

## Independence Blue Cross Disclaimers

*Keystone 65 HMO* and *Personal Choice 65<sup>SM</sup> PPO* are health plans with Medicare contracts. *Keystone 65 HMO* and *Personal Choice 65 PPO*'s contracts with CMS are renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. *Keystone 65 HMO* and *Personal Choice 65 PPO* can choose to not renew their contracts with CMS and CMS may also refuse to renew the contracts, thus resulting in termination or non-renewal. This may result in termination of the beneficiary's enrollment in their plan. In addition, the plan sponsor may reduce its service area and no longer offer services in the area where the beneficiary resides.

To join a *Keystone 65 HMO* or *Personal Choice 65 PPO* plan, you must be entitled to Medicare Part A and enrolled in Medicare Part B. Please contact Independence Blue Cross for details. You may be enrolled in only one Part D Medicare prescription drug plan at a time. If you are enrolled in a Medicare Advantage (MA) coordinated care (HMO or PPO) plan or an MA Private Fee-for-Service (PFFS) plan that includes Medicare prescription drugs, you may not enroll in a stand alone prescription drug plan unless you disenroll from the HMO, PPO, or MA PFFS plan.

You must live in the *Keystone 65 HMO* service area (Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties, PA).

Enrolled members must use *Keystone 65 HMO* plan providers except for in- or out-of-network emergencies or out-of-area urgent care and renal dialysis services within the United States.

You must live in the *Personal Choice 65 PPO* service area (Philadelphia and Bucks Counties).

If you choose to see a physician or obtain services outside the *Personal Choice 65 PPO* network, you will be subject to an annual deductible and coinsurance. Prior authorization (approval in advance) is recommended for certain services. With the exception of emergency or urgent care, it will cost more to get care from non-plan or non preferred providers. The plan sponsors provide reimbursement for all covered benefits regardless of whether they are received in-network, as long as they are medically necessary.

Please note: The federal government will not allow us to accept people with End-Stage Renal Disease (ESRD) unless converting from Independence Blue Cross individual or employer group coverage during their initial coverage election period, or if their current plan stops providing coverage in their area. However, should you develop ESRD while a member of *Keystone 65 HMO* or *Personal Choice 65 PPO*, you cannot be disenrolled for that reason.

Certain benefits of *Keystone 65 HMO* or *Personal Choice 65 PPO* contain annual limits, annual benefit payouts, and/or copayments. For full information, call our Customer Service department at 1-877-393-6733 (TTY/TDD users should call 1-877-219-5457), seven days a week, 8 a.m. – 8 p.m.

Members must continue to pay Medicare Part A, if applicable, and Part B premiums even if the plan premium is \$0. Formulary drugs are subject to change within a contract year. You will be notified at least 60 days in advance when drugs will be removed from the formulary.

Benefits, formulary, pharmacy, network, premium and/or copayments/coinsurance may change on January 1, 2011. Please contact *Keystone 65 HMO* or *Personal Choice 65 PPO* for details.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for getting Extra Help, call:

- 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week);
- The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778; or
- Your State Medicaid Office.

Low-Income Subsidy (LIS): People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay for seventy-five (75) percent of drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not be subject to the coverage gap or a late-enrollment penalty. Many people are eligible for these savings and don't even know it. For more information about this Extra Help, contact your local Social Security office or call 1-800-MEDICARE (1-800-633-4227), 24 hours per day, 7 days per week. TTY users should call 1-877-486-2048.

In lots of cases, your prescriptions are covered under *Keystone 65 HMO* or *Personal Choice 65 PPO* only if they are filled at a network pharmacy or through our mail-order pharmacy service. There are thousands of network pharmacies, including:

- National chain independent retail pharmacies
- Long-term care and home-infusion pharmacies
- Indian Health Service/Tribal/Urban Indian Health (I/T/U) Program pharmacies

For more information, call 1-877-393-6733 (TTY/TDD: 1-877-219-5457), 7 days a week, 8 a.m. to 8 p.m.

If you decide to switch to premium withhold or move from premium withhold to direct bill, it could take up to three months for it to take effect and you will be ultimately held responsible for those premiums.

In most cases, members may enroll in *Keystone 65 HMO* or *Personal Choice 65 PPO* only during certain times of the year. For more information about enrollment periods, please contact us at 1-877-393-6733 (TTY/TDD users should call 1-877-219-5457 for the speech and hearing-impaired), seven days a week, 8 a.m. to 8 p.m.

Medicare beneficiaries may enroll in *Keystone 65 HMO* or *Personal Choice 65 PPO* through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at <http://www.medicare.gov>. For more information contact *Keystone 65 HMO* or *Personal Choice 65 PPO* at 1-877-393-6733.