

# Independence Blue Cross

## Summary of Changes

Effective date is January 1, 2016 unless noted otherwise

TYPE OF SERVICE	WHAT HAS CHANGED	AFFECTED PLANS
<b>Value-based programs reimbursement disclosure language</b>	The benefits booklet has been updated to include value-based programs reimbursement disclosure language that explains the range of pricing arrangements for claims for services received outside a member's plan service area.	PPO – All
<b>Bariatric surgery (weight loss surgery)</b>	Language has been added to the benefits booklet to include a reference to bariatric surgery as a surgical treatment for obesity when certain requirements are met. Language has also been added to the benefits booklet to clarify that weight loss surgery to treat any medical condition (for example, diabetes) is limited to one surgery per lifetime.	HMO – All POS – All DPOS – All PPO – All
<b>Specialty drug list</b>	There have been changes to the list of injectable/infusion therapy drugs for which members covered under a commercial plan (non-Medicare Advantage plan) are required to pay a cost-share. The drugs on this list are covered under a member's medical benefit and are typically administered by a health care provider. The cost-share amount will be collected at the provider's office or facility each time the drug is administered. The actual cost-share amount is based on the terms of the member's benefit contract. Members can view the updated drug list at <a href="http://ibx.com">ibx.com</a> or by calling 1-800-ASK-BLUE (1-800-275-2583) to request a printed copy. Members should review the list at their earliest convenience and discuss any questions with their providers.	HMO – All POS – All DPOS – All PPO – All
<b>Preventive care</b>	The schedule of covered preventive benefits has been removed from the benefits booklet. Language has been added to the benefits booklet about Affordable Care Act (ACA) preventive care requirements. The language also directs members to visit <a href="http://ibx.com">ibx.com</a> to view the most up-to-date list of preventive services that the ACA requires Independence Blue Cross to cover.	HMO – All POS – All DPOS – All PPO – All
<b>Medical foods</b>	Language in the benefits booklet regarding coverage of medical foods has been updated to clarify the items that are excluded from coverage.	HMO – All POS – All DPOS – All PPO – All Major Medical – All CMM – All

(Continued)

2015-2732

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TYPE OF SERVICE	WHAT HAS CHANGED	AFFECTED PLANS
<b>Diabetic supplies</b>	Language in the benefits booklet has been updated to clarify that diabetic supplies that are not available at a pharmacy may be purchased from a durable medical equipment (DME) provider and will be subject to the plan's DME cost-sharing.	HMO – All
<b>Exclusion for amounts payable by Medicare*</b> (Only applies to Medicare-eligible individuals who do not enroll in Medicare)	For purposes of this program exclusion, coverage is not available for a service, supply, or charge that is "payable under Medicare" when the member is eligible to enroll for Medicare benefits, regardless of whether the member actually enrolls for, pays applicable premium for, maintains, claims, or receives Medicare benefits. The amount excluded for these claims will be either the amount "payable under Medicare" or the applicable plan fee schedule for the service, at the discretion of the plan.	HMO – All POS – All DPOS – All PPO – All

\*Change is effective on January 1, 2017

This is only a summary of changes to benefits.  
Refer to your benefit booklet, or view your amendments  
at [ibx.com/2016benefitsupdate](http://ibx.com/2016benefitsupdate) for additional details.



1-800-ASK-BLUE (1-800-275-2583)  
[ibx.com](http://ibx.com)

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.

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