

2015 Independence Blue Cross Medicare Group Options

Medical Coverage	Keystone 65 Select HMO				
	Value 1	Standard 1	Standard 2	Enhanced 1	Enhanced 2
CovID	H672, #E7I, QN, Y	H673, #E7J, QN, Y	H674, #E7K, QN, Y	H675, #E7L, QN, Y	H676, #E7M, QN, Y
Plan premium	\$163.50	\$198.80	\$330.80	\$584.50	\$695.20
Deductible	N/A	N/A	N/A	N/A	N/A
Primary care physician visits	\$20 copay	\$15 copay	\$15 copay	\$10 copay	\$5 copay
Specialist visits	\$40 copay	\$35 copay	\$25 copay	\$15 copay	\$5 copay
Diagnostic procedures/lab	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical, occupational, speech therapy	\$40 copay	\$35 copay	\$25 copay	\$15 copay	\$5 copay
Outpatient surgery	\$150 copay for ambulatory surgical center; \$300 copay for hospital	\$100 copay for ambulatory surgical center; \$200 copay for hospital	\$100 copay for ambulatory surgical center; \$200 copay for hospital	\$0 copay for ambulatory surgical center; \$50 copay for hospital	\$0 copay for ambulatory surgical center; \$50 copay for hospital
Inpatient hospital care	\$175 copay per day for days 1-10; \$1,750 max. per stay	\$150 copay per day for days 1-10; \$1,500 max. per stay	\$50 copay per day for days 1-10	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
Skilled nursing facility	\$0 copay days 1-20; \$125 copay days 21-100	\$0 copay days 1-20; \$100 copay days 21-100	\$0 copay days 1-20; \$100 copay days 21-100	\$0 copay days 1-100	\$0 copay days 1-100
Ambulance	\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
Emergency room (Worldwide coverage)	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
Hearing aid reimbursement	\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$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	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years
Dental	\$15 copay	\$15 copay	\$15 copay	\$15 copay	\$15 copay
Annual member maximum out-of-pocket cost	\$6,700	\$6,700	\$6,700	\$6,700	\$6,700
Drug Coverage					
Formulary	5 Tier Closed	5 Tier Open	5 Tier Open	5 Tier Open	5 Tier Open
Deductible	\$280	\$0	\$0	\$0	\$0
Preferred generic	\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
Non-preferred generic	\$12 copay	\$15 copay	\$15 copay	\$15 copay	\$10 copay
Preferred brand	\$30 copay	\$35 copay	\$30 copay	\$25 copay	\$15 copay
Non-preferred brand	\$70 copay	\$70 copay	\$50 copay	\$50 copay	\$15 copay
Specialty	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Initial coverage limit	\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs
Coverage gap	You pay 65% of the plan's cost for generic drugs and 45% of the plan's cost for brand-name drugs	You pay \$5 for preferred generic drugs and \$15 for non-preferred generic drugs and 45% of the plan's cost for brand-name drugs	You pay \$5 for preferred generic drugs and \$15 for non-preferred generic drugs and 45% of the plan's cost for brand-name drugs	Generic and Brand	Generic and Brand
Catastrophic	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold
Mail order (90-day supply)	\$10 preferred generic/\$24 non-preferred generic/\$60 preferred brand/\$140 non-preferred brand/25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$70 preferred brand/\$140 non-preferred brand/25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$60 preferred brand/\$100 non-preferred brand/25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$50 preferred brand/\$100 non-preferred brand/25% coinsurance	\$10 preferred generic/\$20 non-preferred generic/\$30 preferred brand/\$30 non-preferred brand/25% coinsurance

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

Personal Choice 65SM PPO

Value 1	Standard 1	Standard 2	Enhanced 1	Enhanced 2
QM92, #E7S, VSD6	QM91, #E7T, VSD6	QM93, #E7U, VSD6	QM94, #E7V, VSD6	QM95, #E7W, VSD6
\$321.55	\$454.45	\$508.45	\$791.15	\$901.85
\$0 in network; \$500 out of network; 30% coinsurance	\$0 in network; \$500 out of network; 30% coinsurance	\$0 in network; \$500 out of network; 30% coinsurance	\$0 in network; \$500 out of network; 30% coinsurance	\$0 in network; \$500 out of network; 30% coinsurance
\$30 copay	\$25 copay	\$20 copay	\$10 copay	\$10 copay
\$50 copay	\$45 copay	\$30 copay	\$25 copay	\$15 copay
\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
\$40 copay	\$40 copay	\$30 copay	\$25 copay	\$15 copay
\$200 copay for ambulatory surgical center; \$350 copay for hospital	\$150 copay for ambulatory surgical center; \$250 copay for hospital	\$150 copay for ambulatory surgical center; \$250 copay for hospital	\$0 copay for ambulatory surgical center; \$0 copay for hospital	\$0 copay for ambulatory surgical center; \$0 copay for hospital
\$225 copay per day for days 1-7; \$1,575 max. per stay	\$150 copay per day for days 1-8; \$1,200 max. per stay	\$150 copay per day for days 1-8; \$1,200 max. per stay	\$0 copay per day for days 1-90	\$0 copay per day for days 1-90
\$0 copay days 1-20; \$125 copay days 21-100	\$0 copay days 1-20; \$100 copay days 21-100	\$0 copay days 1-20; \$100 copay days 21-100	\$0 copay days 1-100	\$0 copay days 1-100
\$100 copay	\$100 copay	\$100 copay	\$100 copay	\$100 copay
\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted	\$65 copay; copay not waived if admitted
20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years	\$500 maximum benefit every three years
Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years	Up to \$100 reimbursement for eyewear every 2 years
N/A	N/A	N/A	N/A	N/A
\$6,700 in network; \$10,000 combined in and out of network	\$6,700 in network; \$10,000 combined in and out of network	\$6,700 in network; \$10,000 combined in and out of network	\$6,700 in network; \$10,000 combined in and out of network	\$6,700 in network; \$10,000 combined in and out of network
5 Tier Closed				
5 Tier Closed	5 Tier Open	5 Tier Open	5 Tier Open	5 Tier Open
\$280	\$0	\$0	\$0	\$0
\$5 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay
\$12 copay	\$15 copay	\$15 copay	\$15 copay	\$10 copay
\$30 copay	\$35 copay	\$30 copay	\$25 copay	\$15 copay
\$70 copay	\$70 copay	\$50 copay	\$50 copay	\$15 copay
25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs	\$2,960 in total drug costs
You pay 65% of the plan's cost for generic drugs and 45% of the plan's cost for brand-name drugs	You pay \$5 for preferred generic drugs and \$15 for non-preferred generic drugs and 45% of the plan's cost for brand-name drugs	You pay \$5 for preferred generic drugs and \$15 for non-preferred generic drugs and 45% of the plan's cost for brand-name drugs	Generic and Brand	Generic and Brand
You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold	You pay the greater of \$2.65 generic and \$6.60 brand or 5% coinsurance after reaching the \$4,700 catastrophic threshold
\$10 preferred generic/\$24 non-preferred generic/\$60 preferred brand/ \$140 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$70 preferred brand/ \$140 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$60 preferred brand/ \$100 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$30 non-preferred generic/\$50 preferred brand/ \$100 non-preferred brand/ 25% coinsurance	\$10 preferred generic/\$20 non-preferred generic/\$30 preferred brand/ \$30 non-preferred brand/ 25% coinsurance

Independence Medicare Advantage Plans

IBC offers two types of Medicare Advantage plans — **Keystone 65 Select HMO** and **Personal Choice 65SM PPO**. Though these plans differ in how members receive care and what they pay out of pocket, both plans include:

- Prescription drug coverage options
- Supplemental benefits for dental, hearing, and vision
- Worldwide emergency and urgently needed care coverage
- Preventive care services such as influenza vaccines, mammograms, and colorectal cancer screenings
- Convenient online resources, tools, and services
- Case management and disease management programs
- Fitness membership and Healthy LifestylesSM Solutions programs

Keystone 65 Select HMO

With many different plan designs to choose from, Keystone 65 Select HMO can help you meet your employees' coverage needs and stay within your budget. All Keystone 65 Select HMO plans offer:

- Annual out-of-pocket maximums
- A large network of doctors and hospitals

How an HMO works

1. Members choose a primary care physician (PCP) from the network.
2. The PCP arranges referrals to the other doctors, hospitals, and health care services members need within the network.
3. Members simply show their Keystone 65 HMO ID card when they receive medical services.

Personal Choice 65 PPO

Looking for a plan that covers employees across the country? Personal Choice 65 PPO now has national coverage as well as:

- An annual out-of-pocket maximum for in- and out-of-network expenses
- No referrals, and no need to select a primary care physician

How a PPO works

Members have the freedom to receive services from any licensed doctor who accepts Medicare. However, members' out-of-pocket costs are lowest when they receive services from physicians and hospitals that participate in the BlueCard network nationwide.

IBC Part D Prescription Drug Coverage

Select Option PDP

Select Option PDP is a Medicare Part D prescription drug plan. It is available to those who are eligible for Medicare benefits offered by their employer or Health and Welfare Fund.

- There are no doctor or hospital benefits with this group health plan, making it ideal for those using our Medicare Supplement coverage, MedigapSecurity.
- Select Option PDP cannot be combined with a Medicare Advantage plan.
- Select Option PDP offers several levels of coverage to fit various prescription needs.

How Select Option PDP works

- Members can go to thousands of pharmacies within the network and simply present their Select Option PDP card.
- Some prescriptions may be covered in special circumstances while traveling outside of the plan's service area where there is no network pharmacy. Members may have to pay more than their normal cost-sharing amount if they use an out-of-network pharmacy, and will likely have to pay the pharmacy's full charge for the drug and submit documentation to receive reimbursement.

Independence 
Keystone 65 HMO

Independence 
Personal Choice 65SM PPO

Independence 
Select Option PDP

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. Select Option PDP is underwritten or administered by QCC Insurance Company. QCC Insurance Company and Keystone Health Plan East are subsidiaries of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.