Independence

Keystone 65 Select Medical-Only (HMO) offered by Keystone Health Plan East, Inc., a subsidiary of Independence Blue Cross, LLC ("IBX")

Annual Notice of Changes for 2025

You are currently enrolled as a member of Keystone 65 Select Medical-Only. Next year, there will be changes to the plan's costs and benefits. ***Please see page 4 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at www.ibxmedicare.com/eoc. You may also call our Member Help Team to ask us to mail you an *Evidence of Coverage*).

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. ASK: Which changes apply to you

☐ Check the changes to our benefits and costs to see if they affect you.

- Review the changes to medical care costs (doctor, hospital).
- Think about how much you will spend on premiums, deductibles, and cost sharing.

☐ Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.

☐ Think about whether you are happy with our plan.

2. COMPARE: Learn about other plan choices

☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.

☐ Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Keystone 65 Select Medical-Only.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Keystone 65 Select Medical-Only.
- If you recently moved into or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Member Help Team number at 1-800-645-3965 for additional information. (TTY/TDD users should call 711.) Hours are 8 a.m. to 8 p.m., seven days a week. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This call is free.
- To receive this document in an alternate format such as braille, large print or audio, please contact our Member Help Team.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Keystone 65 Select Medical-Only

- Independence Blue Cross offers HMO and HMO-POS Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross HMO and HMO-POS Medicare Advantage plans depends on contract renewal.
- When this document says "we," "us," or "our," it means Keystone Health Plan East, Inc. When it says "plan" or "our plan," it means Keystone 65 Select Medical-Only.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Keystone 65 Select Medical-Only in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
Monthly plan premium (See Section 1.1 for details.)	$43.50	$3.50
Maximum out-of-pocket amount This is the most you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	$5,650	$6,000
Doctor office visits	Primary care visits: $0 copayment per visit Specialist visits: $40 copayment per visit	Primary care visits: $0 copayment per visit Specialist visits: $40 copayment per visit
Inpatient hospital stays	$275 copayment per day for days 1-6 per admission $1,650 maximum copayment per admission	$275 copayment per day for days 1-6 per admission $1,650 maximum copayment per admission

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	$43.50	$3.50

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out of pocket amount. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
Maximum out-of-pocket amount Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium does not count toward your maximum out-of-pocket amount.	$5,650	$6,000 Once you have paid $6,000 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at www.ibxmedicare.com/directory. You may also call our Member Help Team for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider Directory* www.ibxmedicare.com/directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact our Member Help Team so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Additional Telehealth	Prior authorization is required for select services.	Prior authorization is not required.
Caregiver Support Services	Caregiver Support Services are not covered.	You pay a $0 copay for training, education, and resources for caregivers. A member's caregiver or a member who is a caregiver can enroll in the support services from the plan-specified vendor. For more information, contact our Member Help Team.
Dementia Support Program	You pay a $40 copay per Specialist visit.	You pay a $0 copay for neurology visits, including telehealth neurology visits for members with a diagnosis of dementia. Members must be enrolled in the dementia support program provided from the plan-specified vendor. To find out if you're eligible, contact our Member Help Team.
Dental Services	You must use a participating United Concordia - Concordia Choice Plus Medicare Advantage dental network provider for in-network routine and comprehensive dental coverage not covered by Original Medicare. The following are non-Medicare-covered routine dental services: You pay a $0 copay for non-Medicare-covered routine dental services.	You must use a participating IBX Medicare Dental Network provider for in-network preventive, diagnostic, and comprehensive dental coverage not covered by Original Medicare. The following are non-Medicare-covered preventive and diagnostic dental services: You pay a $0 copay for non-Medicare-covered preventive and diagnostic dental services.

Cost	2024 (this year)	2025 (next year)
	• Two limited problem focused exams every 12 months are not covered. • One detailed and extensive problem focused exam every 12 months is not covered. • One comprehensive oral evaluation every 36 months is not covered. • One comprehensive periodontal evaluation every 36 months is not covered. • Two dental consultations every 12 months are not covered. • One fluoride treatment every 12 months is not covered.	• Two limited problem focused exams every 12 months are covered. • One detailed and extensive problem focused exam every 12 months is covered. • One comprehensive oral evaluation every 36 months is covered. • One comprehensive periodontal evaluation every 36 months is covered. • Two dental consultations every 12 months are covered. • One fluoride treatment every 12 months is covered.
	The following non-Medicare covered comprehensive dental services: You receive a $2,000 annual plan maximum allowance every year for the following comprehensive dental services: restorative services, endodontics, periodontics, extractions, prosthodontics, other oral/maxillofacial surgery, and other services. You pay 20% of the total cost for the following comprehensive dental services: restorative services, endodontics, periodontics, and extractions. You pay 40% of the total cost for the following comprehensive dental services: prosthodontics, other oral/maxillofacial surgery, and	The following non-Medicare covered comprehensive dental services: You receive a $2,000 allowance every year for the following comprehensive dental services: restorative services, endodontics, periodontics, extractions, prosthodontics, implants, and other oral/maxillofacial surgery. You pay 20% of the total cost for the following comprehensive dental services: restorative services, endodontics, periodontics, and extractions. You pay 40% of the total cost for the following comprehensive dental services: prosthodontics, implants, and other

Cost	2024 (this year)	2025 (next year)
	other services. Your plan coverage of these services includes: Endodontics: • One root canal retreatment per tooth per lifetime, is not covered • One root canal repair per tooth per lifetime, is not covered Periodontics: • Three periodontal maintenance procedures per year are covered • One scaling and root planing procedure every 36 months per mouth quadrant is covered • One full mouth debridement per lifetime is not covered Prosthodontics: • One implant per tooth every five years is not covered • One set bridges every five years is not covered • One set dentures every four years is covered • One set partial dentures every five years is not covered • One denture rebase every two years is not covered • One denture repair every two years is not covered • One bridge/partial per mouth quadrant every four years is covered	oral/maxillofacial surgery. Your plan coverage of these services includes: Endodontics: • One root canal retreatment per tooth per lifetime, is covered • One root canal repair per tooth per lifetime, is covered Periodontics: • Four periodontal maintenance procedures every 12 months are covered • One scaling and root planing procedure every 24 months per mouth quadrant is covered • One full mouth debridement per lifetime is covered Prosthodontics: • One implant per tooth every five years is covered • One set bridges every five years is covered • One complete set of dentures every five years is covered • One set partial dentures every five years is covered • One denture rebase every 24 months is covered • One denture repair every 24 months is covered

Cost	2024 (this year)	2025 (next year)
	• One tissue conditioning per tooth per denture per life is not covered Oral/Maxillofacial Surgery: • One oral surgery procedure per year is covered	• One tissue conditioning per tooth per denture per life is covered Oral/Maxillofacial Surgery: • Unlimited oral surgery is covered
Emergency Care	You pay a $120 copay for this benefit.	You pay a $125 copay for this benefit.
Emergency Care – Worldwide	You pay a $120 copay for this benefit.	You pay a $125 copay for this benefit.
Inpatient Hospital Stay-Acute due to COVID-19 Diagnosis	You pay a $0 copay for this benefit.	You pay a $275 copay per day for days 1-6 per admission. You pay a $1,650 maximum copay per admission.
Outpatient Rehabilitation Services	Prior authorization is required.	Prior authorization is not required.
Outpatient Therapeutic Radiology (Radiation Services)	You pay a $75 copay for this benefit.	You pay a $80 copay for this benefit.
Skilled Nursing Facility (SNF) Care	You pay a $0 copay per day for days 1-20. You pay a $203 copay per day for days 21-100.	You pay a $0 copay per day for days 1-20. You pay a $214 copay per day for days 21-100.
Urgently Needed Services	You pay a $60 copay per urgent care center visit.	You pay a $55 copay per urgent care center visit.
Urgently Needed Services – Worldwide	You pay a $120 copay for this benefit.	You pay a $125 copay for this benefit.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Dental Claims Mailing Address Change	Dental claims are mailed to: P.O. Box 69422 Harrisburg, PA 17106	Dental claims will be mailed to: P.O. Box 211424 Eagan, MN 55121

Description	2024 (this year)	2025 (next year)
Dental Network Change	You must use a participating **United Concordia – Concordia Choice Plus Medicare Advantage** network provider for in-network routine, and comprehensive dental coverage not covered by Original Medicare.	You must use a participating **IBX Medicare Dental Network** provider for in-network preventive, diagnostic, and comprehensive dental coverage not covered by Original Medicare. Visit our *Find a Dentist* tool, ibxmedicare.com/findadentist to check if your dentist is in-network.
Explanation of Benefit (EOB) Change	You are mailed quarterly EOBs.	Your EOB will mail monthly.
Member Identification (ID) Number Change	The member ID number has 15 characters. Your member ID number can be located on the front of your member ID card.	The member ID number will have 13 characters. Your member ID number can be located on the front of your member ID card. You will receive a new member ID card before January 1, 2025. Make sure to present this new member ID card and number when visiting your doctor, pharmacy, or receiving health care services.
Monthly Plan Premium Billing Change for Electronic Funds Transfer (EFT)	If you use this payment option, your payment is withdrawn directly from your checking or savings account on the 15th of each month.	If you use this payment option, your payment will be withdrawn directly from your checking or savings account between the 5th and 15th of each month.

Description	2024 (this year)	2025 (next year)
		The withdrawal will not occur on a weekend or bank holiday. At that time, the withdrawal occurs on the next business day.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Keystone 65 Select Medical-Only

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Keystone 65 Select Medical-Only.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- –*OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (SHIP) (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Keystone Health Plan East, Inc. offers other Medicare health plans and Medicare prescription drug plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Keystone 65 Select Medical-Only.

- To **change to Original Medicare with a prescription drug plan,** enroll in the new drug plan. You will automatically be disenrolled from Keystone 65 Select Medical-Only.
- To **change to Original Medicare without a prescription drug plan**, you must either:
    - Send us a written request to disenroll. Contact our Member Help Team if you need more information on how to do so.
    - – *OR* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

SECTION 4 Deadline for Changing Plans

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7.** The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get "Extra Help" paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don't like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Pennsylvania, the SHIP is called Pennsylvania Medicare Education and Decision Insight (PA MEDI).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. PA MEDI counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call PA MEDI at 1-800-783-7067. You can learn

more about PA MEDI by visiting their website (www.aging.pa.gov/aging-services/medicare-counseling/Pages/default.aspx).

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **"Extra Help" from Medicare.** People with limited incomes may qualify for "Extra Help" to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
    - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day,7 days a week;
    - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
    - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Pennsylvania has a program called Pharmaceutical Assistance Contract for the Elderly (PACE) that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status. Medicare Part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the Pennsylvania Office of Medical Assistance Programs (OMAP) at 1-800-922-9384. For information on eligibility criteria, covered drugs, how to enroll in the program or if you are currently enrolled how to continue receiving assistance, call the Pennsylvania Office of Medical Assistance Programs (OMAP) at 1-800-922-9384. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.

SECTION 7 Questions?

Section 7.1 – Getting Help from Keystone 65 Select Medical-Only

Questions? We're here to help. Please call our Member Help Team at 1-800-645-3965. (TTY/TDD only, call 711.) We are available for phone calls seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Calls to these numbers are free.

Read your 2025 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for Keystone 65 Select Medical-Only. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at www.ibxmedicare.com/eoc. You may also call our Member Help Team to ask us to mail you an *Evidence of Coverage*.

Visit Our Website

You can also visit our website at www.ibxmedicare.com. As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1-800-MEDICARE (1-800-633-4227)

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.