



2026 Large Group Benefits

Health plans designed for flexibility and savings

IBX THE X FACTOR

The health care market is ever-changing. Our customers need innovative products, collaborative partners, and services that offer a simple, personal experience. Independence Blue Cross (IBX) strives to be the difference-maker for you and your employees with dynamic solutions that move health care forward for everyone. It's what we call *IBX: The X-Factor*.

For over 85 years, we've put better health care within reach for our customers and members by offering the strongest network of doctors and hospitals, cultivating the highest quality of care, supporting whole-person health, and making health care more affordable and accessible. We're also evolving our solutions to embrace clinical innovations, harness new technology, and address the changing health of the population.

We anticipate your needs and deliver solutions that empower healthier lives by offering:



Superior networks and provider relationships



Programs that drive whole-person health



An exceptional experience



Protection of your health care investment

VOLUNTEERING

1,400

Blue Crew volunteers

6,800

hours

180

projects

DONATING

\$1M+

through annual employee campaign

INVESTING

\$382M

in local and national initiatives

SUPPORTING

300+

community organizations for events, sponsorships, and programs

GROWING

6x

recipient of Top Workplaces award by The Philadelphia Inquirer



Look for this icon throughout the brochure next to products or programs that bring *IBX: The X-Factor* to your business.

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What's new in 2026

We're pleased to bring you the following exciting developments for 2026:

UPDATED Activities for Achieve Well-being Rewards

The Achieve Well-being Rewards program encourages subscribers to make healthier choices throughout the year and earn a \$300 gift card once they do! We've updated some of the activities, giving subscribers more options to engage with their benefit.

Learn more about our Achieve Well-being Rewards program on page 17.

UPDATED 90-day maintenance medication options

Members with prescription drug benefits may now receive a 90-day supply of their maintenance medications at any in-network pharmacy or through mail order/home delivery for the same cost-share.

Learn more about our prescription drug program on page 14.

NEW HelpScript program

With HelpScript, eligible members who opt in can pay a \$0 cost-share on over 200 medical benefit specialty drugs. Learn more on page 14.

NEW Chubb Group Supplemental Medical Expense (GAP) insurance

We are expanding our specialty offerings to include GAP insurance from Chubb which is designed to be paired with our high-deductible health plans to help offset out-of-pocket expenses like deductibles, copays, coinsurance, and other medical costs.

Learn more about GAP insurance on page 32.



VIDEO
AVAILABLE

A welcome message
from Brett Mayfield,
SVP & Market President



UPDATED Vision network updates

Providers are available nationwide with many flexible options and now over 198,000 points of access. National retailers include Visionworks, Warby Parker, Target, and most recently, LensCrafters.

Learn more about our vision coverage on page 31.

NEW Independence Blue Cross Dental plans

We've added three new dental plans. Each new plan includes the annual maximum rollover benefit, which allows members to rollover a portion of their unused annual deductible into the next benefit year, helping their dental dollars go further. In addition, the plans also offer out-of-network reimbursement based on either the Maximum Allowable Charge (MAC) or the 90th percentile of Reasonable and Customary charges.

Option 1: Premier PPO 100/80/50/50 \$1,500, w/Rollover

Option 2: Elite PPO 100/100/50/50 \$2,000, w/Rollover

Option 3: Deluxe PPO 100/90/60/50 \$1,500, w/Rollover

Learn more about IBX Dental on page 30.

* Warby Parker is an in-network provider if your plan has a frame allowance of at least \$85. Check your policy for frame benefit details and eligibility.

ENHANCED Expanded behavioral health care network and services

Our behavioral health offerings have expanded to help enhance access, increase engagement, and drive value. Our expansive network and care advocates make it easier for your employees to quickly receive high-quality care for their specific needs, which supports an integrated health approach and lowers costs.

Learn more about our behavioral health offerings on page 10.



Scan the QR code to access additional materials.

OBJECT PROPOSAL
GOALS
GOALS
IDEAS
*INDICATORS?
*SOURCES?
*ASSUMPTIONS?

Superior networks and provider partnerships

The unmatched scale of Blue Cross and Blue Shield plans translates into a unique ability to drive changes that ensure our health care system is sustainable and delivers the quality and value you, your employees, and their families want and deserve. We work closely with providers across the health care ecosystem to elevate care and address each customer's unique needs.



Superior partnerships make a difference



HealthShare Exchange (HSX)

Provides deep, real-time insights, helps improve patient care, and reduces fraud, waste, and abuse



Clinical Care Innovation Grants

Investing in our value-based network providers helps to drive innovative approaches to care delivery and member outcomes



Utilization management simplification

Working with providers to help simplify access to care, reduce administrative burden, and offer an improved health care experience



Advanced network for gene-based therapeutics

Deeper discounts, advocacy and navigation, and outcomes-based agreements with area health systems that help ensure value for life-changing treatments



Shared accountability

Value-based contracting drives savings while helping to improve outcomes and patient experience



Epic Payer Platform

IBX implemented the Epic Payer Platform with health systems and providers to:



Streamline data exchange



Close gaps in care



Improve health outcomes

The platform helps to reduce the administrative burdens on providers and helps to speed up access to necessary treatments for members.

Best local care, nationwide

We help equip providers with tools and data to identify care gaps, create targeted interventions, and deliver cost-effective care. This leads to measurable improvements in care quality, chronic condition management, health maintenance, and resource use.

IBX Population Health Specialists collaborate with primary care physicians (PCPs) to improve member outcomes by reviewing key clinical performance areas (e.g., cancer screenings and diabetes testing) and creating strategies to close care gaps.

The Joint Value Committee (JVC) encourages year-round collaboration between IBX, network health systems, and large specialty groups to address value-based care challenges. It reflects IBX's commitment to partnering with providers to develop solutions that improve care delivery and manage costs.



Network solutions

Our plans and networks are designed to give members the broadest access to the most cost-effective, quality care.

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



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

We offer a wide variety of PPO, POS, and DPOS plans, with both in- and out-of-network coverage — some of which are available at the same cost-sharing across each product type to give you a range of premium options.

Learn more about our health plan options starting on page 35.

* Members should use the designated site selected by their PCP for the lowest out-of-pocket costs for lab work.



Site of Service (SoS) benefits and Choice Advantage plans

SoS benefits give members choices when accessing certain services. Members save money on out-of-pocket costs based on where they receive health care. Choice Advantage plans build on our standard SoS benefits by adding routine and complex radiology and laboratory services.

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



Blue Distinction® Specialty Care

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

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

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

* PPO plans only

Programs that drive whole-person health

Supporting your employees' health isn't just good for them — it's good for your business. Employees with access to tools and resources that simplify and improve their health care experience are healthier, happier, and more productive.

Our fully integrated medical, behavioral health, and pharmacy benefits — paired with well-being and financial programs — close gaps in care, improve outcomes, and provide peace of mind. We offer care management, clinical programs for condition-specific or highly complex cases, and personalized advocacy to help employees find and navigate care.



Digital tools & personal support

- Digital health tools & technology
- Member outreach & engagement
- Advocacy & navigation



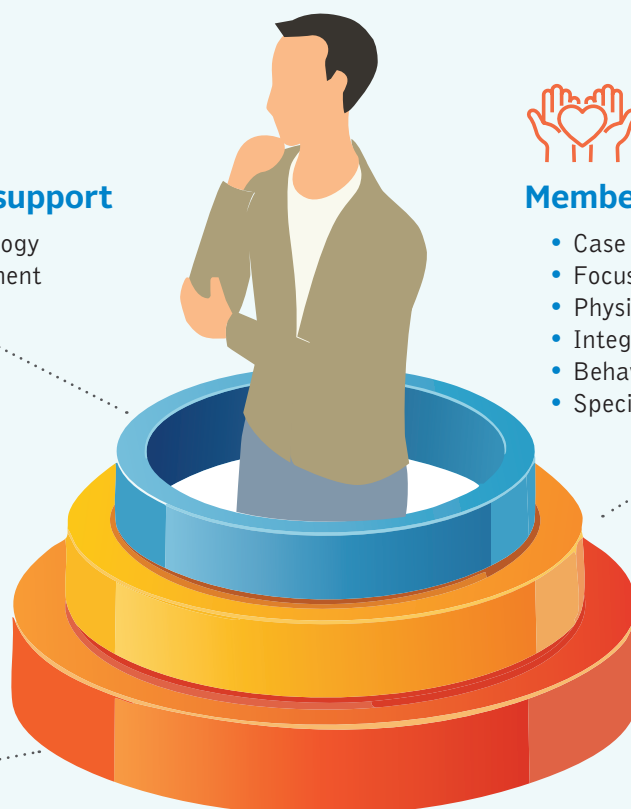
Member benefits & programs

- Case & condition management
- Focused care solutions
- Physical well-being
- Integrated pharmacy
- Behavioral health
- Specialty services



Medical management

- Robust network solutions
- Simplified utilization management (UM) & precertification
- Site of care steerage
- Medical policy



Helping employees manage chronic and complex conditions

Employees with chronic or complex conditions may require extra support to manage their health and use benefits efficiently.

Our Registered Nurse Health Coaches extend care provided at the doctor's office with:



Proactive care monitoring

Identifying health trends and ensuring employees receive coordinated, appropriate care.



Provider collaboration

Supporting doctors with robust data and analytics to optimize care plans and interventions.



Employee empowerment

Offering tools, resources, and encouragement to help employees take charge of their health.

Focused care — solutions that go beyond medical benefits



Hearing health

TruHearing provides a comprehensive hearing care solution, including white-glove support, a no-cost hearing exam, and discounts on hearing aids.



Weight management solution

Wondr Health is a digital behavioral change program that goes beyond diet fads to teach members how to reach a healthy weight and improve their overall health without giving up the foods they love.



Chronic condition management

Teladoc Hypertension and **Teladoc Diabetes Management** programs offer individualized, data-driven assistance with hypertension and diabetes, improving outcomes and supporting members as they move through their daily lives.



Women's health solutions

We provide comprehensive support, meeting needs that are most important to women throughout their health care journey, whether it's fertility, maternity and delivery, or midlife and menopause.

Supporting women throughout their health journey

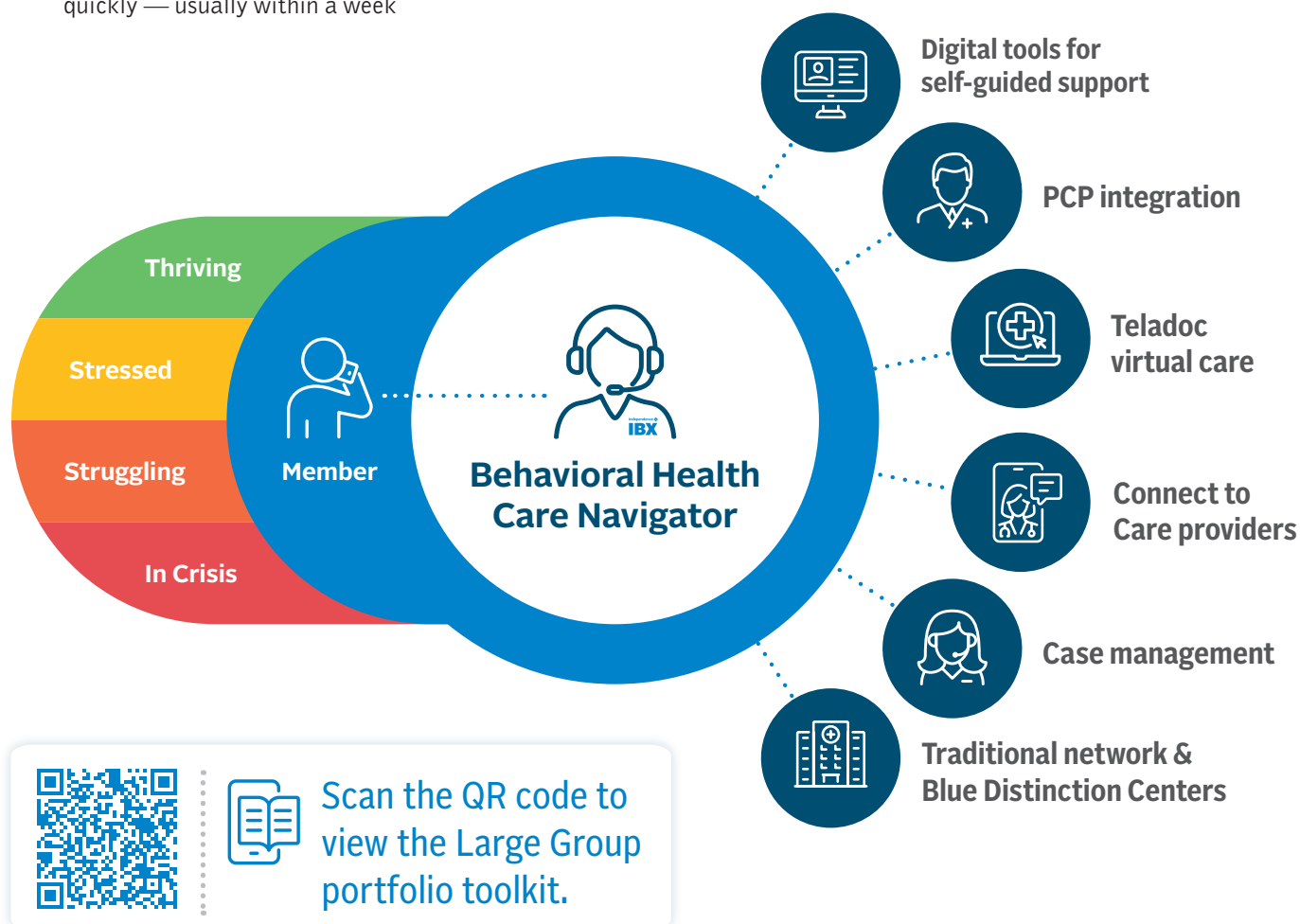
- \$0 for preventive care, including annual GYN visits and screenings (i.e., mammogram)
- Contraceptive coverage
- Fast access to high-quality well-being and behavioral health digital tools through the IBX mobile app
- Targeted member messaging for gaps in screenings and care
- Discounts and reimbursements for health and fitness
- Nutrition counseling
- Baby BluePrints® maternity program supports expectant mothers and promotes a healthy pregnancy

Behavioral health solutions

More than 50 percent of adults with mental health issues don't seek treatment. When left untreated, members experience lower engagement in care, lower medication adherence, and worse health outcomes, which ultimately have a negative impact on your workforce. In fact, unresolved depression accounts for a 35 percent reduction in productivity and an average of 31.4 missed workdays per year.*

Our integrated approach to behavioral health care helps give members easier access to high-quality care, both in-person and virtually, driving engagement and value.

- A team of **Behavioral Health Care Advocates** to help members find and access behavioral health care, including directly scheduling appointments with in-network providers
- A robust (and growing) behavioral health network, including psychiatric providers and therapists
- The **Connect to Care** provider network, with providers who are committed to seeing IBX members quickly — usually within a week
- 450k+ in-network providers through **BlueCard®**
- 300+ **Blue Distinction Centers of Excellence** for treating substance use disorder
- National telebehavioral health network from **Teladoc**
- Digital support tools for convenient access to self-guided resources



* The Impacts of Poor Mental Health in Business; executive.berkeley.edu/thought-leadership/blog/impacts-poor-mental-health-business Mental Health in Business | Berkeley Exec Ed

Connect to Care network for better access

Our **Connect to Care** network is a subset of the behavioral health provider network. Connect to Care providers have committed to getting our members into care quickly — in less than 7 days compared to the national average of 6+ weeks:

- For routine visits, appointments in less than a week
- For urgent access, appointments within 48 hours

With guaranteed capacity, national coverage, and more than 12,000 appointments per month reserved for IBX members, your employees can receive high-quality care fast.

Connect to Care provider specialties include general mental health concerns, substance use disorders, eating disorders, OCD, anxiety, bipolar disorder, and care for children/adolescents/teens.

Connect to Care providers help more members get the care they need and experience better outcomes. In 2024, 55 percent of members who used the Connect to Care provider network were accessing behavioral health services for the first time.

45% consistent improvement
in depression symptoms

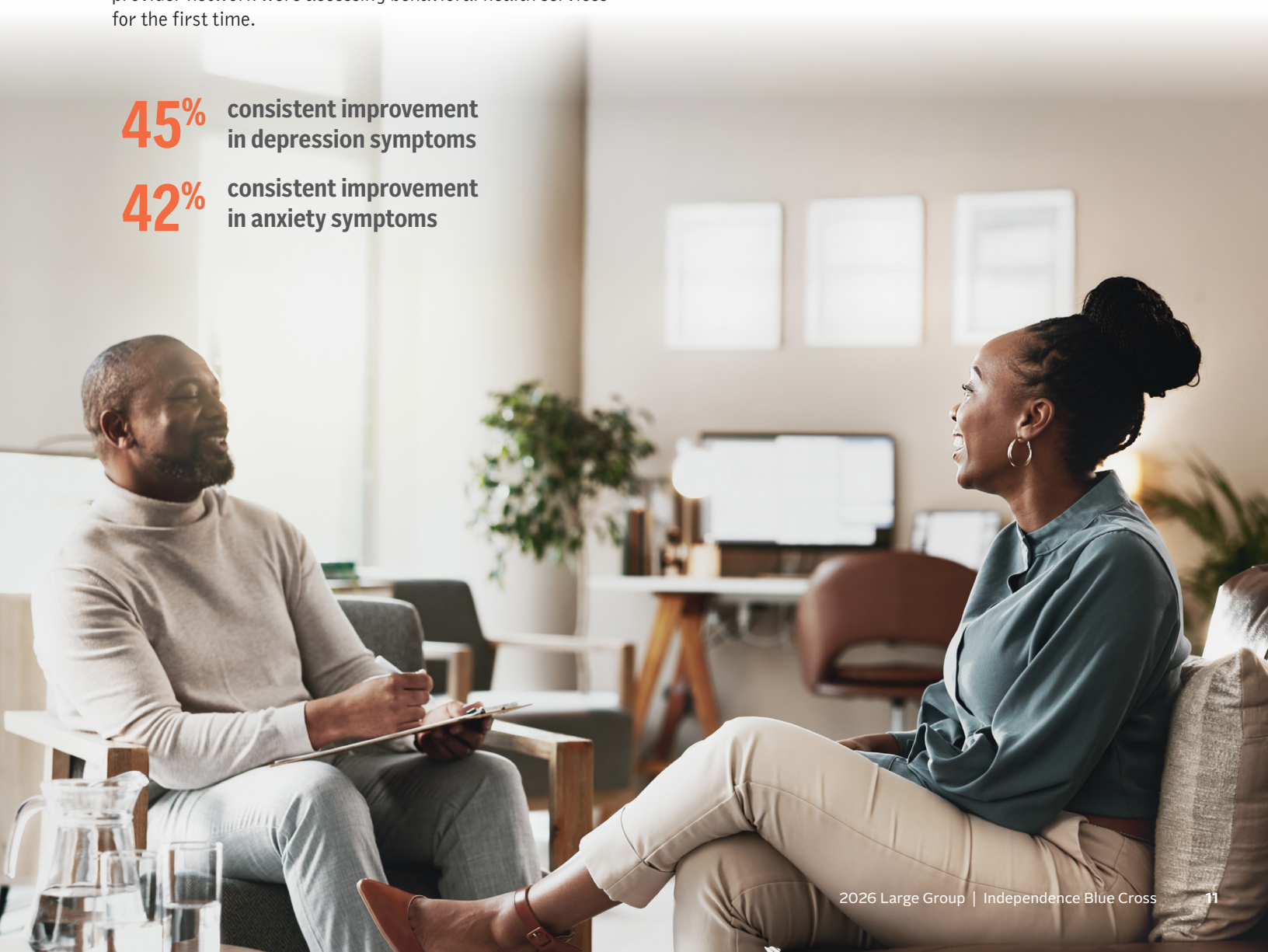
42% consistent improvement
in anxiety symptoms

ONE MEMBER'S STORY: PELAGO

Pelago is a national substance use disorder provider in our Connect to Care network. Find out how Pelago's comprehensive, evidence-based virtual care helped an IBX member gain control of his alcohol use.



**THE CONNECT TO CARE
NETWORK IS PART OF THE CORE
BEHAVIORAL HEALTH BENEFIT.**



Guiding your employees to the right care

Finding behavioral health care can seem overwhelming. Our **Behavioral Health Care Navigation team** is just a phone call away to help connect your employees to the right care and resources, leading to better outcomes.

Members can call the Mental Health phone number on the back of their ID card to contact this dedicated team, which is made up of empathetic staff who are trained to understand members' needs, by having an individualized, compassionate conversation with each member.

At the beginning of every call, members are screened by the Care Navigation team for safety, substance use, and acuity.

Path 1: Members with low-moderate risk

A **Behavioral Health Care Advocate**, who is part of the Behavioral Health Care Navigation team, helps guide members to care, including the ability to directly schedule an appointment for the member or warm transfer to an in-network provider.

Path 2: Members with high risk or urgent needs

The member will be connected to a licensed behavioral health professional on the **Clinical Triage team** for immediate care. These members all receive follow-up support to ensure they were able to get care.

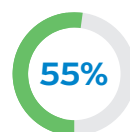
A **Case Manager** may also be assigned to complex cases that need longitudinal guidance and support.



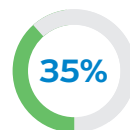
Integrated case management

Case Managers perform outreach to members who have, or are predicted to have, more complex clinical needs to ensure they understand their care plan and support long-term success.

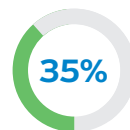
As a result, members in behavioral health case management have*:



lower hospital admissions



lower ER visits



lower PMPM cost

Digital behavioral health tools

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

Shatterproof's Treatment Atlas is an online tool that helps members and their loved ones find trustworthy, in-network addiction treatment options, including hospital-based inpatient facilities, residential facilities, and intensive outpatient services.

Quartet Health connects members to behavioral health care that fits their needs and preferences. It also enables primary care and behavioral health providers to collaborate on a member's care.



Behavioral health employee communications toolkit

This ready-to-use, multi-touch toolkit can help promote dialogue and address behavioral health challenges affecting your workforce. Scan the QR code to go directly to the toolkit.



Scan the QR code to view the toolkit.



* Utilization data from July 2022 to June 2024 were included to obtain 6 months pre- and post. The pre-post analysis excludes the month of enrollment in both the pre and post-period.

Integrated prescription drug program

Pair IBX prescription drug benefits with your medical benefits for a unified customer and member experience, improved management of your employees' health, and lower total cost of care. Our cross-functional team of medical and pharmacy experts works with our pharmacy benefits manager to ensure that our health care coverage is cost-effective and comprehensive for medical and prescription drug benefits.

When you integrate your prescription drug and medical benefits, we can:

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

Integration lowers cost and helps enhance care quality¹

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

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

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

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

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

¹ Internal data

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



EXPANDED 90-day retail option

Members can now receive their 90-day supply of maintenance medications at any in-network pharmacy or through mail order/home delivery, at the same cost-share.



Price Edge program

Price Edge automatically compares available market discounts with an employee's prescription benefit cost-share for many non-specialty generic drugs when a prescription is processed at the pharmacy. Members automatically pay the lower amount.

Price Edge even extends discounts to certain generics not covered by benefits, saving your employees both time and money while maximizing the value of their prescription drug benefits.

Providing access to safe, effective prescription medications for less

IBX is one of 18 Blue Cross and Blue Shield companies who partners with **Civica Rx**, a nonprofit company that manufactures select high-cost generic drugs. Through this partnership, we help provide members with greater access to much-needed medications at a price they can afford.

For example, patients who access the medication abiraterone acetate to treat prostate cancer from other manufacturers pay \$126 a month. But when accessed through CivicaRx, they pay \$45 per month, saving them nearly \$1,000 per year.

Biosimilar competition drives significant savings, leading to 50+ percent cost reduction within 3 years of biosimilar competition.*

* Source: iqvia.com/insights/the-iqvia-institute/reports-and-publications/reports/long-term-marketsustainability-for-infused-biosimilars-in-the-us



Specialty pharmacy program

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

- Formulary management promotes the utilization of lower-cost alternatives where appropriate.
- Utilization management helps ensure that certain particularly expensive drugs are used only under appropriate circumstances and dosages.
- Specialty pharmacists and nurses provide industry-leading clinical support.



Site of care: Most Cost-Effective Setting (MCES) program

We incentivize savings by driving the utilization of infusion drug services to the MCES program, which helps members with rare or complex conditions receive the appropriate medication in a safe and appropriate setting and helps drive good decision-making.

\$200M+

saved from the list of over 100 drugs in the MCES program



Biosimilars market strategy

Biosimilar drugs offer an opportunity for significant price reductions for expensive biologic drugs.

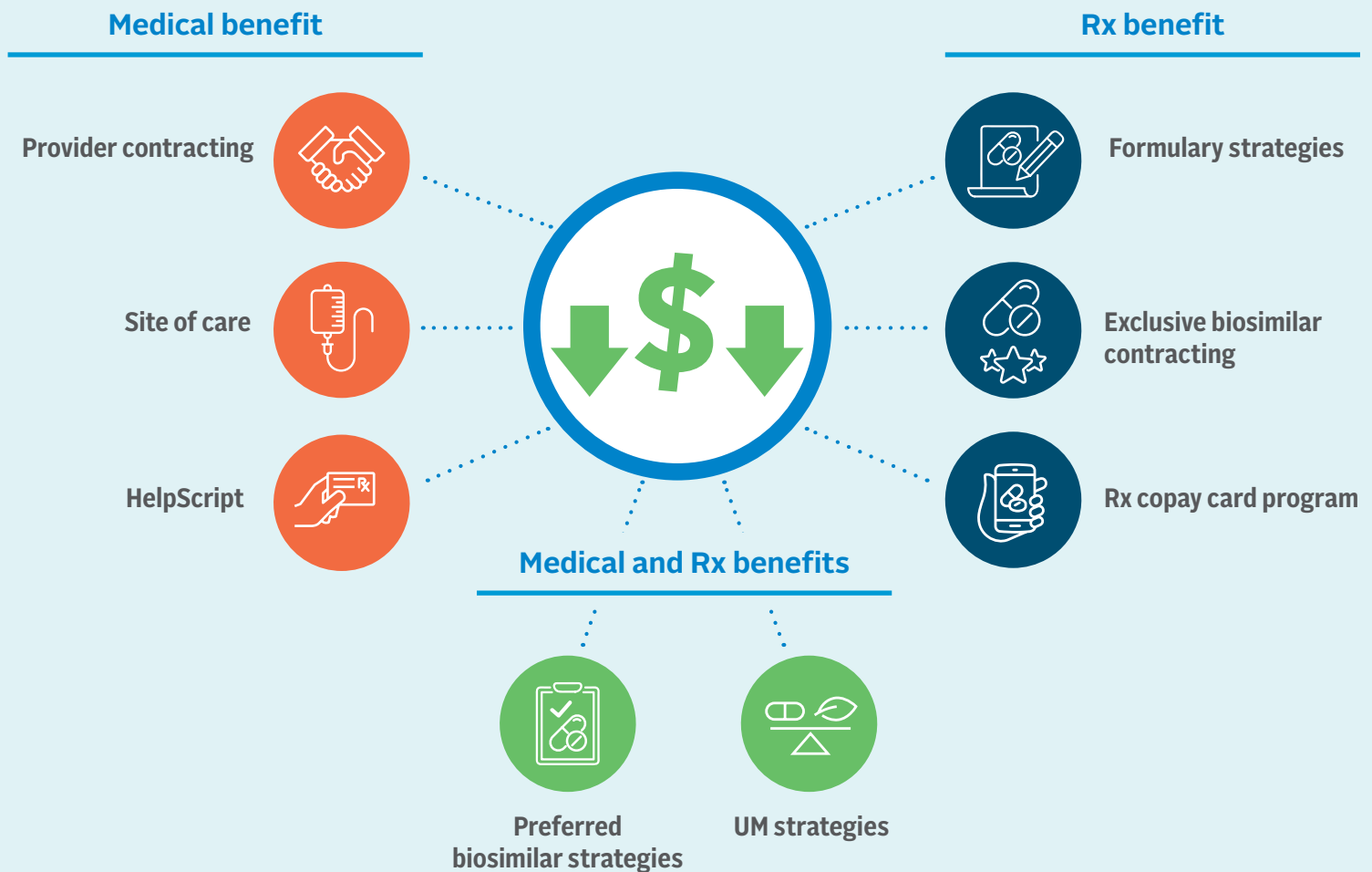
IBX has successfully captured savings based on the best price strategy across many biosimilar classes. Since 2016, we've generated over \$140 million in savings with oncology and Remicade® biosimilars. Beginning in 2025, we transitioned members using Humira® to designated Humira biosimilars, delivering 40 percent savings versus the prior year's Humira cost. IBX members transitioned from Stelara to our designated Stelara biosimilars beginning July 1, 2025, with projected 50 percent savings on Stelara from the pharmacy benefit and 85 percent savings on Stelara from the medical benefit versus the prior year. Our guiding approach is to deliver savings and to maximize the opportunities presented by biosimilar competition.



NEW HelpScript program

HelpScript is designed to reduce out-of-pocket costs for your employees. Members who are eligible pay a \$0 cost-share on over 200 medical benefit specialty drugs, including oncology, inflammatory, immunology, ophthalmology, and more. Eligible members can opt in to HelpScript at no additional cost to them or their health plan.

Multi-faceted approach to lowering specialty drug cost spend



In 2024, Humira and Stelara were IBX and our customers' #1 and #2 specialty drug spend. IBX has been able to secure exclusive, high-impact savings for biosimilar contracts to significantly reduce the spend for these high-cost drugs.

Well-being programs

Our well-being programs encourage healthy living and motivate members to build healthy habits by offering incentives, like gift cards, reimbursements, savings on health care expenses, and higher education opportunities.

Achieve Well-being

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

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

Reimbursements and discounts

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



The Healthy LifestylesSM Wellness Reimbursement Program provides up to \$450 back to members for the cost of fitness memberships, weight management programs, and tobacco cessation programs.



Blue InsiderSM provides exclusive deals and discounts on amusement parks, hotels, shopping, movie tickets, sporting events, Broadway shows, museums, and other attractions.



Blue365[®] offers exclusive deals and discounts on fitness gear, gym memberships, weight loss/healthy eating programs, and healthy travel experiences.*

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

ENHANCED Achieve Well-being Rewards

Subscribers can earn a \$300 gift card by completing six simple tasks. Subscribers must complete **all three** of these required activities:

- **NEW** Complete their Well-being Profile by logging in at ibx.com
- Have an annual check-up with their PCP
- Get digitally engaged by opting into IBX Wire® at ibx.com/getconnected

Subscribers must complete **any three** of the following activities:

- Register for Teladoc at teladochealth.com
- Get a preventive vaccine (e.g., flu, COVID-19, RSV)
- Visit a dentist for an exam and/or cleaning*
- **NEW** Get a vision exam
- **NEW** Complete **one** of the following preventive health screenings:
 - Colonoscopy
 - Mammogram
 - Diabetes screening
 - Cholesterol screening
 - Cervical cancer screening
 - Prostate exam
 - OB-GYN screening

WELL-BEING@WORK

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

WELLNESS CREDITS

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

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



Financial well-being programs

Financial health plays a role in overall well-being. Your employees' financial stress could impact your business.

Spending accounts help reduce overall health care costs

Spending accounts are a smart addition to your health plans. They offer tax advantages for you and your employees, easy management tools, convenient funding methods, investment opportunities, and on-demand reporting. Additionally, we offer:

- Customizable options tailored to meet your company's needs
- \$0 monthly HSA administrative fees for all fully insured clients¹
- No fees for setup, renewal, monthly minimums, debit cards, or replacement cards

Choose the right spending account for your needs:

Health Savings Account (HSA)

An HSA is a personal savings account that lets employees set aside pre-tax dollars for current and future health care expenses for themselves and their dependents.

Key benefits:

- An HSA allows your employees to set aside pre-tax dollars for eligible health care expenses.
- Employees can invest for growth once they reach a balance of \$500.
- Employer contributions are tax-free and deductible as a business expense, helping lower employer payroll taxes.
- Easily access employee status, debit card status, enrollee list, contributions, payroll reconciliation, and more from ibx.com.

WealthCare Saver investment solution

Account holders with over \$500 in their HSA have the option to customize their investments² through a multi-path solution. Investment options include:

- **Managed:** A portfolio option based on risk profile
- **Self-directed:** A curated list of low-expense ratio ETFs
- **Brokerage:** Flexible investing options with over 500 ETFs and individual stocks, including fractional trading

High-yield interest options:

Employees can get even more value from their cash balance with a high-yield interest option.³

High-yield

- This option offers the potential to earn a higher interest rate on the HSA cash balance.
- Funds are not FDIC-insured and are held in the deposit account backed by a highly-rated insurance company.

Traditional

- This option has lower interest rates on the HSA balance.
- Funds are held at a depository institution and insured by the FDIC.



COMMUTER AND PARKING ACCOUNTS

Help employees save on commuting costs with pre-tax accounts for qualified mass transit and parking expenses.

AblePay lowers out-of-pocket medical costs

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



Learn how an IBX member used AblePay and their HSA to save almost \$900.

Health Reimbursement Account (HRA)

An HRA is a taxed-advantage account that an employer puts money into to reimburse employees and their dependents for qualified medical expenses incurred throughout the year.

- As an employer you set the terms of the HRA within IRS guidelines,⁴ including whether to provide a debit card for expenses and whether to cover dental and vision costs. Reimbursements from an HRA are 100 percent tax deductible — employers take the deduction for the amounts paid to employees.
- Your employees receive tax-free reimbursements for qualified expenses, defined by you, helping offset costs they would incur anyway.

Flexible Spending Account (FSA)

An FSA is a benefit you sponsor for your employees. It allows them to set aside pre-tax dollars to pay for eligible health care and/or dependent care, based on the plan type, even if their primary health plan does not cover them.

- **Dependent Care FSA.** Dependent care FSAs (DCA) allow employees to pay for work-related dependent care expenses with pre-tax dollars, allowing them to save on federal income tax, FICA tax, and, as applicable, state income taxes.
- **Limited Purpose FSA.** If you offer an HSA-compatible high-deductible health plan (HDHP) paired with an HSA, you may also offer a Limited Purpose FSA to those employees who have an HSA. This FSA is designed to complement the HSA and can be used to pay for eligible vision and dental expenses.

Members enrolled in an HSA can also open a Limited Purpose FSA!

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

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

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

⁴ Source: irs.gov/publications/p969

⁵ Employees can sponsor immediate or extended family, including children, grandchildren, great-grandchild, niece/nephew, great niece/nephew, stepchild, adopted child, cousin, sibling, or other family member for which the subscriber feels a responsibility.

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

The College Tuition Benefit works like a scholarship and can reduce college costs by up to 25 percent.

Your employees earn SAGE Scholars Tuition Rewards® Points spread evenly over four years of undergraduate education at more than 450 colleges and universities.

Employees can sponsor immediate or extended family.⁵ Employees and their families may also use Ready Set College — a comprehensive web-based college research and planning tool. With SAGE Prime, employees can save on professional continuing education programs for themselves, with a guaranteed minimum of 10 percent off the published price at select colleges and universities.



Watch this demo video for The College Tuition Benefit.



Ensuring an exceptional experience

Our industry-leading digital experience provides employers and employees with personalized, secure technology and cutting-edge digital health tools for more effective benefit administration and data-driven clinical solutions, decision support, and advocacy programs.

Poor health results in a loss of \$575 billion in employee productivity annually.* So, your productivity, engagement, and bottom line all depend on whether your employees are healthy. We are investing in technology and infrastructure to help bend the cost curve and improve health outcomes.



* Integrated Benefits Institute, 2023.

Harnessing the power of technology

We've strengthened our core operating platform to increase flexibility and efficiency, offer advanced technology, and deliver a better overall user experience so you can more easily manage your account. We've also streamlined the functionality and appearance of our member website to provide more direct user access to commonly used features.

Our new operating platform:

- Ensures we can react quickly, using technology customized to your ever-changing needs
- Delivers innovative products and services across all our lines of business
- Simplifies the claims processing experience, making it easier for our members and providers to do business with us

Reaching employees where they are

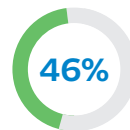
A healthy workforce starts with engagement. We use targeted messaging, social media, and digital tools to meet your employees where they are and keep them involved in their health journey. Here's what this means for your business:

- **Improved employee health:** Better care and engagement can lead to fewer sick days and increased productivity.
- **Cost-effective care:** Proactive management reduces unnecessary expenses and ensures smart utilization of benefits.
- **A happier team:** Employees feel more supported.

Digital engagement is driving healthier actions

Our award-winning digital engagement strategy delivers tailored messages to members about health topics, benefits updates, and wellness tips through IBX Wire text messages and email. We share seasonal tips, health articles, and recipes through our quarterly *Get Good Living* eNewsletter, and members can connect with us through our *IBX Insights* blogs and regular posts on Facebook, Instagram, and LinkedIn.

Over two-thirds of our subscribers engage digitally through IBX Wire or email, which is helping to lower costs and reduce gaps in care:



more likely to schedule a mammography



more savings for hospitalization & ER visits

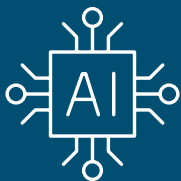


more likely to schedule a preventive screening



more likely to follow their medication regimen after 90 days*

* For clients with integrated pharmacy benefits



AI in action

We're making it easier for our members to get quick and accurate answers about their benefits by using Generative AI. When a member reaches out to IBX Customer Service, our representatives use a smart and secure AI tool to instantly find details about their specific coverage, costs, medical policy rules, and age requirements.

All information viewed in this tool is then saved in the member's profile for future reference. The tool helps save time and improve satisfaction by getting members the answers they need right away to support them at the moment they need it most.



Personalized self-service tool and experiences

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

Health

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

Wealth

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

Third-party apps and tools

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

Digital health experience: Built by members, for members

We took a human-centered design approach to improve our ibx.com member portal and IBX mobile app, making the process of using and understanding benefits more convenient and less stressful.

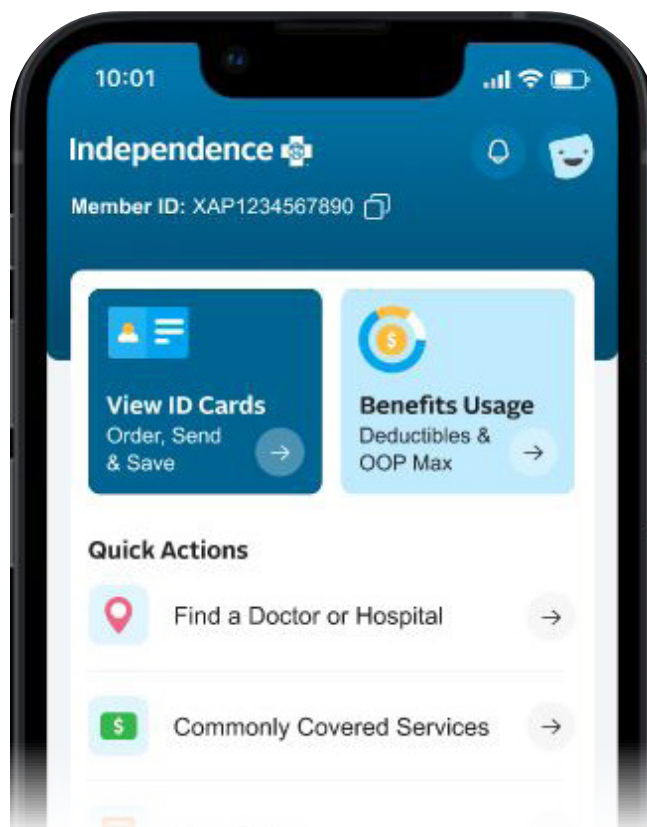
Easy navigation: Members can find what they need such as claims, ID cards, and benefit summaries quickly and easily.

Seamless care planning: Members can use features like My Care Team to build a directory of all their health care providers. The personalized experience also includes screening and appointment reminders.

One-stop health hub: Through Health Journeys, members can quickly view everything related to their care, such as their benefit coverage, condition-specific information, and programs that help them identify gaps in care and reach their health goals.

Mobile-first approach: Members now have a more optimized experience when accessing their benefits through the IBX mobile app.

Say hello to the updated
IBX mobile app!



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

Dedicated account management

Our commitment to you is unmatched. You can always count on our superior service when it comes to managing your account.



Executive leadership

Provides oversight and strategic direction



Day-to-day account team

Your seasoned and dedicated team is aligned with your priorities



Collaboration across all departments

Data analytics

Client and member services

Technology/Operations

Compliance/Privacy

Clinical support

Claims administration



GO DIGITAL!

Looking for a digital option for open enrollment? We offer digital versions of open enrollment kits to make sharing materials with your employees even easier. Visit ibx.com/virtualoe.

Easy-to-manage health benefits

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

Pay with eBill — We offer an optimized Electronic Billing Presentment & Payment system (EBPP), which is user-friendly, convenient, and easy to navigate. This streamlined payment process offers increased operational efficiency, ultimately enhancing your overall portal experience.

Manage account — Add or remove an employee and change employee or dependent information.

Create index reports for 100+ employers — Easily get detailed and actionable insights about health care trends and cost drivers.

Marketing toolkits and resources — Access self-service materials and information to help you promote IBX capabilities and services to your employees.

Spending accounts — Easily manage your spending accounts with online tools, offer convenient funding methods, and receive on-demand reporting.

SERVICE EXCELLENCE

Our customer service center provides outstanding support to members with:

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

* Subject to availability.

Protect your health care investment

When you choose IBX, you can be assured that our network access, market share, provider relationships, and unit cost advantages create unmatched financial value. Blue Cross and Blue Shield companies are driving a market-leading total cost of care that is 7 percent lower nationally than competitors.*



* Singleton, A., Tilley, C., & Rachlin, S. (2025). Milliman analysis of total cost of care benchmarks. Overview. milliman.com/en/insight/analysis-total-cost-of-care-benchmarks-blue-cross-blue-shield

Cost optimization programs

As stewards of your dollar, we prioritize paying the right amount for the right services to the right provider. We have a variety of payment integrity programs in place that are continually enhanced to verify the accuracy of claims, detect and prevent fraud, waste, and abuse, and ensure that the services billed were provided and necessary.



Pharmacy integration

Integrated benefit-based programs and a full suite of powerful, data-fueled clinical programs result in high-touch engagement for members and improved health outcomes that reduce health care costs.



Cost containment

Our cost reduction, recovery, and savings programs reduce expenses. Services include pre-payment review of claims, obtaining discounts through secondary networks, negotiations with non-participating providers, and post-payment review of claim payments.

**\$35+^{PM}
PM**

**savings by preventing
accidental and intentional
billing and coding errors¹**



UM simplification

IBX has long been at the forefront of identifying opportunities to automate and reduce unnecessary prior authorizations. Our UM Simplification Program has maintained utilization trends, reduced low utility prior authorizations, and improved the experience for both providers and members.



Medical management

Medical management helps ensure care is medically appropriate and provided in the appropriate setting, and ensure quality and affordability by reducing unproven and unnecessary care so premium dollars are used effectively.



Helping ensure equitable care for all

IBX is committed to helping advance health equity and addressing disparities in maternal health, behavioral health, diabetes, and cardiovascular conditions. We're working to create a fairer health care system by measuring disparities, scaling effective programs, addressing unconscious bias, and influencing policy.

Locally, we collaborate with health systems and community organizations to ensure no one is underserved based on race, economic status, gender, or ZIP code, while our fellow Blue Plans do the same across the country. Our goal is to help improve access to care and allow everyone to live a healthy life.

Today, health inequities in the US generate excess health care costs totaling about \$320 BILLION ANNUALLY.²

¹ Based on a BCBSA 2024 internal study using Plan-reported 2023 savings results for commercial accounts. Savings are on average. An individual account's experience will vary based on memberships dispersion, benefit design and claims experienced.

² US health care can't afford health inequities, Deloitte, 2022.

Innovative product solutions

When you offer your employees health benefits from IBX, you're giving them peace of mind that they are covered in every stage of life, physically and mentally. Whether they visit their PCP in their hometown or need care while on vacation, on a work trip, or away at college, your employees and their families have access to in-person or virtual providers for all their needs.



For you

Health plans at almost every price point

Cost-sharing flexibility

Employee satisfaction and retention



For your employees

Health care coverage in- and out-of-network

Affordable cost-sharing

More choices and control over how benefits are used



Plans for customers with 51+ employees

IBX has health plans to fit your needs and your budget.
Choose from our portfolio of innovative options.

● Copay health plans give employees the predictability of fixed out-of-pocket costs.

- No deductible or coinsurance for most in-network services*
- PPO options for more flexibility; DPOS and POS options for affordability
- Built-in vision exams with DPOS and POS

● Deductible/Copay health plans balance lower premiums with predictable out-of-pocket costs.

- Copays for the most frequently used services
- Can be paired with an HRA to help employees pay deductible expenses
- Built-in vision exams with DPOS and POS

● Deductible/Coinsurance health plans offer more control over health care choices.

- Coinsurance on most services, including (but not limited to) doctor visits, inpatient hospital admissions, and outpatient surgical procedures

● HSA-qualified health plans offer employees more control over their health care dollars.

- Option to save on taxes with an HSA
- The flexibility of a PPO plan at a lower premium
- Integrated prescription drug benefits

● HSA-qualified health plan offers access to integrated drug benefits and Virtual Primary Care Physician (VPCP).

- Access to a VPCP through Teladoc to receive primary care services anytime
- Integrated prescription drug benefits

● Choice Advantage health plans offer employees ways to save on health care.

- Lower member costs by visiting freestanding sites instead of hospital-based sites
- Available with and without deductibles and coinsurance for in-network services

View our benefits grids beginning on page 35 to get a closer look at the health plans we offer.

* Durable medical equipment and diabetic supplies are subject to coinsurance.

Virtual care services

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



Telemedicine

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

Teladoc General Medical — Members have 24/7 access to board-certified doctors for a \$0 copay.¹

With virtual visits available in several languages through an interpreter, including American Sign Language (ASL), physicians can provide a diagnosis, initiate treatment, and write prescriptions, as appropriate, via phone or video. And with the Caregiving feature, members can request three-way visits to help them manage their loved ones' care.

Penn Medicine OnDemand^{2,3} — Members who live within the Philadelphia five-county and surrounding areas can speak with a Penn Medicine certified Registered Nurse practitioner 24/7/365.

JeffConnect³ — Members can speak with a Jefferson Health provider 24/7/365.

PCP or specialist — If their PCP or specialist offers telemedicine, members can get virtual care through these providers and pay a reduced cost-share.

The value of Teladoc

IBX has partnered with Teladoc, a global leader in virtual care, to offer members a seamless, all-in-one, and integrated experience. Through the Teladoc mobile app or website, members can access doctors and behavioral health providers. This partnership provides employees with convenient care while helping employers reduce absenteeism, medical costs, lost productivity, disability claims, and ER visit expenses.





Telebehavioral health

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

In addition, many **in-network behavioral health providers** including the **Connect to Care** provider network offer virtual visits. Both telebehavioral health options are available to members at a \$0 cost-share.¹



Teledermatology

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



Telenutrition

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



Teladoc Primary360 Virtual Primary Care (P360)

Our **PPO HSA \$3,000/\$30/\$60/\$500 with Integrated Rx & VPCP** health plan includes access to **P360**, which means members can choose a Teladoc doctor to be their virtual PCP. Members select and establish a relationship with the same VPCP who can order labs and tests, and a care team is available to support in between appointments to address questions or concerns.⁵

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

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

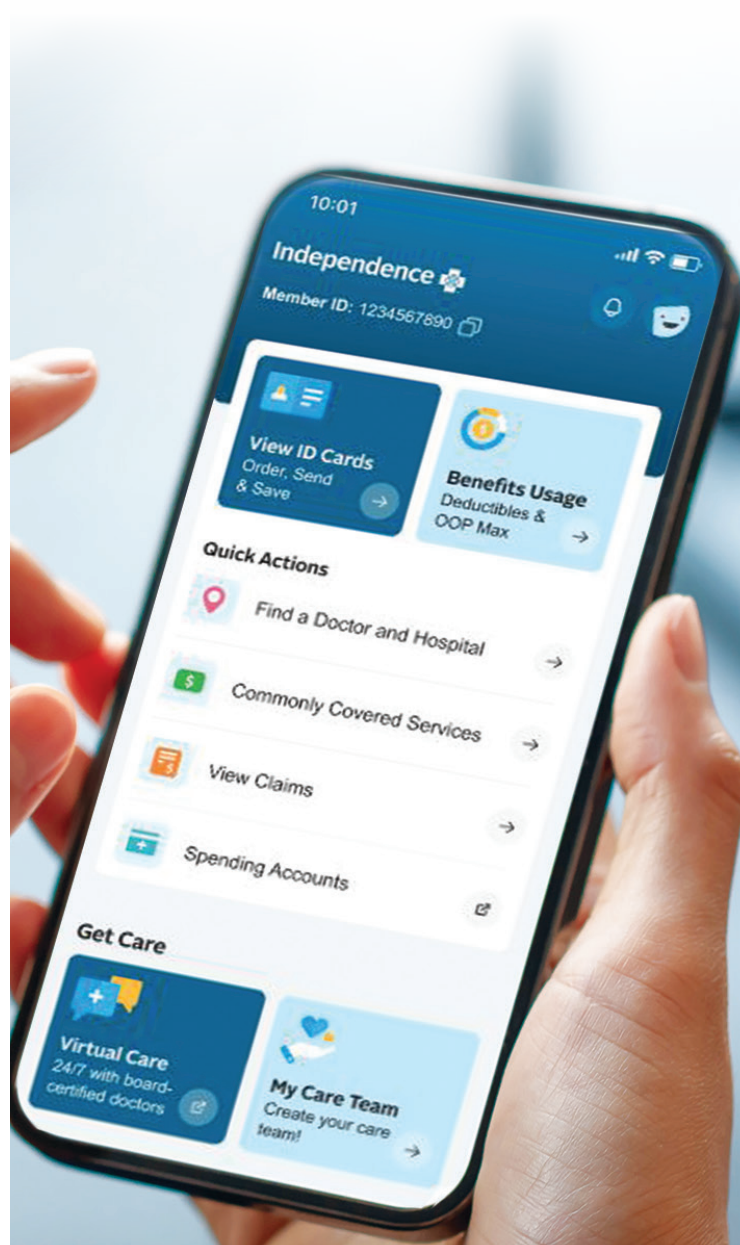
³ Members pay the same cost-share they would pay for a specialty care visit.

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

⁵ Available within the US only.

FINDING THE RIGHT PROVIDER

Our easy-to-use and comprehensive Find a Doctor tool helps members find providers who offer virtual care. Each provider profile indicates whether a provider offers remote services.



Specialty services and additional benefits

Bundle your medical benefits with our comprehensive suite of specialty services to build a more powerful health benefits solution, boost employee retention and acquisition efforts, and reduce your medical coverage rate.

IBX Dental

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

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

Features

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



Scan the QR code
to access the full
IBX Dental portfolio.

Value-added dental services

- **Preventive Reward program:** The subscriber will receive \$20 for each covered dependent who gets two in-network cleanings during the calendar year.
- **Teledentistry²:** Members can use a credentialed virtual dentist to get virtual exams, second opinions, and expert advice quickly.
- **Savings incentive:** Preventive services do not count against the annual maximum and are covered at 100 percent on most dental plans, which allows members to use their coverage for other necessary, more costly services.
- **Additional cleanings:** Pregnant and diabetic members are eligible for an additional cleaning.
- **Chronic condition periodontal coverage³:** Members with chronic medical conditions, including diabetes and heart disease, have 100 percent coverage for additional periodontal services, surgery, and select procedures.
- **Annual maximum rollover⁴:** Members can rollover a portion of their unused annual deductible into the next benefit year. The rollover benefit encourages preventive care and good oral health, year over year. Please see the dental brochure for additional information on plan features and requirements.

Three new dental plans now available!

We're adding three new plans that will allow members to carry over a portion of their unused benefit, which will be in annual maximum dollars, year after year. So, the longer they are enrolled, the more money they can potentially roll over. Members can then use those unused dollars toward more costly dental procedures. The new plans below are available with out-of-network reimbursement based on either the Maximum Allowable Charge (MAC) or the 90th percentile of Reasonable and Customary charges.

- **Premier PPO 100/80/50/50 \$1,500 w/Rollover**
- **Elite PPO 100/100/50/50 \$2,000 w/Rollover**
- **Deluxe PPO 100/90/60/50 \$1,500 w/Rollover**

.....

20M⁺ workdays are lost
each year due to
dental illness.⁵

¹ Based on internal data.

² All provider offices may not offer teledentistry.
Check with your provider.

³ Available to be added to groups on a custom basis 100+.

⁴ Available on 3 new plans in 2026 and it can be added to groups on a custom basis 100+.

⁵ The Academy of General Dentistry, "AGD Sends Statement on Health Literacy Awareness Act," 2022.



Vision

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

- National network of more than 198,000 access points
- Full coverage or minimal copay for frames from the Davis Vision Exclusive Collection¹
- **ENHANCED** In-network popular retail providers include Visionworks, Target Optical, Pearle Vision, Warby Parker,² and new this year, LensCrafters³
- Safe and convenient online in-network shopping options, including Visionworks.com, 1800Contacts.com, Glasses.com, and Befitting.com
- Exclusive \$50 frame allowance enhancement at Visionworks available on most vision plans
- Fixed copays on all lens styles and coatings, making it easier to predict out-of-pocket costs
- Interactive frame try-on tool that allows users to see what Exclusive Collection frames look like from the comfort of home
- Free hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

For our vision plans, see page 59.



Guardian supplemental insurance

The seven Guardian partnership products can enhance your existing medical coverage and provide financial support for your employees in case of unexpected illness or injury. Additionally, when you choose to purchase multiple Guardian partnership products, you may be eligible to take advantage of preferred pricing and discounts.⁴

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



International health solutions from Blue Cross Global

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

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

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

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

² Warby Parker is an in-network provider if your plan has a frame allowance of at least \$85. Check your policy for frame benefit details and eligibility.

³ Base plan frame Allowance benefit must be at least \$85. Check your policy for frame benefit details.

⁴ Customizable for 100+ customers only.





Employee Assistance Program

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

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



Stop loss insurance

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

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

NEW Chubb Group Supplemental Medical Expense (GAP) Insurance

IBX has collaborated with Chubb to offer GAP insurance to be sold alongside an IBX HDHP to help offset out-of-pocket expenses like deductibles, copays, and coinsurance incurred during both inpatient and outpatient events. By filling the gaps in major medical plans, this coverage eases the financial burden on employees, delivering enhanced support while reinforcing the value of a comprehensive benefits package.

When you pair an HDHP with the GAP plan, you can offer members a more affordable comprehensive health plan option. You can even customize GAP to include coverage of routine PCP or specialist visits. This approach helps your employees save on premiums while still receiving comprehensive protection.



Scan the QR code to access additional materials.

51+ health plans



Independence 

IBX

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

- Copay health plans
- Deductible/Copay health plans
- Deductible/Coinsurance health plans
- HSA-qualified health plans
- HSA-qualified health plan with Virtual Primary Care Physician (VPCP)
- Choice Advantage health plans

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

Footnotes begin on page 62 | ded = Deductible

Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$20/\$40/\$250 ¹	Personal Choice PPO \$15/\$35/\$150 ¹
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services ⁴		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750	\$0/\$750
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$20/\$15	\$15/\$10
Specialist visit — Office/Virtual care	\$40/\$30	\$35/\$25
Eye exam	DPOS/POS — \$35 ⁵ PPO — Not covered	Not covered
Virtual care ²³	\$0	\$0
Urgent care	\$85	\$70
Spinal manipulations (20 visits per year)	\$40 ^{6,7}	\$35 ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40 ^{6,7}	\$35 ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	\$250 per day ¹⁰ /\$0	\$150 per day ¹⁰ /\$0
Emergency room (not waived if admitted) ¹¹	\$250	\$200
Observation room (waived if admitted)	\$250	\$200
Ambulance	\$40	\$35
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40 ⁷	\$35
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80	\$70
Biotech and specialty injectables — Home or office/Outpatient	\$100/\$200	\$100/\$200
Infusion — Home or office/Outpatient	\$20/\$40	\$15/\$30
Durable medical equipment and prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40/\$250 per day ¹⁰	\$35/\$150 per day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250	\$150
Outpatient lab and pathology — Freestanding/Hospital-based	\$0 (POS/DPOS) \$0/\$80 (PPO)	\$0/\$70
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$2,500/\$5,000 (PPO/DPOS) \$5,000/\$10,000 (POS)	\$2,500/\$5,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$10,000/\$20,000

Footnotes begin on page 62 | ded = Deductible

Deductible/Copay Health Plans	Keystone POS \$3,500/\$20/\$40/70% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$2,000/\$30/\$60/80% ¹
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,500/\$7,000	\$2,000/\$4,000
Coinsurance	30%	20%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$20, no ded/\$15, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$40, no ded/\$30, no ded	\$60, no ded/\$40, no ded
Eye exam	\$35, no ded ⁵	DPOS/POS — \$40, no ded ⁵ PPO — Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$85, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$40, no ded ⁷	\$60, no ded ^{6,7}
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded ⁷	\$60, no ded ^{6,7}
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	30% after ded/30% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted) ¹¹	\$250 after ded	\$300 after ded
Observation room (waived if admitted)	30% after ded	20% after ded
Ambulance	\$250, no ded	\$200, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded ⁷	\$60, no ded ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80, no ded	\$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$100, no ded/\$200, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	30% after ded/50% after ded	20% after ded/40% after ded
Durable medical equipment and prosthetics	30% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40, no ded/30% after ded	\$60, no ded/20% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$30,000/\$60,000	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Footnotes begin on page 62 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$3,000/\$30/\$60/90% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$4,000/\$30/\$60/90% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$5,000/\$30/\$60/90% ¹
Plan meets minimum value (MV) requirements	Yes	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Coinsurance	10%	10%	10%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services ⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & Retail Clinic/Virtual care	\$30, no ded/\$20, no ded	\$30, no ded/\$20, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$60, no ded/\$40, no ded	\$60, no ded/\$40, no ded	\$60, no ded/\$40, no ded
Eye exam	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered
Virtual care ²³	\$0, no ded	\$0, no ded	\$0, no ded
Urgent care	\$100, no ded	\$100, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}	\$60, no ded ^{6,7}
Hospital and other medical services			
Inpatient hospital services ⁸ /Professional services (includes maternity)	10% after ded/10% after ded	10% after ded/10% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	10% after ded	10% after ded	10% after ded
Ambulance	\$150, no ded	\$150, no ded	\$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60, no ded ⁷	\$60, no ded ⁷	\$60, no ded ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200, no ded	\$200, no ded	\$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	10% after ded/30% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60, no ded/10% after ded	\$60, no ded/10% after ded	\$60, no ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$300 after ded	\$300 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)
Prescription drugs			
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs			
Preferred brand drugs			
Non-preferred drugs			
Self-administered specialty drugs			
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$6,000/\$12,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$12,000/\$24,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$15,000/\$30,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

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Deductible/Copay Health Plans	Personal Choice PPO \$500/\$20/\$40/100% ¹	Personal Choice PPO \$1,000/\$20/\$40/100% ¹
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$500/\$1,000	\$1,000/\$2,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750 no ded	\$0/\$750 no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$20, no ded/\$15, no ded	\$20, no ded/\$15, no ded
Specialist visit — Office/Virtual care	\$40, no ded/\$30, no ded	\$40, no ded/\$30, no ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$85, no ded	\$85, no ded
Spinal manipulations (20 visits per year)	\$40, no ded ⁶	\$40, no ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded ⁶	\$40, no ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$250 after ded	\$250 after ded
Observation room (waived if admitted)	\$250 after ded	\$250 after ded
Ambulance	\$100, no ded	\$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded	\$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80, no ded	\$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$100, no ded/\$200, no ded	\$100, no ded/\$200, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40, no ded/0% after ded	\$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded/\$80, no ded	\$40, no ded/\$80, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000

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Deductible/Copay Health Plans	Personal Choice PPO \$1,500/\$20/\$40/100% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$2,500/\$30/\$60/100% ¹
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$1,500/\$3,000	\$2,500/\$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services ⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/ Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$20, no ded/\$15, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$40, no ded/\$30, no ded	\$60, no ded/\$40, no ded
Eye exam	Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$85, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$40, no ded ⁶	\$60, no ded ^{6,7}
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded ⁶	\$60, no ded ^{6,7}
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$250 after ded	\$300 after ded
Observation room (waived if admitted)	\$250 after ded	\$300 after ded
Ambulance	\$100, no ded	\$100, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded	\$60, no ded ⁷
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$80, no ded	\$200, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$100, no ded/\$200, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$40, no ded/0% after ded	\$60, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded/\$80, no ded	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)

Footnotes begin on page 62 | ded = Deductible

Deductible/Copay Health Plans	Personal Choice PPO Keystone DPOS Keystone POS \$3,000/\$30/\$60/100% ¹	Personal Choice PPO Keystone DPOS Keystone POS \$5,000/\$40/\$70/100% ¹	Personal Choice PPO \$6,000/\$20/\$40/100% ¹
Plan meets minimum value (MV) requirements	Yes	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	0%	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & Retail Clinic/Virtual care	\$30, no ded/\$20, no ded	\$40, no ded/\$30, no ded	\$20, no ded/\$15, no ded
Specialist visit — Office/Virtual care	\$60, no ded/\$40, no ded	\$70, no ded/\$50, no ded	\$40, no ded/\$30, no ded
Eye exam	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	DPOS/POS — \$40, no ded ⁵ PPO — Not covered	Not covered
Virtual care ²³	\$0, no ded	\$0, no ded	\$0, no ded
Urgent care	\$100, no ded	\$100, no ded	\$85, no ded
Spinal manipulations (20 visits per year)	\$60, no ded ^{6,7}	\$70, no ded ^{6,7}	\$40, no ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60, no ded ^{6,7}	\$70, no ded ^{6,7}	\$40, no ded ⁶
Hospital and other medical services			
Inpatient hospital services ⁸ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded	\$250 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded	\$250 after ded
Ambulance	\$100, no ded	\$150, no ded	\$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60, no ded ⁷	\$70, no ded ⁷	\$40, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200, no ded	\$300, no ded	\$80, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded	\$100, no ded/\$200, no ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁹	\$60, no ded/0% after ded	\$70, no ded/0% after ded	\$40, no ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$300 after ded	\$300 after ded	\$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60, no ded (POS/DPOS) \$60, no ded/\$120, no ded (PPO)	\$70, no ded (POS/DPOS) \$70, no ded/\$140, no ded (PPO)	\$40, no ded (POS/DPOS) \$40, no ded/\$80, no ded (PPO)
Prescription drugs			
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs			
Preferred brand drugs			
Non-preferred drugs			
Self-administered specialty drugs			
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$7,500/\$15,000	\$9,000/\$18,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$15,000/\$30,000 (PPO/DPOS) \$30,000/\$60,000 (POS)	\$18,000/\$36,000

Footnotes begin on page 62 | ded = Deductible

Deductible/Coinsurance Health Plans

Deductible/Coinsurance Health Plan	Personal Choice PPO PPO \$4000/90% with Integrated Rx ¹
Plan meets minimum value (MV) requirements	Yes
Benefits per contract year	You pay in-network
Deductible — Individual/Family	\$4,000/\$8,000
Coinsurance	10%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800
Preventive services ⁴	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0, no ded/\$750, no ded
Physician services	
Primary care visit — Office & Retail Clinic/Virtual care	10% after ded
Specialist visit — Office/Virtual care	10% after ded
Eye exam	Not covered
Virtual care ²³	0%, no ded
Urgent care	10% after ded
Spinal manipulations (20 visits per year)	10% after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded ⁶
Hospital and other medical services	
Inpatient hospital services ⁸ /Professional services (includes maternity)	10% after ded/10% after ded
Emergency room (not waived if admitted) ¹¹	10% after ded
Observation room (waived if admitted)	10% after ded
Ambulance	10% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	10% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded
Biotech and specialty injectables — Home or office/Outpatient	10% after ded/30% after ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	10% after ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	10% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/20% after ded
Prescription drugs ^{12,14}	
Low-cost generic drugs ^{13,15,16}	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded
Out-of-network ^{18,19}	You pay out-of-network
Deductible	\$6,000/\$12,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$12,000/\$24,000

Footnotes begin on page 62 | ded = Deductible

HSA-qualified Health Plan

Plan meets minimum value (MV) requirements

Benefits per contract year

Deductible — Individual/Family

Coinsurance

Out-of-pocket maximum — Individual/Family³

Preventive services⁴

Preventive care for adults and children

Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based²²

Physician services

Primary care visit — Office & Retail Clinic/Virtual care

Specialist visit — Office/Virtual care

Eye exam

Virtual care^{23,24}

Urgent care

Spinal manipulations (20 visits per year)

Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based

Hospital and other medical services

Inpatient hospital services⁸/Professional services (includes maternity)

Emergency room (not waived if admitted)¹¹

Observation room (waived if admitted)

Ambulance

Routine and diagnostic radiology — Freestanding/Hospital-based²⁰

MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based

Biotech and specialty injectables — Home or office/Outpatient

Infusion — Home or office/Outpatient

Durable medical equipment and prosthetics

Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient⁸

Outpatient surgery — Ambulatory surgical center/Hospital-based

Outpatient lab and pathology — Freestanding/Hospital-based

Prescription drugs^{12,14,26}

Low-cost generic drugs^{13,15,16}

Generic drugs^{13,16}

Preferred brand drugs^{13,16,28}

Non-preferred drugs^{13,16,28}

Self-administered specialty drugs^{17,28}

Out-of-network^{18,19}

Deductible

Coinsurance

Out-of-pocket maximum — Individual/Family²¹

Personal Choice PPO \$3,000/\$30/\$60/\$500^{2,24}

Yes

You pay in-network

\$3,000/\$6,000

0%

\$6,750/\$13,500

0%, no ded

\$0/\$750, no ded

\$30 after ded/\$20 after ded

\$60 after ded/\$40 after ded

Not covered

\$0 after ded

\$100 after ded

\$60 after ded⁶

\$60 after ded⁶

Subject to ded and \$500/day¹⁰/0% after ded

\$300 after ded

\$300 after ded

0% after ded

\$60 after ded

\$200 after ded

\$150 after ded/\$300 after ded

0% after ded/20% after ded

0% after ded

\$60 after ded/Subject to ded and \$500/day¹⁰

\$500 after ded

\$60 after ded/\$120 after ded

\$3 after ded

\$20 after ded

\$40 after ded

\$70 after ded

50% up to \$500 after ded

You pay out-of-network

\$5,000/\$10,000

50% after ded

\$10,000/\$20,000

Footnotes begin on page 62 | ded = Deductible

HSA-qualified Health Plans

HSA-qualified Health Plans	Personal Choice PPO \$2,000/80% ²	Personal Choice PPO \$3,000/80% ²	Personal Choice PPO \$5,000/80% ²
Plan meets minimum value (MV) requirements	Yes	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$2,000/\$4,000	\$3,000/\$6,000	\$5,000/\$10,000
Coinsurance	20%	20%	20%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services ⁴			
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services			
Primary care visit — Office & Retail Clinic/Virtual care	20% after ded	20% after ded	20% after ded
Specialist visit — Office/Virtual care	20% after ded	20% after ded	20% after ded
Eye exam	Not covered	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	20% after ded	20% after ded	20% after ded
Spinal manipulations (20 visits per year)	20% after ded ⁶	20% after ded ⁶	20% after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	20% after ded ⁶	20% after ded ⁶	20% after ded ⁶
Hospital and other medical services			
Inpatient hospital services ⁸ /Professional services (includes maternity)	20% after ded/20% after ded	20% after ded/20% after ded	20% after ded/20% after ded
Emergency room (not waived if admitted) ¹¹	20% after ded	20% after ded	20% after ded
Observation room (waived if admitted)	20% after ded	20% after ded	20% after ded
Ambulance	20% after ded	20% after ded	20% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	20% after ded	20% after ded	20% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	20% after ded	20% after ded	20% after ded
Biotech and specialty injectables — Home or office/Outpatient	20% after ded/40% after ded	20% after ded/40% after ded	20% after ded/40% after ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	20% after ded/40% after ded	20% after ded/40% after ded
Durable medical equipment and prosthetics	20% after ded	20% after ded	20% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	20% after ded/20% after ded	20% after ded/20% after ded	20% after ded/20% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	20% after ded	20% after ded	20% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	20% after ded/30% after ded	20% after ded/30% after ded	20% after ded/30% after ded
Prescription drugs ^{12,14,26}			
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000	\$15,000/\$30,000

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HSA-qualified Health Plans	Personal Choice PPO \$2,500/90% ²	Personal Choice PPO \$5,000/70% ²	Personal Choice PPO \$3,000/90% ²	Personal Choice PPO \$4,000/90% ²
Plan meets minimum value (MV) requirements	Yes	Yes	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network	You pay in-network
Deductible — Individual/Family	\$2,500/\$5,000	\$5,000/\$10,000	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	10%	30%	10%	10%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴				
Preventive care for adults and children	0%, no ded	0%, no ded	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded	\$0/\$750, no ded
Physician services				
Primary care visit — Office & Retail Clinic/Virtual care	10% after ded	30% after ded	10% after ded	10% after ded
Specialist visit — Office/Virtual care	10% after ded	30% after ded	10% after ded	10% after ded
Eye exam	Not covered	Not covered	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded	\$0 after ded	\$0 after ded
Urgent care	10% after ded	30% after ded	10% after ded	10% after ded
Spinal manipulations (20 visits per year)	10% after ded ⁶	30% after ded ⁶	10% after ded ⁶	10% after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	10% after ded ⁶	30% after ded ⁶	10% after ded ⁶	10% after ded ⁶
Hospital and other medical services				
Inpatient hospital services ⁹ /Professional services (includes maternity)	10% after ded/ 10% after ded	30% after ded/ 30% after ded	10% after ded/ 10% after ded	10% after ded/ 10% after ded
Emergency room (not waived if admitted) ¹¹	10% after ded	30% after ded	10% after ded	10% after ded
Observation room (waived if admitted)	10% after ded	30% after ded	10% after ded	10% after ded
Ambulance	10% after ded	30% after ded	10% after ded	10% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	10% after ded	30% after ded	10% after ded	10% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	10% after ded	30% after ded	10% after ded	10% after ded
Biotech and specialty injectables — Home or office/Outpatient	10% after ded/ 30% after ded	30% after ded/ 50% after ded	10% after ded/ 30% after ded	10% after ded/ 30% after ded
Infusion — Home or office/Outpatient	10% after ded/30% after ded	30% after ded/50% after ded	10% after ded/30% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	10% after ded	30% after ded	10% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	10% after ded/ 10% after ded	30% after ded/ 30% after ded	10% after ded/ 10% after ded	10% after ded/ 10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	10% after ded	30% after ded	10% after ded	10% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	10% after ded/ 20% after ded	20% after ded/ 30% after ded	10% after ded/ 20% after ded	10% after ded/ 20% after ded
Prescription drugs^{12,14,26}				
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded	\$40 after ded	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded	\$70 after ded	\$70 after ded	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$7,500/\$15,000	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$15,000/\$30,000	\$10,000/\$20,000	\$12,000/\$24,000

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HSA-qualified Health Plans

HSA-qualified Health Plans	Personal Choice PPO \$2,000/100% ²	Personal Choice PPO \$2,500/100% ²
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$2,000/\$4,000	\$2,500/\$5,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services ⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	0% after ded	0% after ded
Specialist visit — Office/Virtual care	0% after ded	0% after ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded
Urgent care	0% after ded	0% after ded
Spinal manipulations (20 visits per year)	0% after ded ⁶	0% after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	0% after ded ⁶	0% after ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	0% after ded/0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	0% after ded	0% after ded
Observation room (waived if admitted)	0% after ded	0% after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	0% after ded	0% after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	0% after ded	0% after ded
Biotech and specialty injectables — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	0% after ded/0% after ded	0% after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	0% after ded	0% after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$0 after ded/10% after ded	\$0 after ded/10% after ded
Prescription drugs ^{12,14,26}		
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$10,000/\$20,000

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

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HSA-qualified Health Plans	Personal Choice PPO \$2,000/\$30/\$60/\$500 ²
Plan meets minimum value (MV) requirements	Yes
Benefits per contract year	You pay in-network
Deductible — Individual/Family	\$2,000/\$4,000
Coinsurance	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500
Preventive services ⁴	
Preventive care for adults and children	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded
Physician services	
Primary care visit — Office & Retail Clinic/Virtual care	\$30 after ded/\$20 after ded
Specialist visit — Office/Virtual care	\$60 after ded/\$40 after ded
Eye exam	Not covered
Virtual care ²³	\$0 after ded
Urgent care	\$100 after ded
Spinal manipulations (20 visits per year)	\$60 after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 after ded ⁶
Hospital and other medical services	
Inpatient hospital services ⁸ /Professional services (includes maternity)	Subject to ded and \$500/day ¹⁰ /0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded
Observation room (waived if admitted)	\$300 after ded
Ambulance	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60 after ded/Subject to ded and \$500/day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$500 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60 after ded/\$120 after ded
Prescription drugs ^{12,14,26}	
Low-cost generic drugs ^{13,15,16}	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded
Out-of-network ^{18,19}	You pay out-of-network
Deductible	\$5,000/\$10,000
Coinsurance	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000

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HSA-qualified Health Plans	Personal Choice PPO \$3,000/\$30/\$60/\$500 ²	Personal Choice PPO \$4,000/\$40/\$70/\$250 ^{2,25}
Plan meets minimum value (MV) requirements	Yes	No
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$30 after ded/\$20 after ded	\$40 after ded/\$30 after ded
Specialist visit — Office/Virtual care	\$60 after ded/\$40 after ded	\$70 after ded/\$50 after ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded
Urgent care	\$100 after ded	\$100 after ded
Spinal manipulations (20 visits per year)	\$60 after ded ⁶	\$70 after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$60 after ded ⁶	\$70 after ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	Subject to ded and \$500/day ¹⁰ /0% after ded	Subject to ded and \$250/day ¹⁰ /0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$60 after ded	\$70 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$200 after ded	\$300 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$60 after ded/ Subject to ded and \$500/day ¹⁰	\$70 after ded/ Subject to ded and \$250/day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$500 after ded	\$250 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$60 after ded/\$120 after ded	\$70 after ded/\$140 after ded
Prescription drugs^{12,14,26}		
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$12,000/\$24,000

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HSA-qualified Health Plans

HSA-qualified Health Plans	Personal Choice PPO \$5,000/\$40/\$70/\$250 ^{2,25}	Personal Choice PPO \$5,000/\$40/\$70/100% ^{2,25}
Plan meets minimum value (MV) requirements	No	No
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$6,750/\$13,500	\$6,750/\$13,500
Preventive services ⁴		
Preventive care for adults and children	0%, no ded	0%, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$40 after ded/\$30 after ded	\$40 after ded/\$30 after ded
Specialist visit — Office/Virtual care	\$70 after ded/\$50 after ded	\$70 after ded/\$50 after ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0 after ded	\$0 after ded
Urgent care	\$100 after ded	\$100 after ded
Spinal manipulations (20 visits per year)	\$70 after ded ⁶	\$70 after ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$70 after ded ⁶	\$70 after ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁹ /Professional services (includes maternity)	Subject to ded and \$250/day ¹⁰ /0% after ded	0% after ded/0% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Ambulance	0% after ded	0% after ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$70 after ded	\$70 after ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300 after ded	\$300 after ded
Biotech and specialty injectables — Home or office/Outpatient	\$150 after ded/\$300 after ded	\$150 after ded/\$300 after ded
Infusion — Home or office/Outpatient	0% after ded/20% after ded	0% after ded/20% after ded
Durable medical equipment and prosthetics	0% after ded	0% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$70 after ded/ Subject to ded and \$250/day ¹⁰	\$70 after ded/0% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$250 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$70 after ded/\$140 after ded	\$70 after ded/\$140 after ded
Prescription drugs ^{12,14,26}		
Low-cost generic drugs ^{13,15,16}	\$3 after ded	\$3 after ded
Generic drugs ^{13,16}	\$20 after ded	\$20 after ded
Preferred brand drugs ^{13,16,28}	\$40 after ded	\$40 after ded
Non-preferred drugs ^{13,16,28}	\$70 after ded	\$70 after ded
Self-administered specialty drugs ^{17,28}	50% up to \$500 after ded	50% up to \$500 after ded
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$6,000/\$12,000	\$7,500/\$15,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$12,000/\$24,000	\$15,000/\$30,000

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Choice Advantage Health Plans	Keystone POS CA \$40/\$85/\$500 ¹	Personal Choice PPO CA \$40/\$85/\$500 ¹
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$0	\$0
Coinsurance	0%	0%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services ⁴		
Preventive care for adults and children	\$0	\$0
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750	\$0/\$750
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$40/\$30	\$40/\$30
Specialist visit — Office/Virtual care	\$85/\$60	\$85/\$60
Eye exam	\$40 ⁵	Not covered
Virtual care ²³	\$0	\$0
Urgent care	\$100	\$100
Spinal manipulations (20 visits per year)	\$85 ⁷	\$85 ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$85 ⁷	\$50/\$150 ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	\$500 per day ¹⁰ /\$0	\$500 per day ¹⁰ /\$0
Emergency room (not waived if admitted) ¹¹	\$300	\$300
Observation room (waived if admitted)	\$300	\$300
Ambulance	\$85	\$85
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$85 ⁷	\$50/\$150
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$300	\$200/\$400
Biotech and specialty injectables — Home or office/Outpatient	\$150/\$300	\$150/\$300
Infusion — Home or office/Outpatient	\$40/\$80	\$40/\$80
Durable medical equipment and prosthetics	50%	50%
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁹	\$85/\$500 per day ¹⁰	\$85/\$500 per day ¹⁰
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$350/\$700	\$350/\$700
Outpatient lab and pathology — Freestanding/Hospital-based	\$0	\$0/\$170
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$2,500/\$5,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$30,000/\$60,000	\$10,000/\$20,000

Footnotes begin on page 62 | ded = Deductible

Choice Advantage Health Plans	Personal Choice PPO CA \$3,000/\$25/\$65/80% ¹	Personal Choice PPO CA \$4,000/\$30/\$75/90% ¹
Plan meets minimum value (MV) requirements	Yes	Yes
Benefits per contract year	You pay in-network	You pay in-network
Deductible — Individual/Family	\$3,000/\$6,000	\$4,000/\$8,000
Coinsurance	20%	10%
Out-of-pocket maximum — Individual/Family ³	\$7,900/\$15,800	\$7,900/\$15,800
Preventive services ⁴		
Preventive care for adults and children	\$0, no ded	\$0, no ded
Preventive colonoscopy for colorectal cancer screening — Preventive Plus providers/Hospital-based ²²	\$0/\$750, no ded	\$0/\$750, no ded
Physician services		
Primary care visit — Office & Retail Clinic/Virtual care	\$25, no ded/\$20, no ded	\$30, no ded/\$20, no ded
Specialist visit — Office/Virtual care	\$65, no ded/\$45, no ded	\$75, no ded/\$50, no ded
Eye exam	Not covered	Not covered
Virtual care ²³	\$0, no ded	\$0, no ded
Urgent care	\$100, no ded	\$100, no ded
Spinal manipulations (20 visits per year)	\$65, no ded ⁶	\$75, no ded ⁶
Physical/Occupational therapy (30 visits per year) — Freestanding/Hospital-based	\$40, no ded/\$100, no ded ⁶	\$50, no ded/\$150, no ded ⁶
Hospital and other medical services		
Inpatient hospital services ⁸ /Professional services (includes maternity)	20% after ded/20% after ded	10% after ded/10% after ded
Emergency room (not waived if admitted) ¹¹	\$300 after ded	\$300 after ded
Observation room (waived if admitted)	\$300 after ded	\$300 after ded
Ambulance	\$200, no ded	\$150, no ded
Routine and diagnostic radiology — Freestanding/Hospital-based ²⁰	\$40, no ded/\$100, no ded	\$50, no ded/\$150, no ded
MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based	\$100, no ded/\$200, no ded	\$200, no ded/\$400, no ded
Biotech and specialty injectables — Home or office/Outpatient	\$150, no ded/\$300, no ded	\$150, no ded/\$300, no ded
Infusion — Home or office/Outpatient	20% after ded/40% after ded	10% after ded/30% after ded
Durable medical equipment and prosthetics	20% after ded	10% after ded
Mental health, serious mental illness, and substance abuse — Outpatient/Inpatient ⁸	\$65, no ded/20% after ded	\$75, no ded/10% after ded
Outpatient surgery — Ambulatory surgical center/Hospital-based	\$300 after ded	\$300 after ded
Outpatient lab and pathology — Freestanding/Hospital-based	\$40, no ded/\$100, no ded	\$50, no ded/\$150, no ded
Prescription drugs		
Low-cost generic drugs	See prescription drug plans on pages 55.	See prescription drug plans on pages 55.
Generic drugs		
Preferred brand drugs		
Non-preferred drugs		
Self-administered specialty drugs		
Out-of-network ^{18,19}	You pay out-of-network	You pay out-of-network
Deductible	\$5,000/\$10,000	\$6,000/\$12,000
Coinsurance	50% after ded	50% after ded
Out-of-pocket maximum — Individual/Family ²¹	\$10,000/\$20,000	\$12,000/\$24,000

Footnotes begin on page 62 | ded = Deductible

Prescription drug program



Independence 

IBX

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

51+ Prescription Drug Plans

Prescription Drug ^{12,14}	Value Rx \$3/\$20/\$40/\$60/50% up to \$500	Value Rx \$3/\$15/\$35/\$50/50% up to \$500	Value Rx \$3/\$25/\$50/\$75/50% up to \$500
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network
Low-cost generic drugs ^{13,15,16}	\$3	\$3	\$3
Generic drugs ^{13,16}	\$20	\$15	\$25
Preferred brand drugs ^{13,16,28}	\$40	\$35	\$50
Non-preferred drugs ^{13,16,28}	\$60	\$50	\$75
Self-administered specialty drugs ^{17,28}	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max

100+ Prescription Drug Plans

Prescription Drug ^{12,14}	Value Rx \$3/\$20/\$75/ \$100/50% up to \$1,000	Value Rx \$3/\$20/\$40/ \$70/50% up to \$1,000	Value Rx \$250/\$3/10%, no ded 20%/30%/50% up to \$500	Value Rx \$3/\$20/\$40/ \$60/50% up to \$500	Value Rx \$3/\$15/\$35/ \$50/50% up to \$500
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network	You pay in-network	You pay in-network
Low-cost generic drugs ^{13,15,16}	\$3	\$3	\$3 — no ded	\$3	\$3
Generic drugs ^{13,16}	\$20	\$20	10% coinsurance — no ded	\$20	\$15
Preferred brand drugs ^{13,16,28}	\$75	\$40	20% after ded ¹⁸	\$40	\$35
Non-preferred drugs ^{13,16,28}	\$100	\$70	30% after ded ¹⁸	\$60	\$50
Self-administered specialty drugs ^{17,28}	50% up to \$1,000 max	50% up to \$1,000 max	50% up to \$500 max after ded ¹⁸	50% up to \$500 max	50% up to \$500 max

Prescription Drug ^{12,14}	Value Rx \$3/\$10/\$40/ \$70/50% up to \$500	Value Rx \$3/20%/20%/ 20%/50% up to \$500	Value Rx \$3/\$10/\$30/ \$50/50% up to \$500	Value Rx \$3/\$10/\$25/ \$50/50% up to \$500	Value Rx \$3/\$10/\$20/ \$35/50% up to \$500
Benefits per contract year	You pay in-network	You pay in-network	You pay in-network	You pay in-network	You pay in-network
Low-cost generic drugs ^{13,15,16}	\$3	\$3	\$3	\$3	\$3
Generic drugs ^{13,16}	\$10	20%	\$10	\$10	\$10
Preferred brand drugs ^{13,16,28}	\$40	20%	\$30	\$25	\$20
Non-preferred drugs ^{13,16,28}	\$70	20%	\$50	\$50	\$35
Self-administered specialty drugs ^{17,28}	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max	50% up to \$500 max

Footnotes begin on page 62 | ded = Deductible

Independence 

Vision plans



Independence 

IBX

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



6d **ENHANCED** In-network providers include Visionworks, Target Optical, Pearle Vision, Warby Parker, and new this year, LensCrafters.*

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

Vision plans

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

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

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

¹ Inclusive of dilation when professionally indicated.

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



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

Fully covered lens options

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

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



NEED VISION COVERAGE?

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

¹ Inclusive of dilation when professionally indicated.

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

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

⁴ Vision Care 150 only.

⁵ Vision Care 130 and Vision Care 150 only.

What is not covered

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

Benefits that require preapproval

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

Additional benefits and exclusions

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

Additional information

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

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

* IBX reserves the right to change premium rates.

Health plan footnotes

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

Medical

1. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled.
Once an individual meets the individual deductible amount, claims for that individual will be paid. Once the family deductible is met, claims for that individual will be paid.
Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once an individual in the family has met the individual out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
2. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled.
The full family deductible must be met by one or several family members before claims are eligible to be paid; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the individual out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
3. In-network out-of-pocket maximum includes copayments, coinsurance, and deductible for essential health benefits (EHBs).
4. Age and frequency schedules may apply.
6. For PPO plans, visit limits are combined in- and out-of-network.
7. For DPOS and POS plans, a referral is required from a primary care physician.
8. 70-day inpatient hospital limit combined for all self-referred and out-of-network inpatient medical, maternity, mental health, serious mental illness, substance abuse, and detoxification services.
9. Amount shown reflects the copayment per day. There is a maximum of ten copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.
10. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.
11. Out-of-network emergency room benefits are covered at the in-network cost-sharing level.
18. To receive maximum benefits, services must be provided by a participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the group contract and out-of-network benefits booklet/certificate.
19. For PPO plans, non-participating providers may bill you for differences between the Plan allowance, which is the amount paid by IBX, and the actual charge of the provider. This amount may be significant. Claims payments for non-preferred professional providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the IBX applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBX's fee schedule, the payment is based on 50 percent of the actual charge of the provider. It is important to note that all percentages for out-of-network services are a percentage of the Plan allowance, not the actual charge of the provider.
20. For all plans, additional copayments may apply when you receive other services at your provider's office.
21. Out-of-network out-of-pocket maximum includes coinsurance only.
22. For routine colonoscopy for colorectal cancer screening, your cost-share will vary depending on where you receive service.
23. Virtual care from a designated virtual provider includes telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, Teladoc.

- 24. Virtual care from a designated virtual provider includes primary care, telemedicine, teledermatology, and telebehavioral health services offered through our virtual care provider, Teladoc.
- 25. Plan does not meet minimum value (MV) requirements. Please note that most plans will not meet minimum value if they do not have prescription drug coverage.

Vision

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

Prescription drug

- 12. Prescription drug benefits are administered by an independent pharmacy benefits management (PBM) company.
- 13. Mail-order/Home Delivery coverage is available for all prescription drug plans. Mail-order/Home Delivery service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice.
- 14. Benefits provided for covered drugs and medicines appearing on the Drug formulary.
- 15. Certain designated generic drugs are available at participating retail and mail-order/home delivery pharmacies for reduced member cost-sharing (\$3 retail/\$6 mail order/home delivery) after any applicable deductible.
- 16. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies, and the member must pay the full retail price for their prescription then file a claim for reimbursement. Members should refer to their benefits booklet to determine the out-of-network coverage for their plan.
- 17. A 30-day supply of self-administered specialty drugs is available exclusively through the Optum Specialty Pharmacy. There is no out-of-network coverage.
- 26. HDHP Preventive Enhancement benefit included. For the drugs on the HDHP preventive drug list, the deductible does not apply, and you are only responsible for paying the copayment or coinsurance.
- 27. \$250 per person deductible; brand drugs only.
- 28. If you choose to purchase a brand drug, you will be responsible for paying the dispensing pharmacy the difference between the negotiated discount price for the generic drug and the brand drug plus the appropriate member cost sharing for a brand drug. If your physician indicates on the prescription that the brand drug should be dispensed as written, benefits will be provided for that brand drug and you will only be responsible for the appropriate member cost-sharing for a brand drug.

Dental

Dominion National assists in the administration of Independence Dental Benefits.

Underwriting guidelines summary

Product offerings

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

Participation requirements¹

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

Employer contribution requirement¹

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

Benefit plan changes

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

High-deductible health plan funding limitation²

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

Submission guidelines

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

¹ Refer to the complete Underwriting Guidelines available via Sales Portal.

² As permitted by the state and federal legislation and mandates.

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

Teladoc Health and the practitioners accessible through Teladoc Health are independent companies and contractors not affiliated with Independence Blue Cross. Please consult a physician for personalized medical advice. Always seek the advice of a physician or other qualified health care provider with any questions regarding a medical condition.

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

Wondr Health is an independent company.

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

HelpScript is an independent company that provides provider-administered drug copay assistance coordination and reporting for Independence Blue Cross.

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

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

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

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

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

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

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

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

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY, an independent company. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GCLife-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-RADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al.

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

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

The Chubb Group Supplemental Medical Expense (GAP) insurance described in this material are a supplement to health insurance and are not a substitute for major medical coverage. This is not qualifying health coverage ("minimum essential coverage") that satisfies the health coverage requirement of the Affordable Care Act. This information is a brief description of the important features of the GAP insurance plan. It is not an insurance contract.

This insurance does not apply to the extent that trade or economic sanctions or other laws or regulations prohibit us from providing insurance, including, but not limited to, the payment of claims. Chubb is the marketing name used to refer to subsidiaries of Chubb Limited providing insurance and related services. Insurance provided by ACE American Insurance Company and its U.S. based Chubb underwriting company affiliates. All products may not be available in all states. This communication contains product summaries only. Coverage is subject to the language of the policies as actually issued. Chubb, P.O. Box 1600, Whitehouse Station, NJ 08889-1600. Underwritten by: ACE American Insurance Company. For a list of these subsidiaries, please visit chubb.com. Chubb Group Supplemental Medical Expense (GAP) is not an Independence Blue Cross product. Chubb is an independent company and does not offer Blue Cross products or services.

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

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

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.



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