

2016 Independence Blue Cross Medicare Group Options

Medical Coverage	Keystone 65 Select HMO				
	Value 1	Standard 1	Standard 2	Enhanced 1	Enhanced 2
CovID	H672, #E71, QN, Y	H673, #E7J, QN, Y	H674, #E7K, QN, Y	H675, #E7L, QN, Y	H676, #E7M, QN, Y
Plan premium	\$179.80	\$218.70	\$363.90	\$642.90	\$764.70
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)	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
Hearing aids	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)
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
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	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs
Coverage gap	You pay 58% 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 \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 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*.

Medical Coverage	Personal Choice 65 SM PPO				
	Value 1	Standard 1	Standard 2	Enhanced 1	Enhanced 2
CovID	QM92, #E7S, VSD6	QM91, #E7T, VSD6	QM93, #E7U, VSD6	QM94, #E7V, VSD6	QM95, #E7W, VSD6
Plan premium	\$353.60	\$499.90	\$559.30	\$870.20	\$992
Deductible	\$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
Primary care physician visits	\$30 copay	\$25 copay	\$20 copay	\$10 copay	\$10 copay
Specialist visits	\$50 copay	\$45 copay	\$30 copay	\$25 copay	\$15 copay
Diagnostic procedures/lab	\$0 copay	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Physical, occupational, speech therapy	\$40 copay	\$40 copay	\$30 copay	\$25 copay	\$15 copay
Outpatient surgery	\$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
Inpatient hospital care	\$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
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)	\$75 copay	\$75 copay	\$75 copay	\$75 copay	\$75 copay
Durable medical equipment	20% coinsurance	20% coinsurance	20% coinsurance	\$0 copay	\$0 copay
Hearing aids	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)	\$0 copay for hearing aid fitting and evaluation, and a copay of \$699 or \$999 per hearing aid (one per ear, per year)
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	N/A	N/A	N/A	N/A	N/A
Annual member maximum out-of-pocket cost	\$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
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
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	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs
Coverage gap	You pay 58% 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 \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 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

Medical Coverage	MedigapSecurity						
Service category	Medicare pays	Plan A Member pays	Plan B Member pays	Plan C Member pays	Plan F Member pays	Plan F* High Deductible Member pays	Plan N Member pays
Monthly plan premium		☐ \$164.95 (BC \$47.90, BS \$117.05)	☐ \$195.65 (BC \$78.60, BS \$117.05)	☐ \$216.60 (BC \$88.90, BS \$127.70)	☐ \$216.75 (BC \$89.00, BS \$127.75)	☐ \$109.00 (BC \$53.70, BS \$55.30)	☐ \$181.30 (BC \$87.00, BS \$94.30)
Primary care physician visits	80% of Medicare-approved amounts after \$147 annual Part B deductible is met	\$147 Part B deductible (Plan pays 20% coinsurance)	\$147 Part B deductible (Plan pays 20% coinsurance)	\$0 (Plan pays Part B deductible and 20% coinsurance)	\$0 (Plan pays Part B deductible and 20% coinsurance)	\$0 (Plan pays Part B deductible and 20% coinsurance)	\$147 Part B deductible, then up to \$20 copay for office visits, up to \$50 copay for emergency room (waived if admitted) Plan pays all other Part B coinsurance
Specialist visits							
Emergency room							
Urgent care Outpatient surgery							
Impatient hospitals	All charges except \$1,260 (Part A deductible) and Part A coinsurance	\$1,260 (Part A deductible)	\$0	\$0	\$0	\$0	\$0
Part B excess charges	\$0	100%	100%	100%	\$0	\$0	100%

The MedigapSecurity rates shown are subject to change periodically. This summary is a partial listing of benefits. Refer to the Outline of Coverage for more details.

*Plan F High Deductible pays the same benefits as Plan F after a \$2,180 calendar year deductible. \$2,180 is the 2015 amount and it may change on January 1 each year. Benefits from Plan F High Deductible will not begin until out-of-pocket expenses exceed \$2,180. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

Drug Coverage	Select Option PDP				
	Value 1	Standard 1	Standard 2	Enhanced 1	Enhanced 2
Plan premium	\$94.30	\$120	\$124.90	\$607.40	\$672.60
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
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	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs	\$3,310 in total drug costs
Coverage gap	You pay 58% 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 \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 catastrophic threshold	You pay the greater of \$2.95 generic and \$7.40 brand or 5% coinsurance after reaching the \$4,850 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

Independence Blue Cross Medicare Advantage Plans

Independence Blue Cross (Independence) 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 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

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
- Dental benefits

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 that 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
- More benefits at a lower cost than typically offered in a Medigap plan
- 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.

Independence Medicare Supplement Plan

MedigapSecurity

MedigapSecurity plans are standardized plans designed to cover the gaps in Original Medicare coverage that members must pay for out-of-pocket, which can add up to thousands of dollars each year. The gaps are deductibles, copays, and coinsurance.

Independence offers six MedigapSecurity plans: A, B, C, F, High Deductible F, and N. These plans include:

- Coverage for any doctor or at any hospital that accepts Medicare
- Coverage from providers who accept Original Medicare when traveling anywhere in the United States
- No referrals and no networks
- Emergency coverage worldwide for plans C, F, High Deductible F, and N
- A Healthy LifestylesSM Solution program that offers reimbursements for fitness center fees, weight management, and tobacco cessation

How MedigapSecurity works

1. Members are free to visit any doctor who accepts Original Medicare.
2. There is no need to select a primary care physician.
3. There are virtually no claim forms.
4. It can be combined with Select Option PDP.

Independence 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 and are retired.

- 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 at out of network pharmacies for emergency or urgently needed services. 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.

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 email the Plan Change form to medicare@ibx.com or fax it 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.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, formulary, pharmacy network, provider network, premium and/or copayments/coinsurance may change on January 1 of each year.

Personal Choice 65 PPO and Select Option® PDP is underwritten 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.

MedigapSecurity is not connected with or endorsed by the U.S. government or the federal Medicare program. MedigapSecurity plans are offered through Independence Blue Cross and Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.

To join, you must be enrolled in Medicare Parts A and B. Plan F and Plan N are available only to applicants who enroll within six months following enrollment in Medicare Part B or who are guaranteed the right to purchase these plans under applicable federal or state laws. You must continue to pay Medicare Part A (if applicable) and Part B premiums.