

Medical Benefit Highlights

Keystone 65 Standard HMO

Covered Services	Your Costs (You pay)
Benefits	In-Network
Maximum Out-of-Pocket (MOOP) ¹ Individual Only	\$7,550
Lifetime Maximum	Unlimited
Plan Deductible Individual Only	\$0
Ambulance	In-Network
Ground	\$0 copayment
Air	\$0 copayment
<i>Non-emergent requires prior authorization</i>	
Chiropractic/Spinal Manipulations	In-Network
Medicare Covered Chiropractic Care	\$0 copayment
Routine Chiropractic Care	Not covered
Physician Office Visits	In-Network
Primary Care Services	
In-Person Visit	\$2 copayment
Telehealth Visit	Not covered
Specialist Services	
In-Person Visit	\$0 copayment
Telehealth Visit ²	Not covered
Virtual Care	In-Network
Telemedicine	\$0 copayment
Teledermatology	\$0 copayment
Telebehavioral Health	\$0 copayment
Durable Medical Equipment (DME)	In-Network
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)³

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 Care⁴

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

In-Network

Advanced Imaging (MRI/CT Scan)

\$0 copayment

Standard Imaging (Routine/
Diagnostic)

\$0 copayment

Outpatient Rehabilitation Therapy

In-Network

Physical, Speech, Occupational
Therapy

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

In-Network

Observation Stay

\$0 copayment

Outpatient Surgery

\$0 copayment

Outpatient Ambulatory Surgical
Center

\$0 copayment

Podiatry Services

In-Network

Medicare Covered Podiatry

\$0 copayment

Routine Podiatry

Not covered

Radiation Therapy	\$0 copayment
Routine Dental	Covered. See Dental detail.
Routine Vision	Covered. See Vision detail.
Skilled Nursing Facility⁵ 120 days/benefit period ⁶	\$0 copayment/Admission
Urgently Needed Services	In-Network
Retail Clinic	\$2 copayment
Urgent Care Center	\$0 copayment
Worldwide Coverage ³	\$15 copayment
Vision Care	In-Network
Medicare Covered Exam	\$0 copayment
Medicare Covered Eyewear (refer to EOC)	\$0 copayment

- ¹ In-network out-of-pocket maximum (MOOP) includes deductible, copays, and coinsurance. Routine care does not count towards your out-of-pocket maximum (MOOP).
- ² Not all specialist services will be available via telehealth.
- ³ 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).
- ⁴ 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.
- ⁵ No prior hospitalization required in order to obtain services from a Skilled Nursing Facility.
- ⁶ 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, 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, kannst du Hilf grieg 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 yánílti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódiílnih 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 ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ 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. 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>.