



<<DATE>>
<<FIRST NAME>> <<LAST NAME>
<<STREET ADDRESS>>
<<CITY>>, <<STATE>> <<ZIP CODE>>

Important change to claims processing for Personal Choice® PPO health plans

Dear Benefits Administrator:

I am writing to notify you about a change in how claims for certain out-of-network providers will be processed that impacts commercial Personal Choice PPO plans. Effective November 1, 2013, Independence Blue Cross (IBC) members who have claims submitted by providers who participate in the Highmark Blue Shield (Highmark) professional provider network will be subject to higher out-of-pocket costs. Members may also be subject to balance billing.

How this change impacts claims for covered services

Under IBC's current network arrangement with Highmark, claims submitted by a participating Highmark professional provider are processed as out-of-network and are applied to a member's out-of-network deductible. However, the member is not balance billed by the provider. Balance billing is the difference between what a doctor charges for services and the allowed amount a member's IBC plan pays.

Although a member may continue to receive care from a Highmark participating professional provider, please note the following change for claims with dates of service on or after November 1:

- Claims for covered services from Highmark professional providers *inside* IBC's five-county service area (Philadelphia, Bucks, Chester, Montgomery, and Delaware counties) will continue to be processed as out-of-network claims. However, a member's out-of-pocket costs will be higher and he or she may be balance billed by the provider. This amount may be significant.
- Claims for covered services from Highmark professional providers *outside* the Philadelphia five-county service area will be treated in the same way they are today. There will be no impact to a member's claims for covered services outside the Philadelphia five-county area.

Please review the enclosed addendum to your group health plan contract and the Notice of Change. The addendum is an amendment to your contract. It is effective November 1, 2013, and you should attach it to your current contract.

(over)

How we are communicating this change to members

We are notifying all PPO members of the network change by mail 90 days prior to the November 1 termination date.

We understand the important relationship our members have with their doctors, and we can assure them that the Personal Choice network offers access to more than 55,000 providers in IBC's five-county service area. We are encouraging members to use the Find a Doctor search tool at ibxpress.com to find a doctor or specialist who participates in the Personal Choice network or to call Customer Service at 1-800-ASK-BLUE (1-800-275-2583).

If you have any questions, please contact your broker, consultant, or IBC account executive.

We appreciate your business and look forward to serving you for years to come.

Sincerely,



Brian Loble

Senior Vice President, Marketing & Consumer Business

Enclosure