

# 2009 Benefits and Plan Choices

For Medicare-eligible residents of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties



We're here for you  
*every step of the way!*





The freedom to choose any doctor or hospital you want — with no referrals.  
That's how *Personal Choice 65<sup>SM</sup>* is here for you every step of the way!

### Choose your doctors, specialists, and hospitals

*Personal Choice 65* pays benefits for care both in- and out-of-network. You have full coverage and lower out-of-pocket costs when you use network providers, but you're free to use any health care providers outside the *Personal Choice 65* network, too. You do not need a referral from a primary care doctor in order to see a specialist.

### Use network providers for maximum savings

*Personal Choice 65* has an extensive network of doctors and hospitals, making it easy to stay "in-network" for your care. When you receive care from providers who are not in the *Personal Choice 65* network, there is a \$500 annual deductible, and higher cost-sharing will apply. Prior authorization is recommended for certain services. Your out-of-pocket costs are lower when you use network providers, but the out-of-network option is there if you want it.

### Get doctor, hospital, and prescription drug coverage in one easy-to-use plan

If you want Medicare Part D prescription drug coverage, choose *Personal Choice 65 Standard Rx*. There's one enrollment form to complete and one monthly bill. What could be easier?

### Live healthy — stay healthy

We're committed to helping you stay healthy. That's why *Personal Choice 65* plans include benefits for preventive services, most with *no* copayments required. And, through our Healthy Lifestyles<sup>SM</sup> programs, you have access to resources to help keep you healthy — including smoking cessation, weight management, and the Connections<sup>SM</sup> Health Management Programs.

### The SilverSneakers® Fitness Program

When you join *Personal Choice 65* you will receive the SilverSneakers Fitness Program at no additional cost. Join SilverSneakers and receive free access to amenities such as treadmills, weights, heated pools, and fitness classes that are included with a basic fitness center membership. Visit [www.silversneakers.com](http://www.silversneakers.com) to view lists of over 2,500 participating fitness centers. Once you've enrolled in SilverSneakers you can use any participating location across the nation. Designed for members at all fitness levels, the program promotes better health, greater independence, and a more fulfilling life.



### Talk to a person, not a plan

Our Medicare members enjoy local, personal service. From the friendly, knowledgeable representatives on the phone and out in your communities, you'll find neighbors helping neighbors.

### A name you can trust

*Personal Choice 65* offers solid coverage, savings, value, convenience, and the security of Independence Blue Cross — the local health insurer that people in this area have relied on for generations ... and that's here for you today.

## Personal Choice 65<sup>SM</sup> offers flexibility and freedom.

You can choose medical-only coverage or get prescription drug benefits, too. Plus, *Personal Choice 65* pays benefits for care both in- and out-of-network. For more details, see the Summary of Benefits.

Service Category	Personal Choice 65 Standard Plan
	In-Network Benefits
Monthly plan premium	<b>Medical only: \$225.00</b> <b>With Rx: \$259.40</b>
Out-of-network deductible	NA
Primary care physician visit	\$25 copay
Specialist visit	\$45 copay
Emergency room	\$50 copay*
Ambulance	\$100 copay
Urgent care	\$25-\$40 copay
Inpatient hospital	\$850 per Medicare-covered stay; unlimited days each benefit period
Outpatient surgery	\$250 (per date of service)
Preventive services	\$0 copay for 1 routine physical/year, allergy testing, outpatient lab work, and most cancer screenings
Healthy Lifestyles	SilverSneakers® membership, nutritional training, smoking cessation, and more
Prescription drugs	NA with Medical only  With Rx: \$275 deductible  \$0/generic, \$23/preferred brand, \$65/non-preferred brand, 25% coinsurance/specialty drugs up to \$2,700 in total drug costs  No coverage in gap (you pay 100%)  Once your out-of-pocket costs reach \$4,350 you pay the greater of \$2.40/generic and \$6/brand OR 5% coinsurance

With the exception of emergency or urgent care, it may cost more to get care from non-plan providers.

\* Copay not waived if admitted.



	<i>Personal Choice 65 Standard Plan</i>
Service Category	Out-of-Network Benefits
Monthly plan premium	NA
Out-of-network deductible	\$500 annual deductible
Primary care physician visit	30% coinsurance after deductible is met
Specialist visit	30% coinsurance after deductible is met
Emergency room	\$50 copay*
Ambulance	\$100 copay
Urgent care	\$25-\$40 copay
Inpatient hospital	30% coinsurance after deductible is met
Outpatient surgery	30% coinsurance after deductible is met
Preventive services	30% coinsurance after deductible is met
Healthy Lifestyles	NA
Prescription drugs	<p>NA with Medical only</p> <p>With Rx: \$275 deductible</p> <p>\$0/generic, \$23/preferred brand, \$65/non-preferred brand, 25% coinsurance/specialty drugs up to \$2,700 in total drug costs</p> <p>No coverage in gap (you pay 100%)</p> <p>Once your out-of-pocket costs reach \$4,350 you pay the greater of \$2.40/generic and \$6/brand OR 5% coinsurance</p>

With the exception of emergency or urgent care, it may cost more to get care from non-plan providers.

\* Copay not waived if admitted.

## Answers to Questions You May Have About *Personal Choice 65*<sup>SM</sup>



### **Q. How does *Personal Choice 65* compare with a Medicare supplement?**

**A.** While both types of plans give you flexibility when it comes to choosing doctors, a *Personal Choice 65* plan provides more coverage than a typical Medicare supplement and Original Medicare combined — often at a lower monthly premium. There's an emphasis on preventive care — *with many services covered at no cost to you*. What's more, with *Personal Choice 65* you can have added convenience — with a plan that includes both your medical *and* your Medicare prescription drug coverage.

### **Q. If I choose the medical-only option, can I join a different Medicare drug plan?**

**A.** No. If you enroll in a Medicare Advantage plan with prescription drug coverage, you must get your Medicare Part D prescription drug coverage through that plan.

### **Q. I travel a lot. What if I have an emergency?**

**A.** You may travel throughout the United States and use your *Personal Choice 65* benefits. *It's coverage that goes where you go*. For emergencies and out-of-area urgent care and renal dialysis services, your in-network benefits will apply. Not an emergency? Don't forget you can use non-network doctors and hospitals at any time — you'll just pay a little more than you would if you used a network provider.

### **Q. How do I know if the medications I take are covered?**

**A.** A formulary — the list of drugs covered by the plan — is included. We've negotiated special prices with drug companies for the medications in our formulary.

### **Q. Do I have to choose a primary care physician when I join *Personal Choice 65*?**

**A.** No. You're free to use the doctors and specialists you want, in or out of the *Personal Choice 65* network, without having to go through a primary care doctor or getting a referral. Keep in mind that our network is extensive (over 3,000 primary care physician sites, over 19,000 specialist sites, and over 100 area hospitals) but you always have the freedom to seek care outside the network. (Out-of-network there is an annual deductible and higher cost-sharing, and prior authorization is recommended for certain services.)

### **Q. What resources do you have for managing health conditions like asthma?**

**A.** If you have asthma, diabetes, or another chronic condition, you can get the one-on-one support you need to manage your health through Connections<sup>SM</sup> Health Management Programs. You'll have access to a Health Coach you can talk to anytime day or night, seven days a week.

### **Q. Do I have to file claims?**

**A.** No! With our automatic claims filing, there is virtually no paperwork (some services provided outside the Greater Philadelphia region may require minimal paperwork). You simply present your *Personal Choice 65* ID card and we take care of the rest.

### **Q. I have another company's Medicare Advantage plan. How do I switch to *Personal Choice 65*?**

**A.** It's easy. Select the plan you want, complete the enrollment form, and mail it in the postage-paid envelope provided. By signing up for *Personal Choice 65*, you will be disenrolled from any current Medicare Advantage or Medicare Prescription Drug Plan when your *Personal Choice 65* coverage begins.

## QUESTIONS?

Don't hesitate to call. We're here for you every step of the way!



Call toll-free **1-877-393-6733**

TTY/TDD users should call toll-free **1-877-219-5457**

Seven days a week, 8 a.m. to 8 p.m.

This package includes everything you need to join *Personal Choice 65*<sup>SM</sup>, but we understand that many people feel more comfortable speaking with someone face-to-face before making a decision. If you'd like to meet with one of our sales representatives, consider joining us at a *free* informational meeting. Or if you prefer, we can come to your home and meet with you one-on-one. Just give us a call and tell us which is most convenient for you.

*Personal Choice 65* is a Medicare Advantage Organization with a federal contract. *Personal Choice 65*'s contract with CMS is renewed annually and the availability of coverage beyond the end of the current contract year is not guaranteed. Limitations and restrictions apply. To join *Personal Choice 65*, you must be entitled to Medicare Part A, be enrolled in Part B, and live in the service area. The federal government will not allow us to accept people with End-Stage Renal Disease (ESRD) unless converting from Independence Blue Cross individual or group coverage during your initial election period, or if your current plan stops providing coverage in your area. However, should you develop ESRD while a member of *Personal Choice 65*, you cannot be disenrolled for that reason. Members must continue to pay Medicare Part A, if applicable, and Part B premiums. If you join *Personal Choice 65*, you must receive your Medicare Part D prescription drug coverage through the plan. 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.

If you choose to see a physician or obtain services outside the *Personal Choice 65* network, you will be subject to an annual deductible and coinsurance. Prior authorization (approval in advance) is recommended for certain services.

**Benefits, premiums, and cost-sharing may change on January 1, 2010. Please contact Independence Blue Cross for details. If you have special needs, this document may be available in other formats.**

This brochure is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

In most cases, members may enroll in *Personal Choice 65* 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), seven days a week, 8 a.m. to 8 p.m.

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.site65.com](http://www.site65.com)**

