

# Personal Choice 65<sup>SM</sup> PPO

2014 Community-Rated Plans for New Groups



xxxxx CMS code xxxxx

Medical Coverage	Value 2, QM79	
Premium	\$222	
	In-network	Out-of-network
Annual Member Maximum Out-of-Pocket	\$6,700	N/A
Annual Member Maximum Out-of-Pocket Combined		\$10,000
Annual Deductible	\$0	\$500
Primary Care Physician	\$30 copay	30% coinsurance
Specialist	\$50 copay	30% coinsurance
Emergency Room	\$60 copay; not waived if admitted	\$60 copay; not waived if admitted
Inpatient Hospital Services	\$225 copay days 1-7	30% coinsurance
Outpatient Surgery	\$175 copay for ambulatory surgical center; \$350 copay for hospital	30% coinsurance
Urgent Care	\$30-\$50 copay	\$50 copay
Ambulance	\$100 copay	\$100 copay
Durable Medical Equipment	20% coinsurance	30% coinsurance
Skilled Nursing Facility	\$25 copay days 1-30; \$130 copay days 31-100	30% coinsurance
Dialysis	20% coinsurance	30% coinsurance
Radiation Therapy	\$0 copay	30% coinsurance
Part B Rx	20% coinsurance	30% coinsurance
Hearing / Vision <sup>2</sup>	\$50 copay	30% coinsurance
Part D Drug Coverage	Value 2, #D5U	
Premium <sup>1</sup>	\$48	
Deductible	\$205	
Generic	\$10 copay	
Preferred-Brand	\$40 copay	
Non-Preferred Brand	\$80 copay	
Specialty		
Initial Coverage Limit	\$2,850 in total drug costs	
Coverage Gap	72% Generic /47.5% Brand	
Catastrophic	You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger	
Mail Order	\$20 generic/\$80 preferred brand/\$160 non-preferred brand/ 25% coinsurance specialty drug	

<sup>1</sup> These rates do not reflect a late enrollment penalty that some members may incur if they are transferring from non-creditable prescription coverage, or "extra help" subsidy for which some members qualify.

<sup>2</sup> For Medicare covered eye exam (diagnosis and treatment for diseases and conditions of the eye). One pair of eyeglasses or contact lenses is covered after each cataract surgery.

This is a comparison. For additional details, please refer to the *Evidence of Coverage* (EOC).

Standard 2, QM80		Enhanced 2, QM81	
\$335		\$508	
In-network	Out-of-network	In-network	Out-of-network
\$6,700	N/A	\$6,700	N/A
	\$10,000		\$10,000
\$0	\$500		\$500
\$20 copay	30% coinsurance	\$10 copay	30% coinsurance
\$30 copay	30% coinsurance	\$20 copay	30% coinsurance
\$50 copay	\$50 copay	\$50 copay	\$50 copay
\$150 copay days 1–8	30% coinsurance	\$250 copay per admission	30% coinsurance
\$125 copay for ambulatory surgical center; \$250 copay for hospital	30% coinsurance	\$50 copay for ambulatory surgical center; \$100 copay for hospital	30% coinsurance
\$20-\$40 copay	\$40 copay	\$10-\$40 copay	\$40 copay
\$100 copay	\$100 copay	\$50 copay	\$50 copay
10% coinsurance	30% coinsurance	\$0 copay	30% coinsurance
\$25 copay days 1-30; \$110 copay days 31-100	30% coinsurance	\$25 copay days 1-100	30% coinsurance
\$20 copay	30% coinsurance	\$0 copay	30% coinsurance
\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
20% coinsurance	30% coinsurance	\$0 copay	30% coinsurance
\$30 copay	30% coinsurance	\$20 copay	30% coinsurance
Standard 2, #D5V		Enhanced 2, #D5W	
\$110		\$300	
\$0		\$0	
\$8 copay		\$6 copay	
\$35 copay		\$30 copay	
\$70 copay		\$60 copay	
33% coinsurance			
\$2,850 in total drug costs		\$2,850 in total drug costs	
\$8 Generics /47.5% Brand		\$6 Generic /\$30/\$60 Brand	
You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger		You pay the greater of \$2.55 generic and \$6.35 brand or 5% coinsurance after reaching the \$4,550 catastrophic trigger	
\$16 generic/\$70 preferred brand/\$140 non-preferred brand/ 33% coinsurance specialty drug		\$6 generic/\$30 preferred brand/\$60 non-preferred brand	



**To learn more about these options, contact your independent broker or your Independence Blue Cross Group Medicare Account Executive.**

If you do not work with a broker, and you want to make a plan change, fax the *Plan Change Form* to 215-761-0335.

All premium rates shown are pending approval from the Centers for Medicare & Medicaid Services (CMS). Premiums charged could be less due to member qualification for Low Income Subsidy, or more due to Part D Income Related Monthly Adjustment Amounts (Part D-IRMAA) or member Late Enrollment Penalty for Part D.

Personal Choice 65 PPO is a PPO plan with a Medicare contract. Enrollment in Personal Choice 65 PPO depends on contract renewal.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

**Independence** 