



IBX

2026 Smart Solutions Brochure

Independence 

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Table of contents

Benefits at a glance.....3

Keystone 65 Basic Rx HMO4

Keystone 65 Essential Rx HMO-POS.....5

Keystone 65 Focus Rx HMO-POS6

Keystone 65 Select HMO7

Keystone 65 Liberty Medical-Only HMO8

Keystone 65 Preferred HMO9

NEW! Personal Choice 65SM Achieve Rx PPO10

Personal Choice 65SM Plus Rx PPO11

Personal Choice 65SM PPO12

Prescription drugs.....13

Dental, vision, and hearing care.....14

Supporting you, every step of the way.....16

Affordability resources.....20

Ready to enroll?21

Medical and pharmacy exclusions22

Footnotes.....23

Benefits at a glance



Health care for life’s journey.

Everyone has different health needs and goals. Wherever your health journey takes you, we’ll support you every step of the way. Your membership matters to us. And our outstanding network, benefits, and customer service will matter to you.

With our Medicare Advantage plans, you’ll enjoy:

- ✓ **No medical deductibles** — so you can start using your benefits right away
- ✓ **No referrals needed** — see the specialists you want, when you need them
- ✓ **Access to the area’s largest network of doctors and hospitals¹**

Plan designs with you in mind:

- **\$0 monthly premiums** on select plans
- **\$0 copays** for primary care physician (PCP) visits
- **\$0 copays** for most generic prescriptions (Tier 1 and Tier 2)
- **\$0 copays** for routine dental, vision, and hearing exams
- **Up to \$2,000 per year** to help pay for fillings, root canals, crowns, partial bridges, dentures, and implants
- **Up to \$60 per quarter** to spend on approved over-the-counter (OTC) items at participating retailers and online
- **FREE fitness membership**, including access to all local YMCAs

Benefit & cost comparison

Medicare Advantage plans

Service Category	Keystone 65 Basic Rx HMO	
	Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties	
Monthly Plan Premium	Medical with Rx	\$0
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$38 copay	
Outpatient Hospital Services	\$355 copay	
Ambulatory Surgical Center	\$225 copay	
Emergency Care	\$115 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$225 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$325 copay per day for days 1 – 7; no copay for additional days per admission; \$2,275 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$25 copay per visit	
Over-the-Counter Allowance	\$60 quarterly allowance	
Maximum Out of Pocket	\$8,500 in network	
Network	In-network coverage only, except for worldwide urgent or emergency care.	
Prescription Drug Benefits	See page 13	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician’s office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan’s EOC for a complete listing of benefits.

Service Category	Keystone 65 Essential Rx HMO-POS ²	
	Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties	
Monthly Plan Premium	Medical with Rx	\$31
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$35 copay	
Outpatient Hospital Services	\$350 copay	
Ambulatory Surgical Center	\$290 copay	
Emergency Care	\$115 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$30 or \$300 copay depending on the service	
Outpatient Routine X-rays	\$30 copay for routine radiology	
Inpatient Hospital	\$650 copay per stay	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$25 copay per visit	
Over-the-Counter Allowance	\$60 quarterly allowance	
Maximum Out of Pocket	\$8,500 in network	
Network	In-network coverage, except for worldwide urgent or emergency care and certain other services.	
Prescription Drug Benefits	See page 13	

Medicare Advantage plans

Service Category	Keystone 65 Focus Rx HMO-POS ³	
	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical with Rx \$0	\$15
Part B Premium Giveback	\$2 credit per month	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$30 copay	
Outpatient Hospital Services	\$350 copay	
Ambulatory Surgical Center	\$235 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$30 or \$240 copay depending on the service	
Outpatient Routine X-rays	\$30 copay for routine radiology	
Inpatient Hospital	\$275 copay per day for days 1 – 7; no copay for additional days per admission; \$1,925 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$20 copay per visit	
Over-the-Counter Allowance	\$60 quarterly allowance	
Maximum Out of Pocket	\$6,750 in network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using providers within the limited network.	
Prescription Drug Benefits	See page 13	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Service Category	Keystone 65 Select HMO	
	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical-only \$20	\$0
	Medical with Rx \$47	\$74
Part B Premium Giveback	Medical-only N/A	\$18.60
	Medical with Rx N/A	N/A
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$40 copay	
Outpatient Hospital Services	\$390 copay	
Ambulatory Surgical Center	\$250 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$225 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$295 copay per day for days 1 – 7; no copay for additional days per admission; \$2,065 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$20 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$6,750 in network	
Network	In-network coverage only, except for worldwide urgent or emergency care.	
Prescription Drug Benefits	See page 13 (not covered for Keystone 65 Select Medical-Only HMO)	

Medicare Advantage plans

Service Category	Keystone 65 Liberty Medical-Only HMO	
	Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties	
Monthly Plan Premium	Medical-only	\$0
Part B Premium Giveback	\$120 credit per month	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$55 copay	
Outpatient Hospital Services	20% coinsurance	
Ambulatory Surgical Center	20% coinsurance	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$50 or \$350 copay depending on the service	
Outpatient Routine X-rays	\$50 copay for routine radiology	
Inpatient Hospital	\$370 copay per day for days 1 – 6; no copay for additional days per admission; \$2,220 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$45 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$6,750 in network	
Network	In-network coverage only, except for worldwide urgent or emergency care.	
Prescription Drug Benefits	Not covered	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician’s office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan’s EOC for a complete listing of benefits.

Service Category	Keystone 65 Preferred HMO	
	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Monthly Plan Premium	Medical-only	\$111
	Medical with Rx	\$188
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$40 copay	
Outpatient Hospital Services	\$375 copay	
Ambulatory Surgical Center	\$150 copay	
Emergency Care	\$150 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$170 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$275 copay per day for days 1 – 7; no copay for additional days per admission; \$1,925 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$20 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$4,200 in network	
Network	In-network coverage only, except for worldwide urgent or emergency care.	
Prescription Drug Benefits	See page 13 (not covered for Keystone 65 Preferred Medical-Only HMO)	

Medicare Advantage plans

Service Category	Personal Choice 65 Achieve Rx PPO ⁴ NEW Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties	
Monthly Plan Premium	Medical with Rx	\$0
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$55 copay	
Outpatient Hospital Services	\$540 copay	
Ambulatory Surgical Center	\$350 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$500 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$390 copay per day for days 1 – 7; no copay for additional days per admission; \$2,730 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$50 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$6,750 in network; \$10,100 combined in and out of network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get coverage that travels with you to 48 states and two territories. ⁵	
Prescription Drug Benefits	See page 13	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Service Category	Personal Choice 65 Plus Rx PPO ⁴ Philadelphia, Bucks, Chester, Delaware, and Montgomery Counties	
Monthly Plan Premium	Medical with Rx	\$214
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$0 copay	
Outpatient Hospital Services	\$310 copay	
Ambulatory Surgical Center	\$225 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$30 or \$275 copay depending on the service	
Outpatient Routine X-rays	\$30 copay for routine radiology	
Inpatient Hospital	\$400 copay per stay	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$25 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$4,201 in network; \$6,300 combined in and out of network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get coverage that travels with you to 48 states and two territories. ⁵	
Prescription Drug Benefits	See page 13	

Medicare Advantage plans

Service Category

Personal Choice 65 PPO⁴

	Philadelphia and Bucks Counties	Chester, Delaware, and Montgomery Counties
Medical-only	\$119	N/A
Medical with Rx	\$227	\$187
Monthly Plan Premium		
Part B Premium Giveback	N/A	
PCP Visits	\$0 copay	
Specialist Visits* (no referrals needed)	\$40 copay	
Outpatient Hospital Services	\$350 copay	
Ambulatory Surgical Center	\$200 copay	
Emergency Care	\$130 copay per visit; copay is not waived if admitted to inpatient hospital	
Outpatient Diagnostic Radiology Services	\$0 copay for certain diagnostic tests; \$40 or \$175 copay depending on the service	
Outpatient Routine X-rays	\$40 copay for routine radiology	
Inpatient Hospital	\$270 copay per day for days 1 – 6; no copay for additional days per admission; \$1,620 maximum per admission	
Outpatient Rehabilitation Services (physical therapy, occupational therapy, and speech therapy)	\$25 copay per visit	
Over-the-Counter Allowance	\$30 quarterly allowance	
Maximum Out of Pocket	\$5,950 in network; \$9,900 combined in and out of network	
Network	Freedom to choose any in- or out-of-network provider, but you'll generally pay less by using in-network providers. Plus, you get coverage that travels with you to 48 states and two territories. ⁵	
Prescription Drug Benefits	See page 13	

*This is a general copay that applies to specialist visits for consultation, diagnosis, and treatment by a specialist in a physician's office, but copay amounts vary for some specialist visits including podiatry, psychiatry, pulmonology, cardiology, etc. Please reference the plan's EOC for a complete listing of benefits.

Prescription drugs

Our drug formulary includes five tiers of cost-sharing for prescription drugs. Tier 1 and 2 prescriptions (which include most generic drugs) have **\$0 copays** when purchased at preferred pharmacies or through mail order. **Preferred pharmacies include ShopRite, CVS, Giant, Target, Wegmans, and more.**⁶

Deductible

Keystone 65 Basic Rx	No Part D (Rx) deductible
Keystone 65 Essential Rx	
Keystone 65 Focus Rx	
Keystone 65 Preferred Rx	
Keystone 65 Select Rx	
Personal Choice 65 Rx	
Personal Choice 65 Plus Rx	
Personal Choice 65 Achieve Rx	\$375 deductible for Tiers 3, 4, and 5

Preferred Retail and Mail-Order Cost-Sharing (30-day supply)

Tier 1 Preferred Generic		
All plans	\$0 copay	
Tier 2 Generic		
All plans	\$0 copay	
Tier 3 Preferred Brand		
All plans	25% coinsurance	
	Tier 4 Non-Preferred	Tier 5 Specialty
Keystone 65 Basic Rx	42% coinsurance	33% coinsurance
Keystone 65 Essential Rx	33% coinsurance	33% coinsurance
Keystone 65 Focus Rx	37% coinsurance	33% coinsurance
Keystone 65 Preferred Rx	35% coinsurance	33% coinsurance
Keystone 65 Select Rx	36% coinsurance	33% coinsurance
Personal Choice 65 Rx	33% coinsurance	33% coinsurance
Personal Choice 65 Achieve Rx	30% coinsurance	28% coinsurance
Personal Choice 65 Plus Rx	38% coinsurance	33% coinsurance
Covered Insulin (Tiers 3, 4, and 5)		
All plans	\$35 copay	

True Out-of-Pocket Limit	An annual maximum of \$2,100 in out-of-pocket costs for covered drugs (Medicare Part B drugs and your monthly plan premium are not included)
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Catastrophic	After reaching a maximum of \$2,100, you pay \$0 for covered drugs until the next calendar year
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Dental, vision, and hearing care

Included in all plans

Dental Services ⁷	
Use an IBX Medicare Dental Network dentist for in-network coverage. Visit ibxmedicare.com/findadentist for a list of participating providers.	
Preventive and Diagnostic Dental Care	
One oral exam and cleaning every 6 months	\$0 copay
One fluoride treatment and two dental consultations every 12 months	\$0 copay
One set of dental bitewing X-rays every 12 months	\$0 copay
One set of periapical, panoramic, and full-mouth X-rays once every 36 months	\$0 copay
Comprehensive Dental Services	
Keystone 65 Essential Personal Choice 65 Plus	0% coinsurance for fillings, root canals, crowns, and extractions; 0% coinsurance for dentures, implants, partials, and some oral surgery
Keystone 65 Basic	10% coinsurance for fillings, root canals, crowns, and extractions; 10% coinsurance for dentures, implants, partials, and some oral surgery
Keystone 65 Focus Keystone 65 Liberty Keystone 65 Select Personal Choice 65	20% coinsurance for fillings, root canals, crowns, and extractions; 40% coinsurance for dentures, implants, partials, and some oral surgery
Personal Choice 65 Achieve	50% coinsurance for fillings, root canals, crowns, and extractions; 50% coinsurance for dentures, implants, partials, and some oral surgery
Annual allowance for comprehensive dental services	
Keystone 65 Basic Keystone 65 Liberty	\$2,000 in-network annual allowance
Keystone 65 Essential	\$2,000 combined in- and out-of-network annual allowance
Keystone 65 Focus Keystone 65 Select	\$1,500 in-network annual allowance
Personal Choice 65	\$1,500 combined in- and out-of-network annual allowance
Personal Choice 65 Achieve Personal Choice 65 Plus	\$1,000 combined in- and out-of-network annual allowance

Vision Services ⁷	
Use a Davis Vision provider for in-network coverage. Visit ibxmedicare.com/davisvision for a list of participating providers.	
Routine eye exam (one per year)	\$0 copay
Eyeglass Frames, Lenses, and Contact Lenses	
One pair of eyeglass frames and lenses (eyewear) or one pair of contact lenses is covered each year.	
Eyewear purchased from the Davis Vision Collection	Covered in full
Eyewear purchased from Visionworks [®]	\$250 allowance per year
Eyewear purchased at a Davis Vision network provider	\$150 allowance per year
Contact lenses purchased instead of eyewear	\$150 allowance per year

Hearing Services ⁸		
Provided by TruHearing [®] . Visit ibxmedicare.com/hearing for a list of participating providers.		
Routine hearing exam (one per year)	\$0 copay	
Hearing aid fittings and evaluations (unlimited for the first year)	\$0 copay	
Hearing Aids Up to two hearing aids every year, one hearing aid per ear.	Advanced Digital Hearing Aid	Premium Digital Hearing Aid
Keystone 65 Essential	\$399 copay	\$699 copay
Keystone 65 Preferred Keystone 65 Select Personal Choice 65 Personal Choice 65 Plus	\$499 copay	\$799 copay
Keystone 65 Basic Keystone 65 Focus Keystone 65 Liberty Personal Choice 65 Achieve	\$699 copay	\$999 copay

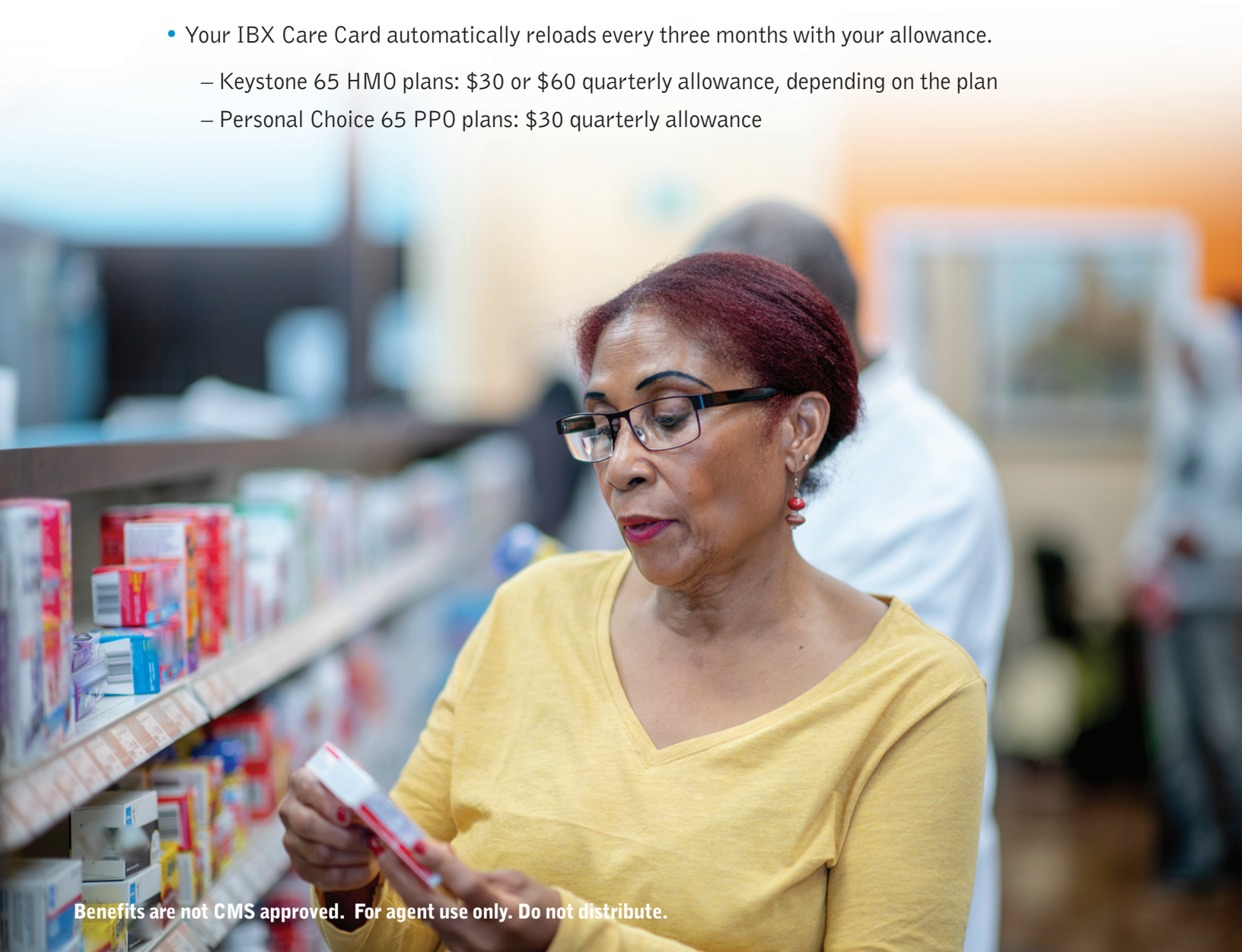
Supporting you, every step of the way



OTC allowance

With your Medicare Advantage plan, you get a **quarterly allowance to spend on everyday health items** — all at no extra cost to you. Your allowance is accessible through your IBX Care Card.⁹

- Use your IBX Care Card to buy approved OTC items like bandages, cold medicine, toothpaste, and vitamins in a participating store or online.
- Participating retail stores include CVS, Walgreens, Walmart, Dollar General, Family Dollar, and more.
- Your IBX Care Card automatically reloads every three months with your allowance.
 - Keystone 65 HMO plans: \$30 or \$60 quarterly allowance, depending on the plan
 - Personal Choice 65 PPO plans: \$30 quarterly allowance



Telemedicine through Teladoc Health

It's not always easy or convenient to go to a health appointment. With Teladoc Health, you can get virtual care from wherever you are...with a **\$0 copay!**

- **General medical care:** You have 24/7 access to board-certified doctors who can diagnose and treat non-emergency conditions such as sinus infections, flu, sore throats, allergies, pink eye, and more.
- **Mental health care:** Schedule visits with a licensed therapist, psychologist, or psychiatrist and get support for depression, anxiety, stress, grief, and more.¹⁰
- **Dermatology:** Connect online with a board-certified dermatologist who can provide timely answers to questions about new or chronic skin conditions like rashes, acne, eczema, and rosacea.



Independence health rewards

Doing the right thing for your health is full of rewards. As a Medicare Advantage member, you may be eligible to earn up to **\$250 in gift cards** from popular retailers — just for completing important health activities.

It starts with your Annual Wellness Visit, available at no cost. Complete it to unlock your first reward. From there, you can earn even more by participating in additional health-focused activities throughout the year.



One Pass® fitness membership

Stay active with a **free fitness membership** through One Pass, which gives you access to a variety of physical, social, and mental fitness programs. Find your fit at the gym, at home, with friends, or in the kitchen!

Supporting you, every step of the way



Vital Care

We know managing a chronic condition can get costly. That’s why we offer the Vital Care program. The Vital Care program **reduces** the following **specialist copays** for Keystone 65 Basic, Keystone 65 Essential, Keystone 65 Liberty, Keystone 65 Preferred, and Keystone 65 Select members who have been diagnosed with both diabetes and congestive heart failure (CHF).

Benefit	Cost
Cardiology specialist visits	\$10 copay
Endocrinology specialist visits	\$10 copay
Medicare-covered podiatry visits	\$5 copay
Routine podiatry visits Up to 6 routine podiatry visits per year	\$5 copay



Vital Care Plus

The Vital Care Plus program offers the same great benefits as the Vital Care program, but with even more. The following **reduced specialist copays** are available to Keystone 65 Focus members who have been diagnosed with diabetes.

Benefit	Cost
Cardiology specialist visits	\$10 copay
Endocrinology specialist visits	\$10 copay
Pulmonology specialist visits	\$10 copay
Medicare-covered podiatry visits	\$5 copay
Routine podiatry visits Up to 6 routine podiatry visits per year	\$5 copay

Members also get a **\$70 allowance per quarter** for OTC items (this is an additional \$10 from the plan’s base allowance).



Transportation

Our door-to-door transportation benefit, provided by Roundtrip, makes it easier for eligible members to get to and from essential health sites **at no cost**.

- Easily book and track rides with the Roundtrip mobile app. Rides should be booked at least 48 hours in advance.
- Modes of transportation include taxis, rideshare services, wheelchair vans, and medical sedans.

Plan	Eligibility	Benefit
Keystone 65 Basic Keystone 65 Focus Keystone 65 Preferred Keystone 65 Select	Members diagnosed with both diabetes and CHF	Includes 24 one-way rides (or 12 round-trip rides) per year to plan-approved medical facilities or pharmacies
Keystone 65 Essential	All members	Includes 12 one-way rides (or 6 round-trip rides) per year to plan-approved medical facilities or pharmacies



Food and produce

We’re making life a little easier for eligible members by providing weekly food and produce deliveries **at no cost**. These deliveries contain fresh, local food items — along with resources that offer ideas on how to use them.

Plan	Eligibility	Benefit
Keystone 65 Basic Keystone 65 Focus Keystone 65 Preferred Keystone 65 Select	Members diagnosed with both diabetes and depressive disorders	Members will receive a maximum of four weeks of food and produce boxes per year.
Keystone 65 Essential	Members who have both Low Income Subsidy (also called LIS, or “Extra Help”) and a qualifying condition ¹¹	Members will receive a maximum of 12 weeks of food and produce boxes per year.

Affordability resources

As a Medicare beneficiary, you may be eligible for a variety of public benefits and other assistance programs to help you manage your health care expenses. These resources are a small way to help you feel more financially secure.



Low Income Subsidy (LIS), or “Extra Help”

LIS helps people with limited income and assets pay for monthly premiums, annual deductibles, and prescription copays related to their Medicare Part D prescription drug coverage plan.

How to apply:

- Online at ssa.gov/prescriptionhelp
- Call Social Security at **1-800-772-1213** (TTY/TDD: **1-800-325-0778**)



PACE, PACENET, and PACE Plus programs

The Pharmaceutical Assistance Contract for the Elderly (PACE), PACE Needs Enhancement Tier (PACENET), and PACE Plus programs offer coverage for generic and brand-name drugs, with minimal copays for each covered prescription filled.

How to apply:

- Online at pacecares.primetherapeutics.com
- Call PACE at **1-800-225-7223** (TTY/TDD: **1-800-222-9004**)



Medicare Prescription Payment Program

This program can help Medicare beneficiaries manage their prescription costs over the course of the plan year (January – December). Instead of paying for prescriptions at the point of sale (i.e., pharmacy), beneficiaries can opt in to make monthly payments spread out over the course of the year. This program is voluntary and does not help you save money or reduce drug costs.

For more information, visit ibxmedicare.com/IRA.

To learn more about resources to help you feel more financially secure, request our *Guide to Savings* at ibxmedicare.com/guidetosavings.

Ready to enroll?

Choose the right plan for you

When enrolling in a Medicare Advantage plan, it’s important to check the plan’s network and formulary to see if your doctor or drug is covered.



How to find a network provider

1. Go to ibxmedicare.com/providerfinder.
2. Search for providers by health plan, location, specialty, name, type, and more.
3. If you’re enrolling in a Keystone 65 HMO plan, make sure to fill out your desired in-network PCP during the application process.



How to find a network pharmacy

1. Go to ibxmedicare.com/pharmacyfinder.
2. Search for pharmacies by health plan, location, name, and more.
3. Preferred pharmacies include a *Preferred* label.



How to find out if a drug is on the formulary

1. Go to ibxmedicare.com/formulary.
2. Search by health plan, drug name, therapeutic class, or browse drugs alphabetically.

Medical and pharmacy exclusions

Medical exclusions

- Personal items in your room at a hospital or skilled nursing facility
- Full-time nursing care in your home
- Custodial care that is provided in a nursing home, hospice, or other facility setting when you do not require skilled medical care or skilled nursing care¹²
- Fees charged for care by your immediate relatives or members of your household
- Reversal of sterilization procedures and/or non-prescription contraceptive supplies
- Naturopath services (using natural or alternative treatments)
- Homemaker services, including housekeeping or light meal preparation

Part D exclusions

By law, these categories of drugs are not covered by Medicare drug plans:

- Non-prescription drugs (also called over-the-counter drugs)
- Drugs when used to promote fertility
- Drugs when used for the relief of cough or cold symptoms
- Drugs when used for cosmetic purposes or to promote hair growth
- Prescription vitamins and mineral products, except prenatal vitamins and fluoride preparations
- Drugs when used for the treatment of sexual or erectile dysfunction
- Drugs when used for the treatment of anorexia, weight loss, or weight gain
- Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale

This is a partial list of exclusions. Visit ibxmedicare.com/eoc for a complete listing of benefits and exclusions.

Footnotes

1. 2025 PA-5 Provider Network Counts: ibxmedicare.com/providers25.
2. Keystone 65 Essential members have a combined in- and out-of-network POS annual maximum of \$2,000 that applies to non-Medicare-covered dental services.
3. Keystone 65 Focus members pay 20% for most Medicare-covered medical (Parts A and B) out-of-network benefits. The POS annual plan maximum of \$1,000 will apply to out-of-network benefits.
4. For most out-of-network benefits, Personal Choice 65 Plus has a 35% coinsurance and Personal Choice 65 and Personal Choice 65 Achieve have a 50% coinsurance.
5. Participating states and territories are subject to change at any time.
6. We contract with some pharmacies to offer lower cost-sharing to plan members with Part D coverage. This is known as preferred pharmacy cost-sharing. You may fill your prescriptions at either a preferred or standard pharmacy. However, you can save money on certain prescriptions by using a preferred pharmacy.
7. There is an 80% coinsurance for most out-of-network dental and vision benefits on the Personal Choice 65 PPO plans. There is a 50% coinsurance for out-of-network dental benefits on the Keystone 65 Essential plan.
8. Advanced and premium digital hearing aids are available in rechargeable models at no additional cost.
9. The OTC allowance does not carry forward to the next quarter if it is not used. You must use your IBX Care Card to purchase OTC items at a participating retailer. OTC items purchased from non-participating retailers will not be covered. Members should retain the card through the expiration date.
10. Mental/behavioral health visits must be scheduled via the online platform teladochealth.com/signin or by phone. Member must complete a mental health assessment via the website platform or by phone prior to scheduling a mental health visit.
11. Qualifying conditions include chronic and disabling mental health conditions, hypertension, diabetes, obesity, chronic kidney disease, and chronic heart failure (including ischemic heart disease, hyperlipidemia, and peripheral vascular disease).
12. Custodial care is personal care that does not require the continuing attention of trained medical or paramedic personnel, such as care that helps you with activities of daily living, such as bathing or dressing.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company, independent licensees of the Blue Cross and Blue Shield Association.

IBX Medicare Dental Network administered by Dominion Dental Services, Inc., an independent company.

Vision benefits are underwritten by Keystone Health Plan East/QCC Insurance Company and administered by Davis Vision, an independent company.

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

TruHearing is a registered trademark of TruHearing, Inc., an independent company.

One Pass is a voluntary program offered by an independent company. The One Pass program varies by plan/area. Information provided is not medical advice. Consult a health care professional before beginning any exercise program.

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.

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

The transportation benefit is administered by Roundtrip, an independent company.

Out-of-network/non-contracted providers are under no obligation to treat Personal Choice 65 PPO members, except in emergency situations. Please call our Member Help Team number, see your *Evidence of Coverage*, or visit ibxmedicare.com/eoc for more information, including the cost-sharing that applies to out-of-network services.

This booklet is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

The giveback is set up by Medicare and administered through the Social Security Administration (SSA). The giveback incentive only participates with Social Security and is credited monthly on your Social Security check or Medicare Part B premium statement. There are no direct payments made to beneficiaries by Independence Blue Cross. Beneficiaries who pay their own Part B premium are eligible for the Giveback. Meaning, beneficiaries cannot receive Medicaid or any other assistance from a health program that could potentially pay their Part B premium.

For select plans, the food and produce benefit mentioned is part of a special supplemental program for the chronically ill. Members must be diagnosed with Diabetes, Depression or Depressive Disorders, Disabling Mental Health Conditions, Chronic Heart Failure, Hypertension, or other eligible conditions to qualify. Eligible conditions vary by benefit and plan. Eligibility for this benefit cannot be guaranteed based solely on your condition. All applicable eligibility requirements must be met before the benefit is provided. Contact us to confirm your eligibility for this benefit.

Some services may require prior approval. Please visit ibxmedicare.com/eoc for more information.

This information is not a complete description of benefits. Please visit ibxmedicare.com/eoc for more information.



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Independence Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-275-2583 (TTY/TDD: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-275-2583 (TTY/TDD: 711)。



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