



Benefits Summary	KS65 Select Low Option H596, Y, MN (paired w #K61 Rx)	KS65 Select High Option H597, Y, MN (paired w #K79 Rx)	KS65 Low Option H518, Y, MN (paired w #K61 Rx)	KS65 High Option H519, Y, MN (paired w #K79 Rx)	PC65 QM57 (paired w #K80)	
					In-network	Out-of-network
Premium (medical only)	☐ \$244.20 H596, #M42, Y, MN	☐ \$270.60 H597, #M42, Y, MN	☐ \$272.00 <sup>1</sup> H518, #M42, Y, MN	☐ \$298.40 <sup>1</sup> H519, #M42, Y, MN	☐ \$360.00 <sup>1</sup> QM57, #M43	
Premium (medical and Part D) <sup>2</sup>	☐ \$333.30 H596, #K61, Y, MN	☐ \$379.40 H597, #K79, Y, MN	☐ \$361.10 H518, #K61, Y, MN	☐ \$407.20 H519, #K79, Y, MN	☐ \$457.60 QM57, #K80	
Annual maximum out-of-pocket	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700	N/A
Annual maximum out-of-pocket combined	N/A	N/A	N/A	N/A	\$10,000	
Annual deductible	N/A	N/A	N/A	N/A	N/A	\$500
Primary care physician	\$20	\$15	\$20	\$15	\$25	30%
Specialist	\$40	\$35	\$40	\$35	\$45	30%
Emergency room <sup>3</sup>	\$50	\$50	\$50	\$50	\$50	\$50
Inpatient hospital services	\$175/day \$1,750 annual max	\$150/day \$1,500 annual max	\$175/day \$1,750 annual max	\$150/day \$1,500 annual max	\$600/admission	30%
Outpatient surgery	\$150 ambulatory surgical center, \$300 outpatient hospital	\$100 ambulatory surgical center, \$200 outpatient hospital	\$150 ambulatory surgical center, \$300 outpatient hospital	\$100 ambulatory surgical center, \$200 outpatient hospital	\$200	30%
Urgent care	\$20-\$40	\$15-\$35	\$20-\$40	\$15-\$35	\$25-\$45	\$25-\$45
Ambulance	\$125	\$100	\$125	\$100	\$100	\$100
Durable medical equipment	20%	20%	20%	20%	20%	30%
Skilled nursing facility	\$0, days 1-10 \$100/day, days 11-100	\$0, days 1-10 \$100/day, days 11-100	\$0, days 1-10 \$100/day, days 11-100	\$0, days 1-10 \$100/day, days 11-100	\$50/day, days 1-100	30%
Dialysis	\$25	\$25	\$25	\$25	\$25	\$25
Radiation therapy	\$25	\$25	\$25	\$25	\$25	30%
Part B Rx	20%	20%	20%	20%	20%	30%
Hearing	\$40 <sup>4</sup>	\$35 <sup>4</sup>	\$40 <sup>4</sup>	\$35 <sup>4</sup>	\$45	30%
Vision <sup>5</sup>	\$40	\$35	\$40	\$35	N/A	N/A
Preventive dental	\$10	\$10	\$10	\$10	N/A	N/A

<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 eyewear every two years.

Preventive services for Keystone 65 HMO are covered at \$0 copay. In-network preventive services for Personal Choice 65<sup>SM</sup> PPO are covered at \$0 copay.

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

**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 65<sup>SM</sup> PPO combined, Community benefits and rates may be offered.



## 2013 Medicare Part D prescription drug plans for new groups

	Part D Rx		
Coverage code	#K61 (w/H596 or H518)	#K79 (w/H597 or H519)	#K80 (w/QM57)
Deductible	\$150	\$50	\$200
Cost sharing	\$5/\$35/\$75	\$5/\$35/\$75	\$5/\$35/\$75
Initial coverage limit	\$2,970	\$2,970	\$2,970
GAP coverage	79% generic; 47.5% brand	\$5 generic; 47.5% brand	\$5 generic; 47.5% brand
TrOOP*	\$4,750	\$4,750	\$4,750
Mail order – (90 days)	2 copays	2 copays	2 copays

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

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

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.

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