Independence Blue Cross

BLUEsolutions®

FOR SMALL EMPLOYERS

The benefits you need...
at the price you can afford...
from the name you know and trust.

Effective 10/1/2011

50 or fewer employees

Why choose Blue?

Because for more than 70 years Independence Blue Cross (IBC) has been dedicated to improving the health and wellness of the people we serve. In fact, we're the region's #1 HMO and PPO provider.* And with IBC's expansive network of more than 60,000 doctors and 100 hospitals to choose from, you and your employees can always find the care you need.

Not sure if Blue is right for your company? Meet IBC's Blue Solutions®

Blue Solutions is our product portfolio developed exclusively for employers like you that have 50 or fewer employees. With Blue Solutions, our goal is to make health insurance easy and more affordable so you'll have one less responsibility to juggle. When you select a Blue Solutions plan, you can be assured that your employees will have comprehensive benefits, including prescription drug and vision coverage for enhanced health care. Plus, these plans meet all applicable federal health care reform requirements. With a wide variety of plans to choose from, you're bound to find a plan to meet your needs without breaking the bank.

And, we'll give you the tools you need to effectively manage your benefits. From adding coverage for new employees to paying your bills, you can conveniently manage your benefits with just a few clicks on ibxpress.com, our secure website. We'll even provide you with information and resources to understand the tax credits and wellness grants available through the federal government. Managing a small business in this economy can be tough. Don't miss out on an opportunity to save time and money.

Need help choosing a plan? Contact your broker or IBC account executive for more information.

*According to a leading independent consumer magazine.

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We'll show you the differences between our copay, deductible, and HSA plans so you'll understand what your employees will pay for health care services. And, if you're not sure about the differences between HMO, Direct POS, and Personal Choice® PPO products, we'll help clarify. Learn when referrals are needed, when a primary care physician is required, and when services are covered both in- and out-of-network.

Copay plans 4

Want predictability for your employees? A copay plan may be right for them. Most of the in-network services members typically use are covered by a fixed dollar amount known as a copay. Whether going to the doctor, seeing a physical therapist, or taking a trip to the emergency room, your employees pay a copay and we take care of the rest when they use a participating provider.

Deductible plans 8

If affordability is the goal, a deductible plan may be the best solution for you. With these plans, employees still have copays for the medical care they use most and 100 percent coverage for certain preventive services. The deductible, an amount employees pay before insurance kicks in, applies only to services such as hospital and emergency care. Once the deductible is met, employees are responsible for coinsurance.

HSA plans 10

Focused on savings? Then investigate our health savings account (HSA) plans. First, you save money each month with lower premium payments. Then, your employees have the opportunity to invest their money in a tax-advantaged HSA to save for deductibles and coinsurance. And if you contribute to your employees' accounts, you'll enjoy tax savings too.

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Complete your benefits package by offering options for your dental, and life and disability insurance needs, too.

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Take care of business when it's convenient for you. With ibxpress.com, IBC gives you online, real-time account management. Looking to understand the tax credits and grants available from the federal government as part of health care reform? We can help you with that too. We even offer your employees powerful wellness tools and incentives to help them stay in tip-top shape, so that both your employees and your business stay healthy.

Important information 16

Get a better understanding of the policies and guidelines for our plans.

Cover photo: Through Blue Solutions health plans for small businesses, John Millard (center) and Amy Edelman (right), owners of the Night Kitchen Bakery in Philadelphia's Chestnut Hill neighborhood, found a plan that fit their budget to cover their 18-employee business, including their executive pastry chef, Jennifer Low (left).

Need help choosing? We can help.

Blue Solutions makes it easy to select benefits. You control how much you spend each month by making two basic decisions:

- how much employees pay when they visit a doctor or go to the hospital;
- how much flexibility your employees have when they use health care services.

Cost-sharing options

We offer three different types of plans in the Blue Solutions portfolio — copay, deductible, and health savings account (HSA). All of our plans offer comprehensive coverage and comply with applicable health care reform requirements, including 100 percent coverage for certain designated preventive care, benefits for dependents up to age 26, and no annual or lifetime dollar maximums on essential benefits.

What differentiates our plans is what your employees pay when they see a doctor or go to the hospital. With our copay plans, your employees will pay a fixed dollar amount for most services while our deductible and HSA plans help reduce costs by requiring a deductible and coinsurance for certain services. Use the chart below to determine which type of plan is best for your company.

	Copay plans	Deductible plans	HSA plans
Office visits	Copay	Copay	Coinsurance after deductible
Preventive care	Covered 100 percent	Covered 100 percent	Covered 100 percent
Emergency care	Copay	Coinsurance after deductible	Coinsurance after deductible
Inpatient hospital	Copay	Coinsurance after deductible	Coinsurance after deductible
X-ray	Copay	Copay (HMO/DPOS) Coinsurance after deductible (PPO)	Coinsurance after deductible
Laboratory	Covered 100 percent	Covered 100 percent (HMO/DPOS) Coinsurance after deductible (PPO)	Coinsurance after deductible
Prescription drugs	Yes	Yes	Yes
Routine eye care	Yes	Yes	Yes
Pair with a tax-advantaged health savings account	N/A	N/A	Yes

Cost sharing included in the chart above applies to in-network coverage only. For out-of-network cost sharing, refer to the benefits summary charts in this brochure.

Product options

How much flexibility do you want to give your employees when they receive health care services?

Our Personal Choice PPO plans provide the ultimate in flexibility. Your employees get in-network coverage across the country when using participating BlueCard® PPO providers plus coverage out of network. Keystone Health Plan East Direct POS is another option if out-of-network coverage is important to you. Direct POS members have a primary care physician (PCP) and use referrals for certain services, which helps keep costs down. With our Keystone Health Plan East HMO plans, your employees will also be required to select a PCP to coordinate all of their care with network providers. Take a look at how the plans compare.

	Keystone HMO	Keystone Direct POS	Personal Choice®
Access to an expansive network of more than 60,000 physicians and specialists	✓	✓	✓
Selection of a primary care physician required	✓	✓	
No referrals needed to visit in-network specialists to get the highest level of benefits		✓[1]	✓
In-network benefits coast-to-coast through BlueCard® PPO			✓
Away from Home Care® program for members who temporarily reside outside the service area	✓	✓	
Access to emergency and urgent care across the country and around the world through BlueCard® and BlueCard® Worldwide	✓	✓	✓

[1] Direct POS members need a referral from their PCP for spinal manipulations, routine X-rays, physical/occupational therapy, and podiatry. For lab work, members should use the facility recommended by their PCP for the lowest out-of-pocket costs.

Questions? Contact your broker, call IBC at 215-241-3400, or visit www.ibx.com/bluesolutions.

Copay plans

	You pay				You pay in-network				You pay out-of-network*	
Benefits per contract year	**HMO 1 and 1.1**	**HMO 2 and 2.1**	**HMO 3 and 3.1**	**HMO 5 and 5.1**	**Direct POS 1 and 1.1**	**Direct POS 2 and 2.1**	**Direct POS 3 and 3.1**	**Direct POS 5 and 5.1**	**Direct POS 1, 1.1, 2, 2.1, 3, and 3.1**	**Direct POS 5 and 5.1**
Deductible, individual/family	None				None				$500/$1,500	$1,500/$4,500
Coinsurance									30%	50%
Out-of-pocket maximum, individual/family (includes coinsurance)									$3,000/$9,000	$10,000/$30,000
Lifetime maximum	Unlimited				Unlimited				Unlimited	
Preventive services										
Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization)	$0				$0				30%, no deductible	50%, no deductible
Nutrition counseling (6 visits per contract year)									30%, after deductible	50%, after deductible
Physician services										
Primary care office visit	$10	$15	$20	$30	$10	$15	$20	$30	30%, after deductible	50%, after deductible
Specialist office visit	$20	$30	$40	$50	$20	$30	$40	$50		
Routine eye care (once every two calendar years)	$0				$0				Not covered	
Eyeglasses or contacts (once every two calendar years)	$100 benefit				$100 benefit				Up to $100 reimbursement	
Spinal manipulations (20 visits per contract year)	$20	$30	$40	$50	$20 [1]	$30 [1]	$40 [1]	$50 [1]	30%, after deductible	50%, after deductible
Physical/occupational therapy (30 visits per contract year)										
Hospital/other medical services										
Inpatient hospital services/days (including maternity)	$0/unlimited days	$100/day, max 5 copays/admission; unlimited days	$250/day, max 5 copays/admission; unlimited days	$400/day, max 5 copays/admission, unlimited days	$0/unlimited days	$100/day, max 5 copays/admission; unlimited days	$250/day, max 5 copays/admission; unlimited days	$400/day, max 5 copays/admission; unlimited days	30%, after deductible/ 70 days	50%, after deductible/ 70 days
Emergency room (not waived if admitted)	$100			$125	$100			$125	Covered at the in-network level	
Outpatient surgery	$0	$100	$250	$400	$0	$100	$250	$400	30%, after deductible	50%, after deductible
Outpatient lab/pathology	$0				$0 [1]					
Routine radiology/diagnostic	$20	$30	$40	$50	$20 [1]	$30 [1]	$40 [1]	$50 [1]		
MRI/MRA, CT/CTA scan, PET scan	$40	$60	$80	$100	$40	$60	$80	$100		
Biotech/specialty injectables	$50	$75	$100	$125	$50	$75	$100	$125		
Durable medical equipment/prosthetics	50%				50%				50%, after deductible	
Outpatient mental health care (20 visits/contract year)	$20	$30	$40	$50	$20	$30	$40	$50		
Inpatient mental health care (30 days/contract year)	$0	$100/day, max 5 copays/admission	$250/day, max 5 copays/admission	$400/day, max 5 copays/admission	$0	$100/day, max of 5 copays/admission	$250/day, max of 5 copays/admission	$400/day, max of 5 copays/admission	30%, after deductible, up to 20 days per contract year	50%, after deductible, up to 20 days per contract year
Outpatient serious mental illness care (60 visits/contract year)	$20	$30	$40	$50	$20	$30	$40	$50	50%, after deductible	
Inpatient serious mental illness care (30 days/contract year)	$0	$100/day, max 5 copays/admission	$250/day, max 5 copays/admission	$400/day, max 5 copays/admission	$0	$100/day, max 5 copays/admission	$250/day, max 5 copays/admission	$400/day, max 5 copays/admission	30%, after deductible	50%, after deductible
Substance abuse treatment										
Detox (7 days per admission/4 admissions lifetime max)	$0	$100/day, max 5 copays/admission	$250/day, max 5 copays/admission	$400/day, max 5 copays/admission	$0	$100/day, max of 5 copays/admission	$250/day, max of 5 copays/admission	$400/day, max of 5 copays/admission	30%, after deductible	50%, after deductible
Rehabilitation (30 days per contract year/90 days lifetime max)										
Outpatient (60 visits per contract year/120 visits lifetime max)	$20	$30	$40	$50	$20	$30	$40	$50		

Prescription drug

Plan name	HMO 1	HMO 1.1	HMO 2	HMO 2.1	HMO 3	HMO 3.1	HMO 5	HMO 5.1	DPOS 1	DPOS 1.1	DPOS 2	DPOS 2.1	DPOS 3	DPOS 3.1	DPOS 5	DPOS 5.1	All Direct POS plans
Prescription deductible, individual/family	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Generic formulary copay	$10	$10	$10	$10	$7	$10	$7	$10	$10	$10	$10	$10	$10	$10	$7	$10	30% of total retail cost reimbursed
Brand formulary copay	$20	$40	$20	$40	50% up to $125 max per prescription	$45	50% up to $125 max per prescription	$45	$20	$40	$20	$40	$20	$40	50% up to $125 max per prescription	$45	
Non-formulary copay	$35	$70	$35	$70		$75		$75	$35	$70	$35	$70	$35	$70		$75	
Prescription mail order	Included		Included		Included		Included		Included		Included		Included		Included		Not available

Groups may not offer identical medical plans, for example HMO 1 and HMO 1.1.

[1]Referral required from primary care physician

*To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of benefits available. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefit booklet/certificate.

Questions? Contact your broker, call IBC at 215-241-3400, or visit www.ibx.com/bluesolutions.

Copay plans, continued

	You pay in-network						You pay out-of-network*			
Benefits per contract year	**Personal Choice PPO 1 and 1.1**	**Personal Choice PPO 2 and 2.1**	**Personal Choice PPO 3 and 3.1**	**Personal Choice PPO 4 and 4.1**	**Personal Choice PPO 5 and 5.1**	**Personal Choice PPO 6 and 6.1**	**Personal Choice PPO 1, 1.1, 2, 2.1, 3, and 3.1**	**Personal Choice PPO 4 and 4.1**	**Personal Choice PPO 5 and 5.1**	**Personal Choice PPO 6 and 6.1**
Deductible, individual/family	None						$500/$1,500	$1,500/$4,500	$3,000/$9,000	$6,000/$12,000
Coinsurance							30%	50%		
Out-of-pocket maximum, individual/family (includes coinsurance only)							$3,000/$9,000	$10,000/$30,000	$15,000/$45,000	$18,000/$36,000
Lifetime maximum	Unlimited						Unlimited			
Preventive services										
Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization)	$0						30%, no deductible	50%, no deductible		
Nutrition counseling (6 visits per contract year[1])							30%, after deductible	50%, after deductible		
Physician services										
Primary care office visit	$10	$15	$20	$30	$30	$40	30%, after deductible	50%, after deductible		
Specialist office visit	$20	$30	$40	$50	$50	$75				
Routine eye care (once every two calendar years[1])	$0						Up to $35 reimbursment			
Eyeglasses or contacts (once every two calendar years[1])	$100 benefit						Up to $100 reimbursement			
Spinal manipulations (20 visits per contract year[1])	$20	$30	$40	$50	$50	$75	30%, after deductible	50%, after deductible		
Physical/occupational therapy (30 visits per contract year[1])										
Hospital/other medical services										
Inpatient hospital services/days (including maternity)[1]	$0/unlimited days	$100/day, max 5 copays/admission; unlimited days	$250/day, max 5 copays/admission; unlimited days	$400/day, max 5 copays/admission; unlimited days	$600/day, max 5 copays/admission; unlimited days	$750/day, max 5 copays/admission; unlimited days	30%, after deductible/ 70 days	50%, after deductible/70 days		
Emergency room (not waived if admitted)	$100			$125	$150		Covered at the in-network level			
Outpatient surgery	$0	$100	$250	$400	$600	$750	30%, after deductible	50%, after deductible		
Outpatient lab/pathology	$0				$0					
Routine radiology/diagnostic	$20	$30	$40	$50	$50	$75				
MRI/MRA, CT/CTA scan, PET scan	$175				$175					
Biotech/specialty injectables	$50	$75	$100	$125	$125					
Durable medical equipment/prosthetics	30%		50%		50%		50%, after deductible			
Outpatient mental health care (20 visits/contract year[1])	$20	$30	$40	$50	$50	$75				
Inpatient mental health care (30 days/contract year[1])	$0	$100/day, max of 5 copays/admission	$250/day, max of 5 copays/admission	$400/day, max of 5 copays/admission	$600/day, max of 5 copays/admission	$750/day, max of 5 copays/admission	30%, after deductible/ 20 days per contract year	50%, after deductible, 20 days per contract year		
Outpatient serious mental illness care (60 visits/contract year[1])	$20	$30	$40	$50	$50	$75	50%, after deductible	50%, after deductible		
Inpatient serious mental illness care (30 days/contract year[1])	$0	$100/day, max 5 copays/admission	$250/day, max 5 copays/admission	$400/day, max of 5 copays/admission	$600/day, max of 5 copays/admission	$750/day, max of 5 copays/admission	30%, after deductible			
Substance abuse treatment										
Detox (7 days per admission/4 admissions lifetime maximum[1])	$0	$100/day, max of 5 copays/admission	$250/day, max 5 copays/admission	$400/day, max 5 copays/admission	$600/day, max 5 copays/admission	$750/day, max 5 copays/admission	30%, after deductible	50%, after deductible		
Rehabilitation (30 days per contract year/90 days lifetime maximum[1])										
Outpatient (60 visits per contract year/120 visits lifetime maximum[1])	$20	$30	$40	$50	$50	$75				

Prescription drug

Plan name	PPO 1	PPO 1.1	PPO 2	PPO 2.1	PPO 3	PPO 3.1	PPO 4	PPO 4.1	PPO 5	PPO 5.1	PPO 6	PPO 6.1	PPO 1, 1.1, 2, 2.1, 3, and 3.1	PPO 4, 4.1, 5, 5.1, 6, and 6.1
Prescription deductible, individual/family	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Generic formulary copay	$10	$10	$10	$10	$10	$10	$7	$10	$7	$10	$7	$10	30% of total retail cost reimbursed	30% of total retail cost reimbursed
Brand formulary copay	$20	$40	$20	$40	$20	$40	50% up to $125 max per prescription	$45	50% up to $125 max per prescription	$45	50% up to $125 max per prescription	$45		
Non-formulary brand copay	$35	$70	$35	$70	$35	$70		$75		$75		$75		
Prescription mail order	Included		Included		Included		Included		Included		Included		Not available	Not available

Groups may not offer identical medical plans, for example PPO 1 and PPO 1.1.

[1]Combined in- and out-of-network

*Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Personal Choice, 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, the payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, payment is 50% of the actual charge of the provider. For services rendered by hospitals and other facility providers in the local service area, the allowance may not refer to the actual amount paid by Personal Choice to the provider. Under IBC contracts with hospitals and other facility providers, IBC pays using bulk purchasing arrangements that save money at the end of the year but do not produce a uniform discount for each individual claim. Therefore, the amount paid by IBC at the time of any given claim may be more or it may be less than the amount used to calculate your liability. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

Questions? Contact your broker, call IBC at 215-241-3400, or visit www.ibx.com/bluesolutions.

New Rx alternatives with ".1" plans

Deductible plans

	You pay			You pay in-network					You pay out-of-network
Benefits per contract year	**HMO 4 and 4.1**	**HMO 6 and 6.1**	**HMO 7 and 7.1**	**Direct POS 4 and 4.1**	**Direct POS 6 and 6.1**	**Direct POS 7 and 7.1**	**Personal Choice PPO 7 and 7.1** (New)	**Personal Choice PPO 8 and 8.1** (New)	**All Direct POS* plans and Personal Choice PPO† plans**
Deductible, individual/family	$1,000/$3,000	$2,000/$6,000	$3,000/$9,000	$1,000/$3,000	$2,000/$6,000	$3,000/$9,000	$1,000/$3,000	$2,000/$6,000	$5,000/$15,000
Coinsurance	20%		30%	20%		30%	10%	20%	50%
Out-of-pocket maximum, individual/family (includes coinsurance only)	$3,000/$9,000		$5,000/$15,000	$3,000/$9,000		$5,000/$15,000	$3,000/$9,000		$15,000/$45,000
Lifetime maximum	Unlimited			Unlimited			Unlimited		Unlimited
Preventive services									
Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization)	$0, no deductible			$0, no deductible			$0, no deductible		50%, no deductible
Nutrition counseling (6 visits per contract year)[2]									50%, after deductible
Physician services									
Primary care office visit	$20, no deductible			$20, no deductible			$20, no deductible	$30, no deductible	50%, after deductible
Specialist office visit	$40, no deductible			$40, no deductible			$40, no deductible	$50, no deductible	
Routine eye care (once every two calendar years)[2]	$0, no deductible			$0, no deductible			$0		Up to $35 reimbursement
Eyeglasses or contacts (once every two calendar years)[2]	$100 benefit			$100 benefit			$100 benefit		Up to $100 reimbursement
Spinal manipulations (20 visits per contract year)[2]	$40, no deductible			$40, no deductible[1]			$40, no deductible	$50, no deductible	50%, after deductible
Physical/occupational therapy (30 visits per contract year)[2]									
Hospital/other medical services									
Inpatient hospital services/days (includes maternity)[2]	20%, after deductible/unlimited days		30%, after deductible/ unlimited days	20%, after deductible/unlimited days		30%, after deductible/ unlimited days	10% after deductible/ unlimited days	20% after deductible/ unlimited days	50%, after deductible/70 days
Emergency room (not waived if admitted)	20%, after deductible		30%, after deductible	20%, after deductible		30%, after deductible	10% after deductible	20% after deductible	Covered at the in-network level
Outpatient surgery									50%, after deductible
Outpatient lab/pathology	$0, no deductible			$0, no deductible[1]					
Routine radiology/diagnostic	$40, no deductible			$40, no deductible[1]					
MRI/MRA, CT/CTA scan, PET scan	$80, no deductible			$80, no deductible					
Biotech/specialty injectables	$100, no deductible			$100, no deductible			$100, no deductible		
Durable medical equipment/prosthetics	50%, after deductible			50%, after deductible			50%, after deductible		
Outpatient mental health care (20 visits/contract year[2])	$40, no deductible			$40, no deductible			$40 copay, no deductible	$50 copay, no deductible	
Inpatient mental health care (30 days/contract year[2])	20%, after deductible		30%, after deductible	20%, after deductible		30%, after deductible	10% after deductible	20% after deductible	50%, after deductible, 20 days per contract year
Outpatient serious mental illness care (60 visits/contract year[2])	$40, no deductible			$40, no deductible			$40 copay, no deductible	$50 copay, no deductible	50%, after deductible
Inpatient serious mental illness care (30 days/contract year[2])	20%, after deductible		30%, after deductible	20%, after deductible		30%, after deductible	10% after deductible	20% after deductible	
Substance abuse treatment									
Detox (7 days per admission/4 admissions lifetime max[2])	20%, after deductible		30%, after deductible	20%, after deductible		30%, after deductible	10% after deductible	20% after deductible	50%, after deductible
Rehabilitation (30 days per contract year/90 days lifetime max[2])									
Outpatient (60 visits per contract year/120 visits lifetime max[2])	$40, no deductible			$40, no deductible			$40 copay, no deductible	$50 copay, no deductible	

Prescription drug

Plan name	HMO 4	HMO 4.1	HMO 6	HMO 6.1	HMO 7	HMO 7.1	DPOS 4	DPOS 4.1	DPOS 6	DPOS 6.1	DPOS 7	DPOS 7.1	PPO 7	PPO 7.1	PPO 8	PPO 8.1	All DPOS and PPO Plans
Prescription deductible, individual/family	None	None	$250	$250[3]	$250	None	None	None	$250	$250[3]	$250	None	None	$250[3]	None	$250[3]	None
Generic formulary copay	$7	$10	$20	$10, no deductible	$20	$4	$7	$10	$20	$10, no deductible	$20	$4	$10	$10, no deductible	$10	$10	30% of total retail cost reimbursed
Brand formulary copay	50% up to $125 max per prescription	$45	$40	$45	$40	Discount available[4]	50% up to $125 max per prescription	$45	$40	$45	$40	Discount available[4]	$45	$45	$45	$45	
Non-formulary brand copay		$75	$60	$75	$60			$75	$60	$75	$60		$75	$75	$75	$75	
Prescription mail order	Included		Included		Included		Included		Included		Included		Included		Included		Not available

Groups may not offer identical medical plans, for example HMO 4 and HMO 4.1.

[1]Referral required from primary care physician

[2]Combined in- and out-of-network PPO plans only

[3]Deductible waived on generic drugs

[4]Brand drugs vary in cost, and cost sharing is based on a discounted amount that was negotiated with the pharmacy.

*To receive maximum benefits, services must be provided by a Keystone Health Plan East participating provider. This is a highlight of benefits available. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the HMO group contract and out-of-network benefit booklet/certificate.

†Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Personal Choice, 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, the payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, payment is 50% of the actual charge of the provider. For services rendered by hospitals and other facility providers in the local service area, the allowance may not refer to the actual amount paid by Personal Choice to the provider. Under IBC contracts with hospitals and other facility providers, IBC pays using bulk purchasing arrangements that save money at the end of the year but do not produce a uniform discount for each individual claim. Therefore, the amount paid by IBC at the time of any given claim may be more or it may be less than the amount used to calculate your liability. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

HSA plans

	You pay in-network					You pay out-of-network*
Benefits per contract year	**Personal Choice HDHP 1**	**Personal Choice HDHP 2**	**Personal Choice HDHP 3**	**Personal Choice HDHP 4**	**Personal Choice HDHP 5**	**All Personal Choice HDHPs**
Deductible, individual/family	$1,500/$3,000	$2,000/$4,000	$2,500/$5,000	$3,000/$6,000	$3,000/$6,000	$5,000/$10,000
Coinsurance, after deductible	$0, after deductible				20%, after deductible	50%, after deductible
Out-of-pocket maximum, individual/family (includes deductibles, copays, and coinsurance)	$5,600/$11,200					$10,000/$20,000
Lifetime maximum	Unlimited					Unlimited
Preventive services						
Preventive care for adults and children (includes mammogram, routine gynecological, and pediatric immunization)	$0, no deductible					50%, no deductible
Nutrition counseling (6 visits per contract year[1])						50%, after deductible
Physician services						
Primary care office visit (includes maternity)	$0, after deductible				20%, after deductible	50%, after deductible
Specialist office visit						
Routine eye care (once every two calendar years[1])	$0, no deductible					Up to $35 reimbursment
Eyeglasses or contacts (once every two calendar years[1])	$100 benefit					Up to $100 reimbursement
Spinal manipulations (20 visits per contract year[1])	$0, after deductible				20%, after deductible	50%, after deductible
Physical/occupational therapy (30 visits per contract year[1])						
Hospital/other medical services						
Inpatient hospital services/days (includes maternity)	$0, after deductible/unlimited days				20%, after deductible/unlimited days	50%, after deductible/70 days
Emergency room (not waived if admitted)	$0, after deductible				20%, after deductible	Covered at the in-network level
Outpatient surgery						50%, after deductible
Outpatient lab/pathology	$0, after deductible				20%, after deductible	
Routine radiology/diagnostic						
MRI/MRA, CT/CTA scan, PET scan						
Biotech/specialty injectables						
Durable medical equipment/prosthetics						
Outpatient mental health care (20 visits/contract year[1])						
Inpatient mental health care (30 days/contract year[1])						
Outpatient serious mental illness care (60 visits/contract year[1])						
Inpatient serious mental illness care (30 days/contract year[1])						
Substance abuse treatment						
Detox (7 days per admission/4 admissions lifetime maximum[1])						
Rehabilitation (30 days per contract year/90 days lifetime maximum[1])						
Outpatient (60 visits per year/120 visits lifetime maximum[1])						
Prescription drug						
Prescription deductible, individual/family	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical	Integrated with medical
Generic formulary copay	$20, after deductible	$20, after deductible	$20, after deductible	$20, after deductible	$20, after deductible	50%, after deductible
Brand formulary copay	$40, after deductible	$40, after deductible	$40, after deductible	$40, after deductible	$40, after deductible	
Non-formulary brand copay	$60, after deductible	$60, after deductible	$60, after deductible	$60, after deductible	$60, after deductible	
Prescription mail order	Included	Included	Included	Included	Included	Not available

Note: Prior to benefits being paid, the entire deductible must be met.

[1]Combined in- and out-of-network

*Non-Preferred Providers may bill you the differences between the Plan allowance, which is the amount paid by Personal Choice, 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, the payment is based on the lesser of the Independence Blue Cross (IBC) applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or IBC's fee schedule, payment is 50% of the actual charge of the provider. For services rendered by hospitals and other facility providers in the local service area, the allowance may not refer to the actual amount paid by Personal Choice to the provider. Under IBC contracts with hospitals and other facility providers, IBC pays using bulk purchasing arrangements that save money at the end of the year but do not produce a uniform discount for each individual claim. Therefore, the amount paid by IBC at the time of any given claim may be more or it may be less than the amount used to calculate your liability. It is important to note that all percentages for out-of-network services are percentages of the Plan allowance, not the actual charge of the provider.

Questions? Contact your broker, call IBC at 215-241-3400, or visit www.ibx.com/bluesolutions.

Make the most of an HSA plan

When you offer a Personal Choice® HSA plan, your employees are eligible to open a tax-advantaged health savings account (HSA). Contributions to HSAs may be made by employers, employees, or a combination of both. Either way there are tax advantages for both you and your employees:

- Any HSA contributions you make are considered a business expense and provide tax savings.
- Employee contributions reduce their taxable income.
- Interest earned is tax-free when spent on qualified medical expenses.
- Qualified medical expenses reimbursed from the account are tax-free.

With all of the tax advantages, HSAs are a great way to save. Plus, they may help offset increased employee costs, since HSA savings can be used to pay for deductibles and coinsurance.

Open a health savings account

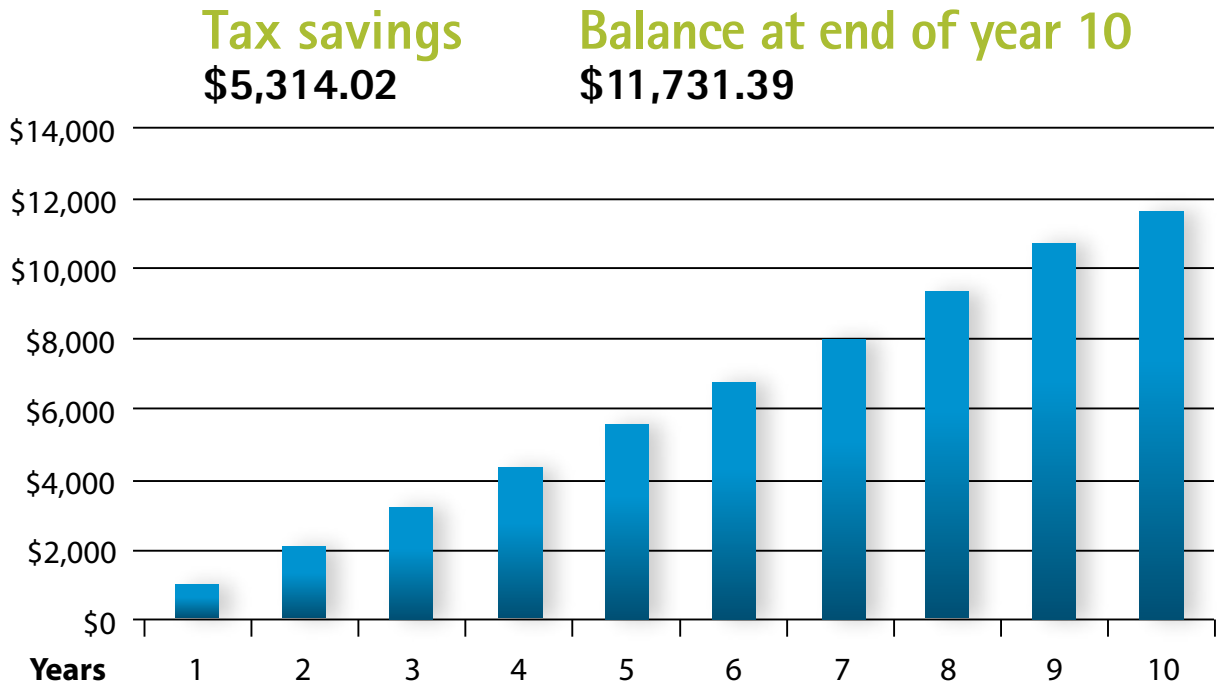
Your employees may use our preferred vendor, The Bancorp Bank, an independent company, to set up an HSA account or choose any bank they like. Bancorp HSA features include:

- no application or account set up fees[1];
- ability to earn interest with first deposit[2];
- free no-annual-fee Visa® Check Card;
- toll-free 24/7 customer service and online access;
- ability to invest HSA funds through National Financial Services once balance reaches $2,500.

To learn more, visit the Bancorp website at www.mybancorphsa.com.

See how HSA savings grow

Let's say each year your employee contributes $1,500 to an HSA and withdraws, on average, $500 for health care expenses. With an interest rate of 3.5 percent, savings will grow each year. Depending on how money is invested in the account, savings can be even greater.



The above chart is for illustrative purposes only. With an annual deposit of $1,500 on the first day of each year, an annual percentage yield of 3.5% with all earnings reinvested in the account, and $500 withdrawn for eligible medical expenses on the first day of each year.

The chart is not intended to be used as legal and/or tax advice. Please consult with your tax advisor and/or attorney for your particular situation.

[1] Standard banking fees apply; monthly maintenance fees may apply. Visit www.mybancorphsa.com for additional details.

[2] Interest paid on balances over $1

Other insurance needs

Dental coverage

We offer access to a broad range of United Concordia dental products. All programs include a comprehensive network of dentists, and members never need a claim form when using a participating provider. The programs also put a strong emphasis on prevention, early diagnosis, and treatment.

Choose from one of these affordable options:

- **Concordia Plus** – dental managed care
- **Concordia Preferred** – dental preferred provider organization (PPO)
- **Concordia Flex** – traditional fee-for-service

United Concordia is an independent company that administers our dental programs.

Life and disability coverage

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

- affordable group rates;
- easy enrollment process;
- guaranteed enrollment for Life/Accidental Death and Dismemberment (AD&D) insurance without completing health questionnaires. Participation guidelines apply.

Eligible employees	Coverage amount
2 – 5	$35,000
6 – 9	$50,000
10+	Varies

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Solutions to help you manage your business

Manage your account with ibxpress.com

We understand that running a small business means that you have a lot of responsibilities to juggle, so we want to make managing your health benefits as easy as possible. Whether you're looking for account information or online billing, you get 24/7 access through ibxpress.com.

Account Management features:

- Add or delete a member.
- Change employee or dependent information.
- View coverage history.
- Download forms.
- View your daily work log and transaction history.

eBilling and epayment features:

- View current and prior invoices.
- Review billing and payment history.
- Get monthly billing reminders.
- Receive and pay invoices online.

Take advantage of tax credits and wellness grants

Did you know that you may be eligible for tax credits up to 35 percent of your annual premium costs? Or that you could qualify for a wellness grant to support a worksite wellness program? We will help you understand how health care reform legislation may benefit you and your employees.

Tax credits – Make sure you take advantage of all possible deductions when you file your taxes. You may be eligible for a health care tax credit if you:

- pay for at least 50 percent of your employees' total premium costs;
- have no more than 24 full-time employees;
- your employees make $50,000 or less on average.

Find out how much you could save.

Use our tax-credit calculator, powered by H&R Block.
Visit ibx.com/bluesolutions to get started.

Wellness grants – Want to increase health awareness and offer your employees incentives to make healthy choices? The federal government is offering wellness grants to eligible small businesses that offer comprehensive workplace wellness programs. We can provide you with worksite wellness programs that include preventive screenings, health education seminars, health risk assessments, and more.

Powered by H&R Block®. H&R Block does not offer Blue Cross and Blue Shield products or services.
H&R Block and Independence Blue Cross are not affiliated companies.

H&R Block is solely responsible for any tax advice it prepares, and IBC has no involvement in the content of such tax advice.

Solutions to help your employees manage their health

Your employees are your most valuable asset. That's why we offer the programs, tools, and resources they need to get engaged in their health and make informed health care decisions. Our Healthy Lifestyles℠ [1] programs offer cash rewards, discounts, and reminders designed to help your employees and their families lead healthier lives.

Cash rewards – We believe your employees should be rewarded for taking action to maintain and improve their health. If your employees exercise regularly, we'll reimburse them up to $150 for fitness center fees. If they want to lose weight or quit smoking, we'll reimburse them up to $200 for program fees to help them reach their goals. We'll even give them money back for purchasing a bike helmet, completing a CPR class, or going to a parenting class.

Valuable discounts – When your employees carry our card they can get discounts on hotels, national fitness clubs, diet programs, laser vision correction, hearing aids, and much more. From sneakers to spa treatments, your members can enjoy the many perks that come with an Independence Blue Cross membership[2].

Important reminders – We'll help your employees remember to schedule routine tests and screenings by sending them educational reminders for mammograms, Pap tests, and colorectal screenings. They'll also get special reminders and resource mailings to keep the whole family up to date on immunizations.

Online tools - Our member website, ibxpress.com, is loaded with wellness tools and information to help your employees stay at peak performance. Whether they want to research symptoms, complete a health assessment, engage in an online lifestyle improvement program, or record and track important health information, our website can help. That's not all. Members can use ibxpress.com to review their benefits, find a doctor or hospital, and check the status of claims. It's free, secure, and convenient.

[1] Healthy Lifestyles programs are value-added programs and services – they are not benefits under the health care plan that you purchased and are therefore subject to change without notice.

[2] $25 yearly access fee for certain programs managed by American Specialty Network.

Questions? Contact your broker, call IBC at 215-241-3400, or visit www.ibx.com/bluesolutions.

Important information

What's not covered?

- services not medically necessary;
- services or supplies that are experimental or investigative, except routine costs associated with qualifying clinical trials;
- hearing aids, hearing examinations/tests for the prescription/fitting of hearing aids, and cochlear electromagnetic hearing devices;
- assisted fertilization techniques, such as in vitro fertilization, GIFT, and ZIFT;
- reversal of voluntary sterilization;
- expenses related to organ donation for nonmember recipients;
- dental care, including dental implants or dentures, and nonsurgical treatment of temporomandibular joint syndrome (TMJ);
- music therapy, equestrian therapy, and hippotherapy;
- treatment of sexual dysfunction not related to organic disease except for sexual dysfunction relating to an injury;
- routine foot care, unless medically necessary or associated with the treatment of diabetes;
- foot orthotics, except for orthotics and podiatric appliances required for the prevention of complications associated with diabetes;
- cranial prosthesis, including wigs intended to replace hair;
- alternative therapies/complementary medicine such as acupuncture;
- routine physical exams for nonpreventive purposes, such as insurance or employment applications, college, or premarital 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;
- outpatient services that are not performed by a member's designated provider (HMO plans only).

Benefits that require preapproval

Additional approval from Independence Blue Cross 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 employee's 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.

For a list of services that require preapproval, visit www.ibx.com/preapproval.

Underwriting information

Dual-option offerings

- Groups of 2-4 enrolled contracts can select a maximum of one medical plan for all enrollees. A second option may be added to HMO/POS only if a PPO is needed for an out-of-area employee.
- Groups of 5-50 enrolled contracts can select a maximum of two medical plans. A PPO option may be added to HMO/POS for out-of-area employees only.
- Groups may not offer identical medical plans, for example HMO 1 and HMO 1.1.

Participation requirements

- Groups of 2-19 eligible lives must have 100 percent participation in combined or separate HMO/POS/PPO offerings. IBC requires a minimum of two enrolled lives.
- Groups with 20-50 eligible lives must have 75 percent participation, which includes all product lines. HMO/POS-only groups must also have 75 percent participation.
- IBC will count waivers in the eligibility calculations.
- Credit is given for those eligible subscribers who opt out because they have coverage through a spouse, as an eligible dependent to 26, or are enrolled in Medicare or Medicaid. Only these types of opt-outs, or waivers, are excluded from the calculation to determine if a group meets the 100 percent participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for active and retired employees. The group must consist of a minimum of 75 percent active employees.

Employer contribution requirement

- For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium or 75 percent of the single-tier rate for each plan offered.

Rate tiers

- All rates will be offered on a standard four-tier basis.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply.

The summaries in this brochure represent only a partial listing of benefits and exclusions of the Keystone Health Plan East and Personal Choice® programs. These managed care plans may not cover all of your health care expenses. Read your contract, member handbook, and/or benefits booklet carefully to determine which health care services are covered. If you need more information, please call 1-800-ASK-BLUE (1-800-275-2583).

* Members are responsible for obtaining preapproval if they use an out-of-network or BlueCard provider.

Questions? Contact your broker, call IBC at 215-241-3400, or visit www.ibx.com/bluesolutions.

Independence Blue Cross

For additional information, contact your broker, or call IBC at 215-241-3400.

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

www.ibx.com/bluesolutions

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HMO products underwritten and administered by Keystone Health Plan East. Personal Choice PPO products underwritten and administered by QCC Insurance Company. Keystone Health Plan East and QCC Insurance Company are subsidiaries of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.