

2023



# Large Group Benefits

Health plans designed for flexibility and savings

Independence 



# Independence Blue Cross is leading the way to better health care while focusing on what matters to you.



## Innovating purposefully

Addressing today's and tomorrow's challenges in new ways.



## Tailored health plan solutions

Providing proven solutions focused on the needs of your business and employees.



## Improving health care in every community

Applying a unique perspective that drives smarter health care solutions.



## Personalized member engagement

Driving better employee health and health care decisions.



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# What's new in 2023

We're pleased to bring you the following exciting developments for 2023:

## Streamlined portfolio, smarter options

Every year, we examine our health plan portfolio to ensure our customers have options that make sense for their business.

Our PPO HSA health plans are popular among our customers. Therefore, we're introducing a new **PPO HSA plan** for all 51+ customers. It has integrated prescription drug benefits with a \$5,000 deductible, \$40 primary care visit copay, and \$70 specialist visit copay.

For 51 – 99 groups, we added a **Value Rx \$3/\$25/\$50/\$75/50% up to \$500** prescription drug plan.

Plans that have consistently had no membership have been retired and are no longer available, including tiered network health plans.

**View our health plans starting on page 29.**

**View our prescription drug plans on page 48.**

## Addition of condition and lifestyle solutions

To improve member experience and health outcomes, we have partnered with **TruHearing** to provide exclusive discounts for hearing aids and hearing exams.

In addition, because we focus on holistic whole-person health care, **Ovia Health, Livongo, and Wondr Health** are now included for all fully insured medical plans.

**Learn more about our condition and lifestyle solutions on page 7.**

## New WealthCare Saver investment solution now available to HSA plan members

Members who are enrolled in an Independence High Deductible Health Plan (HDHP) with an HSA will now have the option to invest their HSA plan funds into the **WealthCare Saver (WCS)** investment solution. The new solution makes it easier for account holders of all experience levels to invest their HSA plan funds.

**Learn more about the WCS investment solution on page 9.**



## Subscribers can earn even more money through Achieve Well-being

Subscribers can now receive **\$300** (an increase of \$150 from 2022) when they complete six activities every year. Annual activities may include a check-up with their primary care physician (PCP), getting a flu shot, and completing a nutrition counseling visit.

Learn more about Achieve Well-being rewards on page 8.

## Uprise Employee Assistance Program

Help your employees transition back into office life. Your employees can improve productivity and reduce stress with various confidential, digitally-enabled mental health solutions when you add our Employee Assistance Program from Uprise Health to your medical benefits.

Learn more about the Employee Assistance Program on page 24.

## The College Tuition Benefit's SAGE Prime

Your employees can now take advantage of The College Tuition Benefits' SAGE Prime program to help them reduce tuition by ten percent for their professional certification, graduate studies, or degree completion.

Learn more about The College Tuition Benefit on pages 10 and 24.





# Providing holistic whole-person HEALTH CARE COVERAGE



Meeting the evolving needs of our members while promoting healthy and sustainable communities.

With our deep knowledge of local and national markets and our extensive data capabilities, we have the insight to tackle challenges in ways other companies simply can't. We also use your feedback to ensure our products make a measurable impact on health care quality, cost, and access — and the member experience.

## WE'RE PROUD TO DELIVER A PORTFOLIO FOCUSED ON EQUITABLE **WHOLE-PERSON HEALTH:**



### PHYSICAL



### MENTAL



### FINANCIAL



# Comprehensive care management

Our comprehensive and integrated approach to care management is grounded in our strong local presence and relationships, enabling us to provide your employees with personalized support that connects them to the right care and resources. This leads to better outcomes, promotes more informed, empowered decision-making for your employees, and reduces costs through early and targeted intervention and guidance.

We accomplish this in four ways:

## Managing chronic and complex conditions

- Monitoring employee health trends and patterns to ensure they receive appropriate care
- Supporting providers in care planning and interventions with robust data and analytics
- Giving employees support and tools that better manage, organize, and engage in care

## Supporting mental health

- Facilitating collaboration between primary and behavioral care providers through programs like Quartet
- Increasing access to virtual care, online programs, and digital tools
- Focusing on effective substance use treatment and recovery
- Expanding public awareness with campaigns like #KnowYourMind and #MindPHL

## Managing utilization effectively

- Working directly with providers to monitor medical necessity and coordinate appropriate care
- Partnering with expert vendors to span complex and costly specialties

## Increasing engagement through health coaching

- Layering analytics on top of data to identify risk, then conduct outreach to engage and educate
- Identifying current and future health risks through targeted outreach to all members by Registered Nurse Health Coaches
- Providing 24/7 access to a Registered Nurse Health Coach, resources, and support for members with chronic conditions
- Helping members with serious illnesses or conditions through case managers
- Sending out targeted clinical messages
- Offering a comprehensive maternity program and health benefits that support pregnant members



## UTILIZATION MANAGEMENT BY THE NUMBERS

**6 TO 1** ROI FOR INTERNAL PROGRAMS

**10 TO 20%** COST REDUCTION FOR VENDED PROGRAMS

**4%** COST SAVINGS WITH INTEGRATED PRESCRIPTION DRUG BENEFITS

# Condition and lifestyle solutions

Part of supporting someone’s whole health is offering solutions that go beyond medical benefits. The following value-add programs, tools, and services provide members with the extra support they need to live their best lives.

- NEW!

**Ovia Health** provides personalized mobile support for pre-conception, pregnancy, and parenting.
- NEW!

**Livongo** offers personalized, data-driven support for diabetes management.
- NEW!

**Wondr Health** teaches sustainable weight loss skills to reverse metabolic syndrome (MetS) risk factors, including hypertension and prediabetes.

NEW!

**TruHearing**

Good hearing is important to overall well-being. TruHearing, a discount program integrated with our health plans, provides a comprehensive hearing care solution including white-glove support, a no-cost hearing exam, and discounts on hearing aids.



[Click on different products and services to learn more!](#)

Service	Discounted member cost	Average price without insurance	Frequency
Hearing exam	\$0	\$45	1 exam, every year
Hearing aid – Basic <sup>1</sup>	\$495	\$1,850	1 aid per ear, every 3 years
Hearing aid – Standard <sup>1</sup>	\$895	\$2,000	
Hearing aid – Advanced <sup>1</sup>	\$1,295	\$2,450	
Hearing aid – Premium <sup>1</sup>	\$1,695	\$3,100	



## Well-being@Work

Build a customized worksite well-being program, virtually or in person, to promote more engaged, productive, empowered, and healthier employees. Visit [wellbeing.ibx.com](#).

## Wellness credits

Employers in our 51 – 99 market are eligible for 5,000 wellness credits every year that can be used on pre-selected vendors that provide services for on-site biometric screenings, chair massages, fitness challenges, nutrition counseling, stress management workshops, and much more.



# Well-being programs

The prevalence of chronic conditions, unhealthy lifestyle choices, and mental health challenges are key factors in rising health care costs — and, ultimately, your bottom line. We have a range of wellness programs that encourage healthy living.

## Accessing Achieve Well-being through the IBX mobile app

Members can access self-service tools to help them stay healthy and earn Achieve Well-being rewards.

- Engaging online tools that make it easy for members to reach their well-being goals
- Targeted programs to address physical and emotional well-being
- Personalized profile and action plan include ongoing activities and reminders
- Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges



## Achieve Well-being rewards

Subscribers can get **rewarded with a \$300 e-gift card** by completing six simple tasks.

Subscribers must complete all of the following activities:

- ✓ Annual check-up with PCP
- ✓ Get a flu shot
- ✓ Get digitally engaged by logging into [ibx.com](https://ibx.com) and opting in to IBX Wire®

**NEW THIS YEAR: INCREASING THE  
REWARD FROM \$150 TO \$300!**

Subscribers must complete any three of the following activities:

- ✓ Complete an appropriate health screening<sup>2</sup>
- ✓ Download and register for the GlobalFit Anywhere app
- ✓ Complete the Well-being Profile
- ✓ Complete a nutrition counseling visit
- ✓ Visit a United Concordia dentist for an exam and/or cleaning<sup>3</sup>

## Reimbursements and discounts

We offer **reimbursement opportunities and discounts** to help encourage members to make their health a priority.

- **Healthy Lifestyles<sup>SM</sup> Solutions** offers your employees a reimbursement of up to \$450 for the cost of fitness memberships, weight management, and tobacco cessation programs.
- **Blue Insider<sup>SM</sup>** gives exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions.
- **GlobalFit<sup>®4</sup>** offers membership discounts at thousands of gyms in the GlobalFit network, in addition to home exercise equipment. Members can also connect with virtual or in-person studios, local gyms, and schedule personal trainers at a discounted rate with the GlobalFit Anywhere app.
- **Blue365<sup>®5</sup>** gives access to exclusive deals and discounts on fitness gear, gym memberships, weight-loss/healthy eating programs, and healthy travel experiences.

<sup>1</sup> Price based per hearing aid.

<sup>2</sup> A list of preventive services that are part of the Achieve Well-being program can be accessed by logging in to [ibx.com](https://ibx.com).

<sup>3</sup> Members must be enrolled in a United Concordia Dental Plan to complete this activity.

<sup>4</sup> Not all employers offer GlobalFit<sup>®</sup> as part of their benefits plans. Please log in at

[ibx.com](https://ibx.com) to check your benefits booklet or speak to your benefits administrator to determine if this benefit applies to your coverage.

<sup>5</sup> Blue365 includes a TruHearing discount; however, this is separate from the partnership Independence has with TruHearing, and discounts may vary.

# Helping with your employees' financial well-being

With a variety of spending account options and exclusive college tuition and student loan repayment programs, you can help your employees feel secure in their financial future while attracting and retaining top talent.

## Spending accounts lower health care costs

With tax advantages for both you and your employees, [spending accounts](#) make a smart addition to your health plan offerings. They are easy to manage with online tools and offer convenient funding methods and on-demand reporting. You have the flexibility to choose a BlueSaver<sup>®</sup> HSA with one of our HSA-qualified plans, or you can add an HRA or FSA<sup>1,3</sup> to any other eligible health plan.

	HSA	HRA	Medical FSA <sup>1,2</sup>
Benefits to employers	Allows employers to choose lower-premium plans with higher deductibles while giving employees a way to save for qualified medical expenses and future health care expenses	Helps employees offset health care expenses, but the employer contributes tax-advantaged funds only when claims are paid, owns the account, and can define eligible categories	Gives employees a way to pay for qualified medical expenses, including some that may not be covered by insurance; offered as a standalone account or with HRA/HSA <sup>3</sup>
Compatible with	HSA-qualified high-deductible health plans	Any plan except HSA plans	Any plan <sup>3</sup>
Who owns the account	Employee	Employer	Employer
Who funds the account	Employer and/or employee	Employer	Employee, in most circumstances
Who establishes contribution rules	IRS	Employer and Independence	IRS with employer option to establish lower limits
Helps pay for <sup>4</sup>	Qualified medical expenses	Qualified medical expenses as determined by employer	Qualified medical expenses
Funds carry over	Yes	Employer option	Employer option of partial carry-over or grace period
Portable	Yes	No	No

## HSA investment solution

Members who are enrolled in an Independence HDHP with an HSA now have a new option to invest their HSA funds. The WealthCare Saver investment experience allows members to personalize their investment journey based on their unique needs and experience level. Best of all, the new solution is fully integrated, allowing account holders to manage all aspects of their HSA through [ibx.com](#) or the IBX Mobile App.<sup>5</sup>



<sup>1</sup> Available to 100+ customers only.

<sup>2</sup> Dependent care FSA is also available.

<sup>3</sup> Employers participating in an HSA can only elect a limited-purpose health care FSA (LPHSA).

<sup>4</sup> Refer to IRS Publication 502 for a complete list of qualified medical and dental expenses.

<sup>5</sup> An optional investment account may be opened when the account balance exceeds \$500; additional fees apply.

If account funds are used for non-qualified medical expenses, they are subject to the current tax rate and may be subject to a 20 percent penalty. Independence does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of spending accounts.





## The College Tuition Benefit®

The College Tuition Benefit is a free, value-added benefit offered exclusively by Independence.

- All of your employees, regardless of health plan coverage, can earn Tuition Rewards® Points to help offset the cost of a four-year undergraduate education for a family member\* at a SAGE Scholars school.
- One Tuition Rewards Point is equal to a \$1 guaranteed minimum discount off full tuition.
- Employees can accumulate an unlimited number of Tuition Rewards Points.
- The longer your employee stays with your company, the more Tuition Rewards Points they can accrue.
- Employees also have access to Ready Set College, a comprehensive college and career planning website, designed to provide students and parents with best practices and proven strategies to achieve successful college outcomes.

\* Subject to certain restrictions.



## 93.8 MILLION Tuition Rewards Points were redeemed in 2021!

There are also opportunities to stack Tuition Rewards Points when your employees purchase United Concordia Dental coverage. See page 24 for more details.



For your employees, SAGE Prime can reduce tuition for a professional certification, graduate studies, or degree completion by ten percent.

## GradFin

GradFin provides student loan debt reduction solutions and helps borrowers repay their student loans faster. Employees get free, personalized solutions to accelerate their student loan debt payoff process, which can potentially save them thousands of dollars.

- **Student Loan Financial Education.** Employees can take advantage of personal consultations, live webinars, and “town hall” meetings.
- **Student Loan Refinancing.** GradFin refinances and consolidates employees’ student loan(s) through a lending platform made up of 11 lenders.
- **Public Service Loan Forgiveness (PSLF) Program.** The PSLF keeps employees or their family members compliant with federal loan forgiveness programs by enrolling loans, verifying employment, annually certifying income-based repayment plan, and auditing “qualified payments.” Employees and their family members can participate in this program if employed at a 501(c)3 nonprofit.
- **Employer Match.** This program allows you to contribute towards an employee’s student loans without a tax impact through the CARES Act. We have partnered with GradFin to provide employers with access to the Employer Match program at a discounted price.

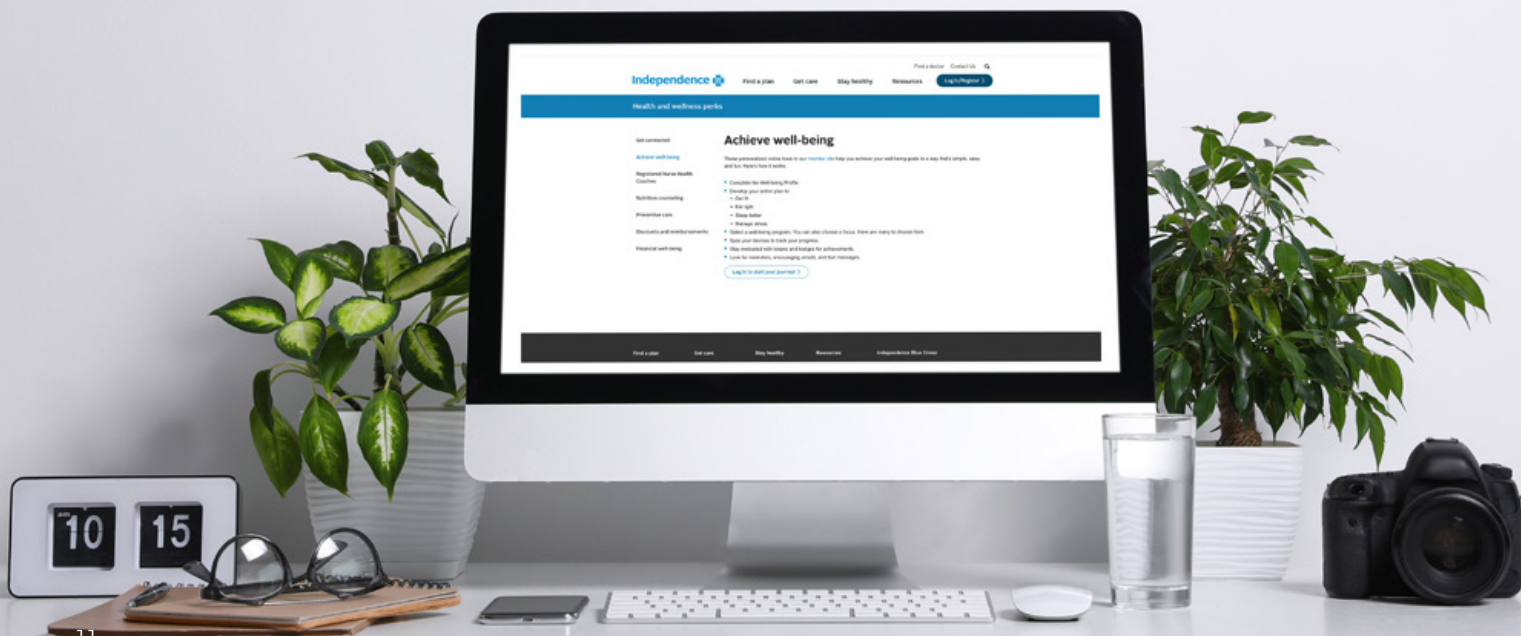
# Personalized EMPLOYEE ENGAGEMENT



We help guide and empower your employees to take an active role in improving their health and well-being — to be happier, healthier, and more productive.

Employee engagement is about anticipating and avoiding poor health before it happens. We take a hands-on approach by working with you to create and implement effective engagement strategies that help your employees feel empowered to make healthier decisions.

## USING DATA TO IDENTIFY NEEDS AND STRATEGIES





## Reaching your employees where they are

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



**66%** OF OUR SUBSCRIBERS  
ARE DIGITALLY ENGAGED

.....

**57%** OF MEMBERS AGES 18 AND OLDER  
ARE CONNECTED TO IBX

.....

**69%** OF HOUSEHOLDS HAVE AT  
LEAST ONE MEMBER OPTED IN

### IBX Wire

Two-thirds of our subscribers are digitally engaged through IBX Wire or email. Our award-winning member engagement strategy delivers targeted clinical topics and general health and benefits information. By engaging early and often, we are driving better health outcomes — thus, helping to foster a healthier, more productive workforce.

### eNewsletters

Our quarterly *Get Good Living* eNewsletter includes short and entertaining articles on a range of general and seasonal topics and recipes.



### Connect through our social channels

Members can also connect with us through our Facebook, Twitter, and Instagram pages with new content posted daily. We also regularly post health-related articles on our blog, *IBX Insights*. And new within the last year, we've started a monthly podcast, *IBX: The Cover Story*. Hosted by our sales leadership, the podcast has timely, relevant conversations with experts about the most important topics in health. It's now available on Libsyn, Apple Podcasts, Spotify, Stitcher, and iHeartRadio.

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# Digital tools

Your employees can access their benefits and tools anytime, from anywhere, when they log in at [ibx.com](https://ibx.com) or use the IBX mobile app. All the information they need about their medical and prescription drug benefits is available right at their fingertips.



## Tools for health

- Achieve Well-being and rewards program **ENHANCED**
- Behavioral health digital resources
- Drug and pharmacy search tools
- Family planning tool
- Find a Doctor tool **ENHANCED**
- GlobalFit Anywhere app
- Healthy Lifestyles reimbursements for approved in-person/virtual gym subscriptions and weight management programs
- *Healthy You!* newsletter
- Mail order/home delivery of prescriptions
- Mental health and substance use tools
- Tele-nutrition visits through GlobalFit 360 network
- Virtual care



## Tools for wealth

- Blue365® discounts
- Blue Insider<sup>SM</sup> savings
- Care Cost Estimator **ENHANCED**
- GradFin
- Price a Drug tool
- Spending accounts
- NEW!** WealthCare Saver investment solution
- The College Tuition Benefit **ENHANCED**



## New for 2023: Third-party apps and tools



Livongo diabetes management



TruHearing



Ovia Health



Wondr Health



# Our commitment to our customers

We bring you high-quality, cost-effective health plans, superior service, tools for effective account management, and a commitment to partnering with you.

## Best-in-class account management

Superior service starts with our approach to managing your account. You'll get a local team of dedicated, highly-motivated, and experienced Independence professionals who:

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



## Service excellence

Our customer service center provides outstanding support to members. Our services include:

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

## Easy-to-manage health benefits

Through [ibx.com](https://ibx.com), you can administer your health benefits efficiently and securely. Sign in to access enrollment, billing, reporting, marketing tools, and our latest news.

- **Pay with eBill** — This secure and convenient service allows you to pay and view invoices. You can choose to make a one-time payment right up until your premium due date. Or you can set up a recurring monthly payment from one or multiple bank accounts.
- **Manage account** — Add or remove an employee and change employee or dependent information.
- **Create index reports for 100+** — Easily get detailed and actionable insights about health care trends and cost drivers.
- **Marketing toolkits and resources** — Access self-service materials and information to help you promote Independence capabilities and services to your employees.



## GO DIGITAL! .....

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

Visit [ibx.com/virtualoe](https://ibx.com/virtualoe)

\*Subject to availability

# Innovating and improving care in OUR COMMUNITY



We are committed to finding new ways to make a meaningful and measurable impact on the health care quality delivered to ALL members.

For more than 80 years, Independence has built a trusted partnership with doctors and hospitals to provide a local depth and national reach that's unique to the Blues. We bring our power of experience, expertise, and talent to help tackle health care's most pressing problems. Our unique collaborative model uncovers new ideas, new ways of delivering care, and improves the patient experience to bring these ideas together to create change.

At the same time, because we're local, we can vet solutions to determine what works and what doesn't in our local markets. We accomplish this through:



**Innovating through care delivery**



**Using unparalleled data and insights**



**Collaborating to pilot  
groundbreaking solutions**



**Investing in strategic partnerships  
and technologies**



## Diversity, equity, and inclusion

Meeting the needs of the whole person and the entire community starts with solutions that address racial and social disparities in health care to advance equity. We work with regional health systems and community partners to ensure no one is overlooked, dismissed, or underserved based on their skin color, economic status, age, gender, sexual orientation, or zip code. Through our policies, programs, and partnerships, we make sure underserved communities have better access to primary and specialty care and that everyone has the same opportunity to live a healthy life.



## Accelerating the pace of progress

Independence is proud to be a leading organization in [Accelerate Health Equity](#), a multi-year initiative that brings organizations across the Philadelphia region together to combat systemic racism and barriers in health care. It's designed to produce tangible improvement in these issues and, ultimately, positive change in health outcomes in Philadelphia.

Participating organizations are working together to design measurable pilot programs to combat disparities ranging from issues like maternal morbidity and mortality; to cancer screening and prevention; to reducing the risk of heart disease and more.

In addition, the Blue Cross Blue Shield Association (BCBS), along with 36 independent BCBS companies like Independence, have made the "Blue Pledge" to build a stronger future together. We have pledged to be the change we wish to see and work together, pursuing equality, justice, and good health for all.



Here at home, efforts by Independence to support diverse communities are varied and comprehensive.

### This work includes:

- Promoting greater access to health care services
- Matching members with providers based on information regarding ethnicities, languages spoken, and specialties
- Addressing social determinants of health
- Building partnerships and supporting organizations that assist those dealing with economic hardships
- Choosing minority-owned businesses to provide us with goods and services



The Daniel J. Hilferty Center for Innovation is a high-tech venue that leverages design-thinking principles to unleash innovative solutions. We've worked with members, customers, hospitals, doctors, and business partners — both in person and virtually — to help resolve health care and business challenges.



# Tailored HEALTH PLAN SOLUTIONS



We provide proven solutions that holistically address your employees' needs for better care, lower costs, and a positive health care experience.



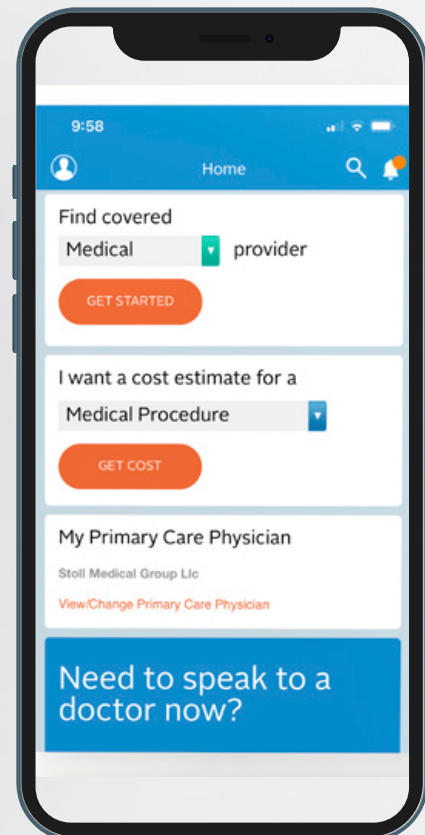
## For you

- Health plans at almost every price point
- Cost-sharing flexibility
- Employee satisfaction and retention



## For members

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



# Health plans to fit your needs and budget

Choose from our portfolio of standard health plans and innovative options.

## Health plan options

### PPO

- Copay
- Deductible/Copay
- Health Savings Account (HSA)
- Choice Advantage SoS
- Deductible/Coinsurance

### POS

- Copay
- Deductible/Copay
- Choice Advantage SoS

### DPOS

- Copay
- Deductible/Copay

## Health plans with both in- and out-of-network coverage

We offer a wide variety of PPO, Direct Point-of-Service (DPOS), and POS plans, some of which are available at the same cost-sharing across each product type to give you a range of premiums.

	Personal Choice® PPO	Keystone Direct POS*	Keystone POS
Access to more than 60,000 in-network doctors	X	X	X
Requirement to select a PCP		X	X
No specialist referrals needed for the highest level of benefits	X	X	
Virtual care benefits	X	X	X
Away from Home Care® for those temporarily living outside the coverage area		X	X
In-network benefits nationwide through BlueCard® PPO	X		
Emergency and urgent care access worldwide	X	X	X

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

## Network solutions

We'll work with you to develop the right benefit designs to steer members toward the most cost-effective, quality care.

### Site of Service benefits and Choice Advantage plans

SoS benefits give members choices when accessing certain services. Members save money on out-of-pocket costs based on where health care is received.

Choice Advantage plans build on our standard SoS benefits with the addition of routine and complex radiology and laboratory services.

	Choice Advantage PPO	Choice Advantage POS/DPOS	All other plans
Biotech Specialty Injectables	X	X	X
Infusion	X	X	X
Lab/pathology	X		X (PPO plans only)
Preventive colonoscopy	X	X	X
Outpatient surgery	X	X	
Physical/occupational therapy	X		
Routine/complex radiology	X		

### Blue Distinction® Specialty Care

We designate local centers of excellence as Blue Distinction for providing quality and cost savings based on national criteria.

Blue Distinction designations target high-cost specialty areas:

- Bariatric surgery
- Cancer care
- Cardiac care
- Cellular immunotherapy (CAR-T)
- Fertility care
- Gene therapy
- Hip replacement
- Knee replacement
- Maternity care
- Spine surgery
- Substance use treatment and recovery
- Transplants

Members can use Find a Doctor at [ibx.com](https://ibx.com) to identify providers with the Blue Distinction Specialty Care designation by program.

BlueDistinction®  
Specialty Care





# Virtual care

With **virtual care benefits** like telemedicine, telebehavioral health, and teledermatology, members can talk to a board-certified and licensed medical professional by video chat or phone. It's a quick, convenient, and cost-effective option for non-emergency, urgent care. Members who take advantage of virtual care benefits experience lower medical costs, decreased absenteeism,<sup>1</sup> and reduced emergency room (ER) and urgent care center visits for non-emergencies. Many virtual care services are available at either \$0 or a reduced cost-share.



## Telemedicine

Members can get telemedicine services in three ways:

- **MDLIVE®** – 24/7/365 access to board-certified physicians, including pediatricians, for non-urgent care via phone, video, or the app for a \$0 copay.<sup>2</sup>
- **Penn Medicine OnDemand<sup>3</sup>** – Members who live within the Philadelphia five-county and surrounding areas can speak with a Penn Medicine certified Registered Nurse practitioner 24/7/365 for a \$0 copay.<sup>2</sup>
- **PCP or specialist** – If available from their provider, members can get virtual care services through their PCP or specialist and pay a reduced cost-share.



## Telebehavioral health

Members have confidential and secure access via phone, video, and app to the MDLIVE network as well as a comprehensive Behavioral Health provider network of therapists, psychologists, and psychiatrists who can help with anxiety, depression, bipolar and adjustment disorders, and more for a \$0 copay.<sup>2</sup>



## Teledermatology

Through MDLIVE's secure messaging within the app or website, members can get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions and pay a \$0 copay.<sup>2</sup>



## FINDING THE RIGHT PROVIDER

We've made several updates to our easy-to-use and comprehensive Find a Doctor tool on [ibx.com](https://ibx.com) to help members find doctors and behavioral health providers who offer virtual care.

<sup>1</sup> Forbes.com, "It's Time to Go All in On Telehealth," Nov. 2020.

<sup>2</sup> Cost-share is \$0 after deductible for HSA plans.

<sup>3</sup> Penn Medicine OnDemand is a regional virtual care option for eligible members who are physically located in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania. Surrounding areas include Berks, Lancaster, Lehigh, and Northampton counties in Pennsylvania; Burlington, Camden, Gloucester, Hunterdon, Mercer, Salem, and Warren Counties in New Jersey; and New Castle County in Delaware at the time of the telemedicine connection.

# Integrated prescription drug program

Our cross-functional team of medical and pharmacy experts ensure our care solutions are cost-effective and comprehensive. You get a unified customer and member experience, improved management of your employees' health, and lower total cost of care when you add prescription drug benefits to your Independence health plan. Additionally, you get the capabilities of a top-tier pharmacy benefits manager (PBM) plus the power of integrated benefits.



## Prescription drug program features

We've implemented features that are designed to promote easy access, cost-effectiveness and comprehensive care.

- **Mail order/home delivery** is available for certain maintenance medications with free shipping. Members may save money by getting 90-day fills of their medication at Rite Aid for the same cost-share as mail order/home delivery.
- **Low-cost generic medications** are available at a reduced cost-sharing of \$3. Members can find a list of these medications on the Value Formulary on [ibx.com](https://ibx.com).
- **Formulary management** includes drugs based upon medical effectiveness, safety, and value.
- **Integrated data** enables better utilization and clinical management, delivering an improved and holistic experience for you and your employees.

## PreCheck MyScript

In-network doctors can access the information they need, when they need it, with PreCheck MyScript. This digital tool makes it easier for doctors to focus on patient care and improves medication adherence. They can:

- **View a member's prescription drug benefits** and easily determine the most affordable cost-share
- **Access information** on lower-cost alternatives for high-cost medications when available
- **Review prior authorization requirements** before prescribing medication and select a different medication when possible or initiate the prior authorization

# Keeping high-cost drug therapies under control

Integrating prescription drugs and medical benefits can help contain rising costs.

## Specialty pharmacy program

Specialty drugs have been the most significant contributor to increasing trends over the last five years. Our specialty drug management program provides convenient delivery options and support for members with complex conditions. Our program includes:

- Formularies designed to drive utilization to lower cost alternative medication where appropriate
- Utilization management developed to assure that only the right members get these expensive drugs at the right time and in the right quantities
- Industry-leading clinical support from specialty pharmacists and nurses
- Application of a total cost of care perspective across medical and pharmacy benefits

## Biosimilars can help reduce overall costs

Whenever new treatments for complex medical conditions come to the market, they are generally very expensive.

Biosimilars are less expensive, FDA-approved versions of commonly used high-cost biologic drugs. Independence continues to proactively monitor the drug pipeline and develop strategies for the best utilization and management of biosimilars.

## Most Cost-Effective Setting program

Your employees want access to new and emerging treatments proven to be medically effective. We have taken great strides to incentivize savings by driving utilization of those services to the most cost-effective setting.

This program ensures that members with rare or complex conditions receive the appropriate medication in a safe and appropriate setting. Whether it's their home, a provider's office, or an infusion center, services in these settings could cost three to four times less than if received in a hospital. It's just one more way your medical and pharmacy benefits work better together.



### MEMBERS WITH COMPLEX CONDITIONS RECEIVE SUPPORT THROUGH SPECIALTY PHARMACY

- Cancer
- Hemophilia
- Hepatitis C
- Rheumatoid arthritis/ other inflammatory conditions
- Multiple sclerosis

**12–15%** SAVINGS  
SOME BIOSIMILARS  
ARE PRICED 12–15%  
LOWER THAN THEIR  
RESPECTIVE BIOLOGIC.



# Specialty services and additional benefits

When you bundle our comprehensive suite of specialty services together, you can build a more powerful health benefits solution, boost employee retention and acquisition efforts, and save money on your medical coverage rate.



## Dental

Our dental plans, which are administered by United Concordia Companies, Inc., allow flexibility, access, and ease of administration from one of the largest PPO dental networks. Our affordable dental coverage encourages prevention, early diagnosis, and treatment and can help detect serious and costly conditions like high blood pressure and diabetes.

- We can match almost any existing PPO plan to limit disruption.<sup>1</sup>
- The national United Concordia network has 121,300 unique dentists and 413,000 total access points.
- Customizable<sup>1</sup> annual maximum rollover and preventive incentives help control member costs.
- The Smile for Health<sup>®</sup> wellness program fully covers services that treat gum disease.<sup>2</sup>

For a sample of dental plans, see page 53.



## Vision

Administered by Davis Vision<sup>®</sup>, our vision plans go beyond access to eye exams and eyewear. Our robust network, competitive premiums, low member out-of-pocket costs, and a variety of value-added services provide vision coverage that meets your members' unique needs.

- National network of more than 116,000 access points
- Full coverage or minimal copay for frames from the Exclusive Collection<sup>3</sup>
- Safe and convenient online in-network shopping options, including [1800Contacts.com](https://1800Contacts.com), [Glasses.com](https://Glasses.com), [Visionworks.com](https://Visionworks.com), and [Befitting.com](https://Befitting.com)
- Low- to no-copay Exclusive Collection designer frames or an allowance towards any frame purchase
- Exclusive \$50 frame allowance enhancement at Visionworks<sup>1</sup>
- Fixed copays on all lens styles and coatings, making it easier to predict out-of-pocket costs



Interactive frame try-on tool that allows users to see what Exclusive Collection frames look like from the comfort of their homes



Upgraded inventory of Exclusive Collection designer frames that offer even more stylish options

- Free hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

For our vision plans, see page 55.



## Guardian supplemental insurance

The [seven Guardian-sponsored products](#) are a perfect complement to your medical coverage. They provide your employees with financial safety and security in case of an unexpected illness or injury. Preferred pricing and discounts are available when you purchase multiple Guardian products.<sup>4</sup>

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



## Employee Assistance Program

Help your employees improve productivity and reduce stress with anytime, anywhere access to the Uprise Health Employee Assistance Program (EAP). Our EAP offers a confidential, digitally enabled mental health platform that provides coaching, short-term counseling, education tools, and work-life resources for you and your employees.

- Live counseling and support for legal and financial services, childcare and eldercare, adoption, and education planning
- Custom training for workplace performance and safety
- Expert help managing mandatory referrals and worksite incidents



## Stop loss insurance

Available through HM Insurance Group (HMIG), stop loss insurance helps lower your financial risk by protecting your self-funded business against large or catastrophic claims.

- Transparent administration between medical and stop loss for quicker claims adjudication and a simpler renewal
- Competitive pricing and flexible funding options to manage cash flow



## International health solutions from Blue Cross Global

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

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

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



## Your employees can earn additional Tuition Rewards Points!

Pairing your medical benefits with United Concordia dental plans is a win-win. Offering these products helps you attract and retain talent and helps your employees earn more Tuition Rewards Points, which can offset the cost of a four-year college education at a SAGE Scholars school.

Your employees may earn additional Tuition Rewards Points by enrolling in a United Concordia Dental plan. Tuition Rewards Points can be combined into one account,<sup>5</sup> making it easier to manage.

<sup>1</sup> Customizable for 100+ customers only.

<sup>2</sup> Smile for Health services are available to members who have been diagnosed with diabetes, cerebral vascular disease, coronary artery disease, lupus, oral cancer, organ transplant, and rheumatoid arthritis.

<sup>3</sup> Allowances are up to the amount shown for each plan type.

<sup>4</sup> Available on employer-funded Guardian products.

<sup>5</sup> Employees who are signed up must contact The College Tuition Benefit at 844-244-4086 to request that their Tuition Rewards Points accounts be combined in order to stack Tuition Rewards Points.

**Independence** 



51+ HEALTH PLANS



Independence 

# PLANS FOR **51+ CUSTOMERS**

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Our streamlined 51+ portfolio contains health plans for both 51+ and 100+ customers.

# HEALTH PLANS

**Take a closer look at what is available to 51+ customers.**

- **Copay health plans give employees the predictability of fixed out-of-pocket costs.**
  - No deductible or coinsurance for in-network services
  - PPO options for more flexibility; DPOS and POS options for affordability
  - Built-in vision exams with DPOS and POS
- **Deductible/Copay health plans balance lower premiums with predictable out-of-pocket costs.**
  - Copays for the most used services
  - Can be paired with an HRA to help employees pay for deductible expenses
  - Built-in vision exams with DPOS and POS
- **Deductible/Coinsurance health plans offer more control over health care choices.**
  - Coinsurance on most services, including but not limited to doctor visits, inpatient hospital admissions, and outpatient surgical procedures
- **HSA-qualified health plans offer employees more control over their health care dollars.**
  - Option to save on taxes with an HSA
  - The flexibility of a PPO at a lower premium
  - Integrated prescription drug benefits
- **Choice Advantage health plans offer employees options to save on health care.**
  - Members save on care by visiting lower cost freestanding sites instead of hospital-based sites
  - Plans available with and without deductibles and coinsurance for in-network services



Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$50/\$80/\$500+\$250 <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$40/\$70/\$500 <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$30/\$60/\$400 <sup>1</sup>
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 <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services <sup>4</sup>			
Preventive care for adults and children	\$0	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>	\$0/\$750	\$0/\$750	\$0/\$750
Physician services			
Primary care visit — Office/virtual care	\$50/\$35	\$40/\$30	\$30/\$20
Specialist visit — Office/virtual care	\$80/\$55	\$70/\$50	\$60/\$40
Retail clinic	\$50	\$40	\$30
Eye exam	DPOS/POS — \$40 <sup>5</sup> PPO — Not covered	DPOS/POS — \$40 <sup>5</sup> PPO — Not covered	DPOS/POS — \$40 <sup>5</sup> PPO — Not covered
Virtual care <sup>23</sup>	\$0	\$0	\$0
Urgent care	\$100	\$100	\$100
Spinal manipulations (20 visits per year)	\$80 <sup>6,7</sup>	\$70 <sup>6,7</sup>	\$60 <sup>6,7</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$80 <sup>6,7</sup>	\$70 <sup>6,7</sup>	\$60 <sup>6,7</sup>
Hospital/other medical services			
Inpatient hospital services <sup>9</sup> /professional services (includes maternity)	\$500 per day for days 1-5, \$250 per day for days 6-10 <sup>9</sup> /\$0	\$500 per day <sup>10</sup> /\$0	\$400 per day <sup>10</sup> /\$0
Emergency room (not waived if admitted) <sup>11</sup>	\$300	\$300	\$300
Observation room (waived if admitted)	\$300	\$300	\$300
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$80 <sup>7</sup>	\$70 <sup>7</sup>	\$60 <sup>7</sup>
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$300	\$300	\$200
Biotech/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/prosthetics	50%	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$80/\$500 per day for days 1-5, \$250 per day for days 6-10 <sup>9</sup>	\$70/\$500 per day <sup>10</sup>	\$60/\$400 per day <sup>10</sup>
Outpatient surgery — Ambulatory surgical center/hospital-based	\$500	\$500	\$400
Outpatient lab/pathology — Freestanding/hospital-based	\$0 (POS/DPOS) \$0/\$160 (PPO)	\$0 (POS/DPOS) \$0/\$140 (PPO)	\$0 (POS/DPOS) \$0/\$120 (PPO)
Prescription drugs			
Low-cost generic drugs			
Generic drugs			
Preferred brand drugs			
Non-preferred drugs			
Self-administered specialty drugs			
See prescription drug plans on page 48.			
See prescription drug plans on page 48.			
See prescription drug plans on page 48.			
Out-of-network <sup>18,19</sup>	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)
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/family <sup>21</sup>	\$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)

Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$20/\$40/\$250 <sup>1</sup>	Personal Choice PPO \$15/\$35/\$150 <sup>1</sup>
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 <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services <sup>4</sup>		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>	\$0/\$750	\$0/\$750
Physician services		
Primary care visit — Office/virtual care	\$20/\$15	\$15/\$10
Specialist visit — Office/virtual care	\$40/\$30	\$35/\$25
Retail clinic	\$20	\$15
Eye exam	DPOS/POS — \$35 <sup>5</sup> PPO — Not covered	Not covered
Virtual care <sup>23</sup>	\$0	\$0
Urgent care	\$85	\$70
Spinal manipulations (20 visits per year)	\$40 <sup>6,7</sup>	\$35 <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$40 <sup>6,7</sup>	\$35 <sup>6</sup>
Hospital/other medical services		
Inpatient hospital services <sup>8</sup> /professional services (includes maternity)	\$250 per day <sup>10</sup> /\$0	\$150 per day <sup>10</sup> /\$0
Emergency room (not waived if admitted) <sup>11</sup>	\$250	\$200
Observation room (waived if admitted)	\$250	\$200
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$40 <sup>7</sup>	\$35
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$80	\$70
Biotech/specialty injectables — Home or office/outpatient	\$100/\$200	\$100/\$200
Infusion — Home or office/outpatient	\$20/\$40	\$15/\$30
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$40/\$250 per day <sup>10</sup>	\$35/\$150 per day <sup>10</sup>
Outpatient surgery — Ambulatory surgical center/hospital-based	\$250	\$150
Outpatient lab/pathology — Freestanding/hospital-based	\$0 (POS/DPOS) \$0/\$80 (PPO)	\$0/\$70
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on page 48.	See prescription drug plans on page 48.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network <sup>18,19</sup>	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
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/family <sup>21</sup>	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$10,000/\$20,000

Deductible/Copay Health Plans	Keystone POS \$3,500/\$20/\$40/70% <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$2,000/\$30/\$60/80% <sup>1</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
Deductible — Individual/family	\$3,500/\$7,000	\$2,000/\$4,000
Coinsurance	30%	20%
Out-of-pocket maximum — Individual/family <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800
<b>Preventive services<sup>4</sup></b>		
Preventive care for adults and children	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>		
Primary care visit — Office/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
Retail clinic	\$20 no ded	\$30 no ded
Eye exam	\$35 no ded <sup>5</sup>	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered
Virtual care <sup>23</sup>	\$0 no ded	\$0 no ded
Urgent care	\$85 no ded	\$100 no ded
Spinal manipulations (20 visits per year)	\$40 no ded <sup>7</sup>	\$60 no ded <sup>6,7</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$40 no ded <sup>7</sup>	\$60 no ded <sup>6,7</sup>
<b>Hospital/other medical services</b>		
Inpatient hospital services <sup>8</sup> /professional services (includes maternity)	30% after ded/30% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted) <sup>11</sup>	\$250 after ded	\$300 after ded
Observation room (waived if admitted)	30% after ded	20% after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$40 no ded <sup>7</sup>	\$60 no ded <sup>7</sup>
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$80 no ded	\$200 no ded
Biotech/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/prosthetics	30% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$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/pathology — Freestanding/hospital-based	\$40 no ded	\$60 no ded (POS/DPOS) \$60 no ded/\$120 no ded (PPO)
<b>Prescription drugs</b>		
Low-cost generic drugs	See prescription drug plans on page 48.	See prescription drug plans on page 48.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/family <sup>21</sup>	\$30,000/\$60,000	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)



Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$3,000/\$30/\$60/90% <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$4,000/\$30/\$60/90% <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$5,000/\$30/\$60/90% <sup>1</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
Deductible — Individual/family	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Coinsurance	10%	10%	10%
Out-of-pocket maximum — Individual/family <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
<b>Preventive services<sup>4</sup></b>			
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 <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>			
Primary care visit — Office/virtual care	\$30 no ded/\$20 no ded	\$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	\$60 no ded/\$40 no ded
Retail clinic	\$30 no ded	\$30 no ded	\$30 no ded
Eye exam	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered"	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered
Virtual care <sup>23</sup>	\$0 no ded	\$0 no ded	\$0 no ded
Urgent care	\$100 no ded	\$100 no ded	\$100 no ded
Spinal manipulations (20 visits per year)	\$60 no ded <sup>6,7</sup>	\$60 no ded <sup>6,7</sup>	\$60 no ded <sup>6,7</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$60 no ded <sup>6,7</sup>	\$60 no ded <sup>6,7</sup>	\$60 no ded <sup>6,7</sup>
<b>Hospital/other medical services</b>			
Inpatient hospital services <sup>8</sup> /professional services (includes maternity)	10% after ded/10% after ded	10% after ded/10% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted) <sup>11</sup>	\$300 after ded	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	10% after ded	10% after ded	10% after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$60 no ded <sup>7</sup>	\$60 no ded <sup>7</sup>	\$60 no ded <sup>7</sup>
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$200 no ded	\$200 no ded	\$200 no ded
Biotech/specialty injectables — Home or office/outpatient	\$150 no ded/\$300 no ded	\$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	10% after ded/30% after ded
Durable medical equipment/prosthetics	10% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$60 no ded/10% after ded	\$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	\$300 after ded
Outpatient lab/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)	\$60 no ded (POS/DPOS) \$60 no ded/\$120 no ded (PPO)
<b>Prescription drugs</b>			
Low-cost generic drugs			
Generic drugs			
Preferred brand drugs			
Non-preferred drugs			
Self-administered specialty drugs			
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
Deductible	\$5,000/\$10,000	\$6,000/\$12,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/family <sup>21</sup>	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$12,000/\$24,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$15,000/\$30,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Deductible/Copay Health Plans	Personal Choice PPO \$1,500/\$20/\$40/100% <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$2,500/\$30/\$60/100% <sup>1</sup>
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/family	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/family <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services <sup>4</sup>		
Preventive care for adults and children	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded
Physician services		
Primary care visit — Office/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
Retail clinic	\$20 no ded	\$30 no ded
Eye exam	Not covered	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered
Virtual care <sup>23</sup>	\$0 no ded	\$0 no ded
Urgent care	\$85 no ded	\$100 no ded
Spinal manipulations (20 visits per year)	\$40 no ded <sup>6</sup>	\$60 no ded <sup>6,7</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$40 no ded <sup>6</sup>	\$60 no ded <sup>6,7</sup>
Hospital/other medical services		
Inpatient hospital services <sup>8</sup> /professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) <sup>11</sup>	\$250 after ded	\$300 after ded
Observation room (waived if admitted)	\$250 after ded	\$300 after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$40 no ded	\$60 no ded <sup>7</sup>
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$80 no ded	\$200 no ded
Biotech/specialty injectables — Home or office/outpatient	\$100 no ded/\$200 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/prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$40 no ded/0% after ded	\$60 no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/hospital-based	\$250 after ded	\$300 after ded
Outpatient lab/pathology — Freestanding/hospital-based	\$40 no ded/\$80 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 48.	See prescription drug plans on page 48.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network <sup>18,19</sup>	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 <sup>21</sup>	\$10,000/\$20,000	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$3,000/\$30/\$60/100% <sup>1</sup>	Personal Choice PPO Keystone DPOS Keystone POS \$5,000/\$40/\$70/100% <sup>1</sup>	Personal Choice PPO \$6,000/\$20/\$40/100% <sup>1</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
Deductible — Individual/family	\$3,000/\$6,000	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/family <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
<b>Preventive services<sup>4</sup></b>			
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 <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>			
Primary care visit — Office/virtual care	\$30 no ded/\$20 no ded	\$40 no ded/\$30 no ded	\$20 no ded/\$15 no ded
Specialist visit — Office/virtual care	\$60 no ded/\$40 no ded	\$70 no ded/\$50 no ded	\$40 no ded/\$30 no ded
Retail clinic	\$30 no ded	\$40 no ded	\$20 no ded
Eye exam	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered	DPOS/POS — \$40 no ded <sup>5</sup> PPO — Not covered	Not covered
Virtual care <sup>23</sup>	\$0 no ded	\$0 no ded	\$0 no ded
Urgent care	\$100 no ded	\$100 no ded	\$85 no ded
Spinal manipulations (20 visits per year)	\$60 no ded <sup>6,7</sup>	\$70 no ded <sup>6,7</sup>	\$40 no ded <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$60 no ded <sup>6,7</sup>	\$70 no ded <sup>6,7</sup>	\$40 no ded <sup>6</sup>
<b>Hospital/other medical services</b>			
Inpatient hospital services <sup>8</sup> /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) <sup>11</sup>	\$300 after ded	\$300 after ded	\$250 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded	\$250 after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$60 no ded <sup>7</sup>	\$70 no ded <sup>7</sup>	\$40 no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$200 no ded	\$300 no ded	\$80 no ded
Biotech/specialty injectables — Home or office/outpatient	\$150 no ded/\$300 no ded	\$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	0% after ded/20% after ded
Durable medical equipment/prosthetics	0% after ded	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$60 no ded/0% after ded	\$70 no ded/0% after ded	\$40 no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/hospital-based	\$300 after ded	\$300 after ded	\$250 after ded
Outpatient lab/pathology — Freestanding/hospital-based	\$60 no ded (POS/DPOS) \$60 no ded/\$120 no ded (PPO)	\$70 no ded (POS/DPOS) \$70 no ded/\$140 no ded (PPO)	\$40 no ded (POS/DPOS) \$40 no ded/\$80 no ded (PPO)
<b>Prescription drugs</b>			
Low-cost generic drugs			
Generic drugs			
Preferred brand drugs			
Non-preferred drugs			
Self-administered specialty drugs			
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
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 <sup>21</sup>	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$15,000/\$30,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$18,000/\$36,000



**Independence** 

## Deductible/Coinsurance Health Plan

## Personal Choice PPO PPO \$4000/90% w Int Rx <sup>1</sup>

### Benefits per contract year

Deductible — Individual/family
Coinsurance
Out-of-pocket maximum — Individual/family <sup>3</sup>

### You pay in-network

\$4,000/\$8,000
10%
\$7,900/\$15,800

### Preventive services<sup>4</sup>

Preventive care for adults and children
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>

0% no ded
\$0 no ded/\$750 no ded

### Physician services

Primary care visit — Office/virtual care
Specialist visit — Office/virtual care
Retail clinic
Eye exam
Virtual care <sup>23</sup>
Urgent care
Spinal manipulations (20 visits per year)
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based

10% after ded
10% after ded
10% after ded
Not covered
0% no ded
10% after ded
10% after ded <sup>6</sup>
10% after ded <sup>6</sup>

### Hospital/other medical services

Inpatient hospital services <sup>8</sup> /professional services (includes maternity)
Emergency room (not waived if admitted) <sup>11</sup>
Observation room (waived if admitted)
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based
Biotech/specialty injectables — Home or office/outpatient
Infusion — Home or office/outpatient
Durable medical equipment/prosthetics
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>
Outpatient surgery — Ambulatory surgical center/hospital-based
Outpatient lab/pathology — Freestanding/hospital-based

10% after ded/10% after ded
10% after ded
10% after ded
10% after ded
10% after ded
10% after ded/30% after ded
10% after ded/30% after ded
10% after ded
10% after ded/10% after ded
10% after ded
10% after ded/20% after ded

### Prescription drugs<sup>12,14</sup>

Low-cost generic drugs <sup>13,15,16</sup>
Generic drugs <sup>13,16</sup>
Preferred brand drugs <sup>13,16</sup>
Non-preferred drugs <sup>13,16</sup>
Self-administered specialty drugs <sup>17</sup>

\$3 after ded
\$20 after ded
\$40 after ded
\$70 after ded
50% up to \$500 after ded

### Out-of-network<sup>18,19</sup>

Deductible
Coinsurance
Out-of-pocket maximum — Individual/family <sup>21</sup>

### You pay out-of-network

\$6,000/\$12,000
50% after ded
\$12,000/\$24,000

HSA-qualified Health Plans	Personal Choice PPO \$2,000/80% <sup>2</sup>	Personal Choice PPO \$3,000/80% <sup>2</sup>	Personal Choice PPO \$5,000/80% <sup>2</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
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 <sup>3</sup>	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
<b>Preventive services<sup>4</sup></b>			
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 <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>			
Primary care visit — Office/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
Retail clinic	20% after ded	20% after ded	20% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care <sup>23</sup>	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	20% after ded	20% after ded	20% after ded
Spinal manipulations (20 visits per year)	20% after ded <sup>6</sup>	20% after ded <sup>6</sup>	20% after ded <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	20% after ded <sup>6</sup>	20% after ded <sup>6</sup>	20% after ded <sup>6</sup>
<b>Hospital/other medical services</b>			
Inpatient hospital services <sup>8</sup> /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) <sup>11</sup>	20% after ded	20% after ded	20% after ded
Observation room (waived if admitted)	20% after ded	20% after ded	20% after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	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/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/prosthetics	20% after ded	20% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	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/pathology — Freestanding/hospital-based	20% after ded/30% after ded	20% after ded/30% after ded	20% after ded/30% after ded
<b>Prescription drugs<sup>12,14</sup></b>			
Low-cost generic drugs <sup>13,15,16</sup>	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs <sup>13,16</sup>	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs <sup>13,16</sup>	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs <sup>13,16</sup>	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs <sup>17</sup>	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
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 <sup>21</sup>	\$10,000/\$20,000	\$10,000/\$20,000	\$15,000/\$30,000



HSA-qualified Health Plans	Personal Choice PPO \$2,500/90% <sup>2</sup>	Personal Choice PPO \$5,000/70% <sup>2</sup>	Personal Choice PPO \$3,000/90% <sup>2</sup>	Personal Choice PPO \$4,000/90% <sup>2</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
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 <sup>3</sup>	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
<b>Preventive services<sup>4</sup></b>				
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 <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>				
Primary care visit — Office/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
Retail clinic	10% after ded	30% after ded	10% after ded	10% after ded
Eye exam	Not covered	Not covered	Not covered	Not covered
Virtual care <sup>23</sup>	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	10% after ded	30% after ded	10% after ded	10% after ded
Spinal manipulations (20 visits per year)	10% after ded <sup>6</sup>	30% after ded <sup>6</sup>	10% after ded <sup>6</sup>	10% after ded <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	10% after ded <sup>6</sup>	30% after ded <sup>6</sup>	10% after ded <sup>6</sup>	10% after ded <sup>6</sup>
<b>Hospital/other medical services</b>				
Inpatient hospital services <sup>8</sup> /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) <sup>11</sup>	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
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	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/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/prosthetics	10% after ded	30% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	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/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
<b>Prescription drugs<sup>12,14</sup></b>				
Low-cost generic drugs <sup>13,15,16</sup>	\$3 after ded	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs <sup>13,16</sup>	\$20 after ded	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs <sup>13,16</sup>	\$40 after ded	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs <sup>13,16</sup>	\$70 after ded	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs <sup>17</sup>	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>		<b>You pay out-of-network</b>	
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 <sup>21</sup>	\$10,000/\$20,000	\$15,000/\$30,000	\$10,000/\$20,000	\$12,000/\$24,000

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

HSA-qualified Health Plans	Personal Choice PPO \$3,000/100% <sup>2</sup>	Personal Choice PPO \$5,000/100% <sup>2</sup>	Personal Choice PPO \$6,350/100% <sup>2</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
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 <sup>3</sup>	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
<b>Preventive services<sup>4</sup></b>			
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 <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>			
Primary care visit — Office/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
Retail clinic	0% after ded	0% after ded	0% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care <sup>23</sup>	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	0% after ded	0% after ded	0% after ded
Spinal manipulations (20 visits per year)	0% after ded <sup>6</sup>	0% after ded <sup>6</sup>	0% after ded <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	0% after ded <sup>6</sup>	0% after ded <sup>6</sup>	0% after ded <sup>6</sup>
<b>Hospital/other medical services</b>			
Inpatient hospital services <sup>8</sup> /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) <sup>11</sup>	0% after ded	0% after ded	0% after ded
Observation room (waived if admitted)	0% after ded	0% after ded	0% after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	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/specialty injectables — Home or office/outpatient	0% after ded/20% after ded	0% after ded/20% after ded	0% after ded/20% after ded
Infusion — Home or office/outpatient	0% after ded/20% after ded	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment/prosthetics	0% after ded	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	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/pathology — Freestanding/hospital-based	\$0 after ded/10% after ded	\$0 after ded/10% after ded	\$0 after ded/10% after ded
<b>Prescription drugs<sup>12,14</sup></b>			
Low-cost generic drugs <sup>13,15,16</sup>	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs <sup>13,16</sup>	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs <sup>13,16</sup>	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs <sup>13,16</sup>	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs <sup>17</sup>	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
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 <sup>21</sup>	\$10,000/\$20,000	\$15,000/\$30,000	\$18,000/\$36,000

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



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

Choice Advantage Health Plans	Keystone POS CA \$40/\$85/\$500 <sup>1</sup>	Personal Choice PPO CA \$40/\$85/\$500 <sup>1</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
Deductible — Individual/family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/family <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800
<b>Preventive services<sup>4</sup></b>		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>	\$0/\$750	\$0/\$750
<b>Physician services</b>		
Primary care visit — Office/virtual care	\$40/\$30	\$40/\$30
Specialist visit — Office/virtual care	\$85/\$60	\$85/\$60
Retail clinic	\$40	\$40
Eye exam	\$40 <sup>5</sup>	Not covered
Virtual care <sup>23</sup>	\$0	\$0
Urgent care	\$100	\$100
Spinal manipulations (20 visits per year)	\$85 <sup>7</sup>	\$85 <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$85 <sup>7</sup>	\$50/\$150 <sup>6</sup>
<b>Hospital/other medical services</b>		
Inpatient hospital services <sup>8</sup> /professional services (includes maternity)	\$500 per day <sup>10</sup> /\$0	\$500 per day <sup>10</sup> /\$0
Emergency room (not waived if admitted) <sup>11</sup>	\$300	\$300
Observation room (waived if admitted)	\$300	\$300
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$85 <sup>7</sup>	\$50/\$150
MRI/MRA, CT/CTA scan, PET scan — Freestanding/hospital-based	\$300	\$200/\$400
Biotech/specialty injectables — Home or office/outpatient	\$150/\$300	\$150/\$300
Infusion — Home or office/outpatient	\$40/\$80	\$40/\$80
Durable medical equipment/prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$85/\$500 per day <sup>10</sup>	\$85/\$500 per day <sup>10</sup>
Outpatient surgery — Ambulatory surgical center/hospital-based	\$350/\$700	\$350/\$700
Outpatient lab/pathology — Freestanding/hospital-based	\$0	\$0/\$170
<b>Prescription drugs</b>		
Low-cost generic drugs	See prescription drug plans on page 48.	See prescription drug plans on page 48.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
Deductible	\$5,000/\$10,000	\$2,500/\$5,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/family <sup>21</sup>	\$30,000/\$60,000	\$10,000/\$20,000

Choice Advantage Health Plans	Personal Choice PPO CA \$3,000/\$25/\$65/80% <sup>1</sup>	Personal Choice PPO CA \$4,000/\$30/\$75/90% <sup>1</sup>
<b>Benefits per contract year</b>	<b>You pay in-network</b>	<b>You pay in-network</b>
Deductible — Individual/family	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	20%	10%
Out-of-pocket maximum — Individual/family <sup>3</sup>	\$7,900/\$15,800	\$7,900/\$15,800
<b>Preventive services<sup>4</sup></b>		
Preventive care for adults and children	\$0 no ded	\$0 no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/hospital-based <sup>22</sup>	\$0/\$750 no ded	\$0/\$750 no ded
<b>Physician services</b>		
Primary care visit — Office/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
Retail clinic	\$25 no ded	\$30 no ded
Eye exam	Not covered	Not covered
Virtual care <sup>23</sup>	\$0 no ded	\$0 no ded
Urgent care	\$100 no ded	\$100 no ded
Spinal manipulations (20 visits per year)	\$65 no ded <sup>6</sup>	\$75 no ded <sup>6</sup>
Physical/occupational therapy (30 visits per year) — Freestanding/hospital-based	\$40 no ded/\$100 no ded <sup>6</sup>	\$50 no ded/\$150 no ded <sup>6</sup>
<b>Hospital/other medical services</b>		
Inpatient hospital services <sup>8</sup> /professional services (includes maternity)	20% after ded/20% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted) <sup>11</sup>	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Routine radiology/diagnostic — Freestanding/hospital-based <sup>20</sup>	\$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/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/prosthetics	20% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/inpatient <sup>8</sup>	\$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/pathology — Freestanding/hospital-based	\$40 no ded/\$100 no ded	\$50 no ded/\$150 no ded
<b>Prescription drugs</b>		
Low-cost generic drugs	See prescription drug plans on page 48.	See prescription drug plans on page 48.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
<b>Out-of-network<sup>18,19</sup></b>	<b>You pay out-of-network</b>	<b>You pay out-of-network</b>
Deductible	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/family <sup>21</sup>	\$10,000/\$20,000	\$12,000/\$24,000

# PHARMACY PROGRAM

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# PRESCRIPTION DRUG PLANS



Independence 



## Prescription drug plans

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



# 51+

Prescription Drug <sup>12,14</sup>	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 <sup>13,15,16</sup>	\$3	\$3	\$3
Generic drugs <sup>13,16</sup>	\$20	\$15	\$25
Preferred brand drugs <sup>13,16</sup>	\$40	\$35	\$50
Non-preferred drugs <sup>13,16</sup>	\$60	\$50	\$75
Self-administered specialty drugs <sup>17</sup>	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max

# 100+

Prescription Drug <sup>12,14</sup>	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 <sup>13,15,16</sup>	\$3	\$3	\$3 — no ded	\$3	\$3
Generic drugs <sup>13,16</sup>	\$20	\$20	10% coinsurance — no ded	\$20	\$15
Preferred brand drugs <sup>13,16</sup>	\$75	\$40	20% after ded <sup>18</sup>	\$40	\$35
Non-preferred drugs <sup>13,16</sup>	\$100	\$70	30% after ded <sup>18</sup>	\$60	\$50
Self-administered specialty drugs <sup>17</sup>	50% up to \$1,000 max	50% up to \$1,000 max	50% up to \$500 max after ded <sup>18</sup>	50% up to \$500 max	50% up to \$500 max

Prescription Drug <sup>12,14</sup>	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 <sup>13,15,16</sup>	\$3	\$3	\$3	\$3	\$3
Generic drugs <sup>13,16</sup>	\$10	20%	\$10	\$10	\$10
Preferred brand drugs <sup>13,16</sup>	\$40	20%	\$30	\$25	\$20
Non-preferred drugs <sup>13,16</sup>	\$70	20%	\$50	\$50	\$35
Self-administered specialty drugs <sup>17</sup>	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

# SPECIALTY SERVICES

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**SPECIALTY SERVICES**



**Independence** 

**Independence** 

# Specialty Services

# HEALTH PLANS

Specialty Services provide a holistic approach to managing your employees' health and long-term medical costs. Plus, bundling multiple products with your medical plan saves you money on your medical coverage rate. This section provides a summary of specialty plans available for:



Dental



Vision



**Bundle prescription drug, dental, vision, and Guardian products and save!**

## Dental plans

All dental plans are sold and administered by United Concordia Companies, Inc., and allow flexibility, network access, and ease of administration from one of the nation's largest PPO dental networks. The following dental plans are a sample of all plans available to both 51–99 and 100+ customers.

Concordia Flex Dental	High option	Middle option
Benefit category <sup>1</sup>	In/Out-of-network <sup>2</sup>	In/Out-of-network <sup>2</sup>
<b>Class 1 — Diagnostic/ Preventive services</b>		
Exams	100%	100%
X-rays	100%	100%
Cleanings & fluoride treatments	100%	100%
Sealants	100%	100%
Space maintainers	80%	80%
Emergency treatment	100%	100%
<b>Class 2 — Basic services</b>		
Fillings (metal and white fillings)	80%	80%
Simple extractions	80%	80%
Repairs of crowns, inlays, onlays, bridges & dentures	80%	80%
Endodontics	80%	80%
Surgical and nonsurgical periodontics	80%	80%
Complex oral surgery	80%	80%
General anesthesia	80%	80%
<b>Class 3 — Major services</b>		
Inlays, onlays, crowns	50%	50%
Prosthetics (bridges, dentures)	50%	50%
<b>Orthodontics for dependent children to age 19</b>		
Diagnostic, active, retention treatment	50%	Not covered
<b>Maximums &amp; Deductibles</b> (applies to the combination of services received from network and non-network dentists)		
Annual program deductible (per person/per family)	\$50/\$150 Excludes Class 1 & Orthodontics	\$50/\$150 Excludes Class 1
Annual program maximum (per person)	\$1,500 Excludes Class 1 & Orthodontics	\$1,500 Excludes Class 1
Lifetime orthodontic maximum (per person)	\$1,500	N/A

United Concordia Companies, Inc. can customize almost any PPO dental plan, or 100+ customers can choose from the standard dental plans.

- Members receive 100 percent coverage for diagnostic and preventive services and save an average of 40 percent on additional services from providers.
- Pregnant members and members with certain conditions have access to extra periodontal benefits.<sup>3</sup>
- 100+ customers have a dedicated Account Management team to help you customize deductibles and maximums or add extra benefits like cosmetic orthodontia and Smile for Health.
- Self-funding is also available for 100+ customers.

1. Unmarried dependent students covered to age 26. Groups with 51+ employees can customize the age limits for dependents.

2. Reimbursement is based on a schedule of maximum allowable charges (MACs). Network dentists agree to accept UCD's allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the allowance and their fee (also known as balance billing). Dental plans are sold and administered by United Concordia Companies, Inc. Standard Exclusions and limitations apply. Other out-of-network reimbursement levels are available.

3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com. Representative listing of covered services – certificate of coverage provides a detailed description of benefits.



Concordia Flex Dental	Low option	Preventive option	Custom option
Benefit category <sup>1</sup>	In/Out-of-network <sup>2</sup>	In/Out-of-network <sup>2</sup>	In/Out-of-network <sup>2</sup>
<b>Class 1 — Diagnostic/ Preventive services</b>			
Exams	100%	100%	0 – 100%
X-rays	100%	100%	0 – 100%
Cleanings & fluoride treatments	100%	100%	0 – 100%
Sealants	100%	100%	0 – 100%
Space maintainers	80%	Not covered	0 – 100%
Emergency treatment	100%	100%	0 – 100%
<b>Class 2 — Basic services</b>			
Fillings (metal and white fillings)	80%	Not covered	0 – 100%
Simple extractions	80%	Not covered	0 – 100%
Repairs of crowns, inlays, onlays, bridges & dentures	80%	Not covered	0 – 100%
Endodontics	80%	Not covered	0 – 100%
Surgical and nonsurgical periodontics	80%	Not covered	0 – 100%
Complex oral surgery	80%	Not covered	0 – 100%
General anesthesia	80%	Not covered	0 – 100%
<b>Class 3 — Major services</b>			
Inlays, onlays, crowns	Not covered	Not covered	0 – 100%
Prosthetics (bridges, dentures)	Not covered	Not covered	0 – 100%
<b>Orthodontics for dependent children to age 19</b>			
Diagnostic, active, retention treatment	Not covered	Not covered	0 – 100%
<b>Maximums &amp; Deductibles</b> (applies to the combination of services received from network and non-network dentists)			
Annual program deductible (per person/per family)	\$50/\$150 Excludes Class 1	\$0	Flexible
Annual program maximum (per person)	\$1,000 Excludes Class 1	\$1,000	Flexible
Lifetime orthodontic maximum (per person)	N/A	N/A	Flexible

1. Unmarried dependent students covered to age 26. Groups with 51+ employees can customize the age limits for dependents.

2. Reimbursement is based on a schedule of maximum allowable charges (MACs). Network dentists agree to accept UCD's allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the allowance and their fee (also known as balance billing). Dental plans are sold and administered by United Concordia Companies, Inc. Standard Exclusions and limitations apply. Other out-of-network reimbursement levels are available.

## Vision plans

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

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 <sup>1</sup>	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 & follow-up care	12 months	12 months	24 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	24 months
Frame allowance options	<ul style="list-style-type: none"> <li>Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,<sup>2</sup> or</li> <li>\$100 frame allowance, plus 20% off the overage at in-network providers, or</li> <li>\$150 frame allowance at Visionworks</li> </ul>		

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 <sup>1</sup>	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 & follow-up care	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months
Frame allowance options	<ul style="list-style-type: none"> <li>Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,<sup>2</sup> or</li> <li>\$130 frame allowance, plus 20% off the overage at in-network providers, or</li> <li>\$180 frame allowance at Visionworks</li> </ul>		

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 <sup>1</sup>	12 months	12 months
Spectacle lenses	12 months	12 months
Frame	12 months	24 months
Contact lens evaluation, fitting & follow-up care	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months
Frame allowance options	<ul style="list-style-type: none"> <li>Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,<sup>2</sup> or</li> <li>\$150 frame allowance, plus 20% off the overage at in-network providers, or</li> <li>\$200 frame allowance at Visionworks</li> </ul>	

## Fully covered lens options

- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet coating
- Scratch-resistant coating
- Oversize lenses
- Polycarbonate lenses<sup>3, 5</sup>
- Tinting of plastic lenses<sup>4</sup>
- Standard progressive lenses<sup>5</sup>



## Need vision coverage?

If you choose DPOS or POS medical plans, routine eye exams are included, and you can choose to enhance your benefit with a plan that includes frames and lenses. If you offer PPO medical plans, you can choose any one 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.

4. Vision Care 130 and Vision Care 150 only.

5. Vision Care 150 only.

# What is 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 Independence 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 his or her physician/provider are notified in writing of the decision. Employees or a provider acting on their behalf may appeal the decision. At any time during the evaluation process or the appeal, the provider or your employee may submit additional information to support the request.

## Additional benefits and exclusions

The information in this brochure represents only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by 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 Independence 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

\* Independence reserves the right to change premium rates.



# Important plan details

## 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 pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
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 pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the 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.
4. Age and frequency schedules may apply.
6. For PPO plans, visit limits are combined in- and out-of-network.
7. For DPOS and POS plans a referral is required from 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 preferred providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for 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 Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the 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 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 providers' 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, MDLIVE. In addition, Penn Medicine OnDemand provides virtual urgent care services.

## Vision

5. Independence 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. The 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 pharmacies for reduced member cost-sharing (\$3 retail/\$6 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. The member 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.
18. \$250 per person; brand drugs only

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

# Underwriting guidelines summary<sup>1</sup>

## 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 Independence pharmacy plan.

## Participation requirements<sup>2</sup>

- For groups of 51 or more, a minimum participation level of 75 percent is required for each worksite.
- Independence 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 to 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<sup>2</sup>

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).<sup>1</sup>
- 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<sup>2</sup>

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

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

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

Ovia Health is an independent company.

Livongo is an independent company.

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

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

Access to the GlobalFit Anywhere app is only available as a value-added benefit in standard and select large group plans. The GlobalFit Anywhere app is available as a buy-up option through the Achieve Well-being Custom Rewards program for self-funded groups.

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 health plan and is, therefore, subject to change without notice.

GradFin, LLC., an independent company, is providing a student debt refinancing program to customers of Independence Blue Cross. GradFin, LLC does not provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence health plan and is, therefore, subject to change without notice.

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

In addition to Independence Blue Cross behavioral health network, Magellan Behavioral Health, Inc., an independent company, provides limited network and management services for mental health and substance abuse benefits.

MDLIVE is an independent company providing virtual care services for Independence Blue Cross. Copyright © 2020 MDLIVE Inc. All Rights Reserved. MDLIVE may not be available in certain states and is subject to state regulations. MDLIVE does not replace the primary care physician, is not an insurance product and may not be able to substitute for traditional in-person care in every case or for every condition. MDLIVE does not prescribe DEA controlled substances and may not prescribe non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE does not guarantee patients will receive a prescription. Healthcare professionals using the platform have the right to deny care if based on professional judgment a case is inappropriate for telehealth or for misuse of services. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit [MDLIVE.com/terms-of-use/](https://MDLIVE.com/terms-of-use/).

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.

Dental plans are sold and administered by United Concordia Companies, Inc., an independent company.

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

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

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY., an independent company. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

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.

All stop loss products and services described herein are provided by HM Insurance Group (HM) member companies under policy form series HL601, HMP-SL (11/16), HC601, or similar. HM member companies do not provide Independence Blue Cross products or services. The companies in HM Insurance Group are solely responsible for only the Stop Loss products and services indicated herein.

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.

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





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