Independence

2027 Health Plans

For Individuals and Families

IBX

Never stop caring

We're glad you're here!

Choosing a health plan is a big decision — and you don't have to make it alone. Use this guide to help you understand your options, compare plans, and feel more confident choosing coverage that fits your life.

If you have any questions, want help finding the right plan, or are ready to enroll, we're here for you every step of the way.

Online at **ibx.com/answers**

By phone at **1-855-640-3454 (TTY: 711)**

In person at **Independence LIVE**

1919 Market Street, 2nd Floor
Philadelphia, PA 19103
Monday – Friday, 8 a.m. – 4 p.m.

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Philly, we've got your back. (And the rest of you.)

For nearly 90 years, Independence Blue Cross (IBX) has been caring for the people in the Philadelphia area. Caring is a choice. It's one we make every day.

We live here, work here, raise our families here, and understand how important it is to have health coverage you can count on. We're here to make health care feel a little easier with plans, tools, and support designed around real life.

When you choose IBX, you get:

- The largest network of doctors and hospitals in the region with every plan
- Affordable, convenient ways to get care
- Support for your body, mind, and everyday well-being

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

APPLY TODAY

Apply for a plan and experience the difference IBX makes.

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

Ready to enroll?

If you're ready to enroll in medical, dental, or vision insurance, choose the enrollment option that works best for you. And if you have questions along the way, we're here to help.

Enrolling in a plan

ONLINE

Visit **ibx.com/applynow** to get started

BY PHONE

Call **1-855-640-3454 (TTY: 711)**

BY MAIL

Send your application to:

Independence Blue Cross
P.O. Box 8240
Philadelphia, PA 19101

Your payment options

We're here to make things easier, including how you pay your bill. Choose the option that works best for you. You must pay your first month's premium before your coverage goes into effect, and you must make monthly premium payments for your coverage to continue.

Note: With any of these payment options, you'll need to make separate payments for each plan you purchase (medical, dental, vision).

LEARN MORE

Scan the QR code or visit **ibx.com/payment** for more detailed instructions about each payment option.

Pay by Text

Pay your premium in seconds from your smartphone. You'll also get a text alert before your due date if you haven't paid yet. Simply reply to the message to securely complete your payment — no need to log in. There's no cost to enroll (standard message and data rates may apply), and you can opt out at any time.

eBill

Skip paper bills and pay online with eBill instead. Starting up to 15 days before your coverage begins, you can log in at **ibx.com** to view your bill, make a one-time payment, or set up recurring payments.

Check or money order

You can mail a check or money order to pay your first month's premium. To make ongoing payments by check, you will receive a bill each month before your payment is due.

By phone

To make a payment using our automated system, call **1-888-879-4891 (TTY: 711)**. You can provide your bank account information or use a prepaid debit card. There are no fees for this service.

In person at Independence LIVE

To make a payment in person, visit Independence LIVE at 1919 Market Street, 2nd floor, Philadelphia PA, 19103. Monday – Friday, 8 a.m. – 4 p.m.

Health plans that fit your life

No matter where you are in life, there's an IBX health plan designed to help you get health care that fits your needs, your budget, and your day-to-day life.

All IBX individual and family health plans cover the same basic services, including doctor visits, hospital stays, prescription drugs, blood tests, X-rays, preventive care, and more. You also get 24/7 non-emergency virtual care through Teladoc Health (Teladoc) for a $0 copay.

Our provider network makes finding care easier. You have access to the largest network of doctors and hospitals in the region, so there's a good chance your providers are included. The network also offers a wide variety of high-quality behavioral health providers, with options for in-person and virtual care. Read more on page 15.

The most trusted company with access to the care you want.[1]

1 Based on the 2025 Blue Cross Blue Shield Association Brand Strength Measure Study

60,000+ in-network doctors

180+ in-network hospitals

65,000+ in-network pharmacies (Standard Rx network)

$0 copay for virtual visits from Teladoc

Meet our health plans

Health insurance can feel complicated, but comparing plans gets easier when you know what to look for.

You can choose from the Gold, Silver, and Bronze plan levels. We also offer a Catastrophic health plan for those who are younger than 30 or qualify for an exemption. In general, plans with lower monthly premiums have higher costs when you get care. These plans may be a good fit if you don't expect to use many health care services.

LEARN MORE

You can see all the plans available on pages 18 – 69.

	Gold	Silver	Bronze
Monthly premium	$$$	$$	$
Out-of-pocket costs	$	$$	$$$
Good option if you …	Plan to use a lot of health care services	See doctors and specialists occasionally	Don't plan to use a lot of health care services

As you compare, focus on these factors:

- **Your monthly premium**
  What you pay each month for your health plan
- **Your deductible**
  What you pay for certain services before your plan starts to pay (some plans and services don't have a deductible)
- **What you pay when you get care**
  Your copays, coinsurance, and other out-of-pocket costs

Our most popular plans: Keystone HMO Proactive

Keystone HMO Proactive plans give you more control over your costs, while still giving you access to the full IBX network. These plans use a tiered network, which means some doctors and hospitals cost less than others. To save the most, choose Tier 1 – Preferred providers.

Tier 1 includes more than 50% of in-network doctors

$	Tier 1 – Preferred
$$	Tier 2 – Enhanced
$$$	Tier 3 – Standard

With a Keystone HMO Proactive plan:

- You will select a primary care physician (PCP) to coordinate your care and refer you to specialists.
- Your PCP will issue referrals to visit an in-network doctor or other provider (no referrals needed for OB/GYN, mammograms, mental health, or emergency care).
- You can use Tier 1 providers for some covered services and Tiers 2 or 3 for others.
- Services like preventive care, emergency room visits,[1] and urgent care cost the same across all tiers.

Scan the QR code for a list of in-network hospitals by tier. To search for an in-network doctor or specialist and see their tier, visit **ibx.com/providerfinder.**

Note: To see a provider's tier, you'll need to select *Keystone HMO Proactive* from the list of plans in the upper right corner of the screen.

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

Benefits and tools that make getting care easier

IBX health plans include helpful benefits and tools that make it easier to manage your health, lower your costs, and get health care when and where you need it.

Care that fits your schedule

Taking care of your health is easier when you have options that fit into your life. Virtual care makes taking care of yourself more convenient and affordable.

Virtual care saves time and money

Virtual care benefits are included in all IBX health plans. Many in-network providers offer virtual visits, and you'll pay less than you would for an office visit. You'll pay $0 for virtual behavioral health visits. These lower costs apply when you use in-network providers who offer virtual visits.

$0 Virtual Primary Care plans

Primary care should be easy to keep up with, even when life is busy. Some plans include **$0 Virtual Primary Care** from Teladoc. With these plans, you can choose a board-certified Teladoc doctor as your virtual primary care doctor and meet by phone or video.

Your virtual PCP can help with:

- Annual checkups and well visits
- Time to talk about your health history, concerns, and care needs
- A care plan personalized to your health goals
- Referrals, prescriptions, and lab orders, when needed

Our Virtual Primary Care Plans make your PCP accessible from almost anywhere, so they're a great option if you travel often or attend school away from home.

$0 Virtual Primary Care plans:

- EPO Gold Preferred Virtual Care
- EPO Silver Classic Virtual Care ON
- EPO Silver Basic Virtual Care OFF
- EPO Bronze Virtual Care

Get virtual care anytime, anywhere with Teladoc

With all IBX plans, you can use Teladoc for **$0 non-emergency virtual visits**, 24/7. Talk with a board-certified, state-licensed doctor by phone or video without long wait times or added costs. Teladoc also offers interpreter services in several languages, including American Sign Language (ASL).

You can use $0 virtual Teladoc visits for:

General medical care

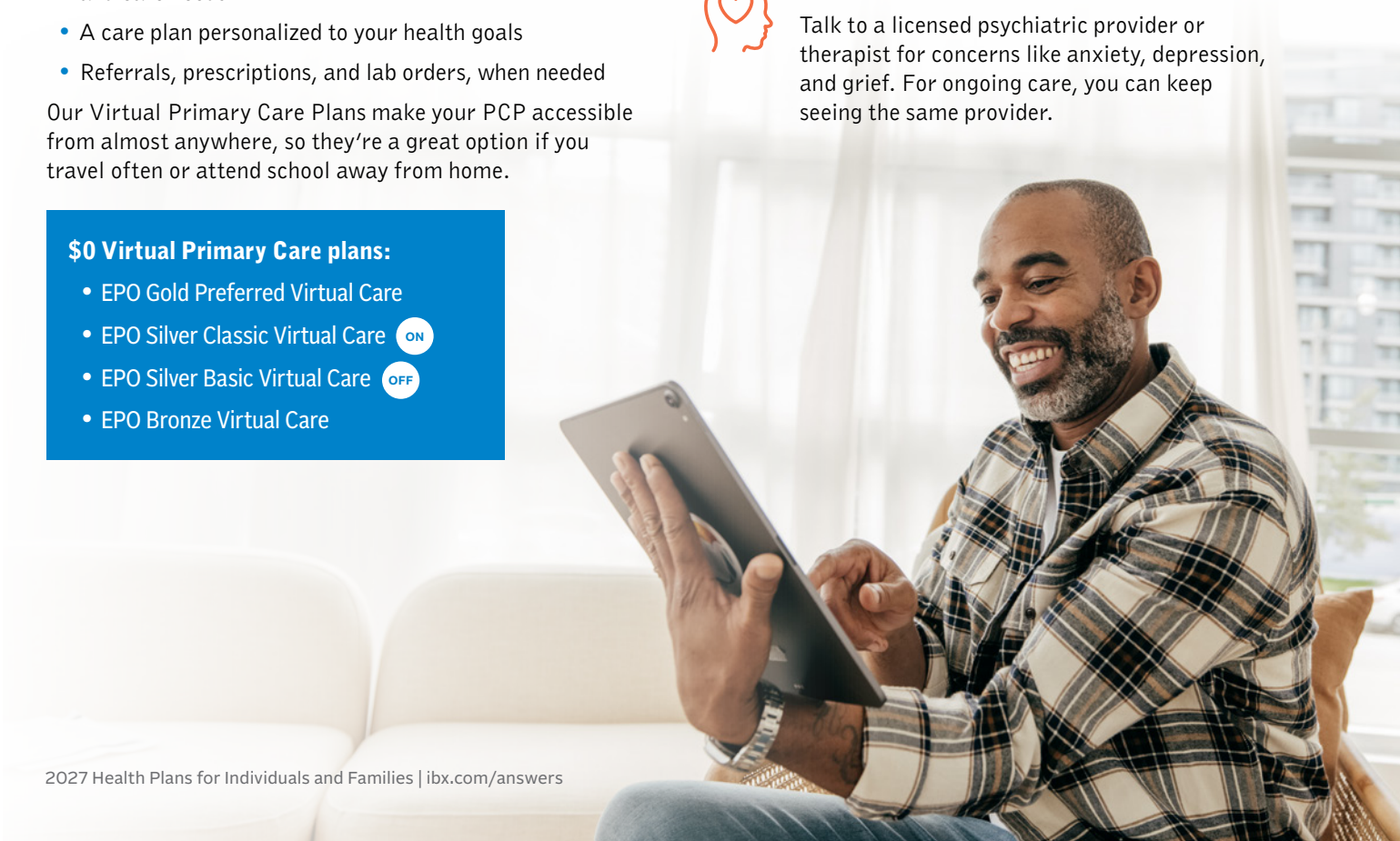
Use for common, non-emergency health concerns such as sinus pain, flu, pink eye, and sore throat. Get a diagnosis and prescription, if needed.

Dermatology care

Get care from a dermatologist for a wide range of skin concerns. You'll complete a short form, upload images, and get a treatment plan and prescription, if needed.

Mental health care

Talk to a licensed psychiatric provider or therapist for concerns like anxiety, depression, and grief. For ongoing care, you can keep seeing the same provider.



Prescription drug coverage

Every IBX health plan includes prescription drug coverage, plus tools and programs that can help you find lower-cost options and easily manage your medications.

Lower-cost options

We're helping members save money on prescriptions.

- **Save with generics.** You'll pay less when your doctor prescribes generic and lower-cost brand alternatives.
- **Cost estimators.** Our digital tools make it easy for you to estimate costs. And your doctor can see medication costs while they're choosing one to prescribe for you.
- **Price Edge program.** For many non-specialty generic drugs, you'll automatically pay the best price available at the pharmacy, whether that is through market discounts or your plan's cost-sharing.

Convenient mail order/home delivery

For medications you take regularly, mail order/home delivery is available with free shipping. For most medications, you'll pay less for a 90-day supply when using mail order/home delivery. You can also get a 90-day supply of your maintenance medications at CVS pharmacies for the same cost-sharing as mail order/home delivery.

Easy-to-use digital tools

Log in at **ibx.com** or use the IBX app to find an in-network pharmacy, estimate drug costs, review claims, submit requests for mail order/home delivery, and more.

Savings on specialty drugs

Our program for self-administered specialty drugs offers convenient delivery options, support, and resources if you are managing conditions like cancer, hemophilia, hepatitis C, HIV/AIDS, rheumatoid arthritis, and multiple sclerosis. Experienced pharmacists and nurses are also available by phone or video for counseling.

5-tier Value Formulary

$	Low-cost generic
$$	Generic
$$$	Brand-name (Preferred brand)
$$$$	Brand-name and generic (Non-preferred)
$$$$$	Self-administered specialty drug

How an HSA can help you save

A health savings account (HSA) lets you set aside money for eligible health care costs. If you enroll in a Bronze or Catastrophic plan, you can use an HSA to save money now for care you need later.

You can use HSA funds for qualified expenses like doctor visits, prescriptions, dental care, and vision care. The money rolls over from year to year, and the account stays with you even if you change health plans later.

What are the advantages of using an HSA?

- Save money tax-free[1]
- Use HSA funds tax-free for qualified health care expenses
- Earn tax-free interest or investment income on HSA funds[2]
- Keep unused money, even if your coverage changes

Who can open an HSA?

All Bronze and Catastrophic plans are HSA-compatible. If you enroll in one of these plans, you can open an HSA.

Our EPO Bronze Reserve plan includes an HSA. If you enroll in this plan, you'll just need to log in at **ibx.com** and complete your HSA enrollment to get started.

Example: Let's say you contribute $2,000 to your HSA and spend $1,000 on qualified health expenses every year for 10 years. Your savings grow over time.

At the end of year 10:

Estimated tax savings	Estimated HSA balance
$5,000	$11,169

The example is for illustrative purposes only. The HSA example assumes a 22% tax bracket,3% state taxes, and that the investment choices yield a return of 2%. Please consult with your tax advisor about your situation. Return on investment is not guaranteed

1 For 2027, contributions to an HSA may not exceed $4,500 for individual (self only) coverage and $9,000 for family coverage. The annual "catch-up" contribution amount for ages 55 and older is $1,000.

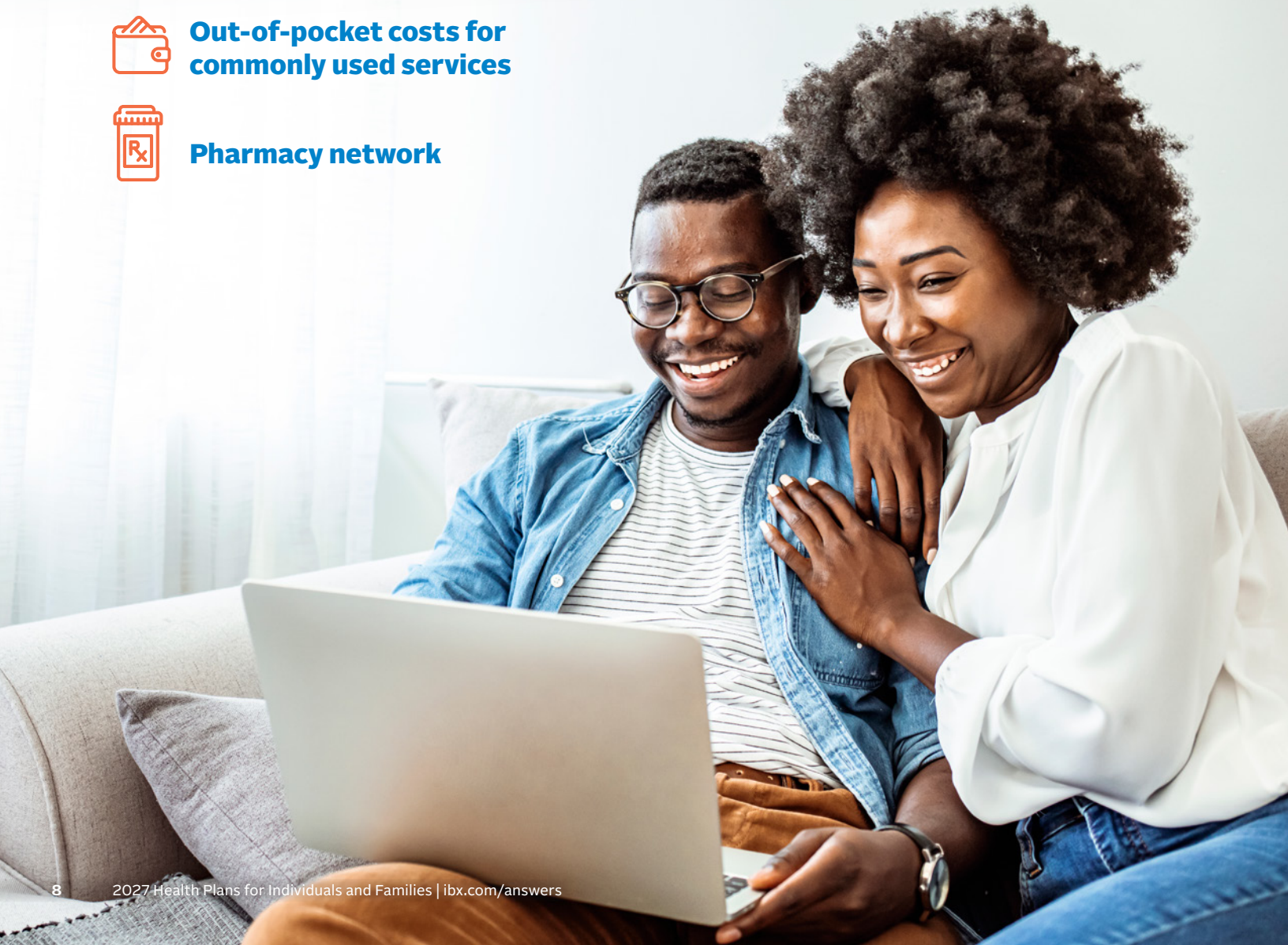
2 Investment accounts are optional; monthly fees apply. Investment fees are omitted from the example above. The balance in the HSA Investment Account is subject to investment risks, including fluctuations in value and the possible loss of the principal amount invested.

Compare your options with confidence

Choosing a plan is easier when you can see your options side by side. The next several pages give you a quick look at our Gold, Silver, and Bronze plans, so you can easily compare your options and what matters most to you, including:

- **Network coverage**
- **Deductibles**
- **Out-of-pocket costs for commonly used services**
- **Pharmacy network**

Need more detail? Starting on page 18, you'll find more detailed information about each plan's benefits and costs.



Gold health plans

For more detailed information about Gold health plans, refer to the benefit grids that start on page 19.

Plan name	★ Personal Choice® PPO Gold	Personal Choice® PPO Gold Classic	Personal Choice® PPO Gold Preferred	NEW Personal Choice® EPO Gold Preferred Virtual Care	Keystone HMO Gold	Keystone HMO Gold Proactive	Keystone HMO Gold Proactive Value	Keystone HMO Gold Classic
On/Off exchange	ON OFF	ON	ON OFF	ON OFF	ON OFF	ON OFF	ON OFF	ON
PCP and referrals required					✓	✓	✓	✓
National BlueCard® network	✓	✓	✓	✓				
Out-of-network coverage	✓	✓	✓					
HSA-compatible								
Deductible	$0	$1,250	$0	$0	$0	$0	Tier 1 – $0 Tier 2 – $4,000 Tier 3 – $4,000	$500
Out-of-pocket maximum	$8,750	$9,200	$9,750	$9,750	$8,000	$10,500	$10,500	$8,000
Primary care visit — Office/Virtual care	$30/$20	20%, no ded/ 20%, no ded	$15/$5	$15/$5	$35/$25	Tier 1 – $15/$10 Tier 2 – $30/$20 Tier 3 – $45/$30	Tier 1 – $25/$15 Tier 2 – $40, no ded/ $25, no ded Tier 3 – $55, no ded/ $35, no ded	$40, no ded/ $25, no ded
Specialist visit — Office/Virtual care	$65/$45	20% after ded/ 20% after ded	$15/$5	$15/$5	$65/$45	Tier 1 – $40/$30 Tier 2 – $60/$40 Tier 3 – $80/$55	Tier 1 – $60/$40 Tier 2 – $80 no ded/ $55 no ded Tier 3 – $100 no ded/ $65 no ded	$80, no ded/ $55, no ded
Mental health — Outpatient visit	$65	20% after ded	$15	$15	$65	$40 for all tiers	Tier 1 – $60 Tier 2 – $60, no ded Tier 3 – $60, no ded	$80, no ded
Urgent care	$65	20% after ded	$15	$15	$65	$40 for all tiers	Tier 1 – $60 Tier 2 – $60, no ded Tier 3 – $60, no ded	$80, no ded
Emergency room	$400	20% after ded	$325	$325	$400	$400 for all tiers	Tier 1 – $450 Tier 2 – $450, no ded Tier 3 – $450, no ded	$400, no ded
Low-cost generic prescription drugs	$3	$3	$3	$3	$3	$3	$5	$3
Prescription drug details	Standard Network	Standard Network	Standard Network	Standard Network	Standard Network	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Standard Network

★ Most popular

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

ON This plan is only available for purchase through Pennie.

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

Silver health plans

For more detailed information about Silver health plans, refer to the benefit grids that start on page 27.

Plan name	Personal Choice® PPO Silver Classic	NEW Personal Choice® EPO Silver Classic Virtual Care	Personal Choice® PPO Silver Basic	NEW Personal Choice® EPO Silver Basic Virtual Care	★Keystone HMO Silver Proactive	Keystone HMO Silver Proactive Lite
On/Off exchange	ON	ON	OFF	OFF	ON	ON
PCP and referrals required					✔	✔
National BlueCard® network	✔	✔	✔	✔		
Out-of-network coverage	✔		✔			
HSA-compatible						
Deductible	$3,500	$3,500	$4,000	$4,000	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $2,000 Tier 2 – $6,500 Tier 3 – $6,500
Out-of-pocket maximum	$8,250	$8,250	$9,750	$9,750	$10,500	$10,500
Primary care visit — Office/Virtual care	$30, no ded/ $20, no ded	$30, no ded/ $20, no ded	$35, no ded/ $25, no ded	$35, no ded/ $25, no ded	Tier 1 – $40/$30 Tier 2 – $70, no ded/ $50, no ded Tier 3 – $80, no ded/ $55, no ded	Tier 1 – $50, no ded/ $35, no ded Tier 2 – $60, no ded/ $40, no ded Tier 3 – $70, no ded/ $50, no ded
Specialist visit — Office/Virtual care	$75, no ded/ $50, no ded	$75, no ded/ $50, no ded	$80, no ded/ $55, no ded	$80, no ded/ $55, no ded	Tier 1 – $90/$65 Tier 2 – $140, no ded/ $100, no ded Tier 3 – $150, no ded/ $105, no ded	Tier 1 – $90, no ded/ $60, no ded Tier 2 – $120, no ded/ $80, no ded Tier 3 – $140, no ded/ $95, no ded
Mental health — Outpatient visit	$75, no ded	$75, no ded	$80, no ded	$80, no ded	Tier 1 – $90 Tier 2 – $90, no ded Tier 3 – $90, no ded	$90, no ded for all tiers
Urgent care	30% after ded	30% after ded	$80, no ded	$80, no ded	Tier 1 – $90 Tier 2 – $90, no ded Tier 3 – $90, no ded	$90, no ded for all tiers
Emergency room	30% after ded	30% after ded	$600, no ded	$600, no ded	Tier 1 – $950 Tier 2 – $950, no ded Tier 3 – $950, no ded	$950, no ded for all tiers
Low-cost generic prescription drugs	$3, no ded (integrated with medical ded)	$3, no ded (integrated with medical ded)	$3, no ded (integrated with medical ded)	$3, no ded (integrated with medical ded)	$7, no ded ($225 Rx ded for all prescription drugs except generic)	$5, no ded ($225 Rx ded for all prescription drugs except generic)
Prescription drug details	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics

★ Most popular

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

ON This plan is only available for purchase through Pennie.

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

Silver health plans (continued)

For more detailed information about Silver health plans, refer to the benefit grids that start on page 27.

Plan name	Keystone HMO Silver Basic	Keystone HMO Silver Essential	Keystone HMO Silver Proactive Select	★ Keystone HMO Silver Proactive Basic	★ Keystone HMO Silver Proactive Essential	★ Keystone HMO Silver Proactive Value
On/Off exchange	ON	OFF	OFF	ON	ON	OFF
PCP and referrals required	✔	✔	✔	✔	✔	✔
National BlueCard® network						
Out-of-network coverage						
HSA-compatible						
Deductible	$5,500	$5,000	Tier 1 – $0 Tier 2 – $6,000 Tier 3 – $6,000	Tier 1 – $2,500 Tier 2 – $7,000 Tier 3 – $7,000	Tier 1 – $5,000 Tier 2 – $8,000 Tier 3 – $8,000	Tier 1 – $1,500 Tier 2 – $6,000 Tier 3 – $6,000
Out-of-pocket maximum	$9,600	$9,750	$10,500	$10,500	$10,500	$10,750
Primary care visit — Office/Virtual care	$35, no ded/$25, no ded	$45, no ded/ $30, no ded	Tier 1 – $40/$30 Tier 2 – $70, no ded/ $50, no ded Tier 3 – $80, no ded/ $55, no ded	Tier 1 – $50, no ded/$35, no ded Tier 2 – $60, no ded/$40, no ded Tier 3 – $70, no ded/$50, no ded	Tier 1 – $50, no ded/ $35, no ded Tier 2 – $60, no ded/ $40, no ded Tier 3 – $70, no ded/ $50, no ded	Tier 1 – $40, no ded/ $30, no ded Tier 2 – $60, no ded/ $40, no ded Tier 3 – $70, no ded/ $50, no ded
Specialist visit — Office/Virtual care	$80, no ded/$55, no ded	$75, no ded/$55, no ded	Tier 1 – $90/$60 Tier 2 – $140, no ded/ $100, no ded Tier 3 – $150, no ded/ $105, no ded	Tier 1 – $100, no ded/ $70, no ded Tier 2 – $120, no ded/ $80, no ded Tier 3 – $140, no ded/ $95, no ded	Tier 1 – $100, no ded/ $70, no ded Tier 2 – $120, no ded/ $80, no ded Tier 3 – $140, no ded/ $95, no ded	Tier 1 – $80, no ded/ $55, no ded Tier 2 – $120, no ded/ $80, no ded Tier 3 – $140, no ded/ $95, no ded
Mental health — Outpatient visit	$80, no ded	$75, no ded	Tier 1 – $90 Tier 2 – $90, no ded Tier 3 – $90, no ded	$100, no ded, for all tiers	$100, no ded, for all tiers	$80, no ded, for all tiers
Urgent care	$80, no ded	$75, no ded	Tier 1 – $90 Tier 2 – $90, no ded Tier 3 – $90, no ded	$100, no ded, for all tiers	$100, no ded, for all tiers	$80, no ded, for all tiers
Emergency room	$600, no ded	$700, no ded	Tier 1 – $950 Tier 2 – $950, no ded Tier 3 – $950, no ded	$950, no ded, for all tiers	$975, no ded, for all tiers	$950, no ded, for all tiers
Low-cost generic prescription drugs	$3, no ded (integrated with medical ded)	$3, no ded (integrated with medical ded)	$5, no ded ($225 Rx ded for all prescription drugs except generic)	$5, no ded ($225 Rx ded for all prescription drugs except generic)	$5, no ded ($225 Rx ded for all prescription drugs except generic)	$5, no ded ($225 Rx ded for all prescription drugs except generic)
Prescription drug details	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics

★ Most popular

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

ON This plan is only available for purchase through Pennie.

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

Bronze health plans

For more detailed information about Bronze health plans, refer to the benefit grids that start on page 39.

Plan name	★ Personal Choice® PPO Bronze	NEW Personal Choice® EPO Bronze Virtual Care	Personal Choice® EPO Bronze Reserve + HSA eligible	Personal Choice® EPO Bronze Classic	Personal Choice® EPO Bronze Basic	★ Keystone HMO Bronze	★ Keystone HMO Bronze Proactive
On/Off exchange	ON OFF	ON OFF	ON OFF	ON OFF	ON OFF	ON OFF	ON OFF
PCP and referrals required						✔	✔
National BlueCard® network	✔	✔	✔	✔	✔		
Out-of-network coverage	✔						
HSA-compatible	✔	✔	✔ HSA included – log in at ibx.com to enroll in HSA	✔	✔	✔	✔
Deductible	$6,000	$6,000	$7,800	$6,200	$9,800	$8,500	Tier 1 – $8,000 Tier 2 – $9,800 Tier 3 – $9,800
Out-of-pocket maximum	$9,200	$9,200	$7,800	$10,850	$9,800	$10,500	$12,000
Primary care visit — Office/Virtual care	50%, no ded/ 50%, no ded	50%, no ded/ 50%, no ded	0% after ded/ 0% after ded	$65, no ded/ $50, no ded	40%, no ded/ 40%, no ded	$75, no ded/ $50, no ded	Tier 1 – $85, no ded/ $55, no ded Tier 2 – $95, no ded/ $65, no ded Tier 3 – $105, no ded/ $70, no ded
Specialist visit — Office/Virtual care	50% after ded/ 50% after ded	50%, after ded/ 50%, after ded	50% after ded/ 50% after ded	$65, no ded/ $50, no ded	0% after ded/ 0% after ded	$150, no ded/ $100, no ded	Tier 1 – $170, no ded/ $115, no ded Tier 2 – $180, no ded/ $120, no ded Tier 3 – $190, no ded/ $125, no ded
Mental health — Outpatient visit	50% after ded	50% after ded	0% after ded	$65, no ded	40%, no ded	$150, no ded	$150, no ded, for all tiers
Urgent care	50% after ded	50% after ded	0% after ded	50% after ded	0% after ded	50% after ded	$170, no ded, for all tiers
Emergency room	50% after ded	50% after ded	0% after ded	50% after ded	0% after ded	50% after ded	$975, no ded, for all tiers
Low-cost generic prescription drugs	$5, no ded (integrated with medical ded)	$5, no ded (integrated with medical ded)	0% after ded (integrated with medical ded)	$5, no ded (integrated with medical ded)	$5, no ded (integrated with medical ded)	$5, no ded (integrated with medical ded)	$7, no ded ($225 Rx ded for all prescription drugs except generic)
Prescription drug details	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics	Preferred Network, Mandatory Generics

★ Most popular

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

ON This plan is only available for purchase through Pennie.

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

Who can open a health savings account (HSA)?

All Bronze and Catastrophic plans are HSA-compatible. If you enroll in one of these plans, you can open an HSA.

Our EPO Bronze Reserve plan includes an HSA. If you enroll in this plan, you'll just need to log in at **ibx.com** and complete your HSA enrollment to get started.

See more on page 7.

Coverage beyond your health plan

Dental and vision coverage can help you stay on top of routine care, catch issues early, and avoid unexpected costs. Our dental and vision plans are available for adults ages 19 and older and families with children up to age 26.

Note: Medical plans include pediatric dental and vision coverage for members younger than 19.

Dental plans

- **Large dental network.** You have access to one of the largest regional and national dental networks, with more than 500,000 access points.
- **Flexibility to see any dentist.** You'll maximize your savings by using an in-network dentist, but you have the option to see any dentist without a referral.
- **No waiting periods.** Begin using your benefits immediately for preventive care and certain basic services like fillings and extractions.
- **Preventive rewards program.** The primary subscriber can get $20 for themselves and each covered dependent who has two cleanings from an in-network dentist during the plan year.
- **Savings incentive for preventive care.** Preventive services don't count against your annual maximum, so you can use that coverage for more expensive services.

Vision plans

- **A network that goes the distance.** The national Davis Vision network has 222,000 access points, including Visionworks, Target Optical, Pearle Vision, Warby Parker, and LensCrafters.[1]
- **Fully covered annual exams.**[2] You'll pay $0 for in-network annual routine eye exams and contact lens evaluations and fittings.
- **Affordable frames and lenses.** Choose from stylish designer frames in the Davis Vision Exclusive Collection. Or use your benefit allowance on non-Collection frames or contact lenses from an in-network provider.
- **Fixed fee pricing on cosmetic lenses.** Choose from a wide variety of state-of-the-art lenses and styles.
- **Discounts on other services.** Save on hearing exams and hearing aid technology from Your Hearing Network, as well as on services like LASIK laser eye correction.

See pages 71 – 76 for more details about the dental and vision plans we offer.

1 Warby Parker, Target Optical, LensCrafters, and Pearle Vision are out-of-network for pediatric members in ACA medical plans. These providers are in-network for pediatric members when you purchase a stand-alone family vision plan.

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

Vision plans are administered by Davis Vision, an independent company.

Dental plans are underwritten by QCC Insurance Company.

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

LASIK laser eye correction is made available through your coverage with Davis Vision.

Plan for the unexpected with LifeSecure

After an accident, serious illness, or hospital stay, your focus should be on healing, not worrying about your finances. LifeSecure insurance plans can help with costs like:

- Lost income
- Medical deductibles
- Out-of-network office visits
- Transportation to appointments
- Uncovered treatments
- Childcare
- Household upkeep

Learn more at **ibx.com/lifesecure**.

LifeSecure Insurance Company (Brighton, MI) underwrites and has sole financial responsibility for the Accident, Critical Illness and Hospital Indemnity insurance products. The products listed are offered by LifeSecure Insurance Company, an independent company. These are not Blue Cross or Blue Shield products. LifeSecure is solely responsible for the administration of its products. LifeSecure is a trademark of LifeSecure Insurance Company. These policies include limitations and exclusions. Refer to the Outline of Coverage. This is an insurance solicitation. An agent may contact you.

Support that helps you feel your best

Staying healthy is about more than doctor visits and prescriptions. It's also about having support you can count on — for your body, mind, and everyday moments that affect your well-being. With IBX, you're never on your own.

- **24/7 health support** from Registered Nurse Health Coaches
- **Behavioral health care navigation** for personalized guidance and scheduling
- **On-demand digital tools** for mental health and well-being
- **Enhanced member website and IBX app** for anytime access to your benefits
- **Money in your pocket** for making healthy choices
- **Member-exclusive discounts** on products and services

Not just access to care. Humans who care.

For questions about your benefits, our knowledgeable Customer Service representatives are ready to help. And when you need guidance related to your health, we're here for you with specialized support and resources.

Talk to a Registered Nurse

You can call a Registered Nurse Health Coach 24/7 with health questions, big or small. This service is confidential, and there is no cost to you. Your Health Coach can help you understand your treatment plan, manage your health, and feel more confident in your decisions. Maternity support is also available for expecting members, both during and after pregnancy.

Get help finding behavioral health care

Mental health matters just as much as physical health. If you're looking for behavioral health care, IBX offers a wide network of providers and personal support to help you find care that feels right for you.

Our Behavioral Health Care Navigation team can help you take the next step. Our team can:

- Match you with an in-network provider
- Provide in-the-moment support for tough times or crisis
- Schedule an appointment for you (in-person or virtual)
- Identify urgent or escalating conditions

Find care sooner

The behavioral health providers in the Connect to Care℠ network are committed to getting our members into care fast. We can schedule an appointment for you in as quickly as 1 – 2 days.

- 21,000+ appointments per month available for our members
- For general mental health, substance use disorders, OCD, eating disorders, and more
- In-person and virtual appointments available
- Providers available for all ages: Children, adolescents, and adults

Strengthen your mental health

Take care of your mental health daily with Self Care from Spring Health. Members have free access to their on-demand resources through their website or mobile app, including short videos and exercises, longer programs for deeper challenges, and resources for neurodivergent individuals and their families.

Navigate autism care with confidence

If your child or family member is being evaluated for autism or has a new diagnosis, you don't have to figure it out alone. A dedicated Autism Care Navigator can help answer questions, coordinate care, and connect your family with community support and resources.

LEARN MORE

Scan the QR code or visit **ibx.com/bhcare** to learn more about behavioral health benefits.

Spring Health is an independent company.

Ways your plan can do more for you

Your health plan comes with extras to help you stay healthy, save money, and manage your benefits and care.

Rewards for your healthy choices[1]

Healthy choices can add up — for your health and your wallet! With our new Healthy Lifestyles Rewards program, you can **earn reward dollars on a** Visa® card when you complete eligible activities, including:

- 120 days of validated physical activity (earn up to $300)
- An approved weight management program (earn up to $300)
- A tobacco cessation program (earn up to $150)

Discounts on health and fun[1]

Your IBX membership can help you save beyond the doctor's office. Get member-exclusive discounts on health-related products and services (including hearing services, fitness gear, gym memberships), travel, entertainment, attractions, and more.

Savings on medical costs[1]

You can save up to 13% on deductibles, copays, and coinsurance when you sign up for AblePay and use an AblePay provider. AblePay also offers flexible payment plans for up to 12 months, all with 0% interest. There is no cost to sign up.

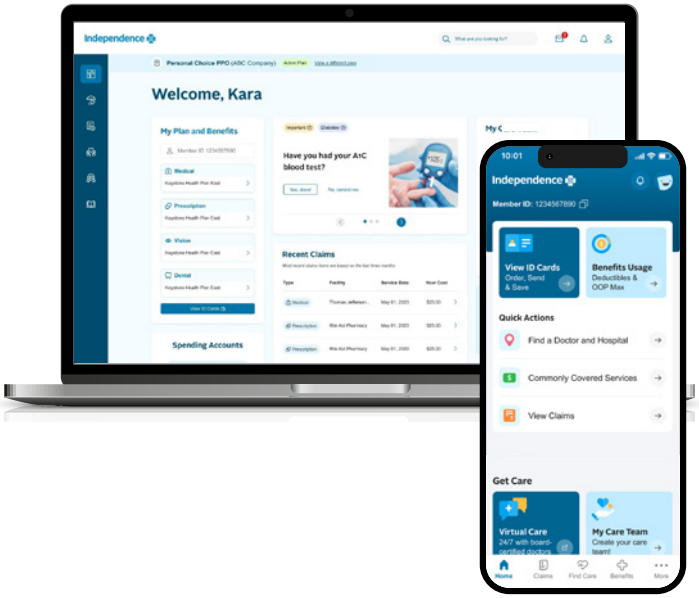
Lowering the cost of college

The College Tuition Benefit works like a scholarship and can reduce college costs by up to 25%. You earn SAGE Scholars Tuition Rewards® Points that are spread evenly over four years of undergraduate education at more than 450 participating colleges and universities. You can sponsor immediate or extended family members.

Easy-to-use digital tools

When you need information, you shouldn't have to search for long. Our secure member website and IBX app make it easier to manage your plan and find the information you need — all in one place. You can:

- View coverage, benefits, and claims
- Estimate out-of-pocket costs
- Create a custom directory of your doctors
- View, share, or order ID cards
- Request or manage home delivery for a prescription
- Pay your bill
- Search for in-network providers, read reviews, and schedule appointments



1 This is a value-added program or service and not a benefit under the health plan you purchased. Program can be changed or canceled at any time.

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

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

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2027 Standard Plans

Independence

IBX

Never stop caring

2027 Standard Plans

Everyone's health care needs are different. That's why we offer a variety of health plans, so you can choose the coverage that's right for you.

Most of our plans can be purchased either directly through IBX or using Pennie®, Pennsylvania's official health insurance marketplace. If you qualify for financial assistance, you'll need to enroll through Pennie to receive those savings.

A small number of plans are only available through one enrollment option. Look for the indicators below to see where each plan can be purchased.

Enroll through IBX
This plan is available directly from IBX and cannot be purchased through Pennie.

Enroll through Pennie
This plan is available through Pennie and cannot be purchased directly from IBX.

Gold health plans	Personal Choice® PPO Gold[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$0/$0	$6,000/$12,000
Coinsurance	20%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,750/$17,500 copay and coinsurance	$12,000/$24,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$30/$20	50% after ded/50% after ded
Specialist visit — Office/Virtual	$65/$45	50% after ded/50% after ded
Retail clinic	$30	50% after ded
Virtual care services from designated virtual provider[25]	$0	Not covered
Urgent care	$65	50% after ded
Spinal manipulations (20 visits per year)[6]	$50	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$65/$95	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	$750 per day[7]	50% after ded
Inpatient professional services (includes maternity)	20%	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$400	$400, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$90	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$160	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$120/$240	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$65/$130	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$65/$65	50% after ded/50% after ded
Inpatient mental health and substance abuse	$750 per day[7]	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	$300/$700	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	$10/$85	50% after ded/50% after ded
Prescription drugs[12,13]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$20	70%
Retail preferred brand[14]	$100	70%
Retail non-preferred drug[14]	50%, up to $200	70%
Self-administered specialty drug	50%, up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Gold health plans	ON Personal Choice® PPO Gold Classic[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$1,250/$2,500	$6,000/$12,000
Coinsurance	20%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,200/$18,400 copay, ded, and coinsurance	$25,000/$50,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0%, no ded	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	50%, no ded
Physician services		
Primary care visit — Office/Virtual	20%, no ded/20%, no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	20% after ded/20% after ded	50% after ded/50% after ded
Retail clinic	20%, no ded	50% after ded
Virtual care services from designated virtual provider[25]	0%, no ded	Not covered
Urgent care	20% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	20% after ded	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	20% after ded/20% after ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	20% after ded	20% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	20% after ded/20% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	20% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	20% after ded/40% after ded	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	20% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs[12,13]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$20	70%
Retail preferred brand[14]	$100	70%
Retail non-preferred drug[14]	50%, up to $200	70%
Self-administered specialty drug	50%, up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Gold health plans	Personal Choice® PPO Gold Preferred[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$0/$0	$6,000/$12,000
Coinsurance	20%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,750/$19,500 copay and coinsurance	$12,000/$24,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$15/$5	50% after ded/50% after ded
Specialist visit — Office/Virtual	$15/$5	50% after ded/50% after ded
Retail clinic	$15	50% after ded
Virtual care services from designated virtual provider[25]	$0	Not covered
Urgent care	$15	50% after ded
Spinal manipulations (20 visits per year)[6]	$50	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$45/$45	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	$500 per day[7]	50% after ded
Inpatient professional services (includes maternity)	20%	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$325	$325, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$105/$105	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300/$300	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	$120/$240	50% after ded/50% after ded
Infusion — Home or office/Outpatient	$45/$90	50% after ded/50% after ded
Durable medical equipment and prosthetics	50%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$45	50% after ded/50% after ded
Inpatient mental health and substance abuse	$500 per day[7]	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	$300/$700	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	$10/$85	50% after ded/50% after ded
Prescription drugs[12,13]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$20	70%
Retail preferred brand[14]	$100	70%
Retail non-preferred drug[14]	50%, up to $200	70%
Self-administered specialty drug	50%, up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Gold health plans	NEW Personal Choice® EPO Gold Preferred Virtual Care[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$0
Coinsurance	20%
Out-of-pocket maximum — Individual/Family	$9,750/$19,500 copay and coinsurance
Preventive services[5]	
Preventive care for adults and children	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750
Physician services	
Primary care visit — Office/Virtual	$15/$5
Specialist visit — Office/Virtual	$15/$5
Retail clinic	$15
Virtual care services from designated virtual provider[25]	$0
Urgent care	$15
Spinal manipulations (20 visits per year)[6]	$50
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based [6]	$45/$45
Hospital and other medical services	
Inpatient hospital services (includes maternity)	$500/day; max of 5 copays/admit
Inpatient professional services (includes maternity)	20%
Emergency room (for copay plans, copay waived if admitted)	$325
Routine radiology/diagnostic — Freestanding/Hospital-based	$105
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300
Biotech/Specialty injectables — Home or office/Outpatient	$120/$240
Infusion — Home or office/Outpatient	$45/$90
Durable medical equipment and prosthetics	50%
Outpatient mental health and substance abuse — Office visit/All other	$15/$45
Inpatient mental health and substance abuse	$500/day; max of 5 copays/admit
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$300/$700
Outpatient lab and pathology	
Freestanding/Hospital-based	$10/$85
Prescription drugs[12,13]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$20
Retail preferred brand[14]	$100
Retail non-preferred drug[14]	50%, up to $200
Self-administered specialty drug	50%, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Gold health plans	Keystone HMO Gold[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$0/$0
Coinsurance	20%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,000/$16,000 copay and coinsurance
Preventive services[5]	
Preventive care for adults and children	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750
Physician services	
Primary care visit — Office/Virtual	$35/$25
Specialist visit — Office/Virtual	$65/$45
Retail clinic	$35
Virtual care services from designated virtual provider[25]	$0
Urgent care	$65
Spinal manipulations (20 visits per year)	$50
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$65/$65
Hospital and other medical services	
Inpatient hospital services (includes maternity)	$750 per day[7]
Inpatient professional services (includes maternity)	20%
Emergency room (for copay plans, copay waived if admitted)	$400
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$60
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$120/$120
Biotech/Specialty injectables — Home or office/Outpatient	$120/$240
Infusion — Home or office/Outpatient	$65/$130
Durable medical equipment and prosthetics	50%
Outpatient mental health and substance abuse — Office visit/All other	$65/$65
Inpatient mental health and substance abuse	$750 per day[7]
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$300/$700
Outpatient lab and pathology	
Freestanding/Hospital-based	$10/$10
Prescription drugs[12,13]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$20
Retail preferred brand[14]	$100
Retail non-preferred drug[14]	50%, up to $200
Self-administered specialty drug	50%, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Gold health plans	Keystone HMO Gold Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family	$0/$0	$0/$0	$0/$0
Coinsurance	0%, unless otherwise noted	20%, unless otherwise noted	30%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay and coinsurance	$10,500/$21,000 copay and coinsurance	$10,500/$21,000 copay and coinsurance
Preventive services[5]			
Preventive care for adults and children	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	$0	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750	$750
Physician services			
Primary care visit — Office/Virtual	$15/$10	$30/$20	$45/$30
Specialist visit — Office/Virtual	$40/$30	$60/$40	$80/$55
Retail clinic[11]	$15	$30	$45
Virtual care services from designated virtual provider[25]	$0	$0	$0
Urgent care	$40	$40	$40
Spinal manipulations (20 visits per year)	$50	$50	$50
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60/$60	$60/$60
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$350 per day[7]	$700 per day[7]	$1,100 per day[7]
Inpatient professional services (includes maternity)	0%	20%	30%
Emergency room (for copay plans, copay waived if admitted)[10]	$400	$400	$400
Routine radiology/diagnostic — Freestanding/Hospital-based	$60/$60	$60/$60	$60/$60
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200/$200	$200/$200	$200/$200
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50%/50%	50%/50%
Infusion — Home or office/Outpatient	0%/0%	20%/20%	30%/30%
Durable medical equipment and prosthetics	50%	50%	50%
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	$40/$40	$40/$40
Inpatient mental health and substance abuse	$350 per day[7]	$350 per day[7]	$350 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$150/$150	$550/$550	$1,000/$1,000
Outpatient lab and pathology			
Freestanding/Hospital-based	$10/$10	$10/$10	$10/$10
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$20	$20	$20
Retail preferred brand[14,16]	$100	$100	$100
Retail non-preferred drug[14,16]	50%, up to $300	50%, up to $300	50%, up to $300
Self-administered specialty drug[16]	50%, up to $1,000	50%, up to $1,000	50%, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0	$0
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Gold health plans	Keystone HMO Gold Proactive Value[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$4,000/$8,000	$4,000/$8,000
Coinsurance	0%, unless otherwise noted	20%, unless otherwise noted	30%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$25/$15	$40, no ded/$25, no ded	$55, no ded/$35, no ded
Specialist visit — Office/Virtual	$60/$40	$80, no ded/$55, no ded	$100, no ded/$65, no ded
Retail clinic[11]	$25	$40, no ded	$55, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$60	$60, no ded	$60, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$60/$60	$60, no ded/$60, no ded	$60, no ded/$60, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$350 per day[7]	Subject to ded and $700 copay per day[7]	Subject to ded and $1,100 copay per day[7]
Inpatient professional services (includes maternity)	0%	20% after ded	30% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$450	$450, no ded	$450, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$100/$100	$100, no ded/$100, no ded	$100, no ded/$100, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200/$200	$200, no ded/$200, no ded	$200, no ded/$200, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0%/0%	20% after ded/20% after ded	30% after ded/30% after ded
Durable medical equipment and prosthetics	50%	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$60/$60	$60, no ded/$60, no ded	$60, no ded/$60, no ded
Inpatient mental health and substance abuse	$350 per day[7]	$350 per day, no ded[7]	$350 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$150/$150	Subject to ded and $550 copay/ Subject to ded and $550 copay	Subject to ded and $1,000 copay/ Subject to ded and $1,000 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$5	$5	$5
Retail generic[14]	$25	$25	$25
Retail preferred brand[14,16]	50%	50%	50%
Retail non-preferred drug[14,16]	50%	50%	50%
Self-administered specialty drug[16]	50%	50%	50%
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Gold health plans	ON Keystone HMO Gold Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$500/$1,000
Coinsurance	20%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,000/$16,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	$0, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$40, no ded/$25, no ded
Specialist visit — Office/Virtual	$80, no ded/$55, no ded
Retail clinic	$40, no ded
Virtual care services from designated virtual provider[25]	$0, no ded
Urgent care	$80, no ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80, no ded/$80, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room (for copay plans, copay waived if admitted)	$400, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$60, no ded/$60, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$125, no ded/$125, no ded
Biotech/Specialty injectables — Home or office/Outpatient	$150, no ded/$300, no ded
Infusion — Home or office/Outpatient	$80, no ded/$160, no ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80, no ded/$80, no ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$300, no ded/$700, no ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$10, no ded/$10, no ded
Prescription drugs[12,13]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$20
Retail preferred brand[14]	$100
Retail non-preferred drug[14]	50%, up to $200
Self-administered specialty drug	50%, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver health plans	ON Personal Choice® PPO Silver Classic[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$3,500/$7,000	$10,000/$20,000
Coinsurance	30%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,250/$16,500 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0%, no ded	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$30, no ded/$20, no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$75, no ded/$50, no ded	50% after ded/50% after ded
Retail clinic	$30, no ded	50% after ded
Virtual care services from designated virtual provider[25]	0%, no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$75, no ded/$105, no ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	25% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded	30% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75, no ded/30% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	25% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	30% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	20%, no ded/50%, no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3, no ded	70%, no ded
Retail generic[14]	$20, no ded	70%, no ded
Retail preferred brand[14,16]	50% after ded, up to $300	70% after ded
Retail non-preferred drug[14,16]	50% after ded, up to $400	70% after ded
Self-administered specialty drug[16]	50% after ded, up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Silver health plans	OFF Personal Choice® PPO Silver Basic[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$4,000/$8,000	$10,000/$20,000
Coinsurance	30% unless otherwise noted	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,750/$19,500 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0%, no ded	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$35, no ded/$25, no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$80, no ded/$55, no ded	50% after ded/50% after ded
Retail clinic	$35, no ded	50% after ded
Virtual care services from designated virtual provider[25]	0%, no ded	Not covered
Urgent care	$80, no ded	50% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$80, no ded/$110, no ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	25% after ded	50% after ded
Inpatient professional services (includes maternity)	30% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$600, no ded	$600, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$100, no ded/$150, no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200, no ded/$250, no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80, no ded/$80, no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	25% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	$750 after ded/$750 after ded	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	$15, no ded/$85, no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3, no ded	70%, no ded
Retail generic[14]	$20, no ded	70%, no ded
Retail preferred brand[14,16]	50% after ded, up to $300	70% after ded
Retail non-preferred drug[14,16]	50% after ded, up to $400	70% after ded
Self-administered specialty drug[16]	50% after ded, up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Silver health plans	ON Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$40/$30	$70, no ded/$50, no ded	$80, no ded/$55, no ded
Specialist visit — Office/Virtual	$90/$65	$140, no ded/$100, no ded	$150, no ded/$105, no ded
Retail clinic[11]	$40	$70, no ded	$80, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$90	$90, no ded	$90, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90/$90	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150/$150	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375/$375	$375, no ded/$375, no ded	$375, no ded/$375, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$90/$90	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Inpatient mental health and substance abuse	$600 per day[7]	$600 per day, no ded[7]	$600 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$350/$350	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25/$25	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family[†]	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$7, no ded	$7, no ded	$7, no ded
Retail generic[14]	$25, no ded	$25, no ded	$25, no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver health plans	ON Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,000/$4,000	$6,500/$13,000	$6,500/$13,000
Coinsurance	0% unless otherwise noted	5% unless otherwise noted	10% unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$50, no ded/$35, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$90, no ded/$60, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$50, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$90, no ded	$90, no ded	$90, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90, no ded/$90, no ded	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950, no ded	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$90, no ded/$90, no ded	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$20, no ded	$20, no ded	$20, no ded
Retail preferred brand[14,16]	$90 after ded	$90 after ded	$90 after ded
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver health plans	ON Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$5,500/$11,000
Coinsurance	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,600/$19,200 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$35, no ded/$25, no ded
Specialist visit — Office/Virtual	$80, no ded/$55, no ded
Retail clinic	$35, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	$80, no ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80, no ded/$80, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$600, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$175, no ded/$175, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$350, no ded/$350, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80, no ded/$120, no ded
Inpatient mental health and substance abuse	50% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$1,650 after ded/$1,650 after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$15, no ded/$15, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$20, no ded
Retail preferred brand[14,16]	50% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver health plans	OFF Keystone HMO Silver Essential[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$5,000/$10,000
Coinsurance	50% unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,750/$19,500 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$45, no ded/$30, no ded
Specialist visit — Office/Virtual	$75, no ded/$55, no ded
Retail clinic	$45, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	$75, no ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$75, no ded/$75, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$700, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75, no ded/$120, no ded
Inpatient mental health and substance abuse	50% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$500 after ded/$1,000 after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$15, no ded/$15, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$20, no ded
Retail preferred brand[14,16]	50% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver health plans	OFF Keystone HMO Silver Proactive Select[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$6,000/$12,000	$6,000/$12,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$40/$30	$70, no ded/$50, no ded	$80, no ded/$55, no ded
Specialist visit — Office/Virtual	$90/$60	$140, no ded/$100, no ded	$150, no ded/$105, no ded
Retail clinic[11]	$40	$70, no ded	$80, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$90	$90, no ded	$90, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90/$90	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150/$150	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375/$375	$375, no ded/$375, no ded	$375, no ded/$375, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$90/$90	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Inpatient mental health and substance abuse	$600 per day[7]	$600 per day, no ded[7]	$600 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$350/$350	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25/$25	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family[†]	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$25, no ded	$25, no ded	$25, no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Footnotes are on page 77 | ded = Deductible

Silver health plans	ON Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,500/$5,000	$7,000/$14,000	$7,000/$14,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$50, no ded/$35, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$100, no ded/$70, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$50, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$100, no ded	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950, no ded	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$20, no ded	$20, no ded	$20, no ded
Retail preferred brand[14,16]	50% after ded, up to $400	50% after ded, up to $400	50% after ded, up to $400
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver health plans	ON Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$5,000/$10,000	$8,000/$16,000	$8,000/$16,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance	$10,500/$21,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$50, no ded/$35, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$100, no ded/$70, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$50, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$100, no ded	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$975, no ded	$975, no ded	$975, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$25, no ded	$25, no ded	$25, no ded
Retail preferred brand[14,16]	50% after ded, up to $400	50% after ded, up to $400	50% after ded, up to $400
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver health plans	OFF Keystone HMO Silver Proactive Value[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,500/$3,000	$6,000/$12,000	$6,000/$12,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$10,750/$21,500 copay, ded, and coinsurance	$10,750/$21,500 copay, ded, and coinsurance	$10,750/$21,500 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$40, no ded/$30, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$80, no ded/$55, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$40, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$80, no ded	$80, no ded	$80, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80, no ded/$80, no ded	$80, no ded/$80, no ded	$80, no ded/$80, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950, no ded	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$80, no ded/$80, no ded	$80, no ded/$80, no ded	$80, no ded/$80, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$20, no ded	$20, no ded	$20, no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver health plans	NEW ON Personal Choice® EPO Silver Classic Virtual Care[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$3,500/$7,000
Coinsurance	30%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,250/$16,500 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$30, no ded/$20, no ded
Specialist visit — Office/Virtual	$75, no ded/$50, no ded
Retail clinic	$30, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$75, no ded/$105, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	25% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	30% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	30% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75, no ded/30% after ded
Inpatient mental health and substance abuse	25% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	30% after ded/50% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	20%, no ded/50%, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$20, no ded
Retail preferred brand[14,16]	50% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver health plans	NEW OFF Personal Choice® EPO Silver Basic Virtual Care[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$4,000/$8000
Coinsurance	30%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,750/$19,500 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$35, no ded/$25, no ded
Specialist visit — Office/Virtual	$80, no ded/$55, no ded
Retail clinic	$35, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	$80, no ded
Spinal manipulations (20 visits per year)[6]	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based [6]	$80, no ded/$110, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	25% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room (for copay plans, copay waived if admitted)	$600, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$100, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200, no ded/$250, no ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80, no ded/ $80, no ded
Inpatient mental health and substance abuse	25% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$750 after ded/$750 after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$15, no ded/$85, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$20, no ded
Retail preferred brand[14,16]	50% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Bronze health plans	Personal Choice® PPO Bronze[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$6,000/$12,000	$15,000/$30,000
Coinsurance	50%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,200/$18,400 copay, ded, and coinsurance	$25,000/$50,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0%, no ded	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	50%, no ded
Physician services		
Primary care visit — Office/Virtual	50%, no ded/50%, no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	50% after ded/50% after ded	50% after ded/50% after ded
Retail clinic	50%, no ded	50% after ded
Virtual care services from designated virtual provider[25]	0%, no ded	Not covered
Urgent care	50% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	50% after ded	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	50% after ded/50% after ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	25% after ded	50% after ded
Inpatient professional services (includes maternity)	50% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	50% after ded	50% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	50% after ded/50% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	25% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	20% after ded/50% after ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$5, no ded	70%, no ded
Retail generic[14]	$35, no ded	70%, no ded
Retail preferred brand[14,16]	50% after ded	70% after ded
Retail non-preferred drug[14,16]	50% after ded	70% after ded
Self-administered specialty drug[16]	50% after ded	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Footnotes are on page 77 | ded = Deductible

Bronze health plans	Personal Choice® EPO Bronze Reserve + HSA eligible[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$7,800/$15,600
Coinsurance	0%
Out-of-pocket maximum — Individual/Family	$7,800/$15,600 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	0% after ded/0% after ded
Specialist visit — Office/Virtual	0% after ded/0% after ded
Retail clinic	0% after ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (for copay plans, copay waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded
Durable medical equipment and prosthetics	0% after ded
Outpatient mental health and substance abuse — Office visit/All other	0% after ded/0% after ded
Inpatient mental health and substance abuse	0% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	0% after ded/0% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	0% after ded
Retail generic[14]	0% after ded
Retail preferred brand[14,16]	0% after ded
Retail non-preferred drug[14,16]	0% after ded
Self-administered specialty drug[16]	0% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	Integrated with medical ded
Pediatric exams and cleanings[23]	0%, no ded
Pediatric basic and major/Orthodontia services[24,29]	0% after ded

Bronze health plans	Personal Choice® EPO Bronze Classic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$6,200/$12,400
Coinsurance	50%
Out-of-pocket maximum — Individual/Family	$10,850/$21,700 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$65, no ded/$50, no ded
Specialist visit — Office/Virtual	$65, no ded/$50, no ded
Retail clinic	$65, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$65, no ded/$65, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	50% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$65, no ded/50% after ded
Inpatient mental health and substance abuse	50% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	50% after ded/50% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$5, no ded
Retail generic[14]	50% after ded
Retail preferred brand[14,16]	50% after ded
Retail non-preferred drug[14,16]	50% after ded
Self-administered specialty drug[16]	50% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Bronze health plans	Personal Choice® EPO Bronze Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$9,800/$19,600
Coinsurance	0%
Out-of-pocket maximum — Individual/Family	$9,800/$19,600 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	40%, no ded/40%, no ded
Specialist visit — Office/Virtual	0% after ded/0% after ded
Retail clinic	0% after ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (for copay plans, copay waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded
Durable medical equipment and prosthetics	0% after ded
Outpatient mental health and substance abuse — Office visit/All other	40%, no ded/0% after ded
Inpatient mental health and substance abuse	0% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	0% after ded/0% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$5, no ded
Retail generic[14]	$25, no ded
Retail preferred brand[14,16]	0% after ded
Retail non-preferred drug[14,16]	0% after ded
Self-administered specialty drug[16]	0% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	Integrated with medical ded
Pediatric exams and cleanings[23]	0%, no ded
Pediatric basic and major/Orthodontia services[24,29]	0% after ded

Bronze health plans	Keystone HMO Bronze[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$8,500/$17,000
Coinsurance	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$10,500/$21,000
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$75, no ded/$50, no ded
Specialist visit — Office/Virtual	$150, no ded/$100, no ded
Retail clinic	$75, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$150, no ded/$150, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	Subject to ded and $700 per day[7]
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	50% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$250, no ded/$250, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$150, no ded/$150, no ded
Inpatient mental health and substance abuse	Subject to ded and $700 per day[7]
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$750 after ded/$1,000 after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$15, no ded/$15, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$5, no ded
Retail generic[14]	$25, no ded
Retail preferred brand[14,16]	50% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Bronze health plans	Keystone HMO Bronze Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$8,000/$16,000	$9,800/$19,600	$9,800/$19,600
Coinsurance	20%, unless otherwise noted	30%, unless otherwise noted	40%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$12,000/$24,000 copay, ded, and coinsurance	$12,000/$24,000 copay, ded, and coinsurance	$12,000/$24,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$85, no ded/$55, no ded	$95, no ded/$65, no ded	$105, no ded/$70, no ded
Specialist visit — Office/Virtual	$170, no ded/$115, no ded	$180, no ded/$120, no ded	$190, no ded/$125, no ded
Retail clinic[11]	$85, no ded	$95, no ded	$105, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$170, no ded	$170, no ded	$170, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $700 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	20% after ded	30% after ded	40% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$975, no ded	$975, no ded	$975, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$200, no ded/$200, no ded	$200, no ded/$200, no ded	$200, no ded/$200, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$400, no ded/$400, no ded	$400, no ded/$400, no ded	$400, no ded/$400, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	20% after ded/20% after ded	30% after ded/30% after ded	40% after ded/40% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
Inpatient mental health and substance abuse	Subject to ded and $700 per day[7]	Subject to ded and $700 per day[7]	Subject to ded and $700 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$750 after ded/$750 after ded	$1,000 after ded/$1,000 after ded	$1,250 after ded/$1,250 after ded
Outpatient lab and pathology			
Freestanding/Hospital-based	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$7, no ded	$7, no ded	$7, no ded
Retail generic[14]	$35, no ded	$35, no ded	$35, no ded
Retail preferred brand[14,16]	50% after ded	50% after ded	50% after ded
Retail non-preferred drug[14,16]	50% after ded	50% after ded	50% after ded
Self-administered specialty drug[16]	50% after ded	50% after ded	50% after ded
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Bronze health plans	NEW Personal Choice® EPO Bronze Virtual Care
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$6,000/$12,000
Coinsurance	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$9,200/$18,400 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	50%, no ded/50%, no ded
Specialist visit — Office/Virtual	50% after ded/50% after ded
Retail clinic	50%, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	50% after ded
Spinal manipulations (20 visits per year)[6]	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based [6]	50% after ded/50% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	25% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	50% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	50% after ded/50% after ded
Inpatient mental health and substance abuse	25% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	50% after ded/50% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	20% after ded/50% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$5, no ded
Retail generic[14]	$35, no ded
Retail preferred brand[14,16]	50% after ded
Retail non-preferred drug[14,16]	50% after ded
Self-administered specialty drug[16]	50% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Catastrophic health plan	Personal Choice® EPO Catastrophic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$12,000/$24,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family	$12,000/$24,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	Visits 1 – 3: $50 copay, no ded*/$35 copay, no ded* Visits 4+: 0% after ded*/0% after ded*
Specialist visit — Office/Virtual	0% after ded/0% after ded
Retail clinic	0% after ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	0% after ded
Spinal manipulations (20 visits per year)	0% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded/0% after ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	0% after ded
Inpatient professional services (includes maternity)	0% after ded
Emergency room (for copay plans, copay waived if admitted)	0% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	0% after ded/0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded/0% after ded
Biotech/Specialty injectables — Home or office/Outpatient	0% after ded/0% after ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded
Durable medical equipment and prosthetics	0% after ded
Outpatient mental health and substance abuse — Office visit/All other	Visits 1 – 3: 0%, no ded/0% after ded Visits 4+: 0% after ded/0% after ded
Inpatient mental health and substance abuse	0% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	0% after ded/0% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	0% after ded/0% after ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	0% after ded
Retail generic[14]	0% after ded
Retail preferred brand[14,16]	0% after ded
Retail non-preferred drug[14,16]	0% after ded
Self-administered specialty drug[16]	0% after ded
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	Integrated with medical ded
Pediatric exams and cleanings[23]	0%, no ded
Pediatric basic and major/Orthodontia services[24,29]	0% after ded

2027 Cost-sharing Reduction Plans

Independence

IBX

Never stop caring

2027 Cost-sharing Reduction Plans

If you're eligible for a Cost-sharing Reduction (CSR) plan, you'll pay a lower monthly premium and have lower out-of-pocket costs (see page 84 for eligibility criteria).

Review the CSR plans in this section and enroll through Pennie, Pennsylvania's health insurance marketplace.

Need help determining your eligibility or enrolling?

Call us at **1-855-640-3454**. We're here to help.

Silver 200 – 249% CSR plans	Personal Choice® PPO Silver Classic[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$3,250/$6,500	$10,000/$20,000
Coinsurance	30%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$6,900/$13,800 copay, ded, and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0%, no ded	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$30, no ded/$20, no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$75, no ded/$50, no ded	50% after ded/50% after ded
Retail clinic	$30, no ded	50% after ded
Virtual care services from designated virtual provider[25]	0%, no ded	Not covered
Urgent care	30% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$75, no ded/$75, no ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	20% after ded	50% after ded
Inpatient professional services (includes maternity)	20% after ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded	30% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/30% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	30% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75, no ded/20% after ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	20% after ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	20% after ded/20% after ded	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	20%, no ded/50%, no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3, no ded	70%, no ded
Retail generic[14]	$20, no ded	70%, no ded
Retail preferred brand[14,16]	40% after ded, up to $200	70% after ded
Retail non-preferred drug[14,16]	50% after ded, up to $200	70% after ded
Self-administered specialty drug[16]	50% after ded, up to $1,000	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Footnotes are on page 77 | ded = Deductible

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$3,500/$7,000	$3,500/$7,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$8,400/$16,800 copay, ded, and coinsurance	$8,400/$16,800 copay, ded, and coinsurance	$8,400/$16,800 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$40/$30	$70, no ded/$50, no ded	$80, no ded/$55, no ded
Specialist visit — Office/Virtual	$90/$65	$140, no ded/$100, no ded	$150, no ded/$105, no ded
Retail clinic[11]	$40	$70, no ded	$80, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$90	$90, no ded	$90, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90/$90	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150/$150	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$375/$375	$375, no ded/$375, no ded	$375, no ded/$375, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%/50%	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$90/$90	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Inpatient mental health and substance abuse	$600 per day[7]	$600 per day, no ded[7]	$600 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$350/$350	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25/$25	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family[†]	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$7, no ded	$7, no ded	$7, no ded
Retail generic[14]	$25, no ded	$25, no ded	$25, no ded
Retail preferred brand[14,16]	$100 after ded	$100 after ded	$100 after ded
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,000/$4,000	$6,500/$13,000	$6,500/$13,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$8,400/$16,800 copay, ded, and coinsurance	$8,400/$16,800 copay, ded, and coinsurance	$8,400/$16,800 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$50, no ded/$35, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$90, no ded/$60, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$50, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$90, no ded	$90, no ded	$90, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$90, no ded/$90, no ded	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$950, no ded	$950, no ded	$950, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$90, no ded/$90, no ded	$90, no ded/$90, no ded	$90, no ded/$90, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family[†]	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$20, no ded	$20, no ded	$20, no ded
Retail preferred brand[14,16]	$90 after ded	$90 after ded	$90 after ded
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$5,000/$10,000
Coinsurance	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$8,400/$16,800 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$35, no ded/$25, no ded
Specialist visit — Office/Virtual	$80, no ded/$55, no ded
Retail clinic	$35, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	$80, no ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$80, no ded/$80, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	50% after ded
Inpatient professional services (includes maternity)	50% after ded
Emergency room (for copay plans, copay waived if admitted)	$600, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$150, no ded/$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$350, no ded/$350, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50% after ded/50% after ded
Infusion — Home or office/Outpatient	50% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$80, no ded/$120, no ded
Inpatient mental health and substance abuse	50% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$1,650 after ded/$1,650 after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$15, no ded/$15, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$15, no ded
Retail preferred brand[14,16]	50% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$2,500/$5,000	$6,500/$13,000	$6,500/$13,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$8,750/$17,500 copay, ded, and coinsurance	$8,750/$17,500 copay, ded, and coinsurance	$8,750/$17,500 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$50, no ded/$35, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$100, no ded/$70, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$50, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$100, no ded	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$800, no ded	$800, no ded	$800, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$125, no ded/$125, no ded	$125, no ded/$125, no ded	$125, no ded/$125, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$20, no ded	$20, no ded	$20, no ded
Retail preferred brand[14,16]	40% after ded, up to $400	40% after ded, up to $400	40% after ded, up to $400
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 200 – 249% CSR plans	Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$4,500/$9,000	$6,900/$13,800	$6,900/$13,800
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$8,750/$17,500 copay, ded, and coinsurance	$8,750/$17,500 copay, ded, and coinsurance	$8,750/$17,500 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded	$750, no ded	$750, no ded
Physician services			
Primary care visit — Office/Virtual	$50, no ded/$35, no ded	$60, no ded/$40, no ded	$70, no ded/$50, no ded
Specialist visit — Office/Virtual	$100, no ded/$70, no ded	$120, no ded/$80, no ded	$140, no ded/$95, no ded
Retail clinic[11]	$50, no ded	$60, no ded	$70, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$100, no ded	$100, no ded	$100, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $600 per day[7]	Subject to ded and $900 per day[7]	Subject to ded and $1,300 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$750, no ded	$750, no ded	$750, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$300, no ded/$300, no ded	$300, no ded/$300, no ded	$300, no ded/$300, no ded
Biotech/Specialty injectables — Home or office/Outpatient	50%, no ded/50%, no ded	50%, no ded/50%, no ded	50%, no ded/50%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	50%, no ded	50%, no ded	50%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$100, no ded/$100, no ded	$100, no ded/$100, no ded	$100, no ded/$100, no ded
Inpatient mental health and substance abuse	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]	Subject to ded and $600 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $350 copay/ Subject to ded and $350 copay	Subject to ded and $950 copay/ Subject to ded and $950 copay	Subject to ded and $1,500 copay/ Subject to ded and $1,500 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$25, no ded/$25, no ded	$25, no ded/$25, no ded	$25, no ded/$25, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family†	$225/$450	$225/$450	$225/$450
Low-cost generic[14]	$5, no ded	$5, no ded	$5, no ded
Retail generic[14]	$20, no ded	$20, no ded	$20, no ded
Retail preferred brand[14,16]	40% after ded, up to $400	40% after ded, up to $400	40% after ded, up to $400
Retail non-preferred drug[14,16]	50% after ded, up to $500	50% after ded, up to $500	50% after ded, up to $500
Self-administered specialty drug[16]	50% after ded, up to $1,000	50% after ded, up to $1,000	50% after ded, up to $1,000
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 200 – 249% CSR plans	NEW Personal Choice® EPO Silver Classic Virtual Care[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$3,250/$6,500
Coinsurance	30%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$6,900/$13,800 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$30, no ded/$20, no ded
Specialist visit — Office/Virtual	$75, no ded/$50, no ded
Retail clinic	$30, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	30% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$75, no ded/$75, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	20% after ded
Inpatient professional services (includes maternity)	20% after ded
Emergency room (for copay plans, copay waived if admitted)	30% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	20% after ded/20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded/20% after ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/50% after ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded
Durable medical equipment and prosthetics	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$75, no ded/20% after ded
Inpatient mental health and substance abuse	20% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	20% after ded/20% after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	20%, no ded/50%, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$20, no ded
Retail preferred brand[14,16]	40% after ded, up to $200 max/fill
Retail non-preferred drug[14,16]	50% after ded, up to $200 max/fill
Self-administered specialty drug[16]	50% after ded, up to $1,000 max/fill
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver 150 – 199% CSR plans	Personal Choice® PPO Silver Classic[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$2,250/$4,500	$10,000/$20,000
Coinsurance	10%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$3,250/$6,500 copay, ded, and coinsurance	$3,250/$6,500 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	0%, no ded	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500, no ded	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$25, no ded/$20, no ded	50% after ded/50% after ded
Specialist visit — Office/Virtual	$50, no ded/$35, no ded	50% after ded/50% after ded
Retail clinic	$25, no ded	50% after ded
Virtual care services from designated virtual provider[25]	0%, no ded	Not covered
Urgent care	10% after ded	50% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$50, no ded/$50, no ded	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	10%, no ded	50% after ded
Inpatient professional services (includes maternity)	10%, no ded	50% after ded
Emergency room (for copay plans, copay waived if admitted)	10% after ded	10% after in-network ded
Routine radiology/diagnostic — Freestanding/Hospital-based	10%, no ded/10%, no ded	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10%, no ded/10%, no ded	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded	50% after ded/50% after ded
Durable medical equipment and prosthetics	10% after ded	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50, no ded/10%, no ded	50% after ded/50% after ded
Inpatient mental health and substance abuse	10%, no ded	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	10%, no ded/10%, no ded	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	0%, no ded/50%, no ded	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	Integrated with medical ded	Integrated with medical ded
Low-cost generic[14]	$3, no ded	70%, no ded
Retail generic[14]	$10, no ded	70%, no ded
Retail preferred brand[14,16]	40% after ded, up to $200	70% after ded
Retail non-preferred drug[14,16]	50% after ded, up to $200	70% after ded
Self-administered specialty drug[16]	50% after ded, up to $500	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$1,750/$3,500	$1,750/$3,500
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500	$500, no ded	$500, no ded
Physician services			
Primary care visit — Office/Virtual	$20/$15	$30, no ded/$20, no ded	$40, no ded/$30, no ded
Specialist visit — Office/Virtual	$40/$30	$60, no ded/$40, no ded	$80, no ded/$55, no ded
Retail clinic[11]	$20	$30, no ded	$40, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$40	$40, no ded	$40, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40/$40	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$200 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$450	$450, no ded	$450, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75/$75	$75, no ded/$75, no ded	$75, no ded/$75, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$200/$200	$200, no ded/$200, no ded	$200, no ded/$200, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%/40%	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$40/$40	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Inpatient mental health and substance abuse	$200 per day[7]	$200 per day, no ded[7]	$200 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$100/$100	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$10/$10	$10, no ded/$10, no ded	$10, no ded/$10, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	$100	$100	$100
Retail non-preferred drug[14,16]	40%, up to $400	40%, up to $400	40%, up to $400
Self-administered specialty drug[16]	50%, up to $500	50%, up to $500	50%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500, no ded	$500, no ded	$500, no ded
Physician services			
Primary care visit — Office/Virtual	$20, no ded/$15, no ded	$30, no ded/$20, no ded	$40, no ded/$30, no ded
Specialist visit — Office/Virtual	$40, no ded/$30, no ded	$60, no ded/$40, no ded	$80, no ded/$55, no ded
Retail clinic[11]	$20, no ded	$30, no ded	$40, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$40, no ded	$40, no ded	$40, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$250, no ded	$250, no ded	$250, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75, no ded/$75, no ded	$75, no ded/$75, no ded	$75, no ded/$75, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%, no ded/40%, no ded	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%, no ded	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Inpatient mental health and substance abuse	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $100 copay/ Subject to ded and $100 copay	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$10, no ded/$10, no ded	$10, no ded/$10, no ded	$10, no ded/$10, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	$90	$90	$90
Retail non-preferred drug[14,16]	40%, up to $400	40%, up to $400	40%, up to $400
Self-administered specialty drug[16]	50%, up to $500	50%, up to $500	50%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$1,000/$2,000
Coinsurance	30%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$3,500/$7,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750, no ded
Physician services	
Primary care visit — Office/Virtual	$20, no ded/$15, no ded
Specialist visit — Office/Virtual	$40, no ded/$30, no ded
Retail clinic	$20, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	$40, no ded
Spinal manipulations (20 visits per year)	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded/$40, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	30% after ded
Inpatient professional services (includes maternity)	30% after ded
Emergency room (for copay plans, copay waived if admitted)	$250, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75, no ded/$75, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150, no ded/$150, no ded
Biotech/Specialty injectables — Home or office/Outpatient	30% after ded/30% after ded
Infusion — Home or office/Outpatient	30% after ded/30% after ded
Durable medical equipment and prosthetics	30% after ded
Outpatient mental health and substance abuse — Office visit/All other	$40, no ded/$70, no ded
Inpatient mental health and substance abuse	30% after ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$1,000 after ded/$1,000 after ded
Outpatient lab and pathology	
Freestanding/Hospital-based	$10, no ded/$10, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$10, no ded
Retail preferred brand[14,16]	40% after ded, up to $300
Retail non-preferred drug[14,16]	50% after ded, up to $400
Self-administered specialty drug[16]	50% after ded, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,000/$2,000	$2,000/$4,000	$2,000/$4,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500, no ded	$500, no ded	$500, no ded
Physician services			
Primary care visit — Office/Virtual	$20, no ded/$15, no ded	$30, no ded/$20, no ded	$40, no ded/$30, no ded
Specialist visit — Office/Virtual	$40, no ded/$30, no ded	$60, no ded/$40, no ded	$80, no ded/$55, no ded
Retail clinic[11]	$20, no ded	$30, no ded	$40, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$40, no ded	$40, no ded	$40, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$250, no ded	$250, no ded	$250, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75, no ded/$75, no ded	$75, no ded/$75, no ded	$75, no ded/$75, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%, no ded/40%, no ded	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%, no ded	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Inpatient mental health and substance abuse	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $100 copay/ Subject to ded and $100 copay	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$10, no ded/$10, no ded	$10, no ded/$10, no ded	$10, no ded/$10, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	30%, up to $300	30%, up to $300	30%, up to $300
Retail non-preferred drug[14,16]	40%, up to $400	40%, up to $400	40%, up to $400
Self-administered specialty drug[16]	50%, up to $500	50%, up to $500	50%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 150 – 199% CSR plans	Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$1,500/$3,000	$2,000/$4,000	$2,000/$4,000
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance	$4,000/$8,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500, no ded	$500, no ded	$500, no ded
Physician services			
Primary care visit — Office/Virtual	$20, no ded/$15, no ded	$30, no ded/$20, no ded	$40, no ded/$30, no ded
Specialist visit — Office/Virtual	$40, no ded/$30, no ded	$60, no ded/$40, no ded	$80, no ded/$55, no ded
Retail clinic[11]	$20, no ded	$30, no ded	$40, no ded
Virtual care services from designated virtual provider[25]	0%, no ded	0%, no ded	0%, no ded
Urgent care	$40, no ded	$40, no ded	$40, no ded
Spinal manipulations (20 visits per year)	$50, no ded	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	Subject to ded and $300 per day[7]	Subject to ded and $500 per day[7]	Subject to ded and $900 per day[7]
Inpatient professional services (includes maternity)	0% after ded	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$250, no ded	$250, no ded	$250, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$75, no ded/$75, no ded	$75, no ded/$75, no ded	$75, no ded/$75, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$150, no ded/$150, no ded	$150, no ded/$150, no ded	$150, no ded/$150, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%, no ded/40%, no ded	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0% after ded/0% after ded	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%, no ded	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$40, no ded/$40, no ded	$40, no ded/$40, no ded	$40, no ded/$40, no ded
Inpatient mental health and substance abuse	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]	Subject to ded and $300 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	Subject to ded and $100 copay/ Subject to ded and $100 copay	Subject to ded and $450 copay/ Subject to ded and $450 copay	Subject to ded and $900 copay/ Subject to ded and $900 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$10, no ded/$10, no ded	$10, no ded/$10, no ded	$10, no ded/$10, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$3	$3	$3
Retail generic[14]	$15	$15	$15
Retail preferred brand[14,16]	30%, up to $300	30%, up to $300	30%, up to $300
Retail non-preferred drug[14,16]	40%, up to $400	40%, up to $400	40%, up to $400
Self-administered specialty drug[16]	50%, up to $500	50%, up to $500	50%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0, no ded	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 150 – 199% CSR plans	NEW Personal Choice® EPO Silver Classic Virtual Care[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$2,250/$4,500
Coinsurance	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$3,250/$6,500 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$500, no ded
Physician services	
Primary care visit — Office/Virtual	$25, no ded/$20, no ded
Specialist visit — Office/Virtual	$50, no ded/$35, no ded
Retail clinic	$25, no ded
Virtual care services from designated virtual provider[25]	0%, no ded
Urgent care	10% after ded
Spinal manipulations (20 visits per year)[6]	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based [6]	$50, no ded/$50, no ded
Hospital and other medical services	
Inpatient hospital services (includes maternity)	10%, no ded
Inpatient professional services (includes maternity)	10%, no ded
Emergency room (for copay plans, copay waived if admitted)	10% after ded
Routine radiology/diagnostic — Freestanding/Hospital-based	10%, no ded/10%, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10%, no ded/10%, no ded
Biotech/Specialty injectables — Home or office/Outpatient	10% after ded/10% after ded
Infusion — Home or office/Outpatient	10% after ded/10% after ded
Durable medical equipment and prosthetics	10% after ded
Outpatient mental health and substance abuse — Office visit/All other	$50, no ded/10%, no ded
Inpatient mental health and substance abuse	10%, no ded
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	10%, no ded/10%, no ded
Outpatient lab and pathology	
Freestanding/Hospital-based	0%, no ded/50%, no ded
Prescription drugs[12,13,15]	
Deductible — Individual/Family	Integrated with medical ded
Low-cost generic[14]	$3, no ded
Retail generic[14]	$10, no ded
Retail preferred brand[14,16]	40% after ded, up to $200 max/fill
Retail non-preferred drug[14,16]	50% after ded, up to $200 max/fill
Self-administered specialty drug[16]	50% after ded, up to $500 max/fill
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0, no ded
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver 138 – 149% CSR plans	Personal Choice® PPO Silver Classic[2]	
Benefits per calendar year[1]	**You pay in-network**	**You pay out-of-network[4]**
Deductible — Individual/Family	$0/$0	$10,000/$20,000
Coinsurance	10%, unless otherwise noted	50%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$3,000/$6,000 copay and coinsurance	$20,000/$40,000 ded and coinsurance
Preventive services[5]		
Preventive care for adults and children	$0	50%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0	N/A
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	50%, no ded
Physician services		
Primary care visit — Office/Virtual	$5/$0	50% after ded/50% after ded
Specialist visit — Office/Virtual	$10/$5	50% after ded/50% after ded
Retail clinic	$5	50% after ded
Virtual care services from designated virtual provider[25]	$0	Not covered
Urgent care	10%	50% after ded
Spinal manipulations (20 visits per year)[6]	$10	50% after ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based[6]	$10/$10	50% after ded/50% after ded
Hospital and other medical services		
Inpatient hospital services (includes maternity)	10%	50% after ded
Inpatient professional services (includes maternity)	10%	50% after ded
Emergency room (for copay plans, copay waived if admitted)	10%	10%, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	10%/10%	50% after ded/50% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10%/10%	50% after ded/50% after ded
Biotech/Specialty injectables — Home or office/Outpatient	10%/10%	50% after ded/50% after ded
Infusion — Home or office/Outpatient	10%/10%	50% after ded/50% after ded
Durable medical equipment and prosthetics	10%	50% after ded
Outpatient mental health and substance abuse — Office visit/All other	$10/10%	50% after ded/50% after ded
Inpatient mental health and substance abuse	10%	50% after ded
Outpatient surgery		
Ambulatory surgical facility/Hospital-based	10%/10%	50% after ded/50% after ded
Outpatient lab and pathology		
Freestanding/Hospital-based	0%/50%	50% after ded/50% after ded
Prescription drugs[12,13,15]		
Deductible — Individual/Family	None	None
Low-cost generic[14]	$3	70%
Retail generic[14]	$4	70%
Retail preferred brand[14,16]	15%, up to $200	70%
Retail non-preferred drug[14,16]	15%, up to $200	70%
Self-administered specialty drug[16]	50%, up to $500	Not covered
Additional benefits		
Vision[17,18]		
Pediatric exam and pediatric eyewear[19,20]	$0	Not covered
Dental[21,22]		
Pediatric dental deductible (per individual)	$50	N/A
Pediatric exams and cleanings[23]	$0, no ded	Not covered
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	Not covered

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$200/$400	$200/$400
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250, no ded	$250, no ded
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10, no ded/$5, no ded	$20, no ded/$15, no ded
Specialist visit — Office/Virtual	$15/$10	$20, no ded/$15, no ded	$40, no ded/$30, no ded
Retail clinic[11]	$5	$10, no ded	$20, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$15	$15, no ded	$15, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50, no ded	$50, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10, no ded/$10, no ded	$10, no ded/$10, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20, no ded/$20, no ded	$20, no ded/$20, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%/40%	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day, no ded[7]	$50 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50/$50	Subject to ded and $200 copay/ Subject to ded and $200 copay	Subject to ded and $400 copay/ Subject to ded and $400 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$5/$5	$5, no ded/$5, no ded	$5, no ded/$5, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$4	$4	$4
Retail preferred brand[14,16]	$15	$15	$15
Retail non-preferred drug[14,16]	5%, up to $400	5%, up to $400	5%, up to $400
Self-administered specialty drug[16]	30%, up to $500	30%, up to $500	30%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive Lite[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$200/$400	$200/$400
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250, no ded	$250, no ded
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10, no ded/$5, no ded	$20, no ded/$15, no ded
Specialist visit — Office/Virtual	$15/$10	$20, no ded/$15, no ded	$40, no ded/$30, no ded
Retail clinic[11]	$5	$10, no ded	$20, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$15	$15, no ded	$15, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50, no ded	$50, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10, no ded/$10, no ded	$10, no ded/$10, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20, no ded/$20, no ded	$20, no ded/$20, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%/40%	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day, no ded[7]	$50 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50 copay/$50 copay	Subject to ded and $200 copay/ Subject to ded and $200 copay	Subject to ded and $400 copay/ Subject to ded and $400 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$5/$5	$5, no ded/$5, no ded	$5, no ded/$5, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$4	$4	$4
Retail preferred brand[14,16]	$15	$15	$15
Retail non-preferred drug[14,16]	5%, up to $400	5%, up to $400	5%, up to $400
Self-administered specialty drug[16]	30%, up to $500	30%, up to $500	30%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Footnotes are on page 77 | ded = Deductible

Silver 138 – 149% CSR plans	Keystone HMO Silver Basic[2]
Benefits per calendar year[1]	**You pay in-network[3]**
Deductible — Individual/Family	$0/$0
Coinsurance	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$2,750/$5,500 copay and coinsurance
Preventive services[5]	
Preventive care for adults and children	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$750
Physician services	
Primary care visit — Office/Virtual	$15/$10
Specialist visit — Office/Virtual	$30/$20
Retail clinic	$15
Virtual care services from designated virtual provider[25]	$0
Urgent care	$30
Spinal manipulations (20 visits per year)	$50
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$30/$30
Hospital and other medical services	
Inpatient hospital services (includes maternity)	10%
Inpatient professional services (includes maternity)	10%
Emergency room (for copay plans, copay waived if admitted)	$50
Routine radiology/diagnostic — Freestanding/Hospital-based	$15/$15
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$30/$30
Biotech/Specialty injectables — Home or office/Outpatient	10%/10%
Infusion — Home or office/Outpatient	10%/10%
Durable medical equipment and prosthetics	10%
Outpatient mental health and substance abuse — Office visit/All other	$30/$30
Inpatient mental health and substance abuse	10%
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	$75/$75
Outpatient lab and pathology	
Freestanding/Hospital-based	$5/$5
Prescription drugs[12,13,15]	
Deductible — Individual/Family	None
Low-cost generic[14]	$3
Retail generic[14]	$4
Retail preferred brand[14,16]	5%, up to $300
Retail non-preferred drug[14,16]	15%, up to $400
Self-administered specialty drug[16]	50%, up to $1,000
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive Basic[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family[8]	$0/$0	$200/$400	$200/$400
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250, no ded	$250, no ded
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10, no ded/$5, no ded	$20, no ded/$15, no ded
Specialist visit — Office/Virtual	$15/$10	$20, no ded/$15, no ded	$40, no ded/$30, no ded
Retail clinic[11]	$5	$10, no ded	$20, no ded
Virtual care services from designated virtual provider[25]	0%	0%, no ded	0%, no ded
Urgent care	$15	$15, no ded	$15, no ded
Spinal manipulations (20 visits per year)	$50	$50, no ded	$50, no ded
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	Subject to ded and $250 per day[7]	Subject to ded and $500 per day[7]
Inpatient professional services (includes maternity)	0%	5% after ded	10% after ded
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50, no ded	$50, no ded
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10, no ded/$10, no ded	$10, no ded/$10, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20, no ded/$20, no ded	$20, no ded/$20, no ded
Biotech/Specialty injectables — Home or office/Outpatient	40%/40%	40%, no ded/40%, no ded	40%, no ded/40%, no ded
Infusion — Home or office/Outpatient	0%/0%	5% after ded/5% after ded	10% after ded/10% after ded
Durable medical equipment and prosthetics	20%	20%, no ded	20%, no ded
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15, no ded/$15, no ded	$15, no ded/$15, no ded
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day, no ded[7]	$50 per day, no ded[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50/$50	Subject to ded and $200 copay/ Subject to ded and $200 copay	Subject to ded and $400 copay/ Subject to ded and $400 copay
Outpatient lab and pathology			
Freestanding/Hospital-based	$5/$5	$5, no ded/$5, no ded	$5, no ded/$5, no ded
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$4	$4	$4
Retail preferred brand[14,16]	5%, up to $300	5%, up to $300	5%, up to $300
Retail non-preferred drug[14,16]	5%, up to $400	5%, up to $400	5%, up to $400
Self-administered specialty drug[16]	30%, up to $500	30%, up to $500	30%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0, no ded	$0, no ded
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Footnotes are on page 77 | ded = Deductible

Silver 138 – 149% CSR plans	Keystone HMO Silver Proactive Essential[2]		
Benefits per calendar year[1]	**You pay in-network[3] Tier 1 – Preferred**	**You pay in-network[3] Tier 2 – Enhanced**	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family	$0/$0	$0/$0	$0/$0
Coinsurance	0%, unless otherwise noted	5%, unless otherwise noted	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family[9]	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance	$3,500/$7,000 copay, ded, and coinsurance
Preventive services[5]			
Preventive care for adults and children	0%	0%	0%
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	0%	0%	0%
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250	$250	$250
Physician services			
Primary care visit — Office/Virtual	$5/$0	$10/$5	$20/$15
Specialist visit — Office/Virtual	$15/$10	$20/$15	$40/$30
Retail clinic[11]	$5	$10	$20
Virtual care services from designated virtual provider[25]	0%	0%	0%
Urgent care	$15	$15	$15
Spinal manipulations (20 visits per year)	$50	$50	$50
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	$15/$15	$15/$15	$15/$15
Hospital and other medical services			
Inpatient hospital services (includes maternity)	$50 per day[7]	$250 per day[7]	$500 per day[7]
Inpatient professional services (includes maternity)	0%	5%	10%
Emergency room (for copay plans, copay waived if admitted)[10]	$50	$50	$50
Routine radiology/diagnostic — Freestanding/Hospital-based	$10/$10	$10/$10	$10/$10
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	$20/$20	$20/$20	$20/$20
Biotech/Specialty injectables — Home or office/Outpatient	40%/40%	40%/40%	40%/40%
Infusion — Home or office/Outpatient	0%/0%	5%/5%	10%/10%
Durable medical equipment and prosthetics	20%	20%	20%
Outpatient mental health and substance abuse — Office visit/All other	$15/$15	$15/$15	$15/$15
Inpatient mental health and substance abuse	$50 per day[7]	$50 per day[7]	$50 per day[7]
Outpatient surgery			
Ambulatory surgical facility/Hospital-based	$50/$50	$200/$200	$400/$400
Outpatient lab and pathology			
Freestanding/Hospital-based	$5/$5	$5/$5	$5/$5
Prescription drugs[12,13,15]			
Deductible — Individual/Family	None	None	None
Low-cost generic[14]	$1	$1	$1
Retail generic[14]	$10	$10	$10
Retail preferred brand[14,16]	5%, up to $300	5%, up to $300	5%, up to $300
Retail non-preferred drug[14,16]	5%, up to $400	5%, up to $400	5%, up to $400
Self-administered specialty drug[16]	30%, up to $500	30%, up to $500	30%, up to $500
Additional benefits			
Vision[17,18]			
Pediatric exam and pediatric eyewear[19,20]	$0	$0	$0
Dental[21,22]			
Pediatric dental deductible (per individual)	$50	$50	$50
Pediatric exams and cleanings[23]	$0, no ded	$0, no ded	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded	50% after ded/50%, no ded	50% after ded/50%, no ded

Silver 138 – 149% CSR plans	NEW Personal Choice® EPO Silver Classic Virtual Care[2]
Benefits per calendar year[1]	**You pay in-network[3] Tier 3 – Standard**
Deductible — Individual/Family	$0
Coinsurance	10%, unless otherwise noted
Out-of-pocket maximum — Individual/Family	$3,000/$6,000 copay, ded, and coinsurance
Preventive services[5]	
Preventive care for adults and children	$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers	$0
Preventive colonoscopy for colorectal cancer screening — Hospital-based	$250
Physician services	
Primary care visit — Office/Virtual	$5/$0
Specialist visit — Office/Virtual	$10/$5
Retail clinic	$5
Virtual care services from designated virtual provider[25]	$0
Urgent care	10%
Spinal manipulations (20 visits per year)[6]	$10
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based [6]	$10/$10
Hospital and other medical services	
Inpatient hospital services (includes maternity)	10%
Inpatient professional services (includes maternity)	10%
Emergency room (for copay plans, copay waived if admitted)	10%
Routine radiology/diagnostic — Freestanding/Hospital-based	10%/10%
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10%/10%
Biotech/Specialty injectables — Home or office/Outpatient	10%/10%
Infusion — Home or office/Outpatient	10%/10%
Durable medical equipment and prosthetics	10%
Outpatient mental health and substance abuse — Office visit/All other	$10/10%
Inpatient mental health and substance abuse	10%
Outpatient surgery	
Ambulatory surgical facility/Hospital-based	10%/10%
Outpatient lab and pathology	
Freestanding/Hospital-based	0%/50%
Prescription drugs[12,13,15]	
Deductible — Individual/Family	$0
Low-cost generic[14]	$3
Retail generic[14]	$4
Retail preferred brand[14,16]	15% up to $200 max/fill
Retail non-preferred drug[14,16]	15% up to $200 max/fill
Self-administered specialty drug[16]	50% up to $500 max/fill
Additional benefits	
Vision[17,18]	
Pediatric exam and pediatric eyewear[19,20]	$0
Dental[21,22]	
Pediatric dental deductible (per individual)	$50
Pediatric exams and cleanings[23]	$0, no ded
Pediatric basic and major/Orthodontia services[24,29]	50% after ded/50%, no ded

Dental and vision plans

Independence

IBX

Never stop caring

Dental plans

Taking care of your smile is an important part of taking care of your health. Stand-alone dental plans are available for adults and families.

Learn more about our dental plans

Here are the comprehensive benefits you can expect from Independence Blue Cross (IBX) dental plans.

A network that goes the distance

You have access to one of the largest dental networks in the region and a national network with more than 500,000 access points.

Flexibility to see any dentist you want

With our PPO dental plans, you'll maximize your savings using an in-network dentist, but you can see any dentist you want without a referral. Our EPO dental plan includes in-network coverage only.

Full coverage on most preventive and diagnostic services

Fully covered services include routine exams, cleanings, and X-rays. You pay $0 cost-sharing with an in-network provider.*

Waivers for waiting periods

If you had creditable dental coverage with another carrier, you may be able to skip the waiting period. We'll need you to complete a quick form to confirm your eligibility.†

Note: Pediatric dental coverage is included in all IBX individual and family medical plans.

Coverage for most basic and major services

There's no waiting period for preventive care and certain basic services like fillings and extractions. Review the benefits for each plan to see how major services are covered and if waiting periods apply.

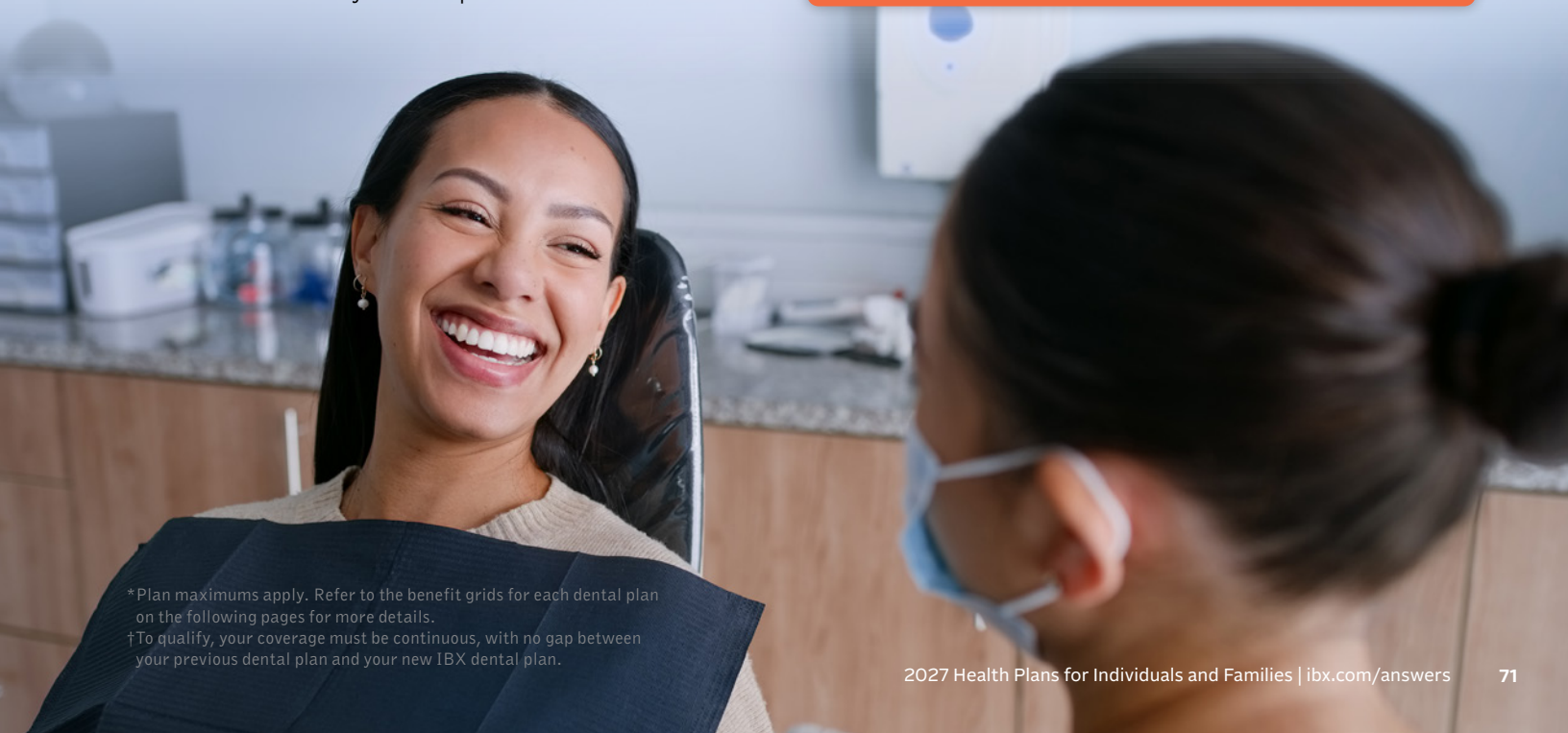
Rewards for getting preventive care

The primary subscriber will receive $20 for each insured family member who gets two cleanings from an in-network dentist in the plan year. For example, for a family of four, the primary subscriber would receive $80 if each family member gets two cleanings that meet the criteria.

How to apply

There are several ways to enroll in an adult dental plan:

- Visit **ibx.com/enrolldental**.
- Call to speak with one of our licensed sales agents at **1-844-762-2140 (TTY: 711)**.
- Stop by Independence LIVE on the 2nd floor of 1919 Market Street in Philadelphia for help from a licensed sales agent. Monday – Friday, 8 a.m. – 4 p.m.



*Plan maximums apply. Refer to the benefit grids for each dental plan on the following pages for more details.
†To qualify, your coverage must be continuous, with no gap between your previous dental plan and your new IBX dental plan.

Choose your dental plan

Refer to the benefit overviews to learn more about our 2027 adult and family dental plans. These plans are available for adults ages 19 and older and families with children up to age 26.

Plan description[1,2]	IBX Adult Preferred Dental PPO	IBX Adult Premier Dental PPO
In-network benefits		
Annual deductible — Individual/Family	$50/$150	$50/$150
Annual maximum dental benefit	$1,500 per insured person	$2,000 per insured person
Reimbursement		
In-network/Out-of-network	IBX Dental PPO Network/MAC[3]	IBX Dental PPO Network/MAC[3]
Benefit (% paid by plan)	**In-network & out-of-network**	**In-network & out-of-network**
Exams and cleanings	100%	100%[4]
Extra cleaning — Pregnancy	100%	100%
Preventive reward (in-network only)	$20 payment to the subscriber	$20 payment to the subscriber
Radiographs (all X-rays)	100%	100%[4]
Fluoride treatments and sealants	Not covered	Not covered
Teledentistry, synchronous or asynchronous	100%	100%
Space maintainers	Not covered	Not covered
Restorative services (including white fillings)	50% after deductible	80% after deductible
Endodontic therapy (e.g., root canals)	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Periodontics services (surgical and non-surgical)	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Extractions, simple and surgical	50% after deductible	80% after deductible
Oral surgery	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
General anesthesia, nitrous oxide, and/or IV sedation	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Crowns, inlays, and onlays	Not covered	50% after deductible (12-month waiting period)
Prosthetics (bridges, dentures)	Not covered	50% after deductible (12-month waiting period)
Implant services	Not covered	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	50% after deductible (12-month waiting period)	80% after deductible (12-month waiting period)
Orthodontics	Not covered	Not covered

Monthly premiums per member

Age	IBX Adult Preferred Dental PPO	IBX Adult Premier Dental PPO[1]
19 – 25	$18.89	$39.39
26 – 39	$20.07	$41.85
40 – 49	$23.61	$49.24
50 – 63	$27.74	$57.86
64+	$28.33	$59.09

1 IBX Dental Benefits are administered by Dominion Dental Services, Inc., an independent company. Dental plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

2 This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.

3 MAC – Maximum allowable charge. This is the amount that is paid for out-of-network services determined by IBX. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.

4 Benefits for this covered service do not count toward the annual maximum.

Rates are subject to change pending approval from the Pennsylvania Insurance Department.

Dental plans (continued)

Our adult and family dental plans offer comprehensive coverage, shorter waiting periods, and pediatric orthodontia coverage.

Plan description[1,2]	IBX PPO 100/50/30/0 $1,000 (MAC)[3]	IBX Active PPO 100/80/50/50 $1,500 (MAC)[3]
In-network benefits		
Annual deductible — Individual/Family	$50/$150	$50/$150
Annual maximum dental benefit per insured person	$1,000	$1,500
Orthodontia lifetime maximum per insured person under age 19	Not covered	$1,000
Reimbursement		
In-network/Out-of-network	IBX Dental PPO Network/MAC[3]	
Benefit (% paid by plan)	**In-network & out-of-network[3]**	**In-network/out-of-network[3]**
Exams and cleanings	100%[4]	100%/90%[4]
Extra cleaning — Pregnancy	100%	100%/90%
Preventive reward (in-network only)	$20 payment to the subscriber	$20 payment to the subscriber
Radiographs (all X-rays)	100%[4]	100%/90%[4]
Fluoride treatments and sealants	100%	100%/90%
Teledentistry, synchronous or asynchronous	100%	100%/90%
Space maintainers	100%	100%/90%
Restorative services (including white fillings)	50% after deductible	80%/70% after deductible
Endodontic therapy (e.g., root canals)	50% after deductible	80%/70% after deductible
Periodontics services (surgical and non-surgical)	50% after deductible	80%/70% after deductible
Oral surgery	50% after deductible	80%/70% after deductible
General anesthesia, nitrous oxide, and/or IV sedation	50% after deductible	80%/70% after deductible
Crowns, inlays, and onlays	30% after deductible (3-month waiting period)	50%/40% after deductible (6-month waiting period)
Prosthetics (bridges, dentures)	30% after deductible (3-month waiting period)	50%/40% after deductible (6-month waiting period)
Implant services	Not covered	Not covered
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	50% after deductible	80%/70% after deductible
Orthodontics (up to age 19)	Not covered	50%/50% (12-month waiting period)

Monthly premiums per member

Age	IBX PPO 100/50/30/0 $1,000 (MAC)[3]	IBX Active PPO 100/80/50/50 $1,500 (MAC)[3]
0 – 18	$32.10	$45.60
19 – 25	$31.68	$38.56
26 – 39	$33.66	$40.97
40 – 49	$39.60	$48.20
50 – 63	$46.53	$56.64
64+	$47.52	$57.84

1 IBX Dental Benefits are administered by Dominion Dental Services, Inc., an independent company. Dental plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

2 This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.

3 MAC – Maximum allowable charge. This is the amount that is paid for out-of-network services determined by IBX. If a member goes out of network, they may be balanced billed for the difference between the reimbursement amount and the provider's charge.

4 Benefits for this covered service do not count toward the annual maximum.

Rates are subject to change pending approval from the Pennsylvania Insurance Department.

Dental plans (continued)

The IBX EPO Low plan is an in-network only, copay-based plan. Copay ranges displayed below cover a wide range of services within a certain benefit category. Please see the policy for exact procedures covered and corresponding copay amounts.

Plan description[1,2]	IBX EPO Low (in-network only plan)
In-network benefits	
Annual deductible — Individual/Family	$25/$75
Annual maximum dental benefit per insured person	$2,000
Orthodontia lifetime maximum per insured person under age 19	Not covered
Reimbursement	
In-network	IBX Dental PPO Network (in-network only plan)
Benefit	**In-network copay[3]**
Exams and cleanings	$0 – $40
Extra cleaning — Pregnancy	$0 – $40
Preventive reward (in-network only)	$20 payment to the subscriber
Radiographs (all X-rays)	$0 – $0
Fluoride treatments and sealants	$0 – $18
Teledentistry, synchronous or asynchronous	$20 (3-month waiting period)
Space maintainers	$30 – $115
Restorative services (including white fillings)	$15 – $115
Endodontic therapy (e.g., root canals)	$10 – $780 (3-month waiting period)
Periodontics services (surgical and non-surgical)	$23 – $626 (3-month waiting period)
Oral surgery	$29 – $2,300 (3-month waiting period)
General anesthesia, nitrous oxide, and/or IV sedation	$0 – $117 (3-month waiting period)
Crowns, inlays, and onlays	$20 – $625 (3-month waiting period)
Prosthetics (bridges, dentures)	$20 – $625 (3-month waiting period)
Implant services	$24 – $1,360 (3-month waiting period)
Repairs and adjustments (crowns, inlays, onlays, bridges, and dentures)	$20 – $625 (3-month waiting period)
Orthodontics (up to age 19)	Not covered
Rollover covered[4]	Yes
Rollover threshold	$1,000
Rollover max	$2,500

Monthly premiums per member

Age	IBX EPO Low
0 – 18	$27.20
19 – 25	$26.44
26 – 39	$28.09
40 – 49	$33.05
50 – 63	$38.83
64+	$39.66

1 IBX Dental Benefits are administered by Dominion Dental Services, Inc., an independent company. Dental plans are underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

2 This summary is intended to highlight the benefits available to you. For a complete program description, including all benefits, limitations, and exclusions, please refer to the dental contract.

3 Copay ranges vary greatly based on the service. Please see the benefit booklet for the exact copay of each service and whether it is covered.

4 Please see benefit booklet for additional details and requirements in order to be eligible for the Rollover Benefit.

Rates are subject to change pending approval from the Pennsylvania Insurance Department.

Vision plans

Regular eye exams can help protect your vision and spot health issues early. Stand-alone vision plans are available for adults and families.

Learn more about our vision plans

Here are the comprehensive benefits you can expect from Independence Blue Cross (IBX) vision plans.

A network that goes the distance

The national Davis Vision® network offers 222,000 access points across the country, including Visionworks®, Target Optical, Pearle Vision, Warby Parker, and LensCrafters.*

222,000 access points in the Davis Vision provider network

Fully covered routine annual eye exam

When you see an in-network provider, there is no copay.

Affordable options for frames and lenses

Choose from stylish designer frames in the Davis Vision Exclusive Collection. Or use your benefit allowance to choose frames or contact lenses from in-network independent providers and retailers nationwide.

Note: You get a higher frame allowance and discounts on lens options at hundreds of preferred sites nationwide.

Fixed fee pricing on all cosmetic lens options

Your options include a wide variety of state-of-the-art lens types and lens styles.

Discounts on other services

Take advantage of discounts on other services, such as laser eye correction through the QualSight network of LASIK eye care professionals. You can also save on hearing exams and name-brand hearing aid technology from Your Hearing Network.

How to apply

There are several ways to enroll in a vision plan:

- Visit **ibx.com/enrollvision**.
- Call to speak with one of our licensed sales agents at **1-844-762-2140 (TTY: 711).**
- Stop by Independence LIVE on the 2nd floor of 1919 Market Street in Philadelphia for help from a licensed sales agent. Monday – Friday, 8 a.m. – 4 p.m.

Note: Pediatric vision coverage is included in all IBX individual and family medical plans.

* Target Optical, Pearle Vision, Warby Parker, and LensCrafters are out-of-network for pediatric members in ACA medical plans. These providers are in-network for our stand-alone adult and family vision plans.

Choose a vision plan

Refer to the benefit overviews to learn more about our 2027 adult and family vision plans. These plans are available for adults ages 19 and older and families with children up to age 26.

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

Monthly premiums

Family tier	Vision Care 150	Vision Care 200
Individual	$13.21	$15.30
Individual + one dependent	$26.42	$30.60
Individual + two or more dependents	$39.63	$45.90

1 Enhanced frame allowance available at all preferred sites nationwide.

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

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

Rates are subject to change pending approval from the Pennsylvania Insurance Department.

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

Health plan footnotes

Medical

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

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

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

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

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

5 Age and frequency schedules may apply. In order to get a preventive colonoscopy without having to pay any out-of-pocket costs, you must choose Preventive Plus providers and GI professionals (gastroenterologists or colon and rectal surgeons) that are not hospital-based to perform the preventive colonoscopy. To find a Preventive Plus provider, visit ibx.com/findadoctor. Enter your ZIP code where it says Location, and then select the tile labeled "Preventive Plus – Preventive+ Colonoscopy" under the main search section.

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

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

Keystone HMO Proactive

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

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

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

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

Prescription drugs

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

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

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

15 This plan uses the Preferred Pharmacy network, with more than 57,000 pharmacies nationwide. If you have the Preferred Pharmacy network and fill a prescription at an out-of-network pharmacy, such as Walgreens, you will need to pay the up-front total cost at the pharmacy. You can then submit a claim, and you may be reimbursed for part of the cost.

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

† Embedded deductible/Out-of-pocket maximum: Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

Additional benefits

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

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

19 One eye exam per calendar year period.

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

21 Independence Blue Cross dental plans are underwritten by QCC Insurance Company and Independence Dental Benefits are administered by Dominion Dental Services, Inc., an independent company.

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

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

24 Only medically necessary orthodontia is covered.

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

26 With the Adult Dental Premier plan IBX PPO 100/50/30/0 $1,000 (MAC) and IBX Active PPO 100/80/50/50 $1,500 (MAC), certain preventive services are not deducted from the annual benefit maximum. Please refer to your policy for additional details.

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

28 Enhanced frame allowance is available at preferred sites.

29 There is no deductible for orthodontia.

Important plan information

Your health insurance policy may not cover all your health care expenses. Read your member handbook carefully to determine which health care services are covered.

Benefits that require preapproval

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

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

Inpatient hospital stays

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

Utilization review

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

Continuity of care

Continuity of care policy applies to HMO plans only.

Terminated providers

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

If a member is in the second or third trimester of pregnancy at the time of the termination, the member is covered for the entire pregnancy and continued through the six-week postpartum period. All authorized health care services provided during this transitional period would be covered by Independence Blue Cross under the same terms and conditions applicable for in-network health care providers.

The out-of-network provider must agree that all authorized health care services provided during this transitional period would be covered by Independence Blue Cross under the same terms and conditions applicable for in-network health care providers. The plan is not required to provide health care services that are not covered benefits.

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

Emergency services

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

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

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

Complaints and grievances

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

Privacy policy

Protecting your privacy is very important to us. That is why we have taken numerous steps to see that your Protected Health Information (PHI) is kept confidential. PHI is individually identifiable health information about you. This information may be in oral, written, or electronic form. Independence Blue Cross may obtain or create your PHI while conducting our business of providing you with health care benefits. To view information and documentation related to privacy and HIPAA (the Health Insurance Portability and Accountability Act of 1996), visit **ibx.com/privacy** or call us at the Customer Service number on the back of your member ID card.

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

Prescription drug guidelines

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

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

To learn more about safe prescribing procedures, see a list of drugs requiring prior authorization, find out what's covered by your plan, or find out how to file a request or appeal, visit **ibx.com/rx** or call **1-866-346-2081 (TTY: 711)**.

Exception process

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

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

Prescription drug program information

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

Benefits exclusions

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

This managed care plan may not cover all your health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please call **1-855-640-3454 (TTY: 711)**.

What's not covered under your medical plan?

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

Note: Eligible dependent children are generally covered up to age 26. See contract for additional details. To obtain complete copies of these policies by mail, please call **1-855-640-3454 (TTY: 711)**.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-275-2583 (TTY: 711) or speak to your provider.

العربية: انتباه: إذا كنت تتحدث العربية، فيمكنك الحصول على مساعدة لغوية مجانية. كما تتوفر الوسائل والخدمات المساعدة والمناسبة مجانًا لضمان وصول المعلومات إليك بصيغ ميسّرة ومناسبة. يُرجى الاتصال على الرقم 1-800-275-2583 (TTY: 711) أو يمكنك التحدث مع مقدم الرعاية الخاص بك.

বাংলা: দৃষ্টি আকর্ষণ: যদি আপনি বাংলাভাষী হন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ। অ্যাক্সেসিবল ফরম্যাটে তথ্য প্রদান করার জন্য উপযুক্ত সহায়ক উপকরণ ও পরিষেবা বিনামূল্যে উপলব্ধ। 1-800-275-2583 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সঙ্গে যোগাযোগ করুন।

普通话: 注意：如果您说普通话，我们将为您免费提供语言协助服务。我们还免费提供适当的辅助工具和服务，确保以无障碍格式传递信息。请致电 1-800-275-2583（TTY：711）或咨询服务提供者。

Français: ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-275-2583 (TTY: 711) ou parlez-en à votre fournisseur.

Kreyòl Ayisyen: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans pou lang ki disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele nan 1-800-275-2583 (TTY: 711) oswa pale ak founisè w la.

ગુજરાતી: ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારી માટે મફત ભાષા સહાયતા સેવા ઉપલબ્ધ છે. સુલભ સ્વરૂપમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનો અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-800-275-2583 (TTY: 711) પર કૉલ કરો અથવા તમારા પ્રદાતાનો સંપર્ક કરો.

हिंदी: ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा संबंधी सहायता सेवाएँ मुफ़्त में उपलब्ध हैं। सुलभ फ़ॉर्मेट में जानकारी प्रदान करने के लिए उचित सहायक सहायता और सेवाएँ भी मुफ़्त में मिलती हैं। 1-800-275-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Italiano: ATTENZIONE: Se parli Italiano, puoi trovare disponibili servizi gratuiti di assistenza linguistica. Gratuitamente, sono inoltre disponibili ausili e servizi di supporto adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-275-2583 (TTY: 711) oppure rivolgiti al tuo fornitore.

日本語: 注意: 日本語話者の方には、無料の言語支援サービスをご提供しています。アクセシビリティ情報を提供するための適切な補助やサービスも無料でご利用いただけます。1-800-275-2583 (TTY: 711) にお電話くださるか、または、プロバイダーにお問い合わせください。

한국어를: 주의: 한국어를 구사하시는 경우 무료 언어 보조 서비스를 이용할 수 있습니다. 접근성 높은 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스 역시 무료로 이용 가능합니다. 1-800-275-2583 (TTY: 711) 에 전화하시거나 서비스 제공업체에 문의하세요.

Diné bizaad: BAA'ÁKONÍNÍZIN: Diné bizaad bee yáníłti'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anída'awo'í ná hóló. T'áadoole'é binahjį' bee adahodooníłí diné bich'į' anídahazt'i'í bee bika'anída'awo'í beego bee baa dahane'í baa dahwiizt'i'go hadadilyaaígíí ałdó' t'áá jiik'eh hǫlǫ́. Kohjį' 1-800-275-2583 (TTY: 711) hodíilnih doodago níka'análawo'í bich'į' hanidziih.

Pennsilfaanisch-Deitsch: WICHDICH: Wann du Deitsch schwetzscht, kenne mer dich Schprooch-Hilf beigriege, unni as es dich ennich eppes koschde zellt. Mir kenne dich aa differnti Sadde Hilf beigriege, wasewwer as brauchscht fer Information griege, aa fer nix. Call 1-800-275-2583 (TTY: 711) odder schwetz mit dei Provider.

Polski: UWAGA: Jeśli jesteś osobą polskojęzyczną, pamiętaj, że oferujemy bezpłatne usługi pomocy językowej. Bezpłatnie dostępne są również odpowiednie materiały pomocnicze i usługi informacyjne w przystępnych formatach. Zadzwoń na numer 1-800-275-2583 (TTY: 711) lub porozmawiaj z dostawcą usług.

Português: ATENÇÃO: se você fala português, há serviços gratuitos de assistência linguística disponíveis. Também são disponibilizados gratuitamente para suporte e serviços auxiliares apropriados para o fornecimento de informações. Ligue para 1-800-275-2583 (TTY: 711) ou entre em contato com seu prestador.

Русский: Внимание! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Также бесплатно предоставляются соответствующие вспомогательные услуги по предоставлению информации в доступных форматах. Звоните по телефону 1-800-275-2583 (TTY: 711) или обратитесь к своему провайдеру.

Español: ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia lingüística disponibles. También hay ayudas y servicios auxiliares disponibles y sin cargo en formatos accesibles para brindarle información. Llame al 1-800-275-2583 (TTY: 711) o hable con su prestador.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, available para sa iyo ang mga libreng serbisyo sa tulong sa wika. Available din ang naaangkop na mga auxiliary aid at serbisyo para magbigay ng impormasyon sa mga naa-access na format nang walang bayad. Tumawag sa 1-800-275-2583 (TTY: 711) o makipag-usap sa iyong provider.

తెలుగు: గమనిక: మీరు తెలుగు మాట్లాడితే, ఉచిత భాష సహాయ సేవలు మీకు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న ఫార్మాట్‌లలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు అలాగే సేవలు కూడా ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) నంబర్‌కు కాల్ చేయండి లేదా మీ ప్రొవైడర్‌తో మాట్లాడండి.

Українська: Увага! Якщо ви говорите українською, вам доступні безплатні послуги перекладача. Також безоплатно надаються відповідні допоміжні послуги з надання інформації в доступних форматах. Телефонуйте за номером 1-800-275-2583 (TTY: 711) або зверніться до свого провайдера.

Tiếng Việt: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Bạn cũng có thể nhận được các công cụ và dịch vụ hỗ trợ khác để giúp tiếp cận thông tin dễ dàng hơn, hoàn toàn miễn phí. Vui lòng gọi 1-800-275-2583 (TTY: 711) hoặc liên hệ với nhà cung cấp dịch vụ của bạn để được hỗ trợ.

Yorùbá: ÀKÍYÈSÍ: Tí o bá nsọ Yorùbá, àwọn iṣẹ́ àtìlẹhin èdè lọ́fẹ̀ẹ́ wà lárọwọ́tó rẹ. Awọn iṣẹ́ àtìlẹhìn ìrànlọ́wọ́ tó yẹ láti pèsè ìwífúnni ni ọna iráàyèsi kíka wà lárọwọ́tó bakanna lọ́fẹ̀ẹ́. Pe 1-800-275-2583 (TTY: 711) tàbi ki ó bá olùpèsè rẹ sọ̀rọ̀.

Discrimination Is Against the Law

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

This plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

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

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at **http://www.hhs.gov/ocr/office/file/index.html**.

This notice is available at the following website**:** **www.healthinsurancehosting.com/notices**.

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Glossary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Coverage for American Indians/Alaskan Natives

Are you an American Indian or Alaskan Native?

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

Less than 300% FPL plan options

You can choose from any of the Standard plan options on pages 19 – 42, but you will have $0 cost-sharing for all covered services. You may also qualify for a premium tax credit (subsidy).

More than 300% FPL plan options

You can choose from any of the Standard plan options on pages 19 – 42 and you will pay the cost-sharing amounts listed, but you will have $0 cost-sharing if you receive care for any essential health benefits that are referred by or received directly from the HIS, Indian Tribe, Tribal Organization, or Urban Indian Organization. You may also qualify for a premium tax credit.

Family size	Household income	
	Less than 300% FPL	More than 300% FPL
Single	$47,879.99	$47,880.00
Family of 2	$64,919.99	$64,920.00
Family of 3	$81,959.99	$81,960.00
Family of 4	$98,999.99	$99,000.00
Family of 5	$116,039.99	$116,040.00
Family of 6	$133,079.99	$133,080.00
Family of 7	$150,119.99	$150,120.00
Family of 8*	$167,159.99	$167,160.00

* For more than eight, add this amount for each additional person: $17,040. Based on source: https://aspe.hhs.gov/poverty-guidelines

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

How can you buy individual and family plans?

There are two ways to purchase an individual or family health plan. Use the information below to figure out which option is best for you. Need help determining your eligibility? Call us at 1-855-640-3454.

Directly through IBX

If you don't qualify for financial assistance, you can choose from a variety of private health insurance plans offered directly through IBX. When you purchase directly from us, you have more cost-saving options and it's easier to make updates to your policy.

See if you qualify

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

See if you qualify at **ibx.com/calculator**.

Pennsylvania Insurance Exchange (Pennie)

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

You may qualify for:

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

Who needs coverage?	What is the income for those covered under the health plan? (income % of Federal Poverty Level)			
	138 – 149%	150 – 199%	200 – 249%	250 – 400%
Single	$22,024.80 – $23,939.99	$23,940.00 – $31,919.99	$31,920.00 – $39,899.99	$39,900.00 – $63,840.00
Family of 2	$29,863.20 – $32,459.99	$32,460.00 – $43,279.99	$43,280.00 – $54,099.99	$54,100.00 – $86,560.00
Family of 3	$37,701.60 – $40,979.99	$40,980.00 – $54,639.99	$54,640.00 – $68,299.99	$68,300.00 – $109,280.00
Family of 4	$45,540.00 – $49,499.99	$49,500.00 – $66,599.99	$66,600.00 – $82,499.99	$82,500.00 – $132,000.00
Family of 5	$53,378.40 – $58,019.99	$58,020.00 – $77,359.99	$77,360.00 – $96,699.99	$96,700.00 – $154,720.00
Family of 6	$61,216.80 – $66,539.99	$66,540.00 – $88,719.99	$88,720.00 – $110,899.99	$110,900.00 – $177,440.00
Family of 8[3]	$76,893.60 – $83,579.99	$83,580.00 – $111,439.99	$111,440.00 – $139,299.99	$139,300.00 – $222,880.00
You may be eligible for...				
Type	Premium tax credit and cost-sharing reduction (CSR)			Premium tax credit
Health plans	Silver 138 – 149% CSR plans	Silver 150 – 199% CSR plans	Silver 200 – 249% CSR plans	Standard plans
More info	Pages 63 – 69	Pages 56 – 62	Pages 49 – 55	Pages 19 – 46

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

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

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

3 For more than eight, add this amount for each additional person: $5,500. Source: ASPE HHS, https://aspe.hhs.gov/poverty-guidelines

International health plans from Blue Cross Blue Shield Global Solutions℠

Before you travel outside the U.S., it's important to have a health plan that can go the distance with you. Here's an easy way to think of it: If you need a passport, you need an international health plan.

That's where Blue Cross Blue Shield Global Solutions health plans come in. You'll get peace of mind knowing you have health insurance that's specially designed for worldwide travel.

- Flexible options that may include coverage for pre-existing conditions
- Access to quality doctors and hospitals in 190 countries
- Telemedicine services for non-emergency care at no additional cost to you
- Convenient, self-service mobile app and member site to help you locate doctors and hospitals, translate medicines, request payment to providers, and more
- Coverage for medical evacuation, if needed
- 24/7/365 support

Get more information and an instant quote

Visit **ibx.com/global**

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

Blue Cross Blue Shield Global Solutions is the trade name of Worldwide Insurance Services, LLC (Blue Cross Blue Shield Global Solutions Insurance Services in California and BCBS Global Solutions Insurance Services in New York), an independent licensee of the Blue Cross and Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield companies in select service areas. Blue Cross Blue Shield Global Solutions is a Brand owned by the Blue Cross and Blue Shield Association.

Telemedicine services are provided by Teladoc Health, directly to members. Blue Cross Blue Shield Global Solutions assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan. This service is not intended to be used for emergency or urgent treatment medical questions.

Never stop caring.

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

Never stop caring

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