

# Where you *fit* in

## Benefits Profile



**Independence  
Blue Cross**  
*Family of Companies*



## Associate *benefits*

Independence Blue Cross (IBC) provides coverage for all full-time associates and part-time associates scheduled to work 15 or more hours per week, along with their eligible dependents (including domestic partners). Coverage is effective from the first of the month following or coinciding with date of hire.

IBC pays most of the cost for medical insurance for full-time associates and eligible part-time associates who elect "Associate Only" coverage.\*

\*IBC does not subsidize coverage for the dependents (children and/or spouse) of eligible part-time associates. Therefore, eligible part-time associates pay the full cost for dependent coverage, which is higher than what is listed in this brochure.

## Part 1: *Health insurance*

### Medical plans\*

Preferred Provider Organization (PPO)		
<ul style="list-style-type: none"> <li>Available as Flex Personal Choice® to all associates except AmeriHealth NJ.</li> </ul>		
<b>Cost sharing (per pay period)</b>	Associate Only	<b>\$150</b>
	Associate & Child	<b>\$227</b>
	Associate & Children or Associate & Spouse	<b>\$344</b>
	Family	<b>\$439</b>
Benefit	Copays	
<b>Physician visits</b>	Primary care	<b>\$15</b>
	Specialist	<b>\$30</b>
<b>Prescription drug coverage</b>	Generic (formulary)	<b>\$5</b>
	Brand (formulary)	<b>\$30</b>
	Non-formulary	<b>\$50</b>
<b>Vision coverage</b>	Routine eye exams and corrective lenses once every two calendar years	<b>\$0</b>

Flex PPO C3-F4-02		
<ul style="list-style-type: none"> <li>Available to all associates except Harrisburg, Pittsburgh, and Camp Hill</li> </ul>		
<b>Cost sharing (per pay period)</b>	Associate Only	<b>\$65</b>
	Associate & Child	<b>\$99</b>
	Associate & Children or Associate & Spouse	<b>\$151</b>
	Family	<b>\$192</b>
Benefit	Copays	
<b>Physician visits</b>	Primary care	<b>\$20</b>
	Specialist	<b>\$40</b>
<b>Prescription drug coverage</b>	Generic (formulary)	<b>\$5</b>
	Brand (formulary)	<b>\$30</b>
	Non-formulary	<b>\$50</b>
<b>Vision coverage</b>	Routine eye exams and corrective lenses once every two calendar years	<b>\$0</b>

\* Health Insurance options are based on associate's work location.

Flex PPO C3-F4-02	
<ul style="list-style-type: none"> <li>Harrisburg/Pittsburgh/Camp Hill associates</li> </ul>	
<b>Cost sharing (per pay period)</b>	Associate Only <b>\$35</b> Associate & Child <b>\$57</b> Associate & Children or Associate & Spouse <b>\$86</b> Family <b>\$110</b>
Benefit	Copays
<b>Physician visits</b>	Primary care <b>\$20</b> Specialist <b>\$40</b>
<b>Prescription drug coverage</b>	Generic (formulary) <b>\$5</b> Brand (formulary) <b>\$30</b> Non-formulary <b>\$50</b>
<b>Vision coverage</b>	Routine eye exams and corrective lenses once every two calendar years <b>\$0</b>

Point of Service (POS) Plus NJ	
<ul style="list-style-type: none"> <li>AmeriHealth NJ associates</li> </ul>	
<b>Cost sharing (per pay period)</b>	Associate Only <b>\$61</b> Associate & Child <b>\$92</b> Associate & Children or Associate & Spouse <b>\$140</b> Family <b>\$178</b>
Benefit	Copays
<b>Physician visits</b>	Primary care <b>\$15</b> Specialist <b>\$30</b>
<b>Prescription drug coverage</b>	Generic (formulary) <b>\$5</b> Brand (formulary) <b>\$30</b> Non-formulary <b>\$50</b>
<b>Vision coverage</b>	Routine eye exams and corrective lenses once every two calendar years <b>\$30</b>

### Health Maintenance Organization (HMO)

- AmeriHealth Flex HMO  
(AmeriHealth NJ associates)
- Keystone Health Plan East Flex HMO  
(all other associates)

We offer *two* HMO options to IBC associates:

### Consumer-Driven Health Plan — Health Reimbursement Account (HRA)

1

<b>Cost sharing (per pay period)</b>	Associate Only	<b>\$24</b>
	Associate & Child	<b>\$43</b>
	Associate & Children or Associate & Spouse	<b>\$59</b>
	Family	<b>\$72</b>
<b>Deductible</b>	Individual	<b>\$2,000</b>
	Family	<b>\$6,000</b>
<b>Out-of-pocket maximum</b>	Individual	<b>\$3,000</b>
	Family	<b>\$9,000</b>
<b>Benefit</b>	<b>Copays</b>	
<b>Physician visits (no deductible)</b>	Primary care	<b>\$20</b>
	Specialist	<b>\$40</b>
<b>Prescription drug coverage</b>	Generic (formulary)	<b>\$5</b>
	Brand (formulary)	<b>\$30</b>
	Non-formulary	<b>\$50</b>
<b>Vision coverage</b>	Routine eye exams and corrective lenses once every two calendar years	<b>\$40</b>
<b>HRA</b>	\$1,000 individual/\$3,000 family annual employer-funded contribution to a health reimbursement account for deductible and coinsurance expenses	

### HMO C2-F2 /Flex HMO

2

<b>Cost sharing (per pay period)</b>	Associate Only	<b>\$35</b>
	Associate & Child	<b>\$57</b>
	Associate & Children or Associate & Spouse	<b>\$86</b>
	Family	<b>\$110</b>
<b>Benefit</b>	<b>Copays</b>	
<b>Physician visits (no deductible)</b>	Primary care	<b>\$15</b>
	Specialist	<b>\$30</b>
<b>Prescription drug coverage</b>	Generic (formulary)	<b>\$5</b>
	Brand (formulary)	<b>\$30</b>
	Non-formulary	<b>\$50</b>
<b>Vision coverage</b>	Routine eye exams and corrective lenses once every two calendar years	<b>\$30</b>

## Dental plans

IBC provides dental insurance coverage for all full-time associates and part-time associates scheduled to work 15 or more hours per week, along with their eligible dependents (including domestic partners). Coverage is effective from the first of the month following or coinciding with date of hire.

IBC pays most of the cost for dental insurance for full-time associates and eligible part-time associates who elect "Associate Only" coverage.\*

Dental Health Maintenance Organization (DHMO) ConcordiaPLUS		
<b>Cost sharing (per pay period)</b>	Associate Only	<b>\$3</b>
	Associate & Child	<b>\$9</b>
	Associate & Children or Associate & Spouse	<b>\$9</b>
	Family	<b>\$9</b>
Preferred Provider Organization (PPO) ConcordiaFLEX		
<b>Cost sharing (per pay period)</b>	Associate Only	<b>\$4</b>
	Associate & Child	<b>\$12</b>
	Associate & Children or Associate & Spouse	<b>\$12</b>
	Family	<b>\$12</b>

\* IBC does not subsidize coverage for the dependents (children and/or spouse) of eligible part-time associates. Therefore, eligible part-time associates pay the full cost for dependent coverage, which is higher than what is listed in the table for each plan.

## Part 2: *Additional company-paid benefits*

IBC provides the following benefits at no cost to all full-time associates and part-time associates scheduled to work 15 or more hours per week.

<i>Benefit</i>	<i>Coverage</i>
<b>Basic Life Insurance</b>	<ul style="list-style-type: none"> <li>effective first day of the month following or coinciding with 30 calendar days from date of hire</li> <li>benefit equal to two times salary (salary is defined as base salary plus past 12 months' commissions)</li> </ul>
<b>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	<ul style="list-style-type: none"> <li>effective first day of the month following or coinciding with 30 calendar days from date of hire</li> <li>benefit is doubled in event of accidental death</li> <li>benefit equal to two times salary (salary is defined as base salary plus past 12 months' of commissions)</li> </ul>
<b>Basic Long-Term Disability (LTD) Insurance</b>	<ul style="list-style-type: none"> <li>effective first day of the month following or coinciding with 30 calendar days from date of hire</li> <li>benefit equals 60% of salary (salary is defined as base salary plus past 12 months' commissions)</li> <li>benefits begin following six months of continuous disability</li> </ul>
<b>Business Travel Accident Insurance</b>	<ul style="list-style-type: none"> <li>effective the date of hire</li> <li>\$100,000 benefit</li> </ul>
<b>Tuition Assistance Program</b>	<ul style="list-style-type: none"> <li>effective after 12 months of service</li> <li>assistance for any accredited course of study in an undergraduate or graduate degree program</li> <li>100% reimbursement of tuition cost up to an annual maximum of \$5,250 for undergraduate and \$7,250 for graduate</li> </ul>
<b>Adoption Assistance Program</b>	<ul style="list-style-type: none"> <li>effective after 90 days of service</li> <li>reimburses associates up to \$3,500 for eligible expenses related to the adoption of a child not related to the associate</li> <li>eligible expenses include agency fees, placement fees, and legal fees</li> </ul>

### Part 3: *Additional benefits associates may purchase*

Eligible associates (full-time and part-time associates scheduled to work a minimum of 15 hours per week) may purchase the benefits listed below.

Contributions are made on a pre-tax basis, so associates do not have to pay social security tax, federal income tax, and, in certain areas, state and local tax on the deducted amount.

<i>Benefit</i>	<i>Coverage</i>
<b>Long-Term Disability (LTD) Insurance Enhancement</b>	<ul style="list-style-type: none"> <li>effective first day of the month following or coinciding with 30 calendar days from date of hire</li> <li>benefit supplies an additional 6⅔% of LTD benefit added to the company-provided LTD benefit of 60%</li> </ul>
<b>Medical Spending Account</b>	<ul style="list-style-type: none"> <li>effective first day of the month following date of hire</li> <li>used to fund eligible medical/dental expenses not covered by insurance for the associate and eligible dependents</li> <li>\$260 annual minimum; \$4,000 annual maximum</li> <li>funds not used by the end of the calendar year will be forfeited in accordance with IRS regulations</li> </ul>
<b>Dependent Care Spending Account</b>	<ul style="list-style-type: none"> <li>effective first day of the month following date of hire</li> <li>used to fund eligible dependent child(ren) or elder care expenses</li> <li>\$260 annual minimum; \$5,000 annual maximum (highly compensated associates may be subject to further limitations)</li> <li>funds not used by the end of the calendar year will be forfeited in accordance with IRS regulations</li> </ul>
<b>Transportation Spending Accounts</b>	<ul style="list-style-type: none"> <li>effective first day of the month following date of hire</li> <li>used to pay for transit and/or parking expenses</li> <li>monthly maximum is \$230 for each account (transit and parking)</li> <li>funds not used by the end of the calendar year may be forfeited in accordance with IRS regulations</li> </ul>

<i>Benefit</i>	<i>Coverage</i>
<b>Flex Vacation</b>	<ul style="list-style-type: none"> <li>purchase 1 – 5 flex vacation days</li> <li>cost determined by base salary</li> <li>must use all company-paid vacation before using flex vacation</li> <li>no carryover; however cost of unused flex vacation may be reimbursed at year end</li> <li>associates hired on or after October 1 are not eligible to participate until following calendar year</li> </ul>

Associates may also purchase the following benefits on an after-tax basis through payroll deduction.

<i>Benefit</i>	<i>Coverage</i>																
<b>Supplemental Life Insurance</b>	<ul style="list-style-type: none"> <li>effective first day of the month following or coinciding with 30 calendar days from date of hire</li> <li>purchase additional coverage equal to 1, 1.5, 2, 2.5, 3, or 3.5 times salary (salary is defined as base salary plus 12 months' of commissions)</li> <li>Supplemental Life Insurance amounts include an equal amount of AD&amp;D Insurance</li> </ul>																
<b>Dependent Life Insurance</b>	<ul style="list-style-type: none"> <li>effective first day of the month following or coinciding with 30 calendar days from date of hire</li> </ul> <table border="1"> <thead> <tr> <th></th> <th><b>Level 1</b></th> <th><b>Level 2</b></th> <th><b>Level 3</b></th> </tr> </thead> <tbody> <tr> <td><b>Spouse</b></td> <td>\$10,000</td> <td>\$25,000</td> <td>\$50,000</td> </tr> <tr> <td><b>Child(ren)</b></td> <td>\$ 3,000*</td> <td>\$ 5,000*</td> <td>\$10,000*</td> </tr> <tr> <td><b>Family</b></td> <td>\$10,000/ \$3,000</td> <td>\$25,000/ \$5,000</td> <td>\$50,000/ \$10,000</td> </tr> </tbody> </table>		<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Spouse</b>	\$10,000	\$25,000	\$50,000	<b>Child(ren)</b>	\$ 3,000*	\$ 5,000*	\$10,000*	<b>Family</b>	\$10,000/ \$3,000	\$25,000/ \$5,000	\$50,000/ \$10,000
	<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>														
<b>Spouse</b>	\$10,000	\$25,000	\$50,000														
<b>Child(ren)</b>	\$ 3,000*	\$ 5,000*	\$10,000*														
<b>Family</b>	\$10,000/ \$3,000	\$25,000/ \$5,000	\$50,000/ \$10,000														
<b>Group Universal Life</b>	<ul style="list-style-type: none"> <li>eligible first day of the month following or coinciding with 90 calendar days from date of hire</li> <li>provided through American General Life Insurance Company</li> <li>individual policy for associates and/or eligible dependents</li> </ul>																

\*Children are covered at 50% of stated amounts until they reach age 3.

## Part 4: *Retirement plan*

IBC provides a 401(k) retirement savings plan to assist associates in planning for their retirement. You will automatically receive a 3% employer contribution under this plan. You do not need to participate in the IBC Blue Chip Retirement Savings Plan in order to receive this contribution. The 3% contribution will be invested directly into the IBC default fund (Vanguard Target Fund). For more information regarding the Blue Chip Retirement Savings Plan and investment information, please contact Vanguard at 1-800-523-1188.

### Blue Chip 401(k) Retirement Savings Plan

- associates are eligible 90 days from date of hire
- associates may make pretax salary deferral contributions of up to 50% of covered pay
- associates are always 100% vested in their contributions to the plan
- IBC matches 50 cents for every dollar contributed up to the first 8% of an associate's contribution (90-day waiting period for matching contribution)
- mutual fund investment options are available through The Vanguard Group, Inc.
- loans and withdrawals are available (under IRS-defined circumstances)

## Part 5: *Paid time-off (PTO) and leave-of-absence policies*

<i>Benefit</i>	<i>Coverage</i>
<b>Company holidays</b>	<ul style="list-style-type: none"> <li>• 9 designated paid holidays</li> <li>• 18 to 33 days per year based on length of service</li> <li>• prorated first calendar year based on hire date</li> </ul>
<b>PTO bank</b>	<ul style="list-style-type: none"> <li>• used for any "time away from work" reason including vacation, associate's own or family members' illness, personal emergency, bereavement of non-immediate family member</li> </ul>
<b>Short-Term disability</b>	<ul style="list-style-type: none"> <li>• eligible 90 days from date of hire</li> <li>• benefit is paid at 100% or 60% based on years of service</li> <li>• medical documentation and claim approval required</li> <li>• benefits begin on the sixth business day of absence</li> </ul>

<i>Benefit</i>	<i>Coverage</i>
<b>Family and Medical Leave Act</b>	<ul style="list-style-type: none"> <li>• eligible 12 months from date of hire</li> <li>• associates must have worked 1,250 hours in the previous 12-month period</li> <li>• unpaid leave for up to 12 work weeks for birth, adoption, or foster care or a serious medical condition of an associate's spouse, child, parent, or self</li> <li>• 30 days' notice to manager/supervisor is required when need for leave is foreseeable</li> <li>• upon return, associate will be restored to same or equivalent position with equivalent pay, benefits, and seniority</li> </ul>
<b>Bereavement leave</b>	<ul style="list-style-type: none"> <li>• up to 3 paid days of leave due to death of immediate family member</li> </ul>
<b>Court appearance</b>	<ul style="list-style-type: none"> <li>• benefit covers jury duty service and court appearances for which associate is not personally involved</li> <li>• associate receives regular pay reduced by juror pay</li> </ul>
<b>Military leave</b>	<ul style="list-style-type: none"> <li>• for Active Reservist and civil emergency leave</li> <li>• provisions of leave are based on federal and state law in effect at the time of leave</li> <li>• service credited for benefits during absence</li> <li>• reemployment and reinstatement provisions apply</li> </ul>

This *Benefits Profile* only describes highlights of the IBC Family of Companies' benefits program. Details are contained in the official plan documents that legally govern the operation of the plans. If there is any conflict between this *Benefits Profile* and the plan documents, the plan documents will always govern. IBC reserves the right to change, amend, or terminate these plans at any time. This *Benefits Profile* does not constitute a contract of employment or contract of any other nature between IBC and any other sponsoring company and any associates.



Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association. Independence Blue Cross is an Equal Opportunity Employer (EOE). Qualified applicants are considered for employment without regard to age, race, color, religion, sex, national origin, sexual orientation, disability, or veteran status.