

2022 Smart Solutions Brochure





Thank you for considering a Medicare Advantage plan from Independence Blue Cross (Independence)!

As you may know, we've offered health insurance to residents of the five-county Philadelphia area for more than 80 years. Our local roots run deep, and our commitment to our community is profound.

So we work hard to make sure our Medicare plans have the benefits you need to take good care of your health flexibly and affordably.

That's what I hope to show you with this brochure. Please keep reading to find out:

- Why our plans are worth considering
- Which benefits you may find most valuable
- How to locate in-network providers and pharmacies
- How to enroll
- What you can expect after you enroll

We've taken care of everything. So you can take care of yourself.

With care,

A handwritten signature in black ink, appearing to read "Heidi J. Syropoulos".

Heidi J. Syropoulos, MD, FACP
Medical Director, Government Markets

Benefits at a Glance

Quality health care? There's nothing to it!

Our Keystone 65 Basic Rx HMO and Personal Choice 65 Prime Rx PPO plans offer a **\$0** monthly premium, **\$0** copay for primary care physician visits, and **\$0** copay for Tier 1 preferred generic prescriptions and mail-order fills. We also are excited to introduce two new plans for 2022 — the Personal Choice 65 Elite Rx PPO and Personal Choice 65 Saver Rx PPO plans!

With these enhanced offerings, we can help you find the plan that has the features you want at a price you can afford.

Our plans also feature:

- No medical or Rx deductibles
- No referrals
- Dental, vision, and hearing coverage embedded in all plans
- **NEW for 2022!** A \$50 reduction in your Part B premium with our new Personal Choice 65 Saver Rx PPO plan
- \$0 copay for oncology radiation treatment for breast cancer
- \$0 copay for MDLIVE[®] telemedicine medical doctor and behavioral health visits
- A quarterly over-the-counter (OTC) allowance — up to \$100 on some plans! You can spend on approved over the counter items online and at major retailers

Plus, people with certain qualifying conditions can get extra help through special benefits, including transportation services, groceries, and a meals program. Services offered vary by plan.



Coverage you can count on



Over-the-counter items

Independence offers an OTC allowance on ALL of our 2022 Medicare Advantage plans.

- You can use your IBX Care Card to buy approved OTC items like bandages, cold medicine, toothpaste, and vitamins.
- Shop online or in participating retail stores like CVS, Walgreens, Walmart, Rite Aid, Dollar General, Family Dollar, and more.
- This is an additional benefit that does not cost you anything.



COVID-19 coverage

All of our Medicare Advantage plans offer a \$0 copay for an inpatient hospital stay — acute due to a COVID-19 diagnosis.



Telemedicine benefit

Our telemedicine benefit allows you to see a doctor or therapist through your phone or using a secure video chat, website, or phone application, at no additional cost.

- MDLIVE® physicians are available 24/7 and can help you with many non-urgent medical conditions.
- You also can have behavioral visits focused on therapy and counseling services.

Get healthy, get rewarded



Free fitness program

The SilverSneakers® fitness program is included in all of our Medicare Advantage plans.

- You can go to classes, or use pools, treadmills, and free weights at locations throughout the Philadelphia area — and nationwide — at no additional cost.
- If you prefer to exercise at home, your membership includes an on-demand video library of classes and workouts.
- Members may choose to receive one in-home SilverSneakers Steps exercise kit per year.



Personal health visit

Schedule a personal health visit with a licensed professional and receive a **\$50 gift card!**

- Personal health visits are a convenient way to get personalized health advice in a relaxed setting, and they are offered to you at **no extra cost**.
- This service is optional, does not affect your current health insurance benefits or premiums, and does not replace your annual wellness visit.



Screenings and checkups

Preventive screenings are vital to keeping you healthy and happy.

- With an Independence Medicare Advantage plan, you are covered for more than 20 preventive services — at no cost to you!*
- Preventive services include an annual wellness visit and certain immunizations; colorectal, breast, and prostate cancer screenings; and cardiovascular disease and diabetes screenings.

*If you receive a separate additional non-preventive evaluation and/or service, a copayment will apply. The copayment depends on the provider type or place of service.

Additional Member Benefits

If you are dealing with serious health issues, we know how crucial it is to have high-quality health coverage on that journey.



Vital Care

The Vital Care Program is designed to help improve your overall health and well-being. If you have both diabetes and congestive heart failure, you may need to see several specialists more than once a year. The cost of these visits can add up and — in some cases — may make you put off your next doctor’s visit.

- The Vital Care Program can help make these visits more affordable. You pay a lower office copay when you visit a cardiologist (\$10 copay), endocrinologist (\$10 copay), or podiatrist (\$5 copay). You do not need a referral from your PCP to visit a specialist.
- Available to Keystone 65 Basic Rx HMO, Keystone 65 Select HMO, and Keystone 65 Preferred HMO members who have both diabetes and congestive heart failure



Vital Care Plus

The Vital Care Plus program offers the same great benefits as the Vital Care program, but with even more.

- In addition to lower office copays for cardiologists (\$10 copay), endocrinologists (\$10 copay), and podiatrists (\$5 copay), you also receive reduced costs for pulmonology visits (\$10 copay), and an \$80 allowance for over-the-counter items (available in quarterly installments).
- Available to Keystone 65 Focus Rx HMO-POS members who have diabetes



Transportation

NEW for 2022. Our new transportation benefit, provided by Roundtrip, makes it easier for you to get to and from essential health visits.

- Available to Keystone 65 Basic Rx HMO, Keystone 65 Select HMO, and Keystone 65 Preferred HMO members who have both diabetes and congestive heart failure (CHF)
- Door-to-door transportation exactly when and where it’s needed
- Includes 12 one-way rides (or six round-trip rides) per year to plan-approved medical facilities at no added cost
- Modes of transportation include taxis, rideshare services, vans, and medical transports



Groceries

NEW for 2022. We're making life a little easier for members who have both diabetes and depression by providing four weeks of grocery deliveries at no cost.

- These deliveries, provided through United By Blue, will contain fresh, local, and organic groceries — along with a recipe guide that offers ideas on how to use them.
- The benefit includes a maximum of four weeks per member per year.
- Available on all HMO plans, and the Personal Choice 65 PPO, Personal Choice 65 Elite PPO, and Personal Choice 65 Prime PPO plans



Meals Program

Keystone 65 HMO members with certain conditions can receive meals through MANNA. You can get three meals per day, seven days per week, up to four weeks, twice a year, at no additional cost.

- To qualify, members must either:
 - Have a new diagnosis of colorectal, endometrial, breast, lung, or prostate cancer
 - Have both diabetes and congestive heart failure
- Included on all HMO plans



Insulin Savings Program

NEW for 2022. Select Keystone 65 HMO plans will be participating in the Insulin Savings Program, making the costs for diabetes management much more affordable.

- Available to Keystone 65 Focus Rx HMO-POS, Keystone 65 Select HMO, and Keystone 65 Preferred HMO members
- Get a one-month supply of a covered select insulin product for a copay of just \$35
- This low copay applies throughout your deductible, initial coverage, and coverage gap phases

Benefit & Cost Comparison

Medicare Advantage Plans

Service category

Keystone 65 Basic Rx HMO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Monthly plan premium	\$0	\$0
Maximum Out-of-Pocket	\$7,550 in-network	
Primary Care Physician (PCP) Visits	\$0 copay	
Specialist Visits	\$35 copay	
Inpatient Hospital (including COVID-19 coverage)	\$250 copay per day for days 1 – 7; no copay for additional days per admission; \$1,750 maximum per admission; \$0 copay for in-network inpatient hospital stay — acute due to COVID-19 diagnosis	
Routine Podiatry‡	\$25 copay per visit (up to 6 visits per year)	
Routine Chiropractic‡	\$20 copay per visit (up to 6 visits per year)	
Routine Acupuncture§	\$20 copay per visit (up to 6 visits per year)	
Over-the-Counter (OTC) Items (InComm)	\$60 quarterly allowance ¹	
Telemedicine Visits (MDLIVE)	\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$45 or \$250 copay depending on the service	
Dental/Vision/Hearing	Included in plan! See page 14 for details.	
Prescription drugs	Preferred Generic, \$0 copay; Generic, \$20 copay	
Preferred Retail and Mail Order (90-day supply for 2 months' copay)	Preferred Generic, \$0 copay; Generic, \$10 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Preferred Retail Cost-Sharing (30-day supply)	Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Standard Retail Cost-Sharing (30-day supply)	A maximum of \$4,430 in total drug cost	
Initial Coverage Limit	You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050	
Coverage Gap	You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger	
Catastrophic		

*All Keystone 65 Basic, Keystone 65 Preferred, and Keystone 65 Select members must use in-network hospitals and physicians with the exception of emergencies or urgently needed care.

‡Routine Podiatry, Chiropractic, and Acupuncture visits are in addition to Medicare-covered services.

§Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

Keystone 65 Focus Rx HMO-POS‡

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Medical with Rx	\$0	\$15
\$6,500 in-network		
\$0 copay		
\$40 copay		
\$210 copay per day for days 1 – 6; no copay for additional days per admission; \$1,260 maximum per admission; \$0 copay for in-network inpatient hospital stay — acute due to COVID-19 diagnosis		
\$25 copay per visit (up to 6 visits per year)		
\$20 copay per visit (up to 6 visits per year)		
\$20 copay per visit (up to 6 visits per year)		
\$60 quarterly allowance ¹		
\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services		
\$0 copay for certain diagnostic tests; \$40 or \$250 copay depending on the service		
Included in plan! See page 14 for details.		

Preferred Generic, \$0 copay; Generic, \$20 copay

Preferred Generic, \$0 copay; Generic, \$10 copay; Preferred Brand, \$47 copay; Select insulin, \$35 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance

Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Select insulin, \$35 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance

A maximum of \$4,430 in total drug cost

You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050

You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger

Keystone 65 Select HMO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Medical-only	\$34.50	\$49.50
Medical with Rx	\$57.50	\$83.50
\$4,900 in-network		
\$0 copay		
\$40 copay		
\$250 copay per day for days 1 – 6; no copay for additional days per admission; \$1,500 maximum per admission; \$0 copay for in-network inpatient hospital visits — acute due to COVID-19 diagnosis		
\$20 copay per visit (up to 6 visits per year)		
\$20 copay per visit (up to 6 visits per year)		
\$20 copay per visit (up to 6 visits per year)		
\$30 quarterly allowance ¹		
\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services		
\$0 copay for certain diagnostic tests; \$40 or \$200 copay depending on the service		
Included in plan! See page 14 for details.		

Preferred Generic, \$0 copay; Generic, \$18 copay

Preferred Generic, \$0 copay; Generic, \$9 copay; Preferred Brand, \$47 copay; Select insulin, \$35 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance

Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Select insulin, \$35 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance

A maximum of \$4,430 in total drug cost

You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050

You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger

‡Keystone 65 Focus members pay 20% coinsurance for out-of-network benefits. The POS benefit will apply to Medicare-covered medical (Parts A & B) benefits.

¹Quarterly OTC allowance does not carry over.

Medicare Advantage Plans

Service category

Monthly plan premium

Maximum Out-of-Pocket

Primary Care Physician (PCP) Visits

Specialist Visits

Inpatient Hospital
(including COVID-19 coverage)

Routine Podiatry‡
Routine Chiropractic‡
Routine Acupuncture§

Over-the-Counter (OTC) Items (InComm)

Telemedicine Visits (MDLIVE)

Outpatient Diagnostic Radiology Services

Dental/Vision/Hearing

Prescription drugs

Preferred Retail and Mail Order
(90-day supply for 2 months' copay)

Preferred Retail Cost-Sharing
(30-day supply)

Standard Retail Cost-Sharing
(30-day supply)

Initial Coverage Limit

Coverage Gap

Catastrophic

NEW! Personal Choice 65 Elite Rx PPO

Philadelphia
and Bucks

Chester, Delaware,
Montgomery

\$51

\$51

\$6,500 in-network; \$10,000 combined in- and out-of-network

\$0 copay

\$35 copay

\$525 copay per stay; \$0 copay for inpatient hospital stay —
acute due to COVID-19 diagnosis

\$25 copay per visit (up to 6 visits per year)

\$20 copay per visit (up to 6 visits per year)

\$20 copay per visit (up to 6 visits per year)

\$100 quarterly allowance¹

\$0 copay for medical doctor visits focused on non-urgent
medical conditions; **NEW!** \$0 copay for behavioral health visits
focused on therapy and counseling services

\$0 copay for certain diagnostic tests;
\$35 or \$275 copay depending on the service

Included in plan! See page 14 for details.

Preferred Generic, \$0 copay; Generic, \$20 copay

Preferred Generic, \$0 copay; Generic, \$10 copay;
Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay;
Specialty Drug, 33% coinsurance

Preferred Generic, \$9 copay; Generic, \$20 copay;
Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay;
Specialty Drug, 33% coinsurance

A maximum of \$4,430 in total drug cost

You pay 25% of generic drug costs and 25% of brand-name
drug costs until you reach a maximum of \$7,050

You pay the greater of \$3.95 for generics and \$9.85 for
brand-name drugs or 5% coinsurance after reaching a
maximum of \$7,050 catastrophic trigger

¹Quarterly OTC allowance does not carry over.

*For out-of-network benefits, there is a 30% coinsurance for Personal Choice 65 Elite and 40% coinsurance for Personal Choice 65 Prime and Personal Choice 65 Saver for most covered services.

‡Routine Podiatry, Chiropractic, and Acupuncture visits are in addition to Medicare-covered services.

§Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

Personal Choice 65 Prime Rx PPO*

NEW! Personal Choice 65 Saver Rx PPO

Philadelphia and Bucks		Chester, Delaware, Montgomery	
\$0		\$0	
\$7,550 in-network; \$11,300 combined in- and out-of-network		\$7,550 in-network; \$11,300 combined in- and out-of-network	
\$0 copay		\$10 copay	
\$35 copay		\$50 copay	
\$250 copay per day for days 1 – 7; no copay for additional days per admission; \$1,750 maximum per admission; \$0 copay for in-network inpatient hospital stay — acute due to COVID-19 diagnosis		\$350 copay per day for days 1 – 5; no copay for additional days per admission; \$1,750 maximum per admission; \$0 copay for in-network inpatient hospital stay — acute due to COVID-19 diagnosis	
\$25 copay per visit (up to 6 visits per year)		\$25 copay per visit (up to 6 visits per year)	
\$20 copay per visit (up to 6 visits per year)		\$20 copay per visit (up to 6 visits per year)	
\$20 copay per visit (up to 6 visits per year)		\$20 copay per visit (up to 6 visits per year)	
\$60 quarterly allowance ¹		\$30 quarterly allowance ¹	
\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services		\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services	
\$0 copay for certain diagnostic tests; \$50 or \$300 copay depending on the service		\$0 copay for certain diagnostic tests; \$55 or \$350 copay depending on the service	
Included in plan! See page 14 for details.		Included in plan! See page 14 for details.	
Preferred Generic, \$0 copay; Generic, \$20 copay		Preferred Generic, \$0 copay; Generic, \$20 copay	
Preferred Generic, \$0 copay; Generic, \$10 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance		Preferred Generic, \$0 copay; Generic, \$10 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance		Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
A maximum of \$4,430 in total drug cost		A maximum of \$4,430 in total drug cost	
You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050		You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050	
You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger		You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger	

Medicare Advantage Plans

Service category

Keystone 65 Preferred HMO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Medical-only	\$178	\$187
Medical with Rx	\$231	\$258
Maximum Out-of-Pocket	\$3,800 in-network	
Primary Care Physician (PCP) Visits	\$0 copay	
Specialist Visits	\$40 copay	
Inpatient Hospital (including COVID-19 coverage)	\$225 copay per day for days 1 – 6; no copay for additional days per admission; \$1,350 maximum per admission; \$0 copay for in-network inpatient hospital stay — acute due to COVID-19 diagnosis	
Routine Podiatry‡	\$20 copay per visit (up to 6 visits per year)	
Routine Chiropractic‡	\$20 copay per visit (up to 6 visits per year)	
Routine Acupuncture§	\$20 copay per visit (up to 6 visits per year)	
Over-the-Counter (OTC) Items (InComm)	\$30 quarterly allowance ¹	
Telemedicine Visits (MDLIVE)	\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$150 copay depending on the service	
Dental/Vision/Hearing	Included in plan! See page 14 for details.	
Prescription drugs	Preferred Generic, \$0 copay; Generic, \$18 copay	
Preferred Retail and Mail Order (90-day supply for 2 months' copay)	Preferred Generic, \$0 copay; Generic, \$9 copay; Preferred Brand, \$47 copay; Select Insulin, \$35 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Preferred Retail Cost-Sharing (30-day supply)	Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Select Insulin, \$35 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Standard Retail Cost-Sharing (30-day supply)	A maximum of \$4,430 in total drug cost	
Initial Coverage Limit	You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050	
Coverage Gap	You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger	
Catastrophic		

¹Quarterly OTC allowance does not carry over. Keystone 65 Preferred has a \$3,800 out-of-pocket maximum for 2022. The maximum out-of-pocket is the amount that you will have to pay for care during the year. This does not include your premium, just out-of-pocket costs, such as copays and coinsurance.

*All Keystone 65 Preferred members must use in-network hospitals and physicians with the exception of emergent or urgently needed care—until your plan year renews.

‡Routine Podiatry, Chiropractic, and Acupuncture visits are in addition to Medicare-covered services.

§Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

Service category

Monthly plan premium

Maximum Out-of-Pocket

Primary Care Physician (PCP) Visits

Specialist Visits

Inpatient Hospital
(including COVID-19 coverage)

Routine Podiatry‡
Routine Chiropractic‡
Routine Acupuncture§

Over-the-Counter (OTC) Items (InComm)

Telemedicine Visits (MDLIVE)

Outpatient Diagnostic Radiology Services

Dental/Vision/Hearing

Prescription drugs

Preferred Retail and Mail Order
(90-day supply for 2 months' copay)

Preferred Retail Cost-Sharing
(30-day supply)

Standard Retail Cost-Sharing
(30-day supply)

Initial Coverage Limit

Coverage Gap

Catastrophic

Personal Choice 65 PPO

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Medical-only	\$179	N/A
Medical with Rx	\$294	\$165
Maximum Out-of-Pocket	\$5,000 in-network; \$10,000 combined in- and out-of-network	
Primary Care Physician (PCP) Visits	\$0 copay	
Specialist Visits	\$35 copay	
Inpatient Hospital (including COVID-19 coverage)	\$240 copay per day for days 1 – 6; no copay for additional days per admission; \$1,440 maximum per admission; \$0 copay for in-network inpatient hospital stay — acute due to COVID-19 diagnosis	
Routine Podiatry‡	\$20 copay per visit (up to 6 visits per year)	
Routine Chiropractic‡	\$20 copay per visit (up to 6 visits per year)	
Routine Acupuncture§	\$20 copay per visit (up to 6 visits per year)	
Over-the-Counter (OTC) Items (InComm)	\$30 quarterly allowance ¹	
Telemedicine Visits (MDLIVE)	\$0 copay for medical doctor visits focused on non-urgent medical conditions; NEW! \$0 copay for behavioral health visits focused on therapy and counseling services	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$175 copay depending on the service	
Dental/Vision/Hearing	Included in plan! See page 14 for details.	
Preferred Retail and Mail Order (90-day supply for 2 months' copay)	Preferred Generic, \$0 copay; Generic, \$18 copay	
Preferred Retail Cost-Sharing (30-day supply)	Preferred Generic, \$0 copay; Generic, \$9 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Standard Retail Cost-Sharing (30-day supply)	Preferred Generic, \$9 copay; Generic, \$20 copay; Preferred Brand, \$47 copay; Non-Preferred Drug, \$100 copay; Specialty Drug, 33% coinsurance	
Initial Coverage Limit	A maximum of \$4,430 in total drug cost	
Coverage Gap	You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,050	
Catastrophic	You pay the greater of \$3.95 for generics and \$9.85 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,050 catastrophic trigger	

¹Quarterly OTC allowance does not carry over.

‡Routine Podiatry, Chiropractic, and Acupuncture visits are in addition to Medicare-covered services.

§Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

New for 2022! Dental, Vision, and Hearing Care Included in All Plans

Dental Care†

Provider Network	No Primary Dental Office (PDO) selection required**
Routine exams/cleanings	\$0 copay; one exam and cleaning once every six months
Dental X-ray copay	\$0 copay; one set bitewing X-rays per year, one periapical X-ray every 3 years, one full-mouth/panoramic X-ray every 3 years
Comprehensive Dental	20% coinsurance for fillings, root canals, crowns and extractions; 40% coinsurance for dentures, partials, and some oral surgery
Combined in-network/ out-of-network allowance every year for comprehensive dental services	
Keystone 65 Basic	\$2,500
Keystone 65 Focus, Keystone 65 Select, Personal Choice 65 Elite, Personal Choice 65 Prime	\$2,000
Personal Choice 65 Saver, Personal Choice 65	\$1,500

Routine Vision Care‡

Provider Network	Must use Davis Vision network provider
Routine eye exam	\$0 copay; one routine eye exam every year
Frames, lenses, and contact lenses	Covered each year with first year coverage. One (1) pair of eyeglass frames and lenses or one (1) pair of contact lenses. Includes: eyeglasses/frames from the Davis Vision Collection covered in full. \$250 allowance per year for eyewear purchased from Visionworks; \$150 allowance per year for all other eyewear purchased at a Davis Vision network provider. \$150 allowance per year for contact lenses purchased in lieu of frames and lenses.
<i>Eyewear doesn't include tints, progressives, transition lens- es, polish, and insurance.</i>	

Routine Hearing Services†

Routine hearing exam	\$0 copay; one routine hearing exam per year
Hearing aid fitting and evaluations	\$0 copay; unlimited hearing aid fittings and evaluations per year
Personal Choice 65 Elite	\$399 copay for an advanced digital hearing aid; \$699 copay for a premium digital hearing aid; up to two hearing aids every year, one hearing aid per ear
Keystone 65 Select, Personal Choice 65, Keystone 65 Preferred	\$499 copay for an advanced digital hearing aid; \$799 copay for a premium digital hearing aid; up to two hearing aids every year, one hearing aid per ear
Keystone 65 Basic, Keystone 65 Focus, Personal Choice 65 Prime, Personal Choice 65 Saver	\$699 copay for an advanced digital hearing aid; \$999 copay for a premium digital hearing aid; up to two hearing aids every year, one hearing aid per ear

**Members must use a United Concordia network dental provider.

†Hearing services and aids are only covered when provided by TruHearing providers. Premium hearing aids include a rechargeable aid option.

14 ‡There is an 80% coinsurance for most dental and vision providers for out-of-network benefits on the Personal Choice 65 PPO plans.

Medicare Supplement Plans

Your Medigap Freedom Plan Choices

		Plan A	Plan B	Plan G/ Plan G High Deductible*	Plan N
Service Category	Medicare pays:	You pay:			
Primary Care Physician Visits					\$203† Part B deductible; up to a \$20 copay for doctor visits;
Specialist Visits	80% of Medicare-approved amounts after \$203† annual Part B deductible is met				up to a \$50 copay for emergency room (waived if admitted)
Emergency Room					(Plan pays all other Part B coinsurance)
Urgent Care					
Outpatient Surgery					
Inpatient Hospital	All charges except \$1,484† (Part A deductible) and Part A coinsurance	\$1,484† (Part A deductible)	\$0	\$0	\$0
Part B Excess Charges‡	Nothing	100%	100%	Nothing	100%
Prescription Drugs (Part D)	Nothing	Prescription Drug coverage is not included			

Medigap Freedom:

COVERED PERSON means a Medicare beneficiary who is enrolled in Medicare Part A and Part B, made the appropriate payment in consideration for this Policy, and is eligible for benefits under this Policy. Non-Tobacco rates apply to applications submitted during the 6-month open enrollment or in a guaranteed issue situation. Applicants NOT enrolling during the 6-month open enrollment period or in a guaranteed issue situation will be evaluated for tobacco usage and charged the corresponding tobacco or non-tobacco rates. All rates are subject to change with the approval of the Pennsylvania Insurance Department. Any rate change will apply to all policies in our service area and cannot be changed or canceled because of poor health. QCC Insurance Company has the right to change premiums based on your attained age and the table of rate changes. We will give a 30-day notice of a premium change.

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

To join, you must be enrolled in Medicare Parts A and B. You must continue to pay Medicare Part A (if applicable) and Part B premiums.

* Plan G High Deductible requires first paying a plan deductible of \$2,370 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. High deductible plan G does not cover the Medicare Part B deductible. However, high deductible plan G counts your payment of the Medicare Part B deductible toward meeting the plan deductible. The calendar year deductible is subject to change in 2023.

† This is the 2022 amount and may change on January 1, 2023. Each year, Social Security notifies all Medicare beneficiaries of the new Part A deductible and coinsurance, Part B deductible, and Part B premium amount.

‡ If the amount a doctor or other health care provider charges is higher than the Medicare-approved amount, the difference is called the excess charge.

Medigap Freedom Non-tobacco Premiums

Male Non-Tobacco Premiums						Female Non-Tobacco Premiums				
Plan A	Plan B	Plan G	Plan G-HD	Plan N		Plan A	Plan B	Plan G	Plan G-HD	Plan N
\$131.08	\$159.06	\$181.55	\$68.15	\$139.97	Under 65*	\$119.16	\$144.60	\$165.05	\$61.95	\$127.25
\$131.08	\$159.06	\$181.55	\$68.15	\$139.97	65-67	\$119.16	\$144.60	\$165.05	\$61.95	\$127.25
\$137.04	\$166.30	\$189.66	\$71.25	\$146.69	68	\$124.58	\$151.18	\$172.42	\$64.77	\$133.35
\$142.65	\$173.10	\$197.09	\$74.16	\$153.02	69	\$129.68	\$157.36	\$179.17	\$67.42	\$139.11
\$148.61	\$180.33	\$206.04	\$77.26	\$160.62	70	\$135.10	\$163.94	\$187.31	\$70.24	\$146.02
\$154.93	\$188.01	\$214.99	\$80.55	\$168.22	71	\$140.85	\$170.91	\$195.45	\$73.23	\$152.93
\$160.42	\$194.66	\$222.93	\$83.40	\$174.93	72	\$145.84	\$176.97	\$202.67	\$75.82	\$159.03
\$165.31	\$200.60	\$231.38	\$85.94	\$182.41	73	\$150.28	\$182.36	\$210.34	\$78.13	\$165.82
\$169.48	\$205.66	\$238.64	\$88.11	\$188.74	74	\$154.08	\$186.97	\$216.94	\$80.10	\$171.58
\$174.02	\$211.16	\$246.58	\$90.47	\$195.83	75	\$158.20	\$191.97	\$224.16	\$82.24	\$178.03
\$177.60	\$215.50	\$253.67	\$92.33	\$202.04	76	\$161.45	\$195.91	\$230.61	\$83.94	\$183.67
\$181.29	\$219.99	\$261.95	\$94.25	\$209.39	77	\$164.81	\$199.99	\$238.13	\$85.68	\$190.35
\$185.71	\$225.35	\$271.40	\$96.55	\$218.00	78	\$168.82	\$204.86	\$246.73	\$87.77	\$198.18
\$188.21	\$228.39	\$277.65	\$97.85	\$223.58	79	\$171.10	\$207.62	\$252.41	\$88.95	\$203.25
\$189.40	\$229.83	\$283.39	\$98.47	\$228.77	80	\$172.18	\$208.94	\$257.63	\$89.52	\$207.97
\$192.27	\$233.31	\$293.02	\$99.96	\$237.76	81	\$174.79	\$212.10	\$266.38	\$90.87	\$216.15
\$195.01	\$236.64	\$303.66	\$101.38	\$247.64	82	\$177.28	\$215.12	\$276.05	\$92.17	\$225.13
\$195.49	\$237.21	\$311.09	\$101.63	\$254.74	83	\$177.71	\$215.65	\$282.81	\$92.39	\$231.58
\$195.61	\$237.36	\$318.02	\$101.69	\$261.45	84	\$177.82	\$215.78	\$289.11	\$92.45	\$237.68
\$197.18	\$239.27	\$324.60	\$102.05	\$267.91	85	\$179.26	\$217.52	\$295.09	\$92.77	\$243.55
\$200.98	\$243.88	\$330.85	\$104.02	\$274.24	86	\$182.71	\$221.71	\$300.77	\$94.56	\$249.31
\$205.29	\$249.11	\$337.94	\$106.25	\$281.08	87	\$186.63	\$226.46	\$307.22	\$96.59	\$255.53
\$207.54	\$251.85	\$341.66	\$107.41	\$284.63	88	\$188.68	\$228.95	\$310.60	\$97.65	\$258.76
\$210.73	\$255.71	\$346.90	\$109.06	\$290.08	89	\$191.57	\$232.46	\$315.36	\$99.15	\$263.71
\$215.34	\$261.31	\$354.50	\$111.45	\$297.93	90	\$195.77	\$237.55	\$322.27	\$101.32	\$270.85
\$220.88	\$268.03	\$363.62	\$114.32	\$306.92	91	\$200.80	\$243.66	\$330.56	\$103.92	\$279.02
\$221.31	\$268.55	\$372.74	\$114.54	\$315.79	92	\$201.19	\$244.13	\$338.85	\$104.12	\$287.08
\$228.88	\$277.74	\$376.79	\$118.46	\$319.97	93	\$208.08	\$252.49	\$342.54	\$107.69	\$290.88
\$231.86	\$281.35	\$381.69	\$120.00	\$324.91	94	\$210.78	\$255.77	\$346.99	\$109.09	\$295.37
\$234.83	\$284.96	\$386.58	\$121.54	\$329.73	95	\$213.49	\$259.06	\$351.44	\$110.49	\$299.75
\$237.40	\$288.07	\$390.81	\$122.87	\$334.16	96	\$215.82	\$261.89	\$355.28	\$111.70	\$303.78
\$241.30	\$292.80	\$397.22	\$124.88	\$340.62	97	\$219.36	\$266.19	\$361.11	\$113.53	\$309.65
\$244.58	\$296.79	\$402.63	\$126.58	\$346.07	98	\$222.35	\$269.81	\$366.03	\$115.08	\$314.61
\$247.86	\$300.77	\$408.03	\$128.28	\$351.51	99+	\$225.33	\$273.43	\$370.94	\$116.62	\$319.56

To join, you must be enrolled in Medicare Parts A and B. You must continue to pay Medicare Part A (if applicable) and Part B premiums. Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

*This includes people under 65 on Medicare due to disability.

Medigap Freedom Tobacco Premiums

Male Tobacco Premiums						Female Tobacco Premiums				
Plan A	Plan B	Plan G	Plan G-HD	Plan N		Plan A	Plan B	Plan G	Plan G-HD	Plan N
\$144.19	\$174.97	\$199.71	\$74.96	\$153.97	Under 65*	\$131.08	\$159.06	\$181.55	\$68.15	\$139.97
\$144.19	\$174.97	\$199.71	\$74.96	\$153.97	65-67	\$131.08	\$159.06	\$181.55	\$68.15	\$139.97
\$150.75	\$182.93	\$208.63	\$78.37	\$161.35	68	\$137.04	\$166.30	\$189.66	\$71.25	\$146.69
\$156.91	\$190.41	\$216.80	\$81.58	\$168.32	69	\$142.65	\$173.10	\$197.09	\$74.16	\$153.02
\$163.47	\$198.37	\$226.65	\$84.99	\$176.68	70	\$148.61	\$180.33	\$206.04	\$77.26	\$160.62
\$170.43	\$206.81	\$236.49	\$88.60	\$185.04	71	\$154.93	\$188.01	\$214.99	\$80.55	\$168.22
\$176.46	\$214.13	\$245.23	\$91.74	\$192.43	72	\$160.42	\$194.66	\$222.93	\$83.40	\$174.93
\$181.84	\$220.66	\$254.51	\$94.54	\$200.65	73	\$165.31	\$200.60	\$231.38	\$85.94	\$182.41
\$186.43	\$226.23	\$262.50	\$96.92	\$207.61	74	\$169.48	\$205.66	\$238.64	\$88.11	\$188.74
\$191.42	\$232.28	\$271.23	\$99.52	\$215.42	75	\$174.02	\$211.16	\$246.58	\$90.47	\$195.83
\$195.35	\$237.05	\$279.04	\$101.56	\$222.25	76	\$177.60	\$215.50	\$253.67	\$92.33	\$202.04
\$199.42	\$241.99	\$288.14	\$103.68	\$230.33	77	\$181.29	\$219.99	\$261.95	\$94.25	\$209.39
\$204.28	\$247.88	\$298.54	\$106.20	\$239.80	78	\$185.71	\$225.35	\$271.40	\$96.55	\$218.00
\$207.03	\$251.22	\$305.42	\$107.63	\$245.93	79	\$188.21	\$228.39	\$277.65	\$97.85	\$223.58
\$208.34	\$252.82	\$311.73	\$108.32	\$251.65	80	\$189.40	\$229.83	\$283.39	\$98.47	\$228.77
\$211.49	\$256.64	\$322.32	\$109.95	\$261.54	81	\$192.27	\$233.31	\$293.02	\$99.96	\$237.76
\$214.51	\$260.30	\$334.03	\$111.52	\$272.41	82	\$195.01	\$236.64	\$303.66	\$101.38	\$247.64
\$215.03	\$260.94	\$342.20	\$111.79	\$280.21	83	\$195.49	\$237.21	\$311.09	\$101.63	\$254.74
\$215.17	\$261.09	\$349.82	\$111.86	\$287.59	84	\$195.61	\$237.36	\$318.02	\$101.69	\$261.45
\$216.90	\$263.20	\$357.06	\$112.26	\$294.70	85	\$197.18	\$239.27	\$324.60	\$102.05	\$267.91
\$221.08	\$268.27	\$363.94	\$114.42	\$301.67	86	\$200.98	\$243.88	\$330.85	\$104.02	\$274.24
\$225.82	\$274.02	\$371.74	\$116.87	\$309.19	87	\$205.29	\$249.11	\$337.94	\$106.25	\$281.08
\$228.30	\$277.03	\$375.83	\$118.16	\$313.09	88	\$207.54	\$251.85	\$341.66	\$107.41	\$284.63
\$231.80	\$281.28	\$381.59	\$119.97	\$319.09	89	\$210.73	\$255.71	\$346.90	\$109.06	\$290.08
\$236.88	\$287.44	\$389.95	\$122.59	\$327.72	90	\$215.34	\$261.31	\$354.50	\$111.45	\$297.93
\$242.97	\$294.83	\$399.98	\$125.75	\$337.62	91	\$220.88	\$268.03	\$363.62	\$114.32	\$306.92
\$243.44	\$295.40	\$410.01	\$125.99	\$347.37	92	\$221.31	\$268.55	\$372.74	\$114.54	\$315.79
\$251.77	\$305.51	\$414.47	\$130.30	\$351.97	93	\$228.88	\$277.74	\$376.79	\$118.46	\$319.97
\$255.05	\$309.49	\$419.86	\$132.00	\$357.40	94	\$231.86	\$281.35	\$381.69	\$120.00	\$324.91
\$258.32	\$313.46	\$425.24	\$133.69	\$362.70	95	\$234.83	\$284.96	\$386.58	\$121.54	\$329.73
\$261.14	\$316.88	\$429.89	\$135.15	\$367.58	96	\$237.40	\$288.07	\$390.81	\$122.87	\$334.16
\$265.43	\$322.08	\$436.95	\$137.37	\$374.68	97	\$241.30	\$292.80	\$397.22	\$124.88	\$340.62
\$269.04	\$326.47	\$442.89	\$139.24	\$380.67	98	\$244.58	\$296.79	\$402.63	\$126.58	\$346.07
\$272.65	\$330.85	\$448.84	\$141.11	\$386.66	99+	\$247.86	\$300.77	\$408.03	\$128.28	\$351.51

Ready to Enroll?

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 a specific health plan by clicking the drop-down box under *Your Plan* and selecting *Medical*.
3. Select the health plan network you would like to search. You can narrow your search by typing in a location (i.e., city or ZIP code) as well as by searching for a specific doctor, hospital, specialty, or condition. You can easily sort and refine your results by:
 - Specialty
 - Preferred primary care physician (PCP)
 - Quality recognitions
 - Providers
 - Languages spoken
 - Admitting privileges
 - Facilities
 - Board certifications
 - Gender



How to find a network pharmacy

1. Go to ibxmedicare.com/pharmacyfinder.
2. Enter terms to search for pharmacy names. You can narrow your search by entering your city, state, or ZIP code.
3. Each pharmacy result is listed as a Preferred or Standard pharmacy. You can sort and refine your results by:
 - Prescription compound services
 - Prescription delivery
 - Open 24 hours
 - Drive-up services
 - Durable medical equipment



How to find out if a drug is on the formulary

1. Go to ibxmedicare.com/formulary.
2. Click on your type of health coverage (i.e., individual or group), and then select the plan's name.
3. Once the drug search tool opens, you can search the formulary alphabetically by drug name or by therapeutic class.

Enjoy your choice of providers and pharmacies with the largest network in our area.

Our Keystone 65 HMO plans require you to see only in-network providers. Our Personal Choice 65 plans do not have this requirement, but you still save money by seeing providers who are in-network.

Chances are the providers and pharmacies you've been using are in our network. Independence has the largest network of providers in our region. It's all part of keeping your health care affordable... so taking good care of yourself can be more carefree.

For a complete list of providers, visit ibxmedicare.com/providerfinder



On a tight budget? Save even more with our Keystone 65 Focus HMO.

This health plan helps control costs by offering you a slightly smaller network of providers. Our Keystone 65 Focus HMO still includes more than 23,000 providers and 20 hospitals in the Philadelphia five-county region.



These hospitals are in-network with a Keystone 65 Focus HMO plan:

Abington Memorial Hospital, Aria Hospital - Bucks County, Aria Hospital — Frankford, Aria Hospital — Torresdale, Brandywine Hospital, Chestnut Hill Hospital, Doylestown Hospital, Grand View Hospital, Holy Redeemer Hospital, Jennersville Regional Hospital, Lansdale Hospital, Bryn Mawr Hospital — Main Line Health, Lankenau Medical Center — Main Line Health, Paoli Hospital — Main Line Health, Riddle Hospital — Main Line Health, Methodist Hospital — TJUH, Phoenixville Hospital, Pottstown Memorial Medical Hospital, St. Luke's Hospital - Quakertown, Thomas Jefferson University Hospital

It's time to enroll in the plan of your choice.

We're here to help!

Have questions about the different provider networks? Need assistance selecting a primary care physician?

An independent licensed agent appointed by Independence Blue Cross is available to answer any questions you may have.



After You Enroll

After you enroll, use this checklist to keep track of your new plan. You will hear from us within approximately 30 days of your acceptance into the plan.



ENROLLMENT CHECKLIST

What to expect from your plan:

Material Name	Description	Received
 Plan confirmation/ acceptance letter	We will send you a letter within 10 days of the Centers for Medicare & Medicaid Services' approval of your enrollment.	<input type="checkbox"/>
 Enrollment verification letter	An enrollment verification letter is required for enrollment requests received by an individual assisted by an independent or employed agent/broker who provided plan-specific information to the individual.	<input type="checkbox"/>
 New member welcome kit	This kit contains your <i>Evidence of Coverage</i> (EOC) — a complete description of your Medicare plan coverage and your rights as a member. It also contains a drug formulary (if applicable) and other important forms, such as electronic billing and mail order sign-up.	<input type="checkbox"/>
 Your bill	We generate premium bills each month. If you have a plan with a premium and you signed up for your plan early in the month, you may get your first bill before your plan's start date. If you signed up later in the month, your first bill may include two months of premiums. (Our billing cycle factors in one month's premium in advance). To join one of our plans, you'll need to continue paying your Medicare Part A and/or Part B premiums (if not otherwise paid for under Medicaid or another third party). This is in addition to your Independence Blue Cross Medicare plan coverage.	<input type="checkbox"/>

Material Name	Description	Received
 Member ID card	<p>Use your Independence Blue Cross member ID card (not your Medicare card) every time you visit the doctor, hospital, or pharmacy (if you have prescription coverage). Make sure your PCP is on the card or call our Member Help Team to have him/her added. You will receive your ID card after you receive your confirmation letter.</p>	<input type="checkbox"/>
.....		
 Personalized health advice	<p>Personal Health Visits are visits from a nurse practitioner in your home or at other partner center locations. This visit lasts about an hour and includes a brief health assessment. It is a helpful and convenient way to get personalized health advice in a relaxed setting, and is offered to you at no extra cost. This service is optional, and the visit will not affect your current health insurance benefits or premiums. You will receive a call from one of our health care partners to see if you're interested in scheduling a visit.</p>	<input type="checkbox"/>
.....		
 Doctor visit	<p>Take advantage of your annual wellness visit, which is covered by Medicare without a copay or coinsurance. It's a great opportunity for you and your doctor to review your medical history, identify risk factors to your health, and discuss a plan to prevent illness and improve your health in the future.</p>	<input type="checkbox"/>

Medical Exclusions

- Personal items in your room at a hospital or skilled nursing facility
- Full-time nursing care in your home
- Custodial care is care provided in a nursing home, hospice or other facility setting when you do not require skilled medical care or skilled nursing care*
- Homemaker services, including housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Home-delivered meals**
- Reversal of sterilization procedures and/or non-prescription contraceptive supplies
- Naturopath services (uses natural or alternative treatments)

Part D Exclusions

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

- Non-prescription drugs (also called over-the-counter drugs)
- Drugs when used to promote fertility
- Drugs when used for the relief of cough or cold symptoms
- Drugs when used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs when used for the treatment of sexual or erectile dysfunction
- Drugs when used for the treatment of anorexia, weight loss, or weight gain
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale

* Custodial care is personal care that does not require the continuing attention of trained medical or paramedic personnel, such as care that helps you with activities of daily living, such as bathing or dressing.

** Offered on HMO plans only. Visit www.ibxmedicare.com for a complete listing of benefits and exclusions.

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprouch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíílnih koji' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

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 differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these 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. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. 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, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

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

Magellan Behavioral Health, Inc., an independent company, manages mental health and substance abuse benefits for most Independence Blue Cross members.

Quartet is a separate and independent company that provides mental health services for Independence Blue Cross members.

Dental benefits are underwritten by Keystone Health Plan East/QCC Insurance Company and administered by United Concordia Companies, Inc., an independent company.

Vision benefits are underwritten by Keystone Health Plan East/QCC Insurance Company 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.

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FutureScripts® Secure is an independent company that provides pharmacy benefit management services.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Independence Blue Cross has contracted with Signify Health, an independent company, to perform personal health visits for Independence Blue Cross members. ©2021 Signify Health. All rights reserved.

Gift card limited to one per person. Offer only to eligible beneficiaries who completed a personal health visit. May not be redeemed for cash. Independence Blue Cross at its discretion may substitute a gift card of the same value.

The Independence Blue Cross OTC benefit is underwritten by Keystone Health Plan East/QCC Insurance Company and is administered by InComm, an independent company.

Strive Health, LLC is an independent company that administers kidney care management to select members of Independence Blue Cross Medicare Advantage plans.

Roundtrip is an independent company that administers our transportation benefit.

United by Blue is an independent company that administers our grocery delivery benefit.

MANNA is an independent company that administers our meals program benefit.

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 or see your Evidence of Coverage 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.

