



2025 Large Group Benefits

Health plans designed for flexibility and savings

Accelerating the future of health care

For over 85 years, you've trusted Independence Blue Cross (IBX) because we offer the knowledge, influence, and vision needed to truly advance health care for all. We take our responsibility to deliver affordable and comprehensive health care seriously. And we're committed to accelerating positive outcomes and changes for our members, customers, provider partners, and the communities in which we live and work. We keep you at the center of all we do by:

-  Improving health outcomes and affordability
-  Simplifying the health care experience
-  Investing in and accelerating technology
-  Focusing on health equity and social justice in our communities

\$382M invested in local and national initiatives to drive sustainable change

4x Top Workplace recipient by *The Philadelphia Inquirer*

300 community organizations received support for events, initiatives, programs, and other sponsorships

6,200 volunteer hours to nonprofits in our region through more than 180 volunteer projects

5,000+ volunteer hours independently logged by IBX associates

What's new in 2025

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What's new in 2025



Scan the QR code to access additional materials.

We're pleased to bring you the following exciting developments for 2025:

Product portfolio enhancements

We're adding four new PPO health plans with lower deductible options to our portfolio.

- **Option 1:** PPO \$500/\$20/\$40/100%
- **Option 2:** PPO \$1,000/\$20/\$40/100%
- **Option 3:** PPO HSA \$2,000/\$30/\$60/\$500 with Integrated Rx
- **Option 4:** PPO HSA \$3,000/\$30/\$60/\$500 with Integrated Rx & VPCP

Option 4 gives members access to a virtual primary care provider (VPCP) through Teladoc Health (Teladoc) and allows them to use these services sooner and during a day and time that works best for them – wherever they are.

Learn more about our new health plans on pages 30 – 48.

HSA health plan updates

Beginning January 1, 2025, we will offer fully insured employer groups HSA health plans at a \$0 monthly admin cost.*

In addition, we will automatically include the deductible waiver for members with HSA health plans in the 51–99 employee segment. This will continue to be an option for 100+ employers. With this feature, deductibles do not apply to drugs on the HDHP preventive drug list. Members are only responsible for paying the copayment or coinsurance. This makes it easier for them to receive the medications they need at a more affordable price.

View our HSA health plans on pages 39 – 46.

Reimbursement program additions

Our Wellness Reimbursement Program has always been a great way to encourage members to make healthy choices. Now, members will also be able to earn reimbursement for the cost of yoga studio fees.

Learn more about our reimbursement program on page 7.

Vision network additions

Our vision network now includes the following providers: Target Optical, Pearle Vision, and Warby Parker.*

Learn more about our vision plans on page 54.

Teladoc product name changes

Teladoc has made changes to the names of several of its products.

- MyStrength Plus is now Teladoc Mental Health Coaching. This self-guided digital resource continues to help strengthen members' emotional well-being and supports them wherever they are in their mental health journey.
- Livongo Diabetes and Hypertension Management are now Teladoc Diabetes and Hypertension Management.

Learn more about our care management products on page 22.

Achieve Well-being Rewards

We've updated the requirements for earning a \$300 e-gift card through Achieve Well-being Rewards.

- Subscribers must register for Teladoc, which gives them more options for convenient virtual primary care, behavioral health and dermatology services.
- In addition, we've updated our optional tasks to include:
 - Receiving any preventive vaccine
 - Completing a virtual or in-person nutrition counseling visit
 - Visiting an Independence Blue Cross dentist for a dental exam and/or cleaning

Learn more about Achieve Well-being Rewards on page 7.

Independence Blue Cross (IBX) Dental

Our new IBX Dental portfolio is now available! It provides a variety of affordable plan options with a large national network, low out-of-pocket costs, and value-added savings from the brand you know and trust.

You can download our IBX Dental brochure by scanning the QR code above.

Enhanced access, improved engagement, and an upgraded experience for behavioral health

We have expanded our behavioral health network and partnered with a variety of in-network behavioral health providers to increase access to traditional and virtual services. Our Behavioral Health Care Advocates can schedule appointments for members or warm transfer members to these providers, usually within seven days or less. These providers offer support for routine and specialty behavioral health conditions.

Learn more about our behavioral health solutions on page 5.

* All fees associated with the QHDHP medical plan will still be incurred.



Accelerating whole-person health

We meet our members' evolving needs by ensuring health coverage is accessible to everyone. Addressing a member's whole health — including their physical, mental, and financial health — improves access, quality, and overall well-being, while reducing medical costs.

Inclusive benefits

To help reduce disparities and help address every member's specific health care needs, we offer benefits like gender-affirming care and TruHearing for hearing loss.

All-encompassing and simple communications

We use plain language and communicate in braille, larger print, and different languages to help members understand their benefits better. Our website is also accessible through screen-reader technologies.

Empathetic interactions

Our goal is for our communications to resonate with all members. We use inclusive language and limit our use of pronouns. Our Registered Nurse Health Coaches and Customer Service teams use CyraCom, a company specializing in telephonic interpretation services for health care conversations.

Specialized provider network

We are working with the providers in our network to address unconscious bias, ensure all members have access to the health services they need, and improve health outcomes.



Expanding access and engagement in behavioral health



Mental health disorders are the single greatest cause of worker disability worldwide.¹

That's why we believe a member's mental and physical health are equally important to their overall well-being. Our integrated approach to behavioral health care is grounded in our strong local presence and relationships. Your employees will receive personalized support connecting them to the right care and resources, leading to better outcomes.

This approach also reduces costs by 6 to 12 percent through early and targeted intervention and guidance.²

One-on-one support

Our Behavioral Health Care Advocates can directly schedule or connect members to an in-network behavioral health provider so they can get care quickly — usually within a week. Members can reach them by calling the Mental Health number on the back of their member ID card.

Helping those with immediate needs

The IBX Behavioral Health team also includes Behavioral Health Clinical Triage Case Managers, who are available for immediate crisis management followed by a transition to case management for longer-term coordination and support, as needed.

Quality mental health and substance use care across the severity spectrum

We offer solutions that support all levels of behavioral health needs, from mild to severe, with end-to-end digital and one-on-one care options.

Utilization management

Through our utilization management processes, we make sure members are being directed to the right point of care — and the most effective.

ENHANCED Focus on health equity

We have implemented programs to incentivize PCPs to increase depression screenings during patient visits, expanded our behavioral health network with 180+ new diverse providers, and implemented the Just-in-Time digital outreach program to message members impacted by community violence and other crises.

Finding the right care

One of several ways we help members navigate to care is through **Quartet**, which connects members to behavioral health care that fits their needs and preferences. Quartet also enables primary care and behavioral health providers to collaborate on a member's care.

¹ psycnet.apa.org/record/2011-22418-001
² pubmed.ncbi.nlm.nih.gov/27552616/

ENHANCED Timely access and upgraded experience

We have included a new network of behavioral health providers with both virtual and in-person appointment capacity that are focused on timely access to quality behavioral health care. Our Behavioral Health Care Advocates can either schedule appointments with these providers for our members or warm transfer members to these providers, with appointments available generally within seven days or less. These providers offer support for routine and specialty behavioral health conditions.

Focused care

Our solutions go beyond our medical benefits. The following programs, tools, and services give members the extra support they need to live their best lives.

- **Ovia Health** provides personalized mobile support through life's biggest transitions, including planning and starting a family, having a healthy pregnancy, balancing life as a parent, and managing menopause.
- **Teladoc Hypertension and Teladoc Diabetes Management programs (formerly Livongo)** offer individualized, data-driven assistance with hypertension and diabetes, improving outcomes and supporting members as they move through their daily lives.
- **Wondr Health** is a digital behavioral change program that goes beyond diet fads to teach members how to reach a healthy weight and improve their overall health without giving up the foods they love.
- **TruHearing** provides a comprehensive hearing care solution, including white-glove support, a no-cost hearing exam, and discounts on hearing aids.

Digital behavioral health tools

Members have access to a variety of digital tools and resources to support their behavioral health.

Mental Health Coaching by Teladoc Health (formerly myStrength Plus)

Mental Health Coaching offers proven approaches and dedicated support for stress, depression, insomnia, and more. This program is self-paced and can include a coach to help members reach their goals.

Shatterproof's Treatment Atlas

Atlas stands for Addiction Treatment Locator, Assessment, and Standards. It connects members and their loved ones with trustworthy, in-network addiction treatment options. This online tool offers a comprehensive list of addiction treatment providers, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.

Well-being programs

The prevalence of chronic conditions, unhealthy lifestyle choices, and mental health challenges are key factors in rising health care costs — and, ultimately, affecting your bottom line. Our wellness programs encourage healthy living and motivate members to build healthy habits.

Achieve Well-being

Whether members are generally healthy or need extra support, Achieve Well-being is a fun, personalized way to help them reach their health goals. Members can access Achieve Well-being by logging in at ibx.com or using the IBX mobile app.

- Engaging online tools that make it easy for members to set and reach their well-being goals
- Targeted programs to address everyday life, such as physical, financial, and emotional well-being
- Personalized profile and action plan with ongoing activities and reminders
- Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges

ENHANCED Achieve Well-being rewards

Subscribers can earn a \$300 e-gift card by completing six simple tasks.

Subscribers must complete all three required activities:

- Have an annual check-up with their primary care physician (PCP)
- Get digitally engaged by opting into IBX Wire® at ibx.com/getconnected

NEW Register for Teladoc

Subscribers must complete any three of the following activities:

UPDATED Get a preventive vaccine (e.g., flu, COVID-19, RSV)

- Complete an age- and gender-appropriate health screening¹
- Complete their Well-being Profile by logging in at ibx.com

UPDATED Complete a virtual or in-person nutrition counseling visit

NEW Visit an IBX network dentist for an exam and/or cleaning²

Reimbursements and discounts

We offer reimbursement opportunities and discounts to encourage members to prioritize their health.

- Our Wellness Reimbursement Program gives your employees up to \$450 for fitness memberships, weight management programs, and tobacco cessation programs. **NEW** Yoga studio fees are now eligible for reimbursement.
- Blue InsiderSM provides exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions.
- Blue365^{®3} offers exclusive deals and discounts on fitness gear, gym memberships, weight-loss/healthy-eating programs, and healthy travel experiences.

Well-being@Work

Build a customized worksite well-being program, virtually or in person, to promote more engaged, productive, empowered, and healthier employees. Visit wellbeing.ibx.com.

Wellness credits

Employers with 51 – 99 employees are eligible for 5,000 wellness credits every year. These can be used on preselected vendors that provide services for onsite biometric screenings, chair massages, fitness challenges, nutrition counseling, stress management workshops, and much more.

¹ A list of preventive services that are part of the Achieve Well-being program can be accessed by logging in to ibx.com.

² Subscribers must have enrolled in dental coverage through IBX to complete this activity.

³ Blue365 includes a TruHearing discount. However, this is separate from the partnership IBX has with TruHearing, and discounts may vary.

Supporting your employees' financial well-being

Financial health plays a role in overall well-being. When your employees feel financially stressed, it could have an impact on your business.

Employee health

High financial stress leads to poor health and unhealthy behaviors.*

- Higher employee utilization of health care benefits
- Increased use of sick days

Attendance

Employees with high debt are twice as likely to miss work as those with lower debt.*

- Need for reactionary scheduling changes to adjust coverage for absent employees
- Added overtime

Productivity

Having distracted employees results in lower productivity.

- 76% of employees are less productive due to financial worry*
- 25% of their work week is spent on financial issues*
- Financial stress costs employers an average of \$3,922 per employee annually*

Delayed retirement

Working past the traditional retirement age is becoming more common due to a lack of savings.

- Higher benefit and compensation costs for older employees*
- Limited job openings or advancement opportunities

* IBX offers several options to help reduce financial stress for all your employees while helping you attract and retain top talent.



Spending accounts help you save on health care costs

With tax advantages for you and your employees, spending accounts are a smart addition to your health plans. They're easy to manage with online tools and offer convenient funding methods and on-demand reporting. IBX offers a wide range of spending account options that can be customized to your company's needs.

NEW IBX offers fully insured customers HSA health plans with \$0 monthly administrative costs.¹ There are also no fees for set-up, renewal, monthly minimums, debit cards, or card replacements.

Health Savings Accounts (HSAs)

An HSA is a personal savings account that allows employees to set aside pre-tax dollars for current and future health care expenses for themselves and their dependents. When the HSA is tied to a qualified high-deductible health plan (QHDHP), members build funds for current and future expenses and manage their medical and spending accounts from ibx.com or our IBX mobile app.

Offering an HSA to your employees is beneficial to you as well. You can benefit from even lower payroll taxes if you choose to contribute to your employees' HSAs because employer HSA contributions aren't included in your employees' income. Therefore, they aren't subject to federal income tax, Social Security tax, or Medicare tax (commonly known as FICA tax). Employer HSA contributions are also deductible as a business expense so you, as the employer, benefit on the front end and on the back end.

WealthCare Saver investment solution

Account holders with over \$500 in their HSA can take advantage of a unique multi-path investment solution that takes customization to a new level.² Investment options include:

- **Managed.** A portfolio option based on risk profile
- **Self-directed.** A curated list of low expense ratio exchange-traded funds (ETFs)
- **Brokerage.** A flexible investing option with over 500 ETFs and 100s of individual stocks — including fractional trading

¹ All fees associated with the QHDHP medical plan will still be incurred.

² Invested funds are not FDIC-insured, may lose value. The balance in the HSA Investment Account is subject to investment risks, including fluctuations in value and the possible loss of the principal amount invested. Investing through the WealthCare Saver investment platform is subject to the terms and conditions of the Health Savings Account Custodial Agreement and any applicable investment supplement(s). For information regarding underlying investment expenses, earnings, and distributions, see the applicable investment prospectus and other publicly available information.

³ This choice only impacts the HSA cash balance and does not impact the investment account — if the account holder is enrolled in one. Account holders may change their interest option preference at any time.

⁴ irs.gov/publications/p969

Did you know: Members who are enrolled in an HSA are eligible to open a Limited-Purpose FSA.

High-yield interest options available to account holders with HSAs

Members enrolled in an IBX QHDHP can choose between two interest options for their cash deposits³:

- **Traditional.** Account holders earn standard interest rates on their cash balance. Cash deposits are FDIC-insured up to \$250k and receive a lower interest rate.
- **High-yield.** Account holders earn a higher interest rate on their cash balance. The high-yield cash account funds are not FDIC-insured and are held in a deposit account backed by Pacific Life, a highly rated California insurance company.

Health Reimbursement Accounts (HRA)

An HRA is a tax-advantaged account funded by the employer and designed to pay eligible out-of-pocket health care expenses not covered by their medical plan.

- As the employer, you outline what expenses will be covered within the limitations outlined by IRS Publication 969.⁴
- As the employer, you also benefit when you offer an HRA to your employees; reimbursements made to cover incurred expenses through the HRA are tax deductible.

Flexible Spending Accounts (FSA)

A Health Care FSA is a benefit you sponsor for your employees that allows them to set aside pre-tax dollars for eligible medical, dental, and vision expenses for themselves and their dependents, even if they are not covered under their primary health plan. In addition to the Health Care FSA, you can also offer two other types of FSAs:

- **A Dependent Care FSA** gives your employees the ability to pay for work-related dependent care expenses, such as daycare with pretax dollars.
- **A Limited Purpose FSA** allows employees to set aside pre-tax dollars for dental and vision expenses.

Commuter and parking accounts

You also have the option to add a commuter account, which is an employer-sponsored benefit program that allows employees to set aside pre-tax dollars in separate accounts to pay for qualified mass transit and parking expenses associated with their commute to work.

Additional financial well-being benefits

We provide additional financial well-being benefits to help give all your employees financial peace of mind. The following solutions are available to all your employees, whether they are IBX subscribers or not.

The College Tuition Benefit® helps students pay for and prepare for college

The College Tuition Benefit works like a scholarship and can reduce college costs by up to 25 percent. Your employees earn SAGE Scholars Tuition Rewards® Points that are spread evenly over four years of undergraduate education at more than 450 colleges and universities. Employees can sponsor immediate or extended family.¹

Employees and their families may also take advantage of Ready Set College — a comprehensive web-based college research and planning tool. With SAGE Prime your employees can also save on professional continuing education programs for themselves, with a guaranteed minimum of 10 percent off the published price at select colleges and universities.

\$460 Average monthly student loan payment⁵

41% of Americans struggle to pay off medical debt⁶

GradFin reduces student loan debt

GradFin² provides personalized student loan advice to help your employees navigate the perfect savings plan for federal and private student loans, potentially saving them thousands of dollars.³

Your employees are eligible for a free 30-minute consultation to better understand how to manage their repayment options, which may include Income-Driven Repayment or Public Service Loan Forgiveness — a program specifically for employees of 501(c)3 organizations,⁴ or refinancing. Plus, they receive exclusive discounts on annual memberships with GradFin, all designed to save you money and improve your financial future.

AblePay lowers out-of-pocket medical costs

AblePay makes it easier for your employees to understand and pay for out-of-pocket medical expenses. When your employees sign up for a free AblePay membership and use an AblePay provider, they can save up to 13 percent on their out-of-pocket medical costs, including deductibles, copays, and coinsurance. AblePay also offers flexible payment plans for up to 12 months, all with no interest.

Did you know:
If you offer a QHDHP with an HSA to your employees, AblePay is a perfect partner program to help them save money!

⁴ To qualify for PSLF, you must be employed by a U.S. federal, state, local, or tribal government or not-for-profit organization (federal service includes U.S. military service); work full-time for that agency or organization; have Direct Loans (or consolidate other federal student loans into Direct Loans); repay your loans under an Income-Driven Repayment plan; and make 120 qualifying payments. For full program requirements, visit studentaid.gov/manage-loans/forgivenesscancellation/public-service.

⁵ Houselogic.com/finances-taxes/financing/how-to-move-past-student-debt-and-into-a-home
⁶ Survey: 79 million Americans have problems with medical bills or debt | Commonwealth Fund

Accelerating personalized health care

Guiding and empowering your employees to take an active role in improving their health and well-being helps them lead happier and more productive lives.

Your employees' health has a direct impact on your business

Poor health results in a loss of \$575 billion in employee productivity annually.¹ So, your productivity, engagement, and bottom line all depend on whether your employees are healthy.

IBX equips your employees with the right tools and resources to easily access and navigate health care. As a result, increased member engagement improves utilization and outcomes.²

14% less likely to use the ER for non-emergent reasons

42% more likely to adhere to their medication regimen³

11% more compliant with gap-related tests and screenings

¹ Integrated Benefits Institute, 2023.

² IBX internal data.

³ For clients with integrated pharmacy benefits.



Helping your employees get the most out of their benefits

Employee engagement is about anticipating and avoiding poor health before it happens. Most importantly, it empowers employees to make healthier decisions that improve their quality of life.

We work with you to create and implement effective engagement strategies that will help employees get the most out of their health plans.



Managing chronic and complex condition costs

Employees with chronic or complex conditions may need more support to successfully manage and improve their health and use their benefits cost-effectively. Our Registered Nurse Health Coaches act as an extension of the doctor's office and:

- Monitor employee health trends and patterns to ensure that they receive appropriate, coordinated care
- Support providers in care planning and interventions with robust data and analytics
- Give employees support and tools to better manage, organize, and engage in their care

Health Coaches can increase engagement

Our Registered Nurse Health Coaches perform targeted outreach to your employees and help them better understand where their health stands, set reasonable health goals, and work to achieve them.

Health Coaches have a 360-degree view of every member's health, so they can:

- Identify current and future health risks
- Offer integrated support through condition and lifestyle solutions like Teladoc Diabetes Management and Teladoc Hypertension Management, Wondr, and Ovia
- Connect members to useful education and resources, like registered dietitians, stress management programs, wellness discounts, and incentives
- Track their progress and provide support if they need help getting back on track

Managing utilization effectively

Through our utilization management processes, we do our part to ensure that your employees are receiving the right services at the right time and place and for the right price.

- We work directly with providers to monitor medical necessity and coordinate appropriate care.
- We partner with expert vendors that have the national breadth to span complex and costly specialties.

Reaching your employees where they are

Using digital and social channels, we tailor engagement to the needs of your employees, using targeted, personalized messaging and a variety of easy-to-use tools and programs to help them get and stay engaged.

IBX Wire®

70% of subscribers are digitally engaged

78% of households have at least one member opted in for digital messaging

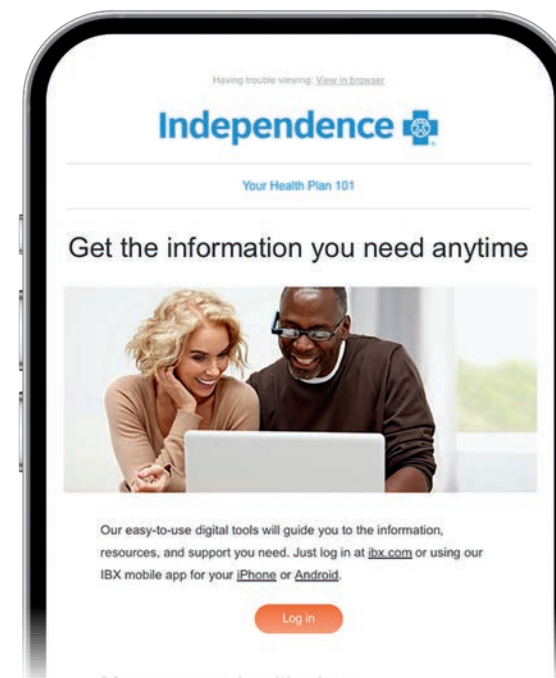
Over two-thirds of our subscribers are digitally engaged through IBX Wire or email. Our award-winning member engagement strategy delivers targeted messaging about clinical and general health topics and benefits information. Engaging early and often drives better health outcomes, thus helping foster a healthier, more productive workforce.

eNewsletters

Our quarterly *Get Good Living* eNewsletter includes short and entertaining articles on a range of general and seasonal topics and recipes.

Connecting through our social channels

Members and employers can connect with us through our Facebook and Instagram pages, with new content posted daily. We also regularly publish health-related articles on our blog, *IBX Insights*, which includes a section with topics you as an employer care about most



Personalized self-service tools and experiences

Your employees have 24/7 access to a comprehensive suite of tools and programs when they log in at ibx.com or use the mobile app. All the information they need for their health and wealth is right at their fingertips.

Health

- Achieve Well-being rewards program
- Behavioral health digital resources
- Drug and pharmacy search tools
- Family planning tool
- Find a Doctor tool
- *Healthy You!* newsletter
- Mail order/home delivery of prescriptions
- Mental health and substance use disorder tools

Wealth

- Blue365® discounts
- Blue InsiderSM savings
- Care Cost Estimator
- *Get Good Living* coupons and recipes
- GradFin
- Price a Drug tool
- Spending accounts
- The College Tuition Benefit
- Wellness Reimbursement Program*

Third-party apps and tools

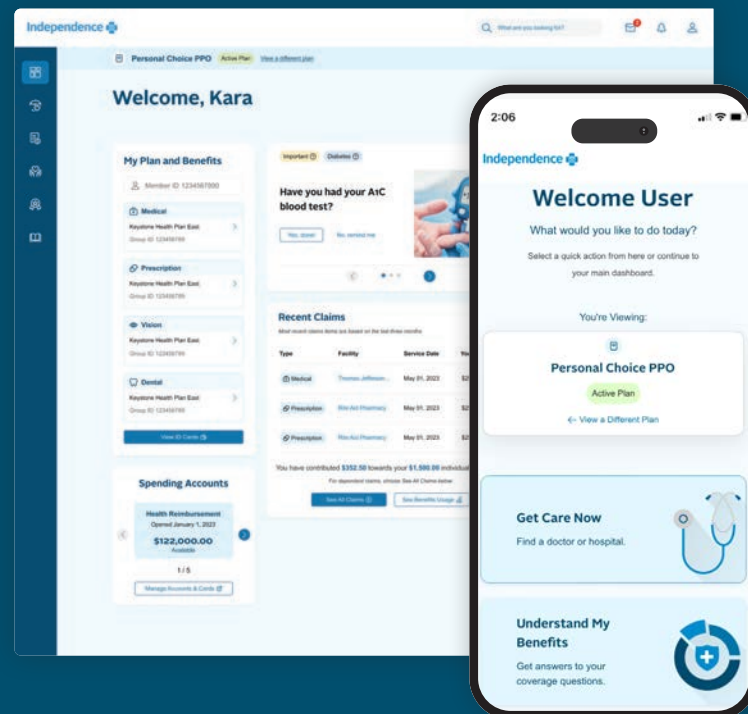
- AblePay
- Mental Health Coaching by Teladoc Health
- Ovia Health
- Teladoc Health Diabetes and Hypertension Management
- TruHearing
- Virtual care solutions
 - Teladoc
 - Penn Medicine OnDemand
 - JeffConnect
- Wondr Health

* For approved in-person/virtual gym subscriptions and the weight management program.

ENHANCED Digital health experience: Built by members, for members

We took a human centered design approach to improve our ibx.com member portal and IBX mobile app. The new digital experiences are more than just a facelift or an enhancement to the design — we made the process of using and understanding their benefits more convenient and less stressful.

- **Easy navigation:** Members can find what they need quickly and easily, such as claims, ID cards, and benefit summaries.
- **Seamless care planning:** Members can use new features like My Care Team to build a comprehensive directory of all their health care providers. The new personalized experience also includes screening and appointment reminders.
- **One-stop shop:** Through the Health Journeys section, members can get a quick view of everything related to their care, such as their personal health record, benefit coverage, condition-specific information, and programs that help them identify gaps in care to help members reach their goals.
- **Mobile-first approach:** Members have a more optimized experience accessing their benefits through the IBX mobile app.



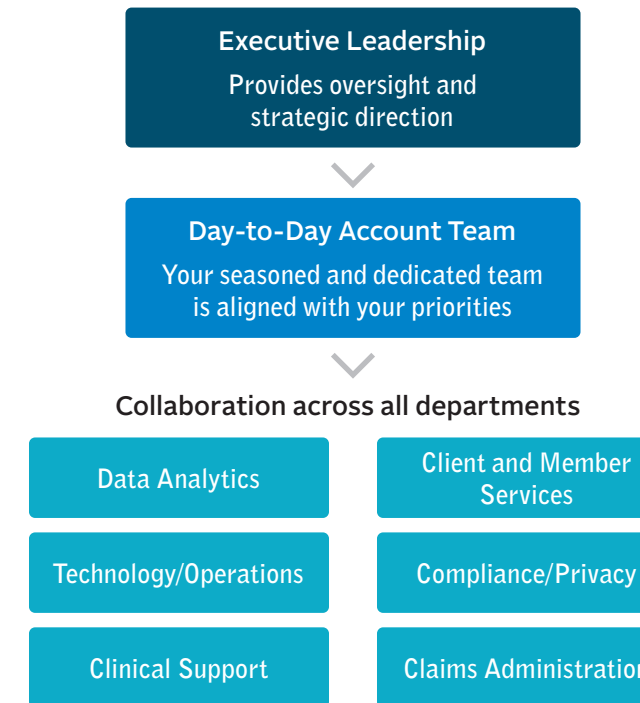
* Members will only see tools associated with their benefits.

Our commitment to you

We bring you high-quality, cost-effective health plans, superior service, tools for effective account management, and a commitment to partnering with you.

Dedicated account management

You will always be able to count on our superior service when it comes to managing your account.



Claims platform

- Streamlined speed to market
- Increased accuracy
- Faster benefit changes
- Custom benefits

Easy-to-manage health benefits

Through ibx.com, you can administer your health benefits efficiently and securely. Sign in to access enrollment, billing, reporting, marketing tools, and our latest news.

- **NEW Pay with eBill** — We now offer an optimized Electronic Billing Presentment & Payment system (EBPP), which is user friendly, convenient, and easy to navigate. This streamlined payment process offers increased operational efficiency, ultimately enhancing your overall portal experience.
- **Manage account** — Add or remove an employee and change employee or dependent information.
- **Create index reports for 100+** — Easily get detailed and actionable insights about health care trends and cost drivers.
- **Marketing toolkits and resources** — Access self-service materials and information to help you promote IBX capabilities and services to your employees.
- **Spending accounts** — Easily manage your spending accounts with online tools, offer convenient funding methods, and receive on-demand reporting.

Service excellence

Our customer service center provides outstanding support to members. Our services include:

- Agents who receive extensive training on member needs
- State-of-the-art technology for quick, efficient service
- In-person support at Independence LIVE*

Go digital!

Looking for a digital option for open enrollment? We've developed digital versions of open enrollment kits to make it even easier to share materials with your employees.

Visit ibx.com/virtualoe.

*Subject to availability.

Accelerating the future of care in every community

We are searching for new ways to make a meaningful and measurable impact on the quality of health care delivered to *all* members.

Your employees receive health care in their local communities, and each community differs in terms of care quality, cost, and access. The independent Blue Cross and Blue Shield plans have a local presence that spans every U.S. ZIP code, giving us a unique view of health care challenges and opportunities community by community — at the heart of where health care is delivered.



Driving equity and affordability for everyone in every community



Fostering strong provider collaboration and deep community investment



Covering 1 in 3 Americans in every ZIP code in the U.S.



Using the industry's largest national data resource to influence every aspect of health care through Blue Cross Blue Shield Axis

Better insights, better health care

IBX has built trusted relationships with doctors and hospitals to provide a local depth and national reach unique to the Blues. Pairing our deep-rooted local presence and strong provider relationships with our wealth of data allows us to influence and truly change how care is delivered in every community your employees call home.

We tailor programs and network solutions to address the unique needs of each community we serve through:

Value-based care*

Our value-based care programs are thoughtfully developed to meet the needs of specific markets and relationships with providers.

654^K providers delivering value-based care

\$800^{M+} Savings driven by value-based care arrangements

\$256^B of claims spend tied to value-based care

\$23 in savings per member per month

3^X more providers than our closest competitor

81^{M+} members with access to value-based programs

100 top Metropolitan Statistical Area (MSA)



Emerging technologies and AI improve care delivery

Powered by deep domain expertise and distinctive assets, IBX is an industry leader in Artificial Intelligence (AI) and machine learning. Our team of cross-functional engineers and data scientists partner with leading regional and national academic and research institutions to develop a modern and secure platform and reduce algorithm bias.

We believe that AI represents the next frontier of opportunity for health care. Used responsibly, it can improve the quality and efficiency of interactions between health plans, providers, employers, and members. AI can summarize large quantities of data and complex documents, freeing time to focus on more important matters that require an interpersonal touch.

Chronic care management

Predict and engage high-risk members

Care delivery

Guide members to quality, post-discharge care and prevent re-admissions

Clinical decision support

Prioritize members likely to engage and integrate behavioral health

Equity

Identify social determinants of health using natural language processing and score providers

Triage and diagnosis

Improve accuracy and efficiency of symptom triaging and care management

Customer service

Use natural language processing to enhance first-call resolution, track callbacks, and generate a quality score

*Stats based on internal and BCBSA data.

Best local care, nationwide

The IBX value-based care portfolio is far and away the strongest in the industry, unmatched in national scale and performance.

Provider support

We equip providers with tools, data, analytics, and resources to help them identify gaps in care, develop targeted health interventions, and provide the most cost-effective care to your employees and their families.

IBX Population Health Specialists (PHSs) work directly with PCPs to improve our members' clinical outcomes. PHSs regularly review performance across key clinical areas (e.g., cancer screening rates, diabetes testing rates) with providers and develop actionable strategies to improve health outcomes and close clinical gaps in care. The Joint Value Committee (JVC) provides a structured approach for IBX and network health systems and large specialty groups to partner throughout the year to address value-based care and its challenges. The JVC represents a commitment by IBX to collaborate with providers to identify, select, design, and adopt solutions that effectively transform the delivery of care and impact the cost curve.

As a result, we're seeing measurable improvements in population health regarding care quality, chronic condition management, health maintenance, and resource utilization.

Social determinants of health account for 80% of patient outcomes

Health equity

Together with other Blue plans, we are fully committed to health equity and confronting the national crisis in health disparities — especially when it comes to maternal health, behavioral health, diabetes, and cardiovascular conditions. IBX is working hard to change the trajectory of health disparities and reimagine a more equitable health care system by:

- Collecting data to measure disparities
- Scaling effective programs
- Working with providers to improve outcomes and address unconscious bias
- Leaning into partnerships at the community level
- Influencing policy decisions at the state and federal levels

Locally, we work with regional health systems and community partners to help ensure that no one is overlooked, dismissed, or underserved based on their skin color, economic status, age, gender, sexual orientation, or ZIP code.

Through our policies, programs, and partnerships, we strive to improve underserved communities' access to primary and specialty care and ensure everyone has the same opportunity to live a healthy life.

Changing care delivery

Our Clinical Care Innovation (CCI) program is another example of how we are leveraging and expanding our relationships with providers in the Philadelphia market.

The CCI program utilizes a two-armed approach with grants and pilots to support:

- New and innovative care delivery ideas that need a defined population
- Relevant payer data and/or financial support to better assess clinical and financial efficacy
- Cutting edge models of care that have demonstrated success in investigational settings or elsewhere but require further development to optimize their value for IBX members
- Mature initiatives that have been proven with IBX provider(s) and are being scaled more broadly across the network

CCI is promoting improvements that are tied to the quintuple aim of health care:

- Quality of care
- Member experience
- Provider experience
- Health equity
- Cost savings

IBX was awarded the BCBSA Brand Innovation Award in 2024 for our CCI program.

Accelerating superior health plan solutions

Providing proven strategies that holistically help address your employees' needs ensures better care, decreases costs, and fosters a positive health care experience.

When you offer your employees health benefits from IBX, you're giving them peace of mind that they are covered in every stage of life, no matter where they are physically or mentally. Whether they visit their PCP in their hometown or need care while on vacation, a work trip, or away at college, your employees and their families have access to providers, in-person or virtually, for all their needs.



For you

- Health plans at almost every price point
- Cost-sharing flexibility
- Employee satisfaction and retention



For your employees

- Health care coverage in- and out-of-network
- Affordable cost-sharing
- More choices and control over how benefits are used



Health plans to fit your needs and budget

Choose from our portfolio of standard health plans and innovative options.

PPO	POS	DPOS
Copay	Copay	Copay
Deductible/Copay	Deductible/Copay	Deductible/Copay
Choice Advantage SoS	Choice Advantage SoS	
Health Savings Account (HSA)		
Health Savings Account (HSA) with Virtual PCP		
Deductible/Coinsurance		

Health plans with both in- and out-of-network coverage

We offer a wide variety of PPO, POS, and DPOS plans, some of which are available at the same cost-sharing across each product type to give you a range of premiums.

	Personal Choice® PPO	Keystone POS	Keystone DPOS
Access to more than 60,000 in-network doctors	X	X	X
Requirement to select a PCP		X	X
No specialist referrals needed for the highest level of benefits	X		X*
Virtual care benefits	X	X	X
Away from Home Care® for those temporarily living outside the coverage area		X	X
In-network benefits nationwide through BlueCard® PPO	X		
Emergency and urgent care access worldwide	X	X	X

* Copay and Deductible/Copay are part of all three, SoS is part of just PPO and POS only, and PPO has the two extra (HSA and Ded/Coins). Members with a Direct POS plan need a referral from their PCP for certain services: Routine/complex X-rays, spinal manipulations, physical/occupational therapy, and acupuncture. Members should use the designated site selected by their PCP for the lowest out-of-pocket costs for lab work.

Network solutions

We'll work with you to develop the right benefit designs to steer members toward the most cost-effective, quality care.

Site of Service (SoS) benefits and Choice Advantage plans

SoS benefits give members choices when accessing certain services. Members save money on out-of-pocket costs based on where they receive health care.

Choice Advantage plans build on our standard SoS benefits by adding routine and complex radiology and laboratory services.

	Choice Advantage PPO	Choice Advantage POS/DPOS	All other plans
Biotech specialty injectables	X	X	X
Infusion	X	X	X
Lab/pathology	X		X*
Preventive colonoscopy	X	X	X
Outpatient surgery	X	X	
Physical/occupational therapy	X		
Routine/complex radiology	X		

Blue Distinction® Specialty Care

We designate local centers of excellence as Blue Distinction sites to provide quality and cost-savings based on national criteria. Blue Distinction designations target high-cost specialty areas, including:

- Bariatric surgery
- Cancer care
- Cardiac care
- Cellular immunotherapy (CAR-T)
- Fertility care
- Gene therapy
- Hip replacement
- Knee replacement
- Maternity care
- Spine surgery
- Substance use treatment and recovery
- Transplants

Members can use the *Find a Doctor* tool on ibx.com to identify Blue Distinction Specialty Care providers.

* PPO plans only



Virtual care services

Seeing a board-certified or licensed medical professional by video chat, email, or phone is a convenient, cost-effective option for non-emergency care. Many virtual care services are available at a \$0 copay or reduced cost-share.¹

The value of Teladoc

IBX has partnered with Teladoc Health (Teladoc), the global leader in whole-person virtual care, to provide members with an all-in-one integrated experience. After members register for Teladoc, they can use the mobile app or website to access Teladoc doctors for telemedicine and teledermatology needs or talk to a licensed behavioral health provider. They can also use Mental Health Coaching by Teladoc for additional support on their behavioral health journey. Those who need individual assistance for diabetes and hypertension have access to Teladoc's condition-specific care programs.

Your employees will have a convenient and streamlined care experience, and you will see decreased absenteeism and increased savings on medical costs, lost productivity, disability claims, and ER visit claims.

Telemedicine

Members can use telemedicine services to help diagnose and manage a wide range of everyday conditions like flu, pink eye, sore throat, bug bites, food poisoning, and more:

- **Teladoc General Medical** — Members have 24/7 access to board-certified doctors for a \$0 copay.¹ With virtual visits available in several languages through an interpreter, including American Sign Language (ASL), physicians can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video. And with the Caregiving feature, members can request three-way visits to help them manage their loved ones' care.
- **Penn Medicine OnDemand^{2,3}** — Members who live within the Philadelphia five-county and surrounding areas can speak with a Penn Medicine certified Registered Nurse practitioner 24/7/365.
- **JeffConnect³** — Members can speak with a Jefferson Health provider 24/7/365.
- **PCP or specialist** — If their PCP or specialist offers a telemedicine option, members can get virtual care through these providers and pay a reduced cost-share.

Telebehavioral health

Through Teladoc Mental Health Care, members can speak with board-certified psychiatrists and licensed psychologists or therapists by phone or video from wherever they feel most comfortable. This service can address concerns like anxiety, depression, grief, work pressures, and more.

In addition, if their behavioral health providers offer telebehavioral health, members can visit these providers virtually. Both telebehavioral health options are available to members at a \$0 cost-share.¹

Teledermatology

Through Teladoc Health Dermatology, members can receive convenient and reliable skincare from a licensed dermatologist for a wide range of conditions without the wait for a \$0 cost-share.¹ They simply log in to their Teladoc account, request a dermatology consult, complete the intake form, and upload digital images of their skin issue. They will receive a response through the online message center within two business days.

Telenutrition

Members can use their nutrition counseling benefit to receive up to six one-on-one virtual visits at no additional cost. Members have the option of seeing an in-network registered dietitian or a nutrition counselor via HUSK Nutrition, available through the HUSK Marketplace, to access personalized virtual nutrition counseling.⁴

NEW Teladoc Primary360 Virtual Primary Care (P360)

One of our new health plans, PPO HSA \$3,000/\$30/\$60/\$500 with Integrated Rx & VPCP, includes access to P360, which means members can choose a Teladoc doctor to be their virtual PCP. This program allows a member to select and establish a relationship with the same VPCP, just like they do in a regular brick and mortar office. VPCPs can order labs, tests, and a care team is available to support in between appointments should a member have questions or concerns. This allows them to use these services virtually, sooner, and during a day and time that works best for them — wherever they are.⁵

Finding the right provider

We've made several updates to our easy-to-use and comprehensive *Find a Doctor* tool on ibx.com, which helps members find health providers who offer virtual care.

¹ Cost-share is \$0 after deductible for HSA plans.

² Penn Medicine OnDemand is a regional virtual care option for eligible members who are physically located in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties in Pennsylvania. Surrounding areas include Berks, Lancaster, Lehigh, and Northampton counties in Pennsylvania; Burlington, Camden, Gloucester, Hunterdon, Mercer, Salem, and Warren Counties in New Jersey; and New Castle County in Delaware at the time of the telemedicine connection.

³ Members pay the same cost-share they would pay for a specialty care visit.

⁴ Six nutrition counseling visits are covered as a part of standard large group fully insured plans. Telenutrition counseling visits through HUSK Nutrition are included in this six-visit limit.

⁵ Available within the U.S. only.

Integrated prescription drug program

Combine IBX prescription drug benefits with your medical benefits to receive a unified customer and member experience, improved management of your employees' health, and lower total cost of care.

Our cross-functional team of medical and pharmacy experts work with our pharmacy benefits manager to ensure our care solutions are cost-effective and comprehensive for both medical and prescription drug benefits.

When you integrate prescription drug and medical benefits, you:

- Gain a complete and holistic view of your employees' health and utilization
- Deepen the data available for stronger and more rapid insights that support optimal care
- Better support your employees with comprehensive care management and a streamlined experience — one member ID card, one secure member portal, and one source of direct messaging that addresses all their health needs
- Maximize value through simplified plan administration and a consolidated view of member claims data

Integration lowers cost and enhances care quality¹

\$32^{PM} **medical cost savings**

\$2^{PM} **lower ER costs**

\$14^{PM} **savings on inpatient costs**

\$40^{PM} **savings for members with chronic conditions²**

\$5^{PM} **in additional medical cost savings for members with a population health solution**

¹ Internal data

² Chronic conditions include chronic kidney disease (CKD), congestive heart failure (CHF), hypertension, diabetes, coronary artery disease (CAD), depression, anxiety, chronic obstructive pulmonary disease (COPD), and asthma.

Containing high-cost drug therapies

Integrating IBX prescription drug and medical benefits helps contain rising prescription drug costs. We've developed solutions that help reduce the high costs of new and innovative therapies.

Specialty pharmacy program

Our specialty drug management program provides convenient delivery options and support for members with complex conditions.

- Formulary management promotes the utilization of lower-cost alternatives, where appropriate.
- Utilization management helps ensure that certain particularly expensive drugs are used only under appropriate circumstances and at appropriate dosages.
- Specialty pharmacists and nurses provide industry-leading clinical support.
- A total cost-of-care perspective across medical and prescription drug benefits helps drive appropriate decision-making.

Biosimilars market strategy

Over the past few years, biosimilar drugs have made an impact on the U.S. market, as they offer an opportunity for significant price reductions for expensive biologic drugs. We have long supported biosimilar competition and developed expertise on biosimilar management strategies.

IBX has successfully captured savings based on a best price strategy for several biosimilar classes. Since 2016, we've generated more than \$128M in savings with oncology and Remicade® biosimilars without inhibiting access. Our guiding approach is to deliver savings and ensure access in maturing biosimilar classes.

On average, medical benefit classes see price declines by over 50 percent after three years of biosimilar competition.*

* iqvia.com/insights/the-iquia-institute/reports-and-publications/reports/long-term-market-sustainability-for-infused-biosimilars-in-the-us

Most Cost-Effective Setting (MCES) program

We incentivize savings by driving the utilization of infusion drug services to the MCES program, ensuring members with rare or complex conditions receive the appropriate medication in a safe and appropriate setting.

\$200M+ saved from the list of over 100 drugs in the MCES program

Cell and gene therapy

IBX established the Advanced Network for Gene-Based Therapeutics to help members access these potentially life-changing therapies from best-in-class health care providers. Our Advanced Network for Gene-Based Therapeutics includes Penn Medicine and Children's Hospital of Philadelphia (CHOP), hospitals with a reputation for exceeding quality, safety, and value benchmarks. IBX works closely with these hospitals to ensure they provide complete care that centers around the patient, informing our national approach to patient navigation and care management.

IBX partners with Synergie Medication Collective's Gene+ program, expanding our existing gene therapy capabilities and national network. Synergie's Gene+ program was developed as a gene therapy augmentation for the BlueCard national network. In collaboration with Synergie and other Blues plans, we also have developed a patient tracking and outcomes data apparatus, allowing us to use data to provide better patient care and advocacy in the future.

Oncology program

There are an estimated two million new cancer cases each year. When managing a cancer diagnosis — which involves screening, preventive intervention, treatment, behavioral health care, and beyond — IBX provides our members with quality programs that combine the best care with managed costs.

IBX balances excellent care with incredible value

Prevention and early detection

When caught early, before signs and symptoms appear, many cancers require less extensive treatment, have more treatment options, and have better chances of survival.

We offer coverage for cancer screenings and preventive care recommended by the American Cancer Society for a \$0 cost-share and encourage members to receive appropriate screenings through targeted digital outreach.

Care management and support

We provide complex oncology case management and behavioral health support to our members. Backed by Certified Oncology Health Coaches and National Comprehensive Cancer Network (NCCN) tools, we take a holistic, personalized approach to oncology care and case management. Our goal is to use multiple forms of communication to engage with and support our members through their cancer journey.

IBX has a world-class oncology network, both locally and nationally. In Philadelphia, we are closely partnered with some of the top academic health systems in the country. Just as a member's cancer journey is constantly evolving, we are constantly learning from new science and cutting-edge experts to better shape our oncology management approach and support system.

Personal cancer care navigation

Our members with cancer are never alone. Our Registered Nurse Health Coaches guide and support them through every aspect of their individual journey — from diagnosis through treatment, to managing their long-term physical and mental well-being.



Specialty services and additional benefits

When you bundle our comprehensive suite of specialty services, you can build a more powerful health benefits solution, boost employee retention and acquisition efforts, and reduce your medical coverage rate.

NEW IBX Dental

The IBX Dental portfolio encourages prevention, early diagnosis, and treatment. Choose from a wide variety of customizable, affordable plan options that feature rich, value-added services. And your employees will have access to a robust local network, as well as an expanding national network, so they can find a dentist wherever they are.

Best of all, you and your employees will benefit from the convenience and ease of administration when the company they know and trust can meet all their health and dental care needs.

Features

- Plans designed for prevention and savings
- Robust provider networks¹
- In-network savings
- No waiting periods
- Customization opportunities



Value-added services

- **Preventive Reward program:** The subscriber will receive \$20 for each covered dependent who gets two cleanings during the calendar year.
- **Teledentistry²:** Members can use a credentialed virtual dentist to get virtual exams, second opinions, and expert advice quickly.
- **Savings incentive:** Preventive services do not count against the annual maximum and are covered at 100 percent on most plans, which allows members to use their coverage for other necessary, more costly services.
- **Pregnancy benefit:** Pregnant members are eligible for an additional cleaning.
- **Chronic condition periodontal coverage³:** Members with certain chronic medical conditions, including diabetes and heart disease, have 100 percent coverage for additional periodontal services, surgery, and select procedures.
- **Annual maximum rollover³:** Members can roll over a set amount of unused coverage dollars into the next benefit year. The rollover benefit encourages preventive care and good oral health, year over year, while reducing the potential for additional dental claims and costly medical conditions.

20M+ workdays are lost each year due to dental illness.⁴

Vision

Administered by Davis Vision®, our vision plans go beyond eye exams and eyewear access. Our robust network, competitive premiums, low member out-of-pocket costs, and value-added services provide vision coverage that meets your employees' unique needs.

- National network of more than 160,000 access points
- Full coverage or minimal copay for frames from the Davis Vision Exclusive Collection¹
- **NEW** In-network providers include Target Optical, Pearle Vision, and Warby Parker²
- Safe and convenient online in-network shopping options, including **1800Contacts.com**, **Glasses.com**, **Visionworks.com**, and **Befitting.com**
- Exclusive \$50 frame allowance enhancement at Visionworks in most plans
- Fixed copays on all lens styles and coatings, making it easier to predict out-of-pocket costs
- Interactive frame try-on tool that allows users to see what Exclusive Collection frames look like from the comfort of home
- Free hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

For our vision plans, see page 54.

Guardian supplemental insurance

The seven Guardian partnership products are designed to enhance your existing medical coverage and provide financial support for your employees in case of unexpected illness or injury. These products offer a range of benefits that can contribute to your employees' overall financial well-being.

Additionally, when you choose to purchase multiple Guardian partnership products, you might be eligible to take advantage of preferred pricing and discounts.³

- Life insurance
- Short- and long-term disability insurance
- Accident insurance
- Critical illness and cancer insurance
- Hospital indemnity insurance

Employee Assistance Program

Offering an Employee Assistance Program (EAP) has been shown to improve health, wellness, and employee satisfaction while reducing sick days and stress. The Uprise Health EAP offers a 24/7 confidential, digitally enabled mental health platform that provides you and your employees with coaching, short-term counseling, education tools, and work-life resources.

- Live counseling and support for legal and financial services, childcare and eldercare, adoption, and education planning
- Custom training for workplace performance and safety
- Expert help in managing mandatory referrals and worksite incidents

Stop loss insurance

Stop loss insurance is available through Sun Life Assurance Company of Canada (Sun Life), a leading stop loss carrier with more than 40 years of experience. Stop loss insurance helps lower your financial risk by protecting your self-funded business against large or catastrophic claims.

- Choose from a mix of products and features to mitigate risk according to your self-funded strategy
- Select from a wide variety of contract types, including run-in, run-out, paid contract, and terminal liability options
- Transparent administration between medical and stop loss for quicker claims adjudication and a simpler renewal
- Competitive pricing and flexible funding options to help manage cash flow

International health solutions from Blue Cross Global

Part of the Blue Cross Blue Shield Association, Blue Cross Global capitalizes on the network strength and name recognition of Blue Cross® Blue Shield® inside the U.S. and Bupa Global outside the U.S. Blue Cross Global provides access to one of the largest care networks in the world, with more than 1.7 million providers.

Our flexible group products offer solutions for short-term business travel and long-term expatriate assignments. Your employees would be supported by:

- Leading digital tools that simplify the international health care experience
- 24/7/365 integrated service experience through convenient tools and programs
- Global TeleMD™ telemedicine services that provide 24/7/365 access to doctor consultations by phone

¹ Based on internal data.

² All provider offices may not offer teledentistry. Members should check with their providers.

³ Available to be added to groups on a custom basis.

⁴ The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022.

¹ Allowances are up to the amount shown for each plan type.

² Base plan frame Allowance benefit must be at least \$85. Check your policy for frame benefit details.

³ Customizable for 100+ customers only.

Independence 



Independence 

IBX

51+ health plans

IBX offers a streamlined 51+ portfolio that contains health plans for customers with 51+ and 100+ employees.

Take a closer look at health plans available to 51+ customers

- **Copay health plans give employees the predictability of fixed out-of-pocket costs.**
 - No deductible or coinsurance for in-network services
 - PPO options for more flexibility; DPOS and POS options for affordability
 - Built-in vision exams with DPOS and POS
- **Deductible/Copay health plans balance lower premiums with predictable out-of-pocket costs.**
 - Copays for the most frequently used services
 - Can be paired with an HRA to help employees pay for deductible expenses
 - Built-in vision exams with DPOS and POS
- **Deductible/Coinsurance health plans offer more control over health care choices.**
 - Coinsurance on most services, including (but not limited to) doctor visits, inpatient hospital admissions, and outpatient surgical procedures
- **HSA-qualified health plans offer employees more control over their health care dollars.**
 - Option to save on taxes with an HSA
 - The flexibility of a PPO plan at a lower premium
 - Integrated prescription drug benefits
- **HSA-qualified health plan offers access to integrated drug benefits and virtual Primary Care Physician (VPCP)**
 - Access to a VPCP through Teladoc to receive primary care services anytime
 - Integrated prescription drug benefits
- **Choice Advantage health plans offer employees ways to save on health care.**
 - Lower member costs by visiting freestanding sites instead of hospital-based sites
 - Available with and without deductibles and coinsurance for in-network services

NEW Four new PPO health plans are now available with lower deductible options!

- **Option 1:** PPO \$500/\$20/\$40/100%
- **Option 2:** PPO \$1,000/\$20/\$40/100%
- **Option 3:** PPO HSA \$2,000/\$30/\$60/\$500 with Integrated Rx
- **Option 4:** PPO HSA \$3,000/\$30/\$60/\$500 with Integrated Rx & VPCP

NEW Beginning January 1, 2025, we will offer fully insured employer groups HSA health plans at a \$0 monthly admin cost.* In addition, members with HSA health plans will have their deductible waived when filling prescriptions for preventive medications. This makes it easier for them to get the medications they need at a more affordable price.

* All fees associated with the QHDHP medical plan will still be incurred.

Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$50/\$80/\$500+\$250 ¹	Personal Choice PPO Keystone DPOS Keystone POS \$40/\$70/\$500 ¹	Personal Choice PPO Keystone DPOS Keystone POS \$30/\$60/\$400 ¹
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$0	\$0	\$0
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴			
Preventive care for adults and children	\$0	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750	\$0/\$750	\$0/\$750
Physician services			
Primary care visit — Office & retail clinic/Virtual care	\$50/\$35	\$40/\$30	\$30/\$20
Specialist visit — Office/Virtual care	\$80/\$55	\$70/\$50	\$60/\$40
Eye exam	DPOS/POS — \$40 ⁵ PPO — Not covered	DPOS/POS — \$40 ⁵ PPO — Not covered	DPOS/POS — \$40 ⁵ PPO — Not covered
Virtual care ²³	\$0	\$0	\$0
Urgent care	\$100	\$100	\$100
Spinal manipulations (20 visits per year)	\$80 ^{6,7}	\$70 ^{6,7}	\$60 ^{6,7}
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$80 ^{6,7}	\$70 ^{6,7}	\$60 ^{6,7}
Hospital and other medical services			
Inpatient hospital services ⁹ /Professional services (includes maternity)	\$500 per day for days 1 – 5, \$250 per day for days 6 – 10 ⁹ /0	\$500 per day ¹⁰ /0	\$400 per day ¹⁰ /0
Emergency room (not waived if admitted) ¹¹	\$300	\$300	\$300
Observation room (waived if admitted)	\$300	\$300	\$300
Ambulance	\$80	\$70	\$60
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$80 ⁷	\$70 ⁷	\$60 ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300	\$300	\$200
Biotech and specialty injectables — Home or office/Outpatient	\$150/\$300	\$150/\$300	\$150/\$300
Infusion — Home or office/Outpatient	\$50/\$100	\$40/\$80	\$30/\$60
Durable medical equipment and prosthetics	50%	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$80/\$500 per day for days 1 – 5, \$250 per day for days 6 – 10 ⁹	\$70/\$500 per day ¹⁰	\$60/\$400 per day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$500	\$500	\$400
Outpatient lab and pathology — Freestanding/Hospital-based	\$0 (POS/DPOS) \$0/\$160 (PPO)	\$0 (POS/DPOS) \$0/\$140 (PPO)	\$0 (POS/DPOS) \$0/\$120 (PPO)
Prescription drugs			
Low-cost generic drugs			
Generic drugs			
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs			
Self-administered specialty drugs			
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$2,500/\$5,000 (PPO/DPOS) \$5,000/\$10,000 (POS)	\$2,500/\$5,000 (PPO/DPOS) \$5,000/\$10,000 (POS)	\$2,500/\$5,000 (PPO/DPOS) \$5,000/\$10,000 (POS)
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Footnotes begin on page 58 | ded = Deductible

Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$20/\$40/\$250 ¹	Personal Choice PPO \$15/\$35/\$150 ¹
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750	\$0/\$750
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$20/\$15	\$15/\$10
Specialist visit — Office/Virtual care	\$40/\$30	\$35/\$25
Eye exam	DPOS/POS — \$35 ⁵ PPO — Not covered	Not covered
Virtual care ²³	\$0	\$0
Urgent care	\$85	\$70
Spinal manipulations (20 visits per year)	\$40 ^{6,7}	\$35 ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40 ^{6,7}	\$35 ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	\$250 per day ¹⁰ /\$0	\$150 per day ¹⁰ /\$0
Emergency room (not waived if admitted) ¹¹	\$250	\$200
Observation room (waived if admitted)	\$250	\$200
Ambulance	\$40	\$35
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40 ⁷	\$35
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80	\$70
Biotech and specialty injectables — Home or office/Outpatient	\$100/\$200	\$100/\$200
Infusion — Home or office/Outpatient	\$20/\$40	\$15/\$30
Durable medical equipment and prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40/\$250 per day ¹⁰	\$35/\$150 per day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250	\$150
Outpatient lab and pathology — Freestanding/Hospital-based	\$0 (POS/DPOS) \$0/\$80 (PPO)	\$0/\$70
Prescription drugs		
Low-cost generic drugs		
Generic drugs		
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$2,500/\$5,000 (PPO/DPOS) \$5,000/\$10,000 (POS)	\$2,500/\$5,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$10,000/\$20,000

Footnotes begin on page 58 | ded = Deductible

Deductible/Copay Health Plans	Keystone POS \$3,500/\$20/\$40/70% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$2,000/\$30/\$60/80% ¹
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,500/\$7,000	\$2,000/\$4,000
Coinsurance	30%	20%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$20, no ded/\$15, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$40, no ded/\$30, no ded	\$60, no ded/\$40, no ded
Eye exam	\$35, no ded ⁵	DPOS/POS — \$40, no ded ⁵ PPO — Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$85, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$40, no ded ⁷	\$60, no ded ^{6,7}
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded ⁷	\$60, no ded ^{6,7}
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	30% after ded/30% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted) ¹¹	\$250 after ded	\$300 after ded
Observation room (waived if admitted)	30% after ded	20% after ded
Ambulance	\$250, no ded	\$200, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded ⁷	\$60, no ded ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80, no ded	\$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$100, no ded/\$200, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	20% after ded/40% after ded
Durable medical equipment and prosthetics	30% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40, no ded/30% after ded	\$60, no ded/20% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)
Prescription drugs		
Low-cost generic drugs		
Generic drugs		
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$30,000/\$60,000	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Footnotes begin on page 58 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$3,000/\$30/\$60/90% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$4,000/\$30/\$60/90% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$5,000/\$30/\$60/90% ¹
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Coinsurance	10%	10%	10%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & retail clinic/Virtual care	\$30, no ded/\$20, no ded	\$30, no ded/\$20, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$60, no ded/\$40, no ded	\$60, no ded/\$40, no ded	\$60, no ded/\$40, no ded
Eye exam	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered
Virtual care ²³	\$0, no ded	\$0, no ded	\$0, no ded
Urgent care	\$100, no ded	\$100, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}
Hospital and other medical services			
Inpatient hospital services ⁹ /Professional services (includes maternity)	10% after ded/10% after ded	10% after ded/10% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	10% after ded	10% after ded	10% after ded
Ambulance	\$150, no ded	\$150, no ded	\$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60, no ded ⁷	\$60, no ded ⁷	\$60, no ded ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200, no ded	\$200, no ded	\$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	10% after ded/30% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60, no ded/10% after ded	\$60, no ded/10% after ded	\$60, no ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$300 after ded	\$300 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)
Prescription drugs			
Low-cost generic drugs			
Generic drugs			
Preferred brand drugs			
Non-preferred drugs			
Self-administered specialty drugs			
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$6,000/\$12,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$12,000/\$24,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$15,000/\$30,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Footnotes begin on page 58 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO \$500/\$20/\$40/100% ¹	Personal Choice PPO \$1,000/\$20/\$40/100% ¹
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	0% no ded	0% no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750 no ded	\$0/\$750 no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$20, no ded/\$15, no ded	\$20, no ded/\$15, no ded
Specialist visit — Office/Virtual care	\$40, no ded/\$30, no ded	\$40, no ded/\$30, no ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$85, no ded	\$85, no ded
Spinal manipulations (20 visits per year)	\$40, no ded ⁶	\$40, no ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded ⁶	\$40, no ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$250 after ded	\$250 after ded
Observation room (waived if admitted)	\$250 after ded	\$250 after ded
Ambulance	\$100, no ded	\$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded	\$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80, no ded	\$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$100, no ded/\$200, no ded	\$100, no ded/\$200, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40, no ded/0% after ded	\$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded/\$80, no ded	\$40, no ded/\$80, no ded
Prescription drugs		
Low-cost generic drugs		
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000

Footnotes begin on page 58 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO \$1,500/\$20/\$40/100% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$2,500/\$30/\$60/100% ¹
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$20, no ded/\$15, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$40, no ded/\$30, no ded	\$60, no ded/\$40, no ded
Eye exam	Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$85, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$40, no ded ⁶	\$60, no ded ^{6,7}
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded ⁶	\$60, no ded ^{6,7}
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$250 after ded	\$300 after ded
Observation room (waived if admitted)	\$250 after ded	\$300 after ded
Ambulance	\$100, no ded	\$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded	\$60, no ded ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80, no ded	\$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$100, no ded/\$200, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40, no ded/0% after ded	\$60, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded/\$80, no ded	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)
Prescription drugs		
Low-cost generic drugs		
Generic drugs		
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Footnotes begin on page 58 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$3,000/\$30/\$60/100% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$5,000/\$40/\$70/100% ¹	Personal Choice PPO \$6,000/\$20/\$40/100% ¹
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & retail clinic/Virtual care	\$30, no ded/\$20, no ded	\$40, no ded/\$30, no ded	\$20, no ded/\$15, no ded
Specialist visit — Office/Virtual care	\$60, no ded/\$40, no ded	\$70, no ded/\$50, no ded	\$40, no ded/\$30, no ded
Eye exam	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	Not covered
Virtual care ²³	\$0, no ded	\$0, no ded	\$0, no ded
Urgent care	\$100, no ded	\$100, no ded	\$85, no ded
Spinal manipulations (20 visits per year)	\$60, no ded ^{6,7}	\$70, no ded ^{6,7}	\$40, no ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60, no ded ^{6,7}	\$70, no ded ^{6,7}	\$40, no ded ⁶
Hospital and other medical services			
Inpatient hospital services ⁹ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded	\$250 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded	\$250 after ded
Ambulance	\$100, no ded	\$150, no ded	\$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60, no ded ⁷	\$70, no ded ⁷	\$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200, no ded	\$300, no ded	\$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded	\$100, no ded/\$200, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60, no ded/0% after ded	\$70, no ded/0% after ded	\$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$300 after ded	\$300 after ded	\$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)	\$70, no ded (POS/DPOS) \$70, no ded/\$140, no ded (PPO)	\$40, no ded (POS/DPOS) \$40, no ded/\$80, no ded (PPO)
Prescription drugs			
Low-cost generic drugs			
Generic drugs			
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs			
Self-administered specialty drugs			
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$7,500/\$15,000	\$9,000/\$18,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$15,000/\$30,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$18,000/\$36,000

Footnotes begin on page 58 | ded = Deductible

Deductible/Coinsurance Health Plan	Personal Choice PPO \$4000/90% with Integrated Rx ¹
Benefits per contract year	You pay in-network
Deductible — Individual/Family	\$4,000/\$8,000
Coinsurance	10%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800
Preventive services⁴	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0, no ded/\$750, no ded
Physician services	
Primary care visit — Office & retail clinic/Virtual care	10% after ded
Specialist visit — Office/Virtual care	10% after ded
Eye exam	Not covered
Virtual care ²³	0%, no ded
Urgent care	10% after ded
Spinal manipulations (20 visits per year)	10% after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded ⁶
Hospital and other medical services	
Inpatient hospital services ⁹ /Professional services (includes maternity)	10% after ded/10% after ded
Emergency room (not waived if admitted) ¹¹	10% after ded
Observation room (waived if admitted)	10% after ded
Ambulance	10% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	10% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded
Biotech and specialty injectables — Home or office/Outpatient	10% after ded/30% after ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	10% after ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	10% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/20% after ded
Prescription drugs^{12,14}	
Low-cost generic drugs ^{13,15,16}	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network
Deductible	\$6,000/\$12,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$12,000/\$24,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plan	Personal Choice PPO \$3,000/\$30/\$60/\$500 ^{2,24}
Benefits per contract year	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500
Preventive services⁴	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded
Physician services	
Primary care visit — Office & retail clinic/Virtual care	\$30 after ded/\$20 after ded
Specialist visit — Office/Virtual care	\$60 after ded/\$40 after ded
Eye exam	Not covered
Virtual care ²³	\$0 after ded
Urgent care	\$100 after ded
Spinal manipulations (20 visits per year)	\$60 after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 after ded ⁶
Hospital and other medical services	
Inpatient hospital services ⁹ /Professional services (includes maternity)	Subject to ded and \$500/day ¹⁰ /0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded
Observation room (waived if admitted)	\$300 after ded
Ambulance	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60 after ded/Subject to ded and \$500/day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$500 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60 after ded/\$120 after ded
Prescription drugs^{12,14,26}	
Low-cost generic drugs ^{13,15,16}	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network
Deductible	\$5,000/\$10,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO \$2,000/80% ²	Personal Choice PPO \$3,000/80% ²	Personal Choice PPO \$5,000/80% ²
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & retail clinic/Virtual care	20% after ded	20% after ded	20% after ded
Specialist visit — Office/Virtual care	20% after ded	20% after ded	20% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	20% after ded	20% after ded	20% after ded
Spinal manipulations (20 visits per year)	20% after ded ⁶	20% after ded ⁶	20% after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded ⁶	20% after ded ⁶	20% after ded ⁶
Hospital and other medical services			
Inpatient hospital services ⁹ /Professional services (includes maternity)	20% after ded/20% after ded	20% after ded/20% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted) ¹¹	20% after ded	20% after ded	20% after ded
Observation room (waived if admitted)	20% after ded	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded	20% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	20% after ded	20% after ded	20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded	20% after ded	20% after ded
Biotech and specialty injectables — Home or office/Outpatient	20% after ded/40% after ded	20% after ded/40% after ded	20% after ded/40% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	20% after ded/40% after ded	20% after ded/40% after ded
Durable medical equipment and prosthetics	20% after ded	20% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	20% after ded/20% after ded	20% after ded/20% after ded	20% after ded/20% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	20% after ded	20% after ded	20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/30% after ded	20% after ded/30% after ded	20% after ded/30% after ded
Prescription drugs^{12,14,26}			
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000	\$15,000/\$30,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO \$2,500/90% ²	Personal Choice PPO \$5,000/70% ²	Personal Choice PPO \$3,000/90% ²	Personal Choice PPO \$4,000/90% ²
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	10%	30%	10%	10%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴				
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services				
Primary care visit — Office & retail clinic/Virtual care	10% after ded	30% after ded	10% after ded	10% after ded
Specialist visit — Office/Virtual care	10% after ded	30% after ded	10% after ded	10% after ded
Eye exam	Not covered	Not covered	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	10% after ded	30% after ded	10% after ded	10% after ded
Spinal manipulations (20 visits per year)	10% after ded ⁶	30% after ded ⁶	10% after ded ⁶	10% after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded ⁶	30% after ded ⁶	10% after ded ⁶	10% after ded ⁶
Hospital and other medical services				
Inpatient hospital services ⁹ /Professional services (includes maternity)	10% after ded/ 10% after ded	30% after ded/ 30% after ded	10% after ded/ 10% after ded	10% after ded/ 10% after ded
Emergency room (not waived if admitted) ¹¹	10% after ded	30% after ded	10% after ded	10% after ded
Observation room (waived if admitted)	10% after ded	30% after ded	10% after ded	10% after ded
Ambulance	10% after ded	30% after ded	10% after ded	10% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	10% after ded	30% after ded	10% after ded	10% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded	30% after ded	10% after ded	10% after ded
Biotech and specialty injectables — Home or office/Outpatient	10% after ded/ 30% after ded	30% after ded/ 50% after ded	10% after ded/ 30% after ded	10% after ded/ 30% after ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	30% after ded/50% after ded	10% after ded/30% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded	30% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	10% after ded/ 10% after ded	30% after ded/ 30% after ded	10% after ded/ 10% after ded	10% after ded/ 10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	10% after ded	30% after ded	10% after ded	10% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/ 20% after ded	20% after ded/ 30% after ded	10% after ded/ 20% after ded	10% after ded/ 20% after ded
Prescription drugs^{12,14,26}				
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$7,500/\$15,000	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$15,000/\$30,000	\$10,000/\$20,000	\$12,000/\$24,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO \$2,000/100% ²	Personal Choice PPO \$2,500/100% ²
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$2,000/\$4,000	\$2,500/\$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	0% after ded	0% after ded
Specialist visit — Office/Virtual care	0% after ded	0% after ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded
Urgent care	0% after ded	0% after ded
Spinal manipulations (20 visits per year)	0% after ded ⁶	0% after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded ⁶	0% after ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	0% after ded	0% after ded
Observation room (waived if admitted)	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	0% after ded	0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded	0% after ded
Biotech and specialty injectables — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	0% after ded/0% after ded	0% after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	0% after ded	0% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0 after ded/10% after ded	\$0 after ded/10% after ded
Prescription drugs^{12,14,26}		
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO \$3,000/100% ²	Personal Choice PPO \$5,000/100% ²	Personal Choice PPO \$6,350/100% ^{2,25}
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$5,000/\$10,000	\$6,350/\$12,700
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & retail clinic/Virtual care	0% after ded	0% after ded	0% after ded
Specialist visit — Office/Virtual care	0% after ded	0% after ded	0% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	0% after ded	0% after ded	0% after ded
Spinal manipulations (20 visits per year)	0% after ded ⁶	0% after ded ⁶	0% after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded ⁶	0% after ded ⁶	0% after ded ⁶
Hospital and other medical services			
Inpatient hospital services ⁹ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	0% after ded	0% after ded	0% after ded
Observation room (waived if admitted)	0% after ded	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	0% after ded	0% after ded	0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded	0% after ded	0% after ded
Biotech and specialty injectables — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded	0% after ded/20% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	0% after ded	0% after ded	0% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0 after ded/10% after ded	\$0 after ded/10% after ded	\$0 after ded/10% after ded
Prescription drugs^{12,14,26}			
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$7,500/\$15,000	\$9,000/\$18,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$15,000/\$30,000	\$18,000/\$36,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO \$2,000/\$30/\$60/\$500 ²
Benefits per contract year	You pay in-network
Deductible — Individual/Family	\$2,000/\$4,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500
Preventive services⁴	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded
Physician services	
Primary care visit — Office & retail clinic/Virtual care	\$30 after ded/\$20 after ded
Specialist visit — Office/Virtual care	\$60 after ded/\$40 after ded
Eye exam	Not covered
Virtual care ²³	\$0 after ded
Urgent care	\$100 after ded
Spinal manipulations (20 visits per year)	\$60 after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 after ded ⁶
Hospital and other medical services	
Inpatient hospital services ⁹ /Professional services (includes maternity)	Subject to ded and \$500/day ¹⁰ /0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded
Observation room (waived if admitted)	\$300 after ded
Ambulance	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60 after ded/ Subject to ded and \$500/day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$500 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60 after ded/\$120 after ded
Prescription drugs^{12,14,26}	
Low-cost generic drugs ^{13,15,16}	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network
Deductible	\$5,000/\$10,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000

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HSA-qualified Health Plans	Personal Choice PPO \$3,000/\$30/\$60/\$500 ²	Personal Choice PPO \$4,000/\$40/\$70/\$250 ^{2,25}
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$30 after ded/\$20 after ded	\$40 after ded/\$30 after ded
Specialist visit — Office/Virtual care	\$60 after ded/\$40 after ded	\$70 after ded/\$50 after ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded
Urgent care	\$100 after ded	\$100 after ded
Spinal manipulations (20 visits per year)	\$60 after ded ⁶	\$70 after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 after ded ⁶	\$70 after ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	Subject to ded and \$500/day ¹⁰ /0% after ded	Subject to ded and \$250/day ¹⁰ /0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60 after ded	\$70 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200 after ded	\$300 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60 after ded/ Subject to ded and \$500/day ¹⁰	\$70 after ded/ Subject to ded and \$250/day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$500 after ded	\$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60 after ded/\$120 after ded	\$70 after ded/\$140 after ded
Prescription drugs^{12,14,26}		
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$12,000/\$24,000

Footnotes begin on page 58 | ded = Deductible

HSA-qualified Health Plans	Personal Choice PPO \$5,000/\$40/\$70/\$250 ^{2,25}	Personal Choice PPO \$5,000/\$40/\$70/100% ^{2,25}
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$40 after ded/\$30 after ded	\$40 after ded/\$30 after ded
Specialist visit — Office/Virtual care	\$70 after ded/\$50 after ded	\$70 after ded/\$50 after ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded
Urgent care	\$100 after ded	\$100 after ded
Spinal manipulations (20 visits per year)	\$70 after ded ⁶	\$70 after ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$70 after ded ⁶	\$70 after ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	Subject to ded and \$250/day ¹⁰ /0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$70 after ded	\$70 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 after ded	\$300 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$70 after ded/ Subject to ded and \$250/day ¹⁰	\$70 after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$70 after ded/\$140 after ded	\$70 after ded/\$140 after ded
Prescription drugs^{12,14,26}		
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16}	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16}	\$70 after ded	\$70 after ded
Self-administered specialty drugs ¹⁷	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$6,000/\$12,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$12,000/\$24,000	\$15,000/\$30,000

Footnotes begin on page 58 | ded = Deductible

Choice Advantage Health Plans	Keystone POS CA \$40/\$85/\$500 ¹	Personal Choice PPO CA \$40/\$85/\$500 ¹
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750	\$0/\$750
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$40/\$30	\$40/\$30
Specialist visit — Office/Virtual care	\$85/\$60	\$85/\$60
Eye exam	\$40 ⁵	Not covered
Virtual care ²³	\$0	\$0
Urgent care	\$100	\$100
Spinal manipulations (20 visits per year)	\$85 ⁷	\$85 ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$85 ⁷	\$50/\$150 ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	\$500 per day ¹⁰ /0	\$500 per day ¹⁰ /0
Emergency room (not waived if admitted) ¹¹	\$300	\$300
Observation room (waived if admitted)	\$300	\$300
Ambulance	\$85	\$85
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$85 ⁷	\$50/\$150
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300	\$200/\$400
Biotech and specialty injectables — Home or office/Outpatient	\$150/\$300	\$150/\$300
Infusion — Home or office/Outpatient	\$40/\$80	\$40/\$80
Durable medical equipment and prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$85/\$500 per day ¹⁰	\$85/\$500 per day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$350/\$700	\$350/\$700
Outpatient lab and pathology — Freestanding/Hospital-based	\$0	\$0/\$170
Prescription drugs		
Low-cost generic drugs		
Generic drugs		
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$2,500/\$5,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$30,000/\$60,000	\$10,000/\$20,000

Footnotes begin on page 58 | ded = Deductible

Choice Advantage Health Plans	Personal Choice PPO CA \$3,000/\$25/\$65/80% ¹	Personal Choice PPO CA \$4,000/\$30/\$75/90% ¹
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	20%	10%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	\$0, no ded	\$0, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & retail clinic/Virtual care	\$25, no ded/\$20, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$65, no ded/\$45, no ded	\$75, no ded/\$50, no ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$100, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$65, no ded ⁶	\$75, no ded ⁶
Physical/occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded/\$100, no ded ⁶	\$50, no ded/\$150, no ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	20% after ded/20% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Ambulance	\$200, no ded	\$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded/\$100, no ded	\$50, no ded/\$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100, no ded/\$200, no ded	\$200, no ded/\$400, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	20% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$65, no ded/20% after ded	\$75, no ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$300 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded/\$100, no ded	\$50, no ded/\$150, no ded
Prescription drugs		
Low-cost generic drugs		
Generic drugs		
Preferred brand drugs	See prescription drug plans on page 51	See prescription drug plans on page 51
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$12,000/\$24,000

Footnotes begin on page 58 | ded = Deductible



Prescription drug program

When 100+ customers elect prescription drug coverage for their employees, IBX can better manage their health care and more effectively control their total cost of care. With an HSA plan, prescription drug coverage is already included. Prescription drug coverage is required for customers with 51 – 99 employees.

51+ Prescription Drug Plans

Prescription Drug ^{12,14}	Value Rx \$3/\$20/\$40/\$60/50% up to \$500	Value Rx \$3/\$15/\$35/\$50/50% up to \$500	Value Rx \$3/\$25/\$50/\$75/50% up to \$500
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Low-cost generic drugs ^{13,15,16}	\$3	\$3	\$3
Generic drugs ^{13,16}	\$20	\$15	\$25
Preferred brand drugs ^{13,16}	\$40	\$35	\$50
Non-preferred drugs ^{13,16}	\$60	\$50	\$75
Self-administered specialty drugs ¹⁷	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max

100+ Prescription Drug Plans

Prescription Drug ^{12,14}	Value Rx \$3/\$20/\$75/ \$100/50% up to \$1,000	Value Rx \$3/\$20/\$40/ \$70/50% up to \$1,000	Value Rx \$250/\$3/10% no ded 20%/30%/50% up to \$500	Value Rx \$3/\$20/\$40/ \$60/50% up to \$500	Value Rx \$3/\$15/\$35/ \$50/50% up to \$500
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network	You pay in-network	You pay in-network
Low-cost generic drugs ^{13,15,16}	\$3	\$3	\$3 — no ded	\$3	\$3
Generic drugs ^{13,16}	\$20	\$20	10% coinsurance — no ded	\$20	\$15
Preferred brand drugs ^{13,16}	\$75	\$40	20% after ded ¹⁸	\$40	\$35
Non-preferred drugs ^{13,16}	\$100	\$70	30% after ded ¹⁸	\$60	\$50
Self-administered specialty drugs ¹⁷	50% up to \$1,000 max	50% up to \$1,000 max	50% up to \$500 max after ded ¹⁸	50% up to \$500 max	50% up to \$500 max

Prescription Drug ^{12,14}	Value Rx \$3/\$10/\$40/ \$70/50% up to \$500	Value Rx \$3/20%/20%/ 20%/50% up to \$500	Value Rx \$3/\$10/\$30/ \$50/50% up to \$500	Value Rx \$3/\$10/\$25/ \$50/50% up to \$500	Value Rx \$3/\$10/\$20/ \$35/50% up to \$500
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network	You pay in-network	You pay in-network
Low-cost generic drugs ^{13,15,16}	\$3	\$3	\$3	\$3	\$3
Generic drugs ^{13,16}	\$10	20%	\$10	\$10	\$10
Preferred brand drugs ^{13,16}	\$40	20%	\$30	\$25	\$20
Non-preferred drugs ^{13,16}	\$70	20%	\$50	\$50	\$35
Self-administered specialty drugs ¹⁷	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max

Footnotes begin on page 58 | ded = Deductible

Independence 



Independence 

IBX

Vision plans

With a focus on low member out-of-pocket costs, our vision plans deliver value and choice. No matter what plan you choose, members can also take advantage of extra perks like free one-year eyeglasses breakage warranty, discounted pricing on additional pairs of glasses, and LASIK eye services.

6d **NEW** In-network providers include Target Optical, Pearle Vision, and Warby Parker*

*Base plan frame allowance benefit must be at least \$85. Check your policy for frame benefit details.

Vision plans

The following vision plans are available to all 51–99 and 100+ customers.

Vision Care 100	Option 1	Option 2	Option 3
Funding type	Employer paid & voluntary	Employer paid & voluntary	Employer paid
Copayments			
Eye examination	\$0	\$10	\$0
Spectacle lenses	\$0	\$25	\$0
Frequency			
Eye examination ¹	12 months	12 months	24 months
Spectacle lenses	12 months	12 months	24 months
Frame	12 months	24 months	24 months
Contact lens evaluation, fitting, and follow-up care	12 months	12 months	24 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	24 months
Frame allowance options	<ul style="list-style-type: none"> Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,² or \$100 frame allowance, plus 20% off the overage at in-network providers, or \$150 frame allowance at Visionworks 		

Vision Care 130	Option 1	Option 2	Option 3
Funding type	Employer paid & voluntary	Employer paid & voluntary	Employer paid & voluntary
Copayments			
Eye examination	\$0	\$10	\$10
Spectacle lenses	\$0	\$10	\$25
Frequency			
Eye examination ¹	12 months	12 months	12 months
Spectacle lenses	12 months	12 months	12 months
Frame	12 months	24 months	24 months
Contact lens evaluation, fitting, and follow-up care	12 months	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months	12 months
Frame allowance options	<ul style="list-style-type: none"> Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,² or \$130 frame allowance, plus 20% off the overage at in-network providers, or \$180 frame allowance at Visionworks 		

1. Inclusive of dilation when professionally indicated.

2. Allowances are up to the amount shown for each plan type.



Vision Care 150	Option 1	Option 2
Funding type	Employer paid & voluntary	Employer paid & voluntary
Copayments		
Eye examination	\$0	\$10
Spectacle lenses	\$0	\$25
Frequency		
Eye examination ¹	12 months	12 months
Spectacle lenses	12 months	12 months
Frame	12 months	24 months
Contact lens evaluation, fitting, and follow-up care	12 months	12 months
Contact lenses (in lieu of eyeglasses)	12 months	12 months
Frame allowance options	<ul style="list-style-type: none"> Fully covered or minimal copay for Davis Vision Exclusive Collection of frames,² or \$150 frame allowance, plus 20% off the overage at in-network providers, or \$200 frame allowance at Visionworks 	

Fully covered lens options

The following lens options are either covered in full or available with a fixed out-of-pocket cost depending on the plan purchased:

- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet coating
- Scratch-resistant coating
- Oversize lenses
- Polycarbonate lenses^{3,4}
- Tinting of plastic lenses⁵
- Standard progressive lenses⁵

¹ Inclusive of dilation when professionally indicated.

² Allowances are up to the amount shown for each plan type.

³ Polycarbonate lenses are covered in full for dependent children, monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

⁴ Vision Care 150 only.

⁵ Vision Care 130 and Vision Care 150 only.



Need vision coverage?

If you choose DPOS or POS medical plans, routine eye exams are included, and you can enhance your benefit with a plan that includes eyeglasses and contact lenses. If you offer PPO medical plans, you can select any of our vision plans for complete coverage.

What is not covered

- Services not medically necessary
- Services or supplies that are experimental or investigative, except routine costs associated with qualifying clinical trials
- Hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices
- Assisted fertilization techniques, such as in-vitro fertilization, GIFT, and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-employee recipients
- Music therapy, equestrian therapy, and hippotherapy
- Sex therapy or other forms of counseling for the treatment of sexual dysfunction when performed by a non-licensed sex therapist
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes
- Cranial prosthesis, including wigs intended to replace hair loss
- Alternative therapies/complementary medicine such as reiki massage
- Routine physical exams for non-preventive purposes, such as insurance or employment applications, college, or premarital examinations
- Immunizations for travel or employment
- Services or supplies payable under workers' compensation, motor vehicle insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Bariatric or obesity surgery
- Outpatient private duty nursing
- Drugs not appearing on the Drug Formulary, except where an exception has been granted pursuant to the Formulary Exception Policy

Benefits that require preapproval

Additional approval from IBX may be required before your employees may receive certain tests, procedures, and medications. When your employees need services that require preapproval, their PCP or provider contacts the Care Management and Coordination (CMC) team and submits information to support the request for services. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The CMC team will notify your employees' physician/provider if the services are approved for coverage. If the CMC team does not have sufficient information or the information evaluated does not support coverage, your employee and his or her physician/provider are notified in writing of the decision. Employees or a provider acting on their behalf may appeal the decision. At any time during the evaluation process or the appeal, the provider or your employee may submit additional information to support the request.

Additional benefits and exclusions

The information in this brochure represents only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by the medical policy. The managed care plan may not cover all health care expenses. Members should read their contract, member handbook, or benefits booklet carefully to determine which health care services are covered. If more information is needed, members can call 1-800-ASK-BLUE (1-800-275-2583). Information in this brochure is current at the time of publication and is subject to change.

Additional information

Your broker, consultant, or IBX account executive can provide information about the following upon request:

- Factors that may affect changes in premium rates*
- Benefits and premiums for all the health benefit plans for which you qualify

* IBX reserves the right to change premium rates.

Health plan footnotes

Medical

1. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will be paid. Once the family deductible is met, claims for that individual will be paid. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
2. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to be paid; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the individual out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
3. In-network out-of-pocket maximum includes copayments, coinsurance, and deductible.
4. Age and frequency schedules may apply.
6. For PPO plans, visit limits are combined in- and out-of-network.
7. For DPPOS and POS plans, a referral is required from a primary care physician.
8. 70-day inpatient hospital limit combined for all self-referred and out-of-network inpatient medical, maternity, mental health, serious mental illness, substance abuse, and detoxification services.
9. Amount shown reflects the copayment per day. There is a maximum of ten copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.
10. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.
11. Out-of-network emergency room benefits are covered at the in-network cost-sharing level.
18. To receive maximum benefits, services must be provided by a participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the group contract and out-of-network benefits booklet/certificate.
19. For PPO plans, non-participating preferred providers may bill you for differences between the Plan allowance, which is the amount paid by IBX, and the actual charge of the provider. This amount may be significant. Claims payments for non-preferred professional providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the IBX applicable proprietary fee schedule or the actual charge of the provider. For covered services not

recognized or reimbursed by Medicare or IBX's fee schedule, the payment is based on 50 percent of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentage of the Plan allowance, not the actual charge of the provider.

20. For all plans, additional copayments may apply when you receive other services at your provider's office.
21. Out-of-network out-of-pocket maximum includes coinsurance only.
22. For routine colonoscopy for colorectal cancer screening, your cost-share will vary depending on where you receive service.
23. Virtual care from a designated virtual provider includes telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, Teladoc.
24. Virtual care from a designated virtual provider includes primary care, telemedicine, teledermatology and telebehavioral health services offered through our virtual care provider, Teladoc.
25. Plan does not meet Minimum Value (MV) requirements. Please note that most plans will not meet minimum value if they do not have prescription drug coverage.

Vision

5. IBX vision benefits are administered by Davis Vision, an independent company. One eye exam every two years, in-network only.

Prescription Drug

12. Prescription drug benefits are administered by an independent pharmacy benefits management (PBM) company.
13. Mail-order/Home Delivery coverage is available for all prescription drug plans. Mail-order/Home Delivery service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice.
14. Benefits provided for covered drugs and medicines appearing on the Drug formulary.
15. Certain designated generic drugs are available at participating retail and mail-order/home delivery pharmacies for reduced member cost-sharing (\$3 retail/\$6 mail order/home delivery), after any applicable deductible.
16. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a claim for reimbursement. Members should refer to their benefits booklet to determine the out-of-network coverage for their plan.
17. A 30-day supply of self-administered specialty drugs is available exclusively through the Optum Specialty Pharmacy. There is no out-of-network coverage.
24. \$250 per person deductible; brand drugs only.

Dental

Dominion National assists in the administration of Independence Dental Benefits.

Members have the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment.

Underwriting guidelines summary

Product offerings

- Groups of 51 or more eligible employees can select a maximum of three medical plans and up to two drug options.
- Groups with less than 500 enrolled contracts are required to enroll in an IBX pharmacy plan.

Participation requirements¹

- For groups of 51 or more, a minimum participation level of 75 percent is required for each worksite.
- IBX will count waivers in the eligibility calculations. For example, credit is given for those eligible subscribers who opt out because they have coverage through a spouse, are an eligible dependent to 26, or enrolled in Medicare, Medicaid, or any other government-issued coverage.
- Individual coverage through a federal or state exchange is not considered a valid waiver.
- For groups covering early retirees (under age 65), 100 percent participation of the early retiree population is required. The group must consist of a minimum of 75 percent participation for the active employees.

Employer contribution requirement¹

For contributory plan offerings, the employer must contribute a minimum of 50 percent of the calculated gross monthly premium for each plan offered.

Benefit plan changes

- Upgrades are not allowed off-anniversary.
- Groups may downgrade off-anniversary (limitations apply).²
- Downgrades will be allowed only if the effective date of the change is greater than 180 days prior to the next anniversary date.
- Groups of 51 – 99 making a plan change will be required to select from the new product portfolio.
- For groups of 100 or more, changes to one or more of existing medical plan designs will require all benefits to be changed to the new product portfolio. Pharmacy-only changes will not require changes to existing medical plan designs.

High-deductible health plan funding limitation²

For fully insured accounts that offer a high-deductible health plan (HDHP), the employer cannot fund more than 50 percent of the annual deductible. Providing a secondary/supplemental product to fund the annual employee/family deductible (including the employer covering the cost of the deductible) is not permitted.

Submission guidelines

All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply and are subject to change. This document is for informational purposes only and is not intended to be all-inclusive.

1. As permitted by the state and federal legislation and mandates.

2. Refer to the complete Underwriting Guidelines available via Sales Portal.

Quartet is a separate and independent company that facilitates and coordinates timely access to behavioral health services for Independence Blue Cross members.

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.

Shatterproof, a national non-profit dedicated to reversing the addiction crisis in the U.S., is leading the implementation of Shatterproof's Treatment Atlas tool, a quality measurement system for addiction treatment facilities. Shatterproof is an independent company that provides behavioral health services for Independence Blue Cross.

Ovia Health is an independent company.

Wondr Health is an independent company.

TruHearing® is an independent company and is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing based on prices for comparable aids. Follow-up provider visits included for one year following hearing aid purchase. Free battery offer is not applicable to the purchase of rechargeable hearing aid models. Three-year warranty includes repairs and one-time loss and damage replacement. Hearing aid repairs and replacements are subject to provider and manufacturer fees. For questions regarding fees, contact a TruHearing hearing consultant.

Alegeus Technologies LLC, dba WealthCare Saver, a licensed Non-Bank Custodian to provide spending account claims processing and debit card services. The WealthCare Saver investment solution leverages DriveWealth as the broker-dealer and CAPTRUST as the registered investment advisor (RIA). DriveWealth uses Citibank to custody the investment assets. The front-end technology platform that the account holder interacts with is designed and managed by Alegeus. CAPTRUST, the registered investment advisor (RIA), selects the investment options.

The Tuition Rewards™ program is provided by The College Tuition Benefit®, an independent company. Neither The College Tuition Benefit nor SAGE Scholars, Inc. provide Blue Cross products or services. This is a value-added program and not a benefit under an Independence Blue Cross health plan and is, therefore, subject to change without notice.

GradFin, a brand of KeyBank N.A., is an independent company providing student loan products and services to customers of Independence Blue Cross. GradFin does not provide Independence Blue Cross products or services.

AblePay is an independent company that does not offer Blue Cross or Blue Shield products. Independence Blue Cross is acting solely as an agent for AblePay. AblePay is solely responsible.

Wire® is a registered trademark and service mark of Relay Network, LLC., an independent company.

In addition to Independence Blue Cross behavioral health network, Magellan Behavioral Health, Inc., an independent company, provides limited network and management services for mental health and substance abuse benefits.

Teladoc Health, Inc. is an independent company that provides virtual care and digital mental health services.

Dominion National, an independent company, assists in the administration of Independence Blue Cross Dental benefits.

Independence vision benefits are administered by Davis Vision, an independent company.

An affiliate of Independence Blue Cross has a financial interest in Visionworks.

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY., an independent company. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

Uprise Health, an independent company, provides employee assistance and work/life balance support. Uprise Health does not provide Blue Cross products or services. Uprise Health is solely responsible for its products and services.

Sun Life Assurance Company of Canada ("Sun Life") is an independent company that does not provide Blue Cross and/or Blue Shield products or services. Sun Life is solely responsible for the products and services described here.

International Health Solutions from Blue Cross Global telemedicine services via Global TeleMD are provided directly to members by Teladoc Health. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health.

Blue Cross Global is a brand owned by Blue Cross Blue Shield Association. Bupa Global is a trade name of Bupa, an independent licensee of Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California, and New York), an independent licensee of the Blue Cross and Blue Shield Association: made available in cooperation with Blue Cross Blue Shield companies select service areas. Coverage is provided under insurance policies underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, IL NAIC #80985.

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.