

Choose BlueSM Save Green!

Keystone Health Plan East members must choose a new health plan between November 9, 2009, and December 14, 2009, or they will not have any medical coverage. Choose Blue Cross Blue Shield Standard Option or Basic Option.

Two Blue Cross Blue Shield options for Open Season 2010

Plan features	Basic Option PPO		Standard Option PPO	
Amount you pay each biweekly paycheck	Non-Postal: self \$46.50, family \$108.91 Postal: self \$26.97, family \$63.17		Non-Postal: self \$80.81, family \$185.06 Postal: self \$57.53, family \$132.83	
Compare how affordable these options are to your current plan.				
	Preferred provider	Non-preferred provider	Preferred provider	Non-preferred provider
Deductible	None		\$300 per person/\$600 per family*	
Office visits	\$25 copay primary care physician \$35 copay specialist	You pay all charges.	\$20 copay primary care physician \$30 copay specialist	35% of plan allowance
Emergency care	\$75 copay	See the full plan details for emergency care information.	15% preferred provider allowance after the deductible	35% of plan allowance
Inpatient care	\$150 per day up to \$750 per admission	You pay all charges.	\$200 copay per admission	\$350 copay per admission
Maternity care	You pay nothing for prenatal and post-natal care, and the delivery is paid in full. Hospital charges are paid in full after a \$150 copay per admission.	You pay all charges.	You pay nothing for prenatal and post-natal care, and the delivery is paid in full. Hospital charges are paid in full.	\$350 copay per admission plus 35% of the plan allowance
Prescriptions	\$10 generic \$35 formulary brand 50% non-formulary (\$45 min)	You pay all charges.	Retail pharmacy: 20% generics, 30% brand name. Mail order pharmacy: \$10 for 90-day supply of generics (see the full plan details for information)	45% of plan allowance
Chiropractic	\$25 copay per visit, up to 20 visits per calendar year	You pay all charges.	\$20 office visit, up to 12 visits per calendar year	35%* of plan allowance
Dental	\$20 copay per periodic exam; two cleanings and bitewings per year	You pay all charges.	Dental paid based on fee schedule allowances. You pay up to the maximum allowable charges when you use preferred providers, and up to 100% of the provider's charges when you use non-preferred providers.	
Eye care	Vision benefits, including LASIK discount	N/A	Vision benefits, including LASIK discount	N/A

Do not rely on this chart alone. Please refer to the 2010 Blue Cross Blue Shield Service Benefit Plan FEHBP Brochure (RI 71-005) for complete benefits information.

* Subject to the \$300 per person and \$600 per family calendar year deductible. If you use a non-PPO physician or other health care professional, you generally pay any difference between our allowance and the billed amount, in addition to any share of our allowance indicated.

It's easy to enroll. Simply visit www.ibx.com/fep between November 9, 2009, and December 14, 2009, and click **Enroll Now** on the left-hand side of your screen. If you already have Basic Option or Standard Option and don't want to make any changes for 2010, you don't have to do a thing. Your coverage will stay the same.

For more information, go to www.ibx.com/fep, or visit the Blue Cross Blue Shield FEP website at www.fepblue.org.



Federal Employee Program

2010 Blue Cross and Blue Shield Benefit Plan.

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.