Independence

Medical Benefit Highlights

Personal Choice 65 Standard Drexel- $10/$15

Covered Services	Your Costs (You pay)	
Benefits	**In-Network**	**Out-of-Network**
Maximum Out-of-Pocket (MOOP)[1] Individual Only *Out of network maximum includes combined in/out network*	$6,700	$10,000
Lifetime Maximum	Unlimited	
Plan Deductible Individual Only	$0	$250
Ambulance	**In-Network**	**Out-of-Network**
Ground	$0 copayment	$0 copayment no deductible
Air	$0 copayment	$0 copayment no deductible
Non-emergent requires prior authorization		
Chiropractic/Spinal Manipulations	**In-Network**	**Out-of-Network**
Medicare Covered Chiropractic Care	$10 copayment	20% after deductible
Routine Chiropractic Care 6 visits/calendar year[2]	$10 copayment	20% after deductible
Physician Office Visits	**In-Network**	**Out-of-Network**
Primary Care Services		
In-Person Visit	$10 copayment	20% after deductible
Telehealth Visit	Not covered	Not covered
Specialist Services		
In-Person Visit	$15 copayment	20% after deductible
Telehealth Visit[3]	Not covered	Not covered
Virtual Care	**In-Network**	**Out-of-Network**
Telemedicine	$0 copayment	Refer to Evidence of Coverage (EOC)
Teledermatology	$0 copayment	Refer to Evidence of Coverage (EOC)
Telebehavioral Health	$0 copayment	Refer to Evidence of Coverage (EOC)

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Durable Medical Equipment (DME)	In-Network	Out-of-Network
DME, Prosthetics and Orthotics	$0 copayment	20% after deductible
Liquid and Gas Oxygen	$0 copayment	20% after deductible

Diabetic Supplies	In-Network	Out-of-Network
Supplies and Monitors	$0 copayment	20% after deductible
Shoes and Inserts	$0 copayment	20% after deductible
Insulin Pump	$0 copayment	20% after deductible

Emergency Care	In-Network	Out-of-Network
Emergency Care (copay waived if admitted)	$40 copayment	$40 copayment no deductible
Worldwide Coverage (copay waived if admitted)[4]	$40 copayment	$40 copayment no deductible

Hearing Services	In-Network	Out-of-Network
Hearing Aids		
Advanced Digital	$699 copayment	Refer to Evidence of Coverage (EOC)
Premium Digital	$999 copayment	Refer to Evidence of Coverage (EOC)
Hearing Aids Fitting and Evaluation	$0 copayment	Refer to Evidence of Coverage (EOC)
Medicare Covered Hearing Exams	$15 copayment	20% after deductible
Routine Hearing Exam	$15 copayment	Refer to Evidence of Coverage (EOC)

Home Health Care	$0 copayment	20% after deductible
Inpatient Hospital *You are covered for unlimited days*	$0 copayment/Day	20% after deductible
Inpatient Mental Health/Substance Abuse *190-day lifetime maximum applies to treatment received in a Medicare-approved mental health facility*	$0 copayment/Day	20% after deductible

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Medicare Part B Drugs *Prior authorization is required for certain Part B injectable drugs*	$0 copayment	20% after deductible
Medicare Preventive Care[5] *Please see your Evidence of Coverage (EOC)*	$0 copayment	20% no deductible
Outpatient Diagnostic Procedures/ Lab	$0 copayment	20% after deductible
Outpatient Mental Health Services		
In-Person Visit	$15 copayment	20% after deductible
Telehealth Visit	$15 copayment	20% after deductible
Outpatient Radiology/X-ray Services	**In-Network**	**Out-of-Network**
Advanced Imaging (MRI/CT Scan)	$0 copayment	20% after deductible
Standard Imaging (Routine/ Diagnostic)	$0 copayment	20% after deductible
Outpatient Rehabilitation Therapy	**In-Network**	**Out-of-Network**
Physical, Speech, Occupational Therapy		
In-Person Visit	$15 copayment	20% after deductible
Telehealth Visit	Not covered	Not covered
Cardiac, Pulmonary Rehabilitation	$5 copayment	20% after deductible
Outpatient Substance Abuse		
In-Person Visit	$15 copayment	20% after deductible
Telehealth Visit	$15 copayment	20% after deductible
Outpatient Hospital	**In-Network**	**Out-of-Network**
Observation Stay	$0 copayment	20% after deductible
Outpatient Surgery	$0 copayment	20% after deductible
Outpatient Ambulatory Surgical Center	$0 copayment	20% after deductible

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Podiatry Services	In-Network	Out-of-Network
Medicare Covered Podiatry	$15 copayment	20% after deductible
Routine Podiatry 6 visits/calendar year[2]	$15 copayment	20% after deductible
Radiation Therapy	$0 copayment	20% after deductible
Routine Dental	Not covered	Not covered
Routine Vision	Covered. See Vision detail.	Covered. See Vision detail.
Skilled Nursing Facility[6] 100 days/benefit period[7]	$0 copayment/Day	20% after deductible

Urgently Needed Services	In-Network	Out-of-Network
Retail Clinic	$10 copayment	$10 copayment no deductible
Urgent Care Center	$15 copayment	$15 copayment no deductible
Worldwide Coverage[4]	$40 copayment	$40 copayment no deductible

Vision Care	In-Network	Out-of-Network
Medicare Covered Exam	$15 copayment	20% after deductible
Medicare Covered Eyewear (refer to EOC)	$0 copayment	$0 copayment no deductible

1 In-network out-of-pocket maximum (MOOP) includes deductible, copays, and coinsurance. Combined in-network and out-of-network out-of-pocket maximum (MOOP) includes copay, deductible and coinsurance. Visit limits are combined across in-network and out-of-network benefits. Routine care does not count towards your out-of-pocket maximum (MOOP).

2 Combined in and out-of-network.

3 Not all specialist services will be available via telehealth.

4 Worldwide Emergency Coverage available. Amounts you pay for emergency and urgently needed care services received outside the United States do not count toward your maximum out-of-pocket amount (MOOP).

5 For Preventive Services, if you receive a separate additional non-preventive evaluation and/or service, a copayment will apply. The copayment amount depends on the provider type or place of service.

6 No prior hospitalization required in order to obtain services from a Skilled Nursing Facility. In-network and out-of-network maximum day period combined.

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[7] A Medicare benefit period begins the day you go into a hospital or skilled nursing facility. The Medicare benefit period ends when you haven't received any inpatient hospital care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a skilled nursing facility after one Medicare benefit period has ended, a new Medicare benefit period begins. There is no limit to the number of Medicare benefit periods.

Personal Choice 65 offers PPO plans with a Medicare contract. Enrollment in Personal Choice 65 Medicare Advantage plans depends on contract renewal.

For updated information regarding plan providers, visit our website at **www.ibxmedicare.com**, or call the Member Help Team at **1-888-718-3333 (TTY/TDD: 711)**, seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This information is not a complete description of benefits. Contact **1-877-393-6733** for more information.

Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Normal plan rules apply. Please refer to your Evidence of Coverage (EOC) for more information.