

ENROLL NOW

Independence



2027 Smart Solutions

IBX

Never stop caring



Still here. Still strong. Still your health plan.

You deserve a Medicare plan that does more than cover you when you are sick — one that helps you stay well, stay connected, and stay in control of your health.

For over 85 years, Independence Blue Cross (IBX) has been part of this community, helping our neighbors get the high-quality care they need. We're still here. We're still strong. And we're ready to be your health plan.

At IBX, we don't just show up when something is wrong. We check in, we plan ahead, and we walk alongside you. And we never stop caring.

Here's what that looks like:

- **Care for your whole self.** Dental, vision, hearing, fitness, and transportation aren't extras — they support your health, your independence, and your quality of life.*
- **Care guided by real people.** Medicare can be complex. Our Member Help Team and Registered Nurse Health Coaches help you understand your benefits and connect the dots across your providers and services, so you're never on your own.
- **Care that anticipates, not just reacts.** We help you stay ahead — ensuring that you don't miss important appointments, encouraging preventive screenings, and supporting you over time, not just when problems arise.
- **Care rooted in community.** We live where you live, and we use what we learn to intervene earlier and improve health for the neighbors we serve.

That's why we offer Medicare Advantage plans built for your needs and your budget. See the enclosed booklet to explore your options.

You can enroll three simple ways:



1. Call 1-866-448-5244 (TTY/TDD: 711) seven days a week, 8 a.m. to 8 p.m. On weekends and holidays from April 1 through September 30, your call may be sent to voicemail, but we'll call you back.



2. Visit ibxmedicare.com/2027plans.



3. Return your completed application to:

Independence Blue Cross
PO Box 13713
Philadelphia, PA 19101-3713

Now is a good time to pick your plan. **We're here to help.**

With care,
Member Help Team

*Transportation and fitness benefits are included with select plans

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries and affiliates including 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.

Table of contents

Benefits at a glance.....	1
Keystone 65 Assured Rx HMO	2
Keystone 65 Basic Rx HMO	3
Keystone 65 Select HMO	4
Keystone 65 Essential Rx HMO-POS	5
Keystone 65 Focus Rx HMO-POS	6
Keystone 65 Liberty Medical-Only HMO	7
Keystone 65 Preferred HMO	8
Personal Choice 65 SM Achieve Rx PPO	9
Personal Choice 65 SM PPO	10
Prescription drugs.....	12
Dental, vision, and hearing care.....	14
Supporting you, every step of the way.....	16
Affordability resources.....	20
Choose the right plan for you.....	21
Medical and pharmacy exclusions	22
Footnotes.....	23

Benefits at a glance



IBX Medicare. The health plan you trust. The benefits you deserve. We never stop caring.

Whatever your health care needs may be, we're here to help. With strong coverage, helpful benefits, and people who care.

With our Medicare Advantage plans, you'll enjoy:

- ✓ **No medical deductibles** — so you can start using your benefits right away
- ✓ **No referrals needed** — see the specialists you want, when you need them
- ✓ **Access to the area's largest network of doctors and hospitals**

Plan designs with you in mind:

- **\$0 monthly premiums** on some plans
- **\$0 copays** for primary care physician (PCP) visits
- **\$0 copays** for Tier 1 and Tier 2 generic prescriptions at preferred pharmacy or mail-order
- **\$0 copays** for routine dental and vision exams
- **Up to \$2,000 per year** to help pay for fillings, root canals, crowns, partial bridges, and dentures
- **Up to \$75 per quarter** to spend on approved over-the-counter (OTC) items at participating retailers and online
- **NO-COST fitness membership**, including access to all local YMCAs on most plans
- **Caregiver support through Carallel**, including personalized guidance, expert resources, and ongoing support

Benefit & cost comparison

Medicare Advantage plans

Service Category

Keystone 65 Assured Rx HMO



Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx

\$0

Part B Premium Giveback

N/A

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$46 copay

Outpatient Hospital Services

\$495 copay

Ambulatory Surgical Center

\$350 copay

Emergency Care

\$115 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic
Radiology Services

\$0 copay for certain diagnostic tests;
\$50 or \$475 copay depending on the service

Outpatient Routine X-rays

\$50 copay for routine radiology

Inpatient Hospital

\$435 copay per day for days 1 – 5, no copay for additional days per admission, \$2,175 maximum per admission

Outpatient Rehabilitation Services
(physical therapy, occupational therapy,
and speech therapy)

Physical therapy & Speech therapy — \$45 copay per visit
Occupational therapy — \$35 copay per visit

Over-the-Counter Allowance

\$30 quarterly allowance

Maximum Out of Pocket

\$9,850 in network

Network

In-network coverage only, except for worldwide urgent or emergency care.

Prescription Drug Benefits

See pages 12 – 13

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's *Evidence of Coverage* (EOC) for a complete listing of benefits.

Service Category

Keystone 65 Basic Rx HMO

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx

\$15

Part B Premium Giveback

N/A

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$35 copay

Outpatient Hospital Services

\$395 copay

Ambulatory Surgical Center

\$295 copay

Emergency Care

\$115 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic
Radiology Services

\$0 copay for certain diagnostic tests;
\$50 or \$350 copay depending on the service

Outpatient Routine X-rays

\$50 copay for routine radiology

Inpatient Hospital

\$350 copay per day for days 1 – 6; no copay for additional days per admission; \$2,100 maximum per admission

Outpatient Rehabilitation Services
(physical therapy, occupational therapy,
and speech therapy)

\$25 copay per visit

Over-the-Counter Allowance

\$25 quarterly allowance

Maximum Out of Pocket

\$9,500 in network

Network

In-network coverage only, except for worldwide urgent or emergency care.

Prescription Drug Benefits

See pages 12 – 13

Medicare Advantage plans

Service Category

Keystone 65 Select HMO

	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical-only \$20	\$0
	Medical with Rx \$67	\$94
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$40 copay	
Outpatient Hospital Services	\$390 copay	
Ambulatory Surgical Center	\$250 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$50 or \$280 copay depending on the service	
Outpatient Routine X-rays	\$50 copay for routine radiology	
Inpatient Hospital	\$295 copay per day for days 1 – 7; no copay for additional days per admission; \$2,065 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$20 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$6,750 in network	
Network	In-network coverage only, except for worldwide urgent or emergency care.	
Prescription Drug Benefits	See pages 12 – 13 (not covered for Keystone 65 Select Medical-Only HMO)	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Service Category

Keystone 65 Essential Rx HMO-POS¹

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx

\$45

Part B Premium Giveback

N/A

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$30 copay

Outpatient Hospital Services

\$375 copay

Ambulatory Surgical Center

\$275 copay

Emergency Care

\$115 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic
Radiology Services

\$0 copay for certain diagnostic tests;
\$30 or \$275 copay depending on the service

Outpatient Routine X-rays

\$30 copay for routine radiology

Inpatient Hospital

\$330 copay per day for days 1 – 4, no copay for additional days per admission, \$1,320 maximum per admission

Outpatient Rehabilitation Services
(physical therapy, occupational therapy,
and speech therapy)

\$20 copay per visit

Over-the-Counter Allowance

N/A

Maximum Out of Pocket

\$9,000 in network

Network

In-network coverage, except for worldwide urgent or emergency care and certain other services.

Prescription Drug Benefits

See pages 12 – 13

Medicare Advantage plans

Service Category

Keystone 65 Focus Rx HMO-POS²

	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical with Rx \$0	\$15
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$30 copay	
Outpatient Hospital Services	\$370 copay	
Ambulatory Surgical Center	\$235 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$270 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$340 copay per day for days 1 – 7; no copay for additional days per admission; \$2,380 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$20 copay per visit	
Over-the-Counter Allowance	\$75 quarterly allowance	
Maximum Out of Pocket	\$7,150 in network	
Network	You can choose to see out-of-network providers for certain services, but you'll generally pay less by using providers within the limited network.	
Prescription Drug Benefits	See pages 12 – 13	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Service Category

Keystone 65 Liberty Medical-Only HMO

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical-only

\$0

Part B Premium Giveback

\$120 credit per month

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$55 copay

Outpatient Hospital Services

20% coinsurance

Ambulatory Surgical Center

20% coinsurance

Emergency Care

\$130 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic
Radiology Services

\$0 copay for certain diagnostic tests;
\$50 or \$375 copay depending on the service

Outpatient Routine X-rays

\$50 copay for routine radiology

Inpatient Hospital

\$390 copay per day for days 1 – 6; no copay for additional days per admission; \$2,340 maximum per admission

Outpatient Rehabilitation Services
(physical therapy, occupational therapy,
and speech therapy)

\$50 copay per visit

Over-the-Counter Allowance

\$30 quarterly allowance

Maximum Out of Pocket

\$7,150 in network

Network

In-network coverage only, except for worldwide urgent or emergency care.

Prescription Drug Benefits

Not covered

Medicare Advantage plans

Service Category

Keystone 65 Preferred HMO

	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical-only \$105	\$105
	Medical with Rx \$202	\$178
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$40 copay	
Outpatient Hospital Services	\$375 copay	
Ambulatory Surgical Center	\$200 copay	
Emergency Care	\$150 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$250 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$275 copay per day for days 1 – 7; no copay for additional days per admission; \$1,925 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$20 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$4,450 in network	
Network	In-network coverage only, except for worldwide urgent or emergency care.	
Prescription Drug Benefits	See pages 12 – 13 (not covered for Keystone 65 Preferred Medical-Only HMO)	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Service Category

Personal Choice 65 Achieve Rx PPO³

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx

\$0

Part B Premium Giveback

N/A

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$60 copay

Outpatient Hospital Services

\$650 copay

Ambulatory Surgical Center

\$375 copay

Emergency Care

\$115 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic
Radiology Services

\$0 copay for certain diagnostic tests;
\$50 or \$600 copay depending on the service

Outpatient Routine X-rays

\$50 copay for routine radiology

Inpatient Hospital

\$435 copay per day for days 1 – 5; no copay for additional days per admission; \$2,175 maximum per admission

Outpatient Rehabilitation Services
(physical therapy, occupational therapy,
and speech therapy)

Physical therapy & Speech therapy - \$55 copay per visit
Occupational therapy - \$35 copay per visit

Over-the-Counter Allowance

N/A

Maximum Out of Pocket

\$9,850 in network; \$14,800 combined in and out of network

Network

Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get **coverage that travels with you** to 48 states and two territories.⁴

Prescription Drug Benefits

See pages 12 – 13

Medicare Advantage plans

Service Category

Personal Choice 65 PPO³

	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical-only \$113 Medical with Rx \$242.50	N/A \$207
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$40 copay	
Outpatient Hospital Services	\$365 copay	
Ambulatory Surgical Center	\$225 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$195 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$290 copay per day for days 1 – 6; no copay for additional days per admission; \$1,740 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$30 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$5,950 in network; \$9,900 combined in and out of network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get coverage that travels with you to 48 states and two territories. ⁴	
Prescription Drug Benefits	See pages 12 – 13 (not covered for Personal Choice 65 Medical-Only PPO)	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.





Prescription drugs

Our drug formulary includes five prescription drug cost-sharing tiers. Tier 1 and Tier 2 drugs have a **\$0 copay** when filled at a preferred pharmacy or through mail order. Preferred pharmacies include Amazon, CVS, Giant, Sam's Club, ShopRite, Target, Wegmans and more.⁵

NEW! Tier 1 drugs are available in a convenient **100-day supply** with a **\$0 copay** when filled at a preferred pharmacy or through mail order.

Deductible

Keystone 65 Preferred Rx
Keystone 65 Select Rx
Personal Choice 65 Rx

No Part D (Rx) deductible

Keystone 65 Assured Rx
Keystone 65 Basic Rx
Keystone 65 Essential Rx
Keystone 65 Focus Rx
Personal Choice 65 Achieve Rx

\$700 deductible for Tiers 3, 4, and 5



Preferred Retail and Mail-Order Cost-Sharing (30-day supply)

Tier 1 Preferred Generic	
All plans	\$0 copay
Tier 2 Generic	
All plans	\$0 copay
Tier 3 Preferred Brand	
Keystone 65 Focus Rx	20% coinsurance
Keystone 65 Assured Rx	24% coinsurance
Keystone 65 Basic Rx	
Keystone 65 Essential Rx	
Personal Choice 65 Achieve Rx	
Keystone 65 Preferred Rx	25% coinsurance
Keystone 65 Select Rx	
Personal Choice 65 Rx	
Tier 4 Non-Preferred	Tier 5 Specialty
Keystone 65 Assured Rx	25% coinsurance
Keystone 65 Basic Rx	25% coinsurance
Keystone 65 Essential Rx	25% coinsurance
Keystone 65 Focus Rx	25% coinsurance
Keystone 65 Preferred Rx	33% coinsurance
Keystone 65 Select Rx	33% coinsurance
Personal Choice 65 Achieve Rx	25% coinsurance
Personal Choice 65 Rx	33% coinsurance
Covered Insulin (Tiers 3, 4, and 5)	
All plans	\$35 copay
True Out-of-Pocket Limit	An annual maximum of \$2,400 in out-of-pocket costs for covered drugs (Medicare Part B drugs and your monthly plan premium are not included)
Catastrophic	After reaching a maximum of \$2,400, you pay \$0 for covered drugs until the next calendar year



Spread out your Rx costs with the Medicare Prescription Payment Plan

You can choose to sign up for the Medicare Prescription Payment Plan. With this option, you won't pay at the pharmacy or for mail-order drugs. Instead, your health plan will bill you monthly. This option doesn't lower your total drug costs, but it spreads your payments over the rest of the year.

For more information, visit ibxmedicare.com/IRA.

Dental, vision, and hearing care

Included on most plans

Dental Services⁶

Use an **IBX Medicare Dental Network** dentist for in-network coverage. Visit ibxmedicare.com/findadentist for a list of participating providers.

Preventive and Diagnostic Dental Care

Included on all plans

One oral exam and cleaning every 6 months	\$0 copay
One fluoride treatment and two dental consultations every 12 months ⁷	\$0 copay
One set of dental bitewing X-rays every 12 months	\$0 copay
One set of periapical, panoramic, and full-mouth X-rays once every 36 months	\$0 copay

Comprehensive Dental Services

Included on Keystone 65 Basic, Keystone 65 Essential, Keystone 65 Liberty, Keystone 65 Select, and Personal Choice 65

Fillings, root canals, crowns, and extractions	20% coinsurance
Dentures, partials, and some oral surgery	40% coinsurance

Annual allowance for comprehensive dental services

Keystone 65 Liberty	\$2,000 in-network annual allowance
Keystone 65 Essential Personal Choice 65	\$1,500 combined in- and out-of-network annual allowance
Keystone 65 Select	\$1,500 in-network annual allowance
Keystone 65 Basic	\$1,200 in-network annual allowance

Vision Services⁸

Included on Keystone 65 Assured, Keystone 65 Basic, Keystone 65 Essential, Keystone 65 Focus, Keystone 65 Liberty, Keystone 65 Preferred, Keystone 65 Select, and Personal Choice 65

Use a **Davis Vision** provider for in-network coverage. Visit ibxmedicare.com/davisvision for a list of participating providers.

Routine eye exam (one per year)	\$0 copay
---------------------------------	------------------

Eyeglass Frames, Lenses, and Contact Lenses

One pair of eyeglass frames and lenses (eyewear) or one pair of contact lenses is covered each year.

Eyewear purchased from the Davis Vision Collection	Covered in full
--	------------------------

Eyewear purchased from Visionworks®	\$250 allowance per year
-------------------------------------	---------------------------------

Eyewear purchased at a Davis Vision network provider	\$150 allowance per year
--	---------------------------------

Contact lenses purchased instead of eyewear	\$150 allowance per year
---	---------------------------------

Hearing Services⁹

Included on Keystone 65 Assured, Keystone 65 Essential, Keystone 65 Focus, Keystone 65 Liberty, Keystone 65 Preferred, Keystone 65 Select, Personal Choice 65 Achieve, and Personal Choice 65

Provided by TruHearing®. Visit ibxmedicare.com/hearing for a list of participating providers.

Routine hearing exam (one per year)	\$0 copay
-------------------------------------	------------------

Hearing aid fittings and evaluations (unlimited for the first year)	\$0 copay
---	------------------

Hearing Aids¹⁰

Up to two hearing aids every year, one hearing aid per ear.

Advanced Digital Hearing Aid

Premium Digital Hearing Aid

Keystone 65 Essential	\$399 copay	\$699 copay
-----------------------	--------------------	--------------------

Keystone 65 Preferred Keystone 65 Select Personal Choice 65	\$499 copay	\$799 copay
---	--------------------	--------------------

Keystone 65 Assured Keystone 65 Focus Keystone 65 Liberty Personal Choice 65 Achieve	\$699 copay	\$999 copay
---	--------------------	--------------------

Supporting you, every step of the way



IBX Care Card

As an IBX Medicare Advantage member, you receive an IBX Care Card that’s separate from your member ID card. The IBX Care Card includes a quarterly allowance you can use to buy eligible over-the-counter (OTC) health and wellness items at participating retailers.

The IBX Care Card also gives you access to IBX health rewards dollars that you can earn by completing select health activities. Two allowances on one card.



OTC allowance¹¹

Use your IBX Care Card to buy approved OTC items like bandages, cold medicine, toothpaste, and vitamins in a participating store or online.

Participating retail stores include CVS Pharmacy, ShopRite, Walgreens, Walmart, and more.

Your IBX Care Card automatically reloads every three months with your allowance.

Plan	Quarterly allowance
Keystone 65 Basic	\$25
Keystone 65 Assured	
Keystone 65 Liberty	
Keystone 65 Preferred	\$30
Keystone 65 Select	
Personal Choice 65	
Keystone 65 Focus	\$75



IBX health rewards¹²

Earn up to **\$300** in IBX health rewards as a Keystone 65 member, or up to **\$250** as a Personal Choice 65 member, by completing eligible health activities. Rewards are loaded directly to your IBX Care Card.

Start with your Annual Wellness Visit to earn your first reward, then continue earning throughout the year by completing other health activities.



Telemedicine through Teladoc Health

It's not always easy or convenient to go to a health appointment. With Teladoc Health, you can get virtual care from wherever you are...with a **\$0 copay!**

- **General Medical 24/7 Care Visits:** You have 24/7 access to board-certified doctors who can diagnose and treat non-emergency conditions such as sinus infections, flu, sore throats, allergies, and pink eye.
- **Mental health care:** Schedule visits with a licensed therapist, psychologist, or psychiatrist and get support for depression, anxiety, stress, grief, and more.¹³
- **Dermatology:** Connect online with a board-certified dermatologist who can provide timely answers to questions about new or chronic skin conditions like rashes, acne, eczema, and rosacea.



One Pass® fitness membership

Stay active with a **no-cost fitness membership** through One Pass. It gives you many ways to stay fit — at the gym, at home, with others, or in the kitchen! Available on Keystone 65 Assured, Keystone 65 Basic, Keystone 65 Focus, Keystone 65 Liberty, Keystone 65 Preferred, Keystone 65 Select, and Personal Choice 65.

- **At the gym:** Access a large national network, including YMCAs, boutique studios, and yoga, Pilates, and spinning classes.
- **At home:** Choose from on-demand and live online classes. The workout builder can suggest routines based on your needs. You can also order a home fitness kit. To help keep your mind healthy, enjoy a brain workout with a cognitive test and training program.
- **With friends:** Join virtual or in-person fitness activities at local parks, recreation areas, and community centers. You can search for events near you through the One Pass platform.
- **In the kitchen:** Get fresh meals delivered from Mom's Meals. Choose from menus created by dietitians and chefs. Meal costs apply. Shipping is free.

Learn more at ibxmedicare.com/onepass, or call One Pass at **1-877-504-6830** (TTY/TDD: **711**), Monday through Friday, 9 a.m. to 10 p.m.

Visit ibxmedicare.com/findagym to find a participating gym in your area.

Supporting you, every step of the way



Vital Care

We know managing a chronic condition can get costly. That's why we offer the Vital Care program. The Vital Care program **reduces** the following **specialist copays** for Keystone 65 Assured, Keystone 65 Basic, Keystone 65 Essential, Keystone 65 Liberty, Keystone 65 Preferred, and Keystone 65 Select members who have been diagnosed with both diabetes and congestive heart failure (CHF).

Benefit	Cost
Cardiology specialist visits	\$10 copay
Endocrinology specialist visits	\$10 copay
Medicare-covered podiatry visits	\$5 copay
Routine podiatry visits Up to 6 routine podiatry visits per year	\$5 copay



Vital Care Plus

The Vital Care Plus program offers the same great benefits as the Vital Care program, but with even more. The following **reduced specialist copays** are available to Keystone 65 Focus members who have been diagnosed with diabetes.

Benefit	Cost
Cardiology specialist visits	\$10 copay
Endocrinology specialist visits	\$10 copay
Pulmonology specialist visits	\$10 copay
Medicare-covered podiatry visits	\$5 copay
Routine podiatry visits Up to 6 routine podiatry visits per year	\$5 copay



Transportation

Our door-to-door transportation benefit, provided by Roundtrip, makes it easier for eligible members to get to and from essential health sites **at no cost**.

- Easily book and track rides with the Roundtrip mobile app. Rides should be booked at least 48 hours in advance.
- Modes of transportation include taxis, rideshare services, wheelchair vans¹⁴, and medical sedans.

Plan	Eligibility	Benefit
Keystone 65 Focus Keystone 65 Preferred Keystone 65 Select	Members diagnosed with both diabetes and CHF	Includes 24 one-way rides (or 12 round-trip rides) per year to plan-approved medical facilities or pharmacies



Food and produce

We're making life a little easier for eligible members by providing food and produce deliveries **at no cost**. These deliveries contain fresh, local food items — along with ideas on how to use them.

Plan	Eligibility	Benefit
Keystone 65 Focus Keystone 65 Preferred Keystone 65 Select	Members diagnosed with both diabetes and depressive disorders	Members will receive a maximum of four weeks of food and produce boxes per year

Affordability resources

You may be able to get help paying for your care. There are programs that can lower your costs.



Medicare Prescription Payment Plan

This voluntary program lets you pay for your prescriptions with monthly payments instead of paying at the pharmacy. It does not lower your drug costs or save you money.

For more information, visit ibxmedicare.com/IRA.



Low Income Subsidy (LIS), or “Extra Help”

LIS helps people with limited income and savings pay for their drug plan costs, like premiums, deductibles, and copays.

How to apply:

- Online at ssa.gov/prescriptionhelp
- Call Social Security at **1-800-772-1213** (TTY/TDD: **1-800-325-0778**)



PACE, PACENET, and PACE Plus programs

The Pharmaceutical Assistance Contract for the Elderly (PACE), PACE Needs Enhancement Tier (PACENET), and PACE Plus programs help pay for generic and brand-name drugs, with small copays for each covered prescription.

How to apply:

- Online at pacecares.primetherapeutics.com
- Call PACE at **1-800-225-7223** (TTY/TDD: **1-800-222-9004**)

To learn more about ways to save money, see our Guide to Savings at ibxmedicare.com/guidetosavings.

Choose the right plan for you

When enrolling in a Medicare Advantage plan, it's important to check the plan's network and formulary to see if your doctor or drug is covered.



How to find a network provider

1. Go to ibxmedicare.com/providerfinder.
 2. Search for providers by health plan, location, specialty, name, type, and more.
 3. If you enroll in a Keystone 65 HMO plan, make sure you choose an in-network PCP when filling out your application.
-



How to find a network pharmacy

1. Go to ibxmedicare.com/pharmacyfinder.
 2. Search for pharmacies by health plan, location, name, and more.
 3. Preferred pharmacies include a *Preferred* label.
-



How to find a drug on the formulary

1. Go to ibxmedicare.com/formulary.
 2. Search for health plan, drug name, therapeutic class, or browse drugs alphabetically.
-



How to find a network dentist

All IBX Medicare Advantage plans include preventive dental coverage, and most include comprehensive dental benefits. For in-network care, use the IBX Medicare Dental Network.

1. Visit dominiondentists.com/ibx.
2. Enter your zip code or address.
3. Choose a specialty.
4. Select "IBX Medicare Dental Network."

Medical and pharmacy exclusions

Medical exclusions

- Personal items in your hospital or nursing facility room
 - Full-time nursing care at home
 - Help with daily care, like bathing or dressing, when you do not need skilled care
 - Homemaker services, like cleaning or making light meals
 - Care from your close family or people in your home
 - Procedures to reverse sterilization, or birth control you can buy without a prescription
 - Naturopath services (natural or alternative care)
-

Part D exclusions

By law, these categories of drugs are not covered by Medicare drug plans:

- Drugs you can buy without a prescription (over-the-counter drugs)
 - Drugs to help you get pregnant
 - Drugs for cough or cold symptoms
 - Drugs used for cosmetic reasons or to help grow hair
 - Prescription vitamins and minerals, except prenatal vitamins and fluoride
 - Drugs used to treat sexual or erectile problems
 - Drugs used for anorexia, weight loss, or weight gain
 - Outpatient drugs that require you to buy tests or services from the drug maker
-

This is a partial list of exclusions. Visit ibxmedicare.com/eoc for a complete listing of benefits and exclusions.

Footnotes

1. Keystone 65 Essential members have a combined in- and out-of-network POS annual maximum of \$1,500 that applies to non-Medicare-covered dental services only.
2. Keystone 65 Focus members pay a 20% coinsurance for select out-of-network Medicare-covered medical services (Parts A and B). The POS annual plan maximum of \$2,000 will apply to out-of-network benefits.
3. For most out-of-network benefits, Personal Choice 65 and Personal Choice 65 Achieve have a 50% coinsurance.
4. Participating states and territories are subject to change at any time.
5. Other pharmacies are available in our network.
6. There is an 80% coinsurance for out-of-network dental benefits on the Personal Choice 65 Achieve and Personal Choice 65 plans. There is a 50% coinsurance for out-of-network dental benefits on the Keystone 65 Essential plan.
7. Not available on the Keystone 65 Preferred plan.
8. There is an 80% coinsurance for out-of-network vision benefits on the Personal Choice 65 plan.
9. There is a 95% coinsurance for out-of-network routine hearing services on the Personal Choice 65 Achieve and Personal Choice 65 plans.
10. Advanced and premium digital hearing aids are available in rechargeable models at no additional cost.
11. The OTC allowance does not carry forward to the next quarter if it is not used. You must use your IBX Care Card to purchase OTC items at a participating retailer. Members should retain the card through the expiration date.
12. Your IBX health rewards dollars must be used in the calendar year. Complete, report, and redeem your rewards by December 31, 2027.
13. Mental/behavioral health visits must be scheduled via the online platform teladochealth.com/signin or by phone. Member must complete a mental health assessment via the website platform or by phone prior to scheduling a mental health visit.
14. Wheelchair vans are subject to availability.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries and affiliates including 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.

IBX Medicare Dental Network administered by Dominion Dental Services, Inc., an independent company.

Vision benefits are offered by QCC Insurance Company or Keystone Health Plan East and administered by Davis Vision, an independent company.

An affiliate of Independence Blue Cross has a financial interest in Visionworks, an independent company.

TruHearing is a registered trademark of TruHearing, Inc., an independent company.

One Pass is a voluntary program offered by an independent company. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.

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

The transportation benefit is administered by Roundtrip, an independent company.

Out-of-network/non-contracted providers are under no obligation to treat Personal Choice 65 PPO members, except in emergency situations. Please call our Member Help Team number, see your *Evidence of Coverage*, or visit ibxmedicare.com/eoc for more information, including the cost-sharing that applies to out-of-network services.

This booklet is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

The giveback is set up by Medicare and administered through the Social Security Administration (SSA). The giveback incentive only participates with Social Security and is credited monthly on your Social Security check or Medicare Part B premium statement. There are no direct payments made to beneficiaries by Independence Blue Cross. Beneficiaries who pay their own Part B premium are eligible for the Giveback. Meaning, beneficiaries cannot receive Medicaid or any other assistance from a health program that could potentially pay their Part B premium.

The food and produce benefit is provided by FareRx, an independent company. The food and produce benefit mentioned is part of a special supplemental program for the chronically ill. Members must be diagnosed with both Diabetes and Depression or Depressive Disorders to qualify. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Contact us to confirm your eligibility for this benefit.

Some services may require prior approval. Please visit ibxmedicare.com/eoc for more information.

This information is not a complete description of benefits. Please visit ibxmedicare.com/eoc for more information.

Independence Blue Cross (IBX) has contracted with InComm Healthcare & Affinity, Inc., an independent company, to manage the IBX Care Card program for Independence Blue Cross members. When using the IBX Care Card, if the member exceeds the benefit/rewards amount, alternative payment will be required for the remaining balance due. Members should ask the retailers if they accept split payment methods prior to receiving services. Dual-purpose items are medicines and products that can be used for either a medical condition or for general health and well-being. In order to purchase these items, a personal physician must recommend them for a specific diagnosed condition. Please speak to a physician before ordering these items. Items include, but are not limited to, vitamins and minerals, home monitoring and testing, and weight loss items. Members should retain the IBX Care Card through the expiration date. InComm, at its discretion, may substitute retailers and products. Terms and conditions may apply for the IBX Care Card. To learn more, visit mybenefitscenter.com. Products not covered under rewards include, but are not limited to, stamps, lottery, alcohol, firearms, and tobacco. The IBX health rewards are available only to eligible Medicare Advantage beneficiaries who complete a health care activity. Rewards may not be redeemed for cash (unless required by law).

Carallel is an independent company that provides caregiver services.

Never stop caring.

Independence 

IBX

Never stop caring

AEP 4527800 (09/26)
IBX17442 (08/26)
Y0041_HM_27_129718_M