

# Flex Series Options

## Copay and deductible options for large group customers

### Build a benefit plan that fits your needs

You know better than anyone else what your employees need in terms of health care and what your budget will permit. Flex plans encourage you to select the benefit levels that best meet your needs with a flexible range of copays, deductibles, and coinsurance levels. We'll help you maximize your health care dollars without decreasing the level of health care benefits you offer. Building your ideal plan is as easy as 1, 2, 3.

# 1.

#### Start with the right product. Choose how members will obtain care from one of our proven platforms:

**Keystone Health Plan East HMO**

Keystone HMO provides members with comprehensive care and access to quality benefits. A member's primary care physician coordinates all of his or her care. Referrals are required for specialty care.

**Keystone Point-of-Service (POS)**

Keystone POS members can receive care coordinated by their primary care physician or obtain care directly. Benefits are maximized when members get referrals to network specialists.

**Keystone Direct POS**

Keystone Direct POS members have some care coordinated through a primary care physician, but members can obtain most health care services in or out of network without a referral. Referrals are required for spinal manipulation, routine X-rays, physical/occupational therapy, and podiatry.

**Personal Choice®**

With Personal Choice, members have the freedom to obtain care in or out of network without a referral. BlueCard® PPO provides in-network benefits nationwide for members traveling or living out of area.

# 2.

#### Select a Flex Series menu. Choose the way member cost-sharing works:

**Flex Copay Series**

Allows you to choose the copay amounts that apply to in-network services such as office visits, X-rays, and inpatient hospital care. You select a deductible/coinsurance combination when offering access to out-of-network providers.

**Flex Deductible Series**

Utilizes copays for outpatient care such as doctor's office visits and therapy services. You select the deductibles and coinsurance amounts that will apply to hospital and ancillary services.

# 3.

#### Complete your benefits package

Complete your custom benefits package by choosing to offer our Select Drug Program®, one of our consumer-focused Health Account Solutions, and any of our ValuePlus benefits, like vision, dental, and life and disability coverage. Choose IBC to provide all of your health care benefits in one easy-to-manage package. When you look at the total picture, you'll see that IBC gives you more benefits combinations for your employees. And greater value for your health care dollar.

# Building A Flex Plus Copay Option

## 1. Select a medical product

Keystone Health Plan East HMO       Keystone POS       Keystone Direct POS       Personal Choice® PPO

## 2. Choose member cost-sharing for network services

**Primary care physician (PCP) copay** – Applies to PCP, OB/GYN, and first maternity visit.

\$10       \$15       \$20       \$25       \$30       \$35       \$40

**Specialist copay** – Includes specialist visits, therapy/rehabilitation services, outpatient mental health, substance-abuse, and serious mental illness visits.

\$10       \$15       \$20       \$25       \$30       \$35       \$40       \$45       \$50

**Inpatient hospitalization copay** – Includes inpatient mental health and substance abuse treatment, and inpatient hospice care.

Copayment per admission:

\$100       \$150       \$200       \$250       \$500       \$750       \$1,000       \$1,250       \$1,500

or  
Copayment per day, maximum 5 copayments:

\$100/day       \$125/day       \$150/day       \$200/day       \$250/day       \$300/day       \$400/day

NOTE: Skilled nursing facility cost-sharing will equal half of inpatient hospitalization cost-sharing selection.

**Outpatient surgery copay**

\$50       \$100       \$150       \$200       \$250       \$300       \$400       \$500

**Emergency room care copay** – Applies to in-network and out-of-network care; copay not waived if admitted.

\$50       \$75       \$100       \$125       \$150       \$175       \$200

**Outpatient private-duty nursing coinsurance**

100%/0%       80%/20%       70%/30%       50%/50%

**Durable medical equipment/prosthetics coinsurance**

100%/0%       80%/20%       70%/30%       50%/50%

**Biotech/specialty injectables copay**

\$0       \$50       \$75       \$100       \$125

**Routine/complex radiology copays**

\$15/\$15       \$15/\$30       \$20/\$20       \$20/\$40       \$30/\$30       \$30/\$60       \$40/\$40

\$40/\$80       \$50/\$50       \$50/\$100

## 3. Pick out-of-network benefits (not applicable for Keystone Health Plan East HMO)

**Deductible**

Single       \$500       \$750       \$1,000       \$1,500       \$2,000       \$2,500       \$3,000       \$4,000  
Family       2x single deductible       3x single deductible

**Coinsurance**

80%/20%       70%/30%       60%/40%       50%/50%

**Out-of-pocket maximum**

Single       \$1,000       \$1,500       \$2,000       \$2,500       \$3,000       \$4,000       \$5,000       \$10,000  
Family       2x single out-of-pocket maximum       3x single out-of-pocket maximum

## 4. Choose to offer prescription drug coverage\* (optional)

**a. Decide to offer the Select Drug Program®**

HMO drug rider       PPO drug rider       Freestanding drug

**b. Determine whether you want to include contraceptive coverage**

Yes       No

**c. Select generic formulary copay**

\$0\*\*       \$2\*\*       \$5       \$10       \$15

**d. Choose brand formulary copay** (A \$10 minimum difference between the generic formulary and brand formulary copay is required.)

\$15       \$20       \$25       \$30       \$40       \$45       \$50

**e. Select non-formulary copay** (A \$15 minimum difference between the brand formulary and non-formulary copay is required.)

\$30       \$35       \$40       \$45       \$50       \$60       \$70  
 \$75       \$80       \$90       \$100

## 5. Choose to offer a Bluesaver<sup>SM</sup> FSA or HRA to your employees (optional)

HRA       FSA       Both<sup>1</sup>

## 6. Choose to offer vision, dental, life, and disability coverage (optional)

Vision       Dental       Life and Disability

# Creating a Flex Plus Deductible Series Option

## 1. Select a medical product

Keystone Health Plan East HMO  Keystone Direct POS  Personal Choice® PPO

## 2. Choose member cost-sharing for network services

**Deductible** – Applies to all services subject to coinsurance. Copay services are not subject to deductible.

Single  \$0  \$500  \$1,000  \$1,500  \$2,000  \$2,500  \$3,000  
Family  2x single deductible  3x single deductible

**Coinsurance** – Applies to inpatient hospital, outpatient surgery, anesthesia, surgeon/assistant surgeon, skilled nursing facility, home health care/hospice, inpatient mental health, substance abuse, serious mental illness, ER, ambulance, dialysis, outpatient private-duty nursing and chemotherapy, radiation therapy, and infusion therapy. For Personal Choice, coinsurance also applies to outpatient lab and radiology.

100%/0%  90%/10%  80%/20%  70%/30%

**Primary care physician (PCP) copay** – Applies to PCP, OB/GYN, and first maternity visit.

\$10  \$15  \$20  \$25  \$30  \$35  \$40

**Specialist copay** – Includes specialist visits, therapy/rehabilitation services, outpatient mental health, substance abuse, and serious mental illness visits.

\$10  \$15  \$20  \$25  \$30  \$35  \$40  \$45  \$50

**Durable medical equipment/prosthetics coinsurance**

100%/0%  80%/20%  70%/30%  50%/50%

**Biotech/specialty injectables copay**

\$0  \$50  \$75  \$100  \$125

**Routine/complex radiology copays** – (HMO and Direct POS only)

\$15/\$15  \$15/\$30  \$20/\$20  \$20/\$40  \$30/\$30  \$30/\$60  \$40/\$40  
 \$40/\$80  \$50/\$50  \$50/\$100

## 3. Pick out-of-network benefits (not applicable for Keystone Health Plan East HMO)

**Deductible**

Single  \$500  \$750  \$1,000  \$1,500  \$2,000  \$2,500  \$3,000  \$4,000  
Family  2x single deductible  3x single deductible

**Coinsurance**

80%/20%  70%/30%  60%/40%  50%/50%

**Out-of-pocket maximum**

Single  \$1,000  \$1,500  \$2,000  \$2,500  \$3,000  \$4,000  \$5,000  \$10,000  
Family  2x single out-of-pocket maximum  3x single out-of-pocket maximum

## 4. Choose to offer prescription drug coverage\* (optional)

### a. Decide to offer the Select Drug Program® base product

HMO drug rider  PPO drug rider  Freestanding drug

### b. Determine whether you want to include contraceptive coverage

Yes  No

### c. Select generic formulary copay

\$0\*\*  \$2\*\*  \$5  \$10  \$15

### d. Choose brand formulary copay (A \$10 minimum difference

between the generic formulary and brand formulary copay is required.)

\$15  \$20  \$25  \$30  \$40  \$45  \$50

### e. Select non-formulary copay (A \$15 minimum difference

between the brand formulary and non-formulary copay is required.)

\$30  \$35  \$40  \$45  \$50  \$60  \$70  
 \$75  \$80  \$90  \$100

## 5. Choose to offer a Bluesaver<sup>SM</sup> FSA or HRA to your employees (optional)

HRA  FSA  Both<sup>1</sup>

## 6. Choose to offer vision, dental, life, and disability coverage (optional)

Vision  Dental  Life and Disability

\* Standard procedures that support safe prescribing apply, such as prior authorization requirements, age and gender edits, and quantity level limits. For more information, go to [www.ibx.com](http://www.ibx.com).

\*\* For the \$0 and \$2 generic formulary copay options, the brand formulary copay option must be \$25 and there must be a \$25 minimum difference between the brand formulary and non-formulary copay amount.

<sup>1</sup> If offering both FSA and HRA, keep in mind that the same expense cannot be reimbursed under both the FSA and HRA.

The percentage for in-network and out-of-network reimbursement shown represents a percentage of the plan allowance, not the provider's actual charge. For more information about the plan allowance in the Personal Choice, Keystone POS, and Keystone Direct POS (out-of-network benefits) programs, see the definition of covered expense in your Personal Choice or Comprehensive Major Medical group contract. Out-of-network providers may also bill a member for the difference between the plan allowance, which is the amount paid by the plan, and the provider's actual charge. This difference may be significant.

All enrollments subject to underwriting guidelines. The plans outlined represent only a partial listing of benefits. These managed-care plans may not cover all health care expenses. Read your contract carefully to determine which health care services are covered. If you need more information, please call 215-241-3400.

# Summary of health plan limitations and precertification requirements

## Limitations\*

### Therapy services

Physical and occupational therapy – 30 visits per calendar year  
Cardiac rehabilitation – 36 visits per calendar year  
Pulmonary rehabilitation – 36 visits per calendar year  
Speech therapy – 20 visits per calendar year  
Orthoptic/Pleoptic therapy – 8 sessions lifetime maximum

**Spinal manipulations** – 20 visits per calendar year

**Outpatient private-duty nursing** – 360 hours per calendar year

**Skilled nursing facility** – 120 days per calendar year

**Nutrition counseling** – 6 visits per calendar year

### Mental health care

Outpatient – 20 visits per calendar year  
Inpatient – 30 days per calendar year

### Serious mental illness care

Outpatient – 60 visits per calendar year  
Inpatient – 30 days per calendar year

### Substance abuse treatment

Outpatient/Partial facility visits – 60 visits per calendar year, 120 visits lifetime.

Rehabilitation – 30 days per calendar year, 90 days per lifetime  
Detoxification – 7 days per admission, 4 admissions per lifetime

*\* For Personal Choice®, combined in-/out-of-network maximum.*

## Precertification requirements

### Inpatient services

Surgical and nonsurgical inpatient admissions  
Acute rehabilitation  
Skilled nursing facility  
Inpatient hospice  
Maternity admission (for notification only)

### Outpatient facility/office services (other than inpatient)

MRI/MRA  
CT/CTA scan  
PET scan  
Nuclear cardiac studies  
Hysterectomy  
Cataract surgery  
Nasal surgery for submucous resection and septoplasty  
Transplants (except cornea)  
Comprehensive outpatient pain management programs (including epidural injections)  
Obesity surgery  
Sleep studies  
Uvulopalatopharyngoplasty (including laser-assisted)  
Day rehabilitation programs  
Dental services as a result of accidental injury

### All home care services

(including infusion therapy in the home)

### Infusion therapy drugs

Administered in an outpatient facility or in a professional provider's office

### Birth center

(for notification only)

### Elective (nonemergency) ambulance transport

### Outpatient private-duty nursing

### Prosthetics and orthotics

Purchase items more than \$500, including repairs and replacements (excluding ostomy supplies)

### Durable medical equipment

Purchase items more than \$500, including repairs and replacements, and all rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer)

### Reconstructive procedures and potentially cosmetic procedures

Abdominoplasty  
Augmentation mammoplasty  
Blepharoplasty  
Chemical peels  
Dermabrasion  
Excision of redundant skin  
Keloid removal  
Lipectomy/Liposuction  
Orthognathic surgery procedures  
Mastopexy  
Orthognathic surgery  
Otoplasty  
Panniculectomy  
Reduction mammoplasty  
Removal or reinsertion of breast implants  
Rhinoplasty  
Surgery for varicose veins  
Scar revision  
Subcutaneous mastectomy for gynecomastia

### Mental health/serious mental illness/substance abuse

Mental health and serious mental illness treatment (Inpatient/outpatient/partial hospitalization)  
Substance abuse treatment (Inpatient/outpatient/partial hospitalization)

### Biotechnology/specialty injectable drugs

This represents only a summary of the limitations and precertification requirements under Independence Blue Cross programs. If you need more information, please call 215-241-3400.

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — Independent licensees of the Blue Cross and Blue Shield Association.