



# Medical Benefit Highlights

## FS 100% 2026

Covered Services	Your Costs (You pay)	
Benefits per Contract Year	In-Network	Out-of-Network
Deductible Individual/Family	\$0/\$0	\$0/\$0
Out-of-Pocket Maximum Individual/Family	\$0/\$0	\$0/\$0
Coinsurance	0%	0%
Preventive Services	In-Network	Out-of-Network
Preventive Care	No charge	No charge
Preventive Colonoscopy		
Preventive Plus Providers	No charge	Not covered
Hospital Based	No charge	No charge
Physician Services	In-Network	Out-of-Network
Primary Care Physician (PCP)		
Office Visit	No charge	No charge
Telemedicine Visit	No charge	No charge
Specialist		
Office Visit	No charge	No charge
Telemedicine Visit	No charge	No charge
Retail Health Clinic Visit	No charge	No charge
Urgent Care Visit	No charge	No charge
Virtual Care <sup>1</sup>	In-Network	Out-of-Network
Telemedicine	No charge	Not covered
Teledermatology	No charge	Not covered
Telebehavioral Health	No charge	Not covered
Therapy Services	In-Network	Out-of-Network
Physical Therapy (30 visits/year) <sup>2</sup>		
Freestanding	No charge	No charge
Hospital Based	No charge	No charge
Occupational Therapy (30 visits/year) <sup>2</sup>		
Freestanding	No charge	No charge
Hospital Based	No charge	No charge
Speech Therapy (20 visits/year) <sup>3</sup>	No charge	No charge

<b>Emergency Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Emergency Room	No charge	Covered at In-Network level
Emergency Ambulance	No charge	Covered at In-Network level
Non-Emergency Ambulance	No charge	No charge
<b>Hospital Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Inpatient Hospital Services (In-Network: 365 days/year; Out-of-Network: 70 days/year) <sup>4</sup>	No charge	No charge
Observation Services	No charge	No charge
Maternity Hospital Services <sup>4</sup>	No charge	No charge
Inpatient Professional Services (includes Maternity)	No charge	No charge
<b>Outpatient Surgery</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Freestanding	No charge	No charge
Hospital Based	No charge	No charge
Outpatient Professional Services	No charge	No charge
<b>Outpatient Diagnostics</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Diagnostic Medical (EKG)	No charge	No charge
Routine Radiology (X-Ray)		
Freestanding	No charge	No charge
Hospital Based	No charge	No charge
Advanced Imaging (MRI/MRA, CT/CTA Scan, PET Scan)		
Freestanding	No charge	No charge
Hospital Based	No charge	No charge
<b>Outpatient Lab and Pathology</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Freestanding	No charge	No charge
Hospital Based	No charge	No charge
<b>Other Medical Services</b>	<b>In-Network</b>	<b>Out-of-Network</b>
Spinal Manipulations (20 visits/year) <sup>3</sup>	No charge	No charge
Acupuncture (18 visits/year) <sup>3</sup>	No charge	No charge
Standard Injectables	No charge	No charge
Allergy Injections	No charge	No charge
Biotech/Specialty Injectables		
Home/Office	No charge	No charge
Outpatient	No charge	No charge
Chemotherapy	No charge	No charge
Dialysis	No charge	No charge



Skilled Nursing Facility (120 days/year) <sup>3</sup>	No charge	No charge
Home Health (60 visits/year) <sup>3</sup>	No charge	No charge
Hospice	No charge	No charge
Durable Medical Equipment (DME)	No charge	No charge
Mental Health – Outpatient (includes serious mental illness and substance abuse)		
Office Visit	No charge	No charge
All Other Services	No charge	No charge
Mental Health – Inpatient (includes serious mental illness and substance abuse) <sup>4</sup>	No charge	No charge

1 Telemedicine is provided by a designated telemedicine provider, please visit [www.ibx.com/findcarenow](http://www.ibx.com/findcarenow).

2 Physical Therapy, Occupational Therapy, and Cognitive Therapy combined visit limit in and out-of-network.

3 Combined in and out-of-network.

4 Inpatient hospital out-of-network day limit combined for all inpatient medical, maternity, mental health, serious mental illness, and substance abuse services.

The Personal Choice® Preferred Provider Organization (PPO) gives you freedom of choice by allowing you to select your own doctors and hospitals. You maximize your coverage by accessing 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. If you access care from a provider who does not participate in our network, you will have higher out-of-pocket costs and may have to submit your claim for reimbursement.

This summary represents only a partial listing of benefits and exclusions of the Medical Program described in this summary. If your employer purchases another program, the benefits and exclusions may differ. Also, benefits and exclusions may be further defined by medical policy. As a result, this managed care plan may not cover all of your health care expenses. Read your contract/member benefit booklet carefully for a complete listing of terms, limitations, and exclusions of the program. For more information about your coverage, or to get a copy of the complete terms of coverage, visit [www.ibx.com/LGBooklet](http://www.ibx.com/LGBooklet) or call 1-800-ASK-BLUE (TTY: 711).

Benefits may be changed by Independence Blue Cross to comply with applicable federal/state laws and regulations.

Certain services require preapproval/precertification by the health plan prior to being performed. To obtain a list of services that require authorization, please log on to <http://www.ibx.com/preapproval> or call the phone number that is listed on the back of your identification card.

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.ibx.com](http://www.ibx.com)

## Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

**English:** ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-800-275-2583 (TTY: 711) or speak to your provider.

**العربية:** انتبه: إذا كنت تتحدث العربية، فيمكنك الحصول على مساعدة لغوية مجانية. كما تتوفر الوسائل والخدمات المساعدة والمناسبة مجاناً لضمان وصول المعلومات إليك بصيغة ميسرة و المناسبة. يُرجى الاتصال على الرقم 1-800-275-2583 (TTY: 711) أو يمكنك التحدث مع مقدم الرعاية الخاص بك.

**বাংলা:** দৃষ্টি আকর্ষণ: যদি আপনি বাংলাভাষী হন, তাহলে আপনার জন্য বিনামূল্যে ভাষা সহায়তা পরিষেবা উপলব্ধ। অ্যাসেসিবল ফরম্যাটে তথ্য প্রদান করার জন্য উপযুক্ত সহায়ক উপকরণ ও পরিষেবা বিনামূল্যে উপলব্ধ। 1-800-275-2583 (TTY: 711) নম্বরে কল করুন বা আপনার প্রদানকারীর সঙ্গে যোগাযোগ করুন।

**普通话:** 注意：如果您说普通话，我们将为您免费提供语言协助服务。我们还免费提供适当的辅助工具和服务，确保以无障碍格式传递信息。请致电 1-800-275-2583 (TTY: 711) 或咨询服务提供者。

**Français:** ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-800-275-2583 (TTY: 711) ou parlez-en à votre fournisseur.

**Kreyòl Ayisyen:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis asistans pou lang ki disponib pou ou. Gen èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib ki disponib tou gratis. Rele nan 1-800-275-2583 (TTY: 711) oswa pale ak founisè w la.

**ગુજરાતી:** ધ્યાન આપો: જો તમે ગુજરાતી બોલો છો, તો તમારી માટે મફત ભાષા સહાયતા સેવા ઉપલબ્ધ છે. સુલભ સ્વરૂપમાં માહિતી પૂરી પાડવા માટે યોગ્ય સહાયક સાધનો અને સેવાઓ પણ મફતમાં ઉપલબ્ધ છે. 1-800-275-2583 (TTY: 711) પર કોલ કરો અથવા તમારા પ્રદાતાનો સંપર્ક કરો.

**हिंदी:** ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए भाषा संबंधी सहायता सेवाएँ मुफ़्त में उपलब्ध हैं। सुलभ फ़ॉर्मेट में जानकारी प्रदान करने के लिए उचित सहायक सहायता और सेवाएँ भी मुफ़्त में मिलती हैं। 1-800-275-2583 (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

**Italiano:** ATTENZIONE: Se parli Italiano, puoi trovare disponibili servizi gratuiti di assistenza linguistica. Gratuitamente, sono inoltre disponibili ausili e servizi di supporto adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-800-275-2583 (TTY: 711) oppure rivolgiti al tuo fornitore.

**日本語:** 注意：日本語話者の方には、無料の言語支援サービスをご提供しています。アクセシビリティ情報を提供するための適切な補助やサービスも無料でご利用いただけます。1-800-275-2583 (TTY: 711) にお電話くださるか、または、プロバイダーにお問い合わせください。

**한국어를:** 주의: 한국어를 구사하시는 경우 무료 언어보조 서비스를 이용할 수 있습니다. 접근성 높은 형식으로 정보를 제공하기 위한 적절한 보조 도구 및 서비스 역시 무료로 이용 가능합니다. 1-800-275-2583 (TTY: 711)에 전화하시거나 서비스 제공업체에 문의하세요.

**Diné bizaad:** BAA'ÁKONÍNÍZIN: Diné bizaad bee yánílti'go, t'áá jiik'eh saad bee áka'aná'awo' bee áka'anída'awo'í ná hóló. T'áadoole'é binahjí' bee adahodoonílí diné bich'í' anídahazt'í'í bee bika'anída'awo'í beego bee baa dahane'í baa dahwiizt'í'go hadadilyaaígíí aldó' t'áá jiik'eh hóló. Kohjjí' 1-800-275-2583 (TTY: 711) hodíilnih doodago níka'análawo'í bich'í' handiziih.

**Pennsilfaanisch-Deitsch:** WICHDICHT: Wann du Deitsch schwetszsch, kenne mer dich Schprooch-Hilf beigriege, unni as es dich ennich eppes koschde zellt. Mir kenne dich aa differnti Sadde Hilf beigriege, wasewwer as brauchscht fer Information grieg, aa fer nix. Call 1-800-275-2583 (TTY: 711) odder schwetz mit dei Provider.

**Polski:** UWAGA: Jeśli jesteś osobą polskojęzyczną, pamiętaj, że oferujemy bezpłatne usługi pomocy językowej. Bezpłatnie dostępne są również odpowiednie materiały pomocnicze i usługi informacyjne w przystępnych formatach. Zadzwoń na numer 1-800-275-2583 (TTY: 711) lub porozmawiaj z dostawcą usług.

**Português:** ATENÇÃO: se você fala português, há serviços gratuitos de assistência linguística disponíveis. Também são disponibilizados gratuitamente para suporte e serviços auxiliares apropriados para o fornecimento de informações. Ligue para 1-800-275-2583 (TTY: 711) ou entre em contato com seu prestador.

**Русский:** Внимание! Если вы говорите по-русски, вам доступны бесплатные услуги переводчика. Также бесплатно предоставляются соответствующие вспомогательные услуги по предоставлению информации в доступных форматах. Звоните по телефону 1-800-275-2583 (TTY: 711) или обратитесь к своему провайдеру.

**Español:** ATENCIÓN: Si habla español, hay servicios gratuitos de asistencia lingüística disponibles. También hay ayudas y servicios auxiliares disponibles y sin cargo en formatos accesibles para brindarle información. Llame al 1-800-275-2583 (TTY: 711) o hable con su prestador.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, available para sa iyo ang mga libreng serbisyo sa tulong sa wika. Available din ang naaangkop na mga auxiliary aid at serbisyo para magbigay ng impormasyon sa mga naa-access na format nang walang bayad. Tumawag sa 1-800-275-2583 (TTY: 711) o makipag-usap sa iyong provider.

**తెలుగు:** గమనిక: మీరు తెలుగు మాట్లాడితే, ఉచిత భాషసహాయ సేవలు మీకు అందుబాటులో ఉన్నాయి. అందుబాటులో ఉన్న పార్శ్వాలలో సమాచారాన్ని అందించడానికి తగిన సహాయక పరికరాలు అలాగే సేవలు కూడా ఉచితంగా లభిస్తాయి. 1-800-275-2583 (TTY: 711) నంబర్కు కాల్ చేయండి లేదా మీ ప్రోవైడర్తో మాట్లాడండి.

## Discrimination Is Against the Law

This plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This plan does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

This plan:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact our Civil Rights Coordinator.

If you believe that this Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: our Civil Rights Coordinator, in person or by mail: 1901 Market Street, Philadelphia, PA 19103, by phone: 1-888-377-3933 (TTY: 711), by fax: 215-761-0245, or by email: [civilrightscoordinator@1901market.com](mailto:civilrightscoordinator@1901market.com).

**Українська:** Увага! Якщо ви говорите українською, вам доступні безплатні послуги перекладача. Також безплатно надаються відповідні допоміжні послуги з наданням інформації в доступних форматах. Телефонуйте за номером 1-800-275-2583 (TTY: 711) або зверніться до свого провайдера.

**Tiếng Việt:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Bạn cũng có thể nhận được các công cụ và dịch vụ hỗ trợ khác để giúp tiếp cận thông tin dễ dàng hơn, hoàn toàn miễn phí. Vui lòng gọi 1-800-275-2583 (TTY: 711) hoặc liên hệ với nhà cung cấp dịch vụ của bạn để được hỗ trợ.

**Yorùbá:** ÀKÍYÈSÍ: Tí o bá nsọ Yorùbá, àwọn isé àtìlèhin èdè lófèé wà lárówótó rẹ. Awọn isé àtìlèhin irànwlówó tó yé láti pèsè iwífunni ni ọna irááyèsi kíka wà lárówótó bakanna lófèé. Pe 1-800-275-2583 (TTY: 711) tàbi ki ó bá olùpèsè rẹ sòrò.

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at the following website: [www.healthinsurancehosting.com/notices](http://www.healthinsurancehosting.com/notices).