

IBX Care Card

Frequently Asked Questions (FAQs)

What is the IBX Care Card?

The IBX Care Card has a **quarterly over-the-counter (OTC) benefit allowance**, and for select plans, an additional **annual dental, vision, and hearing (DVH) flex benefit allowance** or an **annual medical, dental, vision, and hearing (Medical + DVH) flex benefit allowance**. For plans with both the OTC and a flex benefit allowance, your IBX Care Card comes preloaded with both your allowances on the same card.

You can use your card the month your coverage becomes effective. **Simply swipe your card and select credit — no pin is needed.**

What does my IBX Care Card look like?

Depending on your plan, you will receive an IBX Care Card with the OTC Network logo or an IBX Care Card with a Visa logo.



Eligible plans include:

Keystone 65 HMO

Keystone 65 Focus HMO-POS, Keystone 65 Liberty HMO, Keystone 65 Preferred HMO, and Keystone 65 Select HMO

Personal Choice 65SM PPO

Personal Choice 65 Plus PPO, Personal Choice 65SM PPO, and Personal Choice 65 Saver PPO

KEEP THIS CARD for as long as you are a member (no expiration date).



Eligible plans include:

Keystone 65 HMO

Keystone 65 Basic HMO and Keystone 65 Essential HMO-POS

Includes an OTC allowance and a Medical + DVH flex benefit allowance.

Personal Choice 65 PPO

Personal Choice 65 Elite PPO and Personal Choice 65 Prime PPO

Includes an OTC allowance and a DVH flex benefit allowance.

KEEP THIS CARD through the expiration date.

When will I receive my IBX Care Card?

New members will receive their IBX Care Card approximately two weeks after your plan effective date. This card is separate from your member ID card.

Current members who switch to a new Independence Blue Cross (IBX) Medicare Advantage plan will only be mailed a new IBX Care Card if you switch to a plan that offers a different benefit allowance.

- If you switch from a plan with only the OTC benefit allowance to a plan with both the OTC and the flex benefit allowances.
- If you switch from a plan with both the OTC and the flex benefit allowances to a plan that only offers the OTC benefit allowance.

For questions, please call our Member Help Team.

How do I check my IBX Care Card allowance(s)?

To check your balance, visit **mybenefitscenter.com**, download the OTC Network[®] App, or call the number on the back of your IBX Care Card.

What should I do if I lose my IBX Care Card?

If you lose your IBX Care Card or it is stolen, call our Member Help Team at the number on the back of your member ID card. Your card will be cancelled immediately. You will receive a new card within 14 business days of contacting the Member Help Team. Your replacement card will have a new card number. If you find your previous card **after** receiving a replacement, please dispose of it.

I received letters about my IBX Care Card purchases. What are these letters?

When you use your IBX Care Card, your transactions will be included in your monthly *Explanation of Benefits* (EOB). When you exceed your quarterly OTC benefit allowance or annual DVH or Medical + DVH flex benefit allowance, or if you attempt to make a purchase from an invalid merchant, you will receive an *Integrated Denial Notice* (IDN). If you have questions about these materials, please contact our Member Help Team at the number on the back of your member ID card.

What is the OTC benefit allowance?

The **OTC benefit allowance** is a **quarterly allowance** to pay for eligible OTC health and wellness products at participating stores. The OTC quarterly allowance amount varies by plan:

- Keystone 65 Liberty HMO, Keystone 65 Preferred HMO, Keystone 65 Select HMO, Personal Choice 65 Plus PPO, Personal Choice 65SM PPO, and Personal Choice 65 Saver PPO: **\$30**
- Keystone 65 Basic HMO, Keystone 65 Focus HMO-POS (without Vital Care Plus), and Personal Choice 65 Prime PPO: **\$70**
- Keystone 65 Focus HMO-POS (members with Vital Care Plus): **\$80**
- Keystone 65 Essential HMO-POS: **\$100**
- Personal Choice 65 Elite PPO: **\$125**

When is my OTC benefit allowance updated?

Your OTC benefit allowance is reloaded quarterly. You can use your OTC allowance on the first day of each quarter. Please note: Your quarterly allowance will appear on **mybenefitscenter.com** or on the OTC Network[®] App prior to the first day of the new quarter.

- **Quarter 1:** January 1 – March 31
- **Quarter 2:** April 1 – June 30
- **Quarter 3:** July 1 – September 30
- **Quarter 4:** October 1 – December 31

Where can I shop for eligible OTC items?

- **In-store:** Visit **mybenefitscenter.com**, use the OTC Network[®] App, or call our Member Help Team for a full list of participating stores and eligible products.
- **Online:** Shop through the Convey Catalog at **conveybenefits.com/ibx**.
- **By phone:** Call **1-855-885-5740** (TTY/TDD: **711**) to place your order with a Convey OTC specialist, Monday through Friday, 8 a.m. to 11 p.m.

How do I register through the Convey website?

Visit **conveybenefits.com/ibx** to create an account. Make sure to have your IBX Care Card number available. Then enter your member and personal information (it must match the information listed on your IBX Care Card), set up your account with a username and password, and establish a security question. For help creating an account, call **1-855-885-5740** (TTY/TDD: **711**).

What happens if I exceed my OTC benefit allowance when shopping?

If you exceed your benefit allowance for an order, alternative payment will be required for the remaining balance due. Be sure to check your available balance amount by logging into **mybenefitscenter.com**, using the OTC Network® App, or calling the number on the back of your IBX Care Card.

Will my unused OTC balance roll over to the next quarter?

No. Be sure to spend your OTC benefit allowance each quarter as any unused balance will not roll over to the next quarter.

Why do I need to speak with my physician before I can order certain OTC items?

Dual-purpose items are medicines and products that can be used for either a medical condition or general health and well-being. To purchase these items, your physician must recommend them for a specific diagnosed condition. Please speak to your physician before ordering these items. These items include, but are not limited to, vitamins and minerals, home monitoring and testing, and weight loss items.

May I return OTC items I purchased with my IBX Care Card?

Every participating store has their own return policy. Be sure to check the return policy at the store(s) where you shop before purchasing products. For the allowance to be added back to your IBX Care Card, returns must be made within the same quarter as the one in which the items were purchased. If the quarter has lapsed, items may be exchanged for other approved OTC items. Purchases made through Convey may not be returned.

Will there be changes to the eligible OTC products?

There may be changes throughout the year. To search OTC products available for retail purchase, visit **mybenefitscenter.com** or use the OTC Network® App.

For the most up-to-date listing of OTC products available for home delivery, visit **conveybenefits.com/ibx**.

Products and prices are accurate based on the date the catalog is published.

My IBX Care Card did not work at the register. Can I be reimbursed?

If you paid out of pocket for approved OTC items at a participating retailer due to an error with your IBX Care Card, please save your receipt. For information on how to submit for reimbursement, please call our Member Help Team at the number on the back of your member ID card.

What can I purchase using my IBX Care Card?

Your OTC benefit allowance can be used to purchase the following items[†]:

- Acid controller liquids/tablets
- Adult aspirin & pain relief
- Allergy, sinus & combination liquids & tablets
- Boost™, Ensure® & Glucerna®
- Cough, cold & flu liquids or tablets
- Corn/callus/bunion pads & removers, anti-fungal powders creams/liquids/sprays
- CoQ10 herbals & botanicals (echinacea, ginseng, ginkgo, etc.)
- Denture/dental care (floss, toothbrush, toothpaste, & denture care)
- Digestive aids (probiotics & prebiotics)
- Ear drops & eye wash
- Heart health & essential fatty acids (fish oil, flax, GLA, etc.)
- Incontinence (disposable underwear, disposable underpads, etc.)
- Laxatives (stool softeners & fiber acid)
- Meal replacement shakes, nutrition drinks
- Vitamins & minerals (calcium, vitamin D, etc.)
- And much more!

What are some Items NOT covered by your OTC benefit allowance?

- Baby medicines
- Contraceptives
- Cosmetics
- Food products or supplements (includes liquids, powders & bars)
- Foot grooming, foot moisturizers, exfoliators & cleansers, odor & wetness treatment, insoles/inserts
- Grooming products
- Mouthwash (only fluoride treatment & dry mouth mouthwash are covered)
- Sport/energy liquids
- Weight management foods

[†]A complete list of covered items is available online at mybenefitscenter.com

What is the Dental, Vision, and Hearing (DVH) flex benefit allowance?

This benefit is ONLY available for **Personal Choice 65 Elite PPO** and **Personal Choice 65 Prime PPO** plan members. Your IBX Care Card comes with a **DVH flex benefit allowance of \$300** that can be used to pay for out-of-pocket dental, vision, and hearing expenses. Services and products must be provided by a licensed dental, vision, or hearing provider that accepts your IBX Care Card.

Services include, but are not limited to:

- **Dental services** – Exams, X-rays, tooth extractions, root canals, bridges, crowns, and periodontal work.
- **Vision services** – Exams, contact lenses, eyeglasses, and prescription sunglasses.
- **Hearing services** – Exams, hearing aids, and hearing aid repairs.

When are the funds on my IBX Care Card updated?

Your DVH flex benefit allowance will be loaded annually at the beginning of each plan year.

What happens if I exceed my benefit allowance when shopping?

If you exceed your benefit allowance, alternative payment will be required for the remaining balance due. Be sure to ask your provider if they accept split payment methods (using multiple methods of payment for a single transaction) prior to receiving services. Check your available balance amount by logging into **mybenefitscenter.com**, using the OTC Network® App, or calling the number on the back of your IBX Care Card.

My IBX Care Card did not work at the register. Can I be reimbursed?

If you've paid out of pocket at a dental, vision, or hearing provider *due to an error with your IBX Care Card* or your provider could not accept two forms of payment, you may submit for reimbursement. Please save your receipt. For information on how to submit for reimbursement, call our Member Help Team at the number on the back of your member ID card.

What is the Medical, Dental, Vision, and Hearing (Medical + DVH) flex benefit allowance?

This benefit is ONLY available for **Keystone 65 Essential HMO-POS** and **Keystone 65 Basic HMO** members. Your IBX Care Card comes with a **Medical + DVH flex benefit allowance of \$300** that can be used to pay for out-of-pocket medical, dental, hearing, and vision expenses. Services and products must be provided by a licensed medical, dental, vision, or hearing provider that accepts your IBX Care Card. This allowance can be used for the dental, vision, and hearing services listed above. The allowance can also be used for medical services, including:

- Ambulance services
- Ambulatory surgical center
- Cardiac rehabilitation services (including intensive cardiac rehabilitation), pulmonary rehabilitation services, and supervised exercise therapy (SET) for symptomatic peripheral artery disease (PAD)
- Dialysis
- Emergency care
- Inpatient hospital care - acute services only
- Inpatient services in a psychiatric hospital
- Medicare Part B prescription drugs
- Outpatient hospital observation
- Outpatient mental health care
- Outpatient substance use disorder services
- Physician/Practitioner services - physical, speech, and occupational therapy
- Podiatry services
- Radiation therapy
- Routine and complex radiology
- Select telehealth
- Skilled nursing facility (SNF) care
- Specialist visits
- Urgently needed services

When are the funds on my IBX Care Card updated?

Your Medical + DVH flex benefit allowance will be loaded annually at the beginning of each plan year.

What happens if I exceed my benefit allowance when shopping?

If you exceed your benefit allowance, alternative payment will be required for the remaining balance due. Be sure to ask your provider if they accept split payment methods (using multiple methods of payment for a single transaction) prior to receiving services. Check your available balance amount by logging into **mybenefitscenter.com**, using the OTC Network® App, or calling the number on the back of your IBX Care Card.

My IBX Care Card did not work at the register. Can I be reimbursed?

If you've paid out of pocket at a medical, dental, vision, or hearing provider *due to an error with your IBX Care Card or your provider could not accept two forms of payment*, you may submit for reimbursement. Please save your receipt. For information on how to submit for reimbursement, call our Member Help Team at the number on the back of your member ID card.

The IBX Care Card OTC allowance is provided quarterly (every three months) and does not carry forward to the next quarter if it is not used. You must use your IBX Care Card to purchase OTC items at a participating retailer. OTC items purchased from non-participating retailers will not be covered. The DVH and Medical + DVH flex allowance is preloaded on the IBX Care Card is a separate wallet from the OTC benefit provided on the same card. Any unused balance will not roll over to the next year. Members should retain the card through the expiration date. When using your IBX Care Card, if the member exceeds the benefit amount, alternative payment will be required for the remaining balance due. Members should ask the provider if they accept split payment methods prior to receiving services. OTC Network®, OTC Network® app, and Convey Health Solutions are provided by InComm Payments™, an independent company. Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO 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.

