

## Look inside:

- flexible benefits options
- online account management
- valuable 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 Series:** 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 Series:** 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.
- **BlueSaver<sup>SM</sup> HSA Solution:** Build an HSA-qualified High Deductible Health Plan based on our popular Personal Choice<sup>®</sup> product. You decide what deductible and coinsurance amounts apply to in-network care. You also have the option to offer your employees a Health Savings Account (HSA). An HSA is a tax-exempt account established primarily to pay for qualified medical expenses.
- **Select Drug Program<sup>®</sup>:** Choose to offer our popular formulary-based prescription drug program. The Select Drug Program provides coverage based on a three-tier copayment incentive (e.g., \$10 generic formulary/\$20 brand formulary/\$35 non-formulary brand). Choose from six options with varying cost-sharing amounts.



## Online account management

With [ibxpress.com](https://www.ibxpress.com), you can manage your company's health care coverage on your own timetable!

- Add a new plan member.
- View coverage history.
- Submit and approve changes.
- View your daily work log and transaction history.
- View current and prior invoices.
- View billing and payment history.
- Receive and pay invoices online.
- Reconcile your bill online.

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

# Valuable program extras

Our Healthy Lifestyles<sup>SM</sup> 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"><li>• fitness center fees</li><li>• weight management</li><li>• smoking cessation</li><li>• bike helmets</li></ul>	<ul style="list-style-type: none"><li>• massage therapy</li><li>• yoga books and DVDs</li><li>• acupuncture</li><li>• health products</li></ul>	<ul style="list-style-type: none"><li>• immunizations</li><li>• vaccinations</li><li>• mammograms and Pap tests</li><li>• colorectal screenings</li></ul>

## 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 Connections<sup>SM</sup> 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.



# Build a Flex Copay Option

With Flex Copay Series, you choose the copay amounts that will apply to in-network services, such as office visits, X-rays, and inpatient hospital care. If you choose a Keystone Point-of-Service (POS), Keystone Direct POS, or Personal Choice® product, you will also need to select the coinsurance level for out-of-network care.

## 1. Choose a product option.

### Keystone Health Plan East HMO

Members' primary care physician coordinates all of their care. Referrals are required for specialty care.

### Keystone POS

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

### Keystone Direct POS

Members must select a primary care physician but can access 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 to receive the highest level of benefits.

### Personal Choice®

Members have the freedom to access care in or out of network without a referral.

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

### Office/outpatient care

	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4
<b>Doctor's office visits</b>				
Primary and OB/GYN care	\$10	\$15	\$20	\$30
Specialist	\$20	\$30	\$40	\$50
<b>Physical/occupational therapy</b> (30 visits per calendar year*)	\$20	\$30	\$40	\$50
<b>Spinal manipulations and speech therapy</b> (20 visits each per calendar year*)	\$20	\$30	\$40	\$50
<b>Cardiac and pulmonary rehabilitation</b> (36 sessions each per calendar year*)	\$20	\$30	\$40	\$50
<b>X-Ray/radiology/diagnostics</b>				
Routine radiology	\$20	\$30	\$40	\$50
MRI/MRA, CT scans, PET scans <sup>†</sup>	\$40	\$60	\$80	\$100
Mammogram	\$0	\$0	\$0	\$0
<b>Injectable medications</b>				
Standard injectables	\$0	\$0	\$0	\$0
Biotech/Specialty injectables <sup>†</sup>	\$50	\$75	\$100	\$125
<b>Preventive services</b>				
Routine GYN, pediatric immunizations	\$10	\$15	\$20	\$30
<b>Lab/pathology</b>	\$0	\$0	\$0	\$0

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

<sup>†</sup> Preauthorization required.

C4 may be paired only with F3, F4, or F5

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.

### 3. Pick a network cost-sharing level for facility and ancillary care.

Facility/ancillary	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5
<b>Hospital services**</b> (Unlimited inpatient days)	\$0	\$100/day Max. 5 days (\$500)	\$150/day Max. 5 days (\$750)	\$250/day Max. 5 days (\$1,250)	\$400/day Max. 5 days (\$2,000)
<b>Outpatient surgery**</b>	\$0	\$50	\$75	\$125	\$200
<b>Skilled nursing facility**</b> (120 days per calendar year*) (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)
<b>Emergency room</b> (Copay not waived if admitted)	\$100	\$100	\$100	\$100	\$125
<b>Outpatient private duty nursing**</b> (360 hours per calendar year*)	90%	90%	85%	85%	80%
<b>Prosthetics and durable medical equipment**</b>	70%	70%	50%	50%	50%

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

F5 may be paired only with C3 or C4

### 4. Select out-of-network benefits. Choice of 01 or 02 if offering F1, F2, F3, or F4. If you offer F5, you must select 02. (Does not apply to HMO plans.)

Out-of-network benefits	<input type="checkbox"/> 01	<input type="checkbox"/> 02
<b>Deductible – Individual/Family</b>	\$500/ \$1,500	\$1,500/ \$4,500
<b>Coinsurance</b>	70% of plan allowance <sup>†</sup>	50% of plan allowance
<b>Out-of-pocket maximum – Individual/Family</b>	\$3,000/ \$9,000	\$10,000/ \$30,000
<b>Overall lifetime maximum</b>	\$1,000,000	\$500,000
<b>OFFICE VISITS</b>		
<b>Doctor's office visits</b> Primary and OB/GYN care Specialist	70% 70%	50% 50%
<b>Physical/occupational therapy</b> (30 visits per calendar year*)	70%	50%
<b>Spinal manipulations and speech therapy</b> (20 visits each per calendar year*)	70%	50%
<b>Cardiac and pulmonary rehabilitation</b> (36 sessions each per calendar year*)	70%	50%
<b>X-ray/radiology/diagnostics**</b>	70%	50%
<b>Injectable medications**</b>	70%	50%
<b>Lab/pathology</b>	70%	50%
<b>FACILITY/ANCILLARY</b>		
<b>Hospital inpatient**</b> (70 days out-of-network/self-referred)	70%	50%
<b>Outpatient surgery**</b>	70%	50%
<b>Skilled nursing facility**</b> (PPO: 120 days per calendar year*; POS and Direct POS: 60 days per calendar year)	70%	50%
<b>Emergency room</b> (Copay not waived if admitted)	Covered at in-network level	
<b>Outpatient private duty nursing**</b> (360 hours per calendar year*)	70%	50%
<b>Prosthetics and durable medical equipment (DME)**</b> (DME: \$2,500 maximum per calendar year)	50%	50%

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

\*\* Preauthorization required.

† Prosthetics and DME are covered at 50% coinsurance level.

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

# Create a Flex Deductible Option

The Flex Deductible Series maintains the use of copays for outpatient care such as doctor's office visits and therapy services. You choose the deductible and coinsurance amounts that will apply to facility and ancillary services.

## 1. Choose a product option.

### Keystone Health Plan East HMO

Members' primary care physician coordinates all of their care. Referrals are required for specialty care.

### Keystone Direct POS

Members must select a primary care physician but can access 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 to receive the highest level of benefits.

### Personal Choice®

Members have the freedom to access care in or out of network without a referral.

## 2. Flex Deductible Series utilizes copays for network office visits and outpatient care. These copays apply to all Flex Deductible Series options.

<b>Doctor's office visits</b>	
Primary and OB/GYN care	\$20
Specialist	\$40
<b>Physical/occupational therapy</b>	
(30 visits per calendar year*)	\$40
<b>Spinal manipulations and speech therapy</b>	
(20 visits each per calendar year*)	\$40
<b>Cardiac and pulmonary rehabilitation</b>	
(36 sessions each per calendar year*)	\$40
<b>X-ray/radiology/diagnostics<sup>1</sup></b>	
Routine radiology	\$40
MRI/MRA, CT scans, PET scans**	\$80
Mammogram	\$0
<b>Injectable medications</b>	
Standard injectables	\$0
Biotech/Specialty injectables**	\$100
<b>Preventive services</b>	
Routine GYN, pediatric immunizations	\$20
<b>Lab/pathology<sup>1</sup></b>	\$0

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

\*\* Preauthorization required.

<sup>1</sup> For Personal Choice options, deductible and coinsurance apply to these services. For this benefit, copayment amounts apply only to Keystone HMO and Direct POS options.

## 3. 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
<b>Individual</b>	\$500	\$1,000	\$2,000	\$3,000
<b>Family</b>	\$1,500	\$3,000	\$6,000	\$9,000

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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.

#### 4. Pick the network coinsurance level for facility and ancillary care.

	<input type="checkbox"/> N1	<input type="checkbox"/> N2
<b>Coinsurance</b>	80%	70%
<b>Out-of-pocket maximum<sup>2</sup></b> Individual/Family	\$3,000/\$9,000	\$5,000/\$15,000
<b>DEDUCTIBLE AND COINSURANCE APPLY TO THE FOLLOWING SERVICES:</b>		
<b>Hospital services**</b> (Unlimited inpatient days)	80%	70%
<b>Outpatient surgery**</b>	80%	70%
<b>Skilled nursing facility**</b> (120 days per calendar year*) (Not waived if admitted from inpatient hospital stay)	80%	70%
<b>Emergency room</b> (Not waived if admitted)	80%	70%
<b>Outpatient private duty nursing**</b> (360 hours per calendar year*)	80%	70%
<b>Prosthetics and durable medical equipment**</b>	50%	50%
<b>Lab/pathology<sup>1</sup></b>	80%	70%
<b>X-ray/radiology/diagnostics<sup>1</sup></b> Routine radiology MRI/MRA, CT scans, PET scans**	80% 80%	70% 70%

#### 5. Out-of-network benefits (does not apply to HMO plans)

All Keystone Direct POS and Personal Choice Flex Deductible Series options utilize the same cost-sharing schedule for out-of-network benefits.

<b>Deductible – Individual/Family</b>	\$5,000/ \$15,000
<b>Coinsurance</b>	50% of plan allowance
<b>Out-of-pocket maximum – Individual/Family</b>	\$15,000/ \$45,000
<b>Overall lifetime maximum</b>	\$500,000
<b>OFFICE VISITS</b>	
<b>Doctor's office visits</b> Primary and OB/GYN care Specialist	50% 50%
<b>Physical/occupational therapy</b> (30 visits per calendar year*)	50%
<b>Spinal manipulations and speech therapy</b> (20 visits each per calendar year*)	50%
<b>Cardiac and pulmonary rehabilitation</b> (36 sessions each per calendar year*)	50%
<b>X-ray/radiology/diagnostics**</b>	50%
<b>Injectable medications**</b>	50%
<b>Lab/pathology</b>	50%
<b>FACILITY/ANCILLARY</b>	
<b>Hospital inpatient**</b> (70 days out of network/self-referred)	50%
<b>Outpatient surgery**</b>	50%
<b>Skilled nursing facility**</b> (PPO: 120 days per calendar year*; Direct POS: 60 days per calendar year)	50%
<b>Emergency room</b> (Not waived if admitted)	Covered at in-network level
<b>Outpatient private duty nursing**</b> (360 hours per calendar year*)	50%
<b>Prosthetics and durable medical equipment (DME)**</b> (DME: \$2,500 maximum per calendar year)	50%

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

\*\* Preauthorization required.

<sup>1</sup> For Personal Choice options, deductible and coinsurance apply to these services. For this benefit, copayment amounts apply only to Keystone HMO and Direct POS options.

<sup>2</sup> Only member coinsurance is applied to the out-of-pocket maximum.

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

# Design a BlueSaver<sup>SM</sup> HSA Solution

When you design a BlueSaver<sup>SM</sup> HSA Solution, you decide what deductibles and coinsurance apply to your Personal Choice<sup>®</sup> HSA-qualified High Deductible Health Plan.

## 1. Choose a deductible amount for network services.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	HD1	HD2	HD3	HD4
<b>Single<sup>1</sup></b>	\$1,500	\$2,000	\$2,500	\$3,000
<b>Family<sup>1</sup></b>	\$3,000	\$4,000	\$5,000	\$6,000

## 2. Select network coinsurance and out-of-pocket maximum amounts.

	<input type="checkbox"/>	<input type="checkbox"/>
	HC1	HC2
<b>Coinsurance</b>	100%	80%
<b>Out-of-pocket maximum – adjusted annually</b> (Includes deductible, coinsurance, and copayments)		
<b>Single<sup>1</sup></b>	\$5,600	\$5,600
<b>Family<sup>1</sup></b>	\$11,200	\$11,200

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

- **doctor's office visits**
- **physical/occupational therapy**  
(30 visits per calendar year\*)
- **spinal manipulations and speech therapy**  
(20 visits each per calendar year\*)
- **cardiac and pulmonary rehabilitation**  
(36 sessions each per calendar year\*)
- **X-ray/radiology/diagnostics\*\***
- **injectable medications\*\***
- **outpatient lab/pathology**
- **hospital services\*\*** (unlimited inpatient days)
- **outpatient private duty nursing\*\***  
(360 hours per calendar year\*)
- **skilled nursing facility\*\*** (120 days per calendar year\*)  
(not waived if admitted from inpatient hospital stay)
- **emergency room**  
(not waived if admitted)
- **outpatient surgery\*\***
- **prosthetics and durable medical equipment\*\***

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

Calendar year     Contract year

## 4. The network services noted below are covered in full or with a copayment.

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

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

\* Combined in-/out-of-network maximum.

\*\* Preauthorization required.

<sup>1</sup> Single 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. Deductible and out-of-pocket maximum amounts may be adjusted annually on January 1, to correspond with changes by the Treasury Department.

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 program, see the definition of covered expense in your Personal Choice 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 High Deductible Health Plan options utilize the same cost-sharing schedule for out-of-network benefits.

<b>Deductible – Single/Family<sup>1</sup></b>	\$5,000/ \$10,000
<b>Coinsurance</b>	50%
<b>Out-of-pocket maximum – Single/Family<sup>1</sup></b>	\$10,000/ \$20,000
<b>Overall lifetime maximum</b>	\$500,000
<b>OFFICE VISITS</b>	
<b>Doctor's office visits</b> Primary and OB/GYN care Specialist	50% 50%
<b>Physical/occupational therapy</b> (30 visits per calendar year*)	50%
<b>Spinal manipulations and speech therapy</b> (20 visits each per calendar year*)	50%
<b>Cardiac and pulmonary rehabilitation</b> (36 sessions each per calendar year*)	50%
<b>X-ray/radiology/diagnostics**</b>	50%
<b>Injectable medications**</b>	50%
<b>Lab/pathology</b>	50%
<b>FACILITY/ANCILLARY</b>	
<b>Hospital inpatient**</b> (70 days per calendar year)	50%
<b>Outpatient surgery**</b>	50%
<b>Skilled nursing facility**</b> (120 days per calendar year*)	50%
<b>Emergency room</b> (not waived if admitted)	Covered at in-network level
<b>Outpatient private duty nursing**</b> (360 hours per calendar year*)	50%
<b>Prosthetics and durable medical equipment (DME)**</b> (DME: \$2,500 maximum per calendar year)	50%

## 6. Choose to offer integrated prescription drug coverage (optional).<sup>2</sup>

Medications filled at an in-network pharmacy are subject to the network deductible. When using an out-of-network pharmacy, medications are subject to the out-of-network deductible and coinsurance. Members will receive up to a 30-day supply of their medication at a retail pharmacy and up to a 90-day supply through mail order for maintenance medications.

<b>After deductible, members pay:</b>	<b>Network</b>	<b>Out of network</b>
Generic formulary copayment	\$5	50%
Brand formulary copayment	\$20	50%
Non-formulary brand copayment	\$45	50%

## 7. Choose to offer an HSA to your employees (optional).

HSA's provide 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 to provide HSA services to our members. You can also choose to offer this account through any HSA trustee or custodian. Bancorp HSA features include:

- no application or account set up fees;
- no monthly maintenance fee;<sup>3</sup>
- earn interest with first deposit;<sup>4</sup>
- free, no-annual-fee Visa® Check Card;
- toll-free 24/7 customer service and online access;
- invest HSA funds through National Financial Services.

To learn more, visit the Bancorp website at: [www.mybancorphsa.com](http://www.mybancorphsa.com)

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

<sup>1</sup>Combined in-/out-of-network maximum.

<sup>2</sup>Preauthorization required.

<sup>3</sup>Single 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.

<sup>4</sup>Standard procedures that support safe prescribing apply, such as prior-authorization requirements, age and gender edits, and quantity level limits.

<sup>5</sup>Standard banking fees apply, e.g., insufficient funds.







<sup>6</sup>Interest paid on balances over \$1.

Visit our website at [www.ibx.com](http://www.ibx.com).

# Complete your benefits package

## Select Drug Program®

When you offer a Flex Copay or Flex Deductible Series program, you can include a Select Drug Program option, which uses a prescription drug formulary and provides coverage based on a three-tier copayment incentive. The formulary includes all therapeutic categories and all generic medications, plus a defined list of brand drugs, all of which have been selected for their medical effectiveness, positive results, and value. All options include coverage for oral contraceptives. These options were designed to encourage the use of generic drugs while providing more affordable prescription drug plans. Many of these options have a generic formulary copayment that is significantly lower than the brand formulary and the non-formulary brand copayments. This gives members a greater incentive to use generic drugs.

Prescription drug coverages <sup>1</sup>	 Option 1	 Option 2	 <b>NEW</b> Option 3	 Option 4	 Option 5	 <b>NEW</b> Option 6
	\$10/\$20/\$35	\$0/\$25/\$50	\$5/\$40/\$60	\$15/\$35/\$50	\$20/\$40/\$60	\$250/\$20/\$40/\$60
Deductible <sup>2</sup>	\$0	\$0	\$0	\$0	\$0	\$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

## Dental coverage

Through our arrangement with United Concordia, we provide access to a broad range of dental products for businesses like yours. 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)
- **Concordia Access** — Passive Dental PPO with a discount plan

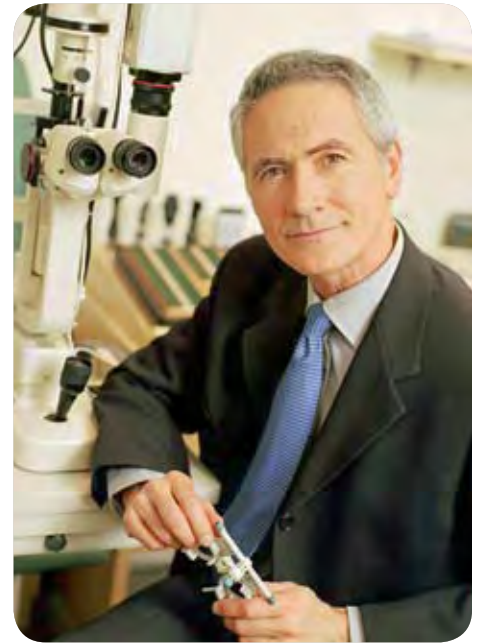
<sup>1</sup> Standard procedures that support safe prescribing apply, such as: prior authorization requirements, age and gender edits, and quantity level limits.

<sup>2</sup> Deductible 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.

## Vision benefits

The IBC Vision program, administered by Davis Vision, provides comprehensive vision care benefits for your employees. Members have access to more than 2,140 participating providers in the local service area and more than 22,800 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 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<sup>1</sup>.

Eligible employees

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

<sup>1</sup> Participation guidelines apply.

# For more information

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

**For more information about our products, call 215-241-3400.**

Or, visit our website at [www.ibx.com](http://www.ibx.com).



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



1901 Market Street | Philadelphia, Pennsylvania 19103-1480

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