

# Independence Blue Cross Medicare Group Options

2014

Medical Coverage	Keystone 65 Select HMO Value 1	Keystone 65 Select HMO Value 2	Personal Choice™ 65 PPO Value 2	Keystone 65 Select HMO Standard 1
Plan Premium (Medical with Part D)	\$135	\$120	\$270	\$325
Deductible/Coinsurance	N/A	N/A	\$0 in network; \$500 out of network; 30% coinsurance	N/A
Primary Care Physician Visits	\$25 copay	\$30 copay	\$30 copay	\$15 copay
Specialist Visits	\$40 copay	\$50 copay	\$50 copay	\$25 copay
Diagnostic Procedures / Lab	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical, Occupational, Speech Therapy	\$40 copay	\$50 copay	\$50 copay	\$25 copay
Outpatient Surgery	\$150 copay for ambulatory surgical center; \$300 copay for hospital	\$175 copay for ambulatory surgical center; \$350 copay for hospital	\$175 copay for ambulatory surgical center; \$350 copay for hospital	\$100 copay for ambulatory surgical center; \$200 copay for hospital
Inpatient Hospital Care	\$200 copay per day for days 1-8	\$225 copay per day for days 1-7	\$225 copay per day for days 1-7	\$100 copay per day for days 1-8
Skilled Nursing Facility	\$25 copay days 1-30; \$130 copay days 31-100	\$25 copay days 1-30; \$130 copay days 31-100	\$25 copay days 1-30; \$130 copay days 31-100	\$0 copay days 1-30; \$110 copay days 31-100
Ambulance	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency Room (Worldwide coverage)	\$60 copay; copay not waived if admitted	\$60 copay; copay not waived if admitted	\$60 copay; copay not waived if admitted	\$50 copay; copay not waived if admitted
Durable Medical Equipment	20% coinsurance	20% coinsurance	20% coinsurance	10% coinsurance
Hearing Aid Reimbursement	\$500 maximum benefit every three years	\$500 maximum benefit every three years	Not covered	\$500 maximum benefit every three years
Eyewear Reimbursement	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Not covered	Up to \$100 reimbursement for eyewear every 2 years
Dental	\$10 copay	\$10 copay	Not covered	\$10 copay
Annual Member Maximum Out-of-Pocket Cost	\$6,700	\$6,700	\$6,700 in network; \$10,000 combined in and out of network	\$6,700
Drug Coverage				
Formulary	4 Tier Closed	4 Tier Closed	4 Tier Closed	4 Tier Closed
Deductible	\$205	\$205	\$205	\$0
Generic	\$10 copay	\$10 copay	\$10 copay	\$8 copay
Preferred Brand	\$40 copay	\$40 copay	\$40 copay	\$35 copay
Non-Preferred Brand	\$80 copay	\$80 copay	\$80 copay	\$70 copay
Specialty	25% coinsurance	25% coinsurance	25% coinsurance	33% coinsurance
Initial Coverage Limit	\$2,850 in total drug costs			
Coverage Gap	You pay 72% of the plan's cost for generic drugs and 47.5% of the plan's cost for brand-name drugs	You pay 72% of the plan's cost for generic drugs and 47.5% of the plan's cost for brand-name drugs	You pay 72% of the plan's cost for generic drugs and 47.5% of the plan's cost for brand-name drugs	You pay \$8 for generic drugs and 47.5% of the plan's cost for brand-name drugs
Catastrophic	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	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
Mail Order (90-day supply)	\$20 generic/\$80 preferred brand/\$160 non-preferred brand/25% coinsurance specialty drug	\$20 generic/\$80 preferred brand/\$160 non-preferred brand/25% coinsurance specialty drug	\$20 generic/\$80 preferred brand/\$160 non-preferred brand/25% coinsurance specialty drug	\$16 generic/\$70 preferred brand/\$140 non-preferred brand/33% coinsurance specialty drug

This is a comparison. For complete plan details, please refer to the *Evidence of Coverage*.

Keystone 65 Select HMO Standard 2	Personal Choice 65 PPO Standard 2	Keystone 65 Select HMO Enhanced 1	Keystone 65 Select HMO Enhanced 2	Personal Choice 65 PPO Enhanced 2
\$275	\$445	\$683	\$609	\$808
N/A	\$0 in network; \$500 out of network; 30% coinsurance	N/A	N/A	\$0 in network; \$500 out of network; 30% coinsurance
\$20 copay	\$20 copay	\$10 copay	\$10 copay	\$10 copay
\$30 copay	\$30 copay	\$15 copay	\$20 copay	\$20 copay
\$0 copay				
\$30 copay	\$30 copay	\$15 copay	\$20 copay	\$20 copay
\$125 copay for ambulatory surgical center; \$250 copay for hospital	\$125 copay for ambulatory surgical center; \$250 copay for hospital	\$0 copay for ambulatory surgical center; \$0 copay for hospital	\$50 copay for ambulatory surgical center; \$100 copay for hospital	\$50 copay for ambulatory surgical center; \$100 copay for hospital
\$150 copay per day for days 1-8	\$150 copay per day for days 1-8	\$0 copay	\$250 copay per admission	\$250 copay per admission
\$25 copay days 1-30; \$110 copay days 31-100	\$25 copay days 1-30; \$110 copay days 31-100	\$0 copay days 1-100	\$25 copay days 1-100	\$25 copay days 1-100
\$100 copay	\$100 copay	\$0 copay	\$50 copay	\$50 copay
\$50 copay; copay not waived if admitted				
10% coinsurance	10% coinsurance	\$0 copay	\$0 copay	\$0 copay
\$500 maximum benefit every three years	Not covered	\$500 maximum benefit every three years	\$500 maximum benefit every three years	Not covered
Up to \$100 reimbursement for eyewear every 2 years	Not covered	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Not covered
\$10 copay	Not covered	\$10 copay	\$10 copay	Not covered
\$6,700	\$6,700 in network; \$10,000 combined in and out of network	\$6,700	\$6,700	\$6,700 in network; \$10,000 combined in and out of network
4 Tier Closed	4 Tier Closed	3 Tier Open	3 Tier Open	3 Tier Open
\$0	\$0	\$0	\$0	\$0
\$8 copay	\$8 copay	\$6 copay	\$6 copay	\$6 copay
\$35 copay	\$35 copay	\$30 copay	\$30 copay	\$30 copay
\$70 copay	\$70 copay	\$60 copay	\$60 copay	\$60 copay
33% coinsurance	33% coinsurance	N/A	N/A	N/A
\$2,850 in total drug costs				
You pay \$8 for generic drugs and 47.5% of the plan's cost for brand-name drugs	You pay \$8 for generic drugs and 47.5% of the plan's cost for brand-name drugs	Generic and Brand	Generic and Brand	Generic and 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	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	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	\$16 generic/\$70 preferred brand/\$140 non-preferred brand/33% coinsurance specialty drug	\$6 generic/\$30 preferred brand/\$60 non-preferred brand	\$6 generic/\$30 preferred brand/\$60 non-preferred brand	\$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, please fax the *Plan Change Form* to 215-238-2315.

All premium rates shown are pending approval from the Centers for Medicare & Medicaid Services. 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 underwritten or administered by QCC Insurance Company. Keystone 65 HMO is underwritten or administered by Keystone Health Plan East. QCC Insurance Company and Keystone Health Plan East are subsidiaries of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

