



Preparing your Benefits For Retirement

2023

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STRONG &
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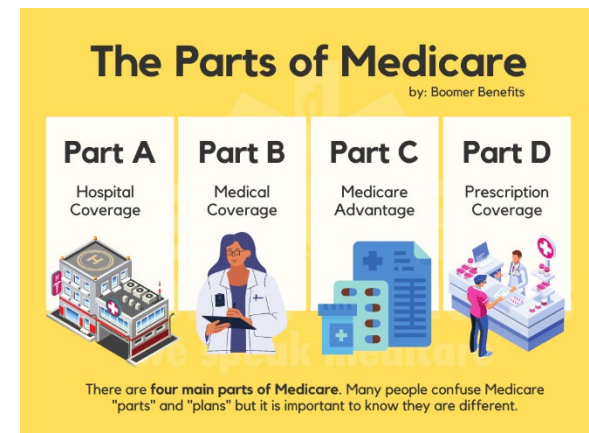


Things to Know



Medicare Basics

- What is Medicare?
 - Medicare is a federally-managed health insurance program. Medicare beneficiaries can choose to add additional coverage like a Medicare Advantage or Medicare Supplement (Medigap) plan from a private insurance company
- Original Medicare
 - Part A (Hospital Insurance) - covers Hospital stays, home health visits, skilled nursing care
 - Part B (Medical Insurance) - covers doctor visits, other medical expenses, outpatient services
- Supplemental Coverage - Medicare Part C & D
 - Since Part A & B only provide coverage for hospital and certain medical coverages, Medicare eligible members purchase Advantage and Supplemental plans for other medical and prescription drug expenses
- The Drexel University Personal Choice 65 Plan is a Medicare Advantage plan that provides Medicare Part C & D coverage



■ Important Information

- The Personal Choice 65 (PC65) Plan through IBC follows Medicare CMS guidelines; Drexel does not have the ability to customize benefits/coverage
- Once you are enrolled in the PC 65 Plan, IBC coordinates all of your Medicare Coverage (Parts A,B,C,D)
- You will be receiving a new ID card that should be used for both Medical and Prescription Drug coverages
 - The Red, White, & Blue Medicare card should not be used at the doctor or hospital. *You should only use your Independence Blue Cross PPO card*
- New prior authorizations: You may need to obtain new prior authorizations for medical procedures and prescription drugs
- Make sure your that your medical providers and pharmacies are aware of the new insurance
- Tier 1 Network: you will still have access to the Tier 1 Tower Health & University of Pennsylvania providers that you have today as an active employee, however the copays and cost sharing will differ when compared to your Drexel Medical/Rx plan
- Coverage while you travel
 - You can take extended stays (up to 12 months) to places in the Blue Cross Blue Shield visitor/traveler shared service area without losing coverage
 - The service area includes 37 participating States and Puerto Rico
 - You will pay the in-network cost sharing levels for covered benefits while visiting a participating provider in the service area



Active Plans vs. PC 65 Plan Design



■ Personal Choice 65 Plan Design Highlights

- \$10 copayment for in-network primary care visits
- \$15 copayment for in-network specialists visits
- \$0 copayment for in-network telemedicine visits
- \$10 copayment for in-network routine chiropractor visits (up to 6 visits per year)
- \$15 copayment for in-network routine podiatry visits (up to 6 visits per year)
- \$0 copayment for in-network skilled nursing facility (up to 100 days per year)
- \$0 copayment for preventative care and wellness visits
- \$40 copayment for emergency care
- \$40 copayment for worldwide emergency room coverage
- \$15 copayment for in-network routine hearing exams
- \$15 copayment for in-network eye exams

■ Plan Comparison- Keystone Point of Service

Keystone POS

Personal Choice 65

	Tier 1	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Needed	Yes			No	
Deductible	None	None	\$500 \$1,500	None	\$250
Out-of-Pocket Maximum	\$1,500 \$3,000	\$2,000 \$4,000	\$3,000 \$9,000	\$6,700	\$10,000
Preventive Services	No Charge	No Charge	Plan pays 70%	No Charge	No Charge
PCP Office Visit	No Charge	\$20 Copay	Plan pays 70%	\$10 Copay	Plan pays 80%*
Specialist Office Visit	\$10 Copay	\$40 Copay	Plan pays 70%	\$15 Copay	Plan pays 80%*
Diagnostic X-Ray/Imaging	No Charge	\$80 Copay	Plan pays 70%	No Charge	Plan pays 80%*
Inpatient Hospital	No Charge	No Charge	Plan pays 70%	No Charge	Plan pays 80%*
Outpatient Surgery	No Charge	\$40 Copay	Plan pays 70%	No Charge	Plan pays 80%*
Emergency Room	\$100 Copay	\$100 Copay	Covered at INN Level	\$40 Copay	\$40 Copay
Skilled Nursing	Not Available	\$50 per day, maximum 5 copays/admission (120 days)	Plan pays 70%	\$0 copay/per day (100 days/benefit period)	Plan pays 80%*
Home Healthcare	No Charge	No Charge	Plan pays 70%	\$0 copay	Plan pays 80%*
Urgent Care Center	No Charge	\$35 Copay	Plan pays 70%	\$15 Copay	\$15 Copay
Telemedicine	Not Available	No Charge	Not covered	\$0 Copay	Not covered

*After deductible

Plan Comparison- PPO Basic Plan

Personal Choice PPO – Basic

Personal Choice PC 65

	Tier 1	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Needed	No			No	
Deductible	None	\$300 \$600	\$1,000 \$2,000	None	\$250
Out-of-Pocket Maximum	\$1,000 \$2,000	\$2,000 \$4,000	\$3,000 \$6,000	\$6,700	\$10,000
Preventive Services	No Charge	No Charge	Plan pays 70%	No Charge	No Charge
PCP Office Visit	No Charge	\$20 Copay	Plan pays 70%	\$10 Copay	Plan pays 80%*
Specialist Office Visit	\$10 Copay	\$30 Copay	Plan pays 70%	\$15 Copay	Plan pays 80%*
Diagnostic X-Ray/Imaging	No Charge	Plan pays 90%	Plan pays 70%	No Charge	Plan pays 80%*
Inpatient Hospital	No Charge	Plan pays 90%	Plan pays 70%	No Charge	Plan pays 80%*
Outpatient Surgery	No Charge	Plan pays 90%	Plan pays 70%	No Charge	Plan pays 80%*
Emergency Room	\$100 Copay	\$100 Copay	Covered at INN Level	\$40 Copay	\$40 Copay
Skilled Nursing	Not Available	Plan pays 90%*	Plan pays 70%*	\$0 copay/per day (100 days/benefit period)	Plan pays 80%*
Home Healthcare	No Charge	Plan pays 90%*	Plan pays 70%*	\$0 copay	Plan pays 80%*
Urgent Care Center	No Charge	\$35 Copay	Plan pays 70%	\$15 Copay	\$15 Copay
Telemedicine	Not Available	No Charge	Not covered	\$0 Copay	Not covered

*After deductible

■ Plan Comparison- PPO High Plan

Personal Choice PPO – High

Personal Choice- PC 65

	Tier 1	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Needed	No			No	
Deductible	None	None	\$500 \$1,000	None	\$250
Out-of-Pocket Maximum	\$1,000 \$2,000	\$2,000 \$4,000	\$3,000 \$6,000	\$6,700	\$10,000
Preventive Services	No Charge	No Charge	Plan pays 80%	No Charge	No Charge
PCP Office Visit	No Charge	\$15 Copay	Plan pays 80%	\$10 Copay	Plan pays 80%*
Specialist Office Visit	\$10 Copay	\$25 Copay	Plan pays 80%	\$15 Copay	Plan pays 80%*
Diagnostic X-Ray/Imaging	No Charge	No Charge	Plan pays 80%	No Charge	Plan pays 80%*
Inpatient Hospital	No Charge	No Charge	Plan pays 80%	No Charge	Plan pays 80%*
Outpatient Surgery	No Charge	No Charge	Plan pays 80%	No Charge	Plan pays 80%*
Emergency Room	\$100 Copay	\$100 Copay	Covered at INN Level	\$40 Copay	\$40 Copay
Skilled Nursing	Not available	No Charge	Plan pays 80%*	\$0 copay/per day (100 days/benefit period)	Plan pays 80%*
Home Healthcare	No Charge	No Charge	Plan pays 80%*	\$0 copay	Plan pays 80%*
Urgent Care Center	No Charge	\$35 Copay	Plan pays 80%	\$15 Copay	\$15 Copay
Telemedicine	Not Available	No Charge	Not covered	\$0 Copay	Not covered

*After deductible

Plan Comparison - CDHP with HSA Plan

CDHP Plan with HSA

Personal Choice PC 65

	Tier 1	In-Network	Out-of-Network	In-Network	Out-of-Network
Referral Needed	No			No	
Employer Health Savings Account Contribution	Individual: \$500/Family: \$1,000			None	
Deductible	\$1,500 \$3,000	\$2,000 \$4,000	\$5,000 \$10,000	None	\$250
Out-of-Pocket Maximum	\$6,450 \$12,900	\$6,450 \$12,900	\$10,000 \$20,000	\$6,700	\$10,000
Preventive Services	No Charge	No Charge	Plan pays 70%*	No Charge	No Charge
PCP Office Visit	No Charge*	Plan pays 80%*	Plan pays 50%*	\$10 Copay	Plan pays 80%*
Specialist Office Visit	No Charge*	Plan pays 80%*	Plan pays 50%*	\$15 Copay	Plan pays 80%*
Diagnostic X-Ray/Imaging	No Charge*	Plan pays 80%*	Plan pays 50%*	No Charge	Plan pays 80%*
Inpatient Hospital	No Charge*	Plan pays 80%*	Plan pays 50%*	No Charge	Plan pays 80%*
Outpatient Surgery	No Charge*	Plan pays 80%*	Plan pays 50%*	No Charge	Plan pays 80%*
Emergency Room	No Charge*	Plan pays 80%*	Plan pays 50%*	\$40 Copay	\$40 Copay
Skilled Nursing	Not Available	Plan pays 80%*	Plan pays 50%*	\$0 copay/per day (100 days/benefit period)	Plan pays 80%*
Home Healthcare	No Charge*	Plan pays 80%*	Plan pays 50%*	\$0 copay	Plan pays 80%*
Urgent Care Center	No Charge*	Plan pays 80%*	Plan pays 50%*	\$15 Copay	\$15 Copay
Telemedicine	Not Available	\$40 Copay	Not covered	\$0 Copay	Not covered

*After deductible

■ Prescription Drug Information

- The PC 65 plan has “Preferred” and “Standard” pharmacy cost sharing. To determine if your pharmacy is Preferred, please review the participating pharmacy information found on the <http://ibx.com/medicare> website by clicking the “*Find a Doctor or Pharmacy*” link
 - Please note that while most CVS, Walgreens, etc. are considered preferred pharmacies, please check with your local pharmacy, or search under the website listed above
- The PC 65 drug formulary is different than the formulary used by the Drexel active plan
 - The formulary, which is a list of covered drugs selected by IBC in consultation with a team of health care providers, is known as the *Three Tier Open Formulary*. This can be found here: [Formulary Search \(formularynavigator.com\)](http://formularynavigator.com)
 - Note that drug formularies are subject to change (generally twice per year). This occurs with both the PC 65 Plan and the Drexel Plans

■ Prescription Drug Plan Design

- Please review your current prescriptions for the following:
 - Formulary Status – Each drug formulary is different, and some drugs covered by the Drexel plans are not covered under the PC65 plan's prescription benefit program
 - *Since the drug formularies are different, it is important to review the PC 65 formulary to ensure your current medications are covered*
 - Tiering Status - Each drug may have a lower or higher cost-sharing tier
 - Step Therapy - Some drugs may require step therapy, meaning you may need to take a generic equivalent prior to taking the brand-name drug
 - Quantity limits – Certain drugs may have quantity limits that limit the amount of pills that will be dispensed at one time
 - Prior Authorization - Some drugs may require prior authorization from the plan prior to being administered. Note that you may have to have your current prior authorizations re-authorized
- Step Therapy, Quantity Limits and Prior Authorizations that were set-up with OptumRx will not transfer. Be sure to discuss with your physician leading up to the transition date of your new plan.

■ Prescription Drug Plan Design

Current- Drexel Prescription Drug Plan*			PC 65 Plan	
	Retail Prescription (up to a 30-day supply)	Mail Order Prescription (up to a 90-day supply)	Retail Prescription (up to a 30-day supply)	Mail Order Prescription (up to a 90-day supply)
	IN-Network	IN-Network	In-Network	In-Network
Generic	\$10 copay	\$20 copay	\$5 copay (preferred) \$10 copay (standard)	\$15 copay (preferred) \$30 copay (standard)
Preferred Brand	\$30 copay	\$60 copay	\$15 copay (preferred & standard)	\$45 copay (preferred & standard)
Non-Preferred Brand	\$50 copay	\$100 copay	\$30 copay (preferred & standard)	\$90 copay (preferred & standard)

* For the CDHP Plan, deductible must be satisfied first before copays kick in.

■ One Pass Fitness Program

- As a member enrolled in the PC65 plan, you receive access to a no-cost fitness membership through One Pass, the largest Medicare Advantage national fitness network with over 24,000 locations
- Access to participating gyms and local YMCAs; boutique studios, yoga, Pilates and spinning studios along with virtual classes, home fitness kits and social events/activities
- How to register:
 - Visit: ibxmedicare.com/onepass
 - Call One Pass at: 877-504-6830

■ Contact Information

Who do I call for?	Contact	Resources
Plan design questions, claims issues, address changes and new ID cards	Independence Blue Cross	888-879-4293
Questions on covered drugs	Formulary	https://client.formularynavigator.com/Search.aspx?siteCode=5805118125
How to locate a provider or pharmacy in the network	Find a Doctor/Pharmacy	http://www.ibx.com/medicare/get-care/find-a-doctor-or-pharmacy
Help with understanding my benefits if I travel for an extended period	Traveler/Visitor Benefit	1-800-810-BLUE, or BCBS.com
Fitness Program	One Pass	877-504-6830
questions on enrollment, life event changes, billing inquiries	Drexel Benefits Service Center	844-690-3992