

# Now with a new low premium of \$120!\*

**BENEFITS SUMMARY**

Premium (medical only) <sup>1</sup>	<input type="checkbox"/> \$80.00 (H626, #M42, Y, MN)
Premium (medical and Part D) <sup>2</sup>	<input type="checkbox"/> \$120.00 (H626, #B1B, Y, MN)
Annual maximum out-of-pocket	\$6,700
Annual deductible	N/A
Primary care physician	\$10
Specialist	\$45
Emergency room <sup>3</sup>	\$65
Inpatient hospital services	\$175/day, \$1,750 annual max
Outpatient surgery	\$75 ambulatory surgical center, \$400 outpatient hospital
Urgent care	\$25-\$65
Ambulance	\$125
Durable medical equipment	20%
Skilled nursing facility	\$30/day, days 1-20, \$110/day, days 21-100
Dialysis	20%
Radiation therapy	\$25
Part B Rx	20%
Hearing <sup>4</sup>	\$45
Vision <sup>5</sup>	\$45
Preventive dental	\$10

**PART D PRESCRIPTION DRUG**

Deductible	\$0
Cost-sharing	\$4/\$40/\$80/25%
Initial coverage limit	\$2,970
GAP coverage	79% generic; 47.5% brand
TrOOP**	\$4,750
Mail Order	2 copays

**KEYSTONE 65 SELECT HMO PLAN**

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: \_\_\_\_\_

\* Good from June 1, 2013 through December 31, 2014 for new Medicare Advantage customers.  
 \*\* At true out-of-pocket (TrOOP) catastrophic trigger of \$4,750, member pays catastrophic copays at greater of \$2.65/\$6.60 or 5%.

<sup>1</sup> Includes discount drug when "Medical only" is selected.  
<sup>2</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 may qualify.  
<sup>3</sup> Emergency copay is not waived if the member is admitted as an inpatient immediately following the ER visit. Worldwide coverage.  
<sup>4</sup> Up to \$500 reimbursement for hearing aids every three years.  
<sup>5</sup> Up to \$100 reimbursement for select eyewear every two years.

Preventive services for Keystone 65 Select HMO are covered at \$0 copay.  
 This summary is a partial listing of benefits. Refer to the Evidence of Coverage (EOC) for more details.  
 Independence Blue Cross is a Medicare Advantage organization with a Medicare contract.  
 Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.