

# 01

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*IBC HEALTH COACH*

# Personal Choice Medical Plan 2021–2022

## YOUR MEDICAL PLAN AT A GLANCE

| Medical Plan Coverage        | Base Plan                    | Buy-up Plan                  |
|------------------------------|------------------------------|------------------------------|
| In-Network Out of Pocket Max | \$7,900/\$15,800             | \$7,900/\$15,800             |
| Primary Care/Specialist Care | \$30/\$60                    | \$20/\$40                    |
| Retail Clinic/Urgent Care    | \$30/\$100                   | \$20/\$85                    |
| Emergency Room               | \$300 not waived if admitted | \$250 not waived if admitted |
| Hospital Stay Per Night      | \$400/max per stay \$2,000   | \$250/max per stay \$1,250   |
| Outpatient Surgery           | \$400                        | \$250                        |
| Ambulance                    | \$60                         | \$40                         |
| LabWork                      | \$0/\$120 Hospital Based     | \$0/\$80 Hospital Based      |
| Telemedicine                 | \$0                          | \$0                          |
| Teledermatology              | \$0                          | \$0                          |
| Telebehavioral Health        | \$0                          | \$0                          |
| Preventive Colonoscopy       | \$0/\$750 Hospital Based     | \$0/\$750 Hospital Based     |
| Routine Radiology - X-ray    | \$60                         | \$40                         |
| Advanced Radiology - MRI     | \$200                        | \$80                         |
| Chemotherapy/Dialysis        | \$30                         | \$20                         |

| Out-of-network Plan Coverage | Base Plan         | Buy-up Plan       |
|------------------------------|-------------------|-------------------|
| Deductible                   | \$2,500/\$5,000   | \$1,500/\$3,000   |
| Coinsurance                  | 50%               | 70%               |
| Out of Pocket Maximum        | \$10,000/\$20,000 | \$10,000/\$20,000 |

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# Personal Choice Medical Plan 2021–2022

## PRESCRIPTION

| RX                                   | Base Plan       | Buy-up Plan     |
|--------------------------------------|-----------------|-----------------|
| <b>Mail Order for Tiers 1-4 Only</b> | <b>2x copay</b> | <b>2x copay</b> |
| Tier 1 Generic: Lowest Cost          | \$5             | \$5             |
| Tier 2 Generic                       | \$20            | \$15            |
| Tier 3 Brand Preferred               | \$50            | \$35            |
| Tier 4 Brand Non-preferred           | \$70            | \$50            |
| Tier 5 Self-administered Specialty   | \$100           | \$100           |

## BASE PLAN DEDUCTIONS

| Status                     | Your Cost Per Month | Base Plan Premium |
|----------------------------|---------------------|-------------------|
| Single                     | \$0.00              | \$649.01          |
| Parent/Child               | \$0.00              | \$981.95          |
| Parent/Children            | \$0.00              | \$1,411.60        |
| Employee/Spouse or Partner | \$0.00              | \$1,493.37        |
| Family                     | \$0.00              | \$1,904.19        |

## BUY-UP PLAN DEDUCTIONS

| Status                     | Your Cost Per Month | Buy-up Plan Premium |
|----------------------------|---------------------|---------------------|
| Single                     | \$45.75             | \$694.76            |
| Parent/Child               | \$69.22             | \$1,051.17          |
| Parent/Children            | \$99.50             | \$1,511.10          |
| Employee/Spouse or Partner | \$105.28            | \$1,598.65          |
| Family                     | \$134.24            | \$2,038.43          |

# Medical Benefit Highlights

## USLI Base Plan PPO \$30-\$60/\$400

| Covered Services   | Your Costs (You pay) |                             |
|--|----------------------|-----------------------------|
|  | In-Network           | Out-of-Network              |
| <b>Benefits per Contract Year</b>                                  |                      |                             |
| Deductible (Embedded) <sup>1</sup><br>Individual/Family            | \$0/\$0              | \$2,500/\$5,000             |
| Out-of-Pocket Maximum (Embedded) <sup>2</sup><br>Individual/Family | \$7,900/\$15,800     | \$10,000/\$20,000           |
| Coinsurance  | 0%                   | 50%                         |
| <b>Preventive Services</b>   |                      |                             |
| Preventive Care  | No charge            | 50% no deductible           |
| Preventive Colonoscopy   |                      |                             |
| Preventive Plus Providers  | No charge            | Not covered                 |
| Hospital Based   | \$750                | 50% no deductible           |
| <b>Physician Services</b>  |                      |                             |
| Primary Care Physician (PCP) Office Visit                          | \$30                 | 50% after deductible        |
| Specialist Office Visit  | \$60                 | 50% after deductible        |
| Retail Health Clinic Visit   | \$30                 | 50% after deductible        |
| Urgent Care Visit  | \$100                | 50% after deductible        |
| <b>Virtual Care<sup>3</sup></b>                                    |                      |                             |
| Telemedicine   | No charge            | Not covered                 |
| Teledermatology  | No charge            | Not covered                 |
| Telebehavioral Health  | No charge            | Not covered                 |
| <b>Therapy Services</b>  |                      |                             |
| Physical Therapy (30 visits/year) <sup>4</sup>                     |                      |                             |
| Freestanding   | \$60                 | 50% after deductible        |
| Hospital Based   | \$60                 | 50% after deductible        |
| Occupational Therapy (30 visits/year) <sup>4</sup>                 |                      |                             |
| Freestanding   | \$60                 | 50% after deductible        |
| Hospital Based   | \$60                 | 50% after deductible        |
| Speech Therapy (20 visits/year) <sup>5</sup>                       | \$60                 | 50% after deductible        |
| <b>Emergency Services</b>  |                      |                             |
| Emergency Room (copay not waived if admitted)                      | \$300                | Covered at In-Network level |
| Emergency Ambulance  | \$60                 | Covered at In-Network level |
| Non-Emergency Ambulance  | \$60                 | 50% after deductible        |

| <b>Hospital Services</b>   | <b>In-Network</b>                        | <b>Out-of-Network</b> |
|--|--|-----------------------|
| Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year) <sup>6</sup> | \$400/Day; max of 5 copays per admission | 50% after deductible  |
| Observation Services (copay waived if admitted)  | \$300                                    | 50% after deductible  |
| Maternity Hospital Services <sup>6</sup>   | \$400/Day; max of 5 copays per admission | 50% after deductible  |
| Inpatient Professional Services (includes Maternity)   | No charge                                | 50% after deductible  |
| <b>Outpatient Surgery</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Freestanding   | \$400                                    | 50% after deductible  |
| Hospital Based   | \$400                                    | 50% after deductible  |
| Outpatient Professional Services   | No charge                                | 50% after deductible  |
| <b>Outpatient Diagnostics</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Diagnostic Medical (EKG)   | \$60                                     | 50% after deductible  |
| Routine Radiology (X-Ray)  |  |                       |
| Freestanding   | \$60                                     | 50% after deductible  |
| Hospital Based   | \$60                                     | 50% after deductible  |
| Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)   |  |                       |
| Freestanding   | \$200                                    | 50% after deductible  |
| Hospital Based   | \$200                                    | 50% after deductible  |
| <b>Outpatient Lab and Pathology</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Freestanding   | No charge                                | 50% after deductible  |
| Hospital Based   | \$120                                    | 50% after deductible  |
| <b>Other Medical Services</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Spinal Manipulations (20 visits/year) <sup>5</sup>   | \$60                                     | 50% after deductible  |
| Acupuncture (18 visits/year) <sup>5</sup>  | \$60                                     | 50% after deductible  |
| Standard Injectables   | No charge                                | 50% after deductible  |
| Allergy Injections   | No charge                                | 50% after deductible  |
| Biotech/Specialty Injectables  |  |                       |
| Home/Office  | \$150                                    | 50% after deductible  |
| Outpatient   | \$300                                    | 50% after deductible  |
| Chemotherapy   | \$30                                     | 50% after deductible  |
| Dialysis   | \$30                                     | 50% after deductible  |
| Skilled Nursing Facility (120 days/year) <sup>5</sup>  | \$200/Day; max of 5 copays per admission | 50% after deductible  |
| Home Health (60 visits/year) <sup>5</sup>  | \$30                                     | 50% after deductible  |

|  |  |                      |
|--|--|----------------------|
| Hospice  | No charge                                | 50% after deductible |
| Durable Medical Equipment (DME)  | 50%                                      | 50% after deductible |
| Mental Health – Outpatient (includes serious mental illness and substance abuse)             | \$60                                     | 50% after deductible |
| Mental Health – Inpatient (includes serious mental illness and substance abuse) <sup>6</sup> | \$400/Day; max of 5 copays per admission | 50% after deductible |

- 1 Embedded deductible: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.
- 2 Embedded out-of-pocket maximum: Each covered family member only needs to satisfy his or her individual out-of-pocket maximum, not the entire family out-of-pocket maximum.
- 3 Telemedicine is provided by a designated telemedicine provider, please visit [www.ibx.com/findcarenow](http://www.ibx.com/findcarenow).
- 4 Physical Therapy and Occupational Therapy combined visit limit in and out-of-network.
- 5 Combined in and out-of-network.
- 6 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

The Personal Choice® Preferred Provider Organization (PPO) gives you freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by accessing care through Personal Choice's network of hospitals, doctors, and specialists, or by accessing care through preferred providers who participate in the BlueCard® PPO program. If you access care from a provider who does not participate in our network, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.ibx.com/LGBooklet](http://www.ibx.com/LGBooklet) or call 1-800-ASK-BLUE (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to <http://www.ibx.com/preapproval> or call the phone number that is listed on the back of your identification card.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. [www.ibx.com](http://www.ibx.com)

# Drug Benefit Highlights

## Value Formulary \$5/\$20/\$50/\$70/\$100

| Covered Services  | Your Costs (You pay)  |                       |
|---|-----------------------|-----------------------|
| <b>Benefits per Contract Year</b>   | <b>In-Network</b>     | <b>Out-of-Network</b> |
| Deductible Individual/Family  | \$0/\$0               | \$0/\$0               |
| Out-of-Pocket Maximum Individual/Family                                     | Combined with Medical | Combined with Medical |
| Formulary <sup>1</sup>  | Value                 |                       |
| <b>Retail Pharmacy</b>  | <b>In-Network</b>     | <b>Out-of-Network</b> |
| Tier 1 Low-Cost Generic Drugs   | \$5                   | 30% Reimbursement     |
| Tier 2 Generic Drugs  | \$20                  | 30% Reimbursement     |
| Tier 3 Preferred Brand Drugs  | \$50                  | 30% Reimbursement     |
| Tier 4 Non-Preferred Drugs  | \$70                  | 30% Reimbursement     |
| Tier 5 Self-Administered Specialty Drugs                                    | \$100                 | Not covered           |
| Dispensing Limits <sup>2</sup>  | 30 day supply max     | 30 day supply max     |
| <b>Mail Order Pharmacy Available for maintenance drugs</b>                  | <b>In-Network</b>     | <b>Out-of-Network</b> |
| Tier 1 Low-Cost Generic Drugs   | \$10                  | Not covered           |
| Tier 2 Generic Drugs  | \$40                  | Not covered           |
| Tier 3 Preferred Brand Drugs  | \$100                 | Not covered           |
| Tier 4 Non-Preferred Drugs  | \$140                 | Not covered           |
| Tier 5 Self-Administered Specialty Drugs                                    | Not covered           | Not covered           |
| Dispensing Limits <sup>3</sup>  | 90 day supply max     | Not covered           |
| <b>Drug Coverage</b>  | <b>In-Network</b>     | <b>Out-of-Network</b> |
| ACA Preventive Drugs <sup>4</sup>   | Covered               | Covered               |
| Compound Medications  | Covered               | Covered               |
| Contraceptives  | Covered               | Covered               |
| Diabetic Supplies (i.e., test strips)                                       | Covered               | Covered               |
| Glucometers (no copayment/coinsurance required at participating pharmacies) | Covered               | Covered               |
| Insulin   | Covered               | Covered               |
| Insulin Needles and Syringes  | Covered               | Covered               |
| Lancets (no copayment/coinsurance required at participating pharmacies)     | Covered               | Covered               |
| Prescribed Tobacco Cessation Drugs (RX and OTC)                             | Covered               | Covered               |
| Allergy Serum   | Not covered           | Not covered           |
| Blood, Blood Plasma   | Not covered           | Not covered           |
| Drugs used for Cosmetic Purposes  | Not covered           | Not covered           |

|   |             |             |
|---|-------------|-------------|
| Immunization Agents                       | Not covered | Not covered |
| Injectable Fertility Drugs                | Not covered | Not covered |
| Investigational/Experimental Drugs        | Not covered | Not covered |
| Non-Federal Legend Drugs                  | Not covered | Not covered |
| Over-The-Counter Drugs (Non-Prescription) | Not covered | Not covered |
| Weight Control Drugs                      | Not covered | Not covered |

- 1 Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto [www.ibx.com](http://www.ibx.com).
- 2 Maintenance medications may also be available for up to a 90-day supply at participating Act 207 Retail pharmacies for the same mail order member cost sharing as indicated above.
- 3 Up to a 90-day supply of drugs to treat chronic conditions available at Walgreens or mail for same cost share.
- 4 Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventive services.

This summary represents only a partial listing of benefits and exclusions of the Prescription Drug Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by pharmacy policy. As a result, this program may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.ibx.com/LGBooklet](http://www.ibx.com/LGBooklet) or call 1-800-ASK-BLUE (TTY: 711).

Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order are not covered. Devices or supplies except those specifically listed under covered drugs are not covered.

All covered self-administered specialty medications will be provided through the convenient Specialty Pharmacy Program for the appropriate cost sharing indicated above. Benefits are available for up to a thirty (30) days supply.

FutureScripts® network includes more than 65,000 retail pharmacies. You can locate a participating pharmacy near you on [www.ibx.com](http://www.ibx.com) by selecting the Find a Participating Pharmacy feature. FutureScripts® is an independent company providing pharmacy benefit management service.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. [www.ibx.com](http://www.ibx.com)



# Medical Benefit Highlights

## USLI Buy Up PPO \$20-\$40/\$250

| Covered Services   | Your Costs (You pay) |                             |
|--|----------------------|-----------------------------|
|  | In-Network           | Out-of-Network              |
| <b>Benefits per Contract Year</b>                                  |                      |                             |
| Deductible (Embedded) <sup>1</sup><br>Individual/Family            | \$0/\$0              | \$1,500/\$3,000             |
| Out-of-Pocket Maximum (Embedded) <sup>2</sup><br>Individual/Family | \$7,900/\$15,800     | \$10,000/\$20,000           |
| Coinsurance  | 0%                   | 30%                         |
| <b>Preventive Services</b>   |                      |                             |
| Preventive Care  | No charge            | 30% no deductible           |
| Preventive Colonoscopy   |                      |                             |
| Preventive Plus Providers  | No charge            | Not covered                 |
| Hospital Based   | \$750                | 30% no deductible           |
| <b>Physician Services</b>  |                      |                             |
| Primary Care Physician (PCP) Office Visit                          | \$20                 | 30% after deductible        |
| Specialist Office Visit  | \$40                 | 30% after deductible        |
| Retail Health Clinic Visit   | \$20                 | 30% after deductible        |
| Urgent Care Visit  | \$85                 | 30% after deductible        |
| <b>Virtual Care<sup>3</sup></b>                                    |                      |                             |
| Telemedicine   | No charge            | Not covered                 |
| Teledermatology  | No charge            | Not covered                 |
| Telebehavioral Health  | No charge            | Not covered                 |
| <b>Therapy Services</b>  |                      |                             |
| Physical Therapy (30 visits/year) <sup>4</sup>                     |                      |                             |
| Freestanding   | \$40                 | 30% after deductible        |
| Hospital Based   | \$40                 | 30% after deductible        |
| Occupational Therapy (30 visits/year) <sup>4</sup>                 |                      |                             |
| Freestanding   | \$40                 | 30% after deductible        |
| Hospital Based   | \$40                 | 30% after deductible        |
| Speech Therapy (20 visits/year) <sup>5</sup>                       | \$40                 | 30% after deductible        |
| <b>Emergency Services</b>  |                      |                             |
| Emergency Room (copay not waived if admitted)                      | \$250                | Covered at In-Network level |
| Emergency Ambulance  | \$40                 | Covered at In-Network level |
| Non-Emergency Ambulance  | \$40                 | 30% after deductible        |

| <b>Hospital Services</b>   | <b>In-Network</b>                        | <b>Out-of-Network</b> |
|--|--|-----------------------|
| Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year) <sup>6</sup> | \$250/Day; max of 5 copays per admission | 30% after deductible  |
| Observation Services (copay waived if admitted)  | \$250                                    | 30% after deductible  |
| Maternity Hospital Services <sup>6</sup>   | \$250/Day; max of 5 copays per admission | 30% after deductible  |
| Inpatient Professional Services (includes Maternity)   | No charge                                | 30% after deductible  |
| <b>Outpatient Surgery</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Freestanding   | \$250                                    | 30% after deductible  |
| Hospital Based   | \$250                                    | 30% after deductible  |
| Outpatient Professional Services   | No charge                                | 30% after deductible  |
| <b>Outpatient Diagnostics</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Diagnostic Medical (EKG)   | \$40                                     | 30% after deductible  |
| Routine Radiology (X-Ray)  |  |                       |
| Freestanding   | \$40                                     | 30% after deductible  |
| Hospital Based   | \$40                                     | 30% after deductible  |
| Advanced Imaging (MRI/MRA,CT/CTA Scan, PET Scan)   |  |                       |
| Freestanding   | \$80                                     | 30% after deductible  |
| Hospital Based   | \$80                                     | 30% after deductible  |
| <b>Outpatient Lab and Pathology</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Freestanding   | No charge                                | 30% after deductible  |
| Hospital Based   | \$80                                     | 30% after deductible  |
| <b>Other Medical Services</b>  | <b>In-Network</b>                        | <b>Out-of-Network</b> |
| Spinal Manipulations (20 visits/year) <sup>5</sup>   | \$40                                     | 30% after deductible  |
| Acupuncture (18 visits/year) <sup>5</sup>  | \$40                                     | 30% after deductible  |
| Standard Injectables   | No charge                                | 30% after deductible  |
| Allergy Injections   | No charge                                | 30% after deductible  |
| Biotech/Specialty Injectables  |  |                       |
| Home/Office  | \$100                                    | 30% after deductible  |
| Outpatient   | \$200                                    | 30% after deductible  |
| Chemotherapy   | \$20                                     | 30% after deductible  |
| Dialysis   | \$20                                     | 30% after deductible  |
| Skilled Nursing Facility (120 days/year) <sup>5</sup>  | \$125/Day; max of 5 copays per admission | 30% after deductible  |
| Home Health (60 visits/year) <sup>5</sup>  | \$20                                     | 30% after deductible  |

|  |  |                      |
|--|--|----------------------|
| Hospice  | No charge                                | 30% after deductible |
| Durable Medical Equipment (DME)  | 50%                                      | 30% after deductible |
| Mental Health – Outpatient (includes serious mental illness and substance abuse)             | \$40                                     | 30% after deductible |
| Mental Health – Inpatient (includes serious mental illness and substance abuse) <sup>6</sup> | \$250/Day; max of 5 copays per admission | 30% after deductible |

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- 3 Telemedicine is provided by a designated telemedicine provider, please visit [www.ibx.com/findcarenow](http://www.ibx.com/findcarenow).
- 4 Physical Therapy and Occupational Therapy combined visit limit in and out-of-network.
- 5 Combined in and out-of-network.
- 6 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

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# Drug Benefit Highlights

## Value Formulary \$5/\$15/\$35/\$50/\$100

| Covered Services  | Your Costs (You pay)  |                       |
|---|-----------------------|-----------------------|
| <b>Benefits per Contract Year</b>   | <b>In-Network</b>     | <b>Out-of-Network</b> |
| Deductible Individual/Family  | \$0/\$0               | \$0/\$0               |
| Out-of-Pocket Maximum Individual/Family                                     | Combined with Medical | Combined with Medical |
| Formulary <sup>1</sup>  | Value                 |                       |
| <b>Retail Pharmacy</b>  | <b>In-Network</b>     | <b>Out-of-Network</b> |
| Tier 1 Low-Cost Generic Drugs   | \$5                   | 30% Reimbursement     |
| Tier 2 Generic Drugs  | \$15                  | 30% Reimbursement     |
| Tier 3 Preferred Brand Drugs  | \$35                  | 30% Reimbursement     |
| Tier 4 Non-Preferred Drugs  | \$50                  | 30% Reimbursement     |
| Tier 5 Self-Administered Specialty Drugs                                    | \$100                 | Not covered           |
| Dispensing Limits <sup>2</sup>  | 30 day supply max     | 30 day supply max     |
| <b>Mail Order Pharmacy Available for maintenance drugs</b>                  | <b>In-Network</b>     | <b>Out-of-Network</b> |
| Tier 1 Low-Cost Generic Drugs   | \$10                  | Not covered           |
| Tier 2 Generic Drugs  | \$30                  | Not covered           |
| Tier 3 Preferred Brand Drugs  | \$70                  | Not covered           |
| Tier 4 Non-Preferred Drugs  | \$100                 | Not covered           |
| Tier 5 Self-Administered Specialty Drugs                                    | Not covered           | Not covered           |
| Dispensing Limits <sup>3</sup>  | 90 day supply max     | Not covered           |
| <b>Drug Coverage</b>  | <b>In-Network</b>     | <b>Out-of-Network</b> |
| ACA Preventive Drugs <sup>4</sup>   | Covered               | Covered               |
| Compound Medications  | Covered               | Covered               |
| Contraceptives  | Covered               | Covered               |
| Diabetic Supplies (i.e., test strips)                                       | Covered               | Covered               |
| Glucometers (no copayment/coinsurance required at participating pharmacies) | Covered               | Covered               |
| Insulin   | Covered               | Covered               |
| Insulin Needles and Syringes  | Covered               | Covered               |
| Lancets (no copayment/coinsurance required at participating pharmacies)     | Covered               | Covered               |
| Prescribed Tobacco Cessation Drugs (RX and OTC)                             | Covered               | Covered               |
| Allergy Serum   | Not covered           | Not covered           |
| Blood, Blood Plasma   | Not covered           | Not covered           |
| Drugs used for Cosmetic Purposes  | Not covered           | Not covered           |

|   |             |             |
|---|-------------|-------------|
| Immunization Agents                       | Not covered | Not covered |
| Injectable Fertility Drugs                | Not covered | Not covered |
| Investigational/Experimental Drugs        | Not covered | Not covered |
| Non-Federal Legend Drugs                  | Not covered | Not covered |
| Over-The-Counter Drugs (Non-Prescription) | Not covered | Not covered |
| Weight Control Drugs                      | Not covered | Not covered |

- 1 Benefits will be provided for Covered Drugs and medicines appearing on the Drug Formulary. To check the formulary status of a drug or view a copy of the most recent formulary, log onto [www.ibx.com](http://www.ibx.com).
- 2 Maintenance medications may also be available for up to a 90-day supply at participating Act 207 Retail pharmacies for the same mail order member cost sharing as indicated above.
- 3 Up to a 90-day supply of drugs to treat chronic conditions available at Walgreens or mail for same cost share.
- 4 Certain designated preventative medications will not be subject to any cost-sharing or deductibles, but will be subject to the terms and conditions of your benefits contract. Refer to your summary of benefits, member handbook, and/or benefit booklet to determine if your plan includes 100 percent coverage for in-network preventive services.

This summary represents only a partial listing of benefits and exclusions of the Prescription Drug Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by pharmacy policy. As a result, this program may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.ibx.com/LGBooklet](http://www.ibx.com/LGBooklet) or call 1-800-ASK-BLUE (TTY: 711).

Any prescription refilled in excess of the number of refills specified by the physician, or any refill dispensed after one year from the physician's original order are not covered. Devices or supplies except those specifically listed under covered drugs are not covered.

All covered self-administered specialty medications will be provided through the convenient Specialty Pharmacy Program for the appropriate cost sharing indicated above. Benefits are available for up to a thirty (30) days supply.

FutureScripts® network includes more than 65,000 retail pharmacies. You can locate a participating pharmacy near you on [www.ibx.com](http://www.ibx.com) by selecting the Find a Participating Pharmacy feature. FutureScripts® is an independent company providing pharmacy benefit management service.

Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross - Independent licensees of the Blue Cross and Blue Shield Association. [www.ibx.com](http://www.ibx.com)

# Davis Vision Routine Eye Plan 2021–2022

The Independence Blue Cross \$150 Vision program, administered by Davis Vision, offers members comprehensive benefits, including routine eye care, frames and lenses. The vision program is easy to use. Benefits are maximized by using Davis Vision Providers.

## YOUR VISION PLAN AT A GLANCE

| Service   | Benefit   |
|---|---|
| <b>Eye exam, inclusive of dilation (as professionally indicated) at participating providers</b> | \$0 copay 1x per calendar year  |
| <b>Eyeglasses, including spectacle lenses and frames, at participating providers</b>            | Spectacle lenses covered at no extra cost include: all range of prescriptions, oversize lenses, plastic lenses, single vision, lined bifocal, lined trifocal or lenticular lenses.  |
| <b>Additional spectacle lens options</b>  | Additional spectacle lens options covered at no cost include: tinting of plastic lenses, scratch resisting coating, ultraviolet coating, polycarbonate lenses for dependent children, monocular, and patients with prescriptions greater than or equal to +/- 6.00 diopters         |
| <b>Frames (two options are available for selecting frames):</b>                                 | Choose from participating provider's own frame collection and member receives retail allowance of up to \$150 (plus a 20% discount on any overage) or choose from the Davis collection of frames.   |
| <b>Additional Visionworks Frames Option</b>   | Member receives allowance of up to \$200 (plus 20% discount on overage)   |
| <b>Contact lenses (in lieu of eyeglasses)</b>   | Member receives allowance up to \$150 (plus a 15% discount on any coverage)   |
| <b>Collection contact lenses (in lieu of allowance)</b>   | Member receives: Disposable 8 boxes/multi-packs; Planned Replacement 4 boxes/multi-packs  |
| <b>Eye exam, eyeglasses, and contact lenses at non-participating providers</b>                  | Services are available up to the following reimbursement to member: eye exam \$40; frames \$50; single vision lenses \$40; bifocal/progressive lenses \$60; trifocal lenses \$80; lenticular lenses \$100; elective contact lenses \$105; medically necessary contact lenses \$225. |

## Laser Vision Correction Services Discount:

Receive up to 25% off the participating provider's usual and customary fees, or 5% off any participating provider's advertised specials on laser vision correction services.

| Davis Vision Plan |                           |
|-------------------|---------------------------|
| Tier              | Monthly Payroll Deduction |
| Single            | \$8.37                    |
| Parent/Child      | \$12.68                   |
| Parent/Children   | \$18.23                   |
| Employee/Spouse   | \$19.23                   |
| Family            | \$24.53                   |

# Support for your emotional health



To stay healthy, you need to take care of your body and mind. We make it easy — and affordable — for you to get the support you need with telebehavioral health benefits and customized online resources.

## Virtual care visits from MDLIVE®

You pay \$0 cost-share\* and get 24/7 access

You have 24/7 access to care from therapists, psychologists, and psychiatrists who can help with concerns like anxiety, depression, and panic disorders. With telebehavioral health from MDLIVE, you pay \$0 cost-share\* for a confidential visit in the comfort of your home, or wherever you are. Choose to have your virtual care visit by video chat, using the MDLIVE website or mobile app, or by phone.

## How to activate your account

Registration is quick and easy. There are several ways to activate your MDLIVE account so you're ready for a virtual visit when you need one:



Text **IBX** to **635-483** to chat with Sophie, a virtual assistant who will help you sign up



Download the MDLIVE app on a smartphone or tablet



Visit [mdlive.com/ibx](https://mdlive.com/ibx)



Call **1-877-764-6605**



## Virtual care visits with a Magellan provider†

### You pay \$0 cost-share\*

You also have the option to schedule a virtual visit with a behavioral health care professional (including psychiatrists, psychologist, and counselors) in the Magellan network. They can provide consultation, diagnosis, or treatment for your behavioral health concerns. Virtual visits are convenient, flexible, and completely confidential. Choose to have them by phone or video chat, and you'll pay \$0 cost-share\* for your virtual behavioral health visit.

## Feel better and manage everyday stress‡

### Free, self-guided programs\*

On To Better Health gives you access to guided online programs that use evidence-based cognitive behavioral therapy. These programs can be completed at your own pace on your computer or smartphone. You'll learn and practice skills to help you overcome challenges such as:‡

- Alcohol or substance abuse
- Anxiety, panic, or phobia
- Chronic pain
- Depression
- Insomnia
- Obsessions or compulsions

## How to schedule a telebehavioral health visit

To locate a licensed in-network professional who offers virtual visits, call **1-800-688-1911**. You can also see if your current behavioral health provider offers virtual visits.

## How to get started with On To Better Health\*

Follow these steps to get started:

1. Log in at [ibx.com](https://ibx.com).
2. Select *Value Added Services* from the Health & Well-being menu.
3. Then select *On To Better Health*.

If it's your first visit, you'll be prompted to complete a short assessment about your mood, sleep habits, and lifestyle. Then, you'll get a list of recommended programs that would benefit you the most, based on your responses. When you're ready to jump into a program, you can choose to launch it right on your computer or download the mobile app on your Apple or Android device.

**Note:** For the best On To Better Health experience, use the internet browser Google Chrome™. Don't have Google Chrome? Download it at [google.com/chrome](https://google.com/chrome).

\* Refer to your health plan benefits to see how telebehavioral health services are covered.

† You must have mental health benefits through Magellan Healthcare, Inc.

‡ You may not have access to all the features.

The information presented is not meant to provide clinical advice. Program modules are a supplement to your overall care and are not intended to replace care through your provider.

MDLIVE is an independent company providing telemedicine, telebehavioral health, and teledermatology services for Independence Blue Cross members.

Magellan Healthcare, Inc. is an independent company that manages mental health and substance abuse benefits for most Independence Blue Cross members

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# Save time and money

with virtual care from MDLIVE®



**With your virtual care benefits, you can talk to a primary care doctor, behavioral health care professional, or dermatologist anytime, from anywhere in the U.S. Most members pay \$0.\***

Skip the waiting room and use virtual care services from MDLIVE instead. When it's not an emergency, virtual care is fast, convenient, and affordable. MDLIVE has one of the largest virtual care networks in the U.S., with more than 1,800 licensed providers who are specially trained to treat you by phone, email, or video chat.

## Virtual care services from MDLIVE

### Telemedicine

Day or night, you can talk to a board-certified primary care doctor who can treat non-emergency conditions, such as sinus pain, pink eye, earaches, sore throat, and flu. MDLIVE also provides pediatric telemedicine services for non-emergency conditions.

### Telebehavioral health

You have 24/7 access to therapists, psychologists, and psychiatrists who can help when you need it. From the comfort of home, or wherever you may be, you can have a confidential virtual care visit for conditions such as anxiety, depression, and panic disorders.

### Teledermatology

You might wait days, weeks, or even months for an appointment with a dermatologist. With MDLIVE teledermatology services, you'll get a diagnosis, treatment, and prescription (as needed) from a board-certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 18 hours.

## Don't wait until you need an appointment!

Activate your MDLIVE account now using your member ID number. There are several ways to do it:



Text **IBX** to **635-483**



Download the MDLIVE app on your smart device



Visit **mdlive.com/ibx**



Call **1-877-764-6605**

# Let Sophie help you activate your MDLIVE account

You're just a few steps away from anytime, anywhere access to local board-certified doctors. Here's how to activate your account with Sophie, your virtual Personal Health Assistant.

## Step 1: Get started

Using your smartphone, text **IBX** to **635-483**. Be sure to have your Independence Blue Cross member ID card on hand when you're activating your account.

## Step 2: Connect with Sophie

You will receive a welcome text message, where you can tap to launch a web browser page, which will simulate a text conversation.

## Step 3: Access your account

Answer a series of questions from Sophie to complete your registration. Once your account has been activated, you'll be ready to begin using your virtual care benefits.

Meet Sophie, your virtual Personal Health Assistant!



Sophie makes creating your MDLIVE account quick and easy using your smartphone.

Text **IBX** to **635-483**, and Sophie will walk you through the process.



\*Refer to your plan benefits for how virtual care services from MDLIVE are covered.

MDLIVE is an independent company providing telemedicine, teledermatology, and telebehavioral health services for Independence Blue Cross members.

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

[ibx.com](http://ibx.com)



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# Speak with a **trusted health advisor**



Sometimes you need a little extra support when you're managing a chronic condition or more complex health situation. Achieve Better Health provides an added level of support and services to help you navigate your health journey.

### **Get one-on-one personalized help 24/7**

You want the best health for you and your family, but where do you start? Independence Blue Cross offers free, personalized services of a Registered Nurse Health Coach who will listen to your concerns and work with you to set and achieve your health goals. Health Coaches will also outreach to you to offer assistance.

### **What is a Health Coach?**

A Health Coach is available to help you with:

- Chronic conditions such as asthma, diabetes or heart disease
- Coping with a serious illness or accident, like cancer or a stroke
- Questions about everyday health concerns for you or your family

Call **1-800-ASK-BLUE**  
**(1-800-275-2583; TTY/TDD: 711)**  
to speak with a Health Coach 24/7.\*

When prompted for a call reason, say  
"Health Coach."

- Coordinating services needed related to a hospitalization, procedure or illness
- Understanding complex health issues, tests or procedures

### **Stay on top of personal health information, screening reminders, health tips, and more!\*\***

Text **IBX** to **73529** or visit **ibx.com/getconnected** to sign up for text alerts today.

\*This is a free and confidential service.

\*\* Standard message and data rates may apply. Text STOP to stop and HELP for help. Terms and Conditions available at [myhelpsite.net/ibx](http://myhelpsite.net/ibx). Notification messages within IBX Wire™ are sent via automated SMS. Enrollment in IBX Wire™ is not a requirement to purchase goods and services from IBX.

# Save time and money — Connect with Independence!



Looking for a simple way to get the most from your Independence Blue Cross health plan? Connect with us by signing up for email or text alerts to get:



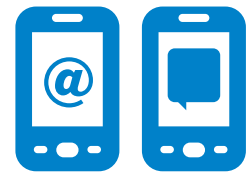
**Personalized reminders about your health**  
for when it's time for an annual visit or screening



**Notifications to help you access important plan information**  
like a link to your digital ID card, or the ability to reach Customer Service with one tap



**Alerts on how to get the most out of your health plan**  
with information about available benefits you may not be using or how you can save money when you need health care



**Stay up to date. Save money.  
Maximize your benefits.**

Visit [ibx.com/getconnected](https://ibx.com/getconnected)  
to sign up for email or  
text alerts

Visit [ibx.com/getconnected](https://ibx.com/getconnected)

Be sure to have your member ID card handy — you'll need your ID number from the front of the card.