Observation room (waived if admitted)	10% after ded	30% after ded	10% after ded	10% after ded
Ambulance	10% after ded	30% after ded	10% after ded	10% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	10% after ded	30% after ded	10% after ded	10% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded	30% after ded	10% after ded	10% after ded
Biotech and specialty injectables — Home or office/Outpatient	10% after ded/ 30% after ded	30% after ded/ 50% after ded	10% after ded/ 30% after ded	10% after ded/ 30% after ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	30% after ded/50% after ded	10% after ded/30% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded	30% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	10% after ded/ 10% after ded	30% after ded/ 30% after ded	10% after ded/ 10% after ded	10% after ded/ 10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	10% after ded	30% after ded	10% after ded	10% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/ 20% after ded	20% after ded/ 30% after ded	10% after ded/ 20% after ded	10% after ded/ 20% after ded
Prescription drugs[12,14,26]				
Low-cost generic drugs[13,15,16]	$3 after ded	$3 after ded	$3 after ded	$3 after ded
Generic drugs[13,16]	$20 after ded	$20 after ded	$20 after ded	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded	$40 after ded	$40 after ded	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded	$70 after ded	$70 after ded	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded	50%, up to $500 after ded	50%, up to $500 after ded	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$7,500/$15,000	$5,000/$10,000	$6,000/$12,000
Coinsurance	50% after ded	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$15,000/$30,000	$10,000/$20,000	$12,000/$24,000

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HSA-qualified Health Plans	Personal Choice PPO $2,000/100%[2]	Personal Choice PPO $2,500/100%[2]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$2,000/$4,000	$2,500/$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500	$6,750/$13,500
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	0% after ded	0% after ded
Specialist visit — Office/Virtual care	0% after ded	0% after ded
Eye exam	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	0% after ded	0% after ded
Spinal manipulations (20 visits per year)	0% after ded[6]	0% after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded[6]	0% after ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	0% after ded	0% after ded
Observation room (waived if admitted)	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	0% after ded	0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded	0% after ded
Biotech and specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	0% after ded/0% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	0% after ded/0% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	0% after ded/0% after ded	0% after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	0% after ded	0% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	0% after ded/0% after ded
Prescription drugs[12,14,26]		
Low-cost generic drugs[13,15,16]	$3 after ded	$3 after ded
Generic drugs[13,16]	$20 after ded	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$5,000/$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$10,000/$20,000

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HSA-qualified Health Plans	Personal Choice PPO $3,000/100%[2]	Personal Choice PPO $5,000/100%[2]	Personal Choice PPO $6,350/100%[2,25]
Plan meets minimum value (MV) requirements	Yes	Yes	No
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$3,000/$6,000	$5,000/$10,000	$6,350/$12,700
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500	$6,750/$13,500	$6,750/$13,500
Preventive services[4]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded	$0/$750, no ded
Physician services			
Primary care visit — Office & Retail Clinic/Virtual care	0% after ded	0% after ded	0% after ded
Specialist visit — Office/Virtual care	0% after ded	0% after ded	0% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded	$0, no ded
Urgent care	0% after ded	0% after ded	0% after ded
Spinal manipulations (20 visits per year)	0% after ded[6]	0% after ded[6]	0% after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded[6]	0% after ded[6]	0% after ded[6]
Hospital and other medical services			
Inpatient hospital services[8]/Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	0% after ded	0% after ded	0% after ded
Observation room (waived if admitted)	0% after ded	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	0% after ded	0% after ded	0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded	0% after ded	0% after ded
Biotech and specialty injectables — Home or office/Outpatient	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	0% after ded	0% after ded	0% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Prescription drugs[12,14,26]			
Low-cost generic drugs[13,15,16]	$3 after ded	$3 after ded	$3 after ded
Generic drugs[13,16]	$20 after ded	$20 after ded	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded	$40 after ded	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded	$70 after ded	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded	50%, up to $500 after ded	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$7,500/$15,000	$9,000/$18,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$15,000/$30,000	$18,000/$36,000

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HSA-qualified Health Plans	Personal Choice PPO $2,000/$30/$60/$500[2]
Plan meets minimum value (MV) requirements	Yes
Benefits per contract year	**You pay in-network**
Deductible — Individual/Family	$2,000/$4,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500
Preventive services[4]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded
Physician services	
Primary care visit — Office & Retail Clinic/Virtual care	$30 after ded/$20 after ded
Specialist visit — Office/Virtual care	$60 after ded/$40 after ded
Eye exam	Not covered
Virtual care[23]	$0, no ded
Urgent care	$100 after ded
Spinal manipulations (20 visits per year)	$60 after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60 after ded[6]
Hospital and other medical services	
Inpatient hospital services[8]/Professional services (includes maternity)	Subject to ded and $500/day[10]/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded
Observation room (waived if admitted)	$300 after ded
Ambulance	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$60 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200 after ded
Biotech and specialty injectables — Home or office/Outpatient	$150 after ded/$300 after ded
Infusion — Home or office/Outpatient	0% after ded/$60 after ded
Durable medical equipment and prosthetics	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$60 after ded/Subject to ded and $500/day[10]
Outpatient surgery — Ambulatory surgical center/Hospital-based	$500 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$60 after ded/$120 after ded
Prescription drugs[12,14,26]	
Low-cost generic drugs[13,15,16]	$3 after ded
Generic drugs[13,16]	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**
Deductible	$5,000/$10,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000

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HSA-qualified Health Plans	Personal Choice PPO Personal Choice EPO $3,000/$30/$60/$500[2]	Personal Choice PPO Personal Choice EPO $4,000/$40/$70/$250[2,25]
Plan meets minimum value (MV) requirements	Yes	No
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$3,000/$6,000	$4,000/$8,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500	$6,750/$13,500
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$30 after ded/$20 after ded	$40 after ded/$30 after ded
Specialist visit — Office/Virtual care	$60 after ded/$40 after ded	$70 after ded/$50 after ded
Eye exam	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100 after ded	$100 after ded
Spinal manipulations (20 visits per year)	$60 after ded[6]	$70 after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60 after ded[6]	$70 after ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	Subject to ded and $500/day[10]/0% after ded	Subject to ded and $250/day[10]/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$300 after ded
Observation room (waived if admitted)	$300 after ded	$300 after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$60 after ded	$70 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200 after ded	$300 after ded
Biotech and specialty injectables — Home or office/Outpatient	$150 after ded/$300 after ded	$150 after ded/$300 after ded
Infusion — Home or office/Outpatient	0% after ded/$60 after ded	0% after ded/$70 after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$60 after ded/ Subject to ded and $500/day[10]	$70 after ded/ Subject to ded and $250/day[10]
Outpatient surgery — Ambulatory surgical center/Hospital-based	$500 after ded	$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$60 after ded/$120 after ded	$70 after ded/$140 after ded
Prescription drugs[12,14,26]		
Low-cost generic drugs[13,15,16]	$3 after ded	$3 after ded
Generic drugs[13,16]	$20 after ded	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000 (PPO) Not Covered (EPO)	$6,000/$12,000 (PPO) Not Covered (EPO)
Coinsurance	50% after ded (PPO) Not Covered (EPO)	50% after ded (PPO) Not Covered (EPO)
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000 (PPO) Not Covered (EPO)	$12,000/$24,000 (PPO) Not Covered (EPO)

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HSA-qualified Health Plans	Personal Choice PPO Personal Choice EPO $5,000/$40/$70/$250[2,25]	Personal Choice PPO $5,000/$40/$70/100%[2,25]
Plan meets minimum value (MV) requirements	No	No
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$5,000/$10,000	$5,000/$10,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$6,750/$13,500	$6,750/$13,500
Preventive services[4]		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$40 after ded/$30 after ded	$40 after ded/$30 after ded
Specialist visit — Office/Virtual care	$70 after ded/$50 after ded	$70 after ded/$50 after ded
Eye exam	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100 after ded	$100 after ded
Spinal manipulations (20 visits per year)	$70 after ded[6]	$70 after ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$70 after ded[6]	$70 after ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	Subject to ded and $250/day[10]/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$300 after ded
Observation room (waived if admitted)	$300 after ded	$300 after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$70 after ded	$70 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300 after ded	$300 after ded
Biotech and specialty injectables — Home or office/Outpatient	$150 after ded/$300 after ded	$150 after ded/$300 after ded
Infusion — Home or office/Outpatient	0% after ded/$70 after ded	0% after ded/$70 after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$70 after ded/ Subject to ded and $250/day[10]	$70 after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$250 after ded	$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$70 after ded/$140 after ded	$70 after ded/$140 after ded
Prescription drugs[12,14,26]		
Low-cost generic drugs[13,15,16]	$3 after ded	$3 after ded
Generic drugs[13,16]	$20 after ded	$20 after ded
Preferred brand drugs[13,16,28]	$40 after ded	$40 after ded
Non-preferred drugs[13,16,28]	$70 after ded	$70 after ded
Self-administered specialty drugs[17,28]	50%, up to $500 after ded	50%, up to $500 after ded
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$6,000/$12,000 (PPO) Not Covered (EPO)	$7,500/$15,000
Coinsurance	50% after ded (PPO) Not Covered (EPO)	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$12,000/$24,000 (PPO) Not Covered (EPO)	$15,000/$30,000

Footnotes begin on page 48 | ded = Deductible

Choice Advantage Health Plans	Keystone POS CA $40/$85/$500[1]	Personal Choice PPO CA $40/$85/$500[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$0	$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750	$0/$750
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$40/$30	$40/$30
Specialist visit — Office/Virtual care	$85/$60	$85/$60
Eye exam	$40[5]	Not covered
Virtual care[23]	$0	$0
Urgent care	$100	$100
Spinal manipulations (20 visits per year)	$85[7]	$85[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$85[7]	$50/$150[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	$500 per day[10]/$0	$500 per day[10]/$0
Emergency room (not waived if admitted)[11]	$300	$300
Observation room (waived if admitted)	$300	$300
Ambulance	$85	$85
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$85[7]	$50/$150
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300	$200/$400
Biotech and specialty injectables — Home or office/Outpatient	$150/$300	$150/$300
Infusion — Home or office/Outpatient	$40/$80	$40/$80
Durable medical equipment and prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$85/$500 per day[10]	$85/$500 per day[10]
Outpatient surgery — Ambulatory surgical center/Hospital-based	$350/$700	$350/$700
Outpatient lab and pathology — Freestanding/Hospital-based	$0	$0/$170
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$2,500/$5,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$30,000/$60,000	$10,000/$20,000

Footnotes begin on page 48 | ded = Deductible

Choice Advantage Health Plans	Personal Choice PPO CA $3,000/$25/$65/80%[1]	Personal Choice PPO CA $4,000/$30/$75/90%[1]
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	**You pay in-network**	**You pay in-network**
Deductible — Individual/Family	$3,000/$6,000	$4,000/$8,000
Coinsurance	20%	10%
Out-of-pocket maximum — Individual/Family[3]	$7,900/$15,800	$7,900/$15,800
Preventive services[4]		
Preventive care for adults and children	$0, no ded	$0, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based[22]	$0/$750, no ded	$0/$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	$25, no ded/$20, no ded	$30, no ded/$20, no ded
Specialist visit — Office/Virtual care	$65, no ded/$45, no ded	$75, no ded/$50, no ded
Eye exam	Not covered	Not covered
Virtual care[23]	$0, no ded	$0, no ded
Urgent care	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$65, no ded[6]	$75, no ded[6]
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded/$100, no ded[6]	$50, no ded/$150, no ded[6]
Hospital and other medical services		
Inpatient hospital services[8]/Professional services (includes maternity)	20% after ded/20% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted)[11]	$300 after ded	$300 after ded
Observation room (waived if admitted)	$300 after ded	$300 after ded
Ambulance	$200, no ded	$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based[20]	$40, no ded/$100, no ded	$50, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$100, no ded/$200, no ded	$200, no ded/$400, no ded
Biotech and specialty injectables — Home or office/Outpatient	$150, no ded/$300, no ded	$150, no ded/$300, no ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	20% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient[8]	$65, no ded/20% after ded	$75, no ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	$300 after ded	$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	$40, no ded/$100, no ded	$50, no ded/$150, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 41.	See prescription drug plans on page 41.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network[18,19]	**You pay out-of-network**	**You pay out-of-network**
Deductible	$5,000/$10,000	$6,000/$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family[21]	$10,000/$20,000	$12,000/$24,000

Footnotes begin on page 48 | ded = Deductible

Prescription drug plans

Independence

IBX

Never stop caring

When 100+ customers elect prescription drug coverage for their employees, IBX can help better manage their health care and more effectively control their total cost of care. With an HSA plan, prescription drug coverage is already included. Prescription drug coverage is required for customers with 51 – 99 employees.

51+ Prescription Drug Plans

Prescription Drug[12,14]	Value Rx $3/$20/$40/$60/50% up to $500	Value Rx $3/$15/$35/$50/50% up to $500	Value Rx $3/$25/$50/$75/50% up to $500
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**
Low-cost generic drugs[13,15,16]	$3	$3	$3
Generic drugs[13,16]	$20	$15	$25
Preferred brand drugs[13,16,28]	$40	$35	$50
Non-preferred drugs[13,16,28]	$60	$50	$75
Self-administered specialty drugs[17,28]	50% up to $500 max	50% up to $500 max	50% up to $500 max

100+ Prescription Drug Plans

Prescription Drug[12,14]	Value Rx $3/$20/$75/ $100/50% up to $1,000	Value Rx $3/$20/$40/ $70/50% up to $1,000	Value Rx $250/$3/10%, no ded 20%/30%/50% up to $500	Value Rx $3/$20/$40/ $60/50% up to $500	Value Rx $3/$15/$35/ $50/50% up to $500
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**	**You pay in-network**	**You pay in-network**
Low-cost generic drugs[13,15,16]	$3	$3	$3 — no ded	$3	$3
Generic drugs[13,16]	$20	$20	10% coinsurance — no ded	$20	$15
Preferred brand drugs[13,16,28]	$75	$40	20% after ded[18]	$40	$35
Non-preferred drugs[13,16,28]	$100	$70	30% after ded[18]	$60	$50
Self-administered specialty drugs[17,28]	50% up to $1,000 max	50% up to $1,000 max	50% up to $500 max after ded[18]	50% up to $500 max	50% up to $500 max

Prescription Drug[12,14]	Value Rx $3/$10/$40/ $70/50% up to $500	Value Rx $3/20%/20%/ 20%/50% up to $500	Value Rx $3/$10/$30/ $50/50% up to $500	Value Rx $3/$10/$25/ $50/50% up to $500	Value Rx $3/$10/$20/ $35/50% up to $500
Benefits per contract year	**You pay in-network**	**You pay in-network**	**You pay in-network**	**You pay in-network**	**You pay in-network**
Low-cost generic drugs[13,15,16]	$3	$3	$3	$3	$3
Generic drugs[13,16]	$10	20%	$10	$10	$10
Preferred brand drugs[13,16,28]	$40	20%	$30	$25	$20
Non-preferred drugs[13,16,28]	$70	20%	$50	$50	$35
Self-administered specialty drugs[17,28]	50% up to $500 max	50% up to $500 max	50% up to $500 max	50% up to $500 max	50% up to $500 max

Footnotes begin on page 49 | ded = Deductible


IBX
Never stop caring

Vision plans

Independence

IBX

Never stop caring

Our vision plans deliver value and choice with a focus on low member out-of-pocket costs. No matter what plan you choose, members can also take advantage of extra perks like a free one-year eyeglasses breakage warranty, discounted pricing on additional pairs of glasses, and LASIK eye services.

ADDITIONAL MATERIALS

Scan to access our complete vision portfolio

ENHANCED In-network providers include Visionworks, Target Optical, Pearle Vision, Warby Parker,* and LensCrafters.

*Base plan frame allowance benefit must be at least $85. Check your policy for frame benefit details.

Vision plans

The following vision plans are available to all 51 – 99 and 100+ customers.

Vision Care 100	Option 1	Option 2	Option 3
Funding type	**Employer paid & voluntary**	**Employer paid & voluntary**	**Employer paid**
Copayments			
Eye examination	$0	$10	$0
Spectacle lenses	$0	$25	$0
Frequency			
Eye examination[1]	12 months	12 months	24 months
Spectacle lenses	12 months	12 months	24 months
Frame	12 months	24 months	24 months
Contact lens evaluation, fitting, and follow-up care	12 months	12 months	24 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	24 months
Frame allowance options	• Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,[2] or • $100 frame allowance, plus 20% off the overage at in-network providers, or • $150 frame allowance at Preferred site(s)		

Vision Care 130	Option 1	Option 2	Option 3
Funding type	**Employer paid & voluntary**	**Employer paid & voluntary**	**Employer paid & voluntary**
Copayments			
Eye examination	$0	$10	$10
Spectacle lenses	$0	$10	$25
Frequency			
Eye examination[1]	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months
Frame	12 months	24 months	24 months
Contact lens evaluation, fitting, and follow-up care	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months
Frame allowance options	• Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,[2] or • $130 frame allowance, plus 20% off the overage at in-network providers, or • $180 frame allowance at Preferred site(s)		

1 Inclusive of dilation when professionally indicated.

2 Allowances are up to the amount shown for each plan type.

Vision Care 150	Option 1	Option 2
Funding type	**Employer paid & voluntary**	**Employer paid & voluntary**
Copayments		
Eye examination	$0	$10
Spectacle lenses	$0	$25
Frequency		
Eye examination[1]	12 months	12 months
Spectacle lenses	12 months	12 months
Frame	12 months	24 months
Contact lens evaluation, fitting, and follow-up care	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months
Frame allowance options	• Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,[2] or • $150 frame allowance, plus 20% off the overage at in-network providers, or • $200 frame allowance at Preferred site(s)	

Discounted services

The following services are either covered in full or available with a fixed out-of-pocket cost depending on the plan purchased:

- Anti-reflective coating — standard/premium/ultra/ultimate
- Photosensitive/photochromic plastic/Transition — single vision/multi-focal
- Polycarbonate children[3]
- Polycarbonate adults[3]
- Progressive additional multi-focal — standard/premium/ultra/ultimate
- Ultraviolet (UV) coating

NEED VISION COVERAGE?

If you choose DPOS or POS medical plans, routine eye exams are included, and you can enhance your benefit with a plan that includes eyeglasses and contact lenses. If you offer PPO medical plans, you can select any of our vision plans for complete coverage.

1 Inclusive of dilation when professionally indicated.

2 Allowances are up to the amount shown for each plan type.

3 Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

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 the 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 Reiki massage
- 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
- Drugs not appearing on the drug formulary, except where an exception has been granted pursuant to the Formulary Exception Policy

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 PCP or provider contacts the Care Management and Coordination (CMC) team and submits information to support the request for services. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The CMC team will notify your employees' physician/provider if the services are approved for coverage. If the CMC team does not have sufficient information or the information evaluated does not support coverage, your employee and their 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 the medical policy. The managed care plan may not cover all health care expenses. Members should read their contract, member handbook, or benefits booklet carefully to determine which health care services are covered. If more information is needed, members can 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*
- Benefits and premiums for all the health benefit plans for which you qualify

* IBX reserves the right to change premium rates.

Health plan footnotes

Members have 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.

Medical

1. 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 be paid. Once the family deductible is met, claims for that individual will be paid.

   Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once an individual in the family has met the individual 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.

2. 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 be paid; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the individual 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.

3. In-network out-of-pocket maximum includes copayments, coinsurance, and deductible for essential health benefits (EHBs).

4. Age and frequency schedules may apply.

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

7. For DPOS and POS plans, a referral is required from a primary care physician.

8. 70-day inpatient hospital limit combined for all self-referred and out-of-network inpatient medical, maternity, mental health, serious mental illness, substance abuse, and detoxification services.

9. Amount shown reflects the copayment per day. There is a maximum of ten copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.

10. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.

11. Out-of-network emergency room benefits are covered at the in-network cost-sharing level.

18. To receive maximum benefits, services must be provided by a participating provider. This is a highlight of 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 group contract and out-of-network benefits booklet/certificate.

19. For PPO plans, non-participating 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 non-preferred professional providers (physicians) are based on the lesser of the Medicare Professional 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 payment is based on 50 percent of the actual charge of the provider. 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.

20. For all plans, additional copayments may apply when you receive other services at your provider's office.

21. Out-of-network out-of-pocket maximum includes coinsurance only.

22. For routine colonoscopy for colorectal cancer screening, your cost-share will vary depending on where you receive service.

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

24. Virtual care from a designated virtual provider includes primary care, telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, Teladoc.

25. Plan does not meet minimum value (MV) requirements. Please note that most plans will not meet minimum value if they do not have prescription drug coverage.

Vision

5. IBX vision benefits are administered by Davis Vision, an independent company. One eye exam every two years, in-network only.

Prescription drug

12. Prescription drug benefits are administered by an independent pharmacy benefits management (PBM) company.

13. 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.

14. Benefits provided for covered drugs and medicines appearing on the drug formulary.

15. Certain designated generic drugs are available at participating retail and mail-order/home delivery pharmacies for reduced member cost-sharing ($3 retail/$7.50 mail order), after any applicable deductible.

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

17. A 30-day supply of self-administered specialty drugs is available exclusively through the Optum Specialty Pharmacy. There is no out-of-network coverage.

26. HDHP Preventive Enhancement benefit included. For the drugs on the HDHP preventive drug list, the deductible does not apply, and you are only responsible for paying the copayment or coinsurance.

27. $250 per person deductible; brand drugs only.

28. If you choose to purchase a brand drug, you 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 member cost sharing for a brand drug. If your physician indicates on the prescription that the brand drug should be dispensed as written, benefits will be provided for that brand drug and you will only be responsible for the appropriate member cost-sharing for a brand drug.

Dental

Dominion National assists in the administration of IBX Dental Benefits.

Underwriting guidelines[1]

Product offerings

- Groups of 51 or more eligible employees can select a maximum of three medical plans and up to two drug options.
- Groups with less than 500 enrolled contracts are required to enroll in an IBX pharmacy plan.

Participation requirements[2]

- For groups of 51 or more, a minimum participation level of 75 percent is required for each worksite.
- IBX will count waivers in the eligibility calculations. For example, credit is given for those eligible subscribers who opt out because they have coverage through a spouse, are an eligible dependent up to age 26, or enrolled in Medicare, Medicaid, or any other government-issued coverage.
- Individual coverage through a federal or state exchange is not considered a valid waiver.
- 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 75 percent participation for the active employees.

Employer contribution requirement[2]

For contributory plan offerings, the employer must contribute a minimum of 50 percent of the calculated gross monthly premium for each plan offered.

Benefit plan changes

- Upgrades are not allowed off-anniversary.
- Groups may downgrade off-anniversary (limitations apply).[3]
- Downgrades will be allowed only if the effective date of the change is greater than 180 days prior to the next anniversary date.
- Groups of 51–99 making a plan change will be required to select from the new product portfolio.
- For groups of 100 or more, changes to one or more of existing medical plan designs will require all benefits to be changed to the new product portfolio. Pharmacy-only changes will not require changes to existing medical plan designs.

High-deductible health plan funding limitation[3]

For fully insured accounts that offer a high-deductible health plan (HDHP), the employer cannot fund more than 50 percent of the annual deductible. Providing a secondary/supplemental product to fund the annual employee/family deductible (including the employer covering the cost of the deductible) is not permitted.

Submission guidelines

All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply and are subject to change. This document is for informational purposes only and is not intended to be all-inclusive.

1 These guidelines apply where IBX is the insurer of the plan(s).

2 Refer to the complete Underwriting Guidelines available via Sales Portal.

3 As permitted by the state and federal legislation and mandates.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

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

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.

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.

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

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

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

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.

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.

The Chubb Group Supplemental Medical Expense (GAP) insurance described in this material are a supplement to health insurance and are not a substitute for major medical coverage. This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the Affordable Care Act. This information is a brief description of the important features of the GAP insurance plan. It is not an insurance contract.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Underwritten by: ACE American Insurance Company. For a list of these subsidiaries, please visit chubb.com. Chubb Group Supplemental Medical Expense (GAP) is not an Independence Blue Cross product. Chubb is an independent company and does not offer Blue Cross products or services.

Sun Life Assurance Company of Canada ("Sun Life") is an independent company that does not provide Blue Cross and/or Blue Shield products or services. Sun Life is solely responsible for the products and services described here.

Uprise Health, an independent company, provides employee assistance and work/life balance support. Uprise Health does not provide Blue Cross products or services. Uprise Health is solely responsible for its products and services.

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

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