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- flexible benefits options
- online account management
- value-added program extras

Small-business product portfolio



Health benefits you design



**Independence
Blue Cross**

Flexible benefits options

Independence Blue Cross (IBC) puts the benefits decisions in your hands by allowing you to mix and match a wide range of member cost-sharing options to reach a price point that meets your benefits and budget needs.

- **Flex Copay.** Choose the copay amounts that apply to in-network services, such as office visits, X-rays, and inpatient hospital care. You select a coinsurance level when offering access to out-of-network providers.
- **Flex Deductible.** Utilize copays for outpatient care such as doctor's office visits and therapy services. You select the deductible and coinsurance amounts that will apply to hospital and ancillary services. If you're looking for a way to manage your health care costs, consider pairing a Flex Deductible plan with a **BlueSaverSM HRA**. Your contributions to the BlueSaver HRA help your employees pay out-of-pocket medical costs, such as deductibles, copayments, and coinsurance.
- **BlueSaverSM HSA Solution.** Create a BlueSaver HSA Solution by combining an HSA-qualified High Deductible Health Plan, based on our popular Personal Choice[®] product, with a health savings account (HSA). You decide the deductible and coinsurance amounts.



To design a customized benefits solution for your company, follow the steps outlined in this brochure.

Medical and drug benefits

You can choose the health plan that works best for you and your employees. Our product portfolio includes:

- **Keystone Health Plan East HMO.** Members select a primary care physician to coordinate all of their care. Referrals are required for specialty care.
- **Keystone POS.** Members can receive care coordinated by their primary care physician, or they can obtain care directly. Benefits are maximized when members get referrals to network specialists.
- **Keystone Direct POS.** Members must select a primary care physician but can obtain most health care services in or out of network without a referral.*
- **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.
- **Select Drug Program®.** Our formulary-based prescription drug program provides coverage based on a three-tier copayment incentive. Members can take advantage of the lowest cost-sharing option of generic drugs but also have coverage for brand formulary and non-formulary brand medications.



*Referrals are required for spinal manipulation, routine X-rays, physical/occupational therapy, and podiatry; for lab work, members should utilize the site selected by their PCP for the lowest out-of-pocket costs.

Flex Copay plans

1. Choose a product option.

- Keystone Health Plan East HMO**
 Keystone POS
 Keystone Direct POS
 Personal Choice®

2. Select a copay year option for network doctor's office visits, therapies, and diagnostic care.

	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4 C4 may be paired only with F3, F4, or F5
Doctor's office visits				
Primary and OB/GYN care	\$10	\$15	\$20	\$30
Specialist	\$20	\$30	\$40	\$50
Preventive services	\$10	\$15	\$20	\$30
Physical/Occupational therapy (30 visits per calendar year) ¹	\$20	\$30	\$40	\$50
Spinal manipulations and speech therapy (20 visits each per calendar year) ¹	\$20	\$30	\$40	\$50
Cardiac and pulmonary rehabilitation (36 sessions each per calendar year) ¹	\$20	\$30	\$40	\$50
X-ray/Radiology/Diagnostics				
Mammography	\$0	\$0	\$0	\$0
Routine radiology	\$20	\$30	\$40	\$50
MRI/MRA, CT/CTA scans, PET scans ²	\$40	\$60	\$80	\$100
Injectable medications				
Standard injectables	\$0	\$0	\$0	\$0
Biotech/Specialty injectables ²	\$50	\$75	\$100	\$125
Lab/Pathology	\$0	\$0	\$0	\$0

3. Pick a network cost-sharing level for hospital and ancillary services.

	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5 F5 may be paired only with C3 or C4
Hospital services² (unlimited inpatient days)		\$100/day Max. 5 days	\$150/day Max. 5 days	\$250/day Max. 5 days	\$400/day Max. 5 days
	\$0	(\$500)	(\$750)	(\$1,250)	(\$2,000)
Outpatient surgery²	\$0	\$50	\$75	\$125	\$200
Skilled nursing facility² (120 days per calendar year) ¹ (copay not waived if admitted from inpatient hospital stay)	\$0	\$50/day Max. 5 days (\$250)	\$75/day Max. 5 days (\$375)	\$125/day Max. 5 days (\$625)	\$200/day Max. 5 days (\$1,000)
Emergency room (copay not waived if admitted)	\$100	\$100	\$100	\$100	\$125
Outpatient private duty nursing² (360 hours per calendar year) ¹	90%	90%	85%	85%	80%
Prosthetics and durable medical equipment (DME)²	70%	70%	50%	50%	50%

Coinurance is based upon plan allowance and reflects amount paid by the plan.

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

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 Direct POS (out-of-network) benefits, and self-referred portion of the Keystone Point-of-Service 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.

4. Select out-of-network benefits.

O1 or O2 available with F1, F2, F3, or F4. If you offer F5, you must select O2. (Does not apply to HMO plans.)

	<input type="checkbox"/> O1	<input type="checkbox"/> O2
Deductible – Individual/Family	\$500/\$1,500	\$1,500/\$4,500
Coinsurance	70% of plan allowance	50% of plan allowance
Out-of-pocket maximum⁴ – Individual/Family	\$3,000/\$9,000	\$10,000/\$30,000
Overall lifetime maximum	\$1,000,000	\$500,000
OFFICE VISITS		
Doctor's office visits		
Primary and OB/GYN care	70%	50%
Specialist	70%	50%
Physical/Occupational therapy (30 visits per calendar year) ¹	70%	50%
Spinal manipulations and speech therapy (20 visits each per calendar year) ¹	70%	50%
Cardiac and pulmonary rehabilitation (36 sessions each per calendar year) ¹	70%	50%
X-ray/Radiology/Diagnostics⁷	70%	50%
Injectable medications⁸	70%	50%
Lab/Pathology	70%	50%
HOSPITAL/ANCILLARY		
Hospital inpatient² (70 days out-of-network/self-referred)	70%	50%
Outpatient surgery²	70%	50%
Skilled nursing facility² (PPO: 120 days per calendar year ¹ ; POS and Direct POS: 60 days per calendar year)	70%	50%
Emergency room (copay not waived if admitted)	Covered at in-network level	
Outpatient private duty nursing² (360 hours per calendar year) ¹	70%	50%
Prosthetics and durable medical equipment (DME)² (DME: \$2,500 maximum per calendar year)	50%	50%

Coinsurance is based upon plan allowance and reflects amount paid by the plan.

5. Choose to offer prescription drug coverage⁵.

Prescription drug coverage	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4	<input type="checkbox"/> Option 5	<input type="checkbox"/> Option 6
	\$10/\$20/\$35	\$0/\$25/\$50	\$5/\$40/\$60	\$15/\$35/\$50	\$20/\$40/\$60	\$250/\$20/\$40/\$60
Deductible ⁶	N/A	N/A	N/A	N/A	N/A	\$250
Generic formulary	\$10	\$0	\$5	\$15	\$20	\$20
Brand formulary	\$20	\$25	\$40	\$35	\$40	\$40
Non-formulary brand	\$35	\$50	\$60	\$50	\$60	\$60

¹For Personal Choice, combined in- and out-of-network maximum.

²Preauthorization required.

³For Personal Choice options, deductible and coinsurance apply to these services. For this benefit, copayment amounts apply only to Keystone HMO and Direct POS options.

⁴Only member coinsurance is applied to the out-of-pocket maximum.

⁵Standard procedures that support safe prescribing apply, such as: prior authorization requirements, age and gender edits, and quantity level limits.

⁶Deductible is applied per person per calendar year to all covered services purchased in network and out of network through a retail pharmacy or the mail order program.

⁷Preauthorization required for MRI/MRA, CT/CCTA scans, PET scans.

⁸Preauthorization required for biotech injectables.

Flex Deductible plans

1. Choose a product option.

Keystone Health Plan East HMO Keystone Direct POS Personal Choice®

2. Select a deductible amount for network hospital and ancillary services.

	<input type="checkbox"/> D1	<input type="checkbox"/> D2	<input type="checkbox"/> D3	<input type="checkbox"/> D4
Individual	\$500	\$1,000	\$2,000	\$3,000
Family	\$1,500	\$3,000	\$6,000	\$9,000

3. Pick a network coinsurance level for hospital and ancillary services.

	<input type="checkbox"/> N1	<input type="checkbox"/> N2
Coinsurance	80%	70%
Out-of-pocket maximum⁴ – Individual/Family	\$3,000/\$9,000	\$5,000/\$15,000
DEDUCTIBLE AND COINSURANCE APPLY TO THE FOLLOWING SERVICES:		
Hospital services² (unlimited inpatient days)	80%	70%
Outpatient surgery²	80%	70%
Skilled nursing facility² (120 days per calendar year) ¹ (not waived if admitted from inpatient hospital stay)	80%	70%
Emergency room (not waived if admitted)	80%	70%
Outpatient private duty nursing² (360 hours per calendar year) ¹	80%	70%
Prosthetics and durable medical equipment²	50%	50%
Lab/Pathology³	80%	70%
X-ray/Radiology/Diagnostics³		
Routine radiology	80%	70%
MRI/MRA, CT/CTA scans, PET scans ²	80%	70%

4. Flex Deductible plans utilize copays for network office visits and outpatient care.

Doctor's office visits Primary and OB/GYN care Specialist	\$20 \$40	Cardiac and pulmonary rehabilitation (36 sessions each per calendar year) ¹	\$40
Preventive services Note: Pediatric immunizations are covered 100%; office visit (if billed) is \$20.	\$20	X-ray/Radiology/Diagnostics¹ Mammography Routine radiology MRI/MRA, CT/CTA scans, PET scans ²	\$0 \$40 \$80
Physical/Occupational therapy (30 visits per calendar year) ¹	\$40	Injectable medications Standard injectables Biotech/Specialty injectables ²	\$0 \$100
Spinal manipulations and speech therapy (20 visits each per calendar year) ¹	\$40	Lab/Pathology³	\$0

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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 Direct POS (out-of-network) benefits, and self-referred portion of the Keystone Point-of-Service 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.

5. Out-of-network benefits.

All Keystone Direct POS and Personal Choice Flex Deductible plans utilize the same cost-sharing amounts for out-of-network benefits. (Does not apply to HMO plans.)

Deductible – Individual/Family	\$5,000/ \$15,000
Coinsurance	50% of plan allowance
Out-of-pocket maximum⁴ – Individual/Family	\$15,000/ \$45,000
Overall lifetime maximum	\$500,000
OFFICE VISITS	
Doctor's office visits	
Primary and OB/GYN care	50%
Specialist	50%
Physical/Occupational therapy (30 visits per calendar year) ¹	50%
Spinal manipulations and speech therapy (20 visits each per calendar year) ¹	50%
Cardiac and pulmonary rehabilitation (36 sessions each per calendar year) ¹	50%
X-ray/Radiology/Diagnostics⁷, Injectable medications⁸, and Lab/Pathology	50%
HOSPITAL/ANCILLARY	
Hospital inpatient² (70 days out of network/self-referred)	50%
Outpatient surgery²	50%
Skilled nursing facility² (PPO: 120 days per calendar year; ¹ Direct POS: 60 days per calendar year)	50%
Emergency room (not waived if admitted)	Covered at in-network level
Outpatient private duty nursing² (360 hours per calendar year) ¹	50%
Prosthetics and durable medical equipment (DME)² (DME: \$2,500 maximum per calendar year)	50%

Coinsurance is based upon plan allowance and reflects amount paid by the plan.

6. Choose to offer prescription drug coverage.⁵

Prescription drug coverage	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4	<input type="checkbox"/> Option 5	<input type="checkbox"/> Option 6
	\$10/\$20/\$35	\$0/\$25/\$50	\$5/\$40/\$60	\$15/\$35/\$50	\$20/\$40/\$60	\$250/\$20/\$40/\$60
Deductible ⁶	N/A	N/A	N/A	N/A	N/A	\$250
Generic formulary	\$10	\$0	\$5	\$15	\$20	\$20
Brand formulary	\$20	\$25	\$40	\$35	\$40	\$40
Non-formulary brand	\$35	\$50	\$60	\$50	\$60	\$60

7. Choose to offer a BlueSaverSM HRA to your employees.

Our BlueSaver HRA lets you take advantage of tax benefits while helping members save for medical expenses. You have three choices under the HRA — contribution amount, eligible expenses, and claims rollover options.

1. Options for contribution amount <input type="checkbox"/> 25% of in-network deductible <input type="checkbox"/> 50% of in-network deductible	2. Options for eligible expenses <input type="checkbox"/> Include IRS Code 213(d) <input type="checkbox"/> Exclude IRS Code 213(d)	3. Claims rollover options <input type="checkbox"/> Include claims rollover <input type="checkbox"/> Exclude claims rollover
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¹For Personal Choice, combined in-/out-of-network maximum.

²Preauthorization required.

³For Personal Choice options, deductible and coinsurance apply to these services. For this benefit, copayment amounts apply only to Keystone HMO and Direct POS options.

⁴Only member coinsurance is applied to the out-of-pocket maximum.

⁵Standard procedures that support safe prescribing apply, such as: prior authorization requirements, age and gender edits, and quantity level limits.

⁶Deductible is applied per person per calendar year to all covered services purchased in network and out of network through a retail pharmacy or the mail order program.

⁷Preauthorization required for MRI/MRA, CT/CTA scans, PET scans.

⁸Preauthorization required for biotech injectables.

BlueSaverSM HSA Solution

1. Choose a deductible amount for network services.

	<input type="checkbox"/> HD1	<input type="checkbox"/> HD2	<input type="checkbox"/> HD3	<input type="checkbox"/> HD4
Single¹	\$1,500	\$2,000	\$2,500	\$3,000
Family¹	\$3,000	\$4,000	\$5,000	\$6,000

2. Select a network coinsurance level.

	<input type="checkbox"/> HC1	<input type="checkbox"/> HC2
Coinsurance	100%	80%
Out-of-pocket maximum (Includes deductible, coinsurance, and copayments)		
Single¹	\$5,600	\$5,600
Family¹	\$11,200	\$11,200

- **doctor's office visits**
- **physical/occupational therapy**
(30 visits per benefit period)²
- **spinal manipulations and speech therapy**
(20 visits each per benefit period)²
- **cardiac and pulmonary rehabilitation**
(36 sessions each per benefit period)²
- **X-ray/radiology/diagnostics³**
- **injectable medications³**
- **outpatient lab/pathology**
- **hospital services³** (unlimited inpatient days)
- **outpatient private duty nursing³**
(360 hours per benefit period)²
- **skilled nursing facility³** (120 days per benefit period)²
- **emergency room**
- **outpatient surgery³**
- **prosthetics and durable medical equipment³**
- **prescription drug coverage**
generic \$5; brand \$20; non-formulary brand \$45
(after deductible only — coinsurance does not apply)

The deductible and coinsurance you select apply to the following network services:

3. Select benefit period for accumulation of deductible, out-of-pocket maximum, and benefit maximums.

<input type="checkbox"/> Calendar year	<input type="checkbox"/> Contract year ⁴
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4. Preventive care services are covered in full or with a copayment.

Preventive visits (pediatric and adult)	\$20 copayment, no deductible
Routine GYN/Pap (1 per benefit period) ²	\$20 copayment, no deductible
Mammography	100%, no deductible
Pediatric immunizations	100%, no deductible

Coinsurance is based upon plan allowance and reflects amount paid by the plan.

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

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 Direct POS (out-of-network) benefits, and self-referred portion of the Keystone Point-of-Service 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.

5. Out-of-network benefits.

All Personal Choice HSA-qualified plans utilize the same cost-sharing amounts for out-of-network benefits.

Deductible – Single/Family¹	\$5,000/\$10,000
Coinsurance	50%
Out-of-pocket maximum – Single/Family¹	\$10,000/\$20,000
Overall lifetime maximum	\$500,000
OFFICE VISITS	
Doctor's office visits	
Primary and OB/GYN care	50%
Specialist	50%
Physical/Occupational therapy (30 visits per benefit period) ²	50%
Spinal manipulations and speech therapy (20 visits each per benefit period) ²	50%
Cardiac and pulmonary rehabilitation (36 sessions each per benefit period) ²	50%
X-ray/Radiology/Diagnostics³	50%
Injectable medications³	50%
Lab/Pathology	50%
HOSPITAL/ANCILLARY	
Hospital inpatient³ (70 days per benefit period)	50%
Outpatient surgery³	50%
Skilled nursing facility³ (120 days per benefit period) ²	50%
Emergency room (not waived if admitted)	Covered at in-network level
Outpatient private duty nursing³ (360 hours per benefit period)	50%
Prosthetics and durable medical equipment (DME)³ (DME: \$2,500 maximum per benefit period)	50%

6. Choose to offer integrated prescription drug coverage.⁵

Prescriptions filled at an in-network pharmacy are subject to the network deductible. Out-of-network pharmacy purchases are subject to the out-of-network deductible. Members may receive up to a 30-day supply at a retail pharmacy and up to a 90-day supply through mail order for maintenance medications.

After deductible, members pay:	In network	Out of network
Generic formulary	\$5	50%
Brand formulary	\$20	50%
Non-formulary brand	\$45	50%

7. Choose to offer an HSA to your employees.

HSAs are a valuable tool to help members save money for medical expenses through tax-free contributions. Independence Blue Cross has a preferred relationship with The Bancorp Bank, an independent company, to provide HSA services to our members. However, you may also choose to offer this account through any HSA trustee or custodian. Bancorp HSA features include:

- no application or account setup fees;
- no monthly account maintenance fee;⁶
- earn interest with first deposit;⁷
- free, no-annual-fee Visa[®] Debit Card and checks;
- toll-free 24/7 customer service and online access;
- invest HSA funds through National Financial Services.

Coinsurance is based upon plan allowance and reflects amount paid by the plan.

¹Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met.

²Combined in-/out-of-network maximum.

³Preauthorization required.

⁴A contract year is a consecutive 12-month period that begins on the group renewal or effective date.

⁵Standard procedures that support safe prescribing apply, such as prior-authorization requirements, age and gender edits, and quantity level limits.

⁶Standard banking fees apply, e.g., insufficient funds.

⁷Interest paid on balances over \$1.

Complete your benefits package

Dental coverage

Through our arrangement with United Concordia, an independent company that administers our dental programs, we provide access to a broad range of dental products. All programs include a comprehensive network of dentists, and members never need a claim form for participating providers. Choose from one of these dental options:

- **Concordia Plus** — dental managed care program
- **Concordia Preferred** — dental preferred provider organization program (PPO)
- **Concordia Flex** — traditional fee-for-service program
- **Concordia Choice** — voluntary passive dental PPO Program (10+ employees)

Vision benefits

The IBC Vision program, administered by Davis Vision, an independent company, provides comprehensive vision care benefits for your employees. Members have access to more than 2,200 participating providers in the local service area and more than 24,800 providers nationally. Highlights of the IBC Vision program benefits and value-added services:

- eye exam and refraction, including glaucoma testing;
- eyeglass frames and lenses and/or contact lenses;
- a complete pair of eyeglasses may be covered at 100 percent when using a participating provider and choosing frames from the Davis Collection of Frames;
- unconditional one-year breakage warranty for frames selected from the Davis Collection and all spectacle lenses fabricated in Davis Vision's laboratories;
- Lens 1-2-3[®] replacement contact lens mail-order program;
- a discount on laser vision correction services at participating providers.



Life and disability coverage

We also offer access to life and disability coverage through an arrangement with an affiliated agency. This coverage gives your valued employees the additional financial protection they may otherwise be unable to afford. Some of the advantages of our coverage include:

- affordable group rates;
- easy enrollment process;
- guaranteed issue of Life/Accidental Death and Dismemberment (AD&D) insurance without completing health questionnaires.¹

Eligible employees

- 2 – 5 — \$35,000
- 6 – 9 — \$50,000
- 10 – 99 — varies

¹ Participation guidelines apply.

Value-added program extras

Our Healthy LifestylesSM wellness programs are designed to educate and encourage healthy behavior through active participation. Members receive support through every stage of health, including financial rewards and incentives for healthy living, decision-support tools to help with tough medical decisions, and assistance managing complex or chronic conditions.

Financial rewards and incentives

Cash rewards for:	Valuable discounts on:	Important reminders about:
<ul style="list-style-type: none">• weight management• smoking cessation• bike helmets• childbirth classes	<ul style="list-style-type: none">• massage therapy• yoga books and DVDs• acupuncture• health products	<ul style="list-style-type: none">• immunizations• vaccinations• mammograms and Pap tests• colorectal screenings

Decision-support tools

When it comes to making decisions about health care, members are never alone. We provide a comprehensive support system to help with significant treatment decisions or everyday health concerns. Members can take advantage of:

- online tools to help estimate treatment costs;
- provider quality and patient safety information;
- educational materials available through the mail to member's home;
- audio and video health libraries;
- online encyclopedia of health information.

Disease management

From developing care plans for the treatment of chronic diseases to teaching members how to best control asthma, our ConnectionsSM Health Management Programs offer members with chronic illnesses the support they need to make the decisions that are right for them.

Connections provides:

- 24/7 access to a Health Coach;
- reminders about important tests and screenings;
- tips to recognize early warning signs;
- questions for members to ask their doctors.



Online account management

With ibxpress.com, you can manage your company's health care coverage on your own timetable!

- add a new plan member;
- view your daily work log and transaction history;
- view current and prior invoices;
- view billing and payment history;
- receive and pay invoices online.



To find out how Independence Blue Cross can simplify your health benefits administration, call your independent broker or Independence Blue Cross account executive today.

For more information about our products, visit our website www.ibx.com or call 215-241-3400.

We're here for you every step of the way.



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www.ibx.com

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.