



Medical coverage	QM62		QM66		QM72		QM67		QM70 ⁴		QM71 ⁴		QM73 ⁴	
Premium	☐ \$544.20		☐ \$519.80		☐ \$516.20		☐ \$507.90		☐ \$447.20		☐ \$437.30		☐ \$421.60	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Annual maximum out-of-pocket	\$6,700	N/A	\$6,700	N/A	\$6,700	N/A	\$6,700	N/A	\$6,700	N/A	\$6,700	N/A	\$6,700	N/A
Annual maximum out-of-pocket combined	\$10,000		\$10,000		\$10,000		\$10,000		\$10,000		\$10,000		\$10,000	
Annual deductible	N/A	\$250	N/A	\$250	N/A	\$250	N/A	\$250	N/A	\$500	N/A	\$500	N/A	\$500
Primary care physician	\$10	20%	\$10	20%	\$10	20%	\$10	20%	\$20	30%	\$25	30%	\$25	30%
Specialist	\$15	20%	\$25	20%	\$25	20%	\$25	20%	\$35	30%	\$40	30%	\$45	30%
Emergency room ¹	\$40	\$40*	\$40	\$40*	\$50	\$50*	\$40	\$40*	\$40	\$40*	\$50	\$50*	\$50	\$50*
Inpatient hospital services	\$0	20%	\$0	20%	\$0	20%	\$50/day, days 1-8; \$400 ann. max.	20%	\$100/day, days 1-10; \$1,000 ann. max.	30%	\$150/day, days 1-10; \$1,500 ann. max.	30%	\$600/admission	30%
Outpatient surgery	\$0	20%	\$0	20%	\$0	20%	\$50	20%	\$150	30%	\$150	30%	\$200	30%
Urgent care	\$10-\$40	\$10-\$40*	\$10-\$40	\$10-\$40*	\$10-\$25	\$10-\$25*	\$10-\$40	\$10-\$40*	\$20-\$35	\$20-\$35*	\$25-\$40	\$25-\$40*	\$25-\$45	\$25-\$45*
Ambulance	\$0	20%	\$0	20%	\$0	20%	\$50	20%	\$100	30%	\$100	30%	\$100	\$100
Durable medical equipment	\$0	20%	\$0	20%	\$0	20%	\$0	20%	20%	30%	20%	30%	20%	30%
Skilled nursing facility	\$0/day, days 1-100	20%	\$0/day, days 1-100	20%	\$25/day, days 1-100	20%	\$0/day, days 1-100	20%	\$25/day, days 1-100	30%	\$50/day, days 1-100	30%	\$50/day, days 1-100	30%
Dialysis	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Radiation therapy	\$0	20%	\$0	20%	\$0	20%	\$0	20%	\$0	30%	\$0	30%	\$0	30%
Part B Rx	\$0	20%	\$0	20%	\$0	20%	\$0	20%	\$50	30%	\$50	30%	\$0	30%
Hearing ² /Vision ³	\$15	20%	\$25	20%	\$25	20%	\$25	20%	\$35	30%	\$40	30%	\$45	30%

*Out-of-network services performed within the United States will be covered at the Plan (in-network) benefit level.

¹ Emergency copay waived if admitted.

² For Medicare covered hearing exam (diagnostic).

³ 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.

⁴ NOTE: Internal Use Only – Use #A7U when selected Benefit Pkg is QM70, QM71, or QM73.

In-network preventive services are covered at \$0 copay.

This summary is a partial listing of benefits. Refer to the Evidence of Coverage (EOC) for more details.

Refer to separate Part D prescription plan rates on reverse side for options available with Personal Choice 65 PPO.

Note: New business customers are considered Community except for commercial 2-9 customers and Broker Administrators, which are considered Small Group Community. If Broker Administrator customers guarantee more than nine enrolled members in Keystone 65 HMO and Personal Choice 65SM PPO combined, Community benefits and rates may be offered.



Medicare Part D

Personal Choice 65 PPO – Part D community-rated plans

Coverage code	Unlimited Plans (EGWP with Wrap)			Limited Plans			
	#B4S	#B4T	#B4U	#L15	#A7U ³	#A8H	#K41
Premium ¹	☐ \$308.50	☐ \$270.30	☐ \$248.10	☐ \$101.90	☐ \$101.90	☐ \$77.00	☐ \$70.70
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$200
Cost sharing	\$5/\$10/\$15	\$10/\$15/\$30	\$10/\$25/\$50	\$5/\$20/\$40	\$5/\$20/\$40	\$5/\$30/\$50	\$6/\$30/\$50
Initial coverage limit	N/A	N/A	N/A	\$2,970	\$2,970	\$2,970	\$2,970
Gap coverage	Unlimited	Unlimited	Unlimited	\$5 generic; 47.5% brand	\$5 generic; 47.5% brand	79% generic; 47.5% brand	79% generic; 47.5% brand
TrOOP ²	\$4,750	\$4,750	\$4,750	\$4,750	\$4,750	\$4,750	\$4,750
Mail order – (90 days)	1 copay	1 copay	1 copay	1 copay	1 copay	2 copays	2 copays

¹These 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 may qualify. You must be enrolled in Part D through Personal Choice 65 PPO to take advantage of these rates.

²At true out-of-pocket (TrOOP) catastrophic trigger of \$4,750, member pays catastrophic copays at greater of \$2.65/\$6.60 or 5%.

³NOTE: Internal Use Only – Use #A7U when selected Benefit Pkg is QM70, QM71, or QM73.

This summary is a partial listing of benefits. Refer to the Evidence of Coverage (EOC) for more details.

Medical Rate* _____ + Part D drug rate _____ = Total Monthly Premium _____
(from reverse side) (from this side)

*Discount drug #423 is included when “medical only” is selected and a Part D drug option is not selected.

Customer name (please print) _____ CID# (if applicable) _____ Desired effective date _____

Group leader signature _____ Today’s date _____

Customer phone # _____ Customer email _____

Customer Employer Identification Number _____

Medicare Certified Agent Name: _____

Agent NPN: _____

Medicare Certified Agent Signature: _____

Signature Date: _____

A Medicare Advantage organization with a Medicare contract.

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

