2020
Summary of Benefits
Effective January 1, 2020 through December 31, 2020

- Keystone 65 Basic Rx HMO
- Keystone 65 Focus Rx HMO-POS
- Keystone 65 Select Medical-Only HMO
- Keystone 65 Select Rx HMO

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This booklet gives you a summary of what we cover and what you pay. It doesn’t list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the Evidence of Coverage or go online at www.ibxmedicare.com.

This Summary of Benefits booklet gives you a summary of what Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, Keystone 65 Select Medical-Only HMO, and Keystone 65 Select Rx HMO cover and what you pay.

Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx, Keystone 65 Select Medical-Only HMO, and Keystone 65 Select Rx HMO are Medicare Advantage HMO (Health Maintenance Organization) plans. With an HMO plan, members choose a family doctor, called a primary care physician (PCP), who provides the services they need. When they need specialized care, PCPs refer members to other doctors or health care providers within the HMO provider network. Keystone 65 Focus Rx has a Point-of-Service (POS) option. “Point-of-Service” means you can use providers outside the plan’s network for an additional cost. Members pay less if they use doctors, hospitals, and other health care providers that belong to the plan’s network. If you choose to see a doctor or specialist out of network, you may pay a higher cost-share except in the case of an emergency.

If you want to compare our plans with other available Medicare health plans, ask the other plan(s) for their Summary of Benefits booklet. Or, use the Medicare Plan Finder at www.medicare.gov. If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare and You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-633-4227, 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections of this booklet
- Monthly Premium, Deductible, Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits for Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, and Keystone 65 Select Rx HMO
- Optional Supplemental Benefits (Choice and Choice Plus Programs) for Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, Keystone 65 Select Medical-Only HMO, and Keystone 65 Select Rx HMO. You must pay an extra premium for these benefits.

Who can join?
To join Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, Keystone 65 Select Medical-Only HMO, or Keystone 65 Select Rx HMO, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area includes the following counties in Pennsylvania: Bucks, Chester, Delaware, Montgomery, and Philadelphia.

Which doctors, hospitals, and pharmacies can I use?
Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, Keystone 65 Select Medical-Only HMO, and Keystone 65 Select Rx HMO have networks of doctors, hospitals, pharmacies, and other providers. Keystone 65 Basic Rx HMO, Keystone 65 Select Medical-Only HMO, and Keystone 65 Select Rx HMO: If you use the providers that are not in our networks, the plans may not pay for the services. With Keystone 65 Focus Rx HMO-POS, if you choose to see a doctor or specialist out of network, you may pay a higher cost-share except in the case of an emergency.

Keystone 65 Basic Rx HMO and Keystone 65 Select Rx also have a preferred pharmacy network; cost-sharing for drugs may vary depending on the pharmacy you use. To view our lists of network providers and pharmacies (Provider/Pharmacy Directory), please visit www.ibxmedicare.com.

Keystone 65 Focus Rx HMO-POS: If you choose to see a doctor or specialist out of network, you may pay a higher cost-share except in the case of an emergency.

If you want to compare our plans with other available Medicare health plans, ask the other plan(s) for their Summary of Benefits booklet. Or, use the Medicare Plan Finder at www.medicare.gov. If you want to know more about the coverage and costs of Original Medicare, look in your current “Medicare and You” handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

If you choose to see a doctor or specialist out of network, you may pay a higher cost-share except in the case of an emergency.

Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, and Keystone 65 Select Rx HMO cover Part D drugs. In addition, the plans cover Part B drugs such as chemotherapy and some other drugs administered by your provider. You can see our complete plan Formulary (List of Covered Drugs) and any restrictions on our website, www.ibxmedicare.com.

Keystone 65 Select Medical-Only HMO covers Part B drugs, including chemotherapy and some other drugs administered by your provider. However, this plan does not cover Part D prescription drugs.
## Monthly Plan Premium

<table>
<thead>
<tr>
<th>Keystone 65 Basic Rx HMO</th>
<th>And You Have...</th>
<th>Keystone 65 Basic Rx HMO with Choice</th>
<th>Keystone 65 Basic Rx HMO with Choice Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>If You Live In...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chester, Delaware, or Montgomery County</td>
<td>$0</td>
<td>$12</td>
<td>$25</td>
</tr>
<tr>
<td>Bucks or Philadelphia County</td>
<td>$0</td>
<td>$12</td>
<td>$25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keystone 65 Focus Rx HMO-POS</th>
<th>And You Have...</th>
<th>Keystone 65 Focus Rx HMO-POS with Choice</th>
<th>Keystone 65 Focus Rx HMO-POS with Choice Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>If You Live In...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chester, Delaware, or Montgomery County</td>
<td>$19</td>
<td>$31</td>
<td>$44</td>
</tr>
<tr>
<td>Bucks or Philadelphia County</td>
<td>$9</td>
<td>$21</td>
<td>$34</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Keystone 65 Select Rx HMO</th>
<th>And You Have...</th>
<th>Keystone 65 Select Rx HMO with Choice</th>
<th>Keystone 65 Select Rx HMO with Choice Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>If You Live In...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chester, Delaware, or Montgomery County</td>
<td>$80.50</td>
<td>$92.50</td>
<td>$105.50</td>
</tr>
<tr>
<td>Bucks or Philadelphia County</td>
<td>$54.50</td>
<td>$66.50</td>
<td>$79.50</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Keystone 65 Select Medical-Only HMO</th>
<th>And You Have...</th>
<th>Keystone 65 Select Medical-Only HMO with Choice</th>
<th>Keystone 65 Select Medical-Only HMO with Choice Plus</th>
</tr>
</thead>
<tbody>
<tr>
<td>If You Live In...</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chester, Delaware, or Montgomery County</td>
<td>$49.50</td>
<td>$61.50</td>
<td>$74.50</td>
</tr>
<tr>
<td>Bucks or Philadelphia County</td>
<td>$34.50</td>
<td>$46.50</td>
<td>$59.50</td>
</tr>
</tbody>
</table>
### Deductible
This plan does not have a deductible for covered medical services or for Part D prescription drugs.

**Maximum Out-of-Pocket (the amounts you pay for your premium, Part D prescription drugs and some medical services do not count toward your maximum out-of-pocket (MOOP) amount)**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Deductible</th>
<th>Maximum Out-of-Pocket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keystone 65 Basic Rx HMO</td>
<td></td>
<td>$6,700 each year</td>
</tr>
<tr>
<td>Keystone 65 Focus Rx HMO-POS</td>
<td></td>
<td>$6,700 each year</td>
</tr>
<tr>
<td>Keystone 65 Select Medical-Only HMO</td>
<td></td>
<td>$5,500 each year</td>
</tr>
<tr>
<td>Keystone 65 Select Rx HMO</td>
<td></td>
<td>$5,500 each year</td>
</tr>
</tbody>
</table>

### Covered Medical and Hospital Benefits

#### Inpatient Hospital Coverage (1)

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Deductible</th>
<th>Maximum Out-of-Pocket</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keystone 65 Basic Rx HMO</td>
<td>$250 copayment per day for days 1 through 7 per admission</td>
<td>$1,750 maximum copayment per admission. No copayment on day of discharge. Unlimited days per benefit period.</td>
</tr>
<tr>
<td>Keystone 65 Focus Rx HMO-POS</td>
<td>$210 copayment per day for days 1 through 6 per admission</td>
<td>$1,260 maximum copayment per admission. No copayment on day of discharge. Unlimited days per benefit period.</td>
</tr>
<tr>
<td>Keystone 65 Select Medical-Only HMO</td>
<td>$250 copayment per day for days 1 through 6 per admission</td>
<td>$1,500 maximum copayment per admission. No copayment on day of discharge. Unlimited days per benefit period.</td>
</tr>
<tr>
<td>Keystone 65 Select Rx HMO</td>
<td>$250 copayment per day for days 1 through 6 per admission</td>
<td>$1,500 maximum copayment per admission. No copayment on day of discharge. Unlimited days per benefit period.</td>
</tr>
</tbody>
</table>

#### Outpatient Hospital Coverage

- **Ambulatory Surgical Center (1)**
  - $200 copayment
  - $200 copayment

- **Outpatient Hospital Facility (1)**
  - $350 copayment
  - $350 copayment

- **Observation Services**
  - $350 copayment per stay
  - $350 copayment per stay

- **Ambulatory Surgical Center (1)**
  - $200 copayment

- **Outpatient Hospital Facility (1)**
  - $350 copayment

- **Observation Services**
  - $350 copayment per stay

*Services with a (1) may require prior authorization.*
<table>
<thead>
<tr>
<th>Doctor’s Office Visits</th>
<th>Keystone 65 Basic Rx HMO</th>
<th>Keystone 65 Focus Rx HMO–POS</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>Primary Care Physician</strong></td>
<td>• $0 copayment for Preferred primary care physician</td>
<td>• $0 copayment for Preferred primary care physician</td>
</tr>
<tr>
<td></td>
<td>• $15 copayment for Standard primary care physician</td>
<td>• $10 copayment for Standard primary care physician</td>
</tr>
<tr>
<td>• <strong>Specialist</strong></td>
<td>• $45 copayment</td>
<td>• $40 copayment</td>
</tr>
<tr>
<td>Preventive Care (e.g., flu vaccine, diabetic screenings)</td>
<td>You pay nothing. Please refer to the Evidence of Coverage for a complete listing of services.</td>
<td>You pay nothing. Please refer to the Evidence of Coverage for a complete listing of services.</td>
</tr>
<tr>
<td></td>
<td>If you receive a separate additional non-preventive evaluation and/or service, a copayment will apply.</td>
<td>If you receive a separate additional non-preventive evaluation and/or service, a copayment will apply.</td>
</tr>
<tr>
<td></td>
<td>The copayment amount depends on the provider type or place of service.</td>
<td>The copayment amount depends on the provider type or place of service.</td>
</tr>
<tr>
<td>Emergency Care - covered worldwide</td>
<td>• $90 copayment</td>
<td>• $90 copayment</td>
</tr>
<tr>
<td></td>
<td>Not waived if admitted</td>
<td>Not waived if admitted</td>
</tr>
<tr>
<td>Urgently Needed Services - covered worldwide</td>
<td>• $15 copayment in a retail clinic</td>
<td>• $10 copayment in a retail clinic</td>
</tr>
<tr>
<td></td>
<td>Not waived if admitted</td>
<td>Not waived if admitted</td>
</tr>
<tr>
<td></td>
<td>• $40 copayment in an urgent care center</td>
<td>• $40 copayment in an urgent care center</td>
</tr>
<tr>
<td></td>
<td>Not waived if admitted</td>
<td>Not waived if admitted</td>
</tr>
<tr>
<td></td>
<td>• $90 copayment per visit outside of the U.S.</td>
<td>• $90 copayment per visit outside of the U.S.</td>
</tr>
<tr>
<td></td>
<td>Not waived if admitted</td>
<td>Not waived if admitted</td>
</tr>
<tr>
<td></td>
<td>Emergency and urgently needed care services received outside the U.S. do not count toward the maximum out-of-pocket amount (MOOP).</td>
<td>Emergency and urgently needed care services received outside the U.S. do not count toward the maximum out-of-pocket amount (MOOP).</td>
</tr>
<tr>
<td>Diagnostic Services(1), Lab and Radiology Services(1), and X-rays(1)</td>
<td>• $45 or $200 copayment depending on service</td>
<td>• $40 or $200 copayment depending on service</td>
</tr>
<tr>
<td></td>
<td>You pay nothing</td>
<td>You pay nothing</td>
</tr>
<tr>
<td></td>
<td>You pay nothing</td>
<td>You pay nothing</td>
</tr>
<tr>
<td></td>
<td>• $45 copayment for routine radiology services</td>
<td>• $40 copayment for routine radiology services</td>
</tr>
<tr>
<td>Services with a (1) may require prior authorization.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Keystone 65 Select Medical-Only HMO**

- $0 copayment for Preferred primary care physician
- $15 copayment for Standard primary care physician
- $40 copayment

**Keystone 65 Select Rx HMO**

- $0 copayment for Preferred primary care physician
- $15 copayment for Standard primary care physician
- $40 copayment

You pay nothing. Please refer to the Evidence of Coverage for a complete listing of services.

Services with a (1) may require prior authorization.
Keystone 65
Basic Rx HMO

- Hearing Exam
  - $45 copayment for Medicare-covered hearing exams
  - Available with Choice or Choice Plus: $10 copayment for routine non-Medicare-covered hearing exams once every year.

- Hearing Aid
  - Available with Choice: $699 copayment standard digital hearing aid or $999 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Available with Choice Plus: $499 copayment standard digital hearing aid or $799 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Routine hearing services and aids are covered when provided by a TruHearing provider. Routine hearing services do not count towards annual MOOP.

Keystone 65 Focus Rx HMO-POS

- Hearing Exam
  - $40 copayment for Medicare-covered hearing exams
  - Available with Choice or Choice Plus: $10 copayment for routine non-Medicare-covered hearing exams once every year.

- Hearing Aid
  - Available with Choice: $699 copayment standard digital hearing aid or $999 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Available with Choice Plus: $499 copayment standard digital hearing aid or $799 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Routine hearing services and aids are covered when provided by a TruHearing provider. Routine hearing services do not count towards annual MOOP.

Keystone 65 Select Medical-Only HMO

- Hearing Exam
  - $40 copayment for Medicare-covered hearing exams
  - Available with Choice or Choice Plus: $10 copayment for routine non-Medicare-covered hearing exams once every year.

- Hearing Aid
  - Available with Choice: $699 copayment standard digital hearing aid or $999 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Available with Choice Plus: $499 copayment standard digital hearing aid or $799 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Routine hearing services and aids are covered when provided by a TruHearing provider. Routine hearing services do not count towards annual MOOP.

Keystone 65 Select Rx HMO

- Hearing Exam
  - $40 copayment for Medicare-covered hearing exams
  - Available with Choice or Choice Plus: $10 copayment for routine non-Medicare-covered hearing exams once every year.

- Hearing Aid
  - Available with Choice: $699 copayment standard digital hearing aid or $999 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Available with Choice Plus: $499 copayment standard digital hearing aid or $799 copayment premium digital hearing aid per year, per ear; 3 hearing aid fittings per year; up to 2 hearing aids every year, one hearing aid per ear.
  - Routine hearing services and aids are covered when provided by a TruHearing provider. Routine hearing services do not count towards annual MOOP.

Services with a (1) may require prior authorization.
Keystone 65 Basic Rx HMO

$45 copayment for non-routine Medicare-covered dental services in a specialist office

Available with Choice: In-Network: $10 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

Available with Choice: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

$500 combined plan allowance every year for restorative services, endodontics, periodontics, and extractions; Prosthodontics and oral surgery are not covered

Available with Choice Plus: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions; $1500 combined plan allowance every year for restorative services, endodontics, periodontics, extractions, prosthodontics, and oral surgery

Dental Services

Keystone 65 Focus Rx HMO-POS

$40 copayment for non-routine Medicare-covered dental services in a specialist office

Available with Choice: In-Network: $10 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

Available with Choice: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

$500 combined plan allowance every year for restorative services, endodontics, periodontics, and extractions; Prosthodontics and oral surgery are not covered

Available with Choice Plus: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions; $1500 combined plan allowance every year for restorative services, endodontics, periodontics, extractions, prosthodontics, and oral surgery

Keystone 65 Select Medical-Only HMO

$40 copayment for non-routine Medicare-covered dental services in a specialist office

Available with Choice: In-Network: $10 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

Available with Choice: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

$500 combined plan allowance every year for restorative services, endodontics, periodontics, and extractions; Prosthodontics and oral surgery are not covered

Available with Choice Plus: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions; $1500 combined plan allowance every year for restorative services, endodontics, periodontics, extractions, prosthodontics, and oral surgery

Keystone 65 Select Rx HMO

$40 copayment for non-routine Medicare-covered dental services in a specialist office

Available with Choice: In-Network: $10 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

Available with Choice: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions

$500 combined plan allowance every year for restorative services, endodontics, periodontics, and extractions; Prosthodontics and oral surgery are not covered

Available with Choice Plus: In-Network: $0 copayment for routine non-Medicare-covered exam and cleaning every six months; $0 copay for 1 set of dental bitewing X-rays every year; full mouth X-rays (panoramic) not covered; 50% coinsurance for restorative services, endodontics, periodontics, and extractions; $1500 combined plan allowance every year for restorative services, endodontics, periodontics, extractions, prosthodontics, and oral surgery

Services with a (1) may require prior authorization.
Vision Services

$45 copayment for Medicare-covered eye exams to diagnose and treat diseases of the eye; $0 copayment for diabetic retinal exam; $0 copayment for glaucoma screening; $0 copayment for Medicare-covered eyeglasses or contact lenses after cataract surgery

Available with Choice: $10 copay for one routine eye exam every year; 1 pair of eyeglass frames and lenses or one pair of contact lenses are covered every year; If eyewear is purchased from the Davis Vision Collection the eyeglass frames and lenses are covered in full; $200 plan allowance every year on eyewear (glasses, lenses) purchased through Visionworks; $150 plan allowance every year for all other eyewear (glasses, lenses or contacts) purchased through Davis Vision; Eyewear does not include lens options such as tints, progressives, transition lenses, polish, and insurance. Routine vision services (exam and eyewear) do not count towards the annual MOOP.

Available with Choice Plus: $10 copay for routine eye exam every year; $200 plan allowance on eyewear (glasses, lenses) purchased through Visionworks; $150 plan allowance on eyewear (glasses, lenses or contacts) purchased through Davis Vision; Eyewear does not include lens options such as tints, progressives, transition lenses, polish, and insurance. Routine vision services (exam and eyewear) do not count towards the annual MOOP.

$40 copayment for Medicare-covered eye exams to diagnose and treat diseases of the eye; $0 copayment for diabetic retinal exam; $0 copayment for glaucoma screening; $0 copayment for Medicare-covered eyeglasses or contact lenses after cataract surgery

Available with Choice: $10 copay for routine eye exam every year; 1 pair of eyeglass frames and lenses or one pair of contact lenses are covered every year; If eyewear is purchased from the Davis Vision Collection the eyeglass frames and lenses are covered in full; $200 plan allowance every year on eyewear (glasses, lenses) purchased through Visionworks; $150 plan allowance every year for all other eyewear (glasses, lenses or contacts) purchased through Davis Vision; Eyewear does not include lens options such as tints, progressives, transition lenses, polish, and insurance. Routine vision services (exam and eyewear) do not count towards the annual MOOP.

Available with Choice Plus: $10 copay for routine eye exam every year; $200 plan allowance on eyewear (glasses, lenses) purchased through Visionworks; $150 plan allowance on eyewear (glasses, lenses or contacts) purchased through Davis Vision; Eyewear does not include lens options such as tints, progressives, transition lenses, polish, and insurance. Routine vision services (exam and eyewear) do not count towards the annual MOOP.
### Mental Health Services

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Keystone 65 Basic Rx HMO</th>
<th>Keystone 65 Focus Rx HMO-POS</th>
<th>Keystone 65 Select Medical-Only HMO</th>
<th>Keystone 65 Select Rx HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient Mental Health Care (2)</td>
<td>$250 copayment per day for days 1 through 7 per admission You pay nothing for day 8 and beyond per admission $1,750 maximum copayment per admission 190-day lifetime maximum in a mental health facility</td>
<td>$210 copayment per day for days 1 through 6 per admission You pay nothing for day 7 and beyond per admission $1,260 maximum copayment per admission 190-day lifetime maximum in a mental health facility</td>
<td>$250 copayment per day for days 1 through 6 per admission You pay nothing for day 7 and beyond per admission $1,500 maximum copayment per admission 190-day lifetime maximum in a mental health facility</td>
<td>$250 copayment per day for days 1 through 6 per admission You pay nothing for day 7 and beyond per admission $1,500 maximum copayment per admission 190-day lifetime maximum in a mental health facility</td>
</tr>
<tr>
<td>Outpatient Therapy (Group and Individual)</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
</tr>
<tr>
<td>Outpatient Substance Abuse Services (Group and Individual)</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
</tr>
<tr>
<td>Partial Hospitalization (2)</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
<td>$40 copayment</td>
</tr>
</tbody>
</table>

**Skilled Nursing Facility (1)**
- You pay nothing per day for days 1 through 20
- $165 copayment per day for days 21 through 100
- 100 days per benefit period
- $250 copayment per day for days 1 through 6 per admission You pay nothing for day 7 and beyond per admission $1,500 maximum copayment per admission 190-day lifetime maximum in a mental health facility
- $250 copayment per day for days 1 through 6 per admission You pay nothing for day 7 and beyond per admission $1,500 maximum copayment per admission 190-day lifetime maximum in a mental health facility
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**Physical Therapy (1)**
- $25 copayment

**Ambulance (1)**
- $300 copayment for a one-way trip
- Not waived if admitted
- Non-emergency ambulance services require prior authorization
- $275 copayment for a one-way trip
- Not waived if admitted
- Non-emergency ambulance services require prior authorization
- $250 copayment for a one-way trip
- Not waived if admitted
- Non-emergency ambulance services require prior authorization
- $250 copayment for a one-way trip
- Not waived if admitted
- Non-emergency ambulance services require prior authorization
- $250 copayment for a one-way trip
- Not waived if admitted
- Non-emergency ambulance services require prior authorization

**Transportation**
- Not covered

**Medicare Part B Drugs (1)**
- 20% coinsurance for Part B drugs such as chemotherapy drugs
- For a description of the types of drugs available under Part B, see your Evidence of Coverage.
- 20% coinsurance for Part B drugs such as chemotherapy drugs
- For a description of the types of drugs available under Part B, see your Evidence of Coverage.
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- For a description of the types of drugs available under Part B, see your Evidence of Coverage.

*Services with a (1) may require prior authorization. (2) Prior authorization is required by Magellan Behavioral Health.*
**Prescription Drug Benefits (Part D)**

Part D Prescription Drug Benefits are available for members of Keystone 65 Basic Rx HMO, Keystone 65 Focus Rx HMO-POS, and Keystone 65 Select Rx HMO. This benefit is not available for members of Keystone 65 Select Medical-Only HMO.

<table>
<thead>
<tr>
<th>Initial Coverage Stage</th>
<th>Keystone 65 Basic Rx HMO</th>
<th>Keystone 65 Focus Rx HMO-POS</th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay the following until your total yearly drug costs reach $4,020. “Total yearly drug costs” are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you move into each stage of your Part D benefits. You may fill your prescriptions at either a preferred or standard pharmacy. Tier 1 and 2 prescriptions (which include most generic drugs) will have lower copayments when you have them filled at preferred pharmacies. For information, please review the Keystone 65 Basic Rx HMO Evidence of Coverage.</td>
<td>You pay the following until your total yearly drug costs reach $4,020. “Total yearly drug costs” are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you move into each stage of your Part D benefits. You may fill your prescriptions at either a preferred or standard pharmacy. Tier 1 and 2 prescriptions (which include most generic drugs) will have lower copayments when you have them filled at preferred pharmacies.</td>
<td>Part D prescription drugs are not available with this plan. You pay the following until your total yearly drug costs reach $4,020. “Total yearly drug costs” are the total drug costs paid by both you and our Part D plan. You may get your drugs at network retail pharmacies and mail-order pharmacies. Cost-sharing may change depending on the pharmacy you choose and when you move into each stage of your Part D benefits. You may fill your prescriptions at either a preferred or standard pharmacy. Tier 1 and 2 prescriptions (which include most generic drugs) will have lower copayments when you have them filled at preferred pharmacies. For information, please review the Keystone 65 Select Rx HMO Evidence of Coverage.</td>
</tr>
</tbody>
</table>

Part D prescription drugs are not available with this plan.
<table>
<thead>
<tr>
<th>Retail Cost-sharing (what you pay at a pharmacy location)</th>
<th>Keystone 65 Basic Rx HMO</th>
<th>Keystone 65 Focus Rx HMO-POS</th>
<th>Keystone 65 Select Medical-Only HMO</th>
<th>Keystone 65 Select Rx HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic Drugs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Pharmacy</td>
<td>$2 copayment</td>
<td>$2 copayment</td>
<td>$2 copayment</td>
<td>$1 copayment</td>
</tr>
<tr>
<td>Standard Pharmacy</td>
<td>$9 copayment</td>
<td>$9 copayment</td>
<td>$9 copayment</td>
<td>$9 copayment</td>
</tr>
<tr>
<td>Tier 2 (Generic Drugs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Pharmacy</td>
<td>$10 copayment</td>
<td>$10 copayment</td>
<td>$10 copayment</td>
<td>$9 copayment</td>
</tr>
<tr>
<td>Standard Pharmacy</td>
<td>$20 copayment</td>
<td>$20 copayment</td>
<td>$20 copayment</td>
<td>$18 copayment</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand Drugs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Pharmacy</td>
<td>$47 copayment</td>
<td>$47 copayment</td>
<td>$47 copayment</td>
<td>$47 copayment</td>
</tr>
<tr>
<td>Standard Pharmacy</td>
<td>$47 copayment</td>
<td>$47 copayment</td>
<td>$47 copayment</td>
<td>$47 copayment</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drugs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Pharmacy</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>Standard Pharmacy</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td>Tier 5 (Specialty Drugs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preferred Pharmacy</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
</tr>
<tr>
<td>Standard Pharmacy</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
</tr>
</tbody>
</table>
## Prescription Drug Benefits (Part D) (cont.)

<table>
<thead>
<tr>
<th>Mail-Order Cost-sharing (what you pay when you order a prescription by mail)</th>
<th>Keystone 65 Basic Rx HMO</th>
<th>Keystone 65 Focus Rx HMO-POS</th>
<th>Keystone 65 Select Medical-Only HMO</th>
<th>Keystone 65 Select Rx HMO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic Drugs)</td>
<td>One-Month Supply</td>
<td>Two-Month Supply</td>
<td>Three-Month Supply</td>
<td>One-Month Supply</td>
</tr>
<tr>
<td>Tier 2 (Generic Drugs)</td>
<td>$2 copayment</td>
<td>$4 copayment</td>
<td>$4 copayment</td>
<td>$2 copayment</td>
</tr>
<tr>
<td>Tier 3 ( Preferred Brand Drugs)</td>
<td>$10 copayment</td>
<td>$20 copayment</td>
<td>$20 copayment</td>
<td>$9 copayment</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drugs)</td>
<td>$47 copayment</td>
<td>$94 copayment</td>
<td>$94 copayment</td>
<td>$47 copayment</td>
</tr>
<tr>
<td>Tier 5 (Specialty Drugs)</td>
<td>$100 copayment</td>
<td>$200 copayment</td>
<td>$200 copayment</td>
<td>$100 copayment</td>
</tr>
<tr>
<td></td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
<td>33% coinsurance</td>
</tr>
</tbody>
</table>

Part D prescription drugs are not available with this plan.
Prescription Drug Benefits (Part D) (cont.)

Initial Coverage Stage

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You begin in this stage when you fill your first prescription of the year. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total $4,020. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. This plan has a preferred pharmacy network; cost-sharing for drugs may vary depending on the pharmacy used. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Coverage Gap Stage

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,020. After you enter the coverage gap, you pay 25% of the plan’s cost for covered brand-name drugs and 25% of the plan’s cost for covered generic drugs until your costs total $6,350, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage Stage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail-order) reach $6,350, you pay the greater of:

- 5% of the costs, or;
- $3.60 copayment for generic (including brand drugs tested as generic) and an $8.95 copayment for all other drugs

Keystone 65 Basic Rx HMO

Keystone 65 Focus Rx HMO-POS

Keystone 65 Select Medical-Only HMO

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You begin in this stage when you fill your first prescription of the year. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total $4,020. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. This plan has a preferred pharmacy network; cost-sharing for drugs may vary depending on the pharmacy used. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

Keystone 65 Select Rx HMO

Part D prescription drugs are not available with this plan.

During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You begin in this stage when you fill your first prescription of the year. You stay in this stage until your year-to-date “total drug costs” (your payments plus any Part D plan’s payments) total $4,020. If you reside in a long-term care facility, you pay the same as at a retail pharmacy. This plan has a preferred pharmacy network; cost-sharing for drugs may vary depending on the pharmacy used. You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.

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Focus Rx HMO-POS Keystone 65 Select Medical-Only HMO

Focus Rx HMO-POS Keystone 65 Select Rx HMO

Focus Rx HMO-POS Keystone 65 Select Rx HMO

Focus Rx HMO-POS Keystone 65 Select Rx HMO

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Focus Rx HMO-POS Keystone 65 Select Rx HMO
### Other Medical Benefits

#### Podiatry Services
- **Medical Condition**
  - $25 copayment per visit for condition treatment

- **Routine Foot Care (Medicare-covered)**
  - $25 copayment per visit for Medicare-covered routine foot care

- **Routine Foot Care (non-Medicare-covered)**
  - $25 copayment per visit for non-Medicare-covered routine foot care

#### Over-the-Counter (OTC) Items
- $30 allowance for over-the-counter (OTC) items. OTC allowance is provided quarterly and does not carry forward to the next quarter if not used. You must use our preferred vendors AccuChek and OneTouch for test strips and monitors. No copayment for lancets and solutions.

#### Telemedicine Visits
- $25 copayment for telemedicine visits; Telemedicine physicians are available 24/7, 365 days per year. MDLIVE doctors are state-licensed physicians.

#### Chiropractic Services
- **Medical Condition (Medicare-covered)**
  - $20 copayment per visit for spinal manipulations

- **Routine Care (non-Medicare-covered)**
  - $20 copayment per visit for non-Medicare-covered routine chiropractic care (up to 6 visits each year)

#### Diabetic Supplies (1)
- No copayment for diabetic test strips and glucose monitors. You must use our preferred vendors AccuChek and OneTouch for test strips and monitors. Test strips and monitors from other vendors will not be covered. No copayment for lancets and solutions.

#### Keystone 65 Basic Rx HMO
- $25 copayment per visit for condition treatment

#### Keystone 65 Focus Rx HMO-POS
- $25 copayment per visit for condition treatment

#### Keystone 65 Select Medical-Only HMO
- $20 copayment per visit for condition treatment

#### Keystone 65 Select Rx HMO
- $20 copayment per visit for condition treatment

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Services with a (1) may require prior authorization.
Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Help Team representative at 1-800-645-3965 (TTY/TDD: 711).

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you routinely see a doctor. Visit www.ibxmedicare.com or call 1-800-645-3965 (TTY/TDD: 711) to view a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐ Benefits, premiums and/or copayments/coinsurance may change on January 1, 2021.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

☐ Our Keystone 65 Focus Rx HMO-POS plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for certain covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
Language Assistance Services


Chinese: 注意：如果您讲中文，您可以通过免费的语言服务帮助您。致电 1-800-275-2583。


Portuguese: ATENÇÃO: se você fala português, você encontra-se disponíveis serviços gratuitos de assistência linguística. Ligue para 1-800-275-2583.

Russian: перевода

Arabic: مكتبة

Chiamare il numero 1-800-275-2583.

disponibili servizi di assistenza linguistica gratuiti.

pod numer 1-800-275-2583.

skorzystać z bezpłatnych usług komunikacji językowej. Zadzwoń pod numer 1-800-275-2583.

1-800-275-2583፣

1-800-275-2583.


Japanese: 問合: 母国語が日本語の方は、言語アシスタンスサービス（無料）をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

ترجمه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می گردد. 1-800-275-2583


Urdú:

ترجمہ: اگر آپ ارد زبان بولتے ہیں تو آپ کے لئے خدمات میں زبان معاون خدمت دستیاب ہیں کل کریم 1-800-275-2583

Mon-Khmer, Cambodian: ម៉ាស៊ីន៍សូមមានការជួយជាមួយក្នុងប្រយោគនេះដោយ។ ឈ្នះទំណាងសូមដោយមានការជួយជាមួយក្នុងប្រយោគនេះដោយ។ 1-800-275-2583

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: civilrightscoordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.


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.
For more information

For updated information regarding plan providers, visit our website at www.ibxmedicare.com, or call the Member Help Team at 1-800-645-3965 (TTY/TDD: 711), seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail.

If you are not yet a member and have questions, please call 1-877-393-6733 or TTY/TDD: 711, seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. By calling this number you will be directed to a licensed sales agent. Or, you may visit www.ibxmedicare.com.

Keystone 65 offers HMO plans with a Medicare contract. Enrollment in Keystone 65 Medicare Advantage plans depends on contract renewal.

TruHearing® is a registered trademark of TruHearing, Inc., an independent company. Vision benefits are underwritten by Keystone Health Plan East and administered by Davis Vision, an independent company.

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

The Independence Blue Cross Over the Counter benefit is underwritten by Keystone Health Plan East and is administered by CoverFirst, an independent company. Telemedicine is provided by MDLIVE, an independent company.

To receive this document in an alternate format such as Braille, large print, or audio, please call 1-877-393-6733 (non-members) (by calling this number you will be directed to a licensed sales agent) or 1-800-645-3965 (members) (TTY/TDD: 711).

This information is not a complete description of benefits. Contact 1-877-393-6733 or TTY/TDD: 711 for more information.

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

Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

KS8979 (6/19) Approved 9/2/2019