



Personal Choice 65SM PPO

2016 Summary of Benefits

Effective January 1, 2016 through December 31, 2016

Summary of Benefits

January 1, 2016 - December 31, 2016

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

You have choices about how to get your Medicare benefits

One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.

Another choice is to get your Medicare benefits by joining a Medicare health plan (such as **Personal Choice 65 Medical Only (PPO) and Personal Choice 65 Rx (PPO)**).

Tips for comparing your Medicare choices

This Summary of Benefits booklet gives you a summary of what **Personal Choice 65 Medical Only (PPO)** and **Personal Choice 65 Rx (PPO)** cover and what you pay.

If you want to compare our plans with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.

If you want to know more about the coverage and costs of Original Medicare, look in your current **"Medicare & You"** handbook. View it online at <http://www.medicare.gov> or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Sections in this booklet

Things to Know About **Personal Choice 65 Medical Only (PPO) and Personal Choice 65 Rx (PPO)**

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Covered Medical and Hospital Benefits

Prescription Drug Benefits (for **Personal Choice 65 Rx (PPO)**)

This document is available in other formats such as Braille and large print.

This document may be available in a non-English language. For additional information, call us at 1-877-393-6733 TTY/TDD: 711.

Things to Know About Personal Choice 65 Medical Only (PPO) and Personal Choice 65 Rx (PPO)

Hours of Operation

From October 1 to February 14, you can call us 7 days a week from 8:00 a.m. to 8:00 p.m. Eastern time.

From February 15 to September 30, you can call us Monday through Friday from 8:00 a.m. to 8:00 p.m. Eastern time.

Summary of Benefits

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Personal Choice 65 Medical Only (PPO) and Personal Choice 65 Rx (PPO) Phone Numbers and Website
If you are a member of one of these plans, call toll-free 1-888-718-3333 TTY/TDD: 711. If you are not a member of one of these plans, call toll-free 1-877-393-6733 TTY/TDD: 711. Our website: http://www.ibxmedicare.com
Who can join?
To join Personal Choice 65 Medical Only (PPO) or Personal Choice 65 Rx (PPO) , you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.
Personal Choice 65 Rx (PPO): Our service area includes the following counties in Pennsylvania: Bucks, Chester, Delaware, Montgomery, and Philadelphia. Personal Choice 65 Medical Only (PPO): Our service area includes the following counties in Pennsylvania: Bucks and Philadelphia.
Which doctors, hospitals, and pharmacies can I use?
Personal Choice 65 Medical Only (PPO) or Personal Choice 65 Rx (PPO) have a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For Personal Choice 65 Rx (PPO) , you must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plans' provider and pharmacy directory at our website (www.ibxmedicare.com). Or, call us and we will send you a copy of the provider and pharmacy directory.
What do we cover?
Like all Medicare health plans, we cover everything that Original Medicare covers - and <i>more</i> . Our plan members get <i>all</i> of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plans than you would in Original Medicare. For others, you may pay less. Our plan members also get <i>more than what is covered by Original Medicare</i>. Some of the extra benefits are outlined in this booklet.
Personal Choice 65 Rx (PPO) covers Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider. You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our website, http://www.ibxmedicare.com . Or, call us and we will send you a copy of the formulary. Personal Choice 65 Medical Only (PPO) covers Part B drugs including chemotherapy and some drugs administered by your provider. However, this plan does not cover Part D prescription drugs.
How will I determine my drug costs?
Personal Choice 65 Rx (PPO) groups each medication into one of five "tiers." You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible: Initial Coverage, Coverage Gap, and Catastrophic Coverage.

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Personal Choice 65 Medical Only (PPO)

Personal Choice 65 Rx (PPO)

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

How much is the monthly premium?	Please refer to the Premium/Cost-Sharing Table to find out the premium/costsharing in your area. In addition, you must keep paying your Part B premium.	Please refer to the Premium/Cost-Sharing Table to find out the premium/costsharing in your area. In addition, you must keep paying your Part B premium.
How much is the deductible?	This plan does not have a deductible.	\$320 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.
Is there any limit on how much I will pay for my covered services?	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$6,200 for services you receive from in-network providers. \$10,000 for services you receive from any provider. <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums.</p>	<p>Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <ul style="list-style-type: none"> \$6,200 for services you receive from in-network providers. \$10,000 for services you receive from any provider. <p>Your limit for services received from in-network providers will count toward this limit.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p>

Personal Choice 65 offers PPO plans with a Medicare contract. Enrollment in Personal Choice 65 Medicare Advantage plans depends on contract renewal.

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Personal Choice 65 Medical Only (PPO)

Personal Choice 65 Rx (PPO)

Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services

Is there a limit on how much the plan will pay?	No. There are no limits on how much our plan will pay.	No. There are no limits on how much our plan will pay.
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COVERED MEDICAL AND HOSPITAL BENEFITS

	NOTE: • SERVICES WITH a¹ MAY REQUIRE PRIOR AUTHORIZATION.	NOTE: • SERVICES WITH a¹ MAY REQUIRE PRIOR AUTHORIZATION.
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OUTPATIENT CARE AND SERVICES

Acupuncture	Not covered	Not covered
Ambulance¹	In-network: \$150 copay Out-of-network: \$150 copay	In-network: \$150 copay Out-of-network: \$150 copay

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Chiropractic Care	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>In-network: \$20 copay Out-of-network: 30% of the cost</p> <p>Routine chiropractic visit (for up to 6 every year):</p> <p>In-network: \$20 copay Out-of-network: 30% of the cost</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>In-network: \$20 copay Out-of-network: 30% of the cost</p> <p>Routine chiropractic visit (for up to 6 every year):</p> <p>In-network: \$20 copay Out-of-network: 30% of the cost</p>
Dental Services	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p>In-network: \$0-40 copay, depending on the service Out-of-network: 30% of the cost</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth):</p> <p>In-network: \$0-40 copay, depending on the service Out-of-network: 30% of the cost</p>

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Diabetes Supplies and Services¹	<p>Diabetes monitoring supplies:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Diabetes self-management training:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Therapeutic shoes or inserts:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p>	<p>Diabetes monitoring supplies:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Diabetes self-management training:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Therapeutic shoes or inserts:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p>
Diagnostic Tests, Lab and Radiology Services, and X-Rays (Costs for these services may vary based on place of service)¹	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <p>In-network: \$40- 125 copay, depending on the service Out-of-network: 30% of the cost</p> <p>Diagnostic tests and procedures:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Lab services:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Outpatient X-rays:</p> <p>In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>In-network: \$60 copay Out-of-network: 30% of the cost</p>	<p>Diagnostic radiology services (such as MRIs, CT scans):</p> <p>In-network: \$40-125 copay, depending on the service Out-of-network: 30% of the cost</p> <p>Diagnostic tests and procedures:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Lab services:</p> <p>In-network: You pay nothing Out-of-network: 30% of the cost</p> <p>Outpatient X-rays:</p> <p>In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Therapeutic radiology services (such as radiation treatment for cancer):</p> <p>In-network: \$60 copay Out-of-network: 30% of the cost</p>

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Doctor's Office Visits	<p>Primary care physician visit: In-network: \$15 copay Out-of-network: 30% of the cost</p> <p>Specialist visit: In-network: \$40 copay Out-of-network: 30% of the cost</p>	<p>Primary care physician visit: In-network: \$15 copay Out-of-network: 30% of the cost</p> <p>Specialist visit: In-network: \$40 copay Out-of-network: 30% of the cost</p>
Durable Medical Equipment (wheelchairs, oxygen, etc.)¹	<p>In-network: 20% of the cost Out-of-network: 30% of the cost</p>	<p>In-network: 20% of the cost Out-of-network: 30% of the cost</p>
Emergency Care	\$75 copay	\$75 copay

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Foot Care (podiatry services)	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Routine foot care (for up to 6 visit(s) every year): In-network: \$40 copay Out-of-network: 30% of the cost</p>	<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Routine foot care (for up to 6 visit(s) every year): In-network: \$40 copay Out-of-network: 30% of the cost</p>
Hearing Services	<p>Exam to diagnose and treat hearing and balance issues: In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Routine hearing exam (for up to 1 every three years): In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Hearing aid fitting/evaluation (for up to 2 every year): In-network: \$0 copay Out-of-network: 30% of the cost</p> <p>Hearing aid: In-network: \$699-999 copay for each hearing aid, depending on the type Out-of-network: \$699-999 copay for each hearing aid, depending on the type</p>	<p>Exam to diagnose and treat hearing and balance issues: In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Routine hearing exam (for up to 1 every three years): In-network: \$40 copay Out-of-network: 30% of the cost</p> <p>Hearing aid fitting/evaluation (for up to 2 every year): In-network: \$0 copay Out-of-network: 30% of the cost</p> <p>Hearing aid: In-network: \$699-999 copay for each hearing aid, depending on the type Out-of-network: \$699-999 copay for each hearing aid, depending on the type</p>
Home Health Care¹	<p>In-network: You pay nothing Out-of-network: 30% of the cost</p>	<p>In-network: You pay nothing Out-of-network: 30% of the cost</p>

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Mental Health Care¹	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-network:</p> <p>\$900 copay per stay</p> <p>Out-of-network:</p> <p>30% of the cost per stay</p> <p>Outpatient group therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Outpatient individual therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p>	<p>Inpatient visit:</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.</p> <p>In-network:</p> <p>\$900 copay per stay</p> <p>Out-of-network:</p> <p>30% of the cost per stay</p> <p>Outpatient group therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Outpatient individual therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p>

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Outpatient Rehabilitation	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <p>In-network: \$5 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Occupational therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Physical therapy and speech and language therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p>	<p>Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):</p> <p>In-network: \$5 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Occupational therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Physical therapy and speech and language therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p>
Outpatient Substance Abuse¹	<p>Group therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Individual therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p>	<p>Group therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Individual therapy visit:</p> <p>In-network: \$40 copay</p> <p>Out-of-network: 30% of the cost</p>

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Outpatient Surgery¹	<p>Ambulatory surgical center:</p> <p>In-network: \$150 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Outpatient hospital:</p> <p>In-network: \$400 copay</p> <p>Out-of-network: 30% of the cost</p>	<p>Ambulatory surgical center:</p> <p>In-network: \$150 copay</p> <p>Out-of-network: 30% of the cost</p> <p>Outpatient hospital:</p> <p>In-network: \$400 copay</p> <p>Out-of-network: 30% of the cost</p>
Over-the-Counter Items	Not Covered	Not Covered
Prosthetic Devices (<i>braces, artificial limbs, etc.</i>)¹	<p>Prosthetic devices:</p> <p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p> <p>Related medical supplies:</p> <p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p>	<p>Prosthetic devices:</p> <p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p> <p>Related medical supplies:</p> <p>In-network: 20% of the cost</p> <p>Out-of-network: 30% of the cost</p>
Renal Dialysis	<p>In-network: 20% of the cost</p> <p>Out-of-network: 20% of the cost</p>	<p>In-network: 20% of the cost</p> <p>Out-of-network: 20% of the cost</p>
Transportation	Not covered	Not covered
Urgently Needed Services	\$15-40 copay, depending on the service	\$15-40 copay, depending on the service

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Vision Services	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <p>In-network: \$0-40 copay, depending on the service</p> <p>Out-of-network: 30% of the cost</p> <p>Eyeglasses or contact lenses after cataract surgery:</p> <p>In-network: \$0 copay</p> <ul style="list-style-type: none"> Out-of-network: 30% of the cost 	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):</p> <p>In-network: \$0-40 copay, depending on the service</p> <p>Out-of-network: 30% of the cost</p> <p>Eyeglasses or contact lenses after cataract surgery:</p> <p>In-network: \$0 copay</p> <p>Out-of-network: 30% of the cost</p>

Summary of Benefits

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Preventive Care	In-network: You pay nothing Out-of-network: 30% of the cost	In-network: You pay nothing Out-of-network: 30% of the cost
	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screening and counseling 	<p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> Abdominal aortic aneurysm screening Alcohol misuse counseling Bone mass measurement Breast cancer screening (mammogram) Cardiovascular disease (behavioral therapy) Cardiovascular screenings Cervical and vaginal cancer screening Colorectal cancer screenings (Colonoscopy, Fecal occult blood test, Flexible sigmoidoscopy) Depression screening Diabetes screenings HIV screening Medical nutrition therapy services Obesity screening and counseling Prostate cancer screenings (PSA) Sexually transmitted infections screening and counseling

Summary of Benefits

January 1, 2016 - December 31, 2016

	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
Preventive Care	<ul style="list-style-type: none"> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots "Welcome to Medicare" preventive visit (one-time) Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<ul style="list-style-type: none"> Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots "Welcome to Medicare" preventive visit (one-time) Yearly "Wellness" visit <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>
	Hospice	You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered outside of our plan. Please contact us for more details.

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
INPATIENT CARE		
Inpatient Hospital Care¹	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-network:</p> <ul style="list-style-type: none"> \$900 copay per stay You pay nothing per day for days 91 and beyond <p>Out-of-network:</p> <ul style="list-style-type: none"> 30% of the cost per stay 	<p>Our plan covers an unlimited number of days for an inpatient hospital stay.</p> <p>In-network:</p> <ul style="list-style-type: none"> \$900 copay per stay You pay nothing per day for days 91 and beyond <p>Out-of-network:</p> <ul style="list-style-type: none"> 30% of the cost per stay
Inpatient Mental Health Care	For inpatient mental health care, see the "Mental Health Care" section of this booklet.	For inpatient mental health care, see the "Mental Health Care" section of this booklet.
Skilled Nursing Facility (SNF)¹	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-network:</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$160 copay per day for days 21 through 100 <p>Out-of-network:</p> <ul style="list-style-type: none"> 30% of the cost per stay 	<p>Our plan covers up to 100 days in a SNF.</p> <p>In-network:</p> <ul style="list-style-type: none"> You pay nothing per day for days 1 through 20 \$160 copay per day for days 21 through 100 <p>Out-of-network:</p> <ul style="list-style-type: none"> 30% of the cost per stay

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
PRESCRIPTION DRUG BENEFITS		
How much do I pay?	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> In-network: 20% of the cost Out-of-network: 30% of the cost <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> In-network: 20% of the cost Out-of-network: 30% of the cost <p>Our plan does not cover Part D prescription drugs.</p>	<p>For Part B drugs such as chemotherapy drugs¹:</p> <ul style="list-style-type: none"> In-network: 20% of the cost Out-of-network: 30% of the cost <p>Other Part B drugs¹:</p> <ul style="list-style-type: none"> In-network: 20% of the cost Out-of-network: 30% of the cost
Initial Coverage		<p>After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>

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Personal Choice 65
Medical Only (PPO)

Personal Choice 65 Rx (PPO)

Standard Retail Cost-Sharing

Tier		One- Month Supply	Two- Month Supply	Three- Month Supply
Tier 1 (Preferred Generic)		\$3 copay	\$6 copay	\$9 copay
Tier 2 (Generic)		\$9 copay	\$18 copay	\$27 copay
Tier 3 (Preferred Brand)		\$47 copay	\$94 copay	\$141 copay
Tier 4 (Non-Preferred Brand)		\$100 copay	\$200 copay	\$300 copay
Tier 5 (Specialty Tier)		25% of the cost	25% of the cost	25% of the cost

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Personal Choice 65
Medical Only (PPO)

Personal Choice 65 Rx (PPO)

Standard Mail Order Cost-Sharing

Tier		One- Month Supply	Two- Month Supply	Three- Month Supply
Tier 1 (Preferred Generic)		\$3 copay	\$6 copay	\$6 copay
Tier 2 (Generic)		\$9 copay	\$18 copay	\$18 copay
Tier 3 (Preferred Brand)		\$47 copay	\$94 copay	\$94 copay
Tier 4 (Non-Preferred Brand)		\$100 copay	\$200 copay	\$200 copay
Tier 5 (Specialty Tier)		25% of the cost	25% of the cost	25% of the cost

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	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
		<p>If you reside in a long-term care facility, you pay the same as at a retail pharmacy.</p> <p>You may get drugs from an out-of-network pharmacy at the same cost as an in-network pharmacy.</p>
Coverage Gap		<p>Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.</p> <p>After you enter the coverage gap, you pay 45% of the plan's cost for covered brand name drugs and 58% of the plan's cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.</p>
Catastrophic Coverage		<p>After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:</p> <ul style="list-style-type: none"> 5% of the cost, or \$2.95 copay for generic (including brand drugs treated as generic) and a \$7.40 copayment for all other drugs.

Premium/Cost-Sharing Table

If you have any questions about these plans, please call 1-877-393-6733 (TTY/TDD 711).

If You Live In...	And You Have...	
	Personal Choice 65 Medical Only (PPO)	Personal Choice 65 Rx (PPO)
	Your monthly premium is...	
Chester, Delaware, or Montgomery County	N/A	\$134 per month.
Bucks or Philadelphia County	\$165 per month.	\$251 per month.

You must continue to pay your Medicare Part B premium.



Personal Choice 65SM PPO

PO Box 7799

Philadelphia, PA 19101-7799

www.ibxmedicare.com

For more information . . .

For updated information regarding plan providers, visit our website at www.ibxmedicare.com, or call the Member Help Team at

1-888-718-3333

TTY/TDD

711

Seven days a week, 8 a.m. to 8 p.m. Please note that on weekends and holidays from February 15 through September 30, your call may be sent to voicemail.

If you are not yet a member and have questions, please call 1-877-393-6733 or TTY/TDD 711, seven days a week, 8 a.m. to 8 p.m.

Personal Choice 65 offers PPO plans with a Medicare contract. Enrollment in Personal Choice 65 Medicare Advantage plans depends on contract renewal.

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