

Personal Choice 65 Standard

Drexel- \$10/\$15



Personal Choice® our popular Preferred Provider Organization (PPO), gives you freedom of choice by allowing you to choose your own doctors and hospitals. You can maximize your coverage by accessing your 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. Of course, with Personal Choice, you have the freedom to select providers who do not participate in the Personal Choice network or BlueCard PPO program. However, if you receive services from out-of-network providers, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

With Personal Choice.

- You do not need to enroll with a primary care physician
- You never need a referral

Coverage	In-network	Out-of-network
BENEFIT PERIOD	Benefit Year	Benefit Year
Maximum Out-of-Pocket (MOOP) <i>Out of network maximum includes combined in/out network</i>	\$6,700	\$10,000
LIFETIME MAXIMUM	Unlimited	Unlimited
Network Deductible	N/A	\$250
Annual Coinsurance	N/A	N/A
After Deductible, Plan Pays	N/A	80%
Medicare Preventive Services <i>Please see below for a list of services</i>	\$0 copay	20% no deductible

Benefit	In-network	Out-of-network
Allergy Immunotherapy	\$0 copay	20% after deductible
Ambulance <i>Non-emergent requires prior authorization</i>	\$0 copay	\$0 copay, no deductible
Chemotherapy <i>Prior authorization is required for certain Part B Injectable drugs when administered in a physician's office or outpatient setting</i>	\$0 copay	20% after deductible
Chiropractic/Spinal Manipulations		
Medicare Covered Chiropractic Care	\$10 copay	20% after deductible
Non-Medicare Covered Chiropractic Care Limits six supplemental visits annually	\$10 copay	20% after deductible
Dialysis <i>If dialysis is performed at the PCP or Specialist office setting; only the dialysis copay will apply</i>	\$0 copay	\$0 copay, no deductible
Doctor's Office Visits		
Primary Care Services	\$10 copay	20% after deductible
Specialist Services	\$15 copay	20% after deductible

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

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Benefit	In-network	Out-of-network
Durable Medical Equipment		
Diabetic Supplies	\$0 copay	20% after deductible
DME, Prosthetics and Orthotics	\$0 copay	20% after deductible
Emergency Care <i>waived if admitted</i>	\$40 copay	\$40 copay, no deductible
Hearing Services		
Medicare Covered Hearing Exam	\$15 copay	20% after deductible
Non-Medicare Covered Hearing Exam	\$15 copay	20% after deductible
Hearing Aids <i>Administered by TruHearing</i>		
Standard	\$699 per ear	N/A
Premium	\$999 per ear	N/A
Home Health Care	\$0 copay	20% after deductible
Hospice <i>Covered in full at a Medicare Certified Hospice</i>	\$0 copay	\$0 copay
Inpatient Hospital Facility Care <i>You are covered for unlimited days each benefit period</i>	\$0 [days 1-90]	20% after deductible
Inpatient Mental Health/Substance Abuse Facility Days <i>190 Day Lifetime Maximum includes Mental Health and Substance Abuse Treatment received in a Medicare Approved Mental Health Facility</i>	\$0 [days 1-90]	20% after deductible
Medicare Part B Drugs	\$0 copay	20% after deductible
Outpatient Diagnostic Procedures/Lab	\$0 copay	20% after deductible
Outpatient Mental-Psychiatric Services	\$15 copay	20% after deductible
Outpatient Radiology/X-ray		
Advance Imaging (MRI/MRA/CT/CTA Scan)	\$0 copay	20% after deductible
Standard Imaging (Routine/Diagnostic)	\$0 copay	20% after deductible
Outpatient Rehabilitation/Therapy		
Speech Therapy	\$15 copay	20% after deductible
Physical Therapy	\$15 copay	20% after deductible
Pulmonary Rehabilitation	\$5 copay	20% after deductible
Occupational Therapy	\$15 copay	20% after deductible
Cardiac Rehabilitation	\$5 copay	20% after deductible
Outpatient Substance Abuse	\$15 copay	20% after deductible
Outpatient Surgical Procedures		
Outpatient Hospital	\$0 copay	20% after deductible
Outpatient ASC	\$0 copay	20% after deductible
Partial Hospitalization Includes Intensive Outpatient Programs	\$15 copay	20% after deductible
Podiatry Services		
Medicare Covered Foot Care	\$15 copay	20% after deductible
Non-Medicare Covered Foot Care <i>Limits six supplemental visits annually</i>	\$15 copay	20% after deductible
Radiation Therapy	\$0 copay	20% after deductible

Benefit	In-network	Out-of-network
Skilled Nursing Facility <i>No prior hospitalization required</i>	\$0 [days 1-100] 100 day max per benefit period	20% after deductible
Urgent Care <i>See below for additional details</i>	\$15 copay	\$15 copay, no deductible
Vision Care - Medicare Covered	\$15 copay	20% after deductible
Vision Care - Medicare Covered Eye Wear <i>You are covered for one pair of eyeglasses or contact lenses after each cataract surgery. We will cover up to the cost of a standard pair of Cataract Glasses. Cost of upgrades will have to be paid by the member.</i>		

- If there is a separate and distinct office visit evaluation and service, copay will apply.
- The copayment amount depends on the provider type.
- A Benefit period is a consecutive 12 months period that begins on the first day of the year and ends on the last day of the year.
- In-network out of pocket maximum includes deductible, copays, and coinsurance. Out-of-pocket maximum includes deductible and coinsurance.
- Worldwide Coverage available. Amounts you pay for Emergency and Urgently needed care services received outside the U.S. do not count toward your maximum out-of-pocket amount (MOOP)
- Normal plan rules apply. Please refer to your Evidence of Coverage for more information.
- You are covered for each Medicare covered urgently needed care visit. If seeking services from a PCP or Specialist normal cost-share will apply.

Medicare Preventive Services

Medicare pays for many preventive services to keep you healthy. Preventive services can find health problems early, when treatment works best, and can keep you from getting certain diseases. Depending on your general health and medical history, you'll get advice, education, and counseling to help you prevent disease, improve your health, and stay well. Below is a checklist letting you know which screenings, shots, and other preventive services you may need.

Medicare covered preventive services

- Abdominal Aortic Aneurysm Screening
- Alcohol Misuse Reduction Screening and Behavioral Counseling Interventions
- Bone Mass Measurement Exam
- Breast Cancer Screening (Mammogram)
- Cardiovascular Disease (CVD) Risk Reduction Visit (also referred to as Intensive Behavioral Therapy for Cardiovascular Disease)
- Cardiovascular Screening
- Cervical and Vaginal Cancer Screening (Pap Test and Pelvic Exam) once every 24 months
- Colorectal Screenings
- (Includes coverage for colonoscopy, flexible sigmoidoscopy, and barium enema)
- Depression Screening
- Diabetes Screening
- Fecal occult blood test
- Glaucoma Screening
- Human Immunodeficiency Virus (HIV) Screening
- Medical Nutrition Therapy Services
- Obesity Screening
- Prostate Cancer Screenings
- Sexually Transmitted Infections (STIs) Counseling and Screening
- Smoking and Tobacco Use Cessation (counseling to stop smoking)
- Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- "Welcome to Medicare" preventive visit (One-Time)
- Yearly "Wellness" Visit