

ENROLL NOW

# It's great to be a member



## 2024 Smart Solutions Brochure

Independence 

## Thank you for considering Independence Blue Cross!

I'm your local Independence Blue Cross (Independence) Medicare Advisor. I've been helping beneficiaries understand Medicare and find quality health coverage since 2006. At Independence, we know Philly because we **are** Philly...we've been **proudly serving the area for 85 years!**

### 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

**Enroll in Philly's most popular Medicare Advantage plan now.\* Call me today!**



With care,

*Mary Blount*

Mary Blount

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\*2023 Medicare Advantage Enrollment Numbers, [ibxmedicare.com/popular23](https://ibxmedicare.com/popular23).

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 — independent licensees of the Blue Cross and Blue Shield Association.

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# Benefits at a glance



Our Medicare Advantage plans are the area's **most popular plans**<sup>1</sup> because they offer something for everyone.

With Independence Blue Cross (Independence), you have the choice of plans to fit your budget, all with the benefits you want and all the valuable member extras you deserve.

You can feel confident that you're receiving quality care with access to the **largest network**<sup>1</sup> and an **expansive drug formulary**.

## Our Medicare Advantage offerings feature:

- **\$0 monthly premium** on most plans
- **\$0 copays** for primary care physician (PCP) visits on most plans
- **\$0 copays** for the most commonly prescribed medications<sup>1</sup>
- **No deductibles** to meet for medical or prescription drug coverage
- **No referrals** needed
- **\$0 copays** for routine dental, vision, and hearing exams
- **Dental allowances up to \$3,000 per year** to help pay for fillings, root canals, crowns, partial bridges, dentures, and more
- **\$300 annual allowance** to spend on any dental, vision, or hearing services or supplies on select plans
- **Allowances up to \$125 per quarter** to spend on approved over-the-counter items at participating retailers and online
- **FREE fitness membership**, with access to all the YMCAs in our area

Please see footnotes on page 27.

# Coverage you can count on

## IBX Care Card

Independence offers a quarterly **over-the-counter (OTC) allowance** on ALL of our Medicare Advantage plans at no cost. In addition, some plans now also include an annual allowance for **dental, hearing, and vision expenses!** Members can access these funds through their IBX Care Card.



### OTC allowance

- Members can use their IBX Care Card to buy approved OTC items like bandages, cold medicine, toothpaste, and vitamins — in a participating store or online.
- Participating retail stores include Rite Aid, CVS, Walgreens, Walmart, Dollar General, Family Dollar, and more.
- A member's IBX Care Card is automatically reloaded every three months with their quarterly allowance.<sup>2</sup>
  - Keystone 65 HMO plans: **\$30 – \$70** quarterly allowance
  - Personal Choice 65 PPO plans: **\$30 – \$125** quarterly allowance



### Dental, vision, and hearing flex benefit<sup>3</sup>

- Available with **Keystone 65 Basic Rx HMO, Personal Choice 65 Elite Rx PPO, and Personal Choice 65 Prime Rx PPO** plans only.
- These members receive a **\$300 ANNUAL allowance** on their IBX Care Card that can be used to:
  - Cover cost-sharing for covered dental, vision, and hearing benefits.
  - Pay for any combination of dental, vision, or hearing services or supplies received from any licensed professional who accepts your IBX Care Card.
- Dental, vision, and hearing services and supplies include Medicare-covered exams, routine exams, contacts and eyeglasses, hearing aids, dental X-rays, comprehensive dental, and more.

Please see footnotes on page 27.



## Telemedicine benefit

Get convenient, confidential access to quality, board-certified, U.S.-licensed doctors for non-emergent general medical visits, mental/behavioral health visits, and dermatology consultations through Teladoc Health. Connect virtually from the comfort of your home via your computer, tablet, or smartphone, **at no cost**.

- There is a \$0 copay for general medical (urgent care-like) visits focused on non-emergency conditions like the flu, allergies, coughs, sore throats, rashes, and more.
- There is a \$0 copay for mental/behavioral health visits focused on depression, anxiety, stress, and more.<sup>4</sup>
- There is a \$0 copay for dermatology consultations focused on diagnosing and treating skin conditions like eczema, psoriasis, acne, and more.



## 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 **\$57 credit** per month.



## Free fitness program

The One Pass™ fitness program is included in all of our Medicare Advantage plans, **at no cost**.

- Stay fit with access to a large national fitness network, including all local YMCAs; boutique studios; yoga, Pilates, and spinning studios; and more.
- Work out in the comfort of your home with unlimited access to on-demand and livestreaming digital fitness classes.
- Participate in virtual or in-person community fitness activities, plus get online brain training through BrainHQ to help improve your cognition.

Visit [youronepass.com](https://youronepass.com) to check out all that One Pass offers.

Please see footnotes on page 27.

# 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 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 one-way ride.
- Easily book and track rides with the Roundtrip mobile app.
- Modes of transportation include taxis, rideshare services, wheelchair vans, and medical sedans.



## Groceries

### Diabetes and depressive disorders

We're making life a little easier for members who are diagnosed with both 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.
- Members will receive a maximum of four weeks of grocery boxes per year.

# Dental, Vision, and Hearing Care

## Included in all plans

### Dental Services<sup>5</sup>

Provider Network	Use a United Concordia — Concordia Choice Plus Medicare Advantage dentist for in-network coverage. Visit <a href="https://ibxmedicare.com/findadentist">ibxmedicare.com/findadentist</a> for a list of participating providers.
Routine Exams/Cleaning	\$0 copay; one exam and cleaning once every six months
Dental X-rays	\$0 copay; one set bitewing X-rays every 12 months, one periapical X-ray every 36 months, one full-mouth/panoramic X-ray every 36 months
Comprehensive Dental <sup>6</sup>	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	
Personal Choice 65 Elite	\$3,000 combined in- and out-of-network annual allowance
Keystone 65 Basic	\$2,500 in-network annual allowance
Keystone 65 Focus, Keystone 65 Liberty, Keystone 65 Select	\$2,000 in-network annual allowance
Personal Choice 65 Prime	\$2,000 combined in- and out-of-network annual allowance
Personal Choice 65, Personal Choice 65 Saver	\$1,500 combined in- and out-of-network annual allowance

Please see footnotes on page 27.

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## Vision Services<sup>5</sup>

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Provider Network

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Use a Davis Vision provider for in-network coverage.  
Visit [ibxmedicare.com/davisvision](https://ibxmedicare.com/davisvision) for a list of participating providers.

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Routine Eye Exam

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\$0 copay; one routine eye exam every year

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Eyeglass Frames, Lenses,  
and Contact Lenses

*Eyewear doesn't include  
tints, progressives, transition  
lenses, polish, and insurance.*

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.

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## Hearing Services

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Provider Network

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Provided by TruHearing®.  
Visit [ibxmedicare.com/hearing](https://ibxmedicare.com/hearing) for a list of participating providers.

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Routine Hearing Exam

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\$0 copay; one routine hearing exam per year

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Hearing Aid Fittings and  
Evaluations

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\$0 copay; unlimited hearing aid fittings and evaluations per year

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Personal Choice 65 Elite

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\$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<sup>7</sup>

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Keystone 65 Preferred,  
Keystone 65 Select,  
Personal Choice 65

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\$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<sup>7</sup>

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Keystone 65 Basic,  
Keystone 65 Focus,  
Keystone 65 Liberty,  
Personal Choice 65 Prime,  
Personal Choice 65 Saver

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\$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<sup>7</sup>

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Please see footnotes on page 27.

# Benefit & Cost Comparison

## Medicare Advantage Plans

### Service Category

### Personal Choice 65 Elite Rx PPO<sup>8</sup>

Philadelphia, Bucks, Chester, Delaware, and Montgomery

#### Monthly Plan Premium

#### Medical with Rx

**\$25.60**

Part B Premium Giveback

N/A

PCP Visits

\$0 copay

Specialist Visits (No referrals needed)

\$30 copay

Over-the-Counter Allowance

\$125 quarterly allowance

Outpatient Hospital Services  
Ambulatory Surgical Center

\$250 copay  
\$150 copay

Emergency Care

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

Outpatient Diagnostic  
Radiology Services

\$0 copay for certain diagnostic tests;  
\$35 or \$275 copay depending on the service

Outpatient Routine X-rays

\$35 copay for routine radiology service

Inpatient Hospital  
(Including COVID-19 coverage)

\$525 copay per stay; \$0 copay for inpatient acute hospital stay due to COVID-19 diagnosis

Maximum Out of Pocket

\$7,250 in network; \$10,000 combined in and out of network

Network

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

Please see footnotes on page 27.

## Service Category

## Personal Choice 65 Prime Rx PPO<sup>8</sup>

	Philadelphia and Bucks	Chester, Delaware, Montgomery
<b>Monthly Plan Premium</b>	<b>Medical with Rx</b>	<b>Medical with Rx</b>
	<b>\$0</b>	<b>\$0</b>
Part B Premium Giveback	N/A	N/A
PCP Visits	\$0 copay	\$0 copay
Specialist Visits (No referrals needed)	\$30 copay	\$30 copay
Over-the-Counter Allowance	\$70 quarterly allowance	\$70 quarterly allowance
Outpatient Hospital Services Ambulatory Surgical Center	\$375 copay \$225 copay	\$375 copay \$225 copay
Emergency Care	\$100 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$200 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology service	
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	
Maximum Out of Pocket	\$7,550 in network; \$11,300 combined in and out of network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get <b>coverage that travels with you</b> to 48 states and two territories. <sup>9</sup>	

Please see footnotes on page 27.

# Medicare Advantage Plans

## Service Category

## Keystone 65 Basic Rx HMO

	Philadelphia and Bucks	Chester, Delaware, Montgomery
<b>Monthly Plan Premium</b>	<b>Medical with Rx</b>	
	<b>\$0</b>	<b>\$0</b>
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (No referrals needed)	\$35 copay	
Over-the-Counter Allowance	\$70 quarterly allowance	
Outpatient Hospital Services	\$350 copay	
Ambulatory Surgical Center	\$200 copay	
Emergency Care	\$100 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$170 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology service	
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	
Maximum Out of Pocket	\$7,550 in network	
Network	In-network coverage only, except for urgent or emergency care.	

## Service Category

## Keystone 65 Focus Rx HMO-POS<sup>10</sup>

	Philadelphia and Bucks	Chester, Delaware, Montgomery
<b>Monthly Plan Premium</b>	<b>Medical with Rx</b>	
	<b>\$0</b>	<b>\$15</b>
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (No referrals needed)	\$40 copay	
Over-the-Counter Allowance	\$70 quarterly allowance	
Outpatient Hospital Services Ambulatory Surgical Center	\$325 copay \$200 copay	
Emergency Care	\$100 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$30 or \$160 copay depending on the service	
Outpatient Routine X-rays	\$30 copay for routine radiology service	
Inpatient Hospital (Including COVID-19 coverage)	\$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	
Maximum Out of Pocket	\$6,500 in network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using providers within the limited network.	

**Find out which hospitals are in this plan's network by visiting [ibxmedicare.com/providerfinder](https://ibxmedicare.com/providerfinder).**

Please see footnotes on page 27.

# Medicare Advantage Plans

## Service Category

## Personal Choice 65 Saver Rx PPO<sup>8</sup>

Philadelphia, Bucks, Chester, Delaware, and Montgomery

### Monthly Plan Premium

### Medical with Rx

**\$0**

Part B Premium Giveback

\$57 giveback on each monthly Medicare Part B premium payment

PCP Visits

\$10 copay

Specialist Visits (No referrals needed)

\$50 copay

Over-the-Counter Allowance

\$30 quarterly allowance

Outpatient Hospital Services  
Ambulatory Surgical Center

20% coinsurance  
20% coinsurance

Emergency Care

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

Outpatient Diagnostic  
Radiology Services

\$0 copay for certain diagnostic tests;  
\$40 or \$285 copay depending on the service

Outpatient Routine X-rays

\$40 copay for routine radiology service

Inpatient Hospital  
(Including COVID-19 coverage)

\$375 copay per day for days 1 – 5; no copay for additional days per admission; \$1,875 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis

Maximum Out of Pocket

\$8,300 in network; \$11,300 combined in and out of network

Network

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

Please see footnotes on page 27.



## Service Category

## Keystone 65 Liberty Medical-Only HMO<sup>11</sup>

Philadelphia, Bucks, Chester,  
Delaware, and Montgomery

### Monthly Plan Premium

### Medical-only

**\$0**

Part B Premium Giveback

\$90 giveback on each monthly Medicare Part B premium payment

PCP Visits

\$0 copay

Specialist Visits (No referrals needed)

\$40 copay

Over-the-Counter Allowance

\$30 quarterly allowance

Outpatient Hospital Services  
Ambulatory Surgical Center

20% coinsurance  
20% coinsurance

Emergency Care

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

Outpatient Diagnostic  
Radiology Services

\$0 copay for certain diagnostic tests;  
\$45 or \$275 copay depending on the service

Outpatient Routine X-rays

\$45 copay for routine radiology service

Inpatient Hospital  
(Including COVID-19 coverage)

\$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

Maximum Out of Pocket

\$8,300 in network

Network

In-network coverage only, except for urgent or emergency care.

Please see footnotes on page 27.

# Medicare Advantage Plans

## Service Category

## Keystone 65 Select HMO<sup>11</sup>

	Philadelphia and Bucks	Chester, Delaware, Montgomery
<b>Medical-only</b>	<b>\$27.50</b>	<b>\$43.50</b>
<b>Medical with Rx</b>	<b>\$50.50</b>	<b>\$77.50</b>
<b>Monthly Plan Premium</b>		
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (No referrals needed)	\$40 copay	
Over-the-Counter Allowance	\$30 quarterly allowance	
Outpatient Hospital Services Ambulatory Surgical Center	\$350 copay \$200 copay	
Emergency Care	\$120 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$200 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology service	
Inpatient Hospital (Including COVID-19 coverage)	\$275 copay per day for days 1 – 6; no copay for additional days per admission; \$1,650 maximum per admission; \$0 copay for in-network inpatient acute hospital stay due to COVID-19 diagnosis	
Maximum Out of Pocket	\$5,650 in network	
Network	In-network coverage only, except for urgent or emergency care.	

Please see footnotes on page 27.

## Service Category

## Keystone 65 Preferred HMO<sup>11</sup>

	Philadelphia and Bucks	Chester, Delaware, Montgomery
<b>Medical-only</b>	<b>\$175</b>	<b>\$137</b>
<b>Medical with Rx</b>	<b>\$179</b>	<b>\$205</b>
<b>Monthly Plan Premium</b>		
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (No referrals needed)	\$40 copay	
Over-the-Counter Allowance	\$30 quarterly allowance	
Outpatient Hospital Services	\$350 copay	
Ambulatory Surgical Center	\$125 copay	
Emergency Care	\$100 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$150 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology service	
Inpatient Hospital (Including COVID-19 coverage)	\$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	
Maximum Out of Pocket	\$3,800 in network	
Network	In-network coverage only, except for urgent or emergency care.	

Please see footnotes on page 27.

# Medicare Advantage Plans

## Service Category

## Personal Choice 65 PPO<sup>8,11</sup>

	Philadelphia and Bucks	Chester, Delaware, Montgomery
<b>Medical-only</b>	<b>\$138</b>	<b>N/A</b>
<b>Medical with Rx</b>	<b>\$247</b>	<b>\$158</b>
<b>Monthly Plan Premium</b>		
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits (No referrals needed)	\$35 copay	
Over-the-Counter Allowance	\$30 quarterly allowance	
Outpatient Hospital Services Ambulatory Surgical Center	\$300 copay \$150 copay	
Emergency Care	\$100 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$175 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology service	
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	
Maximum Out of Pocket	\$5,000 in network; \$8,950 combined in and out of network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get <b>coverage that travels with you</b> to 48 states and two territories. <sup>9</sup>	

Please see footnotes on page 27.

# Prescription Drugs

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

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

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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
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Keystone 65 Preferred Rx, Keystone 65 Select Rx, Personal Choice 65 Rx	Tier 1 Preferred Generic: \$0 copay; Tier 2 Generic: \$14 copay
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## Preferred Retail Cost-Sharing (30-day supply)

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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 <sup>12</sup>
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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 <sup>12</sup>
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## Standard Retail Cost-Sharing (30-day supply)

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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 <sup>12</sup>
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<b>Initial Coverage Limit</b>	A maximum of \$5,030 in total drug costs
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<b>Coverage Gap</b>	You pay 25% of generic drug costs, 25% of brand-name drug costs, and a \$35 copay for a 30-day supply of covered insulin, until you reach a maximum of \$8,000
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<b>Catastrophic</b>	After reaching a maximum of \$8,000, you pay \$0 for your drugs
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Please see footnotes on page 27.

# Medicare Supplement Plans

Your Medigap Freedom Plan Choices <sup>1,3</sup>		Plan A	Plan B	Plan G/ Plan G High Deductible <sup>15</sup>	Plan N
Service Category	Medicare Pays:	You Pay:			
Primary Care Physician Visits	80% of Medicare-approved amounts after \$240 <sup>14</sup> annual Part B deductible is met	\$240 <sup>14</sup> Part B deductible (Plan pays 20% coinsurance)			\$240 <sup>14</sup> 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					(Plan pays all other Part B coinsurance)
Inpatient Hospital	All charges except \$1,632 <sup>14</sup> (Part A deductible) and Part A coinsurance	\$1,632 <sup>14</sup> (Part A deductible)	\$0	\$0	\$0
Part B Excess Charges <sup>16</sup>	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.

Please see footnotes on page 27.

# Medigap Freedom Non-Tobacco Premiums<sup>17</sup>

Male Non-Tobacco Premiums						Female Non-Tobacco Premiums				
Plan A	Plan B	Plan G	Plan G-HD	Plan N	Age	Plan A	Plan B	Plan G	Plan G-HD	Plan N
\$146.81	\$178.15	\$203.34	\$68.15	\$156.77	Under 65 <sup>18</sup>	\$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

Please see footnotes on page 27.

# MedigapFreedom Tobacco Premiums<sup>17</sup>

Male Tobacco Premiums						Female Tobacco Premiums				
Plan A	Plan B	Plan G	Plan G-HD	Plan N	Age	Plan A	Plan B	Plan G	Plan G-HD	Plan N
\$161.49	\$195.97	\$223.68	\$74.96	\$172.45	Under 65 <sup>18</sup>	\$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

Please see footnotes on page 27.



# 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](https://ibxmedicare.com/providerfinder).
2. Search for providers in your area by clicking *Choose a location* and entering an address, city, or ZIP code.
3. Search by a specific health plan network by clicking *All Plans*, then *Find a different plan*. You can narrow your search by doctor name, doctor specialty, hospital or clinic name, or provider type. You can easily sort and refine your results by:
  - Specialty
  - PCP
  - Quality recognitions
  - Languages spoken
  - Admitting privileges
  - Provider type
  - Location services
  - 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](https://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](https://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	
<b>Plan confirmation/ acceptance letter</b>	We will send you a letter within 10 days of the Centers for Medicare & Medicaid Services' approval of your enrollment.	<input type="checkbox"/>	
<b>Enrollment verification letter</b>	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"/>	
<b>New member welcome kit</b>	This kit contains your <i>Evidence of Coverage</i> (EOC) — a complete description of your Medicare Advantage plan coverage and your rights as a member. It also contains information on how to find the plan's drug formulary (if applicable) and other important forms, such as electronic billing and mail order sign-up.	<input type="checkbox"/>	
<b>Your bill</b>	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 plan coverage.	<input type="checkbox"/>	

Material Name	Description	Received	
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**Member ID card**

Use your Independence 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.



**IBX Care Card**

Your IBX Care Card is a convenient way to save money and access your OTC and — for select plans — dental, vision, and hearing flex benefits, all on one card. It comes preloaded with funds you can use at participating retailers.



**Personalized health visit**

Independence members have access to personal health visits, which are visits from a licensed health professional. These visits last about an hour and include a brief health assessment. They are a helpful and convenient way to get personalized health advice in the comfort of the home and are offered to our members at no extra cost. This service is optional, and the visits will not affect the member’s current health insurance benefits or premiums. Members may receive a call or a flier in the mail from one of our health care vendors to see if they are interested in scheduling a visit. This visit should not replace an annual wellness visit with the member’s primary care provider.



**Doctor visit**

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.



**Get connected**

Receive health screening reminders, important plan notifications, and cost savings alerts delivered directly and securely to you via email or text message. Visit [ibxmedicare.com/connect](https://ibxmedicare.com/connect) today to sign up!

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## 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<sup>19</sup>
- Homemaker services, including housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Reversal of sterilization procedures and/or non-prescription contraceptive supplies
- Naturopath services (uses natural or alternative treatments)

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## Part D Exclusions

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

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

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This is a partial list of exclusions. Visit [ibxmedicare.com/eoc](https://www.ibxmedicare.com/eoc) for a complete listing of benefits and exclusions.

Please see footnotes on page 27.

## Footnotes

1. 2023 Medicare Advantage Enrollment Numbers, 2023 Top Prescribed Drugs, 2023 PA-5 Provider Network Counts, [ibxmedicare.com/source23](https://ibxmedicare.com/source23).
2. 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. Members should retain the card through the expiration date.
3. Members can use this benefit with in-network and out-of-network providers. The balance remaining on the card does not carry over into the next benefit year. Members should retain the card through the expiration date.
4. Mental/behavioral health visits must be scheduled via the online platform [teladochealth.com/signin](https://teladochealth.com/signin). Visits cannot be scheduled by phone. Member must complete a mental health assessment via the website platform prior to scheduling a mental health visits.
5. There is an 80% coinsurance for most out-of-network dental and vision benefits on the Personal Choice 65 PPO plans.
6. Keystone 65 Preferred HMO does not include comprehensive dental.
7. Advanced and premium digital hearing aids are available in rechargeable models at no additional cost.
8. For most out-of-network benefits, Personal Choice 65 Elite Rx and Personal Choice 65 have a 30% coinsurance and Personal Choice 65 Prime Rx and Personal Choice 65 Saver Rx have a 40% coinsurance.
9. Participating states and territories are subject to change at any time.
10. Keystone 65 Focus members pay 20% for most Medicare-covered medical (Parts A and B) out-of-network benefits. The POS annual plan maximum of \$1,000 will apply to out-of-network benefits.
11. Keystone 65 Liberty Medical-Only HMO, Keystone 65 Select Medical-Only HMO, Keystone 65 Preferred Medical-Only HMO, and Personal Choice 65 Medical-Only PPO plans do not include Rx (Part D) prescription drug coverage.
12. You won't pay more than \$35 per month for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, through the coverage gap.
13. To join, you must be enrolled in Medicare Parts A and B and live in our service area. You must continue to pay Medicare Part A (if applicable) and Part B premiums.
14. These are the 2024 amounts, and they may change on January 1, 2025. Each year, Social Security notifies all Medicare beneficiaries of the new Part A deductible and coinsurance, Part B deductible, and Part B premium amount.
15. Plan G High Deductible requires first paying a plan deductible of \$2,800 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 2025.
16. 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.
17. 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.
18. This includes people under 65 on Medicare due to disability.
19. Custodial care is personal care that does not require the continuing attention of trained medical or paramedic personnel, such as care that helps you with activities of daily living, such as bathing or dressing.

Independence Blue Cross offers 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 Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, 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. ©2024 Rally Health, Inc. Rally, the Rally logo(s), and One Pass are trademarks of Rally Health, Inc. and/or its affiliates.

Telemedicine is provided by Teladoc Health, an independent company.

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

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

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

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

The 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.

The grocery benefit is a part of a special supplemental program for the chronically ill. Not all members qualify. Some services may require prior approval. Please visit [ibxmedicare.com/eoc](http://ibxmedicare.com/eoc) for more information.

This information is not a complete description of benefits. Please visit [ibxmedicare.com/eoc](http://ibxmedicare.com/eoc) for more information.

## Multi-Language Insert

### Multi-language Interpreter Services

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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## Multi-language Interpreter Services

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

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

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

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

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### 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](mailto: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>.

