Large Group Benefits
Health plans designed for flexibility and savings

2021

Health | Well-being | Prescription Drug | Dental | Vision | Additional Workplace Benefits
Bringing you
SMARTER, BETTER HEALTH CARE™

Improving care in every community
with a robust portfolio that delivers benefits and programs that drive higher-quality health care and lower costs.

Personalized member engagement
to help your employees make smart decisions about their health care expenses.

Purposeful innovation
to change the way health care is designed, delivered, and experienced.

Tailored health plan solutions
that are comprehensive and flexible to meet your business’ unique needs.

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What's new in 2021

You want health care coverage that’s effective, affordable, and simple. We make this a reality for both you and your employees by developing innovative products and solutions that lower costs and improve health outcomes. We’re pleased to share the following enhancements to our portfolio for 2021.

More virtual care solutions
Virtual care, like telemedicine, helps increase access to care, gives an alternative option to Emergency Room (ER) and urgent care visits, and reduces overall costs. We’ve expanded our virtual care options and made them all available for $0. Virtual care includes:

- Telemedicine services through MDLIVE and Penn Medicine OnDemand
- Telebehavioral health services through Magellan and MDLIVE
- Teledermatology services through MDLIVE

For more information, see page 18.

New well-being program incentives and discounts
We’ve added rewards to our Achieve Well-being program, which offers tools, programs, and incentives to help your employees get and stay healthy. Employees can earn $150 for completing activities like getting preventive care and consolidating their student loans.

Learn more about these programs on page 17.

Product enhancements

The HSA high deductible health plan with a $2,500 deductible and 100 percent coverage after meeting the deductible is now available to our 51-99 portfolio.

Learn more about this health plan on page 35.

In addition, members with buy-up vision plan coverage now have in-network access to Glasses.com and 1800Contacts.com to use their plan’s frame or contact lens allowance.

Learn more about this program on page 65.

More ways to protect your employees’ wealth

We now offer the opportunity to help your employees pay back student loans. GradFin provides members with strategies to reduce their debt by refinancing or consolidating their student loans.

Learn more about these programs on page 17.

Quick guide to your benefits solutions

Independence Blue Cross (Independence) has everything you need to keep your business and employees as healthy as possible. Create a tailored health plan solution that best meets your needs.

<table>
<thead>
<tr>
<th>$1 – 99 customers</th>
<th>100+ customers</th>
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<tbody>
<tr>
<td><strong>Protect employees’ health</strong></td>
<td><strong>Protect employees’ health</strong></td>
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<td>• 99 plans</td>
<td>• 148 plans</td>
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<td>• PPO, DPOS, POS</td>
<td>• PPO, DPOS, POS</td>
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<td>• Tiered Network plans</td>
<td>• Tiered Network plans</td>
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<tr>
<td>• Copay, deductible, and coinsurance plans</td>
<td>• Copay, deductible, and coinsurance plans</td>
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<tr>
<td>• Health Savings Account (HSA)</td>
<td>• Health Savings Account (HSA)</td>
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<tr>
<td>• Biotech/Specialty &amp; Infusion Site of Service benefits</td>
<td>• Biotech/Specialty &amp; Infusion Site of Service benefits</td>
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<tr>
<td>• Choice Advantage plans with additional Site of Service benefits</td>
<td>• Choice Advantage plans with additional Site of Service benefits</td>
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<tr>
<td>• Preventive Plus colonoscopy benefit</td>
<td>• Preventive Plus colonoscopy benefit</td>
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<tr>
<td>• Lab Site of Service benefits (PPO plans only)</td>
<td>• Lab Site of Service benefits (PPO plans only)</td>
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<tr>
<td><strong>Prescription drug</strong> — pg. 61 – 62</td>
<td><strong>Prescription drug</strong> — pg. 61 – 62</td>
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<tr>
<td>• Coverage is required</td>
<td>• Coverage is optional</td>
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<td>• Value formulary</td>
<td>• Value formulary</td>
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<tr>
<td>• 3 plans</td>
<td>• 9 plans</td>
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<td>• HSA-qualified plans have built-in prescription drug coverage</td>
<td>• HSA-qualified plans have built-in prescription drug coverage</td>
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<tr>
<td><strong>Dental</strong> — pg. 63 – 64</td>
<td><strong>Dental</strong> — pg. 63 – 64</td>
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<tr>
<td>• Available to all customers</td>
<td>• Available to all customers</td>
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<tr>
<td>• Sample PPO plans included for comparison</td>
<td>• Sample PPO plans included for comparison</td>
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<tr>
<td>• Additional PPO plans available</td>
<td>• Additional customizable PPO plans available</td>
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<tr>
<td><strong>Vision</strong> — pg. 65 – 66</td>
<td><strong>Vision</strong> — pg. 65 – 66</td>
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<tr>
<td>• All DPOS/PPO medical plans have built-in eye exams and can be paired with vision plans to cover glasses or contacts</td>
<td>• All DPOS/PPO medical plans have built-in eye exams and can be paired with vision plans to cover glasses or contacts</td>
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<tr>
<td>• PPO medical plans can be paired with vision plans that cover exams as well as glasses or contacts</td>
<td>• PPO medical plans can be paired with vision plans that cover exams as well as glasses or contacts</td>
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<tr>
<td>• Included for all fully-insured customers</td>
<td>• Included for all fully-insured customers</td>
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<td><strong>Protect employees’ wealth</strong></td>
<td><strong>Protect employees’ wealth</strong></td>
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<tr>
<td>• HSA available with qualified plans</td>
<td>• HSA available with qualified plans</td>
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<td>• HRA option with all plans except HSA-qualified plans</td>
<td>• HRA option with all plans except HSA-qualified plans</td>
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<td><strong>The College Tuition Benefit and GradFin</strong> — pg. 17</td>
<td><strong>The College Tuition Benefit and GradFin</strong> — pg. 17</td>
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<tr>
<td>• Available to fully-insured customers at no cost upon renewal</td>
<td>• Available to fully-insured customers at no cost upon renewal</td>
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<td>• Available to self-funded customers</td>
<td>• Available to self-funded customers</td>
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<td><strong>Give employees peace of mind</strong></td>
<td><strong>Give employees peace of mind</strong></td>
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<td>• Life insurance</td>
<td>• Life insurance</td>
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<td>• Disability insurance</td>
<td>• Disability insurance</td>
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<tr>
<td>• Accident, critical illness, and cancer insurance</td>
<td>• Accident, critical illness, and cancer insurance</td>
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<td>• Hospital indemnity insurance</td>
<td>• Hospital indemnity insurance</td>
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<tr>
<td><strong>Employee assistance program</strong> — pg. 23</td>
<td><strong>Employee assistance program</strong> — pg. 23</td>
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<tr>
<td>• Personal Life Management*</td>
<td>• Personal Life Management*</td>
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<td><strong>International health insurance</strong> — pg. 23</td>
<td><strong>International health insurance</strong> — pg. 23</td>
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<td>• 2 plans to choose from (short- or long-term travel)</td>
<td>• 2 plans to choose from (short- or long-term travel)</td>
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<td><strong>Lower your financial risk</strong></td>
<td><strong>Lower your financial risk</strong></td>
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<td>• Stop loss — pg. 23</td>
<td>• Stop loss — pg. 23</td>
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<td>• Net available</td>
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* HSAs can only be paired with a limited-purpose FSA to cover eligible vision and dental expenses.
** Benefit is available to all customers at no cost.

For more information, see page 65.
Improving care in
EVERY COMMUNITY

Making health care work better in the communities we serve by empowering providers to improve the quality and affordability of the care delivered to your employees.

Value-based programs provide quality and savings
Independence is a leader in providing value-based health care coverage. Our Facilitated Health Networks (FHN) is a results-driven, innovative approach to:

- Engage doctors and hospitals in financial arrangements that drive shared accountability
- Enable providers with powerful payor-provider data-sharing to more effectively coordinate, manage, and monitor patient care
- Empower doctors with practice-specific programs and support

Value-based care by the numbers*
- 48% of providers participate in our value-based programs
- 57% of the payments we make are to providers in a value-based contract

Optimizing the value of health care
As stewards of your dollar, we regularly review our programs, processes, and policies. We use industry benchmarks and best practice standards to identify and address outliers in health care costs and utilization. Once we identify opportunities for improvement, we embed them into our utilization management and claim payment policies.

Driving value in medical management
Independence has optimized our medical management savings to ensure members receive high-quality health care in the safest setting. As a result, we are:
- Driving evidence-based care
- Reducing the number of unnecessary procedures and related costs from potential complications
- Embedding pharmacy benefits with medical benefits to provide the safest, most appropriate care

Integrated behavioral health
Employers spend nearly $200 billion per year on treatment for mental illness and substance abuse. What’s more, employees who work with an untreated illness may cost employers $1,600 per person each year due to absenteeism and low productivity.¹

Our approach to a member’s health and emotional well-being starts with a holistic view of their whole health. Our clinical programs are designed to help promote member behavioral health and wellness while containing costs through prevention and early intervention. Case management helps ensure health care is aligned and integrated within medical delivery systems and connects members to care and community resources.

Helping members with a substance abuse disorder
Independence is a leader in promoting ways to better help prevent opioid misuse including five-day supply limits, changing prior-authorizations, and increasing contact with pharmacists. We have also designed medical and prescription drug benefit strategies to assist with medication-assisted treatment and in- and out-patient rehabilitation. We’ve integrated behavioral health services, including the use of non-opioid medications and alternative pain management therapies, like acupuncture, into our benefit plans.

- 43% reduction in patients taking opioid medications**
- 52% decrease in opioid prescriptions**

Combating a global health crisis
The COVID-19 pandemic is a serious global health threat that had a major effect on our customers, their businesses, and their employees. Independence led the way with extensive efforts to assist members and hospitals. We covered all costs for virus testing and treatment, expanded virtual care solutions, adjusted clinical policies and procedures, and offered enhanced emotional support services. We continue to monitor the situation and any developing health issues to ensure that our members have access to the care they need.

¹ Source: National Institute of Mental Health; Inc. Productivity, “How Mental Health Can Save Businesses $225 Billion Each Year”

** Based on internal analytics, between 2Q 2019 and 4Q 2019.
A positive and engaging employee and member experience is about helping members understand and use their benefits to make smart decisions about their health care expenses. Engaging with members helps them:

- Improve their health and well-being
- Make informed health care decisions
- Use self-service tools and resources

Members can access the following tools anytime, anywhere on ibx.com or through the IBX mobile app.

**Tools for members’ health**
- **ENHANCED!** Achieve Well-being and rewards
- Behavioral health digital resources
- **ENHANCED!** Drug and pharmacy search tools
- Find a Doctor tool
- **NEW!** GlobalFit Anywhere app
- **ENHANCED!** Healthy Lifestyles virtual gym subscriptions
- Healthy You newsletter
- MDLIVE access

**Tools for members’ wealth**
- **ENHANCED!** Blue365® discounts
- Blue Insider® savings
- Care Cost Estimator
- **NEW!** GradFin
- Healthy Lifestyles® reimbursements
- **ENHANCED!** Price a Drug tool
- Spending accounts
- The College Tuition Benefit®

66% of our subscribers are digitally connected to Independence.

**Putting the member at the center**

We believe in putting the member at the center and viewing everything we do through their eyes. We have an entire team dedicated to understanding and improving the member’s experience and whose role it is to:

- **Ideate** solutions and create experiences
- **Research** through interviews with members and non-members to test and learn
- **Prototype** realistic concepts and experiences
- **Develop** enhancements based on member feedback and insights

**Enhancing ibx.com with members in mind**

We use these principles to continually enhance ibx.com and strive to create an experience that is personalized, intuitive, and easy. Recent improvements include:

- **Personalized homepage** that presents the most relevant information
- Responsive design and simplified language which makes content easy to read on any device
- Claims summary and benefits usage pages to help members better understand their out-of-pocket accumulated costs
- **Care Cost Estimator** allows users to estimate their costs based on their specific plan
- **Provider Finder** gives members quicker access to search for medical, pharmacy, and vision providers
- **Family Planning** section is dedicated to presenting benefits, tools, and resources available to help members with conception, delivery, and newborns
Industry-leading member engagement

With two-thirds of our subscribers digitally engaged in IBX Wire® or email, our award-winning engagement strategy delivers customized content that guides members to the right tools and resources. By engaging early and often, we’re driving better health outcomes and fostering a healthier, more productive workforce.

Keeping members connected

It all starts with the member ID card, which invites members to call to confirm receipt and opt into digital messaging. Then, we reach out to members throughout the year with personalized information depending on where they are in their health care journey. Messages are also prioritized so that members receive the most vital communications first.

Engagement drives powerful results and experiences*

42%
MORE LIKELY
TO BE COMPLIANT WITH THEIR MEDICATION REGIMEN

14%
LESS LIKELY
TO USE THE ER FOR NON-EMERGENT REASONS

11%
MORE
COMPLIANT WITH PREVENTIVE SCREENINGS

20%
SWITCH RATE
FROM BRAND TO GENERIC DRUGS

45%
INCREASE
IN HEALTH COACH CALLS

Helping members achieve

The prevalence of chronic conditions, unhealthy lifestyle choices, and mental health challenges are key factors in rising health care costs and, ultimately, your bottom line. Our Achieve Well-being and Achieve Better Health programs are tailored to meet your employees’ specific needs.

Achieve Well-being

Self-service tools to help employees stay healthy

• Engaging online tools that make it easy for members to achieve their well-being goals
• Personalized profile and action plan includes ongoing activities and reminders
• Ability to sync with fitness apps and devices for progress, biometrics, and personal challenges
• $150 reward upon completion of required wellness activities

Achieve Better Health

Care management programs for extra health support

• 24/7 access to a registered nurse Health Coach
• Resources and support for members with chronic conditions
• Case managers to help members with serious illnesses or conditions
• Targeted clinical messaging to help members Achieve Better Health
• Maternity program support for pregnant members

Reimbursements and rewards

Your employees can receive up to $450 in reimbursements for gym workouts, weight management, and tobacco cessation programs. Members can also now submit the fees for virtual subscriptions towards their gym workout reimbursement.

New for 2021, subscribers can now receive a $150 gift card* by completing all of the following:

• Annual check-up with PCP
• Flu shot
• Get digitally engaged
  - Member portal registration
  - MDLIVE.com registration
  - Well-being profile
  - Opt-in to digital messaging at ibx.com

Focusing on behavioral health

Cognitive-behavioral therapies are available to your employees on ibx.com.** These confidential and free online programs, called On To Better Health, help employees balance work and home responsibilities. They can:

• Create a personal health plan based on a quick screening
• Receive online self-paced care on demand
• View helpful tips and articles
• Find local providers who offer telebehavioral health capabilities

*Statistics are based on internal analytics.

**If your mental health benefits are through Magellan Behavioral Health.
The worksite well-being program can work for you

We give you the tools and resources to build a customized worksite well-being program that promotes more engaged, productive, and healthier employees. After all, your employees are your company’s greatest asset, and their health can dramatically affect your workplace.

Use your wellness credits for on-site services

Creating a culture of well-being in your workplace starts by reinforcing the idea of year-round wellness. Employers in our Large Group market (51+) are eligible for wellness credits every year to help implement a program for their organization. You can use your wellness credits on pre-selected vendors who provide services for on-site biometric screenings, chair massages, fitness challenges, nutrition counseling, stress workshops, and much more.

Seminars and videos

Incentives and rewards

We provide tools to help you build a customized worksite well-being program, which can include:

- Seminars and videos
- Ready-made well-being challenges
- Assessments
- Incentives and rewards
- Operational wellness plans
- Toolkits and communication templates

Visit wellbeing.ibx.com for tools to build your customized well-being program.

Superior service for you and your employees

We bring you a high-quality, cost-effective health plan, along with superior service, tools, and a commitment to partnering with you.

Best-in-class account management

Excellent service starts with our approach to managing your account. You’ll get a local team of dedicated, highly motivated, and experienced Independence professionals who:

- Focus on understanding your unique challenges
- Work with you to provide the best solutions
- Collaborate across all departments
- Strive for excellence in service
- Remain proactive, consultative, and responsive

Service excellence

Our customer service center provides outstanding support to members. Our services include:

- Pay with eBill
- Create index reports for 100+
- Marketing toolkits and resources
- Semi-regular support for you and your employees
PURPOSEFUL INNOVATION

Our focus is always on members, their health, and innovative ways of doing things that will help make the health care experience more convenient, effective, and affordable.

The Center for Innovation
Located at our headquarters in Philadelphia, the Independence Blue Cross Center for Innovation is a high-tech center that leverages design-thinking principles to unleash innovative solutions. Since its opening in 2019, we have hosted members, customers of all sizes, hospitals, doctors, and business partners to develop solutions to health care and business challenges. We hold workshops, pilot programs, and presentations by experts across all fields.

Investing in new ventures, partnerships, and technologies
We’re creating a better and more sustainable health care system by nurturing the country’s most promising health-related startups. We also forge powerful partnerships that foster public-private collaborations and improve quality, lower costs, and promote health care innovation.

Quil
Through our partnership with Comcast, the Quil platform meets members where they are on their health journeys using their favorite digital device (i.e., TV, smartphone, tablet, computer, and smartwatch). Quil empowers individuals and their support teams with customized health-related content, supporting them in their health care decisions, and helping them answer the question, What’s next?

B.PHL Innovation Fest
With Philadelphia being a hub for innovation on the East Coast, Independence was thrilled to serve as the presenting sponsor of the first-ever, three-day B.PHL innovation festival. More than 5,000 registrants had the opportunity to hear from over 460 experts in business, music, food, fashion, art, engineering, tech, and more. The annual festival takes place each fall.

Blue Cross Blue Shield Health of America
This report is a source of insights, research, and powerful stories highlighting how Blue Cross Blue Shield companies are leading the way to better health care — and better health — for America. One of the more notable reports addressed the health of millennials, who are about to surpass baby boomers as the nation’s largest generation. The report found that millennials have a higher prevalence of nearly all of the ten most common health conditions compared to prior generations. In response, the Blues hosted an event to share how Blue plans are working to address the health care risks of millennials. And we continue to develop programs and find unique ways to engage millennials to address these issues. To view the reports, visit bcbs.com/the-health-of-america.
Health plans to fit your needs and budget

Choose from our portfolio of standard health plans and innovative options — Tiered Networks, Choice Advantage with Site of Service (SoS) benefits, or an HSA-qualified plan with an HSA. Our plans give members choices and affordable access to care at a premium that works for you.

Plan options

<table>
<thead>
<tr>
<th>PPO</th>
<th>POS</th>
<th>DPOS</th>
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<tr>
<td><strong>Copay</strong></td>
<td><strong>Copay</strong></td>
<td><strong>Copay</strong></td>
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<td><strong>Deductible/Copay</strong></td>
<td><strong>Deductible/Copay</strong></td>
<td><strong>Deductible/Copay</strong></td>
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<tr>
<td>Health Savings Account (HSA)</td>
<td>Choice Advantage (SoS)</td>
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<tr>
<td>Tiered Network</td>
<td><strong>Choice Advantage (SoS)</strong></td>
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<tr>
<td><em>No specialist referrals needed for the highest level of benefits</em></td>
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<tr>
<td>In-network benefits nationwide</td>
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<tr>
<td>24/7 telemedicine access</td>
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<tr>
<td>Away from Home Care® for those temporarily living outside the coverage area</td>
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<tr>
<td>Emergency and urgent care access worldwide</td>
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</tbody>
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For members

- Coverage in and out of network
- Affordable cost-sharing
- More choices and control

For you

- Plans at every price point
- Cost-sharing flexibility
- Employee satisfaction and retention

Personal Choice® PPO

- Access to more than 60,000 doctors
- Select a primary care physician
- No specialist referrals needed for the highest level of benefits
- In-network benefits nationwide
- 24/7 telemedicine access
- Away from Home Care® for those temporarily living outside the coverage area
- Emergency and urgent care access worldwide

Keystone Direct POS

1. Members with a Direct POS plan need a referral from their PCP for certain services: Routine X-rays, spinal manipulations, physical/occupational therapy, and acupuncture. For lab work, members should use the designated site selected by their PCP for the lowest out-of-pocket costs.

Keystone POS

1. Members with a Direct POS plan need a referral from their PCP for certain services: Routine X-rays, spinal manipulations, physical/occupational therapy, and acupuncture. For lab work, members should use the designated site selected by their PCP for the lowest out-of-pocket costs.

Tailored health plan solutions

No one knows your business better than you do. That’s why we work with you to design a comprehensive and flexible benefits solution that meets your unique needs.
Members save with Tier 1 hospitals
Here is a listing of our tier 1 and tier 2 hospitals by county.

<table>
<thead>
<tr>
<th>Tier 1 and Tier 2 hospitals by county</th>
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<tbody>
<tr>
<td><strong>Tier 1 - ($)</strong></td>
</tr>
<tr>
<td><strong>Bucks</strong></td>
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<tr>
<td>Doylestown Hospital</td>
</tr>
<tr>
<td>Grand View Hospital</td>
</tr>
<tr>
<td>Jefferson Health — Bucks County Campus</td>
</tr>
<tr>
<td>Lower Bucks Hospital</td>
</tr>
<tr>
<td>St. Luke’s Health Network — Quakertown Campus</td>
</tr>
<tr>
<td><strong>Chester</strong></td>
</tr>
<tr>
<td>Brandywine Hospital</td>
</tr>
<tr>
<td>Jennersville Hospital</td>
</tr>
<tr>
<td>Phoenixville Hospital</td>
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<tr>
<td><strong>Delaware</strong></td>
</tr>
<tr>
<td>Crozer-Chester Medical Center</td>
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<tr>
<td>Delaware County Memorial Hospital</td>
</tr>
<tr>
<td>Springfield Hospital</td>
</tr>
<tr>
<td>Taylor Hospital</td>
</tr>
<tr>
<td><strong>Montgomery</strong></td>
</tr>
<tr>
<td>Holy Redeemer Hospital and Medical Center</td>
</tr>
<tr>
<td>Jefferson Health — Abington Memorial Hospital</td>
</tr>
<tr>
<td>Jefferson Health — Lansdale Hospital</td>
</tr>
<tr>
<td>Pottstown Memorial Medical Center</td>
</tr>
<tr>
<td>Suburban Community Hospital</td>
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<tr>
<td><strong>Philadelphia</strong></td>
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<tr>
<td>Chestnut Hill Hospital</td>
</tr>
<tr>
<td>Jefferson Health — Frankford and Torreidale Campuses</td>
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<tr>
<td>Jefferson Health — Methodist Hospital</td>
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<tr>
<td>Jefferson Health — Thomas Jefferson University Hospital</td>
</tr>
<tr>
<td>Rudorff Memorial Hospital</td>
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<tr>
<td><strong>Tier 2 — ($$$)</strong></td>
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<tr>
<td><strong>Bucks</strong></td>
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<tr>
<td>St. Mary Medical Center</td>
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<tr>
<td><strong>Chester</strong></td>
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<tr>
<td>Chester County Hospital</td>
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<tr>
<td>Main Line Health — Paoli Hospital</td>
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<tr>
<td><strong>Delaware</strong></td>
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<td>Main Line Health — Ridley Hospital</td>
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<tr>
<td>Mercy Fitzgerald Hospital</td>
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<tr>
<td><strong>Montgomery</strong></td>
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<tr>
<td>Albert Einstein Medical Center — Montgomery Campus</td>
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<tr>
<td>Main Line Health — Bryn Mawr Hospital</td>
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<tr>
<td>Main Line Health — Lankenau Medical Center</td>
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<td><strong>Philadelphia</strong></td>
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<tr>
<td>Albert Einstein Medical Center</td>
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<tr>
<td>Albert Einstein Medical Center — Germantown Campus</td>
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<tr>
<td>Children’s Hospital of Philadelphia</td>
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<td>Fox Chase Cancer Center</td>
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<td>Hospital of the University of Pennsylvania</td>
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<td>Jeanes Hospital</td>
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<td>Mercy Philadelphia Hospital</td>
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<td>Nazareth Hospital</td>
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<td>Penn Presbyterian Medical Center</td>
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<td>Pennsylvania Hospital</td>
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<tr>
<td>St. Christopher’s Hospital for Children</td>
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<tr>
<td>Temple — Northeast Campus</td>
</tr>
<tr>
<td>Temple University Hospital</td>
</tr>
</tbody>
</table>

Tier assignments are accurate as of the date of publication. They are reviewed annually and are subject to change. Members can visit ibx.com for the most up-to-date information.

Members can save on hospital and outpatient services
Out-of-pocket savings are based on the provider's tier. Members can choose between tier 1 and tier 2 hospitals or outpatient facilities when they access care. We’ve made it easy for members to determine a hospital or outpatient facility tier when they search on ibx.com. Here’s a look at the types of providers and services that are subject to tiering:

- **In-network tier 1**
  - Bucks
  - Chester
  - Delaware
  - Montgomery
  - Philadelphia

- **In-network tier 2**
  - Bucks
  - Chester
  - Delaware
  - Montgomery
  - Philadelphia

- **Out-of-network**
  - All other services

Members save with Tiered Networks
Our Tiered Network plans offer cost savings for you and your employees. The PPO Tiered Network plans offer members the option to save on out-of-pocket costs for hospitals and certain outpatient services.

Inpatient hospital admissions for medical and maternity care
Outpatient surgery
Hospital-based outpatient radiology centers
Hospital-based outpatient labs

All other services are subject to tiering. Member cost-sharing for these services is the same at any in-network provider.
Site of Service benefits and Choice Advantage plans

Our Site of Service (SoS) benefits give members choices when accessing certain services. Members save money on out-of-pocket costs and you save on overall costs based on where care is received.

Our Choice Advantage plans build on our existing SoS benefits to offer members even more opportunity to save on out-of-pocket costs. Some of the additional SoS benefits include routine and complex radiology and laboratory services.

Covered SoS Services

<table>
<thead>
<tr>
<th>Choice Advantage PPO</th>
<th>Choice Advantage POS/DPOS</th>
<th>All other plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biotech Specialty Injectables</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Infusion</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Lab/pathology</td>
<td>X</td>
<td>X (PPO plan only)</td>
</tr>
<tr>
<td>Preventive colonoscopy</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Outpatient surgery</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Physical/occupational therapy</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Routine/complex radiology</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

The College Tuition Benefit®

Attract and retain talent through The College Tuition Benefit — a free, value-added benefit that protects your employees’ financial well-being. Subscribers can earn SAGE Scholars Tuition Rewards® to help offset the cost of a four-year undergraduate education at a participating school.

• Subscribers can sponsor immediate or extended family — children, grandchildren, nieces, nephews, stepchildren, and godchildren.  
• One Tuition Rewards point is equal to a $1 guaranteed minimum discount off the full price of tuition.
• Subscribers earn 2,000 points when they sign up, and students receive 500 points when registered.
• Subscribers then earn 2,000 points each year and an additional 2,500 points in year four.

The longer your employee stays with your company and keeps their Independence coverage, the more Tuition Rewards points they can accrue.

GradFin

GradFin provides student loan debt reduction solutions by helping borrowers repay their student loans faster. GradFin provides members free, personalized solutions to accelerate their student loan debt payoff process and can potentially save them thousands of dollars.

• Student Loan Financial Education. GradFin offers free personal consultations, live webinars, and in-house “town hall” meetings to educate members on reducing their debt.
• Student Loan Solutions. GradFin originates, refinances, and consolidates a member’s student loan(s) through a lending platform made up of 11 lenders, maximizing the member’s chance for loan approval and the lowest rates.
• Public Service Loan Forgiveness (PSLF) Program. GradFin will work with members to ensure they stay compliant with the PSLF program through auditing payments and certifying income and employment.

Virtual care

Virtual care, like telemedicine, gives members access to a medical professional who they can visit with through secure video, phone, or mobile app. It’s quicker, more convenient, and, in most cases, will cost members less than visiting the emergency room (ER). Members may take advantage of this benefit and experience lower medical costs, reduced ER and urgent care visits for non-emergencies, and decreased absenteeism.

Our virtual care services consist of telemedicine, telebehavioral health, and teledermatology with many services available to members at a $0 cost-share.

Virtual care


Telebehavioral health through Magellan and MDLIVE

Major depression is a growing concern, with diagnoses in millennials rising 33 percent since 2013. Telebehavioral health provides members more access to care from therapists, psychologists, and psychiatrists who can help with anxiety, depression, bipolar, panic disorders, and more. Members can receive telebehavioral health services through MDLIVE and Magellan for a $0 cost-share.

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Telebehavioral health through Magellan and MDLIVE

The average wait time to see a dermatologist is 32.3 days for 15 major metro areas, and as long as three to six months in other areas. **Telebehavioral health provides increased access to dermatologists who can treat more than 3,000 skin, hair, and nail conditions online. Members can receive teledermatology services through MDLIVE for a $0 cost-share.

Benefits of telemedicine through MDLIVE


97% PATIENT SATISFACTION
96% OF PATIENTS did not receive further care for that same condition
82% OF CASES did not require any further action within the next 7 days

* Subject to certain restrictions.
Spending accounts offer tax advantages and more control over health care spending

With tax advantages for both employers and employees, spending accounts make a smart addition to your health plans. You can choose to offer an HSA with one of our HSA-qualified plans, or you can add an HRA or FSA to any other eligible health plan.

BlueSaver® HSA, HRA, and FSA

Encourage your employees to take more control over planning and paying for eligible health care expenses and help them get the most out of their health care dollars.

For you

- Flexibility to choose plans that fit your budget
- Tax-advantaged spending accounts to help lower your health care costs
- Easy online maintenance, convenient funding methods, and on-demand reporting

For your employees

- Tax advantages and more control over health care spending decisions
- Easy access through ibx.com and the IBX app
- Claims integration enabling streamlined payment from spending accounts
- Specialized customer service teams to provide support
- Easy access to funds via a debit card

Medical and prescription drug – better together

When you choose Independence for both medical and prescription drug, you’re benefiting from a complete, integrated approach that provides you with a holistic view of your employee’s health and benefits utilization.

Improved health

Stronger data insights supporting optimal care

Greater savings

Lower medical total cost of care paired with extensive clinical and pharmacy expertise

Better employee experience

One card and benefits that work together

Meaningful customer value

Seamless, simplified plan administration

Our prescription drug plans are powered by a national, top-three pharmacy benefits manager (PBM), FutureScripts®. With the power of a top PBM, we can deliver competitive pricing and a comprehensive suite of PBM solutions designed to increase safety, drug compliance, and cost containment. We deliver safe and affordable access to covered medications with features such as:

- PreCheck MyScript. A digital tool that allows the prescribing physician to determine more affordable medication options when prescribing a drug based on the member’s benefit design.
- Rebates at point-of-sale. Where applicable, rebates are provided directly to members with deductibles or coinsurance plans to reduce out-of-pocket costs.

Lowering costs for Americans

We believe everyone should have access to safe, effective prescription medications when they need them and at a price they can afford. That's why Independence is one of 18 Blue Cross and Blue Shield companies partnering with Civica Rx, a nonprofit company that manufactures select high-cost generic drugs. Through this partnership, we can help provide greater access to much-needed medications.

1 Available to 100+ customers only.
2 Excludes any healthy high-deductible plan (HDP) component.
3 Employers participating in an HSA can use our employer option to help fund an HSA-qualified high-deductible health plan.
4 Refers to IRS Publication 502 for a complete list of qualified medical and dental expenses.
5 Debit cards are available at the discretion of the employer for HRA, FSA, and LPFSA.

1,3 Account funds are used for non-qualified medical expenses, they are subject to the current tax rate and may be subject to a 20 percent penalty. Independence does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of spending accounts.

1,2 Available to 100+ customers only.
3 Employers participating in an HSA can use our employer option of partial. No

Employer

Any plan except HSA plans

Employer

Employer or employee

IRS

Qualified medical expenses

Yes

Yes

- Another way to help employees offset health care expenses, but the employer contributes tax-advantaged funds only when claims are paid, owns the account, and can define eligible categories
- Offered as a standalone account or with HRA/HSAs, giving employees a way to pay for qualified medical expenses, including some that may not be covered by insurance
- Employer and Independence
- Employer or employee
- Employer
- Employer in most circumstances
- IRS with employer option to establish lower limits
- Employer
- Employer
- Employer
- Employer in most circumstances
- IRS with employer option to establish lower limits
- Employer
- Employer
- Employer in most circumstances
- IRS with employer option to establish lower limits
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1,2 Available to 100+ customers only.
3 Employers participating in an HSA can use our employer option of partial. No
Specialty drugs strategies
Since specialty drugs tend to be more expensive, we make use of several strategies to reduce out-of-pocket costs for members. With integrated prescription drug and medical benefits, Independence can manage your employees’ full course of treatment. We manage specialty drugs to:
• Drive superior clinical outcomes
• Lower total cost of care
• Identify and manage future costs based on drugs in the pipeline
• Simplify the overall member experience

Specialty pharmacy
Our specialty pharmacy program provides convenient delivery options and support for members with complex and high-cost conditions, including cancer, hemophilia, hepatitis C, rheumatoid arthritis, multiple sclerosis, and cystic fibrosis. Starting with their first fill, we offer members counseling from experienced pharmacists and nurses by phone or video chat, as well as online videos, support materials, and resources.

Most Cost-Effective Setting
Our Most Cost-Effective Setting program helps members with rare or complex, high-cost conditions receive the appropriate medication in their home, provider’s office, or infusion center, where it costs three to four times less than if they received it in a hospital. Since the program’s inception, we’ve saved more than $105 million and continue to add new drugs every year.

Biosimilars can help reduce overall costs
We are always looking for innovative ways to make specialty drugs more affordable without restricting members’ access. As part of these efforts, we have been closely following the recent launch and growth of biosimilars in the U.S. drug market. Biosimilars are less expensive FDA-approved versions of biologic drugs, which have been on the market for years, and are commonly used for vaccines, allergens, and cancer treatments.

Because of the growth and savings potential of biosimilars, we are proactively monitoring the drug pipeline and developing new strategies to increase member and provider use of this class of drugs, while decreasing treatment costs.

12-15% SAVINGS
Some biosimilars are priced 12–15% lower than their respective biologic.

Additional benefits
Our comprehensive suite of ancillary products provides a holistic approach to managing your employees’ health and wealth while reducing the total cost of care. You can build a more powerful health benefits solution, boost employee retention and acquisition efforts, and save money on your medical rate when you bundle specialty services together.

Dental
Sold and administered by United Concordia Companies, Inc., our plans allow flexibility, access, and ease of administration from one of the largest PPO dental networks. Our affordable dental plans offer screenings, early diagnosis, and treatment and can detect serious and costly conditions like high blood pressure and diabetes early. Dental benefits help protect your employees’ overall health, and your bottom line.
• Can match almost any PPO plan to limit disruption*
• National network of 126,903 unique dentists and 394,876 total locations
• Customizable annual maximum rollover and Preventive Incentive control costs
• Smile for Health™ – Wellness program fully covers services that treat gum disease**

For a sample of dental plans, see page 63.

Vision
Administered by Davis Vision®, our vision plans go beyond access to eye exams and eye wear. Regular eye exams can help detect diabetes and heart disease. By offering a robust network, competitive premiums, low member out-of-pocket costs, and a variety of value-added services, we can provide vision coverage based on your unique needs.
• Network of over 94,000 points of access, including Visionworks
• 1800Contacts.com and Glasses.com added to the Davis Vision network
• Low- to no-copay frame allowance options
• Exclusive $50 frame allowance enhancement at Visionworks®
• Fixed pricing on all spectacle lens styles and coatings, including blue light to protect against blue light exposure
• Free hearing exam, exclusive discounts on hearing supplies, and more from Your Hearing Network

For our vision plans, see page 65.

Guardian supplemental insurance
Our suite of seven Guardian-sponsored products are a perfect complement to your medical coverage. They provide your employees with financial safety and security from an unexpected illness or injury. Preferred pricing and discounts are available when you purchase multiple Guardian products.***
• Life insurance
• Short- and long-term disability insurance
• Accident insurance
• Critical illness and cancer insurance
• Hospital indemnity insurance

** Customizable for 126+ only
*** Smile for Health services are available to members who have been diagnosed with diabetes, cerebral vascular disease, coronary artery disease, lupus, and cancer, organ transplant, and rheumatoid arthritis
**** Available on employer-funded Guardian products
Employee assistance program
Help your employees improve productivity and reduce stress by working through personal matters quickly, easily, and confidentially with Personal Life Management™ provided by Integrated Behavioral Health.
- Live counseling and support for legal and financial services, child care and elder care, adoption, and education planning
- Custom training for workplace performance and safety
- Help managing mandatory referrals and worksite incidents

Stop loss
Through HM Insurance Group (HMIG), stop loss insurance will help lower your financial risk by protecting your self-funded business against large or catastrophic claims.
- Transparent administration between medical and stop loss creates quicker claims adjudication and simplicity at renewal
- Competitive pricing and flexible funding options to manage cash flow

International health solutions from Blue Cross Global
Part of the Blue Cross Blue Shield family, Blue Cross Global capitalizes on the network strength and name recognition of Blue Cross Blue Shield inside the U.S., and Bupa Global outside the U.S., providing access to one of the largest care networks in the world with more than 1.7 million providers worldwide.

Our flexible group products offer solutions for short-term business travel and long-term expatriate assignments. Our members are supported by:
- Leading digital tools that help simplify the international health care experience
- 24/7/365 integrated service experience through centralized tools and programs
- Global TeleMD™ telemedicine services that provide 24/7/365 access to doctor consultations by telephone
HEALTH PLANS

- **Copay health plans**
  Give employees the predictability of fixed out-of-pocket costs
  - No deductible or coinsurance for in-network services
  - PPO options for more flexibility; DPOS and POS options for affordability
  - Built-in vision exams with DPOS and POS

- **Deductible/copay health plans**
  Balance lower premiums with predictable out-of-pocket costs
  - Copays for the most commonly used services
  - Can be paired with a health reimbursement account to help employees pay for deductible expenses
  - Built-in vision exams with DPOS and POS

- **Deductible/coinsurance health plans**
  Offer more control over health care choices
  - Coinsurance on most services, including but not limited to doctor visits, inpatient hospital admissions, and outpatient surgical procedures

- **HSA-qualified health plans**
  Offer employees more control over their health care dollars
  - Option to save on taxes with an HSA
  - The flexibility of a PPO at a lower premium
  - Integrated prescription drug coverage

- **Choice Advantage health plans**
  Offer employees options to save on health care
  - Members can save on care by visiting designated or freestanding sites instead of hospital-based sites
  - Plans available with and without deductibles and coinsurance for in-network services

- **Tiered Network health plans**
  Offer more choice and savings
  - Personal Choice® PPO hospitals and facility providers are grouped into two tiers, based on cost and quality measures
  - Members pay less when they choose tier 1 providers, but the choice is theirs
  - Members can save on hospital and outpatient services
Deductible/Copay Health Plans

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
<th>Keystone POS</th>
<th>Personal Choice PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible — individual/family</td>
<td>$3,500/$7,000</td>
<td>$3,000/$4,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>Out-of-pocket maximum — individual/family</td>
<td>$7,300/$15,800</td>
<td>$7,900/$15,800</td>
</tr>
</tbody>
</table>

Preventive services:
- Preventive care for adults and children: 0% no ded
- Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based: $0/$750 no ded

Physician services:
- Primary care office visits/retail clinic: $20 no ded
- Specialist office visit: $40 no ded
- Eye exam: $35 no ded
- Virtual Care: $0 no ded
- Urgent care: $85 no ded
- Physical/spinal manipulation (20 visits per year): $40 no ded
- Physical/occupational therapy (30 visits per year/ Freestanding/Hospital-based): $40 no ded

Hospital/other medical services:
- Inpatient hospital services/professional services (includes maternity): 30% after ded/30% after ded
- Emergency room (not waivered if admitted): $250 after ded
- Observation room (waived if admitted): $30 no ded
- Routine radiology/Magnetic — Freestanding/Hospital-based: $40 no ded
- MRI/SRA, CT/CTA scan, PET scan — Freestanding/Hospital-based: $80 no ded
- Biopsy/sample biotakables — home or office/outpatient: $130 no ded
- Infusion — home or office/outpatient: 30% after ded/50% after ded
- Durable medical equipment/prosthetics: 30% after deduct |
- Mental health, serious mental illness, and substance abuse — outpatient/inpatient: $40 no ded
- Outpatient surgery — Ambulatory surgical center/Hospital-based: $40 no ded
- Outpatient lab/pathology — Freestanding/Hospital-based: $40 no ded

Out-of-network:
- Low-cost generic drugs
- Generic drugs
- Preferred/broad drugs
- Non-preferred drugs
- Self-administered specialty drugs

Prescription drugs:
- See prescription drug plans on pages 61–62

| Deductible | $5,000/$10,000 |
| Coinsurance | 30% |
| Out-of-pocket maximum — individual/family | $33,000/$60,000 |

| Personal Choice PPO Keystone DPOS | $3,000/$500/$600/90% |
| Deductible | $3,000/$4,000 |
| Coinsurance | 20% |
| Out-of-pocket maximum — individual/family | $7,900/$15,800 |

| Personal Choice PPO Keystone DPOS | $4,000/$500/$600/90% |
| Deductible | $4,000/$5,000 |
| Coinsurance | 10% |
| Out-of-pocket maximum — individual/family | $7,900/$15,800 |

Footnotes begin on page 58
## Deductible/Copay Health Plans

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
<th>Personal Choice PPO</th>
<th>Personal Choice POS/W2</th>
<th>Personal Choice PPO</th>
<th>Personal Choice POS/W2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible — individual/family</td>
<td>$1,500/$3,000</td>
<td>$1,500/$3,000</td>
<td>$3,000/$6,000</td>
<td>$3,000/$6,000</td>
</tr>
<tr>
<td>Coinsurance</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>Out-of-pocket maximum — individual/family</td>
<td>$7,900/$15,800</td>
<td>$7,900/$15,800</td>
<td>$15,800/$31,600</td>
<td>$15,800/$31,600</td>
</tr>
</tbody>
</table>

### Preventive services
- Preventive care for adults and children
- Preventive colonoscopy for colorectal cancer screening — Preventive Plus Prevent/Deductible

### Physician services
- Primary care office visit/retail clinic
- Specialty office visit
- Eye exam
- Virtual Care
- Urgent care
- Spinal manipulations — 20 visits per year
- Physical/occupational therapy — 30 visits per year
- Prevent/Deductible

### Hospital/other medical services
- Inpatient/outpatient services/professional services (includes maternity)
- Emergency room (not waived if admitted)
- Observation room (not waived if admitted)
- Routine radiology/diagnostic — Prevent/Deductible
- MRI/CTA, CT/CTA scans, PET scan — Prevent/Deductible
- Bone/specialty injections — home or office/outpatient
- Infusion — home or office/outpatient
- Infusion — home or office/outpatient
- Outpatient lab/pathology — Freestanding/Hospital-based
- Outpatient lab/pathology — Prevent/Deductible

### Prescription drugs
- See prescription drug plans on pages 61–62

### Out-of-network

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
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<td>$7,900/$15,800</td>
<td>$15,800/$31,600</td>
<td>$15,800/$31,600</td>
</tr>
</tbody>
</table>

### Deductible

- $9,000/$18,000
- 0% after deduct
- 20% after deduct

### Out-of-pocket maximum

- $60 no deduct
- 0% after deduct

### Prescriptions

- Low-cost generic drugs
- Generic drugs
- Preferred brand drugs
- Non-preferred drugs
- Self-administered specialty drugs

---

Note: Footnotes begin on page 58. Ded = Deductible.

2021 Large Group Plans | Independence Blue Cross

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Footnotes begin on page 61. Ded = Deductible.
## Deductible/Coinsurance Health Plan

### Benefits per contract year
- **Deductible** — individual/family: $4,000/$8,000
- **Coinsurance**: 10%
- **Out-of-pocket maximum** — individual/family: $7,900/$15,800

### Preventive services
- Preventive care for adults and children
- Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based

### Physician services
- Primary care office visit/retail clinic
- Specialist office visit
- Eye exam
- Virtual Care
- Urgent care
- Spinal manipulations (20 visits per year)

### Hospital/other medical services
- Inpatient hospital services — professional services (includes maternity)
  - Emergency room (not waived if admitted)
  - Observation room (waived if admitted)
- Routine radiology/Imaging — Freestanding/Hospital-based
- MRI/SBRA, CT/CTA scan, PET scan — Freestanding/Hospital-based
- Biotech/specialty injectables — home or office/outpatient
- Infusion — home or office/outpatient
- Durable medical equipment/prosthetics
- Mental health, serious mental illness, and substance abuse — outpatient/inpatient
- Outpatient surgery — Ambulatory surgical center/Hospital-based
- Outpatient lab/pathology — Freestanding/Hospital-based

### Prescription drugs
- Low-cost generic drugs
- Generic drugs
- Preferred brand drugs
- Non-preferred drugs
- Self administered specialty drugs

### Out-of-network
- Deductible
- Coinsurance
- Out-of-pocket maximum — individual/family: $6,000/$12,000

---

### Personal Choice PPO

#### You pay in-network
- **Deductible** ($4,000/$8,000)
- **Coinsurance**: 10%
- **Out-of-pocket maximum** — individual/family: $7,900/$15,800

#### Out-of-network
- **Deductible**: $6,000/$12,000
- **Coinsurance**: 50%
- **Out-of-pocket maximum** — individual/family: $12,000/$24,000

---

Footnotes begin on page 58 | Ded = Deductible | 2011 Large Group Plans | Independence Blue Cross
Benefits per contract year

Deductible — Individual: $6,750/$13,500

Coinsurance: 20%

Out-of-pocket maximum — Individual/Family: $6,750/$13,500

Preventive services¹

Primary care office visits/rx/retail clinic: 20% after ded/20% after ded

Specialist office visit: 20% after ded

Eye exam: Not covered

Virtual Care²: 20% after ded

Emergency room: 20% after ded

Spinal manipulations (20 visits per year): 20% after ded

Physician services

Outpatient laboratory/pathology — Freestanding/Hospital-based: 20% after ded

Hospital/other medical services

Inpatient hospital services¹/²/³/preventive services (includes maternity): 20% after ded/20% after ded

Emergency room (not waived if admitted): 20% after ded

Observation room (waived if admitted): 20% after ded

Routine radiology/angiography — Freestanding/Hospital-based: 20% after ded

MRI/SNRA, CT/CTA scan, PET scan — Freestanding/Hospital-based: 20% after ded

Biopsy/especially invasive — home or office/outpatient: 20% after ded

Infusion — home or office/outpatient: 20% after ded

Durable medical equipment/prosthetics: 20% after ded

Mental health, serious mental illness, and substance abuse — outpatient/inpatient: 20% after ded/20% after ded

Outpatient surgery — Ambulatory surgical center/Hospital-based: 20% after ded/20% after ded

Outpatient lab/pathology — Freestanding/Hospital-based: 20% after ded/20% after ded

Prescription drugs¹/²/³

Low-cost generic drugs¹/²/³/⁴: $5 after ded

Generic drugs¹/²/³/⁴: $20 after ded

Preferred brand drugs¹/²/³/⁴: $40 after ded

Non-preferred drugs¹/²/³/⁴: $70 after ded

Self-administered specialty drugs⁴: 50% up to $50 after ded

Out-of-pocket maximum — Individual/Family: $6,750/$13,500

Footnotes begin on page 58  |  ded = Deductible 2021 Large Group Plans  |  Independence Blue Cross
<table>
<thead>
<tr>
<th>Benefits per contract year</th>
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<th>Personal Choice PPO $2,500/100% 2,8</th>
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<tr>
<td>Out-of-pocket maximum — individual/family 2</td>
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</table>

**Preventive services**

- Preventive care for adults and children
- Preventive coloscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based 22

**Physician services**

- Primary care office visit/retail clinic
- Specialist office visit
- Eye exam
- Virtual Care 22
- Urgent care
- Spinal manipulations (20 visits per year)
- Physical/occupational therapy (30 visits per year) Preventing/hospital-based

**Hospital/other medical services**

- Inpatient hospital services/other professional services (includes maternity)
- Observation room (waived if admitted) 21
- Routine radiology/Diagnostic — Preventing/hospital-based 22
- MRI/MRA, CT/CTA scan, PET scan — Preventing/hospital-based
- Biopsies/specialty biopsies — home or office/outpatient
- Infusion — home or office/outpatient
- Durable medical equipment/prosthetics
- Mental health, serious mental illness, and substance abuse — outpatient/hospital-based
- Outpatient surgery — Ambulatory surgical center/hospital-based
- Outpatient lab/pathology — Preventing/hospital-based

**Prescription drugs** 12, 14

- Low-cost generic drugs 21, 23, 24
- Preferred brand drugs 21, 23, 24
- Non-preferred drugs 21, 23, 24
- Self-administered specialty drugs 27

**Out-of-pocket maximum**

- Deductible — individual/family 2
- Coinsurance
- Out-of-pocket maximum — individual/family 2
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<td><strong>You pay in-network</strong></td>
<td><strong>You pay in-network</strong></td>
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<td><strong>Subject to ded and $500/day</strong></td>
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<td><strong>Hospital/other medical services</strong></td>
<td><strong>Outpatient surgery — Ambulatory surgical center/Hospital-based</strong></td>
<td><strong>Outpatient surgery — Ambulatory surgical center/Hospital-based</strong></td>
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<tr>
<td><strong>Out-of-pocket maximum — Individual/family</strong></td>
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<td>$6,750/$5,000</td>
<td>$7,650/$5,000</td>
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</table>

Notes:
1. Deductible — individual/family
2. Coinsurance
3. Out-of-pocket maximum — individual/family
4. Preventive services:
   - Preventive care for adults and children
   - Preventive colonoscopy for colon/rectal cancer screening — Preventive Plus Providers/Hospital-based
5. Physician services:
   - Primary care visits/rural clinic
   - Specialist office visit
   - Eye exam
   - Virtual Care
   - Urgent care
6. Preventive care for adults and children
   - Preventive colonoscopy for colon/rectal cancer screening — Preventive Plus Providers/Hospital-based
7. Hospital/other medical services:
   - Inpatient hospital services (professional services included in patient's plan)
   - Preventative care for adults and children
   - Preventive colonoscopy for colon/rectal cancer screening — Preventive Plus Providers/Hospital-based
8. Outpatient services:
   - Outpatient surgery — Ambulatory surgical center/Hospital-based
   - Outpatient pathology — Preventing/Hospital-based
9. Prescription drugs:
   - Low-cost generic drugs
   - Generic drugs
   - Preferred brand drugs
   - Non-preferred drugs
   - Self-administered specialty drugs
10. Out-of-network:
    - Deductible
    - Coinsurance
    - Out-of-pocket maximum — individual/family
## Choice Advantage Health Plans

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<th>Benefits per contract year</th>
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<th>You pay in-network</th>
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<td>Deductible — individual/family</td>
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<td>$0</td>
</tr>
<tr>
<td>Coinsurance</td>
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<td>0%</td>
</tr>
<tr>
<td>Out-of-pocket maximum — individual/family</td>
<td>$7,900/$15,800</td>
<td>$7,900/$15,800</td>
</tr>
</tbody>
</table>

### Preventive services

- Preventive care for adults and children: $0
- Preventive colonoscopy for colorectal cancer screening: $0

### Physician services

- Primary care office visit: $40
- Specialist office visit: $85
- Eye exam: $40
- Virtual Care: $0
- Urgent care: $100
- Spinal manipulation: $85
- Physical/occupational therapy: $85

### Hospital/other medical services

- Inpatient hospital services (includes maternity): $500 per day/$100/day
- Observation room: $150/$300
- Infusion: $40/$80
- Durable medical equipment/prosthetics: 50%
- Mental health, serious mental illness, and substance abuse — outpatient/inpatient: $85/$100
- Outpatient surgery — Ambulatory surgical center/Hospital-based: $350/$700
- Outpatient lab/pathology — Freestanding/Hospital-based: $0

### Prescription drugs

- Preferred/brand drugs: See prescription drug plans on pages 61–62
- Non-preferred drugs: See prescription drug plans on pages 61–62
- Self-administered specialty drugs: See prescription drug plans on pages 61–62

### Out-of-network

- Deductible: $5,000/$10,000
- Coinsurance: 50% after deductible
- Out-of-pocket maximum — individual/family: $10,000/$20,000

---

## Personal Choice PPO

### You pay in-network

- $3,000/$6,000
- $7,500/$15,800
- $40
- $750
- $25
- $65
- $3,000/$25/$65/80%
- $4,000/$30/$75/90%

### Out-of-network

- Deductible: $5,000/$10,000
- Coinsurance: 50% after deductible
- Out-of-pocket maximum — individual/family: $10,000/$20,000

---

## Personal Choice PPO

### You pay in-network

- $4,000/$8,000
- $7,600/$15,800
- $40
- $750
- $25
- $65
- $1,000
- $75
- $40
- $65
- $40

### Out-of-network

- Deductible: $5,000/$10,000
- Coinsurance: 50% after deductible
- Out-of-pocket maximum — individual/family: $10,000/$20,000

---

Footnotes begin on page 61 | Ded = Deductible

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2021 Large Group Plans | Independence Blue Cross 40
### Tiered Network Health Plans

#### Benefits per contract year

<table>
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<th>Tier</th>
<th>In-network Deductible — Individual/Family</th>
<th>In-network Coinsurance</th>
<th>Out-of-pocket maximum — Individual/Family</th>
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<tr>
<td>Tier 2</td>
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<td>20%</td>
<td>$4,000/$8,000</td>
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</tbody>
</table>

#### Preventive services

- **Primary care office visits (walk-in clinic)**: Tier 1 — $30, Tier 2 — $40
- **Specialist office visit**
- **Eye exam**
- **Virtual Care**: Tier 1 — $0, Tier 2 — $0
- **Urgent care**: Tier 1 — $100, Tier 2 — $100
- **Spiral mammography (12 visits per year)**: Tier 1 — $60, Tier 2 — $60
- **Physical/Occupational therapy (30 visits per year)**: Tier 1 — $60, Tier 2 — $60

#### Physician services

- **Primary care office visit (retail clinic)**: Tier 1 — $30, Tier 2 — $30
- **Specialist office visit**
- **Eye exam**
- **Virtual Care**: Tier 1 — $0, Tier 2 — $0
- **Spiral mammography (12 visits per year)**: Tier 1 — $60, Tier 2 — $60
- **Physical/Occupational therapy (30 visits per year)**: Tier 1 — $60, Tier 2 — $60

#### Hospitalization/Other medical services

- **Inpatient hospital services/Professional services (includes maternity)**: Tier 1 — $500 per day, Tier 2 — $500 per day
- **Emergency room (not waived if admitted)**: Tier 1 — $200, Tier 2 — $200
- **Observation room (waived if admitted)**: Tier 1 — $200, Tier 2 — $200
- **Routine radiology/Imaging**
- **MRI/CTA/CTCA scan, PET scan**
- **Preventive Plus Providers/Hospital-based**
- **Preventive Colonoscopy for colorectal cancer screening**

#### Prescription drugs

- **Low-cost generic drugs**
- **Generic drugs**
- **Preferred brand drugs**
- **Non-preferred drugs**
- **Self-administered specialty drugs**

#### Out-of-network

<table>
<thead>
<tr>
<th>Tier</th>
<th>Deductible — Individual/Family</th>
<th>Coinsurance</th>
<th>Out-of-pocket maximum — Individual/Family</th>
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</thead>
<tbody>
<tr>
<td>Tier 1</td>
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<td>50%</td>
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<td>Tier 2</td>
<td>$7,500/$15,000</td>
<td>50%</td>
<td>$15,000/$30,000</td>
</tr>
</tbody>
</table>
PLANS FOR
100+ CUSTOMERS

100+
HEALTH PLANS

Get even more flexibility with premiums and cost-sharing

100+ customers can choose plans from either the 51 – 99 section or the 100+ section. Our 100+ customers can also choose from Deductible/Coinsurance plans that can be paired with an HRA. This section provides a summary of the plans available by highlighting key benefits.

- Copay health plans
- Deductible/copay health plans
- Deductible/coinsurance health plans
- HSA-qualified health plans
- Choice Advantage health plans
- Tiered Network health plans

Complete benefits summaries are available at ibx.com/forms_online.
More coverage options to fit your unique business needs

While 100+ customers can choose from any of the health plans available to 51+ customers, they also have a broader set of options to choose from, including more prescription drug plans.

### In-network/contract-year benefits

<table>
<thead>
<tr>
<th>Product type</th>
<th>Lines of business</th>
<th>Option</th>
<th>Deductible Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family</th>
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<th>Specialist</th>
<th>Routine radiology/Complex radiology</th>
<th>Lab</th>
<th>Inpatient hospital</th>
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<th>Emergency room</th>
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Copay Health Plans

Copay = Deductible
### In-network/contract-year benefits

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<th>Product type</th>
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<th>Option</th>
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**Deductible/ Copay Health Plans**

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### In-network/contract-year benefits

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<th>PCP</th>
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<sup>ded</sup> = Deductible
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<th>Specialist</th>
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**In-network/contract-year benefits**

- **HSA Consolusance with Integrated Rx Health Plans**
- **Integrated Rx = Low-cost generic/Generic/Preferred brand/Non-preferred/Self-administered specialty drugs**
- **ded = Deductible**

- **Routine radiology/Complex radiology**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Lab**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Inpatient hospital**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Outpatient surgery**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Emergency room**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Urgent care**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Integrated Rx (after ded)**
  - $5,000/40%/$70/50% up to $500
  - $5,000/40%/$70/50% up to $500
  - $5,000/40%/$70/50% up to $500
  - $5,000/40%/$70/50% up to $500
  - $5,000/40%/$70/50% up to $500

- **Option**
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded
  - 100% after ded

- **Deductible**
  - $6,750/$13,500
  - $6,750/$13,500
  - $6,750/$13,500
  - $6,750/$13,500
  - $6,750/$13,500

- **Out-of-Pocket Maximum**
  - $10,000
  - $10,000
  - $10,000
  - $10,000
  - $10,000

- **PCP**
  - Routine radiology
  - Complex radiology
  - Lab
  - Inpatient hospital
  - Outpatient surgery
  - Emergency room
  - Urgent care
  - Integrated Rx (after ded)

- **Specialist**
  - Routine radiology
  - Complex radiology
  - Lab
  - Inpatient hospital
  - Outpatient surgery
  - Emergency room
  - Urgent care
  - Integrated Rx (after ded)
<table>
<thead>
<tr>
<th>Product type</th>
<th>Lines of business</th>
<th>Option</th>
<th>Deductible Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family</th>
<th>PCP</th>
<th>Specialist</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO</td>
<td>$5,000/$40/ $10,000</td>
<td>$5,000/$10,000</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
<tr>
<td>PPO</td>
<td>$4,000/$40/ $7,000</td>
<td>$4,000/$8,200</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
<tr>
<td>PPO</td>
<td>$4,000/$40/ $7,000</td>
<td>$4,000/$8,200</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
<tr>
<td>PPO</td>
<td>$3,000/$40/ $7,000</td>
<td>$3,000/$6,000</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
<tr>
<td>PPO</td>
<td>$4,000/$40/ $7,000</td>
<td>$4,000/$8,200</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
<tr>
<td>PPO</td>
<td>$4,000/$30/ $500</td>
<td>$4,000/$6,000</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
<tr>
<td>PPO</td>
<td>$3,000/$30/ $60/$500</td>
<td>$3,000/$6,000</td>
<td>$6,750/$13,500</td>
<td>$40 after ded</td>
<td>$70 after ded</td>
<td></td>
</tr>
</tbody>
</table>

**In-network/contract-year benefits**

**HSA Copay with Integrated Rx Health Plans**

<table>
<thead>
<tr>
<th>Routine radiology/Complex radiology</th>
<th>Lab</th>
<th>Inpatient hospital</th>
<th>Outpatient surgery</th>
<th>Emergency room</th>
<th>Urgent care</th>
<th>Integrated Rx (after ded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$70 after ded/ $150 after ded</td>
<td>$70 after ded</td>
<td>$100 after ded</td>
<td>$100 after ded</td>
<td>$100 after ded</td>
<td>$100 after ded</td>
<td>$5/$20/$40/$70/100% up to $500</td>
</tr>
<tr>
<td>$70 after ded/ $300 after ded</td>
<td>$70 after ded</td>
<td>$100 after ded</td>
<td>$100 after ded</td>
<td>$100 after ded</td>
<td>$100 after ded</td>
<td>$5/$20/$40/$70/100% up to $500</td>
</tr>
<tr>
<td>$70 after ded/ $500 after ded</td>
<td>$70 after ded</td>
<td>$90 after ded</td>
<td>$90 after ded</td>
<td>$90 after ded</td>
<td>$90 after ded</td>
<td>$5/$20/$40/$70/100% up to $500</td>
</tr>
<tr>
<td>$70 after ded/ $500 after ded</td>
<td>$70 after ded</td>
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<td>$90 after ded</td>
<td>$90 after ded</td>
<td>$5/$20/$40/$70/100% up to $500</td>
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<tr>
<td>$70 after ded/ $300 after ded</td>
<td>$70 after ded</td>
<td>$90 after ded</td>
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<td>$90 after ded</td>
<td>$90 after ded</td>
<td>$5/$20/$40/$70/100% up to $500</td>
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<tr>
<td>$60 after ded/ $200 after ded</td>
<td>$60 after ded</td>
<td>$50 per day</td>
<td>$50 per day</td>
<td>$50 per day</td>
<td>$50 per day</td>
<td>$5/$20/$40/$70/100% up to $500</td>
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<tr>
<td>$60 after ded/ $200 after ded</td>
<td>$60 after ded</td>
<td>$50 per day</td>
<td>$50 per day</td>
<td>$50 per day</td>
<td>$50 per day</td>
<td>$5/$20/$40/$70/100% up to $500</td>
</tr>
</tbody>
</table>

**Legend:**
- HSA Copay with Integrated Rx Health Plans
- Low-cost generic/Generic/Preferred brand/Non-preferred/Self-administered specialty drugs
- Ded = Deductible

**Notes:**
- Deductible in individual policies for 2021 Large Group Plans
- Deductible in family policies for 2021 Large Group Plans
- Deductible for 2021 Large Group Plans

**Deductions:**
- PCP: $30 after ded
- Specialist: $30 after ded
- Routine radiology: $250 after ded
- Complex radiology: $300 after ded
- Lab: $100 after ded
- Inpatient hospital: $500 after ded
- Outpatient surgery: $500 after ded
- Emergency room: $500 after ded
- Urgent care: $500 after ded
- Integrated Rx: $500 after ded
## In-network/contract-year benefits

<table>
<thead>
<tr>
<th>Product type</th>
<th>Lines of business</th>
<th>Option</th>
<th>Deductible Individual/Family</th>
<th>Out-of-Pocket Maximum Individual/Family</th>
<th>PCP</th>
<th>Specialist</th>
<th>Inpatient hospital</th>
<th>Emergency room</th>
<th>Urgent care</th>
</tr>
</thead>
<tbody>
<tr>
<td>POS</td>
<td>CA $80/ $85/500</td>
<td>N/A</td>
<td>$7,000/$10,800</td>
<td>$40</td>
<td>$85</td>
<td>$500 per day</td>
<td>$300</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>POS</td>
<td>CA $80/ $85/500</td>
<td>N/A</td>
<td>$7,000/$10,800</td>
<td>$40</td>
<td>$85</td>
<td>$500 per day</td>
<td>$300</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>PPQ</td>
<td>CA $3,000/ $2,000/80%</td>
<td>$15</td>
<td>$7,000/$10,800</td>
<td>$25 no ded</td>
<td>$65 no ded</td>
<td>80% after ded</td>
<td>$300 after ded</td>
<td>$100 no ded</td>
<td></td>
</tr>
<tr>
<td>PPQ</td>
<td>CA $4,000/ $3,000/85%</td>
<td>$40</td>
<td>$7,000/$10,800</td>
<td>$30 no ded</td>
<td>$75 no ded</td>
<td>90% after ded</td>
<td>$300 after ded</td>
<td>$100 no ded</td>
<td></td>
</tr>
</tbody>
</table>

### Preventive colonoscopy
- Preventive Plus providers
- Hospital-based: $0
- Free-standing: $750
- Hospital-based: $85
- Free-standing: $85
- Hospital-based: $300
- Free-standing: $300
- Hospital-based: $0
- Free-standing: $0
- Hospital-based: $350
- Free-standing: $700

### Physical/Occupational therapy & Routine radiology
- Hospital-based: $0
- Free-standing: $750
- Hospital-based: $50
- Free-standing: $150
- Hospital-based: $200
- Free-standing: $400
- Hospital-based: $0
- Free-standing: $170
- Hospital-based: $350
- Free-standing: $750

### Complex radiology
- Hospital-based: $80
- Free-standing: $100
- Hospital-based: $40
- Free-standing: $150
- Hospital-based: $50
- Free-standing: $400
- Hospital-based: $170
- Free-standing: $750

### Lab
- Hospital-based: $0
- Free-standing: $300
- Hospital-based: $300
- Free-standing: $500
- Hospital-based: $400
- Free-standing: $700
- Hospital-based: $500
- Free-standing: $700

### Outpatient surgery
- Hospital-based: $0
- Free-standing: $750
- Hospital-based: $50
- Free-standing: $150
- Hospital-based: $200
- Free-standing: $400
- Hospital-based: $40
- Free-standing: $150
- Hospital-based: $350
- Free-standing: $750

Ded = Deductible
## In-network/contract-year benefits

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tiered Network Health Plans</td>
<td>PPO</td>
<td>Tiered $30-$60/$500</td>
<td>N/A</td>
<td>$2,500/ $5,000[^2]</td>
<td>$7,900/$15,800</td>
<td>$30 no ded</td>
</tr>
<tr>
<td></td>
<td>PPO</td>
<td>Tiered $40-80/10%</td>
<td>N/A</td>
<td>$5,000/ $10,000[^3]</td>
<td>$7,900/$15,800</td>
<td>$40 no ded</td>
</tr>
</tbody>
</table>

[^1]: Ded = Deductible

### Deductible Individual/Family

<table>
<thead>
<tr>
<th>Option</th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Out-of-Pocket Maximum Individual/Family[^1]</th>
<th>PCP[^1]</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCP</td>
<td>$2,500/ $5,000[^2]</td>
<td>$7,900/$15,800</td>
<td>$30 no ded</td>
<td></td>
</tr>
<tr>
<td>Specialist[^2]</td>
<td>$40 no ded</td>
<td>$80 no ded</td>
<td>$80 no ded/$300 no ded</td>
<td></td>
</tr>
<tr>
<td>Routine radiology/ Complex radiology[^3]</td>
<td>$60 no ded</td>
<td>$100 no ded</td>
<td>$100 no ded</td>
<td></td>
</tr>
<tr>
<td>Lab[^7]</td>
<td>$50 no ded</td>
<td>$100 no ded</td>
<td>$100 no ded</td>
<td></td>
</tr>
</tbody>
</table>

[^2]: Ded = Deductible

### Inpatient hospital

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$60 no ded</td>
<td>$60 no ded</td>
<td>$60 no ded</td>
<td>$70 no ded</td>
<td>$300 no ded</td>
<td>$100 no ded</td>
</tr>
<tr>
<td>$80 no ded</td>
<td>$80 no ded</td>
<td>$80 no ded</td>
<td>$70 no ded</td>
<td>$300 no ded</td>
<td>$100 no ded</td>
</tr>
</tbody>
</table>

[^11]: Ded = Deductible
What’s not covered

- Services not medically necessary
- Services or supplies that are experimental or investigatory, except routine costs associated with qualifying clinical trials
- Hearing aids, hearing examiner tests for the prescription/fitting of hearing aids, and cochlear electromechanical hearing devices
- Assisted fertilization techniques, such as in vitro fertilization, GIFT, and ZIFT
- Reversal of voluntary sterilization
- Expenses related to organ donation for non-employee recipients
- Music therapy, equine therapy, and hypotheraphy
- Sex therapy or other forms of counseling for the treatment of sexual dysfunction when performed by a non-licensed sex therapist
- Routine foot care, unless medically necessary or associated with the treatment of diabetes
- Fost orthotics, except for orthotics and pediatric appliances required for the prevention of complications associated with diabetes
- Cranial prosthetics, including wigs intended to replace hair loss
- Alternative therapies/complementary medicine such as reiki massage
- Routine physical exams for non-preventive purposes, such as insurance or employment applications, college, or preemployment examinations
- Immunizations for travel or employment
- Services or supplies payable under workers’ compensation, motor vehicle insurance, or other legislation of similar purpose
- Cosmetic services/supplies
- Bariatric or obesity surgery
- Outpatient private duty nursing
- Drugs not appearing on the Drug Formulary, except where an exception has been granted pursuant to the Formulary Exception Policy

Benefits that require preapproval

Additional approval from Independence may be required before your employees may receive certain tests, procedures, and medications. When your employees need services that require preapproval, their primary care physician or provider contacts the Care Management and Coordination (CMC) team and submits information to support the request for services. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care for payment of benefits. The CMC team will notify your employees’ physician/provider if the services are approved for coverage. If the CMC team does not have sufficient information or the information evaluated does not support coverage, your employee and his or her physician/provider are notified in writing of the decision. Employees or a provider acting on their behalf may appeal the decision. At any time during the evaluation process or the appeal, the provider or your employee may submit additional information to support the request.

Additional benefits and exclusions

The information in this brochure represents only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by the medical policy. The managed care plan may not cover all health care expenses. Members should read their contract, member handbook, or benefits booklet carefully to determine which health care services are covered. If more information is needed, members can call 1-800-ASX-BLUE (1-800-275-2583). Information in this brochure is current at the time of publication and is subject to change.

Additional information

Your broker, consultant, or Independence account executive can provide information about the following upon request:

- Factors that may affect changes in premium rates
- Benefits and premiums for all the health benefit plans for which you qualify

Important plan details

Medical

1. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individual members will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

2. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several, no several family members before claims are eligible to pay; however, no several family members will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the individual out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.

3. In-network out-of-pocket maximum includes copayments, coinsurance, and deductible.

4. Age and frequency schedules may apply.

5. For PPO plans, visit limits are combined in- and out-of-network.

6. For OPSS and POS plans a referral is required from primary care physician.

7. 70-day inpatient hospital day limit combined for all self-referred and out-of-network inpatient medical, maternity, mental health, substance abuse, and detoxification services.

8. Amount shown reflects the copayment per day. There is a maximum of ten copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.

9. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.

10. Out-of-network emergency room benefits are covered at the in-network cost-sharing level.

11. To receive maximum benefits, services must be provided by a participating provider. This is a highlight of available benefits.

12. Benefits and exclusions for In-network and out-of-network care are not the same. All benefits are provided in accordance with the group contract and out-of-network benefits booklet/certificate.

13. For PPO plans non-participating preferred providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, and the actual charge of the provider. This amount may be significant. Claims payments for non-preferred professional providers (physicians) are based on the lesser of the Medicare Professional Allowable Payment or the actual charge of the provider. For covered services that are not recognized or reimbursed by Medicare, payment is based on the lesser of the Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence’s fee schedule, the payment is based on 90 percent of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentage of the Plan allowance, not the actual charge of the provider.

14. For all plans, additional copayments may appear when you receive other services at your providers’ office.

15. Out-of-network out-of-pocket maximum includes coinsurance only.

16. For routine colonoscopy for colorectal cancer screening, your cost share will vary depending on where you receive service.

17. Virtual Care includes telemedicine, telepsychiatry, and telebehavioral health services offered through our virtual care provider, MDLive. In addition, Penn Medicine On Demand provides virtual urgent care services.

18. Cost sharing is the same for Tier 1 and Tier 2 benefits.

19. Plan includes integraded drug benefits: $15-$30/$40/70%/90%/100% up to $500.

20. Cost for routine radiology/complex radiology in a hospital-based setting for Tier 2 is 20% after deductible for Tier 2 $30-$60/$500 plan and 20% after deductible for Tier 2 $40-$80/90% plan.

21. Cost for routine radiology/complex radiology in a hospital-based setting for Tier 2 is 20% after deductible for Tier 2 $30-$60/$500 plan and 20% after deductible for Tier 2 $40-$80/90% plan.

Vision

5. Independence vision benefits are administered by Davis Vision, an independent company. One eye exam every two years in-network only.

Prescription Drug

12. Prescription drug benefits are administered by FutureScripts, an independent company providing pharmacy benefit management services.

13. Mail-order coverage is available for all prescription drug plans. The FutureScripts Mail-order service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice.


15. Certain designated generic drugs are available at participating retail and mail-order pharmacies for reduced member cost-sharing ($5 retail / $10 mail order), after any applicable deductible.

16. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a paper claim for reimbursement. The member should refer to their benefits booklet and their provider for specific out-of-network discount information.

17. A 30-day supply of self-administered specialty drugs is available through the Optum Specialty Pharmacy. There is no out-of-network coverage.

18. $125 per person; brand drugs only

The member has the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment.

* Independence reserves the right to change premium rates.

2021 Large Group Plans  |  Independence Blue Cross
Underwriting guidelines summary

Maximum product offerings
Groups of 51 or more eligible employees can select a maximum of three medical plans and up to two drug options.

Participation requirements

- For groups of 51 or more, a minimum participation level of 75 percent is required for each worksite.
- Independence will count waivers in the eligibility calculations. For example, credit is given for those eligible subscribers who opt out because they have coverage through a spouse, are an eligible dependent to 26, or enrolled in Medicare, Medicaid, or any other government-issued coverage.
- For groups covering early retirees (under age 65), 100 percent participation of the early retiree population is required. The group must consist of a minimum of 75 percent participation for the active employees.

Employer contribution requirement
For contributory plan offerings, the employer must contribute a minimum of 50 percent of the calculated gross monthly premium for each plan offered.

Benefit plan changes

- Upgrades are not allowed off-anniversary.
- Groups may downgrade off-anniversary (limitations apply).
- Downgrades will be allowed only if the effective date of the change is greater than 180 days prior to the next anniversary date.
- Groups of 51-99 making a plan change to any existing medical or pharmacy plan design will be required to select from the new product portfolio.
- For groups of 100 or more, changes to one or more of existing medical plan designs will require all benefits to be changed to the new product portfolio. Pharmacy only changes will not require changes to existing medical plan designs.

High deductible health plan funding limitation
For fully insured accounts that offer a high deductible health plan (HDHP), the employer cannot fund more than 50 percent of the annual deductible. Providing a secondary/supplemental product to fund the annual employee/family deductible (including the employer covering the cost of the deductible) is not permitted.

Submission guidelines
All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply and are subject to change. This document is for informational purposes only and is not intended to be all-inclusive.

1 Refer to the complete Underwriting Guidelines available via ROAM.
2 As permitted by the state and federal legislation and mandates.
Specialty Services provide a holistic approach to managing your employees’ health and long-term medical costs. Plus, bundling multiple products with your medical plan saves you money on your medical coverage rate. This section provides a summary of specialty plans available:

**Prescription drug**

**Dental**

**Vision**

---

*BUNDLE prescription drug, dental, vision, and Guardian products and save!*
Prescription drug plans

When you can elect prescription drug coverage for your 100+ customers, Independence can manage all aspects of their health care and effectively control their total cost of care. If you choose an HSA plan, prescription drug coverage is already included. Prescription drug coverage is required for 51-99 customers.

### 100+

#### Prescription Drug

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
<th>Value Rx $5/$20/$75/</th>
<th>Value Rx $7/50% up to $125/50% up to $1,000</th>
<th>Value Rx $5/$20/$50/</th>
<th>Value Rx $5/$20/$40/$70/50% up to $1,000</th>
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<tbody>
<tr>
<td>Low-cost generic 1,3,4,6</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
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<tr>
<td>Generic drugs 3,4,6</td>
<td>$20</td>
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<tr>
<td>Preferred brand 1,3,6</td>
<td>$75</td>
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<tr>
<td>Non-preferred drugs 1,3,4</td>
<td>$100</td>
<td>$100</td>
<td>$100</td>
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</tr>
<tr>
<td>Self-administered specialty 1,3,4</td>
<td>50% up to $1,000 max</td>
<td>50% up to $1,000 max</td>
<td>50% up to $1,000 max</td>
<td>50% up to $1,000 max</td>
</tr>
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#### Prescription Drug

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
<th>Value Rx $5/$10/$40/</th>
<th>Value Rx $5/20%/20%/</th>
<th>Value Rx $5/15/$30/</th>
<th>Value Rx $5/$10/$40/$70/50% up to $500</th>
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</thead>
<tbody>
<tr>
<td>Low-cost generic 1,3,4,6</td>
<td>$5</td>
<td>$7</td>
<td>$10</td>
<td>$5</td>
</tr>
<tr>
<td>Generic drugs 3,4,6</td>
<td>$10</td>
<td>$20</td>
<td>$30</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred brand 1,3,6</td>
<td>$70</td>
<td>20%</td>
<td>$50</td>
<td>20%</td>
</tr>
<tr>
<td>Non-preferred drugs 1,3,4</td>
<td>$100</td>
<td>20%</td>
<td>$50</td>
<td>20%</td>
</tr>
<tr>
<td>Self-administered specialty 1,3,4</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
</tr>
</tbody>
</table>

#### Prescription Drug

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
<th>Value Rx $5/$5/10/$40/50% up to $500</th>
<th>Value Rx $5/20%/20%/50% up to $500</th>
<th>Value Rx $5/$15/$30/50% up to $500</th>
<th>Value Rx $5/$10/$40/$70/50% up to $500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-cost generic 1,3,4,6</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Generic drugs 3,4,6</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred brand 1,3,6</td>
<td>$70</td>
<td>20%</td>
<td>$70</td>
<td>20%</td>
</tr>
<tr>
<td>Non-preferred drugs 1,3,4</td>
<td>$100</td>
<td>20%</td>
<td>$100</td>
<td>20%</td>
</tr>
<tr>
<td>Self-administered specialty 1,3,4</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
</tr>
</tbody>
</table>

### 51+

#### Prescription Drug

<table>
<thead>
<tr>
<th>Benefits per contract year</th>
<th>Value Rx $5/$20/$75/50% up to $500</th>
<th>Value Rx $5/15/$35/50% up to $500</th>
<th>Value Rx $5/$10/$40/$70/50% up to $500</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low-cost generic 1,3,4,6</td>
<td>$5</td>
<td>$5</td>
<td>$5</td>
</tr>
<tr>
<td>Generic drugs 3,4,6</td>
<td>$10</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred brand 1,3,6</td>
<td>$70</td>
<td>20%</td>
<td>$70</td>
</tr>
<tr>
<td>Non-preferred drugs 1,3,4</td>
<td>$100</td>
<td>20%</td>
<td>$100</td>
</tr>
<tr>
<td>Self-administered specialty 1,3,4</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
<td>50% up to $500 max</td>
</tr>
</tbody>
</table>
### Concordia Flex Dental

<table>
<thead>
<tr>
<th>Benefit category</th>
<th>In/Out-of-network</th>
<th>In/Out-of-network</th>
<th>In/Out-of-network</th>
<th>In/Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class 1 — Diagnostic/Preventive services</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Exams</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Cleanings &amp; fluoride treatments</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Seals</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency treatment</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Class 2 — Basic services</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Fillings (Metal and white fillings)</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Simple extractions</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Repairs of crowns, inlays, onlays, bridges &amp; dentures</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Surgical and nonsurgical periodontics</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Complex oral surgery</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>General anesthesia</td>
<td>80%</td>
<td>85%</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>Class 3 — Major services</td>
<td>50%</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Inlays, onlays, crowns</td>
<td>50%</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Orthodontics for dependent children to age 19</td>
<td>50%</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Diagnostic, active, retention treatment</td>
<td>50%</td>
<td>Not covered</td>
<td>Not covered</td>
<td>Not covered</td>
</tr>
<tr>
<td>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</td>
<td>$50/$150 Class 1 &amp; Orthodontics</td>
<td>$10/$150 Excludes Class 1</td>
<td>$10/$150 Excludes Class 1</td>
<td>$1,500 Excludes Class 1</td>
</tr>
<tr>
<td>Annual program deductible (per person)</td>
<td>$50/$150 Excludes Class 1 &amp; Orthodontics</td>
<td>$10/$150 Excludes Class 1</td>
<td>$1,500 Excludes Class 1 &amp; Orthodontics</td>
<td>N/A</td>
</tr>
<tr>
<td>Annual program maximum (per person)</td>
<td>$1,500 Excludes Class 1 &amp; Orthodontics</td>
<td>$1,500 Excludes Class 1</td>
<td>$1,500 Excludes Class 1 &amp; Orthodontics</td>
<td>N/A</td>
</tr>
<tr>
<td>Lifetime orthodontic maximum (per person)</td>
<td>Flexible</td>
<td>$10,000</td>
<td>Flexible</td>
<td>N/A</td>
</tr>
</tbody>
</table>

United Concordia Companies, Inc. can customize almost any PPO plan or you can choose from the standard plans for your 100+ customers.

- Members will receive 100% coverage of diagnostic and preventive services and 40% average savings on additional services from providers.
- Pregnant members and members with certain conditions have access to extra periodontal benefits.
- 100+ customers have a dedicated Account Management team that can help you customize deductibles and maximums or add extra benefits like cosmetic orthodontia and Smile for Health.
- Self-funding is also available for 100+ customers.

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1. Unmarried dependent students covered to age 26. Groups with 51+ employees can customize the age limits for dependents.
2. Reimbursement is based on a schedule of maximum allowable charges (MACs). Network dentists agree to accept UCD’s allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between the allowance and their fee (also known as balance billing). Dental plans are sold and administered by United Concordia Companies, Inc. Standard Exclusions and limitations apply. Other out-of-network reimbursement levels are available.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com. Representative listing of covered services - certificate of coverage provides a detailed description of benefits.
Vision plans

When it comes to frames, members are fully covered or have a minimal copay when they choose from the Davis Vision Exclusive Collection of frames. They can use their allowance1 at other participating providers, like Visionworks, Glasses.com, or 1800Contacts.com. Members can also take advantage of extra perks like one-year eye glasses breakage warranty, and discounts on additional pairs of glasses and laser vision correction.

Fully covered lens options (100)
- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet coating
- Scratch-resistant coating
- Oversize lenses
- Tinting of plastic lenses

Frame allowance options (100)
- Davis Vision Exclusive Collection of frames covered in full, or with minimal copay
- $130 frame allowance plus 20% off any average at participating providers, or
- $180 enhanced frame allowance at Visionworks

Fully covered lens options (130)
- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet coating
- Scratch-resistant coating
- Oversize lenses
- Tinting of plastic lenses

Frame allowance options (130)
- Davis Vision Exclusive Collection of frames covered in full, or with minimal copay
- $130 frame allowance plus 20% off any average at participating providers, or
- $180 enhanced frame allowance at Visionworks

Fully covered lens options (150)
- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet or Scratch-resistant coating
- Oversize or Polycarbonate lenses
- Tinting of plastic lenses
- Standard progressive lenses

Frame allowance options (150)
- Davis Vision Exclusive Collection of frames covered in full, or with minimal copay
- $150 frame allowance plus 20% off any average at participating providers, or
- $200 enhanced frame allowance at Visionworks

Vision plans

Footnotes begin on page 58  |  ded = Deductible

Need vision coverage?
If you choose DPOS or POS medical plans, routine eye exams are included, and you can choose to enhance your benefit with a plan that includes frames and lenses. If you offer PPO medical plans, you can choose any one of our vision plans for complete coverage.
Independence Blue Cross offers products through its subsidiaries Independence Hospital Indemnity Plan, Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield — independent licensees of the Blue Cross and Blue Shield Association.