

Why Offer a BlueSaverSM HRA?

When you offer an Independence Blue Cross (IBC) BlueSaver HRA, you may receive certain

tax benefits while helping to offset increased member cost-sharing by providing a means for members to save for medical expenses. Under a BlueSaver HRA, you determine what expenses and services are eligible for reimbursement including:

- Limit eligible expenses to match what is covered under the member's health plan (i.e., deductibles, coinsurance and copays).
- Include dental,* vision* or prescription drug costs.
- For customers with 2 to 99 eligible employees, employer's can select standard IRS Code Section 213 (d) expenses as eligible or waive the option. Customers with 100 + employees have the option to expand the definition of eligible expenses to include all medical care expenses (as defined in IRS Code Section 213 (d)) which includes coverage for LASIK, lifestyle drugs, massage therapy, and other health care expenses.
- Offer a BlueSaver HRA in conjunction with other health accounts such as a BlueSaver FSA.

Health Plan Options Available With BlueSaver HRAs

To maximize premium savings, we suggest that you pair your BlueSaver HRA with one of our Flex Deductible Series medical options. However, you can also choose any of the health plan options.

Funding Options

BlueSaver HRAs are funded by the group, so you determine the contribution level for your employees. There are several ways you can send your BlueSaver HRA contributions to IBC:

- Automated Clearinghouse (ACH)
- Wire Transfer
- Check*

Members Benefit from IBC Discounts

Members can take advantage of our provider discounts to maximize their health account dollars.

- Local participating providers
- Providers across the country and around the world through BlueCard[®] and BlueCard Worldwide[®]
- Prescription drugs at participating pharmacies throughout the United States

Easy Claims Submission

The most important feature of a BlueSaver HRA is the ability for members to easily submit claims. You can set up your group's BlueSaver HRA to:

- Automatically submit the member liability portion of a medical or prescription drug claim for reimbursement under the BlueSaver HRA once it has been processed by Independence Blue Cross.
- Include a Debit Card* allowing members to pay for qualified medical copay expenses at the time of purchase or service. Members can also mail in claim forms with receipts for reimbursement.*

Prompt Claims Reimbursement

Members choose how they are reimbursed for medical expenses:

- Direct deposit
- Check

Convenient Online Account Management

Our secure web site—ibxpress.com—will provide benefits to both you and your members.

Groups can:

- Manage BlueSaver HRA eligibility
- Download reports and forms
- Access answers to frequently asked questions

Members can:

- View year-to-date contributions
- Check the balance of their BlueSaver HRA
- View claims status
- Review transaction history
- Print reimbursement forms

* For customers with 100+ eligible employees.

www.ibx.com

Knowledge. Choice. Independence.
Choose Blue.SM



Flex Deductible Series— Keystone Health Plan East HMO Options

SERVICE:	D1-N1	D1-N2	D2-N1	D2-N2	D3-N1	D3-N2	D4-N1	D4-N2
Deductible	\$500/ \$1,500	\$500/ \$1,500	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$6,000	\$2,000/ \$6,000	\$3,000/ \$9,000	\$3,000/ \$9,000
Coinsurance	80%	70%	80%	70%	80%	70%	80%	70%
Out-of-Pocket Maximum	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
OB-GYN Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Specialist Office Visit	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Physical and Occupational Therapy 30 visits per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Spinal Manipulations and Speech Therapy 20 visits each per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Cardiac and Pulmonary Rehab 36 sessions each per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Outpatient Laboratory/Pathology (outpatient facility & lab)	100%	100%	100%	100%	100%	100%	100%	100%
Outpatient X-Ray/Radiology/ Diagnostic Services Routine Radiology/Diagnostic MRI/MRA, CT Scans/PET Scans (pre-authorization required for PET Scans)	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80
Routine Gyn Exam/Pap (1 per calendar year regardless of age)	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Mammography	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Pediatric Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Injectable Medications Standard injectables (ex. steroids, antibiotics) Biotech/Specialty injectables*	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100
Maternity 1st Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20
Hospital Inpatient* Unlimited days in-network	80%	70%	80%	70%	80%	70%	80%	70%
Outpatient Surgery*	80%	70%	80%	70%	80%	70%	80%	70%
Skilled Nursing Facility* 120 days per calendar year	80%	70%	80%	70%	80%	70%	80%	70%
Emergency Room NOT waived if admitted	80%	70%	80%	70%	80%	70%	80%	70%
Private Duty Nursing* 360 hours per calendar year	80%	70%	80%	70%	80%	70%	80%	70%
Durable Medical Equipment* (repairs and replacements over \$100 and all rentals)	50%	50%	50%	50%	50%	50%	50%	50%
Prosthetics* (repairs and replacements over \$100 and all rentals)	50%	50%	50%	50%	50%	50%	50%	50%

* Pre-authorization required.

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Flex Deductible Series— Keystone Direct POS Options

SERVICE:	D1-N1	D1-N2	D2-N1	D2-N2	D3-N1	D3-N2	D4-N1	D4-N2	OUT-OF-NETWORK KEYSTONE DIRECT POS
Deductible	\$500/ \$1,500	\$500/ \$1,500	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$6,000	\$2,000/ \$6,000	\$3,000/ \$9,000	\$3,000/ \$9,000	\$5,000/ \$15,000
Coinsurance	80%	70%	80%	70%	80%	70%	80%	70%	50%
Out-of-Pocket Maximum	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$15,000/ \$45,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$500,000
Primary Care Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%
OB-GYN Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%
Specialist Office Visit	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%
Physical and Occupational Therapy 30 visits per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%, 30 visits each per calendar year
Spinal Manipulations and Speech Therapy 20 visits each per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%, 20 visits each per calendar year
Cardiac and Pulmonary Rehab 36 sessions each per calendar year	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%, 36 sessions each per calendar year
Outpatient Laboratory/Pathology (outpatient facility & lab)	100%	100%	100%	100%	100%	100%	100%	100%	50%
Outpatient X-Ray/Radiology/ Diagnostic Services Routine Radiology/Diagnostic MRI/MRA, CT Scans/PET Scans (pre-authorization required for PET Scans)	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	\$40 \$80	50%
Routine Gyn Exam/Pap (1 per calendar year regardless of age)	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%, no deductible
Mammography	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50%, no deductible
Pediatric Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50%, no deductible
Injectable Medications Standard injectables (ex. steroids, antibiotics) Biotech/Specialty injectables*	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	50% 50%
Maternity 1st Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%
Hospital Inpatient* Unlimited days in-network	80%	70%	80%	70%	80%	70%	80%	70%	50%, 70 days
Outpatient Surgery*	80%	70%	80%	70%	80%	70%	80%	70%	50%
Skilled Nursing Facility* 120 days per calendar year	80%	70%	80%	70%	80%	70%	80%	70%	50%, 60 days per calendar year
Emergency Room NOT waived if admitted	80%	70%	80%	70%	80%	70%	80%	70%	Covered at In-Network Level
Private Duty Nursing * 360 hours per calendar year	80%	70%	80%	70%	80%	70%	80%	70%	50%, 360 hours per calendar year
Durable Medical Equipment* (repairs and replacements over \$100 and all rentals)	50%	50%	50%	50%	50%	50%	50%	50%	50%; \$2,500 benefit maximum per calendar year
Prosthetics* (repairs and replacements over \$100 and all rentals)	50%	50%	50%	50%	50%	50%	50%	50%	50%

* Pre-authorization required. Keystone Direct POS members may be held responsible for financial penalties if they do not pre-authorize inpatient/outpatient services when using their out-of-network benefits. Members will be subject to 20% reduction in benefits if prior approval is not obtained for inpatient/outpatient treatment services for out-of-network care.

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Flex Deductible Series— Personal Choice Options

SERVICE:	D1-N1	D1-N2	D2-N1	D2-N2	D3-N1	D3-N2	D4-N1	D4-N2	OUT-OF-NETWORK
Deductible	\$500/ \$1,500	\$500/ \$1,500	\$1,000/ \$3,000	\$1,000/ \$3,000	\$2,000/ \$6,000	\$2,000/ \$6,000	\$3,000/ \$9,000	\$3,000/ \$9,000	\$5,000/ \$15,000
Coinsurance	80%	70%	80%	70%	80%	70%	80%	70%	50%
Out-of-Pocket Maximum	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$3,000/ \$9,000	\$5,000/ \$15,000	\$15,000/ \$45,000
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	\$500,000
Primary Care Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%
OB-GYN Office Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%
Specialist Office Visit	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%
Physical and Occupational Therapy 30 visits per calendar year (combined with PPO out-of-network max)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%
Spinal Manipulations and Speech Therapy 20 visits each per calendar year (combined with PPO out-of-network max)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%
Cardiac and Pulmonary Rehab 36 sessions each per calendar year (combined with PPO out-of-network max)	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	50%
Outpatient Laboratory/Pathology (outpatient facility & lab)	80%	70%	80%	70%	80%	70%	80%	70%	50%
Outpatient X-Ray/Radiology/ Diagnostic Services Routine Radiology/Diagnostic MRI/MRA, CT Scans/PET Scans (pre-authorization required for PET Scans)	80% 80%	70% 70%	80% 80%	70% 70%	80% 80%	70% 70%	80% 80%	70% 70%	50%
Routine Gyn Exam/Pap (1 per calendar year regardless of age)	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%, no deductible
Mammography	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50%, no deductible
Pediatric Immunizations	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	50%, no deductible
Injectable Medications Standard injectables (ex. steroids, antibiotics) Biotech/Specialty injectables*	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	\$0 \$100	50% 50%
Maternity 1st Visit	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	50%
Hospital Inpatient* Unlimited days in-network	80%	70%	80%	70%	80%	70%	80%	70%	50%, 70 days
Outpatient Surgery*	80%	70%	80%	70%	80%	70%	80%	70%	50%
Skilled Nursing Facility* 120 days per calendar year	80%	70%	80%	70%	80%	70%	80%	70%	50%
Emergency Room NOT waived if admitted	80%	70%	80%	70%	80%	70%	80%	70%	Covered at In-Network Level
Outpatient Private Duty Nursing* 360 hours per calendar year (combined with PPO out-of-network max)	80%	70%	80%	70%	80%	70%	80%	70%	50%
Durable Medical Equipment* (repairs and replacements over \$100 and all rentals)	50%	50%	50%	50%	50%	50%	50%	50%	50%; \$2,500 benefit maximum per calendar year
Prosthetics* (repairs and replacements over \$100 and all rentals)	50%	50%	50%	50%	50%	50%	50%	50%	50%

* Pre-authorization required. Personal Choice members may be held responsible for financial penalties if they do not pre-authorize services when using a BlueCard PPO provider, or an out-of-network provider. Members will be subject to 20% reduction in benefits if prior approval is not obtained for inpatient/outpatient treatment services for PPO out-of-network care.

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