



IBX

**2025
Smart Solutions Brochure**

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Benefits at a glance



The right Medicare Advantage plan. Right here at IBX.

For more than 85 years, Independence Blue Cross (IBX) has been providing the Philly area with access to Medicare Advantage plans that offer choice, flexibility, stability, and all the extras that you should not live without. IBX is the hometown plan that’s here for you, ALWAYS.

Our Medicare Advantage offerings feature:

- **No deductibles** to meet for medical or prescription drug coverage
- **No referrals** needed
- **\$0 monthly premiums** on some plans
- **\$0 copays** for primary care physician (PCP) visits on most plans
- **NEW! \$0 copays** for Tier 1 and Tier 2 generics at a preferred pharmacy or through mail order
- **\$0 copays** for routine dental, vision, and hearing exams
- **NEW! Specialist copays** as low as **\$0** per visit
- **Dental allowances up to \$3,000 per year** to help pay for fillings, root canals, crowns, partial bridges, dentures, and **(NEW!) implants**
- **Allowances up to \$125 per quarter** to spend on approved over-the-counter (OTC) items at participating retailers and online
- **\$300 annual allowance** that can cover **(NEW!) medical**, dental, vision, or hearing services or supplies on select plans
- **FREE fitness membership**, with access to all the YMCAs in our area


Coverage you can count on



IBX Care Card

IBX plan members receive an **IBX Care Card** that's separate from their member ID card. This card contains allowances that can be used to help pay for eligible health care services or supplies. The allowance types and amounts vary by plan.



| Plan name | Quarterly OTC allowance ¹ | Annual DVH allowance ² | Annual Medical + DVH allowance ³  |
|--------------------------|---|--|--|
| | Can be used to purchase eligible OTC products in-store, online, or by phone | Can be used to help pay for covered services or supplies received from any licensed dental, vision, or hearing (DVH) professional that accepts the IBX Care Card | Can be used to help pay for covered services or supplies received from any licensed medical or DVH professional that accepts the IBX Care Card |
| Keystone 65 Basic | \$70 | N/A | \$300 |
| Keystone 65 Essential | \$100 | N/A | \$300 |
| Keystone 65 Focus | \$70 | N/A | N/A |
| Keystone 65 Liberty | \$30 | N/A | N/A |
| Keystone 65 Select | \$30 | N/A | N/A |
| Personal Choice 65 Elite | \$125 | \$300 | N/A |
| Personal Choice 65 Plus | \$30 | N/A | N/A |
| Personal Choice 65 Prime | \$70 | \$300 | N/A |
| Personal Choice 65 Saver | \$30 | N/A | N/A |



Telemedicine through Teladoc Health



It's not always easy or convenient to go to a health appointment. With Teladoc Health, you can get virtual care from wherever you are...with a **\$0 copay!**

- **General medical care:** You have 24/7 access to board-certified doctors who can diagnose and treat non-emergency conditions such as sinus infections, flu, sore throats, allergies, pink eye, and more.
- **Mental health care:** Schedule visits with a licensed therapist, psychologist, or psychiatrist and get support for depression, anxiety, stress, grief, and more.⁴
- **Dermatology:** Connect online with a board-certified dermatologist who can provide timely answers to questions about new or chronic skin conditions like rashes, acne, eczema, and rosacea.



Part B Premium Giveback

Members of some plans have access to the **Part B Premium Giveback**, which provides a monthly credit towards either their Social Security check or their Medicare Part B premium statement, depending on how they pay their Part B premium.

| Plan name | Part B Premium Giveback |
|--|---|
| Keystone 65 Basic  | \$6.10 credit per month |
| Keystone 65 Focus | \$9.50 in Philadelphia and Bucks Counties \$9.30 in Chester, Delaware, and Montgomery Counties |
| Keystone 65 Liberty | \$90 credit per month |
| Personal Choice 65 Prime  | \$9.10 credit per month |
| Personal Choice 65 Saver | \$96 credit per month |



One Pass® fitness membership

Stay active with a **free fitness membership** through One Pass®, which gives you access to a variety of physical, social, and mental fitness programs. Find your fit at the gym, at home, with friends, or in the kitchen!

Coverage you can count on



Vital Care

We know managing a chronic condition can get costly. That's why we offer the Vital Care program. The Vital Care program **reduces** the following **specialist copays** for Keystone 65 Basic, Keystone 65 Essential, Keystone 65 Liberty, and Keystone 65 Select members who have been diagnosed with both diabetes and congestive heart failure (CHF).

| Benefit | Cost |
|---|------------|
| Cardiology specialist visits | \$10 copay |
| Endocrinology specialist visits | \$10 copay |
| Medicare-covered podiatry visits | \$5 copay |
| Routine podiatry visits Up to 6 routine podiatry visits per year | \$5 copay |



Vital Care Plus

The Vital Care Plus program offers the same great benefits as the Vital Care program, but with even more. The following **reduced specialist copays** are available to Keystone 65 Focus members who have been diagnosed with diabetes.

| Benefit | Cost |
|---|------------|
| Cardiology specialist visits | \$10 copay |
| Endocrinology specialist visits | \$10 copay |
| Pulmonology specialist visits | \$10 copay |
| Medicare-covered podiatry visits | \$5 copay |
| Routine podiatry visits Up to 6 routine podiatry visits per year | \$5 copay |

Members also get an **\$80 allowance per quarter** for OTC items.



Transportation

Our door-to-door transportation benefit, provided by Roundtrip, makes it easier for eligible members to get to and from essential health sites at **no cost**.

- Easily book and track rides with the Roundtrip mobile app. Rides should be booked at least 48 hours in advance.
- Modes of transportation include taxis, rideshare services, wheelchair vans, and medical sedans.

| Plan | Eligibility | Benefit |
|--|--|---|
| Keystone 65 Basic Keystone 65 Focus Keystone 65 Select Personal Choice 65 Elite Personal Choice 65 Prime | Members diagnosed with both diabetes and CHF | Includes 24 one-way rides (or 12 round-trip rides) per year to plan-approved medical facilities or pharmacies |
| Keystone 65 Essential | All members | Includes 12 one-way rides (or 6 round-trip rides) per year to plan-approved medical facilities or pharmacies |



Groceries

We're making life a little easier for eligible members by providing weekly grocery deliveries at **no cost**. These deliveries contain fresh, local groceries — along with resources that offer ideas on how to use them.

| Plan | Eligibility | Benefit |
|--|---|---|
| Keystone 65 Basic Keystone 65 Focus Keystone 65 Select Personal Choice 65 Elite Personal Choice 65 Prime | Members diagnosed with both diabetes and depressive disorders | Members will receive a maximum of four weeks of grocery boxes per year. |
| Keystone 65 Essential | Members who have both Low Income Subsidy (also called LIS, or "Extra Help") and a qualifying condition ⁵ | Members will receive a maximum of 12 weeks of grocery boxes per year. |

Dental, Vision, and Hearing Care

Included in all plans

Dental Services⁶

Use an **IBX Medicare Dental Network** dentist for in-network coverage. Visit ibxmedicare.com/findadentist for a list of participating providers.

Preventive and Diagnostic Dental Care

| | |
|--|-----------|
| One oral exam and cleaning every 6 months | \$0 copay |
| One fluoride treatment and two dental consultations every 12 months | \$0 copay |
| One set of dental bitewing X-rays every 12 months | \$0 copay |
| One set of periapical, panoramic, and full-mouth X-rays once every 36 months | \$0 copay |

Comprehensive Dental Services

| | |
|--|--|
| Keystone 65 Essential Personal Choice 65 Plus | 0% coinsurance for fillings, root canals, crowns, and extractions; 0% coinsurance for dentures, implants, partials, and some oral surgery |
| Keystone 65 Basic Personal Choice 65 Prime | 10% coinsurance for fillings, root canals, crowns, and extractions; 10% coinsurance for dentures, implants, partials, and some oral surgery |
| Keystone 65 Focus Keystone 65 Liberty Keystone 65 Select Personal Choice 65 Elite Personal Choice 65 Saver | 20% coinsurance for fillings, root canals, crowns, and extractions; 40% coinsurance for dentures, implants, partials, and some oral surgery |

Annual allowance for comprehensive dental services

| | |
|--|--|
| Keystone 65 Essential Personal Choice 65 Elite | \$3,000 combined in- and out-of-network annual allowance |
| Keystone 65 Basic | \$2,500 in-network annual allowance |
| Keystone 65 Focus Keystone 65 Liberty Keystone 65 Select | \$2,000 in-network annual allowance |
| Personal Choice 65 Prime | \$2,000 combined in- and out-of-network annual allowance |
| Personal Choice 65 Plus Personal Choice 65 Saver | \$1,500 combined in- and out-of-network annual allowance |

Vision Services⁶

Use a **Davis Vision** provider for in-network coverage. Visit ibxmedicare.com/davisvision for a list of participating providers.

| | |
|---------------------------------|-----------|
| Routine eye exam (one per year) | \$0 copay |
|---------------------------------|-----------|

Eyeglass Frames, Lenses, and Contact Lenses

One pair of eyeglass frames and lenses (eyewear) or one pair of contact lenses is covered each year.

| | |
|--|--------------------------|
| Eyewear purchased from the Davis Vision Collection | Covered in full |
| Eyewear purchased from Visionworks® | \$250 allowance per year |
| Eyewear purchased at a Davis Vision network provider | \$150 allowance per year |
| Contact lenses purchased instead of eyewear | \$150 allowance per year |

Hearing Services⁷

Provided by **TruHearing®**. Visit ibxmedicare.com/hearing for a list of participating providers.

| | |
|-------------------------------------|-----------|
| Routine hearing exam (one per year) | \$0 copay |
|-------------------------------------|-----------|

| | |
|---|-----------|
| Hearing aid fittings and evaluations (unlimited for the first year) | \$0 copay |
|---|-----------|

Hearing Aids

Up to two hearing aids every year, one hearing aid per ear.

| | Advanced Digital Hearing Aid | Premium Digital Hearing Aid |
|---|------------------------------|-----------------------------|
| Keystone 65 Essential Personal Choice 65 Elite | \$399 copay | \$699 copay |
| Keystone 65 Select Personal Choice 65 Plus | \$499 copay | \$799 copay |
| Keystone 65 Basic Keystone 65 Focus Keystone 65 Liberty Personal Choice 65 Prime Personal Choice 65 Saver | \$699 copay | \$999 copay |

Benefit & Cost Comparison

Medicare Advantage Plans

Service Category

Personal Choice 65 Plus Rx PPO⁸



Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx

\$164

Part B Premium Giveback

N/A

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$0 copay

Outpatient Hospital Services

\$275 copay

Ambulatory Surgical Center

\$225 copay

Emergency Care

\$110 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic Radiology Services

\$0 copay for certain diagnostic tests; \$30 or \$150 copay depending on the service

Outpatient Routine X-rays

\$30 copay for routine radiology

Inpatient Hospital

\$250 copay per stay

Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)

\$15 copay per visit

Over-the-Counter Allowance

\$30 quarterly allowance

Maximum Out of Pocket

\$4,151 in network; \$5,750 combined in and out of network

Network

Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get **coverage that travels with you** to 48 states and two territories.⁹

Prescription Drug Benefits

See page 19

Service Category

Personal Choice 65 Prime Rx PPO⁸

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx

\$0

Part B Premium Giveback

\$9.10 credit per month

PCP Visits

\$0 copay

Specialist Visits* (no referrals needed)

\$30 copay

Outpatient Hospital Services

\$350 copay

Ambulatory Surgical Center

\$200 copay

Emergency Care

\$100 copay per visit; copay is not waived if admitted to inpatient hospital

Outpatient Diagnostic Radiology Services

\$0 copay for certain diagnostic tests; \$40 or \$200 copay depending on the service

Outpatient Routine X-rays

\$40 copay for routine radiology

Inpatient Hospital

\$250 copay per day for days 1 – 7; no copay for additional days per admission; \$1,750 maximum per admission

Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)

\$25 copay per visit

Over-the-Counter Allowance

\$70 quarterly allowance

Maximum Out of Pocket

\$7,550 in network; \$11,300 combined in and out of network

Network

Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get **coverage that travels with you** to 48 states and two territories.⁹

Prescription Drug Benefits

See page 19

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Medicare Advantage Plans

Service Category

Personal Choice 65 Saver Rx PPO⁸

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx **\$0**

| | |
|---|---|
| Part B Premium Giveback | \$96 credit per month |
| PCP Visits | \$10 copay |
| Specialist Visits* (no referrals needed) | \$50 copay |
| Outpatient Hospital Services | 20% coinsurance |
| Ambulatory Surgical Center | 20% coinsurance |
| Emergency Care | \$110 copay per visit; copay is not waived if admitted to inpatient hospital |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$40 or \$285 copay depending on the service |
| Outpatient Routine X-rays | \$40 copay for routine radiology |
| Inpatient Hospital | \$375 copay per day for days 1 – 5; no copay for additional days per admission; \$1,875 maximum per admission |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$35 copay per visit |
| Over-the-Counter Allowance | \$30 quarterly allowance |
| Maximum Out of Pocket | \$8,300 in network; \$11,300 combined in and out of network |
| Network | Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get coverage that travels with you to 48 states and two territories. ⁹ |
| Prescription Drug Benefits | See page 19 |

Service Category

Personal Choice 65 Elite Rx PPO⁸

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx **\$16.60**

| | |
|---|---|
| Part B Premium Giveback | N/A |
| PCP Visits | \$0 copay |
| Specialist Visits* (no referrals needed) | \$30 copay |
| Outpatient Hospital Services | \$250 copay |
| Ambulatory Surgical Center | \$150 copay |
| Emergency Care | \$100 copay per visit; copay is not waived if admitted to inpatient hospital |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$35 or \$275 copay depending on the service |
| Outpatient Routine X-rays | \$35 copay for routine radiology |
| Inpatient Hospital | \$525 copay per stay |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$30 copay per visit |
| Over-the-Counter Allowance | \$125 quarterly allowance |
| Maximum Out of Pocket | \$7,000 in network; \$10,000 combined in and out of network |
| Network | Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get coverage that travels with you to 48 states and two territories. ⁹ |
| Prescription Drug Benefits | See page 19 |

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Medicare Advantage Plans

Service Category

Keystone 65 Essential Rx HMO-POS¹⁰



Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx \$2.10

| | |
|---|--|
| Part B Premium Giveback | N/A |
| PCP Visits | \$0 copay |
| Specialist Visits* (no referrals needed) | \$25 copay |
| Outpatient Hospital Services | \$275 copay |
| Ambulatory Surgical Center | \$225 copay |
| Emergency Care | \$110 copay per visit; copay is not waived if admitted to inpatient hospital |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$30 or \$260 copay depending on the service |
| Outpatient Routine X-rays | \$30 copay for routine radiology |
| Inpatient Hospital | \$525 copay per stay |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$25 copay per visit |
| Over-the-Counter Allowance | \$100 quarterly allowance |
| Maximum Out of Pocket | \$7,650 in network |
| Network | In-network coverage, except for urgent or emergency care and certain other services. |
| Prescription Drug Benefits | See page 19 |

Service Category

Keystone 65 Basic Rx HMO

Philadelphia, Bucks, Chester,
Delaware, and Montgomery Counties

Monthly Plan Premium

Medical with Rx \$0

| | |
|---|---|
| Part B Premium Giveback | \$6.10 credit per month |
| PCP Visits | \$0 copay |
| Specialist Visits* (no referrals needed) | \$30 copay |
| Outpatient Hospital Services | \$300 copay |
| Ambulatory Surgical Center | \$150 copay |
| Emergency Care | \$110 copay per visit; copay is not waived if admitted to inpatient hospital |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$40 or \$170 copay depending on the service |
| Outpatient Routine X-rays | \$40 copay for routine radiology |
| Inpatient Hospital | \$250 copay per day for days 1 – 7; no copay for additional days per admission; \$1,750 maximum per admission |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$25 copay per visit |
| Over-the-Counter Allowance | \$70 quarterly allowance |
| Maximum Out of Pocket | \$7,250 in network |
| Network | In-network coverage only, except for urgent or emergency care. |
| Prescription Drug Benefits | See page 19 |

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Medicare Advantage Plans

| Service Category | Keystone 65 Select HMO | |
|---|---|--|
| | Philadelphia and Bucks Counties | Chester, Delaware, and Montgomery Counties |
| Monthly Plan Premium | Medical-only \$13.50 | Medical-only \$3.50 |
| | Medical with Rx \$42 | Medical with Rx \$69 |
| Part B Premium Giveback | N/A | |
| PCP Visits | \$0 copay | |
| Specialist Visits* (no referrals needed) | \$40 copay | |
| Outpatient Hospital Services | \$350 copay | |
| Ambulatory Surgical Center | \$200 copay | |
| Emergency Care | \$125 copay per visit; copay is not waived if admitted to inpatient hospital | |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$40 or \$200 copay depending on the service | |
| Outpatient Routine X-rays | \$40 copay for routine radiology | |
| Inpatient Hospital | \$275 copay per day for days 1 – 6; no copay for additional days per admission; \$1,650 maximum per admission | |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$20 copay per visit | |
| Over-the-Counter Allowance | \$30 quarterly allowance | |
| Maximum Out of Pocket | \$6,000 in network | |
| Network | In-network coverage only, except for urgent or emergency care. | |
| Prescription Drug Benefits | See page 19 (not covered for Keystone 65 Select Medical-Only HMO) | |

| Service Category | Keystone 65 Liberty Medical-Only HMO | |
|---|---|------------|
| | Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties | |
| Monthly Plan Premium | Medical-only | \$0 |
| Part B Premium Giveback | \$90 credit per month | |
| PCP Visits | \$0 copay | |
| Specialist Visits* (no referrals needed) | \$40 copay | |
| Outpatient Hospital Services | 20% coinsurance | |
| Ambulatory Surgical Center | 20% coinsurance | |
| Emergency Care | \$110 copay per visit; copay is not waived if admitted to inpatient hospital | |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$45 or \$275 copay depending on the service | |
| Outpatient Routine X-rays | \$45 copay for routine radiology | |
| Inpatient Hospital | \$285 copay per day for days 1 – 7; no copay for additional days per admission; \$1,995 maximum per admission | |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$35 copay per visit | |
| Over-the-Counter Allowance | \$30 quarterly allowance | |
| Maximum Out of Pocket | \$9,350 in network | |
| Network | In-network coverage only, except for urgent or emergency care. | |
| Prescription Drug Benefits | Not covered | |

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Medicare Advantage Plans

Service Category

Keystone 65 Focus Rx HMO-POS¹¹

| | Philadelphia and Bucks Counties | Chester, Delaware, and Montgomery Counties |
|---|--|--|
| Monthly Plan Premium | Medical with Rx | \$0 |
| Part B Premium Giveback | \$9.50 credit per month | \$9.30 credit per month |
| PCP Visits | \$0 copay | |
| Specialist Visits* (no referrals needed) | \$30 copay | |
| Outpatient Hospital Services | \$325 copay | |
| Ambulatory Surgical Center | \$200 copay | |
| Emergency Care | \$125 copay per visit; copay is not waived if admitted to inpatient hospital | |
| Outpatient Diagnostic Radiology Services | \$0 copay for certain diagnostic tests; \$30 or \$160 copay depending on the service | |
| Outpatient Routine X-rays | \$30 copay for routine radiology | |
| Inpatient Hospital | \$210 copay per day for days 1 – 6; no copay for additional days per admission; \$1,260 maximum per admission | |
| Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy) | \$20 copay per visit | |
| Over-the-Counter Allowance | \$70 quarterly allowance | |
| Maximum Out of Pocket | \$6,750 in network | |
| Network | Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using providers within the limited network. | |
| Prescription Drug Benefits | See page 19 | |

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Prescription Drugs

Our drug formulary includes five tiers of cost-sharing for prescription drugs. Tier 1 and 2 prescriptions (which include most generic drugs) have **\$0 copays** when purchased at preferred pharmacies or through mail order. Preferred pharmacies include ShopRite, Rite Aid, CVS, Giant, Target, Wegmans, and more.¹²

Deductible

| | |
|-----------------------------|---------------------------|
| Keystone 65 Basic Rx | No Part D (Rx) deductible |
| Keystone 65 Essential Rx | |
| Keystone 65 Focus Rx | |
| Keystone 65 Select Rx | |
| Personal Choice 65 Elite Rx | |
| Personal Choice 65 Plus Rx | |
| Personal Choice 65 Prime Rx | |
| Personal Choice 65 Saver Rx | |

Preferred Retail and Mail-Order Cost-Sharing (30-day supply)

| | |
|-----------------------------|---|
| Keystone 65 Basic Rx | Tier 1 Preferred Generic: \$0 copay |
| Keystone 65 Essential Rx | Tier 2 Generic: \$0 copay |
| Keystone 65 Focus Rx | Tier 3 Preferred Brand: 25% coinsurance |
| Keystone 65 Select Rx | Tier 4 Non-Preferred: 50% coinsurance |
| Personal Choice 65 Elite Rx | Tier 5 Specialty: 33% coinsurance |
| Personal Choice 65 Plus Rx | Covered Insulin: \$35 copay |
| Personal Choice 65 Prime Rx | |
| Personal Choice 65 Saver Rx | Tier 1 Preferred Generic: \$0 copay |
| | Tier 2 Generic: \$0 copay |
| | Tier 3 Preferred Brand: 23% coinsurance |
| | Tier 4 Non-Preferred: 50% coinsurance |
| | Tier 5 Specialty: 31% coinsurance |
| | Covered Insulin: \$35 copay |

True Out-of-Pocket Limit

An annual maximum of \$2,000 in out-of-pocket costs for covered drugs (Medicare Part B drugs and your monthly plan premium are not included)

Catastrophic

After reaching a maximum of \$2,000, you pay \$0 for covered drugs until the next calendar year

What you need to know about Medicare this year.

The Centers for Medicare & Medicaid Services (CMS) has made important changes to Medicare in 2025. Understanding how Medicare coverage works is not always easy, and we're here to help. Here's a breakdown of what you need to know.



In 2025, you pay no more than \$2,000 in out-of-pocket costs for your Part D prescription drugs.

The \$2,000 cap only applies to standalone Medicare Part D prescription drug plans and Medicare Advantage plans with prescription drug coverage. The cap does not apply to drugs covered under Medicare Part B and does not include your monthly plan premium.



The government's Low-Income Subsidy (LIS) "Extra Help" program has expanded.

The LIS or "Extra Help" program helps people with limited income and assets pay for prescription medications and other costs.

Medicare has lowered the yearly income limit, allowing more people than ever to qualify in 2025 for benefits that include no deductibles, no premiums, and a cost cap on certain brand name drugs.



There's a new way to pay for your prescription drugs!

In 2025, anyone with a standalone Medicare Part D prescription drug plan or a Medicare Advantage plan with prescription drug coverage has the option to opt-in in a monthly payment plan, either before the beginning of the plan year or in any month during the plan year. The opportunity to opt in is completely voluntary.

Opting into the payment plan means that you will no longer pay when you pick your prescriptions up at the pharmacy or receive your mail order delivery.

Once you have out-of-pocket prescription costs, you will be billed on a monthly basis. This will continue as long as you remain part of the Medicare Prescription Payment Plan.

Ready to Enroll?

Choose the right plan for you

When enrolling in a Medicare Advantage plan, it's important to check the plan's network and formulary to see if your doctor or drug is covered.



How to find a network provider

1. Go to ibxmedicare.com/providerfinder.
2. Search for providers in your area by clicking *Choose a location* and entering an address, city, or ZIP code.
3. Search by a specific health plan network by clicking *All Plans*, then *Find a different plan*. You can narrow your search by doctor name, doctor specialty, hospital or clinic name, or provider type. You can easily sort and refine your results by:
 - Specialty
 - Gender
 - Quality recognitions
 - Languages spoken
 - Admitting privileges
 - Provider type
 - Location services
 - Board certifications
 - And more
4. If you're enrolling in a Keystone 65 HMO plan, make sure to fill out your desired in-network PCP during the application process.



How to find a network pharmacy

1. Go to ibxmedicare.com/pharmacyfinder.
2. Click *Find a network pharmacy* and select your plan from the drop-down menu.
3. Select your plan name. Then, search by pharmacy name or location, NPI number, or license. You can refine your results by:
 - Preferred pharmacies
 - Indian/Tribal/Urban services
 - Open 24 hours
 - Long-term care
 - Accessibility
 - And more
4. Preferred pharmacies include a *Preferred* label.



How to find out if a drug is on the formulary

1. Go to ibxmedicare.com/formulary.
2. Click on your plan's name under your type of health coverage (i.e., individual or group).
3. Once the tool opens, click on *Prescription Drug Lookup* and select your plan from the drop-down menu.
4. Search by drug name, therapeutic class, or browse drugs alphabetically.

After You Enroll

After you enroll, use this checklist to keep track of your new plan. You will hear from us within approximately 30 days of your acceptance into the plan.



ENROLLMENT CHECKLIST

What to expect from your plan:

| Material Name | Description | Received |
|---|---|--------------------------|
| Plan confirmation/ acceptance letter | We will send you a letter within 10 days of the Centers for Medicare & Medicaid Services' approval of your enrollment. | <input type="checkbox"/> |
| Enrollment verification letter | An enrollment verification letter is required for enrollment requests received by an individual assisted by an independent or employed agent/broker who provided plan-specific information to the individual. | <input type="checkbox"/> |
| New member welcome kit | This kit contains your <i>Evidence of Coverage</i> (EOC) — a complete description of your Medicare Advantage plan coverage and your rights as a member. It also contains information on how to find the plan's drug formulary (if applicable) and other important forms, such as electronic billing and mail order sign-up. | <input type="checkbox"/> |
| Your bill | We generate premium bills each month. If you have a plan with a premium and you signed up for your plan early in the month, you may get your first bill before your plan's start date. If you signed up later in the month, your first bill may include two months of premiums. (Our billing cycle factors in one month's premium in advance). To join one of our plans, you'll need to continue paying your Medicare Part A and/or Part B premiums (if not otherwise paid for under Medicaid or another third party). This is in addition to your IBX plan coverage. | <input type="checkbox"/> |

| Material Name | Description | Received |
|-----------------------------------|--|--------------------------|
| Member ID card | Use your IBX member ID card (not your Medicare card) every time you visit the doctor, hospital, or pharmacy (if you have prescription coverage). If you have a Keystone 65 HMO plan, make sure your PCP's name is listed on the card or call our Member Help Team to have them added. You will receive your ID card after you receive your confirmation letter. | <input type="checkbox"/> |
| IBX Care Card | Your IBX Care Card is a convenient way to save money and access your plan's allowance(s). It comes preloaded with funds you can use at participating retailers and/or approved providers. The card will come activated upon arrival. | <input type="checkbox"/> |
| Personalized health visits | Do you want to get some health tips from a professional in your own home? IBX members have access to a personal health visit for free. A personal health visit is a one-hour chat with a licensed health expert. They will check your health and give you advice on how to stay well. This service is optional, and won't change your health insurance or how much you pay. Sometimes we might call you or send you mail to ask if you want to have a personal health visit. But remember, this is not the same as seeing your regular doctor once a year. You should still do that too. | <input type="checkbox"/> |
| Doctor visit | Take advantage of your annual wellness visit with your PCP. It's a great opportunity for you and your doctor to review your medical history, identify risk factors to your health, and discuss a plan to prevent illness and improve your health. | <input type="checkbox"/> |
| Get connected | Receive health screening reminders, important plan notifications, and cost savings alerts delivered directly and securely to you via email or text message. Visit ibxmedicare.com/connect today to sign up! | <input type="checkbox"/> |

Medical Exclusions

- Personal items in your room at a hospital or skilled nursing facility
- Full-time nursing care in your home
- Custodial care that is provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care¹³
- Homemaker services, including housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Reversal of sterilization procedures and/or non-prescription contraceptive supplies
- Naturopath services (using natural or alternative treatments)

Part D Exclusions

By law, these categories of drugs are not covered by Medicare drug plans:

- Non-prescription drugs (also called over-the-counter drugs)
- Drugs when used to promote fertility
- Drugs when used for the relief of cough or cold symptoms
- Drugs when used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs when used for the treatment of sexual or erectile dysfunction
- Drugs when used for the treatment of anorexia, weight loss, or weight gain
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale

This is a partial list of exclusions. Visit ibxmedicare.com/eoc for a complete listing of benefits and exclusions.

Footnotes

1. The OTC allowance does not carry forward to the next quarter if it is not used. You must use your IBX Care Card to purchase OTC items at a participating retailer. OTC items purchased from non-participating retailers will not be covered. Members should retain the card through the expiration date.
2. The DVH allowance preloaded on the IBX Care Card is a separate wallet from the OTC benefit provided on the same card. Any unused balance will not roll over to the next year. Members should retain the card through the expiration date.
3. The Medical + DVH allowance preloaded on the IBX Care Card is a separate wallet from the OTC benefit provided on the same card. Any unused balance will not roll over to the next year. Members should retain the card through the expiration date.
4. Mental/behavioral health visits must be scheduled via the online platform teladochealth.com/signin. Visits cannot be scheduled by phone. Member must complete a mental health assessment via the website platform prior to scheduling a mental health visit.
5. Qualifying conditions include chronic and disabling mental health conditions, hypertension, diabetes, obesity, chronic kidney disease, and chronic heart failure (including ischemic heart disease, hyperlipidemia, and peripheral vascular disease).
6. There is an 80% coinsurance for most out-of-network dental and vision benefits on the Personal Choice 65 PPO plans. There is a 50% coinsurance for out-of-network dental benefits on the Keystone 65 Essential plan.
7. Advanced and premium digital hearing aids are available in rechargeable models at no additional cost.
8. For most out-of-network benefits, Personal Choice 65 Plus has a 25% coinsurance, Personal Choice 65 Elite has a 30% coinsurance, and Personal Choice 65 Prime and Personal Choice 65 Saver have a 40% coinsurance.
9. Participating states and territories are subject to change at any time.
10. Keystone 65 Essential members have a POS annual maximum of \$3,000 that applies to out-of-network non-Medicare-covered dental services.
11. Keystone 65 Focus members pay 20% for most Medicare-covered medical (Parts A and B) out-of-network benefits. The POS annual plan maximum of \$1,000 will apply to out-of-network benefits.
12. We contract with some pharmacies to offer lower cost-sharing to plan members with Part D coverage. This is known as preferred pharmacy cost-sharing. You may fill your prescriptions at either a preferred or standard pharmacy. However, you can save money on certain prescriptions by using a preferred pharmacy.
13. Custodial care is personal care that does not require the continuing attention of trained medical or paramedic personnel, such as care that helps you with activities of daily living, such as bathing or dressing.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.

IBX Medicare Dental Network administered by Dominion Dental Services, Inc., an independent company.

Vision benefits are underwritten by Keystone Health Plan East/QCC Insurance Company and administered by Davis Vision, an independent company.

An affiliate of Independence Blue Cross has a financial interest in Visionworks, an independent company.

TruHearing is a registered trademark of TruHearing, Inc., an independent company.

One Pass is a voluntary program offered by an independent company. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

The transportation benefit is administered by Roundtrip, an independent company.

Out-of-network/non-contracted providers are under no obligation to treat Personal Choice 65 PPO members, except in emergency situations. Please call our Member Help Team number, see your *Evidence of Coverage*, or visit ibxmedicare.com/eoc for more information, including the cost-sharing that applies to out-of-network services.

This booklet is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

The giveback is set up by Medicare and administered through the Social Security Administration (SSA). The giveback incentive only participates with Social Security and is credited monthly on your Social Security check or Medicare Part B premium statement. There are no direct payments made to beneficiaries by Independence Blue Cross. Beneficiaries who pay their own Part B premium are eligible for the Giveback. Meaning, beneficiaries cannot receive Medicaid or any other assistance from a health program that could potentially pay their Part B premium.

For select plans, the grocery benefit mentioned is part of a special supplemental program for the chronically ill. Members must be diagnosed with Diabetes, Depression or Depressive Disorders, Disabling Mental Health Conditions, Chronic Heart Failure, Hypertension, or other eligible conditions to qualify. Eligible conditions vary by benefit and plan. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Contact us to confirm your eligibility for this benefit.

Some services may require prior approval. Please visit ibxmedicare.com/eoc for more information.

This information is not a complete description of benefits. Please visit ibxmedicare.com/eoc for more information.

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-2583. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-275-2583. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-275-2583。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-275-2583。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-275-2583. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-275-2583. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-275-2583 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-275-2583. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-275-2583. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-275-2583. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-275-2583 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-275-2583. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-275-2583. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-275-2583. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-275-2583. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-275-2583 にお電話ください。日本語を話す人 者が支援いたします。これは無料のサービスです。

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Gujarati: અમારી આરોગ્ય અથવા દવા યોજના વિશે તમને હોય શકે તેવા કોઈપણ પ્રશ્નોના જવાબ આપવા માટે અમારી પાસે નિ:શુલ્ક દુભાષિયા સેવાઓ છે. દુભાષિયા મેળવવા માટે, અમને ફક્ત 1-800-275-2583 પર કોલ કરો. ગુજરાતી બોલતી વ્યક્તિ તમને મદદ કરી શકે છે. આ એક નિ:શુલ્ક સેવા છે.

Urdu: آپ کی صحت یا دوا کے متعلق کسی بھی سوال کا جواب دینے کے لیے ہمارے پاس مفت ترجمانی کی خدمات دستیاب ہیں۔ مترجم کی سہولت کے لیے، 1-800-275-2583 پر کال کریں۔ اردو بولنے والا کوئی شخص آپ کی مدد کر سکتا ہے۔ یہ مفت سروس ہے۔

Khmer: យើងមានផ្តល់សេវាកម្មអ្នកបកប្រែផ្ទាល់មាត់ភាសាខ្មែរ ដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកប្រហែលជាមានអំពីកម្រោងសុខភាព ឬឱសថរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែផ្ទាល់មាត់ គ្រាន់តែហៅទូរស័ព្ទមកយើងតាមលេខ 1-800-275-2583 ។ អ្នកណាម្នាក់ដែលនិយាយភាសាអង់គ្លេសអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មភាសាខ្មែរ។

Telugu: మా ఆరోగ్యం లేదా ఔషధ ప్రణాళిక గురించి మీకు ఏవైనా ప్రశ్నలకు సమాధానం ఇవ్వడానికి మాకు ఉచిత ఇంటర్ప్రెటర్ సర్వీసులు అందుబాటులో ఉన్నాయి. అనువాదకుడిని పొందడానికి, 1-800-275-2583 ద్వారా మాకు కాల్ చేయండి. తెలుగు మాట్లాడగలిగే ఎవరైనా మీకు సహాయం చేయగలరు. ఇది ఉచిత సర్వీస్.

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator.

You can file a grievance in the following ways:

- In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103
- By phone: 1-888-377-3933 (TTY: 711)
- By fax: 215-761-0245
- By email: civilrightscordinator@1901market.com

If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Independence 

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