



Plan Overview

Find the health plan that's right for your business

Independence 
Blue Solutions®

Blue Solutions and the Affordable Care Act (ACA)




As an employer or benefits manager, health insurance is one of the most important things you can provide for your employees and their families. However, many things about health insurance are changing.

How it affects your business

The provisions of the ACA, which take effect January 1, 2014, impact the health care coverage you offer your employees. The good news is our comprehensive Blue Solutions health plans have been updated to comply with ACA requirements, and include all ten essential health benefits. All of our plans will be arranged by metallic tiers (platinum, gold, silver, bronze), which make it easier to find plans that are right for your business and your budget.

Here’s a look at some of the important health care law changes that begin January 1, 2014:

- **Health plans will include 10 core benefits, known as essential health benefits.** This means that plans must include coverage for the following types of health care shown on page 4.
- **Out-of-pocket maximum changes limit costs.** In 2014, all benefit plans include a limit on how much your employees will pay out-of-pocket. Once this limit is reached, all covered benefits are covered 100 percent by the health plan. All coinsurance, copayments, and deductibles accrue to the plan’s overall out-of-pocket maximum.
- **Employer contributions to savings accounts are included.** When determining the overall value of the plan, we now include the employer’s contribution to either a Health Savings Account (HSA) or Health Reimbursement Account (HRA). Blue Solutions HSA-qualified and HRA-compatible plans are offered with and without savings account contributions. See our benefit plan descriptions for more information.







Basic services are covered

Regardless of the tier, all products cover essential health benefits like doctor visits, prescription drugs, X-rays, and hospital stays.

- Plans will be organized by platinum, gold, silver, and bronze metal categories. Platinum health plans will cost you the most each month, but your out-of-pocket costs each time you need care will probably be lower. Bronze health plans will have the lowest monthly costs but will likely have higher out-of-pocket costs when you use services. The gold and silver plans will fall somewhere in the middle. Grouping plans by metallic tiers makes it easier to compare similar plans and allows your employees to better understand what value their health plan will provide.

The chart below shows how the metallic tiers compare on costs.

	 Platinum	 Gold	 Silver	 Bronze
Monthly Cost	\$\$\$\$	\$\$\$	\$\$	\$
Cost When You Get Care	\$	\$\$	\$\$\$	\$\$\$\$
Good Option If You...	plan to use a lot of health care services	want to save on monthly premiums while keeping your out-of-pocket costs low	need to balance your monthly premium with your out-of-pocket costs	don't plan to need a lot of health care services

Essential health benefits

All health plans must offer a core set of health care service categories, known as essential health benefits.

Essential health benefits include these ten categories of services:

ESSENTIAL HEALTH BENEFIT	EXAMPLE
Preventive, wellness, and disease management services	Yearly physical, flu shot, gynecological exam, birth control
Emergency care	Treatment for broken bones, heart attacks, and more at a hospital emergency room
Ambulatory services	Minor surgeries, blood tests, X-rays
Hospitalization	Treatment at a hospital for a condition that requires you to stay overnight or multiple days
Maternity and newborn services	Care through the course of a pregnancy, delivery of the baby, and checkups after the baby is born
Pediatric services, including dental and vision*	Teeth cleanings, braces, exams, glasses, and contact lenses
Prescription drugs	High blood pressure medicine, insulin, antibiotics, birth control pills
Laboratory services	Blood test
Mental health and substance abuse services, including behavioral health treatment	Getting help to deal with conditions like depression alcohol abuse, and drug abuse
Rehabilitation and habilitation services	Physical therapy, speech therapy, occupational therapy

Essential health benefits help improve Blue Solutions plans

The Blue Solutions product suite was designed with health care reform in mind. Most essential health benefits were already covered by our health plans. That’s why our health plans aren’t significantly changing, but they are improving.

- Pediatric dental and vision services*** – Dental and vision coverage is included for dependents up to age 19 with every health plan we offer. Plans fully cover exams and cleanings every six months, and partially cover services like fillings and root canals. Orthodontics is also covered when determined medically necessary.
- Mental health/substance abuse** – Although this benefit has always been covered, visit limits are now removed.



Certain preventive services, such as wellness visits, immunizations, screenings for cancer, and other diseases are always 100-percent covered when received from an in-network provider.

While our health plans are also available through the Small Business Health Options Program, also known as SHOP, Blue Solutions Choice offers your employees a true shopping experience. For more information about Blue Solutions Choice, visit www.ibx.com/bc.

* Our plans have always included coverage for Adult Vision.

Blue Solutions makes selecting benefits simple

All plans are categorized by the level of coverage they offer – platinum, gold, silver, or bronze. By grouping plans this way, it makes selecting the right health plan easier.



Platinum plans

While the platinum plans have higher monthly rates, they give your employees the highest level of coverage. By paying more each month, your employees don't have to worry about a deductible and most of your health care services are covered with copays if you select a PPO, DPOS, or HMO plan. Platinum plans are most suitable for employees who prefer to pay a higher monthly premium in return for lower out-of-pocket expenses when using health care services. We also offer platinum plans created specifically to be paired with either a health savings account (HSA) or health reimbursement account (HRA).



Gold plans

Gold plans are more affordable than the platinum plans, and still offer a high level of coverage when it comes to out-of-pocket costs. Most of the health services your employees use are covered by copays, and they rarely have to worry about paying a deductible or coinsurance. We offer PPO, DPOS, and HMO plans, plus an HMO with a tiered-network for greater cost savings. HSA-qualified and HRA-compatible plans are also available but services are covered by coinsurance, not copays, and include an upfront deductible.



Silver plans

Our silver plans give your employees even lower monthly costs in exchange for higher out-of-pocket costs than our platinum and gold plans. With these plans, health care is covered with an upfront deductible and your employees pay either a copay or coinsurance depending on the type of service. We have PPO, DPOS, HMO, and HSA/HRA silver plans available. If you want to save even more, you can choose an HMO with a tiered-network.



Bronze plans

If you want to keep your employees' monthly rate as low as possible, choose one of our bronze plans. They work well for employees who don't typically need a lot of health services, but they want to be covered in case an unexpected illness or injury happens. We offer DPOS, HMO, and HSA/HRA bronze plans.

For specific cost-sharing information for all our plans, see the plan charts included in your Blue Solutions kit.

HRA plans

HRAs provide employers and employees with flexibility. If you wish to fund HRAs, you determine what medical expenses and services are eligible for reimbursement. You receive tax advantages for providing your employees with a way to save on medical expenses, and you may retain any funds left in an HRA when an employee leaves the company.

Since you fund HRAs throughout the year, you won't have to set aside money up front, giving you greater flexibility in how you manage your cash flow. You open the HRA account by depositing a portion of your total contribution and add to the account throughout the year as employees use their funds.

HSA plans

When you offer a Personal Choice HSA plan, your employees are eligible to open a tax-advantaged 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:

- 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.

Tax advantages make HSAs a great way to save. And since HSA savings can be used to pay for deductibles and coinsurance, they may help offset increased employee costs.

Employer advantages of an HRA:

- Contributions are tax deductible.
- Provides employees with a means to pay for higher deductible amounts.
- Unused funds remain with the employer. Employees may have access to the unused funds, at the employer's discretion, subject to COBRA.

Employee advantages of an HSA:

- Funds may be carried over each year.
- Employer contributions are generally excluded from employee's gross income and not taxable.
- Distributions for qualified medical expenses are generally not taxable.



Product options

- How much flexibility do you want to give your employees when they receive health care services?
- **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. Plus, your employees won't need referrals to visit specialists.
 - **Keystone Direct POS** provides out-of-network coverage, but your employees select a primary care physician (PCP) and need referrals for certain services, which helps keep costs down.
 - **Keystone HMO** plans require employees 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 network of more than 60,000 physicians and specialists	X	X	X
Selection of a PCP required	X	X	
No referrals needed to visit in-network specialists		X*	X
In-network benefits coast-to-coast through BlueCard PPO			X
Away from Home Care® program for employees who temporarily reside outside the service area	X	X	
Emergency and urgent care access across the country and around the world through BlueCard PPO and BlueCard Worldwide	X	X	X

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

Comprehensive health plans

All Blue Solutions health plans not only include extensive medical benefits, but they also include prescription drug and vision coverage. Learn more about the extra benefits you and your employees receive when prescription drug and vision coverage is used.

IBC Prescription Drug

Promoting better health

Your Blue Solutions medical benefits include IBC Prescription Drug coverage*. Your employees' prescription drug benefit program, administered by FutureScripts®, an independent company, provides many advantages to help your employees easily and safely obtain the prescription drugs they need at an affordable cost.

Select Drug Program®

Getting the most out of your pharmacy benefits

The IBC Select Drug Program uses a prescription drug formulary and provides coverage based on a three-tier copayment incentive. The Select Drug Program formulary includes all generic drugs and a defined list of brand drugs that have been chosen for their reported medical effectiveness, positive results, and value.

With this Program, your employees will have access to:

- **Affordable prescription drug coverage.** Employees get covered medicines like antibiotics, contraceptives, asthma inhalers, self-injectable drugs, and more.
- **Generic medications.** IBC's \$4 Preferred generic drug benefit offers a lower copayment for certain preferred generic drugs, which are typically used to treat chronic conditions, such as high blood pressure, high cholesterol, diabetes, and heart disease.
- **Extensive retail pharmacy network.** Employees can choose from more than 65,000 participating pharmacies nationwide. Your employees can locate a participating pharmacy on ibx.com by selecting the Find a Participating Pharmacy feature.**
- **Convenient mail order service.** Employees receive an extended supply of their medication for a lower copay.



Online services

Your employees can log on to ibxpress.com and click *Manage My Prescription Drugs* to take advantage of convenient features, such as:

- network pharmacy search
- formulary search
- claims information
- mail-order refill requests

*FutureScripts is an independent company providing pharmacy benefits management services for Independence Blue Cross.

**Certain prescription plans may include access to only the FutureScripts Preferred Pharmacy Network, which is a subset of the national retail pharmacy network and includes over 50,000 pharmacies, including most major chains and local pharmacies.

Preventive drugs for adults and children

IBC’s prescription drug plans include 100-percent coverage for some preventive medications when received from an in-network pharmacy. This means that employees won’t have to pay copays, coinsurance, or deductibles for certain preventive medications with a prescription from their doctor. Receiving this preventive care will also help your employees stay healthy and help lower overall medical costs.

Mail order pharmacy

If your employee’s doctor has prescribed a medication that they’ll need to take regularly over a long period of time, the mail-order service is an excellent way to get a long-lasting supply and reduce your out-of-pocket costs.

Mail order is convenient and safe to use. If your employee chooses mail order, their doctor can prescribe a supply that will last up to 90 days. Employees can get three times as many doses of their maintenance medication at one time through mail order.

Specialty Pharmacy Program

Convenient delivery of specialty medications

Since specialty drugs require special handling, administration, and monitoring, these complex and costly medications may not be readily available at local pharmacies. With the Specialty Pharmacy Program, your employees’ medications will be delivered directly to their homes or to their physicians. In addition, your employees will have 24/7 access to our clinical staff who are available to answer any questions about specialty medications.

IBC Vision Care: The clear solution to your vision care needs

Every health plan in the Blue Solutions product suite includes vision coverage, which covers yearly eye care visits and eyeglasses or contacts. Pediatric vision, which is also an essential health benefit, is also covered for your employees’ dependents up to age 19 and does not cover contact lenses.

Vision care helps detect more serious medical conditions

Vision benefits help reduce your company’s overall health care spending and increase employee productivity. When your employees visit their vision provider, they are getting more than just their eyes checked. Eye exams can help detect more serious medical conditions like diabetes, hypertension, or heart disease. The total cost of treatment and loss of productivity from chronic diseases is estimated at to triple by 2003.

IBC Vision Care gives you:

- **Affordability:** low monthly premiums.
- **Easy implementation:** flexible administration and implementation process there’s no customizations for groups under 299;
- **Outstanding customer service:** available to answer your questions seven days a week;
- **Integrated care management:** disease management and reporting capabilities help determine early detection of costly diseases like glaucoma, diabetes, and cataracts.

Access conveniently located providers

IBC Vision Care is administered by Davis Vision®, an independent company. The network includes more than 26,000 ophthalmologists, optometrists, and regional and national retailers, including Visionworks optical retail centers. Visionworks retail centers are conveniently located across the Philadelphia five-county area and surrounding states.

With IBC Vision Care, your employees can take advantage of:

- **No frame limitations.** They have the freedom to use their frame allowance at any network location, including Visionworks, toward any frame on the market today.



Exclusive discounts through Visionworks retail centers

- high-quality designer and exclusive brands frames;
- eyeglass lenses;
- contact lenses;
- sunglasses;
- vision correction.

IBC Vision Care is administered by Davis Vision, an independent company. An affiliate of Independence Blue Cross has a financial interest in Visionworks.

Your employees can use their pediatric vision benefit at Visionworks, which has one of the largest selections of children's eyeglasses in the eye wear industry. Children's frames are made of durable and strong materials in popular styles. And, children up to age 19 receive free impact and scratch-resistant lenses.



- **Fully covered designer brands.** They can select any frame from the Exclusive Frame Collection of over 200 of the latest, stylish, contemporary frames covered in full, or with a minimal copay.
- **One-year warranty.** Every frame or lens purchased at a participating provider is backed by an unconditional one-year breakage warranty for repair or replacement.

Your employees get even more with IBC Vision Care through:

- **Contact lenses replacement.** LENS123® will ship replacement contact lenses or solution anywhere the same day and employees are guaranteed low prices.
- **Vision correction discounts.** Laser Vision Correction gives employees up to 25 percent off the participating provider's usual and customary fees, or 5 percent off any participating provider's advertised specials on laser vision corrections services.
- **Access to ibxpress.com.** Online account management through ibxpress.com allows your employees to check eligibility, locate a participating provider, view the Davis Vision Collection of frames, and more.

Employees can help manage their health on the go with IBX Mobile

Even if they aren't near a computer, your employees can still access their benefits. They can download the free IBX Mobile app for their iPhone or Android to help them make the most of their health plan. IBX Mobile gives your employees easy access to their health care coverage 24/7, so they can:

- view benefits and claim information;
- view temporary ID card information;
- view open referrals;
- view their Personal Health Record;
- find a doctor;
- estimate the price of a drug;
- call customer service.

All they have to do is log in with the same username and password they use for ibxpress.com.

Solutions to help you manage your health benefits

Manage your account with ibxpress.com

Running a small business means that you have a lot of responsibilities to juggle, so we 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 employee.
- 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.

Solutions to help your employees manage their health

Your employees can also access ibxpress.com, which is loaded with wellness tools and information to help your employees stay healthy. Whether they want to research symptoms, complete a health assessment, engage in an online lifestyle improvement program or record and track important health information, ibxpress.com can help.

Employees 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.



Underwriting information

Maximum Product offerings¹

- Groups of 2-4 enrolled contracts are allowed one packaged plan which includes medical, prescription drug, vision (pediatric and adult) and pediatric dental benefits. A second package 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 packages that include prescription drug, vision (pediatric and adult) and pediatric dental. An additional package may be added to HMO/POS only if a PPO is needed for an out-of-area employee.

Participation requirements²

- Groups of 2-50 must have 70 percent participation, which includes all product lines. IBC and affiliates must be sole carrier.
- 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 participation requirement.
- Retiree-only groups will not be accepted. For groups covering retirees, 100 percent participation will be required for retired employees. The group must consist of a minimum of 70 percent active employees.

Employer contribution requirement²

- For contributory plan offerings, you must contribute a minimum of 25 percent of the calculated gross monthly premium.

Off-anniversary benefit change

- Upgrades and downgrades will only be allowed on anniversary.

High deductible health plan funding limitation

- Per the Affordable Care Act regulations, employers should not fund more or less than the federally mandated standards for funding employee deductibles.
- The high deductible plan design selected will specify the funding requirement; please refer to each plan design for specific funding requirements.

Submission guidelines

- All offerings are subject to final underwriting review and acceptance. Additional guidelines and policies may apply. This document is for informational purposes only and is not intended to be all inclusive.

What's not covered?

The information in this brochure represents only a partial listing of benefits and exclusions of the plans. Benefits and exclusions may be further defined by medical policy. The managed care plan may not cover all of your health care expenses. Read your contract/member handbook/benefit booklet carefully to determine which health care services are covered. If you need more information please call 1-800-275-2583.

- 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 nonemployee recipients;
- 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 loss;
- 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;

1. Please refer to the Blue Solutions Choice flyer for maximum product offerings and underwriting guidelines specific to Blue Solutions Choice.

2. As permitted by the state and federal laws and regulations.

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.

Notes

Notes



Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield. Independent Licensees of the Blue Cross and Blue Shield Association

17357 2013-0958 (8/13)