

**“It’s great
to be a member.”**



**2023
Smart Solutions Brochure**

Independence 



Thank you for considering a Medicare plan from Independence Blue Cross!

I'm an independent licensed agent appointed by Independence Blue Cross (Independence) to help beneficiaries understand Medicare and enroll them in the Medicare plan that meets their needs and budget.

As your personal sales agent, I can:

- Schedule a 1:1 consultation in person or over the phone
- Answer your questions about Medicare
- Help find the best Medicare plan for you
- Walk you through the enrollment process

It's great to be a member! That's what I hope to show you with the enclosed booklet.

You'll learn:

- Why Independence plans are worth considering
- Which benefits you may find most valuable
- How to locate in-network providers and pharmacies
- How to find covered medications
- What you can expect after you enroll

Take your Medicare from "Okay" to "Oh yeah!" with an Independence Blue Cross Medicare plan. Call me to enroll today!

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

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Benefits at a Glance

Take your Medicare from “Okay” to “Oh yeah!”

Thank you for considering a 2023 Medicare Advantage plan from Independence Blue Cross (Independence)! We're excited to share that our Keystone 65 HMO plans have earned a 5-out-of-5-star rating for 2023 — the second year in a row! And our Personal Choice 65SM PPO plans have earned a strong 4-out-of-5-star rating.

A 5-star rating provides you the freedom of a special election period, allowing current Medicare members to switch into one of our Keystone 65 HMO plans from now through November 30, 2023.

We look forward to taking care of your health!

What's new for 2023

We've made our plans better than ever with enhanced offerings that we think you'll appreciate:

- **NEW PLAN! Keystone 65 Liberty Medical-Only HMO** plan designed with military veterans in mind, with a \$90 reduction in your Part B premium
- **One Pass™ fitness membership** with access to the largest Medicare Advantage fitness network included at no additional cost
- **Lower copays** for Tier 2 generic prescriptions and mail-order fills
- **An expanded quarterly over-the-counter (OTC) benefit** — now with allowances up to \$125
- **Dermatology consultations** from the comfort of your home — all for a \$0 copay through MDLIVE®
- **Lower copays** for outpatient diagnostic radiology services and outpatient routine X-ray services on some plans

Look out for these symbols throughout this booklet to quickly recognize what's new this year:



Quality health care? There's nothing to it!

Let's "zero" in on some of the things that make our Medicare Advantage plans so popular:

- **\$0** premiums*
- **\$0** copays for primary care physician (PCP) visits*
- **\$0** copays for the most commonly prescribed medicines
- **\$0** copays for routine dental, vision, and hearing exams
- **\$0** copays for in-network inpatient acute hospital visits due to a COVID-19 diagnosis
- **No** medical or Rx deductibles
- **No** referrals needed to see a specialist

Virtual care visits

Sometimes it's inconvenient for you to get to the doctor's office. Our Medicare Advantage plans offer you the flexibility to receive care anywhere.

- **\$0 copays** for MDLIVE virtual doctor visits, behavioral health visits, and dermatology consultations
- **Virtual visits** with in-network PCPs, specialists, and behavioral health providers are now also covered (in-office copays apply)

Extra help for those who need it

If you're a Medicare Advantage member with certain qualifying health conditions, you can get extra support through special benefits* — including:

- Safe, comfortable transportation to your medical appointments
- Four weeks of grocery deliveries right to your door at no added cost
- Reduced copays for certain specialists through our Vital Care programs

We wish you the best of luck in your enrollment decision and the best of health in 2023.

*Available on some plans.

Coverage You Can Count On



Over-the-counter items

Independence Blue Cross offers a quarterly OTC allowance on ALL of our Medicare Advantage plans **at no cost**.

- You can use your IBX Care Card to buy approved OTC items like bandages, cold medicine, toothpaste, and vitamins — in-store or online.
- Participating retail stores include Rite Aid, CVS, Walgreens, Walmart, Dollar General, Family Dollar, and more.
- Your IBX Care Card is automatically reloaded each quarter (every three months) with your allowance.*
- Keystone 65 HMO plans: \$30 – \$70 quarterly allowance
- Personal Choice 65 PPO plans: \$30 – \$125 quarterly allowance
- Members should retain their IBX Care Card as long as they are a member



Telemedicine benefit

Our telemedicine benefit, offered through MDLIVE, allows you to see a doctor, behavioral health care professional, or dermatologist through your phone or using a secure video chat, website, or phone application, **at no cost**.

- There is a \$0 copay for medical doctor visits focused on non-urgent medical conditions.
- You have a \$0 copay for behavioral health visits focused on therapy and counseling services.
- There is a \$0 copay for dermatology consultations focused on diagnosing and treating skin, hair, and nail conditions.



Save on your Medicare Part B premium

Keystone 65 Liberty Medical-Only HMO and Personal Choice 65 Saver Rx PPO members have access to the Part B Premium Giveback, which provides a monetary credit toward your Part B premium.



- Keystone 65 Liberty Medical-Only HMO members can receive a \$90 credit per month.
- Personal Choice 65 Saver Rx PPO members can receive a \$51 credit per month.

*The balance remaining on the card at the end of a quarter does not carry forward to the next quarter if it is not used.

Get Healthy, Get Rewarded



Free fitness program **NEW!**

The One Pass fitness program is included in all of our Medicare Advantage plans and provides access to the largest Medicare Advantage national fitness network and more!

- Stay fit with visits to one of 24,000 network locations, including leading national gyms like the YMCA, and boutique, yoga, Pilates, and spinning studios.
- Work out in the comfort of your home with unlimited access to over 32,000 on-demand and livestreaming digital fitness classes.
- Stay connected with over 20,000 free social events, plus get online brain training through BrainHQ to help improve your cognition.

Visit ibxmedicare.com/onepass to check out all that One Pass has to offer.



Personal health visit

As an Independence Medicare Advantage member, you can schedule a personal health visit with a licensed professional and receive a **\$50 gift card!**

- Personal health visits are a convenient way to get personalized health advice in a relaxed setting, and they are offered to you at **no extra cost**.
 - This service is optional, does not affect your current health insurance benefits or premiums, and does not replace your annual wellness visit.
-



Screenings and checkups

Preventive screenings are vital to keeping you healthy and happy.

- With an Independence Medicare Advantage plan, you are covered for more than 20 preventive services — at **no cost to you!**[†]
- Preventive services include an annual wellness visit and certain immunizations; colorectal, breast, and prostate cancer screenings; and cardiovascular disease and diabetes screenings.

[†]If you receive a separate additional non-preventive evaluation and/or service, a copayment will apply. The copayment depends on the provider type or place of service.

Additional Member Benefits

If you are dealing with serious health issues, we know how crucial it is to have high-quality health coverage on that journey.



Vital Care

Diabetes and congestive heart failure (CHF)

If you have been diagnosed with both diabetes and CHF, you may need to see several specialists more than once a year, which can get costly. The Vital Care program can help make these visits more affordable.

- Available to Keystone 65 Basic Rx HMO, Keystone 65 Liberty Medical-Only HMO, Keystone 65 Preferred HMO, and Keystone 65 Select HMO members who have a diagnosis of both diabetes and CHF.
- You pay a lower office copay when you visit a cardiologist (\$10 copay), endocrinologist (\$10 copay), or podiatrist (\$5 copay). You do not need a referral from your PCP to visit a specialist.



Vital Care Plus

Diabetes

The Vital Care Plus program offers the same great benefits as the Vital Care program, but with even more.

- Available to Keystone 65 Focus Rx HMO-POS members who have diabetes.
- In addition to lower office copays for cardiologists (\$10 copay), endocrinologists (\$10 copay), and podiatrists (\$5 copay), you also receive reduced costs for pulmonology visits (\$10 copay), and an \$80 allowance per quarter for OTC items (this is an additional \$10 from the plan's base allowance).



Transportation

Diabetes and CHF

Our door-to-door transportation benefit, provided by Roundtrip, makes it easier for members diagnosed with diabetes and CHF to get to and from essential health visits at no extra cost.

- Available on all Medicare Advantage plans except Keystone 65 Liberty Medical-Only HMO and Personal Choice 65 Saver Rx PPO.
- Includes 24 one-way rides (or 12 round-trip rides) per year to plan-approved medical facilities. Maximum of 80 miles per ride.
- Modes of transportation include taxis, rideshare services, wheelchair vans, and medical sedans.



Groceries*

Diabetes and depression/depressive disorders

We're making life a little easier for members who are diagnosed with both diabetes and depression or diabetes and depressive disorders by providing four weeks of grocery deliveries at no cost.

- Available on all Medicare Advantage plans except Keystone 65 Liberty Medical-Only HMO and Personal Choice 65 Saver Rx PPO.
 - These deliveries will contain fresh, local groceries — along with a recipe guide that offers ideas on how to use them.
 - The benefit includes a maximum of four weeks per member per year.
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Meals Program*

Diabetes and CHF or certain cancers

Receive three meals per day, seven days per week, up to four weeks, twice a year, at no additional cost through MANNA.

- Available on all Keystone 65 HMO plans except Keystone 65 Liberty Medical-Only HMO.
 - To qualify, members must participate in our Transitions of Care program and either:
 - Have a diagnosis of both diabetes and CHF
 - Have a new diagnosis of colorectal, endometrial, breast, lung, or prostate cancer
 - Meals will be provided after discharge to the home following an inpatient acute hospital, skilled nursing facility, long-term acute care facility, acute rehabilitation facility, or rehabilitation facility stay.
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Low Insulin Copays

Members with a Medicare Advantage Part D (Rx) plan won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

- Reduced copays make taking care of yourself much more affordable.
- To find a list of covered insulin products, visit ibxmedicare.com/formulary.

*These benefits are a part of a special supplemental program for the chronically ill. Not all members qualify.

Benefit & Cost Comparison

Medicare Advantage Plans

Service category

Keystone 65 Basic Rx HMO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Monthly plan premium	\$0	\$0
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (no referrals needed)	\$35 copay	
Inpatient Hospital (including COVID-19 coverage)	\$250 copay per day for days 1 – 7; no copay for additional days per admission; \$1,750 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis	
Outpatient Hospital Services	\$350 copay	
Ambulatory Surgical Center	\$200 copay	
Emergency Care	\$95 copay per visit; copay is not waived if admitted to inpatient hospital	
Routine Podiatry§	\$25 copay per visit (up to 6 visits per year)	
Routine Chiropractic§	\$20 copay per visit (up to 6 visits per year)	
Routine Acupuncture§¶	\$20 copay per visit (up to 6 visits per year)	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$170 copay depending on the service LOWER!	
Outpatient Routine X-rays	\$40 copay for routine radiology services LOWER!	
Maximum Out-of-Pocket	\$7,550 in network	

*All Keystone 65 Basic and Keystone 65 Liberty Medical-Only members must use in-network hospitals and physicians with the exception of emergencies or urgently needed care.

†Keystone 65 Focus members pay 20% coinsurance for most out-of-network benefits. The POS annual plan maximum of \$1,000 will apply to Medicare-covered medical (Parts A & B) benefits.

‡Keystone 65 Liberty Medical-Only HMO does not include Rx (Part D) prescription drug coverage.

§Routine podiatry, chiropractic, and acupuncture visits are in addition to Medicare-covered services.

¶Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

Keystone 65 Focus Rx HMO-POS[†]

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Medical with Rx	\$0	\$15
N/A		
\$0 copay		
\$40 copay		
\$210 copay per day for days 1 – 6; no copay for additional days per admission; \$1,260 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis		
\$325 copay \$200 copay		
\$95 copay per visit; copay is not waived if admitted to inpatient hospital		
\$25 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year)		
\$0 copay for certain diagnostic tests; \$30 or \$170 copay depending on the service LOWER!		
\$30 copay for routine radiology services LOWER!		
\$6,500 in network		



Keystone 65 Liberty Medical-Only HMO*[‡]

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Medical-only	\$0	\$0
Medical with Rx	N/A	N/A
\$90 giveback on each monthly Medicare Part B premium payment		
\$0 copay		
\$40 copay		
\$265 copay per day for days 1 – 7; no copay for additional days per admission; \$1,855 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis		
20% coinsurance 20% coinsurance		
\$95 copay per visit; copay is not waived if admitted to inpatient hospital		
\$25 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year)		
\$0 copay for certain diagnostic tests; \$45 or \$275 copay depending on the service		
\$45 copay for routine radiology services		
\$7,550 in network		

Medicare Advantage Plans

Service category

Personal Choice 65 Elite Rx PPO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Monthly plan premium	Medical with Rx \$49	\$49
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (no referrals needed)	\$35 copay	
Inpatient Hospital (including COVID-19 coverage)	\$525 copay per stay; \$0 copay for inpatient acute hospital stay due to COVID-19 diagnosis	
Outpatient Hospital Services Ambulatory Surgical Center	\$250 copay \$150 copay	
Emergency Care	\$95 copay per visit; copay is not waived if admitted to inpatient hospital	
Routine Podiatry†	\$25 copay per visit (up to 6 visits per year)	
Routine Chiropractic†	\$20 copay per visit (up to 6 visits per year)	
Routine Acupuncture†‡	\$20 copay per visit (up to 6 visits per year)	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$35 or \$275 copay depending on the service	
Outpatient Routine X-rays	\$35 copay for routine radiology services	
Maximum Out-of-Pocket	\$6,500 in network; \$10,000 combined in and out of network	

*There is a 30% coinsurance for Personal Choice 65 Elite Rx and 40% coinsurance for Personal Choice 65 Prime Rx and Personal Choice 65 Saver Rx for most out-of-network benefits.

†Routine podiatry, chiropractic, and acupuncture visits are in addition to Medicare-covered services.

‡Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

Personal Choice 65 Prime Rx PPO*

Personal Choice 65 Saver Rx PPO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery		Philadelphia and Bucks	Chester, Delaware, Montgomery
	\$0	\$0		\$0	\$0
N/A				\$51 giveback on each monthly Medicare Part B premium payment	
\$0 copay				\$10 copay	
\$35 copay				\$50 copay	
\$250 copay per day for days 1 – 7; no copay for additional days per admission; \$1,750 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis				\$350 copay per day for days 1 – 5; no copay for additional days per admission; \$1,750 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis	
\$375 copay \$245 copay				20% coinsurance 20% coinsurance	
\$95 copay per visit; copay is not waived if admitted to inpatient hospital				\$95 copay per visit; copay is not waived if admitted to inpatient hospital	
\$25 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year)				\$25 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year) \$20 copay per visit (up to 6 visits per year)	
\$0 copay for certain diagnostic tests; \$40 or \$200 copay depending on the service			LOWER!	\$0 copay for certain diagnostic tests; \$40 or \$285 copay depending on the service	LOWER!
\$40 copay for routine radiology services			LOWER!	\$40 copay for routine radiology services	LOWER!
\$7,550 in network; \$11,300 combined in and out of network				\$7,550 in network; \$11,300 combined in and out of network	

Medicare Advantage Plans

Service category

Personal Choice 65 PPO*

	Philadelphia and Bucks	Chester, Delaware, Montgomery
Monthly plan premium	Medical-only[†] Medical with Rx	\$163 \$277
		N/A \$163
PCP Visits	\$0 copay	
Specialist Visits (no referrals needed)	\$35 copay	
Inpatient Hospital (including COVID-19 coverage)	\$240 copay per day for days 1 – 6; no copay for additional days per admission; \$1,440 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis	
Outpatient Hospital Services Ambulatory Surgical Center	\$300 copay \$150 copay	
Emergency Care	\$95 copay per visit; copay is not waived if admitted to inpatient hospital	
Routine Podiatry [§]	\$20 copay per visit (up to 6 visits per year)	
Routine Chiropractic [§]	\$20 copay per visit (up to 6 visits per year)	
Routine Acupuncture ^{§¶}	\$20 copay per visit (up to 6 visits per year)	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$175 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology services	
Maximum Out-Of-Pocket	\$5,000 in network; \$8,950 combined in and out of network	

*There is a 30% coinsurance for most out-of-network benefits.

†All Keystone 65 Preferred and Keystone 65 Select members must use in-network hospitals and physicians with the exception of emergent or urgently needed care.

‡Keystone 65 Preferred Medical-Only HMO, Keystone 65 Select Medical-Only HMO, and Personal Choice 65 Medical-Only PPO plans do not include Rx (Part D) prescription drug coverage.

§Routine podiatry, chiropractic, and acupuncture visits are in addition to Medicare-covered services.

¶ Must have one of the following conditions: headache (migraine and tension), post-operative nausea and vomiting, chemotherapy-induced nausea and vomiting, low back pain, chronic neck pain, or pain from osteoarthritis of the knee and hip.

Keystone 65 Select HMO⁺

Philadelphia and Bucks	Chester, Delaware, Montgomery
\$34.50	\$49.50
\$55.50	\$81.50

\$0 copay

\$40 copay

\$250 copay per day for days 1 – 6; no copay for additional days per admission; \$1,500 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis

\$350 copay
\$200 copay

\$95 copay per visit; copay is not waived if admitted to inpatient hospital

\$20 copay per visit (up to 6 visits per year)
\$20 copay per visit (up to 6 visits per year)
\$20 copay per visit (up to 6 visits per year)

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

\$40 copay for routine radiology services

\$4,900 in network

Keystone 65 Preferred HMO⁺

Philadelphia and Bucks	Chester, Delaware, Montgomery
\$176	\$170
\$214	\$241

\$0 copay

\$40 copay

\$225 copay per day for days 1 – 6; no copay for additional days per admission; \$1,350 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis

\$350 copay
\$125 copay

\$95 copay per visit; copay is not waived if admitted to inpatient hospital

\$20 copay per visit (up to 6 visits per year)
\$20 copay per visit (up to 6 visits per year)
\$20 copay per visit (up to 6 visits per year)

\$0 copay for certain diagnostic tests;
\$40 or \$150 copay depending on the service

\$40 copay for routine radiology services

\$3,800 in network

Prescription Drugs

Preferred Retail and Mail Order Cost-Sharing (90-day supply for 2 months' copay)

Keystone 65 Basic Rx,
Keystone 65 Focus Rx,
Personal Choice 65 Elite Rx,
Personal Choice 65 Prime Rx,
Personal Choice 65 Saver Rx

Tier 1 Preferred Generic: \$0 copay; Tier 2 Generic: \$16 copay **LOWER!**

Keystone 65 Preferred Rx,
Keystone 65 Select Rx,
Personal Choice 65 Rx

Tier 1 Preferred Generic: \$0 copay; Tier 2 Generic: \$14 copay **LOWER!**

Preferred Retail Cost-Sharing (30-day supply)

Keystone 65 Basic Rx,
Keystone 65 Focus Rx,
Personal Choice 65 Elite Rx,
Personal Choice 65 Prime Rx,
Personal Choice 65 Saver Rx

Tier 1 Preferred Generic: \$0 copay; Tier 2 Generic: \$8 copay; Tier 3 Preferred Brand: \$47 copay; Tier 4 Non-Preferred: \$100 copay; Tier 5 Specialty: 33% coinsurance;
Covered Insulin: \$35 copay* **LOWER!**

Keystone 65 Preferred Rx,
Keystone 65 Select Rx,
Personal Choice 65 Rx

Tier 1 Preferred Generic: \$0 copay; Tier 2 Generic: \$7 copay; Tier 3 Preferred Brand: \$47 copay; Tier 4 Non-Preferred: \$100 copay; Tier 5 Specialty: 33% coinsurance;
Covered Insulin: \$35 copay* **LOWER!**

Standard Retail Cost-Sharing (30-day supply)

All Part D (Rx) Plans

Tier 1 Preferred Generic: \$9 copay; Tier 2 Generic: \$20 copay;
Tier 3 Preferred Brand: \$47 copay; Tier 4 Non-Preferred: \$100 copay;
Tier 5 Specialty: 33% coinsurance; **Covered Insulin: \$35 copay***

Initial Coverage Limit A maximum of \$4,660 in total drug cost

Coverage Gap You pay 25% of generic drug costs and 25% of brand-name drug costs until you reach a maximum of \$7,400

Catastrophic You pay the greater of \$4.15 for generics and \$10.35 for brand-name drugs or 5% coinsurance after reaching a maximum of \$7,400 catastrophic trigger

Important Message About What You Pay for Vaccines — Our plan covers most Part D vaccines at no cost to you. Call our Member Help Team for more information.

Important Message About What You Pay for Insulin — You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on.

* \$35 copayment for each one-month supply of covered insulins during all coverage stages. Keystone 65 Focus Rx HMO-POS, Keystone 65 Preferred Rx HMO, and Keystone 65 Select Rx HMO participate in the Part D Insulin Savings Program. You can identify the covered insulins that are part of this program by checking the plan's formulary and looking for the "PDSS" icon. The Part D Insulin Benefit is separate from the Part D Insulin Savings Program, which includes a subset of the covered insulins in the Part D Insulin Benefit.

† There is an 80% coinsurance for most out-of-network dental and vision benefits on the Personal Choice 65 PPO plans.

‡ Keystone 65 Preferred HMO does not include comprehensive dental.

§ Advanced and premium digital hearing aids are available in rechargeable models at no additional cost.

Dental, Vision, and Hearing Care Included in All Plans

Routine Dental Care[†]

Provider Network	Must use United Concordia Choice Plus network
Routine Exams/Cleanings	\$0 copay; one exam and cleaning once every six months
Dental X-rays	\$0 copay; one set bitewing X-rays per year, one periapical X-ray every three years, one full-mouth/panoramic X-ray every three years
Comprehensive Dental [‡]	20% coinsurance for fillings, root canals, crowns, and extractions; 40% coinsurance for dentures, partials, and some oral surgery
Allowance Every Year for Comprehensive Dental Services	
Keystone 65 Basic	\$2,500 in-network annual allowance
Keystone 65 Focus, Keystone 65 Liberty, Keystone 65 Select	\$2,000 in-network annual allowance
Personal Choice 65 Elite, Personal Choice 65 Prime	\$2,000 combined in- and out-of-network annual allowance
Personal Choice 65, Personal Choice 65 Saver	\$1,500 combined in- and out-of-network annual allowance

Routine Vision Care[†]

Provider Network	Must use Davis Vision network provider
Routine Eye Exam	\$0 copay; one routine eye exam every year
Eyeglass Frames, Lenses, and Contact Lenses	One pair of eyeglass frames and lenses (eyewear) or one pair of contact lenses covered each year. Eyewear: No cost for eyewear purchased from the Davis Vision Collection; \$250 allowance per year for eyewear purchased from Visionworks®; \$150 allowance per year for all other eyewear purchased at a Davis Vision network provider. Contact lenses: \$150 allowance per year for contact lenses purchased instead of eyewear.

Routine Hearing Care

Provider Network	Must use TruHearing® network provider
Routine Hearing Exam	\$0 copay; one routine hearing exam per year
Hearing Aid Fittings and Evaluations	\$0 copay; unlimited hearing aid fittings and evaluations per year
Personal Choice 65 Elite	\$399 copay for an advanced digital hearing aid; \$699 copay for a premium digital hearing aid; up to two hearing aids every year, one hearing aid per ear [§]
Keystone 65 Preferred, Keystone 65 Select, Personal Choice 65	\$499 copay for an advanced digital hearing aid; \$799 copay for a premium digital hearing aid; up to two hearing aids every year, one hearing aid per ear [§]
Keystone 65 Basic, Keystone 65 Focus, Keystone 65 Liberty, Personal Choice 65 Prime, Personal Choice 65 Saver	\$699 copay for an advanced digital hearing aid; \$999 copay for a premium digital hearing aid; up to two hearing aids every year, one hearing aid per ear [§]

Access to the largest network in our area

Chances are, the providers and pharmacies you've been using are in our network. Independence has the largest network of providers in our region. However, not all of our plans have the same network, so it's important to understand what each plan's network has to offer so you can make the right decision for your lifestyle.

Keystone 65 HMO plans

You must use in-network doctors and hospitals. Worldwide emergency and urgent care are covered.

On a tight budget? Save even more with our Keystone 65 Focus Rx HMO-POS plan.

This health plan helps control costs by offering you a slightly smaller network of providers.

Keystone 65 Focus Rx HMO-POS still includes more than 15,000 providers and 22 hospitals in the Philadelphia five-county region.

These hospitals are in network with our Keystone 65 Focus Rx HMO-POS plan:

Abington Memorial Hospital	Bryn Mawr Hospital —	Nazareth Hospital
Chestnut Hill Hospital	Main Line Health	Phoenixville Hospital
Doylestown Hospital	Lankenau Medical Center —	Pottstown Memorial
Grand View Hospital	Main Line Health	Medical Hospital
Holy Redeemer Hospital	Paoli Hospital —	Rothman Orthopedic
Jefferson Bucks Hospital	Main Line Health	Specialty Hospital
Jefferson Frankford Hospital	Riddle Hospital —	St. Luke's Hospital —
Jefferson Torresdale Hospital	Main Line Health	Quakertown
Lansdale Hospital	Mercy Fitzgerald Hospital	St. Mary Medical Center
	Methodist Hospital —	Thomas Jefferson
	TJUH	University Hospital

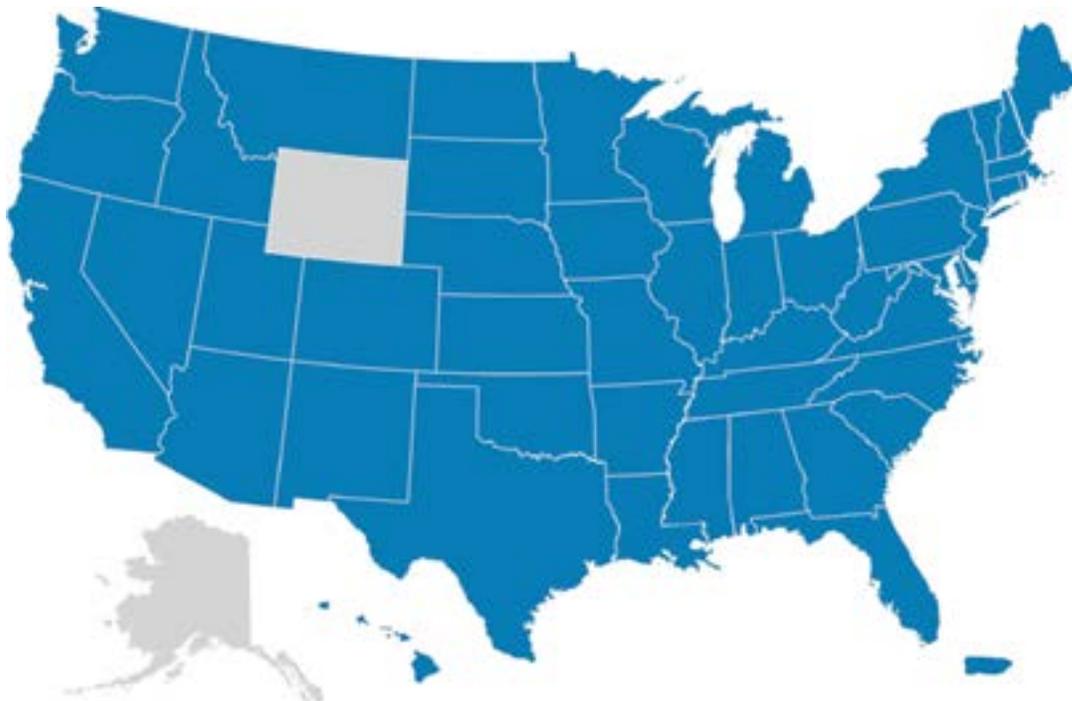
*Participating states and territories are subject to change at any time.

Personal Choice 65 PPO plans

You have the freedom to choose any doctor or hospital in or out of network. But you'll pay less by selecting a doctor or hospital that's in network.

Coverage that travels with you

You are eligible for the visitor/traveler benefit, which lets you take extended visits (up to 12 months) to places in the shared Blue Cross®/Blue Shield® visitor/traveler service area without losing coverage. If you visit participating providers in the service area, you'll pay the in-network cost-sharing level for covered benefits. The service area includes 48 states, the District of Columbia, and Puerto Rico.*



-
-  Visitor/traveler service area
-  Not a part of the visitor/traveler service area
-

For a complete list of our in-network providers, visit ibxmedicare.com/providerfinder.

Medicare Supplement Plans

Your Medigap Freedom Plan Choices

Your Medigap Freedom Plan Choices		Plan A	Plan B	Plan G/ Plan G High Deductible*	Plan N
Service Category	Medicare Pays:	You Pay:			
Primary Care Physician Visits	80% of Medicare-approved amounts after \$226 [†] annual Part B deductible is met	\$226 [†] Part B deductible (Plan pays 20% coinsurance)			\$226 [†] Part B deductible; up to a \$20 copay for doctor visits; up to a \$50 copay for emergency room (waived if admitted)
Specialist Visits					
Emergency Room					
Urgent Care					
Outpatient Surgery					
Inpatient Hospital	All charges except \$1,600 [†] (Part A deductible) and Part A coinsurance	\$1,600 [†] (Part A deductible)	\$0	\$0	\$0
Part B Excess Charges‡	Nothing	100%	100%	Nothing	100%
Prescription Drugs (Part D)	Nothing	Prescription drug coverage is not included			

All rates are subject to change with the approval of the Pennsylvania Insurance Department. Any rate change will apply to all policies in our service area and cannot be changed or canceled because of poor health. QCC Insurance Company has the right to change premiums based on your attained age and the table of rate changes. We will give a 30-day notice of a premium change.

To join, you must be enrolled in Medicare Parts A and B. You must continue to pay Medicare Part A (if applicable) and Part B premiums.

*Plan G High Deductible requires first paying a plan deductible of \$2,700 before the plan begins to pay. Once the plan deductible is met, the plan pays 100% of covered services for the rest of the calendar year. Plan G High Deductible does not cover the Medicare Part B deductible. However, Plan G High Deductible counts your payment of the Medicare Part B deductible toward meeting the plan deductible. The calendar year deductible is subject to change in 2024.

†These are the 2023 amounts, and they may change on January 1, 2024. Each year, Social Security notifies all Medicare beneficiaries of the new Part A deductible and coinsurance, Part B deductible, and Part B premium amount.

‡If the amount a doctor or other health care provider charges is higher than the Medicare-approved amount, the difference is called the excess charge.

Medigap Freedom Non-Tobacco Premiums

Male Non-Tobacco Premiums						Female Non-Tobacco Premiums				
Plan A	Plan B	Plan G	Plan G-HD	Plan N		Plan A	Plan B	Plan G	Plan G-HD	Plan N
\$146.81	\$178.15	\$203.34	\$68.15	\$156.77	Under 65*	\$133.46	\$161.95	\$184.86	\$61.95	\$142.52
\$146.81	\$178.15	\$203.34	\$68.15	\$156.77	65-67	\$133.46	\$161.95	\$184.86	\$61.95	\$142.52
\$153.48	\$186.26	\$212.42	\$71.25	\$164.29	68	\$139.53	\$169.32	\$193.11	\$64.77	\$149.35
\$159.77	\$193.87	\$220.74	\$74.16	\$171.38	69	\$145.24	\$176.24	\$200.67	\$67.42	\$155.80
\$166.44	\$201.97	\$230.76	\$77.26	\$179.89	70	\$151.31	\$183.61	\$209.79	\$70.24	\$163.54
\$173.52	\$210.57	\$240.79	\$80.55	\$188.41	71	\$157.75	\$191.42	\$218.90	\$73.23	\$171.28
\$179.67	\$218.02	\$249.68	\$83.40	\$195.92	72	\$163.34	\$198.21	\$226.99	\$75.82	\$178.11
\$185.15	\$224.67	\$259.15	\$85.94	\$204.30	73	\$168.31	\$204.24	\$235.58	\$78.13	\$185.72
\$189.82	\$230.34	\$267.28	\$88.11	\$211.39	74	\$172.57	\$209.41	\$242.97	\$80.10	\$192.17
\$194.90	\$236.50	\$276.17	\$90.47	\$219.33	75	\$177.18	\$215.01	\$251.06	\$82.24	\$199.39
\$198.91	\$241.36	\$284.11	\$92.33	\$226.28	76	\$180.82	\$219.42	\$258.28	\$83.94	\$205.71
\$203.04	\$246.39	\$293.38	\$94.25	\$234.52	77	\$184.59	\$223.99	\$266.71	\$85.68	\$213.19
\$208.00	\$252.39	\$303.97	\$96.55	\$244.16	78	\$189.08	\$229.44	\$276.34	\$87.77	\$221.96
\$210.80	\$255.80	\$310.97	\$97.85	\$250.41	79	\$191.63	\$232.53	\$282.70	\$88.95	\$227.64
\$212.13	\$257.41	\$317.40	\$98.47	\$256.22	80	\$192.84	\$234.01	\$288.55	\$89.52	\$232.93
\$215.34	\$261.31	\$328.18	\$99.96	\$266.29	81	\$195.76	\$237.55	\$298.35	\$90.87	\$242.09
\$218.41	\$265.04	\$340.10	\$101.38	\$277.36	82	\$198.55	\$240.93	\$309.18	\$92.17	\$252.15
\$218.95	\$265.68	\$348.42	\$101.63	\$285.31	83	\$199.04	\$241.53	\$316.75	\$92.39	\$259.37
\$219.08	\$265.84	\$356.18	\$101.69	\$292.82	84	\$199.16	\$241.67	\$323.80	\$92.45	\$266.20
\$220.84	\$267.98	\$363.55	\$102.05	\$300.06	85	\$200.77	\$243.62	\$330.50	\$92.77	\$272.78
\$225.10	\$273.15	\$370.55	\$104.02	\$307.15	86	\$204.64	\$248.32	\$336.86	\$94.56	\$279.23
\$229.92	\$279.00	\$378.49	\$106.25	\$314.81	87	\$209.03	\$253.64	\$344.09	\$96.59	\$286.19
\$232.44	\$282.07	\$382.66	\$107.41	\$318.79	88	\$211.32	\$256.42	\$347.87	\$97.65	\$289.81
\$236.02	\$286.40	\$388.53	\$109.06	\$324.89	89	\$214.56	\$260.36	\$353.20	\$99.15	\$295.36
\$241.18	\$292.67	\$397.04	\$111.45	\$333.68	90	\$219.26	\$266.06	\$360.94	\$101.32	\$303.35
\$247.39	\$300.19	\$407.25	\$114.32	\$343.75	91	\$224.90	\$272.90	\$370.23	\$103.92	\$312.50
\$247.87	\$300.78	\$417.47	\$114.54	\$353.68	92	\$225.33	\$273.43	\$379.51	\$104.12	\$321.53
\$256.35	\$311.07	\$422.00	\$118.46	\$358.37	93	\$233.05	\$282.79	\$383.64	\$107.69	\$325.79
\$259.68	\$315.11	\$427.49	\$120.00	\$363.90	94	\$236.07	\$286.46	\$388.63	\$109.09	\$330.81
\$263.01	\$319.16	\$432.97	\$121.54	\$369.30	95	\$239.11	\$290.15	\$393.61	\$110.49	\$335.72
\$265.89	\$322.64	\$437.71	\$122.87	\$374.26	96	\$241.72	\$293.32	\$397.91	\$111.70	\$340.23
\$270.26	\$327.94	\$444.89	\$124.88	\$381.49	97	\$245.68	\$298.13	\$404.44	\$113.53	\$346.81
\$273.93	\$332.40	\$450.95	\$126.58	\$387.60	98	\$249.03	\$302.19	\$409.95	\$115.08	\$352.36
\$277.60	\$336.86	\$456.99	\$128.28	\$393.69	99+	\$252.37	\$306.24	\$415.45	\$116.62	\$357.91

*This includes people under 65 on Medicare due to disability.

Non-Tobacco rates apply to applications submitted during the six-month open enrollment or in a guaranteed issue situation. Applicants NOT enrolling during the six-month open enrollment period or in a guaranteed issue situation will be evaluated for tobacco use and charged the corresponding tobacco or non-tobacco rates.

Medigap Freedom Tobacco Premiums

Male Tobacco Premiums						Female Tobacco Premiums				
Plan A	Plan B	Plan G	Plan G-HD	Plan N		Plan A	Plan B	Plan G	Plan G-HD	Plan N
\$161.49	\$195.97	\$223.68	\$74.96	\$172.45	Under 65*	\$146.81	\$178.15	\$203.34	\$68.15	\$156.77
\$161.49	\$195.97	\$223.68	\$74.96	\$172.45	65-67	\$146.81	\$178.15	\$203.34	\$68.15	\$156.77
\$168.84	\$204.88	\$233.67	\$78.37	\$180.71	68	\$153.48	\$186.26	\$212.42	\$71.25	\$164.29
\$175.74	\$213.26	\$242.82	\$81.58	\$188.52	69	\$159.77	\$193.87	\$220.74	\$74.16	\$171.38
\$183.09	\$222.17	\$253.85	\$84.99	\$197.88	70	\$166.44	\$201.97	\$230.76	\$77.26	\$179.89
\$190.88	\$231.63	\$264.87	\$88.60	\$207.24	71	\$173.52	\$210.57	\$240.79	\$80.55	\$188.41
\$197.64	\$239.83	\$274.66	\$91.74	\$215.52	72	\$179.67	\$218.02	\$249.68	\$83.40	\$195.92
\$203.66	\$247.14	\$285.05	\$94.54	\$224.73	73	\$185.15	\$224.67	\$259.15	\$85.94	\$204.30
\$208.80	\$253.38	\$294.00	\$96.92	\$232.52	74	\$189.82	\$230.34	\$267.28	\$88.11	\$211.39
\$214.39	\$260.15	\$303.78	\$99.52	\$241.27	75	\$194.90	\$236.50	\$276.17	\$90.47	\$219.33
\$218.79	\$265.50	\$312.52	\$101.56	\$248.92	76	\$198.91	\$241.36	\$284.11	\$92.33	\$226.28
\$223.35	\$271.03	\$322.72	\$103.68	\$257.97	77	\$203.04	\$246.39	\$293.38	\$94.25	\$234.52
\$228.79	\$277.63	\$334.36	\$106.20	\$268.58	78	\$208.00	\$252.39	\$303.97	\$96.55	\$244.16
\$231.87	\$281.37	\$342.07	\$107.63	\$275.44	79	\$210.80	\$255.80	\$310.97	\$97.85	\$250.41
\$233.34	\$283.16	\$349.14	\$108.32	\$281.85	80	\$212.13	\$257.41	\$317.40	\$98.47	\$256.22
\$236.87	\$287.44	\$361.00	\$109.95	\$292.92	81	\$215.34	\$261.31	\$328.18	\$99.96	\$266.29
\$240.25	\$291.54	\$374.11	\$111.52	\$305.10	82	\$218.41	\$265.04	\$340.10	\$101.38	\$277.36
\$240.83	\$292.25	\$383.26	\$111.79	\$313.84	83	\$218.95	\$265.68	\$348.42	\$101.63	\$285.31
\$240.99	\$292.42	\$391.80	\$111.86	\$322.10	84	\$219.08	\$265.84	\$356.18	\$101.69	\$292.82
\$242.93	\$294.78	\$399.91	\$112.26	\$330.06	85	\$220.84	\$267.98	\$363.55	\$102.05	\$300.06
\$247.61	\$300.46	\$407.61	\$114.42	\$337.87	86	\$225.10	\$273.15	\$370.55	\$104.02	\$307.15
\$252.92	\$306.90	\$416.35	\$116.87	\$346.29	87	\$229.92	\$279.00	\$378.49	\$106.25	\$314.81
\$255.70	\$310.27	\$420.93	\$118.16	\$350.66	88	\$232.44	\$282.07	\$382.66	\$107.41	\$318.79
\$259.62	\$315.03	\$427.38	\$119.97	\$357.38	89	\$236.02	\$286.40	\$388.53	\$109.06	\$324.89
\$265.31	\$321.93	\$436.74	\$122.59	\$367.05	90	\$241.18	\$292.67	\$397.04	\$111.45	\$333.68
\$272.13	\$330.21	\$447.98	\$125.75	\$378.13	91	\$247.39	\$300.19	\$407.25	\$114.32	\$343.75
\$272.65	\$330.85	\$459.21	\$125.99	\$389.05	92	\$247.87	\$300.78	\$417.47	\$114.54	\$353.68
\$281.98	\$342.17	\$464.21	\$130.30	\$394.21	93	\$256.35	\$311.07	\$422.00	\$118.46	\$358.37
\$285.66	\$346.63	\$470.24	\$132.00	\$400.29	94	\$259.68	\$315.11	\$427.49	\$120.00	\$363.90
\$289.32	\$351.08	\$476.27	\$133.69	\$406.22	95	\$263.01	\$319.16	\$432.97	\$121.54	\$369.30
\$292.48	\$354.91	\$481.48	\$135.15	\$411.69	96	\$265.89	\$322.64	\$437.71	\$122.87	\$374.26
\$297.28	\$360.73	\$489.38	\$137.37	\$419.64	97	\$270.26	\$327.94	\$444.89	\$124.88	\$381.49
\$301.32	\$365.65	\$496.04	\$139.24	\$426.35	98	\$273.93	\$332.40	\$450.95	\$126.58	\$387.60
\$305.37	\$370.55	\$502.70	\$141.11	\$433.06	99+	\$277.60	\$336.86	\$456.99	\$128.28	\$393.69

*This includes people under 65 on Medicare due to disability.

Non-Tobacco rates apply to applications submitted during the six-month open enrollment or in a guaranteed issue situation. Applicants NOT enrolling during the six-month open enrollment period or in a guaranteed issue situation will be evaluated for tobacco use and charged the corresponding tobacco or non-tobacco rates.

Ready to Enroll?

Choose the right plan for you

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



How to find a network provider

1. Go to ibxmedicare.com/providerfinder.
2. Search for a specific health plan by clicking the drop-down box under *Your Plan* and selecting *Medical*.
3. Select the health plan network you would like to search. You can narrow your search by typing in a location (i.e., city or ZIP code) as well as by searching for a specific doctor, hospital, specialty, or condition. You can easily sort and refine your results by:
 - Specialty
 - PCP
 - Quality recognitions
 - Languages spoken
 - Admitting privileges
 - Providers
 - Facilities
 - Board certifications
 - Gender
4. If you're enrolling in a Keystone 65 HMO plan, make sure to fill out your desired in-network PCP during the application process.



How to find a network pharmacy

1. Go to ibxmedicare.com/pharmacyfinder.
2. Click *Find a Network Pharmacy* and select your plan from the drop-down menu.
3. Search by pharmacy name or location. You can refine your results by:
 - Preferred pharmacies
 - Indian/Tribal/Urban services
 - Open 24 hours
 - Long-term care
 - Home infusion services
4. Each pharmacy result is listed as a preferred or standard pharmacy.



How to find out if a drug is on the formulary

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

After You Enroll

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



ENROLLMENT CHECKLIST

What to expect from your plan:

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

Material Name	Description	Received
 Member ID card	<p>Use your Independence Blue Cross member ID card (not your Medicare card) every time you visit the doctor, hospital, or pharmacy (if you have prescription coverage). If you have a Keystone 65 HMO plan, make sure your PCP is on the card or call our Member Help Team to have them added. You will receive your ID card after you receive your confirmation letter.</p>	<input type="checkbox"/>
 Personalized health advice	<p>Personal health visits are visits from a nurse practitioner in your home or at other partner center locations. This visit lasts about an hour and includes a brief health assessment. It is a helpful and convenient way to get personalized health advice in a relaxed setting and is offered to you at no extra cost. This service is optional, and the visit will not affect your current health insurance benefits or premiums. You will receive a call from one of our health care partners to see if you're interested in scheduling a visit.</p>	<input type="checkbox"/>
 Doctor visit	<p>Take advantage of your annual wellness visit, which is covered by Medicare without a copay or coinsurance. It's a great opportunity for you and your doctor to review your medical history, identify risk factors to your health, and discuss a plan to prevent illness and improve your health.</p>	<input type="checkbox"/>
 Get connected	<p>Receive health screening reminders, important plan notifications, and cost savings alerts delivered directly and securely to you via email or text message. Visit ibxmedicare.com/connect today to sign up!</p>	<input type="checkbox"/>

Medical Exclusions

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

Part D Exclusions

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

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

*Custodial care is personal care that does not require the continuing attention of trained medical or paramedic personnel, such as care that helps you with activities of daily living, such as bathing or dressing.

†Offered on HMO plans only. Visit ibxmedicare.com for a complete listing of benefits and exclusions.

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Every year Medicare evaluates plans based on a 5-star rating system.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

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

Dental benefits are underwritten by Keystone Health Plan East/QCC Insurance Company and administered by United Concordia Companies, Inc., an independent company.

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

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

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

The One Pass fitness benefit is a program provided by Rally Health, Inc., an independent company. ©2022 Rally Health, Inc. Rally, the Rally logo(s), and One Pass are trademarks of Rally Health, Inc. and/or its affiliates.

Telemedicine is provided through MDLIVE, by Evernorth, an independent company.

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

Gift card limited to one per person. Offer only to eligible beneficiaries who completed a personal health visit. May not be redeemed for cash. Independence Blue Cross at its discretion may substitute a gift card of the same value.

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

MANNA is an independent company that administers our meals program benefit.

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

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

The Part B Premium Giveback is set up by Medicare and administered through the Social Security Administration (SSA). The Giveback incentive only participates with Social Security. There are no direct payments made to beneficiaries by Independence Blue Cross. Beneficiaries who pay their own Part B premium are eligible for the Giveback. This means beneficiaries cannot receive Medicaid or any other assistance from a health program that could potentially pay their Part B premium. The monthly credit is applied on either the beneficiary's Social Security check or Medicare Part B statement, depending on how they pay their Part B premium. It can take a few months for this Giveback to be processed, so the beneficiary may receive it as a lump sum.

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-275-2583 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-275-2583 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务, 帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务, 请致电 1-800-275-2583 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問, 為此我們提供免費的翻譯服務。如需翻譯服務, 請致電 1-800-275-2583 (TTY: 711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-800-275-2583 (TTY: 711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-275-2583 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-275-2583 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-275-2583 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري, ليس سيقوم (TTY: 711) 1-800-275-2583 عليك سوى الاتصال بنا على. بمساعدتك. هذه خدمة مجانية شخص ما يتحدث العربية.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-275-2583 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-275-2583 (TTY: 711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-275-2583 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-275-2583 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-275-2583 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-275-2583 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-275-2583 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-275-2583 (TTY: 711)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Discrimination is Against the Law

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

This Plan provides:

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

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

You can file a grievance in the following ways:

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

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

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

