

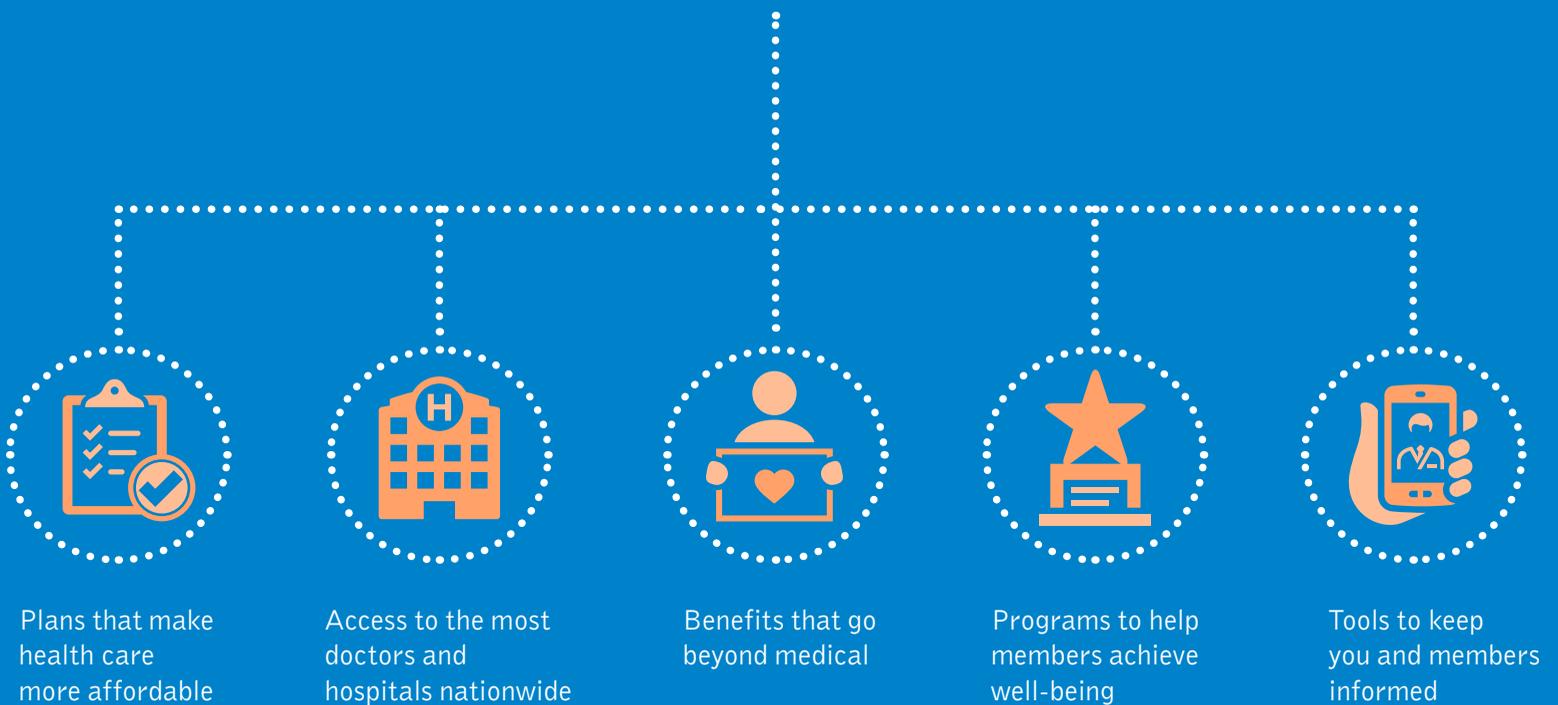


## Large Group Benefits

Health plans designed for flexibility and savings

Health | Well-being | Prescription Drug | Vision | Dental | Additional Workplace Benefits

# Independence



Choose innovation, flexibility, and savings with Independence.

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# Comprehensive coverage available for large groups

Independence Blue Cross (Independence) has everything you need to create a comprehensive benefits solution to keep your business and employees as healthy as possible. Whether you simply need health and prescription drug coverage, or want to add extra benefits like life and disability insurance or college tuition benefits, we have a variety of plans to meet your needs.

|                                      | 51-99 customers                                                                                                                                                                | 100+ customers                                                                                                                                                               |
|--------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Protect employees' health</b>     |                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                 |
| Health plans — pg. 9-36              | <ul style="list-style-type: none"> <li>• 54 plans</li> <li>• PPO, DPOS, POS</li> <li>• Copay and deductible plans</li> <li>• HSA plans</li> <li>• Choice Advantage plans with site of service benefits</li> </ul>                                               | <ul style="list-style-type: none"> <li>• 164 plans</li> <li>• PPO, DPOS, POS</li> <li>• Copay, deductible, and coinsurance plans</li> <li>• HSA plans</li> <li>• Choice Advantage plans with site of service benefits</li> </ul>                                |
| Spending accounts — pg. 40           | <ul style="list-style-type: none"> <li>• HSA available with qualified plans</li> <li>• HRA option with all plans except HSA-qualified plans</li> <li>• FSA for medical or dependent care available with any plan<sup>1</sup></li> </ul>                         | <ul style="list-style-type: none"> <li>• HSA available with qualified plans</li> <li>• HRA option with all plans except HSA-qualified plans</li> <li>• FSA for medical or dependent care available with any plan<sup>1</sup></li> </ul>                         |
| Prescription drug — pg. 41-43        | <ul style="list-style-type: none"> <li>• Coverage is required</li> <li>• Value Formulary</li> <li>• 3 plans</li> <li>• HSA-qualified plans have built-in prescription drug coverage</li> </ul>                                                                  | <ul style="list-style-type: none"> <li>• Coverage is optional</li> <li>• Value Formulary</li> <li>• 20 plans</li> <li>• HSA-qualified plans have built-in prescription drug coverage</li> </ul>                                                                 |
| Vision — pg. 44-45                   | <ul style="list-style-type: none"> <li>• All DPOS/POS plans have built-in eye exams and can be paired with plans to cover glasses and contacts</li> <li>• PPO plans can be paired with vision plans that cover exams as well as glasses and contacts</li> </ul> | <ul style="list-style-type: none"> <li>• All DPOS/POS plans have built-in eye exams and can be paired with plans to cover glasses and contacts</li> <li>• PPO plans can be paired with vision plans that cover exams as well as glasses and contacts</li> </ul> |
| Dental — pg. 46-47                   | <ul style="list-style-type: none"> <li>• Available to all customers</li> <li>• 4 PPO plans to choose from</li> </ul>                                                                                                                                            | <ul style="list-style-type: none"> <li>• Available to all customers</li> <li>• 4 PPO plans to choose from</li> </ul>                                                                                                                                            |
| Telemedicine — pg. 38                | <ul style="list-style-type: none"> <li>• Not available</li> </ul>                                                                                                                                                                                               | <ul style="list-style-type: none"> <li>• Available for fully-insured customers</li> <li>• Available for self-funded, 300+ customers</li> </ul>                                                                                                                  |
| Employee assistance program — pg. 38 | <ul style="list-style-type: none"> <li>• Personal Life Management<sup>SM</sup></li> </ul>                                                                                                                                                                       | <ul style="list-style-type: none"> <li>• Personal Life Management<sup>SM</sup></li> </ul>                                                                                                                                                                       |

<sup>1</sup> HSAs can only be paired with a limited purpose FSA to cover eligible vision and dental expenses.

|                                          | 51-99 customers                                                                                                     | 100+ customers                                                                                                      |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Protect employees' wealth</b>         |                                                                                                                                                                                                        |                                                                                                                                                                                                        |
| Guardian supplemental insurance — pg. 39 | <ul style="list-style-type: none"> <li>• Life insurance</li> <li>• Disability insurance</li> <li>• Accident, critical illness, and cancer insurance</li> <li>• Hospital indemnity insurance</li> </ul> | <ul style="list-style-type: none"> <li>• Life insurance</li> <li>• Disability insurance</li> <li>• Accident, critical illness, and cancer insurance</li> <li>• Hospital indemnity insurance</li> </ul> |
| <b>Give employees peace of mind</b>      |                                                                                                                                                                                                        |                                                                                                                                                                                                        |
| College tuition benefit — pg. 39         | <ul style="list-style-type: none"> <li>• Available for fully-insured and self-funded customers</li> </ul>                                                                                              | <ul style="list-style-type: none"> <li>• Available for fully-insured and self-funded customers</li> </ul>                                                                                              |
| International health insurance — pg. 39  | <ul style="list-style-type: none"> <li>• 2 plans to choose from (short- or long-term travel)</li> </ul>                                                                                                | <ul style="list-style-type: none"> <li>• 2 plans to choose from (short- or long-term travel)</li> </ul>                                                                                                |
| ID theft protection — pg. 39             | <ul style="list-style-type: none"> <li>• Included for fully-insured customers</li> <li>• Available for self-funded customers</li> </ul>                                                                | <ul style="list-style-type: none"> <li>• Included for fully-insured customers</li> <li>• Available for self-funded customers</li> </ul>                                                                |
| <b>Lower your financial risk</b>         |                                                                                                                                                                                                        |                                                                                                                                                                                                        |
| Stop loss — pg. 39                       | <ul style="list-style-type: none"> <li>• Not available</li> </ul>                                                                                                                                      | <ul style="list-style-type: none"> <li>• Available for self-funded customers</li> </ul>                                                                                                                |



## Wide range of health plans gives you coverage and cost flexibility

We have a variety of health plan options designed to help you lower costs and help members get access to high-quality care at more affordable rates.



### FOR YOU

Plans at every price point

Cost-sharing flexibility

Employee satisfaction & retention



### FOR MEMBERS

Coverage in and out of network

Affordable cost-sharing

More choice and control

## Plans offer both in- and out-of-network coverage

We offer a wide variety of PPO, Direct Point-of-Service (POS), and POS plans, many of which are available at the same cost-sharing across each product type to give you a range of premiums.

|                                                                             | Personal Choice® PPO | Keystone Direct POS | Keystone POS |
|-----------------------------------------------------------------------------|----------------------|---------------------|--------------|
| Access to more than 60,000 doctors                                          | X                    | X                   | X            |
| Select a primary care physician                                             |                      | X                   | X            |
| No specialist referrals needed for the highest level of benefits            | X                    | X <sup>1</sup>      |              |
| In-network benefits nationwide                                              | X                    |                     |              |
| Away from Home Care® for those temporarily living outside the coverage area |                      | X                   | X            |
| Emergency and urgent care access worldwide                                  | X                    | X                   | X            |

<sup>1</sup> Members with a Direct POS need referrals from their PCP for only a few types of services: X-rays/lab work, podiatry, chiropractic care, and physical/occupational therapy. For lab work, members should use the designated site selected by their PCP for the lowest out-of-pocket costs.

## You have flexibility when it comes to coverage and cost-sharing

Choose from standard plans or try one of our innovative options — Choice Advantage with site of service benefits or an HSA-qualified plan with a health savings account (HSA). Our plans give members choices and more affordable access to care — at a premium that works for you and members alike.

| 51+ customers      |                        |           | 100+ customers   |                              |
|--------------------|------------------------|-----------|------------------|------------------------------|
| Copay plans        | Deductible/Copay plans | HSA plans | Choice Advantage | Deductible/Coinsurance plans |
| PPO<br>DPOS<br>POS | PPO<br>DPOS<br>POS     | PPO       | PPO<br>POS       | PPO                          |

## Empower members to save on care with Choice Advantage plans

Our Choice Advantage plans with site of service benefits help members save on out-of-pocket costs based on where they receive care.

Members with a POS plan can save on preventive colonoscopies and outpatient surgery, while PPO members can save on:

- Lab/pathology
- Physical/occupational therapy
- Routine/complex radiology
- Outpatient surgery
- Preventive colonoscopy

## Location matters when choosing care

Choice Advantage plans give members choices to help them save money — in some cases hundreds of dollars. For example, they will save on outpatient surgery by choosing an ambulatory surgery center instead of a hospital, or they can save by choosing LabCorp® instead of getting bloodwork at a hospital.



### Free-standing site

Cost: ● ○ ○  
Quality: ● ● ●  
Convenience: ● ● ●



### Hospital-based site

Cost: ● ● ● ●  
Quality: ● ● ● ●  
Convenience: ● ● ● ○





# Helping members improve their overall health and well-being

We're committed to making it as easy as possible for members to understand their benefits and get the most out of them. Whether they're trying to find a doctor, get healthier, or make an important decision, members can Achieve with Independence.

## Achieve Well-being

- Engaging, online tools that make it easy for members to achieve their well-being goals
- Personalized action plan includes ongoing activities and reminders
- Ability to sync with fitness apps and devices for progress and biometrics
- Reimbursements for gym workouts, weight management, and tobacco cessation programs



## Achieve Better Health

- 24/7 access to a registered nurse Health Coach who can answer questions on any health topic<sup>1</sup>
- Resources and support for members with chronic conditions
- Case managers to help members with serious illnesses or conditions
- Maternity program to support pregnant members

## Discounts and savings

- Nutrition counseling visits
- Online newsletter with healthy recipes and coupons<sup>2</sup>
- Money-saving discounts on health and well-being products and services<sup>2</sup>
- Deals on amusement parks, hotels, shopping, movie tickets, sporting events, and museums<sup>2</sup>

## Benefits tools and information

- Benefits summaries, booklets, EOBs, referrals, claims, and spending — all accessible at [ibxpress.com](http://ibxpress.com) and on our mobile app
- Find a doctor tool and treatment cost estimator
- Prescription drug finder and pricing tools
- Ask IBX tool helps answer member questions

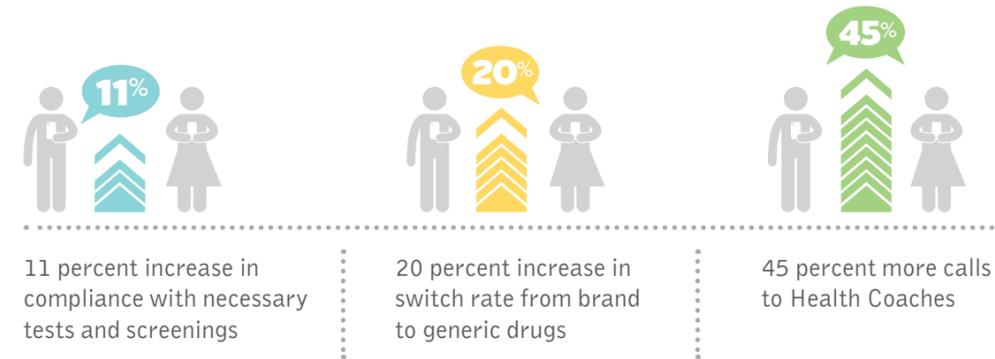
<sup>1</sup> Health Coaches are available as a buy-up for self-funded customers.  
<sup>2</sup> Value-added programs are not benefits and are subject to change.

## Driving higher member engagement for powerful results

To ensure members are taking advantage of benefits, tools, and programs, we use IBX Wire<sup>®</sup> text messages, and emails to:

- Remind members to get tests and screenings
- Drive members to lower-cost options
- Explain how benefits work
- Encourage healthy behavior

When comparing the behavior of members who are engaged in these messaging channels to our unengaged members, we see some very compelling statistics:<sup>3</sup>



<sup>3</sup> Results based on analysis of campaign engagement comparing members who are digitally engaged to those who are not.

## Increase motivation with enhanced rewards

You can add incentives to your rewards program to motivate your employees even more. Plus, you'll get extra tools to help you implement well-being campaigns and measure their success.



Earn badges and tokens



Redeem for cash, gift cards, and more



# Making health care coverage easier to manage



## ibxpress.com account management

Our secure employer website allows you to administer your health benefits efficiently.



### Manage your account

- Add or delete an employee
- Change employee or dependent information
- View an employee's coverage history
- View account transaction history



### Create and run your own reports

100+ customers have access to more than 15 reports\* they can easily create to get detailed and actionable insights about their health care trends and cost drivers, including:

- Utilization rates and costs for inpatient, outpatient, professional, and pharmacy services
- Risk profiles for chronic and other health conditions
- High-cost claimants determined by user-set thresholds
- Preventive screenings, gaps in care, member outreach and engagement rates

\* Level of detail and volume of reports available is dependent on group size and funding status



### Pay with eBill

- Pay invoices through eBill
- View current and prior invoices
- Get billing reminders
- Review billing and invoice payment history



### Promote a culture of well-being with self-service tools

Available to all customers, the Worksite Well-being site helps promote a culture of well-being among employees with free online resources.

- Well-being campaign calendars
- Fall and spring well-being events
- Monthly well-being newsletter for members

Create a healthier workforce today: [wellbeing.ibx.com](http://wellbeing.ibx.com)





## Plans for 51+ Customers





## Copay Health Plans

Give employees the predictability of fixed out-of-pocket costs

- No deductible or coinsurance for in-network services
- PPO options for more flexibility, DPOS and POS options for affordability
- Built-in vision exams with DPOS and POS



## Deductible/Copay Health Plans

Balance lower premiums with predictable out-of-pocket costs

- Copays for the most commonly used services
- Can be paired with a health reimbursement account to help employees pay for deductible expenses
- Built-in vision exams with DPOS and POS



## HSA-Qualified Health Plans

Offer employees more control of their health care dollars

- Option to save on taxes with an HSA
- The flexibility of a PPO, at a lower premium
- Integrated prescription drug coverage
- Encourages smarter, more informed health care choices



## Choice Advantage Health Plans

Offer employees options to save on health care

- Members can save on care by visiting designated or freestanding sites instead of hospital-based sites
- PPO allows members to save on bloodwork, physical/occupational therapy, radiology, outpatient surgery, and preventive colonoscopies
- POS allows members to save on preventive colonoscopies and outpatient surgery
- Plans available with and without deductibles and coinsurance for in-network services

| Copay Health Plans                                                                                | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$50/\$80/\$500+\$250 <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$40/\$70/\$500 <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$30/\$60/\$400 <sup>1</sup> |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <b>Benefits per contract year</b>                                                                 | <b>You pay in-network</b>                                                                  | <b>You pay in-network</b>                                                            | <b>You pay in-network</b>                                                            |
| Deductible — individual/family                                                                    | \$0                                                                                        | \$0                                                                                  | \$0                                                                                  |
| Coinsurance                                                                                       | 0%                                                                                         | 0%                                                                                   | 0%                                                                                   |
| Out-of-pocket maximum — individual/family <sup>3</sup>                                            | \$7,350/\$14,700                                                                           | \$7,350/\$14,700                                                                     | \$7,350/\$14,700                                                                     |
| <b>Preventive services<sup>4</sup></b>                                                            |                                                                                            |                                                                                      |                                                                                      |
| Preventive care for adults and children                                                           | \$0                                                                                        | \$0                                                                                  | \$0                                                                                  |
| Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based | \$0                                                                                        | \$0                                                                                  | \$0                                                                                  |
| <b>Physician services</b>                                                                         |                                                                                            |                                                                                      |                                                                                      |
| Primary care office visit/retail clinic                                                           | \$50                                                                                       | \$40                                                                                 | \$30                                                                                 |
| Specialist office visit                                                                           | \$80                                                                                       | \$70                                                                                 | \$60                                                                                 |
| Eye exam                                                                                          | DPOS/POS — \$40 <sup>5</sup><br>PPO — Not covered                                          | DPOS/POS — \$40 <sup>5</sup><br>PPO — Not covered                                    | DPOS/POS — \$40 <sup>5</sup><br>PPO — Not covered                                    |
| Urgent care                                                                                       | \$100                                                                                      | \$100                                                                                | \$100                                                                                |
| Spinal manipulations (20 visits per year)                                                         | \$80 <sup>6,7</sup>                                                                        | \$70 <sup>6,7</sup>                                                                  | \$60 <sup>6,7</sup>                                                                  |
| Physical/occupational therapy (30 visits per year)<br>Freestanding/Hospital-based                 | \$80 <sup>6,7</sup>                                                                        | \$70 <sup>6,7</sup>                                                                  | \$60 <sup>6,7</sup>                                                                  |
| <b>Hospital/other medical services</b>                                                            |                                                                                            |                                                                                      |                                                                                      |
| Inpatient hospital services (includes maternity) <sup>8</sup>                                     | \$500 per day for days 1-5,<br>\$250 per day for days 6-10 <sup>9</sup>                    | \$500 per day <sup>10</sup>                                                          | \$400 per day <sup>10</sup>                                                          |
| Inpatient professional services (includes maternity)                                              | \$0                                                                                        | \$0                                                                                  | \$0                                                                                  |
| Emergency room (not waived if admitted) <sup>11</sup>                                             | \$300                                                                                      | \$300                                                                                | \$300                                                                                |
| Routine radiology/diagnostic — Freestanding/Hospital-based                                        | \$80 <sup>7</sup>                                                                          | \$70 <sup>7</sup>                                                                    | \$60 <sup>7</sup>                                                                    |
| MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based                                      | \$300                                                                                      | \$300                                                                                | \$200                                                                                |
| Durable medical equipment/prosthetics                                                             | 50%                                                                                        | 50%                                                                                  | 50%                                                                                  |
| Mental health, serious mental illness, and substance abuse — outpatient                           | \$80                                                                                       | \$70                                                                                 | \$60                                                                                 |
| Mental health, serious mental illness, and substance abuse — inpatient <sup>8</sup>               | \$500 per day for days 1-5,<br>\$250 per day for days 6-10 <sup>9</sup>                    | \$500 per day <sup>10</sup>                                                          | \$400 per day <sup>10</sup>                                                          |
| Outpatient surgery — Ambulatory surgical center/<br>Hospital-based                                | \$500                                                                                      | \$500                                                                                | \$400                                                                                |
| Outpatient lab/pathology — Freestanding/ Hospital-based                                           | \$0                                                                                        | \$0                                                                                  | \$0                                                                                  |
| <b>Prescription drugs</b>                                                                         |                                                                                            |                                                                                      |                                                                                      |
| Rx deductible — individual/family                                                                 | See prescription drug plans on pages 41-43                                                 | See prescription drug plans on pages 41-43                                           | See prescription drug plans on pages 41-43                                           |
| Low-cost generic drugs                                                                            |                                                                                            |                                                                                      |                                                                                      |
| Generic drugs                                                                                     |                                                                                            |                                                                                      |                                                                                      |
| Preferred brand drugs                                                                             |                                                                                            |                                                                                      |                                                                                      |
| Non-preferred drugs                                                                               |                                                                                            |                                                                                      |                                                                                      |
| Self-administered specialty drugs                                                                 |                                                                                            |                                                                                      |                                                                                      |
| <b>Out-of-network<sup>18,19</sup></b>                                                             | <b>You pay out-of-network</b>                                                              | <b>You pay out-of-network</b>                                                        | <b>You pay out-of-network</b>                                                        |
| Deductible — individual/family <sup>20</sup>                                                      | \$2,500/\$5,000 (PPO/DPOS)<br>\$5,000/\$10,000 (POS)                                       | \$2,500/\$5,000 (PPO/DPOS)<br>\$5,000/\$10,000 (POS)                                 | \$2,500/\$5,000 (PPO/DPOS)<br>\$5,000/\$10,000 (POS)                                 |
| Coinsurance                                                                                       | 50% after ded                                                                              | 50% after ded                                                                        | 50% after ded                                                                        |
| Out-of-pocket maximum — individual/family <sup>21</sup>                                           | \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                    | \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                              | \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                              |

| Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$20/\$40/\$250 <sup>1</sup> | Personal Choice PPO<br>\$15/\$35/\$150 <sup>1</sup> |
|--------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>You pay in-network</b>                                                            | <b>You pay in-network</b>                           |
| \$0                                                                                  | \$0                                                 |
| 0%                                                                                   | 0%                                                  |
| \$7,350/\$14,700                                                                     | \$7,350/\$14,700                                    |
|                                                                                      |                                                     |
| \$0                                                                                  | \$0                                                 |
| \$0                                                                                  | \$0                                                 |
|                                                                                      |                                                     |
| \$20                                                                                 | \$15                                                |
| \$40                                                                                 | \$35                                                |
| DPOS/POS — \$35 <sup>5</sup><br>PPO — Not covered                                    | Not covered                                         |
| \$85                                                                                 | \$70                                                |
| \$40 <sup>6,7</sup>                                                                  | \$35 <sup>6</sup>                                   |
| \$40 <sup>6,7</sup>                                                                  | \$35 <sup>6</sup>                                   |
|                                                                                      |                                                     |
| \$250 per day <sup>10</sup>                                                          | \$150 per day <sup>10</sup>                         |
| \$0                                                                                  | \$0                                                 |
| \$250                                                                                | \$200                                               |
| \$40 <sup>7</sup>                                                                    | \$35                                                |
| \$80                                                                                 | \$70                                                |
| 50%                                                                                  | 50%                                                 |
| \$40                                                                                 | \$35                                                |
| \$250 per day <sup>10</sup>                                                          | \$150 per day <sup>10</sup>                         |
| \$250                                                                                | \$150                                               |
| \$0                                                                                  | \$0                                                 |
|                                                                                      |                                                     |
| See prescription drug plans on pages 41-43                                           | See prescription drug plans on pages 41-43          |
|                                                                                      |                                                     |
| <b>You pay out-of-network</b>                                                        | <b>You pay out-of-network</b>                       |
| \$2,500/\$5,000 (PPO/DPOS)<br>\$5,000/\$10,000 (POS)                                 | \$2,500/\$5,000                                     |
| 50% after ded                                                                        | 50% after ded                                       |
| \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                              | \$10,000/\$20,000                                   |

| Deductible/Copay Health Plans                                                                     | Keystone POS<br>\$3,500/\$20/\$40/70% <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$2,000/\$30/\$60/80% <sup>1</sup> |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Benefits per contract year</b>                                                                 | <b>You pay in-network</b>                          | <b>You pay in-network</b>                                                                  |
| Deductible — individual/family                                                                    | \$3,500/\$7,000                                    | \$2,000/\$4,000                                                                            |
| Coinsurance                                                                                       | 30%                                                | 20%                                                                                        |
| Out-of-pocket maximum — individual/family <sup>3</sup>                                            | \$7,350/\$14,700                                   | \$7,350/\$14,700                                                                           |
| <b>Preventive services<sup>4</sup></b>                                                            |                                                    |                                                                                            |
| Preventive care for adults and children                                                           | 0% no ded                                          | 0% no ded                                                                                  |
| Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based | 0% no ded                                          | 0% no ded                                                                                  |
| <b>Physician services</b>                                                                         |                                                    |                                                                                            |
| Primary care office visit/retail clinic                                                           | \$20 no ded                                        | \$30 no ded                                                                                |
| Specialist office visit                                                                           | \$40 no ded                                        | \$60 no ded                                                                                |
| Eye exam                                                                                          | \$35 no ded <sup>5</sup>                           | DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                   |
| Urgent care                                                                                       | \$85 no ded                                        | \$100 no ded                                                                               |
| Spinal manipulations (20 visits per year)                                                         | \$40 no ded <sup>7</sup>                           | \$60 no ded <sup>6,7</sup>                                                                 |
| Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based                    | \$40 no ded <sup>7</sup>                           | \$60 no ded <sup>6,7</sup>                                                                 |
| <b>Hospital/other medical services</b>                                                            |                                                    |                                                                                            |
| Inpatient hospital services (includes maternity) <sup>8</sup>                                     | 30% after ded                                      | 20% after ded                                                                              |
| Inpatient professional services (includes maternity)                                              | 30% after ded                                      | 20% after ded                                                                              |
| Emergency room (not waived if admitted) <sup>11</sup>                                             | \$250 after ded                                    | \$300 after ded                                                                            |
| Routine radiology/diagnostic — Freestanding/Hospital-based                                        | \$40 no ded <sup>7</sup>                           | \$60 no ded <sup>7</sup>                                                                   |
| MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based                                      | \$80 no ded                                        | \$200 no ded                                                                               |
| Durable medical equipment/prosthetics                                                             | 30% after ded                                      | 20% after ded                                                                              |
| Mental health, serious mental illness, and substance abuse — outpatient                           | \$40 no ded                                        | \$60 no ded                                                                                |
| Mental health, serious mental illness, and substance abuse — inpatient <sup>8</sup>               | 30% after ded                                      | 20% after ded                                                                              |
| Outpatient surgery — Ambulatory surgical center/Hospital-based                                    | 30% after ded                                      | 20% after ded                                                                              |
| Outpatient lab/pathology — Freestanding/ Hospital-based                                           | \$40 no ded                                        | \$60 no ded                                                                                |
| <b>Prescription drugs</b>                                                                         |                                                    |                                                                                            |
| Rx deductible — individual/family                                                                 | See prescription drug plans on pages 41-43         | See prescription drug plans on pages 41-43                                                 |
| Low-cost generic drugs                                                                            |                                                    |                                                                                            |
| Generic drugs                                                                                     |                                                    |                                                                                            |
| Preferred brand drugs                                                                             |                                                    |                                                                                            |
| Non-preferred drugs                                                                               |                                                    |                                                                                            |
| Self-administered specialty drugs                                                                 |                                                    |                                                                                            |
| <b>Out-of-network<sup>18,19</sup></b>                                                             | <b>You pay out-of-network</b>                      | <b>You pay out-of-network</b>                                                              |
| Deductible — individual/family <sup>20</sup>                                                      | \$5,000/\$10,000                                   | \$5,000/\$10,000                                                                           |
| Coinsurance                                                                                       | 50% after ded                                      | 50% after ded                                                                              |
| Out-of-pocket maximum — individual/family <sup>21</sup>                                           | \$30,000/\$60,000                                  | \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                    |

| Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$3,000/\$30/\$60/90% <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$4,000/\$30/\$60/90% <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$5,000/\$30/\$60/90% <sup>1</sup> |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>You pay in-network</b>                                                                  | <b>You pay in-network</b>                                                                  | <b>You pay in-network</b>                                                                  |
| \$3,000/\$6,000                                                                            | \$4,000/\$8,000                                                                            | \$5,000/\$10,000                                                                           |
| 10%                                                                                        | 10%                                                                                        | 10%                                                                                        |
| \$7,350/\$14,700                                                                           | \$7,350/\$14,700                                                                           | \$7,350/\$14,700                                                                           |
| 0% no ded                                                                                  | 0% no ded                                                                                  | 0% no ded                                                                                  |
| 0% no ded                                                                                  | 0% no ded                                                                                  | 0% no ded                                                                                  |
| \$30 no ded                                                                                | \$30 no ded                                                                                | \$30 no ded                                                                                |
| \$60 no ded                                                                                | \$60 no ded                                                                                | \$60 no ded                                                                                |
| DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                   | DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                   | DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                   |
| \$100 no ded                                                                               | \$100 no ded                                                                               | \$100 no ded                                                                               |
| \$60 no ded <sup>6,7</sup>                                                                 | \$60 no ded <sup>6,7</sup>                                                                 | \$60 no ded <sup>6,7</sup>                                                                 |
| \$60 no ded <sup>6,7</sup>                                                                 | \$60 no ded <sup>6,7</sup>                                                                 | \$60 no ded <sup>6,7</sup>                                                                 |
| 10% after ded                                                                              | 10% after ded                                                                              | 10% after ded                                                                              |
| 10% after ded                                                                              | 10% after ded                                                                              | 10% after ded                                                                              |
| \$300 after ded                                                                            | \$300 after ded                                                                            | \$300 after ded                                                                            |
| \$60 no ded <sup>7</sup>                                                                   | \$60 no ded <sup>7</sup>                                                                   | \$60 no ded <sup>7</sup>                                                                   |
| \$200 no ded                                                                               | \$200 no ded                                                                               | \$200 no ded                                                                               |
| 10% after ded                                                                              | 10% after ded                                                                              | 10% after ded                                                                              |
| \$60 no ded                                                                                | \$60 no ded                                                                                | \$60 no ded                                                                                |
| 10% after ded                                                                              | 10% after ded                                                                              | 10% after ded                                                                              |
| 10% after ded                                                                              | 10% after ded                                                                              | 10% after ded                                                                              |
| \$60 no ded                                                                                | \$60 no ded                                                                                | \$60 no ded                                                                                |
| See prescription drug plans on pages 41-43                                                 | See prescription drug plans on pages 41-43                                                 | See prescription drug plans on pages 41-43                                                 |
| <b>You pay out-of-network</b>                                                              | <b>You pay out-of-network</b>                                                              | <b>You pay out-of-network</b>                                                              |
| \$5,000/\$10,000                                                                           | \$6,000/\$12,000                                                                           | \$7,500/\$15,000                                                                           |
| 50% after ded                                                                              | 50% after ded                                                                              | 50% after ded                                                                              |
| \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                    | \$12,000/\$24,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                    | \$15,000/\$30,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                    |

| Deductible/Copay Health Plans                                                                     | Personal Choice PPO<br>\$1,500/\$20/\$40/100% <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$2,500/\$30/\$60/100% <sup>1</sup> |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <b>Benefits per contract year</b>                                                                 | <b>You pay in-network</b>                                  | <b>You pay in-network</b>                                                                   |
| Deductible — individual/family                                                                    | \$1,500/\$3,000                                            | \$2,500/\$5,000                                                                             |
| Coinsurance                                                                                       | 0%                                                         | 0%                                                                                          |
| Out-of-pocket maximum — individual/family <sup>3</sup>                                            | \$7,350/\$14,700                                           | \$7,350/\$14,700                                                                            |
| <b>Preventive services<sup>4</sup></b>                                                            |                                                            |                                                                                             |
| Preventive care for adults and children                                                           | 0% no ded                                                  | 0% no ded                                                                                   |
| Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based | 0% no ded                                                  | 0% no ded                                                                                   |
| <b>Physician services</b>                                                                         |                                                            |                                                                                             |
| Primary care office visit/retail clinic                                                           | \$20 no ded                                                | \$30 no ded                                                                                 |
| Specialist office visit                                                                           | \$40 no ded                                                | \$60 no ded                                                                                 |
| Eye exam                                                                                          | Not covered                                                | DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                    |
| Urgent care                                                                                       | \$85 no ded                                                | \$100 no ded                                                                                |
| Spinal manipulations (20 visits per year)                                                         | \$40 no ded <sup>6</sup>                                   | \$60 no ded <sup>6,7</sup>                                                                  |
| Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based                    | \$40 no ded <sup>6</sup>                                   | \$60 no ded <sup>6,7</sup>                                                                  |
| <b>Hospital/other medical services</b>                                                            |                                                            |                                                                                             |
| Inpatient hospital services (includes maternity) <sup>8</sup>                                     | 0% after ded                                               | 0% after ded                                                                                |
| Inpatient professional services (includes maternity)                                              | 0% after ded                                               | 0% after ded                                                                                |
| Emergency room (not waived if admitted) <sup>11</sup>                                             | \$250 after ded                                            | \$300 after ded                                                                             |
| Routine radiology/diagnostic — Freestanding/Hospital-based                                        | \$40 no ded                                                | \$60 no ded <sup>7</sup>                                                                    |
| MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based                                      | \$80 no ded                                                | \$200 no ded                                                                                |
| Durable medical equipment/prosthetics                                                             | 0% after ded                                               | 0% after ded                                                                                |
| Mental health, serious mental illness, and substance abuse — outpatient                           | \$40 no ded                                                | \$60 no ded                                                                                 |
| Mental health, serious mental illness, and substance abuse — inpatient <sup>8</sup>               | 0% after ded                                               | 0% after ded                                                                                |
| Outpatient surgery — Ambulatory surgical center/Hospital-based                                    | 0% after ded                                               | 0% after ded                                                                                |
| Outpatient lab/pathology — Freestanding/ Hospital-based                                           | \$40 no ded                                                | \$60 no ded                                                                                 |
| <b>Prescription drugs</b>                                                                         |                                                            |                                                                                             |
| Rx deductible — individual/family                                                                 | See prescription drug plans on pages 41-43                 | See prescription drug plans on pages 41-43                                                  |
| Low-cost generic drugs                                                                            |                                                            |                                                                                             |
| Generic drugs                                                                                     |                                                            |                                                                                             |
| Preferred brand drugs                                                                             |                                                            |                                                                                             |
| Non-preferred drugs                                                                               |                                                            |                                                                                             |
| Self-administered specialty drugs                                                                 |                                                            |                                                                                             |
| <b>Out-of-network<sup>18,19</sup></b>                                                             | <b>You pay out-of-network</b>                              | <b>You pay out-of-network</b>                                                               |
| Deductible — individual/family <sup>20</sup>                                                      | \$5,000/\$10,000                                           | \$5,000/\$10,000                                                                            |
| Coinsurance                                                                                       | 50% after ded                                              | 50% after ded                                                                               |
| Out-of-pocket maximum — individual/family <sup>21</sup>                                           | \$10,000/\$20,000                                          | \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                     |

| Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$3,000/\$30/\$60/100% <sup>1</sup> | Personal Choice PPO<br>Keystone DPOS<br>Keystone POS<br>\$5,000/\$40/\$70/100% <sup>1</sup> | Personal Choice PPO<br>\$6,000/\$20/\$40/100% <sup>1</sup> |
|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>You pay in-network</b>                                                                   | <b>You pay in-network</b>                                                                   | <b>You pay in-network</b>                                  |
| \$3,000/\$6,000                                                                             | \$5,000/\$10,000                                                                            | \$6,000/\$12,000                                           |
| 0%                                                                                          | 0%                                                                                          | 0%                                                         |
| \$7,350/\$14,700                                                                            | \$7,350/\$14,700                                                                            | \$7,350/\$14,700                                           |
| 0% no ded                                                                                   | 0% no ded                                                                                   | 0% no ded                                                  |
| 0% no ded                                                                                   | 0% no ded                                                                                   | 0% no ded                                                  |
| \$30 no ded                                                                                 | \$40 no ded                                                                                 | \$20 no ded                                                |
| \$60 no ded                                                                                 | \$70 no ded                                                                                 | \$40 no ded                                                |
| DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                    | DPOS/POS — \$40 no ded <sup>5</sup><br>PPO — Not covered                                    | Not covered                                                |
| \$100 no ded                                                                                | \$100 no ded                                                                                | \$85 no ded                                                |
| \$60 no ded <sup>6,7</sup>                                                                  | \$70 no ded <sup>6,7</sup>                                                                  | \$40 no ded <sup>6</sup>                                   |
| \$60 no ded <sup>6,7</sup>                                                                  | \$70 no ded <sup>6,7</sup>                                                                  | \$40 no ded <sup>6</sup>                                   |
| 0% after ded                                                                                | 0% after ded                                                                                | 0% after ded                                               |
| 0% after ded                                                                                | 0% after ded                                                                                | 0% after ded                                               |
| \$300 after ded                                                                             | \$300 after ded                                                                             | \$250 after ded                                            |
| \$60 no ded <sup>7</sup>                                                                    | \$70 no ded <sup>7</sup>                                                                    | \$40 no ded                                                |
| \$200 no ded                                                                                | \$300 no ded                                                                                | \$80 no ded                                                |
| 0% after ded                                                                                | 0% after ded                                                                                | 0% after ded                                               |
| \$60 no ded                                                                                 | \$70 no ded                                                                                 | \$40 no ded                                                |
| 0% after ded                                                                                | 0% after ded                                                                                | 0% after ded                                               |
| 0% after ded                                                                                | 0% after ded                                                                                | 0% after ded                                               |
| \$60 no ded                                                                                 | \$70 no ded                                                                                 | \$40 no ded                                                |
| See prescription drug plans on pages 41-43                                                  | See prescription drug plans on pages 41-43                                                  | See prescription drug plans on pages 41-43                 |
| <b>You pay out-of-network</b>                                                               | <b>You pay out-of-network</b>                                                               | <b>You pay out-of-network</b>                              |
| \$5,000/\$10,000                                                                            | \$7,500/\$15,000                                                                            | \$9,000/\$18,000                                           |
| 50% after ded                                                                               | 50% after ded                                                                               | 50% after ded                                              |
| \$10,000/\$20,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                     | \$15,000/\$30,000 (PPO/DPOS)<br>\$30,000/\$60,000 (POS)                                     | \$18,000/\$30,000                                          |



| HSA-Qualified Health Plans                                                                        | Personal Choice PPO<br>\$2,000/100% <sup>2</sup> | Personal Choice PPO<br>\$3,000/100% <sup>2</sup> | Personal Choice PPO<br>\$5,000/100% <sup>2</sup> |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <b>Benefits per contract year</b>                                                                 | <b>You pay in-network</b>                        | <b>You pay in-network</b>                        | <b>You pay in-network</b>                        |
| Deductible — individual/family                                                                    | \$2,000/\$4,000                                  | \$3,000/\$6,000                                  | \$5,000/\$10,000                                 |
| Coinsurance                                                                                       | 0%                                               | 0%                                               | 0%                                               |
| Out-of-pocket maximum — individual/family <sup>3</sup>                                            | \$6,650/\$13,300                                 | \$6,650/\$13,300                                 | \$6,650/\$13,300                                 |
| <b>Preventive services<sup>4</sup></b>                                                            |                                                  |                                                  |                                                  |
| Preventive care for adults and children                                                           | 0% no ded                                        | 0% no ded                                        | 0% no ded                                        |
| Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based | 0% no ded                                        | 0% no ded                                        | 0% no ded                                        |
| <b>Physician services</b>                                                                         |                                                  |                                                  |                                                  |
| Primary care office visit/retail clinic                                                           | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Specialist office visit                                                                           | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Eye exam                                                                                          | Not covered                                      | Not covered                                      | Not covered                                      |
| Urgent care                                                                                       | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Spinal manipulations (20 visits per year)                                                         | 0% after ded <sup>6</sup>                        | 0% after ded <sup>6</sup>                        | 0% after ded <sup>6</sup>                        |
| Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based                    | 0% after ded <sup>6</sup>                        | 0% after ded <sup>6</sup>                        | 0% after ded <sup>6</sup>                        |
| <b>Hospital/other medical services</b>                                                            |                                                  |                                                  |                                                  |
| Inpatient hospital services (includes maternity) <sup>8</sup>                                     | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Inpatient professional services (includes maternity)                                              | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Emergency room (not waived if admitted) <sup>11</sup>                                             | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Routine radiology/diagnostic — Freestanding/Hospital-based                                        | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based                                      | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Durable medical equipment/prosthetics                                                             | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Mental health, serious mental illness, and substance abuse — outpatient                           | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Mental health, serious mental illness, and substance abuse — inpatient <sup>9</sup>               | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Outpatient surgery — Ambulatory surgical center/ Hospital-based                                   | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| Outpatient lab/pathology — Freestanding/ Hospital-based                                           | 0% after ded                                     | 0% after ded                                     | 0% after ded                                     |
| <b>Prescription drugs<sup>12,14</sup></b>                                                         |                                                  |                                                  |                                                  |
| Rx deductible — individual/family                                                                 | Integrated                                       | Integrated                                       | Integrated                                       |
| Low-cost generic drugs <sup>13,15,16</sup>                                                        | \$5 after ded                                    | \$5 after ded                                    | \$5 after ded                                    |
| Generic drugs <sup>13,16</sup>                                                                    | \$20 after ded                                   | \$20 after ded                                   | \$20 after ded                                   |
| Preferred brand drugs <sup>13,16</sup>                                                            | \$40 after ded                                   | \$40 after ded                                   | \$40 after ded                                   |
| Non-preferred drugs <sup>13,16</sup>                                                              | \$70 after ded                                   | \$70 after ded                                   | \$70 after ded                                   |
| Self-administered specialty drugs <sup>17</sup>                                                   | 50% up to \$500 max per prescription after ded   | 50% up to \$500 max per prescription after ded   | 50% up to \$500 max per prescription after ded   |
| <b>Out-of-network<sup>18,19</sup></b>                                                             | <b>You pay out-of-network</b>                    | <b>You pay out-of-network</b>                    | <b>You pay out-of-network</b>                    |
| Deductible — individual/family <sup>20</sup>                                                      | \$5,000/\$10,000                                 | \$5,000/\$10,000                                 | \$7,500/\$15,000                                 |
| Coinsurance                                                                                       | 50% after ded                                    | 50% after ded                                    | 50% after ded                                    |
| Out-of-pocket maximum — individual/family <sup>21</sup>                                           | \$10,000/\$20,000                                | \$10,000/\$20,000                                | \$15,000/\$30,000                                |

| Personal Choice PPO<br>\$6,350/100% <sup>2</sup> | Personal Choice PPO<br>\$3,000/\$30/\$60/\$500 <sup>2</sup> | Personal Choice PPO<br>\$4,000/\$40/\$70/\$250 <sup>2</sup> | Personal Choice PPO<br>\$5,000/\$40/\$70/100% <sup>2</sup> |
|--------------------------------------------------|-------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------------------------|
| <b>You pay in-network</b>                        | <b>You pay in-network</b>                                   | <b>You pay in-network</b>                                   | <b>You pay in-network</b>                                  |
| \$6,350/\$12,700                                 | \$3,000/\$6,000                                             | \$4,000/\$8,000                                             | \$5,000/\$10,000                                           |
| 0%                                               | 0%                                                          | 0%                                                          | 0%                                                         |
| \$6,650/\$13,300                                 | \$6,650/\$13,300                                            | \$6,650/\$13,300                                            | \$6,650/\$13,300                                           |
| 0% no ded                                        | 0% no ded                                                   | 0% no ded                                                   | 0% no ded                                                  |
| 0% no ded                                        | 0% no ded                                                   | 0% no ded                                                   | 0% no ded                                                  |
| 0% after ded                                     | \$30 after ded                                              | \$40 after ded                                              | \$40 after ded                                             |
| 0% after ded                                     | \$60 after ded                                              | \$70 after ded                                              | \$70 after ded                                             |
| Not covered                                      | Not covered                                                 | Not covered                                                 | Not covered                                                |
| 0% after ded                                     | \$100 after ded                                             | \$100 after ded                                             | \$100 after ded                                            |
| \$50 after ded <sup>6</sup>                      | \$60 after ded <sup>6</sup>                                 | \$70 after ded <sup>6</sup>                                 | \$70 after ded <sup>6</sup>                                |
| 0% after ded <sup>6</sup>                        | \$60 after ded <sup>6</sup>                                 | \$70 after ded <sup>6</sup>                                 | \$70 after ded <sup>6</sup>                                |
| 0% after ded                                     | Subject to ded and \$500/day <sup>10</sup>                  | Subject to ded and \$250/day <sup>10</sup>                  | 0% after ded                                               |
| 0% after ded                                     | 0% after ded                                                | 0% after ded                                                | 0% after ded                                               |
| 0% after ded                                     | \$300 after ded                                             | \$300 after ded                                             | \$300 after ded                                            |
| 0% after ded                                     | \$60 after ded                                              | \$70 after ded                                              | \$70 after ded                                             |
| 0% after ded                                     | \$200 after ded                                             | \$300 after ded                                             | \$300 after ded                                            |
| 0% after ded                                     | 0% after ded                                                | 0% after ded                                                | 0% after ded                                               |
| 0% after ded                                     | \$60 after ded                                              | \$70 after ded                                              | \$70 after ded                                             |
| 0% after ded                                     | Subject to ded and \$500/day <sup>10</sup>                  | Subject to ded and \$250/day <sup>10</sup>                  | 0% after ded                                               |
| 0% after ded                                     | \$500 after ded                                             | \$250 after ded                                             | 0% after ded                                               |
| 0% after ded                                     | \$60 after ded                                              | \$70 after ded                                              | \$70 after ded                                             |
| Integrated                                       | Integrated                                                  | Integrated                                                  | Integrated                                                 |
| \$5 after ded                                    | \$5 after ded                                               | \$5 after ded                                               | \$5 after ded                                              |
| \$20 after ded                                   | \$20 after ded                                              | \$20 after ded                                              | \$20 after ded                                             |
| \$40 after ded                                   | \$40 after ded                                              | \$40 after ded                                              | \$40 after ded                                             |
| \$70 after ded                                   | \$70 after ded                                              | \$70 after ded                                              | \$70 after ded                                             |
| 50% up to \$500 max per prescription after ded   | 50% up to \$500 max per prescription after ded              | 50% up to \$500 max per prescription after ded              | 50% up to \$500 max per prescription after ded             |
| <b>You pay out-of-network</b>                    | <b>You pay out-of-network</b>                               | <b>You pay out-of-network</b>                               | <b>You pay out-of-network</b>                              |
| \$9,000/\$18,000                                 | \$5,000/\$10,000                                            | \$6,000/\$12,000                                            | \$7,500/\$15,000                                           |
| 50% after ded                                    | 50% after ded                                               | 50% after ded                                               | 50% after ded                                              |
| \$18,000/\$30,000                                | \$10,000/\$20,000                                           | \$12,000/\$24,000                                           | \$15,000/\$30,000                                          |

| Choice Advantage Health Plans                                                                     | Keystone POS<br>CA \$40/\$85/\$500 <sup>1</sup> | Personal Choice PPO<br>CA \$40/\$85/\$500 <sup>1</sup> |
|---------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------|
| <b>Benefits per contract year</b>                                                                 | <b>You pay in-network</b>                       | <b>You pay in-network</b>                              |
| Deductible — individual/family                                                                    | \$0                                             | \$0                                                    |
| Coinsurance                                                                                       | 0%                                              | 0%                                                     |
| Out-of-pocket maximum — individual/family <sup>3</sup>                                            | \$7,350/\$14,700                                | \$7,350/\$14,700                                       |
| <b>Preventive services<sup>4</sup></b>                                                            |                                                 |                                                        |
| Preventive care for adults and children                                                           | \$0                                             | \$0                                                    |
| Preventive colonoscopy for colorectal cancer screening — Preventive Plus Providers/Hospital-based | \$0/\$750 <sup>22</sup>                         | \$0/\$750 <sup>22</sup>                                |
| <b>Physician services</b>                                                                         |                                                 |                                                        |
| Primary care office visit/retail clinic                                                           | \$40                                            | \$40                                                   |
| Specialist office visit                                                                           | \$85                                            | \$85                                                   |
| Eye exam                                                                                          | \$40 <sup>5</sup>                               | Not covered                                            |
| Urgent care                                                                                       | \$100                                           | \$100                                                  |
| Spinal manipulations (20 visits per year)                                                         | \$85 <sup>7</sup>                               | \$85 <sup>6</sup>                                      |
| Physical/occupational therapy (30 visits per year) Freestanding/Hospital-based                    | \$85 <sup>7</sup>                               | \$50/\$150 <sup>6</sup>                                |
| <b>Hospital/other medical services</b>                                                            |                                                 |                                                        |
| Inpatient hospital services (includes maternity) <sup>8</sup>                                     | \$500 per day <sup>10</sup>                     | \$500 per day <sup>10</sup>                            |
| Inpatient professional services (includes maternity)                                              | \$0                                             | \$0                                                    |
| Emergency room (not waived if admitted) <sup>11</sup>                                             | \$300                                           | \$300                                                  |
| Routine radiology/diagnostic — Freestanding/Hospital-based                                        | \$85 <sup>7</sup>                               | \$50/\$150                                             |
| MRI/MRA, CT/CTA scan, PET scan — Freestanding/Hospital-based                                      | \$300                                           | \$200/\$400                                            |
| Durable medical equipment/prosthetics                                                             | 50%                                             | 50%                                                    |
| Mental health, serious mental illness, and substance abuse — outpatient                           | \$85                                            | \$85                                                   |
| Mental health, serious mental illness, and substance abuse — inpatient <sup>8</sup>               | \$500 per day <sup>10</sup>                     | \$500 per day <sup>10</sup>                            |
| Outpatient surgery — Ambulatory surgical center/Hospital-based                                    | \$350/\$700                                     | \$350/\$700                                            |
| Outpatient lab/pathology — Freestanding/ Hospital-based                                           | \$0                                             | \$0/\$40                                               |
| <b>Prescription drugs</b>                                                                         |                                                 |                                                        |
| Rx deductible — individual/family                                                                 | See prescription drug plans on pages 41-43      | See prescription drug plans on pages 41-43             |
| Low-cost generic drugs                                                                            |                                                 |                                                        |
| Generic drugs                                                                                     |                                                 |                                                        |
| Preferred brand drugs                                                                             |                                                 |                                                        |
| Non-preferred drugs                                                                               |                                                 |                                                        |
| Self-administered specialty drugs                                                                 |                                                 |                                                        |
| <b>Out-of-network<sup>18,19</sup></b>                                                             | <b>You pay out-of-network</b>                   | <b>You pay out-of-network</b>                          |
| Deductible — individual/family <sup>20</sup>                                                      | \$5,000/\$10,000                                | \$2,500/\$5,000                                        |
| Coinsurance                                                                                       | 50% after ded                                   | 50% after ded                                          |
| Out-of-pocket maximum — individual/family <sup>21</sup>                                           | \$30,000/\$60,000                               | \$10,000/\$20,000                                      |

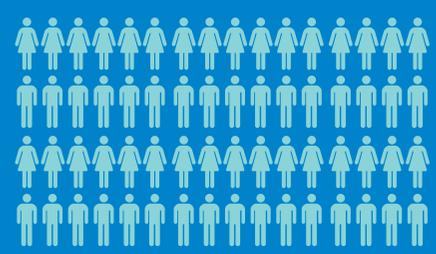
| Personal Choice PPO<br>CA \$3,000/\$25/\$65/80% <sup>1</sup> | Personal Choice PPO<br>CA \$4,000/\$30/\$75/90% <sup>1</sup> |
|--------------------------------------------------------------|--------------------------------------------------------------|
| <b>You pay in-network</b>                                    | <b>You pay in-network</b>                                    |
| \$3,000/\$6,000                                              | \$4,000/\$8,000                                              |
| 20%                                                          | 10%                                                          |
| \$7,350/\$14,700                                             | \$7,350/\$14,700                                             |
|                                                              |                                                              |
| \$0 no ded                                                   | \$0 no ded                                                   |
| \$0/\$750 no ded <sup>22</sup>                               | \$0/\$750 no ded <sup>22</sup>                               |
|                                                              |                                                              |
| \$25 no ded                                                  | \$30 no ded                                                  |
| \$65 no ded                                                  | \$75 no ded                                                  |
| Not covered                                                  | Not covered                                                  |
| \$100 no ded                                                 | \$100 no ded                                                 |
| \$65 no ded <sup>6</sup>                                     | \$75 no ded <sup>6</sup>                                     |
| \$40 no ded/\$100 no ded <sup>6</sup>                        | \$50 no ded/\$150 no ded <sup>6</sup>                        |
|                                                              |                                                              |
| 20% after ded                                                | 10% after ded                                                |
| 20% after ded                                                | 10% after ded                                                |
| \$300 no ded                                                 | \$300 no ded                                                 |
| \$40 no ded/\$100 no ded                                     | \$50 no ded/\$150 no ded                                     |
| \$100 no ded/\$200 no ded                                    | \$200 no ded/\$400 no ded                                    |
| 20% after ded                                                | 10% after ded                                                |
| \$65 no ded                                                  | \$75 no ded                                                  |
| 20% after ded                                                | 10% after ded                                                |
| 20% after ded/30% after ded                                  | 10% after ded/ 30% after ded                                 |
| \$40 no ded/\$100 no ded                                     | \$50 no ded/\$150 no ded                                     |
|                                                              |                                                              |
| See prescription drug plans on pages 41-43                   | See prescription drug plans on pages 41-43                   |
|                                                              |                                                              |
| <b>You pay out-of-network</b>                                | <b>You pay out-of-network</b>                                |
| \$5,000/\$10,000                                             | \$6,000/\$12,000                                             |
| 50% after ded                                                | 50% after ded                                                |
| \$10,000/\$20,000                                            | \$12,000/\$24,000                                            |

# Do you know the power of Blue?



BLUE PLANS COVER

**106**  
MILLION  
MEMBERS



BLUE PLANS INCLUDE

**THE LARGEST**  
PROVIDER  
**NETWORK**  
NATIONWIDE



**96%**  
HOSPITALS



**93%**  
DOCTORS



**Additional Plans for 100+ Customers**



# Additional plans for 100+ customers

Get even more flexibility with premiums and cost-sharing

100+ customers can choose from any of the plans available to 51+ customers on pg. 9-21, plus they can choose from an expanded set of 110 plans. Our 100+ customers can also choose from Deductible/Coinsurance plans that can be paired with an HRA. This section provides a summary of the plans available by highlighting key benefits.



Copay Health Plans



Deductible/Copay Health Plans



Deductible/Coinsurance Health Plans



HSA-Qualified Health Plans



Choice Advantage Health Plans

Complete benefits summaries are available at [ibx.com/forms\\_online](http://ibx.com/forms_online).



## More coverage options to fit your unique business needs

While 100+ customers can choose from any of the health plans available to 51+ customers, they also have a broader set of options to choose from, including Deductible/Coinsurance health plans and more prescription drug plans.



### In-network/contract-year benefits

| Product Type              | Lines of Business | Option                | Deductible Individual/Family | Out-of-Pocket Maximum Individual/Family | PCP  |
|---------------------------|-------------------|-----------------------|------------------------------|-----------------------------------------|------|
| <b>Copay Health Plans</b> | PPO/DPOS/POS      | \$50/\$80/\$500+\$250 | N/A                          | \$7,350/\$14,700                        | \$50 |
|                           | PPO/DPOS/POS      | \$40/\$70/\$500       | N/A                          | \$7,350/\$14,700                        | \$40 |
|                           | PPO/DPOS/POS      | \$30/\$60/\$400       | N/A                          | \$7,350/\$14,700                        | \$30 |
|                           | PPO/DPOS/POS      | \$25/\$50/\$400       | N/A                          | \$7,350/\$14,700                        | \$25 |
|                           | PPO/DPOS/POS      | \$20/\$40/\$400       | N/A                          | \$7,350/\$14,700                        | \$20 |
|                           | PPO/DPOS/POS      | \$20/\$40/\$250       | N/A                          | \$7,350/\$14,700                        | \$20 |
|                           | PPO/DPOS/POS      | \$15/\$35/\$250       | N/A                          | \$7,350/\$14,700                        | \$15 |
|                           | PPO/DPOS/POS      | \$15/\$35/\$150       | N/A                          | \$7,350/\$14,700                        | \$15 |
|                           | PPO/DPOS/POS      | \$10/\$25/\$100       | N/A                          | \$7,350/\$14,700                        | \$10 |
|                           | PPO/DPOS/POS      | \$10/\$25/100%        | N/A                          | \$7,350/\$14,700                        | \$10 |
| PPO/DPOS/POS              | \$10/\$20/100%    | N/A                   | \$7,350/\$14,700             | \$10                                    |      |

| Specialist | Routine Radiology/Complex Radiology | Lab | Inpatient Hospital                                  | Outpatient Surgery | Emergency Room | Urgent Care |
|------------|-------------------------------------|-----|-----------------------------------------------------|--------------------|----------------|-------------|
| \$80       | \$80/\$300                          | \$0 | \$500 per day; days 1-5<br>\$250 per day; days 6-10 | \$500              | \$300          | \$100       |
| \$70       | \$70/\$300                          | \$0 | \$500 per day                                       | \$500              | \$300          | \$100       |
| \$60       | \$60/\$200                          | \$0 | \$400 per day                                       | \$400              | \$300          | \$100       |
| \$50       | \$50/\$100                          | \$0 | \$400 per day                                       | \$400              | \$300          | \$100       |
| \$40       | \$40/\$80                           | \$0 | \$400 per day                                       | \$400              | \$250          | \$85        |
| \$40       | \$40/\$80                           | \$0 | \$250 per day                                       | \$250              | \$250          | \$85        |
| \$35       | \$35/\$70                           | \$0 | \$250 per day                                       | \$250              | \$200          | \$70        |
| \$35       | \$35/\$70                           | \$0 | \$150 per day                                       | \$150              | \$200          | \$70        |
| \$25       | \$25/\$50                           | \$0 | \$100 per day                                       | \$100              | \$200          | \$70        |
| \$25       | \$25/\$50                           | \$0 | \$0                                                 | \$0                | \$200          | \$70        |
| \$20       | \$20/\$40                           | \$0 | \$0                                                 | \$0                | \$100          | \$50        |



In-network/contract-year benefits

| Product Type                         | Lines of Business | Option                 | Deductible Individual/Family | Out-of-Pocket Maximum Individual/Family | PCP         |
|--------------------------------------|-------------------|------------------------|------------------------------|-----------------------------------------|-------------|
| Deductible/<br>Copay<br>Health Plans | PPO/DPOS/POS      | \$6,000/\$20/\$40/100% | \$6,000/\$12,000             | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$5,000/\$40/\$70/100% | \$5,000/\$10,000             | \$7,350/\$14,700                        | \$40 no ded |
|                                      | PPO/DPOS/POS      | \$4,000/\$40/\$70/100% | \$4,000/\$8,000              | \$7,350/\$14,700                        | \$40 no ded |
|                                      | PPO/DPOS/POS      | \$3,000/\$30/\$60/100% | \$3,000/\$6,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,500/\$30/\$60/100% | \$2,500/\$5,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,000/\$30/\$60/100% | \$2,000/\$4,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$1,500/\$20/\$40/100% | \$1,500/\$3,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$5,000/\$30/\$60/90%  | \$5,000/\$10,000             | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$4,000/\$40/\$70/90%  | \$4,000/\$8,000              | \$7,350/\$14,700                        | \$40 no ded |
|                                      | PPO/DPOS/POS      | \$4,000/\$30/\$60/90%  | \$4,000/\$8,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$3,000/\$40/\$70/90%  | \$3,000/\$6,000              | \$7,350/\$14,700                        | \$40 no ded |
|                                      | PPO/DPOS/POS      | \$3,000/\$30/\$60/90%  | \$3,000/\$6,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,500/\$30/\$60/90%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,500/\$20/\$40/90%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$2,000/\$30/\$60/90%  | \$2,000/\$4,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,000/\$20/\$40/90%  | \$2,000/\$4,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$1,500/\$20/\$40/90%  | \$1,500/\$3,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$1,000/\$20/\$40/90%  | \$1,000/\$2,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$500/\$20/\$40/90%    | \$500/\$1,000                | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$3,000/\$30/\$60/80%  | \$3,000/\$6,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,500/\$30/\$60/80%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,500/\$20/\$40/80%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$2,000/\$30/\$60/80%  | \$2,000/\$4,000              | \$7,350/\$14,700                        | \$30 no ded |
|                                      | PPO/DPOS/POS      | \$2,000/\$20/\$40/80%  | \$2,000/\$4,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$1,500/\$20/\$40/80%  | \$1,500/\$3,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$1,000/\$20/\$40/80%  | \$1,000/\$2,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$500/\$20/\$40/80%    | \$500/\$1,000                | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$3,500/\$20/\$40/70%  | \$3,500/\$7,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$2,500/\$20/\$40/70%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | \$20 no ded |
|                                      | PPO/DPOS/POS      | \$1,500/\$20/\$40/70%  | \$1,500/\$3,000              | \$7,350/\$14,700                        | \$20 no ded |

| Specialist  | Routine Radiology/<br>Complex Radiology | Lab         | Inpatient Hospital | Outpatient<br>Surgery | Emergency Room  | Urgent Care  |
|-------------|-----------------------------------------|-------------|--------------------|-----------------------|-----------------|--------------|
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 100% after ded     | 100% after ded        | \$250 after ded | \$85 no ded  |
| \$70 no ded | \$70 no ded/\$300 no ded                | \$70 no ded | 100% after ded     | 100% after ded        | \$300 after ded | \$100 no ded |
| \$70 no ded | \$70 no ded/\$300 no ded                | \$70 no ded | 100% after ded     | 100% after ded        | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 100% after ded     | 100% after ded        | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 100% after ded     | 100% after ded        | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 100% after ded     | 100% after ded        | \$300 after ded | \$100 no ded |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 100% after ded     | 100% after ded        | \$250 after ded | \$85 no ded  |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$70 no ded | \$70 no ded/\$300 no ded                | \$70 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$70 no ded | \$70 no ded/\$300 no ded                | \$70 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 90% after ded      | 90% after ded         | \$250 after ded | \$85 no ded  |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 90% after ded      | 90% after ded         | \$300 after ded | \$100 no ded |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 90% after ded      | 90% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 90% after ded      | 90% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 90% after ded      | 90% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 90% after ded      | 90% after ded         | \$250 after ded | \$85 no ded  |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 80% after ded      | 80% after ded         | \$300 after ded | \$100 no ded |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 80% after ded      | 80% after ded         | \$300 after ded | \$100 no ded |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 80% after ded      | 80% after ded         | \$250 after ded | \$85 no ded  |
| \$60 no ded | \$60 no ded/\$200 no ded                | \$60 no ded | 80% after ded      | 80% after ded         | \$300 after ded | \$100 no ded |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 80% after ded      | 80% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 80% after ded      | 80% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 80% after ded      | 80% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 80% after ded      | 80% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 70% after ded      | 70% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 70% after ded      | 70% after ded         | \$250 after ded | \$85 no ded  |
| \$40 no ded | \$40 no ded/\$80 no ded                 | \$40 no ded | 70% after ded      | 70% after ded         | \$250 after ded | \$85 no ded  |



In-network/contract-year benefits

| Product Type                               | Lines of Business | Option       | Deductible Individual/Family | Out-of-Pocket Maximum Individual/Family | PCP            |
|--------------------------------------------|-------------------|--------------|------------------------------|-----------------------------------------|----------------|
| <b>Deductible/Coinsurance Health Plans</b> | PPO               | \$5,000/100% | \$5,000/\$10,000             | \$7,350/\$14,700                        | 100% after ded |
|                                            | PPO               | \$4,000/100% | \$4,000/\$8,000              | \$7,350/\$14,700                        | 100% after ded |
|                                            | PPO               | \$3,000/100% | \$3,000/\$6,000              | \$7,350/\$14,700                        | 100% after ded |
|                                            | PPO               | \$2,000/100% | \$2,000/\$4,000              | \$7,350/\$14,700                        | 100% after ded |
|                                            | PPO               | \$4,000/90%  | \$4,000/\$8,000              | \$7,350/\$14,700                        | 90% after ded  |
|                                            | PPO               | \$3,000/90%  | \$3,000/\$6,000              | \$7,350/\$14,700                        | 90% after ded  |
|                                            | PPO               | \$2,500/90%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | 90% after ded  |
|                                            | PPO               | \$2,000/90%  | \$2,000/\$4,000              | \$7,350/\$14,700                        | 90% after ded  |
|                                            | PPO               | \$1,500/90%  | \$1,500/\$3,000              | \$7,350/\$14,700                        | 90% after ded  |
|                                            | PPO               | \$3,000/80%  | \$3,000/\$6,000              | \$7,350/\$14,700                        | 80% after ded  |
|                                            | PPO               | \$2,500/80%  | \$2,500/\$5,000              | \$7,350/\$14,700                        | 80% after ded  |
|                                            | PPO               | \$2,000/80%  | \$2,000/\$4,000              | \$7,350/\$14,700                        | 80% after ded  |
|                                            | PPO               | \$1,500/80%  | \$1,500/\$3,000              | \$7,350/\$14,700                        | 80% after ded  |

| Specialist     | Routine Radiology/Complex Radiology | Lab            | Inpatient Hospital | Outpatient Surgery | Emergency Room | Urgent Care    |
|----------------|-------------------------------------|----------------|--------------------|--------------------|----------------|----------------|
| 100% after ded | 100% after ded                      | 100% after ded | 100% after ded     | 100% after ded     | 100% after ded | 100% after ded |
| 100% after ded | 100% after ded                      | 100% after ded | 100% after ded     | 100% after ded     | 100% after ded | 100% after ded |
| 100% after ded | 100% after ded                      | 100% after ded | 100% after ded     | 100% after ded     | 100% after ded | 100% after ded |
| 100% after ded | 100% after ded                      | 100% after ded | 100% after ded     | 100% after ded     | 100% after ded | 100% after ded |
| 90% after ded  | 90% after ded                       | 90% after ded  | 90% after ded      | 90% after ded      | 90% after ded  | 90% after ded  |
| 90% after ded  | 90% after ded                       | 90% after ded  | 90% after ded      | 90% after ded      | 90% after ded  | 90% after ded  |
| 90% after ded  | 90% after ded                       | 90% after ded  | 90% after ded      | 90% after ded      | 90% after ded  | 90% after ded  |
| 90% after ded  | 90% after ded                       | 90% after ded  | 90% after ded      | 90% after ded      | 90% after ded  | 90% after ded  |
| 90% after ded  | 90% after ded                       | 90% after ded  | 90% after ded      | 90% after ded      | 90% after ded  | 90% after ded  |
| 80% after ded  | 80% after ded                       | 80% after ded  | 80% after ded      | 80% after ded      | 80% after ded  | 80% after ded  |
| 80% after ded  | 80% after ded                       | 80% after ded  | 80% after ded      | 80% after ded      | 80% after ded  | 80% after ded  |
| 80% after ded  | 80% after ded                       | 80% after ded  | 80% after ded      | 80% after ded      | 80% after ded  | 80% after ded  |
| 80% after ded  | 80% after ded                       | 80% after ded  | 80% after ded      | 80% after ded      | 80% after ded  | 80% after ded  |

ded = Deductible



In-network/contract-year benefits

| Product Type                                           | Lines of Business                                | Option                  | Deductible Individual/Family | Out-of-Pocket Maximum Individual/Family | PCP              | Specialist     |
|--------------------------------------------------------|--------------------------------------------------|-------------------------|------------------------------|-----------------------------------------|------------------|----------------|
| <b>HSA Coinsurance with Integrated Rx Health Plans</b> | PPO                                              | \$6,350/100%            | \$6,350/\$12,700             | \$6,650/\$13,300                        | 100% after ded   | 100% after ded |
|                                                        | PPO                                              | \$5,000/100%            | \$5,000/\$10,000             | \$6,650/\$13,300                        | 100% after ded   | 100% after ded |
|                                                        | PPO                                              | \$4,000/100%            | \$4,000/\$8,000              | \$6,650/\$13,300                        | 100% after ded   | 100% after ded |
|                                                        | PPO                                              | \$3,000/100%            | \$3,000/\$6,000              | \$6,650/\$13,300                        | 100% after ded   | 100% after ded |
|                                                        | PPO                                              | \$2,500/100%            | \$2,500/\$5,000              | \$6,650/\$13,300                        | 100% after ded   | 100% after ded |
|                                                        | PPO                                              | \$2,000/100%            | \$2,000/\$4,000              | \$6,650/\$13,300                        | 100% after ded   | 100% after ded |
|                                                        | PPO                                              | \$4,000/90%             | \$4,000/\$8,000              | \$6,650/\$13,300                        | 90% after ded    | 90% after ded  |
|                                                        | PPO                                              | \$3,000/90%             | \$3,000/\$6,000              | \$6,650/\$13,300                        | 90% after ded    | 90% after ded  |
|                                                        | PPO                                              | \$2,500/90%             | \$2,500/\$5,000              | \$6,650/\$13,300                        | 90% after ded    | 90% after ded  |
|                                                        | PPO                                              | \$2,000/90%             | \$2,000/\$4,000              | \$6,650/\$13,300                        | 90% after ded    | 90% after ded  |
|                                                        | PPO                                              | \$1,500/90%             | \$1,500/\$3,000              | \$6,650/\$13,300                        | 90% after ded    | 90% after ded  |
|                                                        | PPO                                              | \$5,000/80%             | \$5,000/\$10,000             | \$6,650/\$13,300                        | 80% after ded    | 80% after ded  |
|                                                        | PPO                                              | \$4,000/80%             | \$4,000/\$8,000              | \$6,650/\$13,300                        | 80% after ded    | 80% after ded  |
|                                                        | PPO                                              | \$3,000/80%             | \$3,000/\$6,000              | \$6,650/\$13,300                        | 80% after ded    | 80% after ded  |
|                                                        | PPO                                              | \$2,500/80%             | \$2,500/\$5,000              | \$6,650/\$13,300                        | 80% after ded    | 80% after ded  |
|                                                        | PPO                                              | \$2,000/80%             | \$2,000/\$4,000              | \$6,650/\$13,300                        | 80% after ded    | 80% after ded  |
|                                                        | PPO                                              | \$1,500/80%             | \$1,500/\$3,000              | \$6,650/\$13,300                        | 80% after ded    | 80% after ded  |
|                                                        | <b>HSA Copay with Integrated Rx Health Plans</b> | PPO                     | \$5,000/\$40/\$70/100%       | \$5,000/\$10,000                        | \$6,650/\$13,300 | \$40 after ded |
| PPO                                                    |                                                  | \$4,000/\$40/\$70/100%  | \$4,000/\$8,000              | \$6,650/\$13,300                        | \$40 after ded   | \$70 after ded |
| PPO                                                    |                                                  | \$4,000/\$40/\$70/90%   | \$4,000/\$8,000              | \$6,650/\$13,300                        | \$40 after ded   | \$70 after ded |
| PPO                                                    |                                                  | \$3,000/\$40/\$70/90%   | \$3,000/\$6,000              | \$6,650/\$13,300                        | \$40 after ded   | \$70 after ded |
| PPO                                                    |                                                  | \$4,000/\$40/\$70/\$250 | \$4,000/\$8,000              | \$6,650/\$13,300                        | \$40 after ded   | \$70 after ded |
| PPO                                                    |                                                  | \$4,000/\$30/\$60/\$250 | \$4,000/\$8,000              | \$6,650/\$13,300                        | \$30 after ded   | \$60 after ded |
| PPO                                                    |                                                  | \$3,000/\$30/\$60/\$500 | \$3,000/\$6,000              | \$6,650/\$13,300                        | \$30 after ded   | \$60 after ded |

| Routine Radiology/Complex Radiology | Lab            | Inpatient Hospital      | Outpatient Surgery | Emergency Room  | Urgent Care     | Integrated Rx (after ded)          |
|-------------------------------------|----------------|-------------------------|--------------------|-----------------|-----------------|------------------------------------|
| 100% after ded                      | 100% after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| 100% after ded                      | 100% after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| 100% after ded                      | 100% after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| 100% after ded                      | 100% after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| 100% after ded                      | 100% after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| 100% after ded                      | 100% after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| 90% after ded                       | 90% after ded  | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 90% after ded                       | 90% after ded  | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 90% after ded                       | 90% after ded  | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 90% after ded                       | 90% after ded  | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 90% after ded                       | 90% after ded  | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 80% after ded                       | 80% after ded  | 80% after ded           | 80% after ded      | 80% after ded   | 80% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 80% after ded                       | 80% after ded  | 80% after ded           | 80% after ded      | 80% after ded   | 80% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 80% after ded                       | 80% after ded  | 80% after ded           | 80% after ded      | 80% after ded   | 80% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 80% after ded                       | 80% after ded  | 80% after ded           | 80% after ded      | 80% after ded   | 80% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| 80% after ded                       | 80% after ded  | 80% after ded           | 80% after ded      | 80% after ded   | 80% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$70 after ded/\$300 after ded      | \$70 after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$70 after ded/\$300 after ded      | \$70 after ded | 100% after ded          | 100% after ded     | 100% after ded  | 100% after ded  | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$70 after ded/\$300 after ded      | \$70 after ded | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$70 after ded/\$300 after ded      | \$70 after ded | 90% after ded           | 90% after ded      | 90% after ded   | 90% after ded   | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$70 after ded/\$300 after ded      | \$70 after ded | \$250 per day after ded | \$250 after ded    | \$300 after ded | \$100 after ded | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$60 after ded/\$200 after ded      | \$60 after ded | \$250 per day after ded | \$250 after ded    | \$300 after ded | \$100 after ded | \$5/\$20/\$40/\$70/50% up to \$500 |
| \$60 after ded/\$200 after ded      | \$60 after ded | \$500 per day after ded | \$500 after ded    | \$300 after ded | \$100 after ded | \$5/\$20/\$40/\$70/50% up to \$500 |

Integrated Rx = Low-cost generic/Generic/Preferred brand/Non-preferred/Self-administered specialty drugs

ded = Deductible



In-network/contract-year benefits

| Product Type                         | Lines of Business | Option                           | Deductible Individual/Family | Out-of-Pocket Maximum Individual/Family | PCP         | Specialist  | Inpatient Hospital | Emergency Room  | Urgent Care  |
|--------------------------------------|-------------------|----------------------------------|------------------------------|-----------------------------------------|-------------|-------------|--------------------|-----------------|--------------|
| <b>Choice Advantage Health Plans</b> | POS               | CA \$40/\$85/\$500               | N/A                          | \$7,350/\$14,700                        | \$40        | \$85        | \$500 per day      | \$300           | \$100        |
|                                      | PPO               | CA \$40/\$85/\$500               | N/A                          | \$7,350/\$14,700                        | \$40        | \$85        | \$500 per day      | \$300           | \$100        |
|                                      | PPO               | CA \$3,000/\$3,000/\$25/\$65/80% | \$3,000/\$6,000              | \$7,350/\$14,700                        | \$25 no ded | \$65 no ded | 20% after ded      | \$300 after ded | \$100 no ded |
|                                      | PPO               | CA \$4,000/\$30/\$75/90%         | \$4,000/\$8,000              | \$7,350/\$14,700                        | \$30 no ded | \$75 no ded | 10% after ded      | \$300 after ded | \$100 no ded |

| Preventive Colonoscopy    |                | Physical/Occupational Therapy Routine Radiology |                | Complex Radiology |                | Lab          |                | Outpatient Surgery |                |
|---------------------------|----------------|-------------------------------------------------|----------------|-------------------|----------------|--------------|----------------|--------------------|----------------|
| Preventive Plus Providers | Hospital-based | Freestanding                                    | Hospital-based | Freestanding      | Hospital-based | Freestanding | Hospital-based | Freestanding       | Hospital-based |
| \$0                       | \$750          | \$85                                            | \$85           | \$300             | \$300          | \$0          | \$0            | \$350              | \$700          |
| \$0                       | \$750          | \$50                                            | \$150          | \$200             | \$400          | \$0          | \$40           | \$350              | \$700          |
| \$0 no ded                | \$750 no ded   | \$40 no ded                                     | \$100 no ded   | \$100 no ded      | \$200 no ded   | \$40 no ded  | \$100 no ded   | 20% after ded      | 30% after ded  |
| \$0 no ded                | \$750 no ded   | \$50 no ded                                     | \$150 no ded   | \$200 no ded      | \$400 no ded   | \$50 no ded  | \$150 no ded   | 10% after ded      | 30% after ded  |



## 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 non-employee recipients
- Music therapy, equestrian therapy, and hippotherapy
- Sex therapy or other forms of counseling for treatment of sexual dysfunction when performed by a non-licensed sex therapist
- 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 non-preventive 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
- Bariatric or obesity surgery
- Outpatient private duty nursing
- Drugs not appearing on the Drug Formulary, except where an exception has been granted pursuant to the Formulary Exception Policy

### Benefits that require preapproval

Additional approval from Independence 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 employees' 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.

### Additional benefits and exclusions

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, 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). Information in this brochure is current at the time of publication and is subject to change.

### Additional information

Your broker, consultant, or Independence account executive can provide information about the following upon request:

- Factors that may affect changes in premium rates\*
- Benefits and premiums for all the health benefit plans for which you qualify

\* Independence reserves the right to change premium rates.

## Important plan details

### Medical

1. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Once an individual meets the individual deductible amount, claims for that individual will pay. Once the family deductible is met, claims for all individuals will pay. Once an individual meets the individual out-of-pocket maximum, benefits for that individual are covered in full. Once the family out-of-pocket maximum is met, benefits for all family members are covered in full. Individual deductible and out-of-pocket maximum apply when an individual is enrolled without dependents.
2. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. The full family deductible must be met by one or several family members before claims are eligible to pay; however, no family member will contribute more than the individual out-of-pocket maximum amount. Once an individual in the family has met the individual out-of-pocket maximum, benefits for that member are covered in full. Benefits for all family members are covered in full once the family out-of-pocket maximum is met. If an individual is enrolled without dependents, individual deductible and out-of-pocket maximum apply.
3. In-network out-of-pocket maximum includes copayments, coinsurance and deductible.
4. Age and frequency schedules may apply.
6. For PPO plans, visit limits are combined in-and out-of-network.
7. For DPOS and POS plans a referral is required from primary care physician.
8. 70 day Inpatient hospital day limit combined for all self-referred and out-of-network inpatient medical, maternity, mental health, serious mental illness, substance abuse and detoxification services.
9. Amount shown reflects the copayment per day. There is a maximum of ten copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.
10. Amount shown reflects the copayment per day. There is a maximum of five copayments per admission. Copayment waived if readmitted within ten days of discharge for any condition.
11. Out-of-network emergency room benefits are covered at the in-network cost-sharing level.
18. To receive maximum benefits, services must be provided by a participating provider. This is a highlight of available benefits. The benefits and exclusions for in-network and out-of-network care are not the same. All benefits are provided in accordance with the group contract and out-of-network benefits booklet/certificate.
19. For PPO plans non-participating preferred providers may bill you for differences between the Plan allowance, which is the amount paid by Independence, 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, payment is based on the lesser of the Independence applicable proprietary fee schedule or the actual charge of the provider. For covered services not recognized or reimbursed by Medicare or Independence's fee schedule, the payment is based on 50 percent of the actual charge of the provider. It is important to note that all percentages for out-of-network services are percentage of the Plan allowance, not the actual charge of the provider.
20. Deductible does not apply to preventive services.
21. Out-of-network out-of-pocket maximum includes coinsurance only.

### Vision

5. Independence vision benefits are administered by Davis Vision, an independent company. One eye exam every two years in-network only.

### Prescription Drug

12. Prescription drug benefits are administered by FutureScripts, an independent company providing pharmacy benefit management services.
13. Mail-order coverage is available for all prescription drug plans. The FutureScripts Mail-order service is a convenient and cost-effective way to order up to a 90-day supply of maintenance or long-term medication for delivery to a home, office, or location of choice.
14. Benefits provided for Covered Drugs and medicines appearing on the Drug Formulary.
15. Certain designated generic drugs are available at participating retail and mail-order pharmacies for reduced member cost-sharing (\$5 retail/\$10 mail order), after any applicable deductible.
16. Out-of-network benefits apply to prescriptions filled at non-participating pharmacies and the member must pay the full retail price for their prescription then file a paper claim for reimbursement. The member should refer to their benefits booklet to determine the out-of-network coverage for their plan.
17. For Self-administered specialty drugs there is no out-of-network coverage.

### Choice Advantage Health Plans

22. For routine colonoscopy for colorectal cancer screening, your cost share will vary depending on where you receive service.

The member has the right to receive health care services without discrimination based on race, ethnicity, age, mental or physical disability, genetic information, color, religion, gender, sexual orientation, national origin, or source of payment.

# Underwriting guidelines summary<sup>1</sup>

## Maximum product offerings

Groups of 51 or more eligible employees can select a maximum of three medical plans and up to two drug options.

## Participation requirements<sup>2</sup>

- Groups with 51 or more eligible employees must have 75 percent participation, which includes all product lines.
- Independence will count waivers in the eligibility calculations. For example, credit is given for those eligible subscribers who opt out because they have coverage through a spouse, as an eligible dependent to 26, or is enrolled in Medicare or Medicaid.
- 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 75 percent active employees.

## Employer contribution requirement<sup>2</sup>

For contributory plan offerings, the employer must contribute a minimum of 50 percent of the calculated gross monthly premium for each plan offered.

## Benefit plan changes

- Group may renew as is and retain existing plan designs — any plan changes made to any line of business (medical or prescription drug) will require all existing benefits to be changed to the new product portfolio
- Upgrades are not allowed off-anniversary
- Groups may downgrade off-anniversary (limitations apply)
- Downgrades will be allowed only if the effective date of the change is greater than 90 days prior to the next anniversary date

## High deductible health plan funding limitation<sup>2</sup>

For fully insured accounts that offer a high deductible health plan (HDHP), the employer cannot fund more than 50 percent of the annual deductible. Providing a secondary/supplemental product to fund the annual employee/ family deductible (including the employer covering the cost of the deductible) is not permitted.

## Submission guidelines

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

<sup>1</sup> Refer to the complete Underwriting Guidelines available via ROAM.

<sup>2</sup> As permitted by the state and federal legislation and mandates.



## Additional Workplace Benefits

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# Do you know the power of Blue?



**1** IN **3**

AMERICANS  
CARRY A  
**BLUE CARD**



TRUSTED BY  
**84% | 75%**  
OF FORTUNE  
**100 | 500**  
COMPANIES



## Boost your benefits solution with additional workplace benefits

To give your employees benefits that go beyond medical, we've teamed up with industry partners to offer options that help protect their health and their wealth. Save up to 3.5 percent on your medical coverage when you purchase dental, vision, pharmacy, and Guardian products.

### Protect your employees' health



#### Prescription drug

- Administered by FutureScripts® with a network of more than 68,000 pharmacies
- Most plans cover non-specialty drugs with a copay
- Integrated medical and pharmacy benefits yield better outcomes, healthier and more informed members, and lower costs to employers



#### Vision

- Administered by Davis Vision® with a network of more than 60,000 points of access
- Choose from different frame allowances and benefit frequencies
- Members can maximize their benefits at Visionworks locations



#### Dental

- Administered by United Concordia with access to more than 300,000 dental offices
- Members save an average of 36 percent on covered services
- Dental plans to encourage prevention, early diagnosis, and treatment



#### Telemedicine

- 24/7 access to virtual care from primary care doctors by web, mobile app, and phone — available through MDLIVE
- Treatment for non-emergent conditions such as colds and flus, allergies, ear and sinus infections, pink eye, and rashes
- More convenient and cost-effective than visiting the ER for non-emergencies



#### Employee assistance program

- Live counseling and support for legal and financial services, child care and elder care, adoption, and education planning
- Custom training for workplace performance and safety
- Help managing mandatory referrals and worksite incidents

## Give your employees peace of mind and protect their wealth

### Spending accounts

- HSA, HRA, and FSA options offer a tax-free way to pay for qualified health care expenses or dependent care
- Reduced tax liability for employers and employees
- Easy access to funds — debit cards, direct payment to provider, and reimbursements



### ID theft protection

- Coverage for both adults and children
- Credit monitoring, fraud detection and resolution, and identity theft insurance

### Guardian® supplemental insurance

- Life insurance
- Disability insurance
- Accident, critical illness, and cancer insurance
- Hospital indemnity insurance

### College tuition benefit

- Employees earn tuition credits each year to be used for full-time, undergraduate education
- Can be used at 375+ private colleges and universities in 46 states
- Share with eligible family members, including children, nieces, nephews, and grandchildren

### International health insurance

- Short- or long-term coverage worldwide (less than 180 days or more than 6 months)
- English-speaking, Western-trained physicians in over 190 countries
- 24/7 concierge-level assistance plus an app to help members find care anywhere in the world

## Lower your financial risk



### Stop loss

- Self-funded customers can get protection against larger or catastrophic claims from HM Insurance Group
- Transparent administration between medical and stop loss
- Competitive pricing and flexible funding options to manage cash flow



## Spending accounts offer tax advantages and more control over health care spending

With tax advantages for both employers and employees, spending accounts make a smart addition to your health plans. Plus, they encourage your employees to take more control over planning and paying for eligible health care expenses, and help them get the most out of their health care dollars. You can choose to offer an HSA with one of our HSA-qualified plans, or you can add an HRA or FSA to any other eligible health plan.

### BlueSaver® HSA, HRA, and FSA

#### For you

- Tax advantages
- Flexibility to choose plans that fit your budget
- Easy account maintenance and online reporting
- Convenient funding methods

#### For employees

- Tax advantages
- Easy access through [ibxpress.com](http://ibxpress.com)
- Integration of spending accounts and health claims
- Streamlined payments including debit card

### Choose the tax-advantaged health spending account that works best for you

|                                    | HSA                                                                                                                                                                                                      | HRA                                                                                                                                                                                   | Medical FSA <sup>1</sup>                                                                                                                                                        |
|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Why employers offer                | Most flexible option, allows employers to choose lower premium plans with higher deductibles, while giving employees a way to save for qualified medical expenses as well as future health care expenses | Another way to help employees offset health care expenses, but employer contributes tax-advantaged funds only when claims are paid, owns the account, and can limit eligible expenses | Offered as a standalone account or with HRA/HSA, <sup>2</sup> giving employees a way to pay for qualified medical expenses, including some that may not be covered by insurance |
| Compatible with                    | HSA-qualified plans                                                                                                                                                                                      | Any plan except HSA plans                                                                                                                                                             | Any plan <sup>2</sup>                                                                                                                                                           |
| Who owns the account               | Employee                                                                                                                                                                                                 | Employer                                                                                                                                                                              | Employer                                                                                                                                                                        |
| Who funds the account <sup>1</sup> | Employer and/or employee                                                                                                                                                                                 | Employer                                                                                                                                                                              | Employee in most circumstances                                                                                                                                                  |
| Who establishes contribution rules | IRS                                                                                                                                                                                                      | Independence and employer                                                                                                                                                             | IRS with employer option to establish lower limits                                                                                                                              |
| Helps pay for <sup>3</sup>         | Qualified medical expenses                                                                                                                                                                               | Qualified medical expenses as determined by employer                                                                                                                                  | Qualified medical expenses                                                                                                                                                      |
| Funds carry over                   | Yes                                                                                                                                                                                                      | Employer option                                                                                                                                                                       | Employer option of partial carry-over or grace period                                                                                                                           |
| Portable                           | Yes                                                                                                                                                                                                      | Limited                                                                                                                                                                               | No                                                                                                                                                                              |

<sup>1</sup> Dependent care FSA also available.

<sup>2</sup> Employers participating in an HSA can only elect a limited-purpose health care FSA.

<sup>3</sup> Refer to IRS Publication 502 for a complete list of qualified medical and dental expenses. If account funds are used for non-qualified medical expenses, they are subject to the current tax rate and may be subject to a 20 percent penalty.

Independence does not provide legal or tax advice. Consult your legal and/or tax advisor for rules regarding the tax advantages of spending accounts.

## Prescription drug plans encourage safe, effective, and affordable use

Our prescription drug plans are designed to provide members with safe and affordable access to covered medications, while managing costs for you and members alike.

### Value Formulary

- All of our prescription drug plans use this comprehensive list of generic, brand, and specialty drugs
- Drives more cost-effective utilization
- Drugs may not be covered when there are good alternatives used to treat the same condition at a lower cost

### Low-Cost Generic tier

- Available with most plans, the low-cost generic tier allows members to pay even less than standard generic cost-sharing for some generic drugs

### Specialty Drug tier

- Specialty drugs treat complex or chronic diseases, such as rheumatoid arthritis, hepatitis C, and certain cancers
- Require special handling, administration, and monitoring
- Tier helps manage the increasingly high costs for specialty drugs, which are typically used by a small number of members

EASY TO USE  
**ONLINE TOOLS**



Find a network pharmacy, estimate drug costs, review claims, and submit mail-order requests

**VALUE FORMULARY**



Encourages members to consider generic drugs and lower cost brand medications

**MAIL ORDER CONVENIENCE**



Free home delivery for medications members take regularly; some may get a 90-day supply for the cost of a 60-day supply

SPECIALTY DRUG **SAVINGS WITH BRIOVA Rx®**



Members receive support from pharmacists and nurses experienced in treating rare, complex, and chronic diseases

**68K PHARMACIES NATIONWIDE**



Extensive network of retail and independent pharmacies



## Prescription drug plans help improve overall health and lower costs

Save on your medical costs by adding prescription drug to your employees' benefits. If you choose an HSA plan, prescription drug coverage is included. Otherwise, you can choose from one of our prescription drug plans. Prescription drug coverage is required for 51-99 customers, and optional for 100+.

| Benefits per contract year                | Prescription Drug <sup>12,14</sup>             |                                                                |                                               |                                               |
|-------------------------------------------|------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------|
|                                           | Value Rx \$5/\$20/\$75/\$100/50% up to \$1,000 | Value Rx \$7/50% up to \$125/50% up to \$250/50% up to \$1,000 | Value Rx \$5/\$20/\$50/\$75/50% up to \$1,000 | Value Rx \$5/\$20/\$40/\$70/50% up to \$1,000 |
| Rx Ded (individual/family)                | \$0                                            | \$0                                                            | \$0                                           | \$0                                           |
| Low-cost generic <sup>13,15,16</sup>      | \$5                                            | N/A                                                            | \$5                                           | \$5                                           |
| Generic drugs <sup>13,16</sup>            | \$20                                           | \$7                                                            | \$20                                          | \$20                                          |
| Preferred brand <sup>13,16</sup>          | \$75                                           | 50% up to \$125 max                                            | \$50                                          | \$40                                          |
| Non-preferred drugs <sup>13,16</sup>      | \$100                                          | 50% up to \$250 max                                            | \$75                                          | \$70                                          |
| Self-administered specialty <sup>17</sup> | 50% up to \$1,000 max                          | 50% up to \$1,000 max                                          | 50% up to \$1,000 max                         | 50% up to \$1,000 max                         |

| Benefits per contract year                | Prescription Drug <sup>12,14</sup>          |                                          |                                             |                                             |
|-------------------------------------------|---------------------------------------------|------------------------------------------|---------------------------------------------|---------------------------------------------|
|                                           | Value Rx \$5/\$10/\$40/\$70/50% up to \$500 | Value Rx \$5/20%/20%/20%/50% up to \$500 | Value Rx \$5/\$15/\$30/\$50/50% up to \$500 | Value Rx \$5/\$10/\$35/\$60/50% up to \$500 |
| Rx Ded (individual/family)                | \$0                                         | \$0                                      | \$0                                         | \$0                                         |
| Low-cost generic <sup>13,15,16</sup>      | \$5                                         | \$5                                      | \$5                                         | \$5                                         |
| Generic drugs <sup>13,16</sup>            | \$10                                        | 20%                                      | \$15                                        | \$10                                        |
| Preferred brand <sup>13,16</sup>          | \$40                                        | 20%                                      | \$30                                        | \$35                                        |
| Non-preferred drugs <sup>13,16</sup>      | \$70                                        | 20%                                      | \$50                                        | \$60                                        |
| Self-administered specialty <sup>17</sup> | 50% up to \$500 max                         | 50% up to \$500 max                      | 50% up to \$500 max                         | 50% up to \$500 max                         |

| Benefits per contract year                | Prescription Drug <sup>12,14</sup>          |                                             |                                             |
|-------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|
|                                           | Value Rx \$5/\$20/\$40/\$60/50% up to \$500 | Value Rx \$5/\$15/\$35/\$50/50% up to \$500 | Value Rx \$5/\$10/\$20/\$35/50% up to \$500 |
| Rx Ded (individual/family)                | \$0                                         | \$0                                         | \$0                                         |
| Low-cost generic <sup>13,15,16</sup>      | \$5                                         | \$5                                         | \$5                                         |
| Generic drugs <sup>13,16</sup>            | \$20                                        | \$15                                        | \$10                                        |
| Preferred brand <sup>13,16</sup>          | \$40                                        | \$35                                        | \$20                                        |
| Non-preferred drugs <sup>13,16</sup>      | \$60                                        | \$50                                        | \$35                                        |
| Self-administered specialty <sup>17</sup> | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                         |

| Benefits per contract year         | Prescription Drug <sup>12,14</sup>                    |                                             |                                             |                                             |                                             |                                             |
|------------------------------------|-------------------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|
|                                    | Value Rx \$250/\$5/10% no ded 20%/30%/50% up to \$500 | Value Rx \$5/\$20/\$40/\$60/50% up to \$500 | Value Rx \$5/\$10/\$50/\$75/50% up to \$500 | Value Rx \$5/\$10/\$45/\$75/50% up to \$500 | Value Rx \$5/\$15/\$35/\$55/50% up to \$500 | Value Rx \$5/\$15/\$35/\$50/50% up to \$500 |
| \$250 per person; brand drugs only | \$0                                                   | \$0                                         | \$0                                         | \$0                                         | \$0                                         | \$0                                         |
| \$5 — no deductible                | \$5                                                   | \$5                                         | \$5                                         | \$5                                         | \$5                                         | \$5                                         |
| 10% coinsurance — no deductible    | \$20                                                  | \$10                                        | \$10                                        | \$15                                        | \$15                                        | \$15                                        |
| 20% after ded                      | \$40                                                  | \$50                                        | \$45                                        | \$35                                        | \$35                                        | \$35                                        |
| 30% after ded                      | \$60                                                  | \$75                                        | \$75                                        | \$55                                        | \$50                                        | \$50                                        |
| 50% up to \$500 max after ded      | 50% up to \$500 max                                   | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                         |

| Benefits per contract year | Prescription Drug <sup>12,14</sup>          |                                             |                                             |                                             |                                       |                                        |
|----------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------------|---------------------------------------|----------------------------------------|
|                            | Value Rx \$5/\$10/\$30/\$50/50% up to \$500 | Value Rx \$5/\$10/\$25/\$50/50% up to \$500 | Value Rx \$5/\$10/\$25/\$40/50% up to \$500 | Value Rx \$5/\$10/\$20/\$35/50% up to \$500 | Value Rx \$5/\$15/50%/50% up to \$500 | Value Rx \$5/\$20/\$35/50% up to \$500 |
| \$0                        | \$0                                         | \$0                                         | \$0                                         | \$0                                         | \$0                                   |                                        |
| \$5                        | \$5                                         | \$5                                         | \$5                                         | N/A                                         | N/A                                   |                                        |
| \$10                       | \$10                                        | \$10                                        | \$10                                        | \$5                                         | \$5                                   |                                        |
| \$30                       | \$25                                        | \$25                                        | \$20                                        | \$15                                        | \$20                                  |                                        |
| \$50                       | \$50                                        | \$40                                        | \$35                                        | 50%                                         | \$35                                  |                                        |
| 50% up to \$500 max        | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                         | 50% up to \$500 max                   |                                        |



# Vision plans help keep members healthy

Regular eye exams do more than just protect a person's sight — they can help detect more serious medical conditions like diabetes, hypertension, and heart disease.

When it comes to frames, members are fully covered when they choose from the Davis Vision Exclusive Collection of frames, or they can use their allowance at participating providers (if members go to Visionworks, their allowance is even greater). Members can also take advantage of contact lens replacement and discounts on laser vision correction.

| Vision Care 100                                   |                                      |                  |                                      |                      |                      |
|---------------------------------------------------|--------------------------------------|------------------|--------------------------------------|----------------------|----------------------|
|                                                   | Option 1                             | Option 2         | Option 3                             | Option 4             | Option 5             |
| <b>Funding Type</b>                               | <b>Employer Paid &amp; Voluntary</b> | <b>Voluntary</b> | <b>Employer Paid &amp; Voluntary</b> | <b>Employer Paid</b> | <b>Employer Paid</b> |
| Copayments                                        |                                      |                  |                                      |                      |                      |
| Spectacle lenses                                  | \$0                                  | \$10             | \$10                                 | \$0                  | \$10                 |
| Eye examination                                   | \$0                                  | \$25             | \$25                                 | \$0                  | \$25                 |
| <b>Frequency</b>                                  |                                      |                  |                                      |                      |                      |
| Eye examination*                                  | 12 months                            | 12 months        | 12 months                            | 24 months            | 24 months            |
| Spectacle lenses                                  | 12 months                            | 12 months        | 12 months                            | 24 months            | 24 months            |
| Frame                                             | 12 months                            | 12 months        | 24 months                            | 24 months            | 24 months            |
| Contact lens evaluation, fitting & follow-up care | 12 months                            | 12 months        | 12 months                            | 24 months            | 24 months            |
| Contact lenses (in lieu of eyeglasses)            | 12 months                            | 12 months        | 12 months                            | 24 months            | 24 months            |

 Davis Vision Exclusive Collection of frames covered in full, or with minimal copay ..... \$100 frame allowance at participating providers. \$150 frame allowance at Visionworks

### Fully Covered Lens Options

- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet coating
- Scratch-resistant coating
- Oversize lenses

### Need vision coverage?

If you choose DPOS or POS plans, routine eye exams are included, and you can choose to enhance your benefit with a plan that includes frames and lenses. If you offer PPO plans, you can choose any one of our vision plans for complete coverage.



## Vision Care 130

|                                                   | Option 1                             | Option 2                             | Option 3                             |
|---------------------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| <b>Funding Type</b>                               | <b>Employer Paid &amp; Voluntary</b> | <b>Employer Paid &amp; Voluntary</b> | <b>Employer Paid &amp; Voluntary</b> |
| Copayments                                        |                                      |                                      |                                      |
| Spectacle lenses                                  | \$0                                  | \$10                                 | \$10                                 |
| Eye examination                                   | \$0                                  | \$10                                 | \$25                                 |
| <b>Frequency</b>                                  |                                      |                                      |                                      |
| Eye examination*                                  | 12 months                            | 12 months                            | 12 months                            |
| Spectacle lenses                                  | 12 months                            | 12 months                            | 12 months                            |
| Frame                                             | 12 months                            | 24 months                            | 24 months                            |
| Contact lens evaluation, fitting & follow-up care | 12 months                            | 12 months                            | 12 months                            |
| Contact lenses (in lieu of eyeglasses)            | 12 months                            | 12 months                            | 12 months                            |

 Davis Vision Exclusive Collection of frames covered in full, or with minimal copay ..... \$130 frame allowance at participating providers. \$180 frame allowance at Visionworks

### Fully Covered Lens Options

- Clear plastic single-vision, lined bifocal, trifocal, or lenticular lenses (any prescription)
- Ultraviolet coating
- Scratch-resistant coating
- Oversize lenses
- Tinting of plastic lenses



## Vision Care 150

|                                                   | Option 1                             | Option 2                             |
|---------------------------------------------------|--------------------------------------|--------------------------------------|
| <b>Funding Type</b>                               | <b>Employer Paid &amp; Voluntary</b> | <b>Employer Paid &amp; Voluntary</b> |
| Copayments                                        |                                      |                                      |
| Spectacle lenses                                  | \$0                                  | \$10                                 |
| Eye examination                                   | \$0                                  | \$25                                 |
| <b>Frequency</b>                                  |                                      |                                      |
| Eye examination*                                  | 12 months                            | 12 months                            |
| Spectacle lenses                                  | 12 months                            | 12 months                            |
| Frame                                             | 12 months                            | 24 months                            |
| Contact lens evaluation, fitting & follow-up care | 12 months                            | 12 months                            |
| Contact lenses (in lieu of eyeglasses)            | 12 months                            | 12 months                            |

 Davis Vision Exclusive Collection of frames covered in full, or with minimal copay ..... \$150 frame allowance at participating providers. \$200 frame allowance at Visionworks

### Fully Covered Lens Options

- Clear plastic single-vision, lined bifocal, trifocal or lenticular lenses (any prescription)
- Oversize lenses
- Polycarbonate lenses\*\*
- Standard progressive lenses
- Intermediate-vision lenses
- Scratch-resistant coating



# Dental plans help members improve their oral and overall health

Affordable dental care helps encourage prevention, early diagnosis, and treatment. All of our plans offer savings from one of the nation's largest PPO dental networks.



## Concordia Flex Dental

| Benefit Category <sup>1</sup>                                                                                             | High option                                | Middle option                   |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------|
|                                                                                                                           | In-/Out-of-Network <sup>2</sup>            | In-/Out-of-Network <sup>2</sup> |
| <b>Class 1 — Diagnostic/Preventive Services</b>                                                                           |                                            |                                 |
| Exams                                                                                                                     | 100%                                       | 100%                            |
| X-rays                                                                                                                    | 100%                                       | 100%                            |
| Cleanings & fluoride treatments                                                                                           | 100%                                       | 100%                            |
| Sealants                                                                                                                  | 100%                                       | 100%                            |
| Emergency treatment                                                                                                       | 100%                                       | 100%                            |
| <b>Class 2 — Basic Services</b>                                                                                           |                                            |                                 |
| Fillings (Metal and white fillings)                                                                                       | 80%                                        | 80%                             |
| Simple extractions                                                                                                        | 80%                                        | 80%                             |
| Space maintainers                                                                                                         | 80%                                        | 80%                             |
| Repairs of crowns, inlays, onlays, bridges & dentures                                                                     | 80%                                        | 80%                             |
| Endodontics                                                                                                               | 80%                                        | 80%                             |
| Surgical and nonsurgical periodontics                                                                                     | 80%                                        | 80%                             |
| Complex oral surgery                                                                                                      | 80%                                        | 80%                             |
| General anesthesia                                                                                                        | 80%                                        | 80%                             |
| <b>Class 3 — Major Services</b>                                                                                           |                                            |                                 |
| Inlays, onlays, crowns                                                                                                    | 50%                                        | 50%                             |
| Prosthetics (Bridges, Dentures)                                                                                           | 50%                                        | 50%                             |
| <b>Orthodontics for dependent children to age 19</b>                                                                      |                                            |                                 |
| Diagnostic, active, retention treatment                                                                                   | 50%                                        | Not covered                     |
| <b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b> |                                            |                                 |
| Annual program deductible (per person/per family)                                                                         | \$50/\$150 Excludes Class 1 & Orthodontics | \$50/\$150 Excludes Class 1     |
| Annual program maximum (per person)                                                                                       | \$1,500 Excludes Class 1 & Orthodontics    | \$1,500 Excludes Class 1        |
| Lifetime orthodontic maximum (per person)                                                                                 | \$1,500                                    | N/A                             |

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

<sup>1</sup> Unmarried dependent children covered to age 26. Unmarried dependent students covered to age 26. Groups with 51+ employees can customize the age limits for dependents.



## Custom dental plans for 100+ groups

100+ customers can choose from one of our standard plans or customize one to fit their needs. They can customize deductibles and maximums or add extra benefits like rollover benefits or implant coverage.

The plans cover diagnostic and preventive services in full and allow members to save an average of 40 percent on covered services. Members receive coverage for basic services and pregnant members are covered for one extra cleaning and periodontal maintenance. We also cover extra periodontal benefits for members with certain chronic conditions, such as diabetes, heart disease, and rheumatoid arthritis.<sup>3</sup>

| Low option                      | Custom plan                     | Preventive Option               |
|---------------------------------|---------------------------------|---------------------------------|
| In-/Out-of-Network <sup>2</sup> | In-/Out-of-Network <sup>2</sup> | In-/Out-of-Network <sup>2</sup> |
| 100%                            | 0 – 100%                        | 100%                            |
| 100%                            | 0 – 100%                        | 100%                            |
| 100%                            | 0 – 100%                        | 100%                            |
| 100%                            | 0 – 100%                        | 100%                            |
| 100%                            | 0 – 100%                        | 100%                            |
|                                 |                                 |                                 |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
| 80%                             | 0 – 100%                        | Not covered                     |
|                                 |                                 |                                 |
| Not covered                     | 0 – 100%                        | Not covered                     |
| Not covered                     | 0 – 100%                        | Not covered                     |
|                                 |                                 |                                 |
| Not covered                     | 0 – 100%                        | Not covered                     |
|                                 |                                 |                                 |
| \$50/\$150 Excludes Class 1     | Flexible                        | \$0                             |
| \$1,000 Excludes Class 1        | Flexible                        | \$1,000                         |
| N/A                             | Flexible                        | N/A                             |

<sup>2</sup> Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply. Other out of network reimbursement levels are available.

<sup>3</sup> Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through My Dental Benefits on UnitedConcordia.com.



Integrated Behavioral Health (IBH), an independent company, provides Personal Life Management. IBH does not provide Blue Cross products or services. IBH is solely responsible for its products and services.

International health insurance is provided by Blue Cross Global, a brand owned by the Blue Cross Blue Shield Association, a national federation of 36 independent, community-based and locally-operated Blue Cross and Blue Shield Companies. GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of Blue Cross Blue Shield Association and is made available in cooperation with Blue Cross and Blue Shield Companies in select service areas.

Guardian Group Accident Insurance, Cancer Insurance, Critical Illness Insurance, Hospital Indemnity Insurance, Life Insurance and Disability Insurance are underwritten by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. These products provide limited benefits. Plan documents are the final arbiter of coverage. Accident Insurance Policy Form #GP-1-AC-IC-12 Cancer Insurance Policy Form #GP-1-CAN-IC-12 Critical Illness Policy Form #GC-CI-11 Hospital Indemnity Policy Form #GP-1-HI-15 Term Life Insurance Policy Form #GC-Life-15-1.0 AD&D Policy Form #GC-ADD-15-1.0 Voluntary Term Life Policy Form #GP-1-R-ADCL1-00 Short Term Disability Form et al.; #GP-1-STD-15-1.0 Long Term Disability Form #GP-1-LTD-15-1.0 et al. The Tuition Rewards program is provided by College Tuition Benefit. Guardian does not provide any services related to this program. College Tuition Benefit is not a subsidiary or an affiliate of Guardian. The College Tuition Benefit is not an insurance benefit and may not be available in all states. 2017-42586 (exp.6/19).

All Stop Loss products and services described herein are provided by HM Insurance Group (HM) member companies under policy form series HL601, HMP-SL (11/16), HC601, or similar. HM member companies do not provide Independence Blue Cross products or services. The companies in HM Insurance Group are solely responsible for only the Stop Loss products and services indicated herein.

Reimbursements and discounts are subject to change. Information about reimbursement eligibility requirements and required documentation is available in the Health & Wellness section at [ibxpress.com](http://ibxpress.com).

Dental plans are administered by United Concordia, an independent company.

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

Independence vision benefits are administered by Davis Vision, an independent company. An affiliate of Independence Blue Cross has a financial interest in Visionworks.

MDLIVE is an independent company providing telemedicine services for Independence Blue Cross.