

# Medical Benefit Highlights

## Keystone 65 Standard HMO

Covered Services	Your Costs (You pay)
<b>Benefits</b>	<b>In-Network</b>
Maximum Out-of-Pocket (MOOP) <sup>1</sup> Individual Only	\$7,550
Lifetime Maximum	Unlimited
Plan Deductible Individual Only	\$0
<b>Ambulance</b>	<b>In-Network</b>
Ground	\$0 copayment
Air	\$0 copayment
<i>Non-emergent requires prior authorization</i>	
<b>Chiropractic/Spinal Manipulations</b>	<b>In-Network</b>
Medicare Covered Chiropractic Care	\$0 copayment
Routine Chiropractic Care	Not covered
<b>Physician Office Visits</b>	<b>In-Network</b>
Primary Care Services	
In-Person Visit	\$2 copayment
Telehealth Visit	Not covered
Specialist Services	
In-Person Visit	\$0 copayment
Telehealth Visit <sup>2</sup>	Not covered
<b>Virtual Care</b>	<b>In-Network</b>
Telemedicine	\$0 copayment
Teledermatology	\$0 copayment
Telebehavioral Health	\$0 copayment
<b>Durable Medical Equipment (DME)</b>	<b>In-Network</b>
DME, Prosthetics and Orthotics	\$0 copayment
Liquid and Gas Oxygen	\$0 copayment

## Diabetic Supplies

Supplies and Monitors

Shoes and Inserts

Insulin Pump

## In-Network

\$0 copayment

\$0 copayment

\$0 copayment

## Emergency Care

Emergency Care (copay not waived if admitted)

Worldwide Coverage (copay not waived if admitted)<sup>3</sup>

## In-Network

\$15 copayment

\$15 copayment

## Hearing Services

Hearing Aids

Advanced Digital

Premium Digital

Hearing Aids Fitting and Evaluation

Medicare Covered Hearing Exams

Routine Hearing Exam

## In-Network

\$699 copayment

\$999 copayment

\$0 copayment

\$0 copayment

\$0 copayment

## Home Health Care

\$0 copayment

## Inpatient Hospital

*You are covered for unlimited days*

\$0 copayment/Admission

## Inpatient Mental Health/Substance Abuse

*190-day lifetime maximum applies to treatment received in a Medicare-approved mental health facility*

\$0 copayment/Admission

## Medicare Part B Drugs

*Prior authorization is required for certain Part B injectable drugs*

\$0 copayment

## Medicare Preventive Care<sup>4</sup>

*Please see your Evidence of Coverage (EOC)*

\$0 copayment

## Outpatient Diagnostic Procedures/ Lab

\$0 copayment

## Outpatient Mental Health Services

In-Person Visit

\$0 copayment

Telehealth Visit

\$0 copayment

## Outpatient Radiology/X-ray Services

Advanced Imaging (MRI/CT Scan)

### In-Network

\$0 copayment

Standard Imaging (Routine/  
Diagnostic)

\$0 copayment

## Outpatient Rehabilitation Therapy

Physical, Speech, Occupational  
Therapy

### In-Network

In-Person Visit

\$0 copayment

Telehealth Visit

Not covered

Cardiac, Pulmonary Rehabilitation

\$0 copayment

## Outpatient Substance Abuse

In-Person Visit

\$0 copayment

Telehealth Visit

\$0 copayment

## Outpatient Hospital

Observation Stay

### In-Network

\$0 copayment

Outpatient Surgery

\$0 copayment

Outpatient Ambulatory Surgical  
Center

\$0 copayment

## Podiatry Services

Medicare Covered Podiatry

### In-Network

\$0 copayment

Routine Podiatry

Not covered

<b>Radiation Therapy</b>	\$0 copayment
<b>Routine Dental</b>	Covered. See Dental detail.
<b>Routine Vision</b>	Covered. See Vision detail.
<b>Skilled Nursing Facility<sup>5</sup></b> 120 days/benefit period <sup>6</sup>	\$0 copayment/Admission
<b>Urgently Needed Services</b>	<b>In-Network</b>
Retail Clinic	\$2 copayment
Urgent Care Center	\$0 copayment
Worldwide Coverage <sup>3</sup>	\$15 copayment
<b>Vision Care</b>	<b>In-Network</b>
Medicare Covered Exam	\$0 copayment
Medicare Covered Eyewear (refer to EOC)	\$0 copayment

- <sup>1</sup> In-network out-of-pocket maximum (MOOP) includes deductible, copays, and coinsurance. Routine care does not count towards your out-of-pocket maximum (MOOP).
- <sup>2</sup> Not all specialist services will be available via telehealth.
- <sup>3</sup> 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).
- <sup>4</sup> 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.
- <sup>5</sup> No prior hospitalization required in order to obtain services from a Skilled Nursing Facility.
- <sup>6</sup> 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.

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



For updated information regarding plan providers, visit our website at [www.ibxmedicare.com](http://www.ibxmedicare.com), or call the Member Help Team at **1-800-645-3965 (TTY/TDD: 711)**, seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. This information is not a complete description of benefits. Contact **1-877-393-6733** for more information.

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

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

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية, فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deutsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

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

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódiíłnih koji' 1-800-275-2583.

### Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖

ប្រសិនបើអ្នកនិយាយភាសាមិន-ខ្មែរ ឬភាសាខ្មែរ នោះ

ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥត

គិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.