

2010 Group Smart Solutions from "The Blues"[®]

Community-rated Medicare offerings for new groups.



We're here for you
every step of the way!



Products available for new IBC Medicare customers and existing customers adding additional lines of coverage. Contact your Account Executive for more information.

Keystone 65 HMO is a health plan with a Medicare contract. Limitations and restrictions apply. To join *Keystone 65 HMO*, you must be entitled to Medicare Part A, be enrolled in Part B, and live in our five-county service area (Bucks, Chester, Delaware, Montgomery, and Philadelphia). The federal government will not allow us to accept people with End-Stage Renal Disease (ESRD) unless converting from Keystone Health Plan East individual or employer group coverage during your initial election period, or if your current plan stops providing coverage in your area. However, should you develop ESRD while a member of *Keystone 65 HMO*, you cannot be disenrolled for that reason. Members must continue to pay Medicare Part A, if applicable, and Part B premiums. If you join *Keystone 65 HMO*, you must receive your Medicare Part D prescription drug coverage through the plan. Members enrolled in *Keystone 65 HMO* plans without Open Access or Point-of-Service options must use plan providers except for emergency care or for out-of-area urgent care and renal dialysis services. Independence Blue Cross and Keystone Health Plan East (KHPE) are independent licensees of the Blue Cross and Blue Shield Association. Benefits underwritten or administered by Keystone Health Plan East.

Personal Choice 65SM PPO is a health plan with a Medicare contract. Limitations and restrictions apply. To join *Personal Choice 65 PPO*, you must be entitled to Medicare Part A, be enrolled in Part B, and live in our five-county service area (Bucks, Chester, Delaware, Montgomery, and Philadelphia). The federal government will not allow us to accept people with End-Stage Renal Disease (ESRD) unless converting from Independence Blue Cross individual or employer group coverage during your initial election period, or if your current plan stops providing coverage in your area. However, should you develop ESRD while a member of *Personal Choice 65 PPO*, you cannot be disenrolled for that reason. Members must continue to pay Medicare Part A, if applicable, and Part B premiums. If you join *Personal Choice 65 PPO*, you must receive your Medicare Part D prescription drug coverage through the plan. If you choose to see a physician or obtain services outside the *Personal Choice 65 PPO* network, you will be subject to an annual deductible and coinsurance. Prior authorization (and approval in advance) is recommended for certain services. Benefits underwritten or administered by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Security 65[®] plans are offered through Independence Blue Cross and Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association. *Security 65* is not connected with or endorsed by the U.S. Government or the federal Medicare program. To join, you must be enrolled in Medicare Parts A and B. You must continue to pay Medicare Part A (if applicable) and Part B premiums. Group members may live outside of our service area.

Select Option PDP is a stand-alone prescription drug plan with a Medicare contract. It is available to retirees who are eligible for Medicare benefits offered by their former employer or Health and Welfare Fund. Members must be entitled to Medicare Part A or enrolled in Part B and must continue to pay Medicare Part A and/or Part B premiums if not otherwise paid for under Medicaid or by another third party, even if the Part D premium is \$0. Members may live outside of our service area. *Select Option PDP* is not available to people enrolled in a Medicare Advantage plan unless they are a member of a Private Fee-for-Service MA plan (PFFS) that does not provide Medicare Part D prescription drug coverage, a Medicare Savings Account MA plan (MSA), or a 1876 Cost Plan. Some members may qualify for additional assistance based on income and resources. Members must use network pharmacies to access Medicare Part D prescription drug benefits, except under non-routine circumstances when they cannot reasonably use network pharmacies. If members use pharmacies outside the network, they must pay the full cost and then submit for reimbursement.

Benefits, premiums, and cost-sharing may change in January 2011. Please contact us for details. If you have special needs, this document may be available in other formats.

This brochure is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.



An Introduction to our Employer Group and Union Plans

KEYSTONE 65 HMO

A Health Maintenance Organization (HMO) plan that manages your care through a network of doctors, specialists, and hospitals. Out-of-pocket costs are generally lower and more predictable than with other types of plans. In addition to providing protection from the unexpected costs of health care, *Keystone 65 HMO* puts great emphasis on preventive care.

KEYSTONE 65 DIRECT HMO-POS

An Open-Access Point-of-Service (POS) program that gives you the freedom to use out-of-network providers and no need for referrals in most cases.

PERSONAL CHOICE 65SM PPO

A Preferred Provider Organization (PPO) plan that provides all the benefits of an HMO without in-network referrals. You're also free to use doctors, specialists, and hospitals outside the network for a higher deductible and coinsurance. Seeing doctors within the network will generally cost less, but the choice is yours. Referrals are not required. Your coverage travels with you nationwide. Choose medical-only coverage — or a plan that combines doctor, hospital, and Medicare Part D prescription drug coverage.

SECURITY 65[®]

Traditional coverage that supplements Medicare benefits — picking up many of the deductibles and copayments that a member would be responsible for otherwise. There are no restrictions or lists to limit your choice of health care providers, and no referrals are needed.

SELECT OPTION PDP

A Medicare Part D Prescription Drug Plan provided by Independence Blue Cross. It is available to retirees who are eligible for Medicare benefits offered by their former employer or Health and Welfare Fund. There are no doctor or hospital benefits with this plan, making it ideal for those using our Traditional Medicare supplement coverage, *Security 65*. *Select Option PDP* offers several levels of coverage to fit various prescription needs, all from a name you can trust.

* SilverSneakers membership is included with the following plans only: *Keystone 65 HMO* (all plan options) and *Personal Choice 65 PPO* (all plan options).

Comparing Health Plans

The right plan, right now ... but how do you decide which is right for your needs?

With so many health care plans on the market — and so many different plan options with Independence Blue Cross — it's a good idea to think about what's most important to your Medicare-eligible employees and retirees when selecting a group plan.

You also want to consider the company behind the plan:

- Is it a name you know and trust?
- Do they have a lot of experience with Medicare?
- Are they easy to deal with if you have questions or concerns?
- Can you count on them to be here for you, year after year?

Category	Keystone 65 HMO	Personal Choice 65 SM PPO	Medigap Security 65 [®]	Select Option PDP
Declare a PCP	Yes	No	No	N/A
Provider	Takes Plan In-Network	Takes Plan In-Network & Out-of-Network	Takes Medicare Nationwide	Nationwide Network
In-network referrals	Yes	No	No	N/A
Part D drug coverage available	Yes	Yes	No*	Yes
PDP (Select Option)	No	No	Yes	N/A
Copay or coinsurance	Yes	Yes	May Apply	Yes
Eyewear reimbursement	Yes	No	No	N/A
Hearing reimbursement	Yes	No	No	N/A
Fitness program	Yes	Yes	No	N/A
Dental	Yes	No	No	N/A

More people join Independence Blue Cross Medicare plans than any other in the Greater Philadelphia region.† For nearly 70 years, Independence Blue Cross has served the residents of Bucks, Chester, Delaware, Montgomery, and Philadelphia counties — and we're here for you today. For peace-of-mind protection you can feel good about, Choose Blue.

* Select Option PDP available for retirees.

† Based on December 2008 enrollment data from the Centers for Medicare & Medicaid Services.

Service category	Keystone 65 HMO (384, MN, Y)	Keystone 65 HMO (537, MN, Y)
Monthly premium	Medical only: \$254.50 With Rx: A) \$326.40 B) \$349.00 C) \$508.30	Medical only: \$222.80 With Rx: A) \$294.70 B) \$317.30 C) \$476.60
Primary care physician visits/ specialist visits	\$10/\$15 copay	\$15/\$20 copay
Ambulance	\$0 copay	\$0 copay
Emergency room	\$40 copay*	\$40 copay*
X-ray and diagnostic lab	\$0 copay	\$0 copay
Outpatient surgery	\$0 (per date of service)	\$100 (per date of service)
Inpatient hospital	\$0 per admission	\$100 per admission
Out-of-network annual deductible and coinsurance	N/A	N/A
Preventive dental	\$10 copay for exams and cleanings every 6 months	\$10 copay for exams and cleanings every 6 months
Routine eyewear	\$100 every 2 calendar years	\$100 every 2 calendar years
Hearing aids	\$500 every 3 calendar years	\$500 every 3 calendar years
Fitness program	SilverSneakers®	SilverSneakers®
Part D Prescription drugs	<p>A) \$5/\$30/\$50 up to \$2,830 ICL, no coverage in the gap (you pay 100%) then the greater of \$2.50/\$6.30 or 5% coinsurance after \$4,550 catastrophic trigger (2 copays mail order) (#R10)</p> <p>B) \$5/\$20/\$40 up to \$2,830 ICL, \$5 generic copay through the gap (you pay 100% for brand); then the greater of \$2.50/\$6.30 or 5% coinsurance after \$4,550 catastrophic trigger (1 copay mail order) (#496)</p> <p>C) \$10/\$25/\$50 Unlimited Generic, Unlimited Brand; copays apply until \$4,550, member then pays the greater of \$2.50/\$6.30 or 5% coinsurance (1 copay mail order) (#987)</p>	

For additional plan options, contact your Account Executive.

Details are included in the Evidence of Coverage.

*Copay waived if admitted.

† Except for emergencies, referrals are required for *Keystone 65 HMO* products, however only certain services require referrals for *Keystone 65 Direct HMO-POS*.

Service category	Keystone 65 HMO (H070, MN, Y)	Keystone 65 Direct HMO-POS [†] (630, MN, Y)
Monthly premium	Medical only: \$168.70 With Rx: A) \$240.60 B) \$263.20 C) \$422.50	Medical only: \$245.40 With Rx: A) \$317.30 B) \$339.90 C) \$499.20
Primary care physician visits/ specialist visits	\$15/\$30 copay	\$10/\$25 copay
Ambulance	\$50 copay	\$50 copay
Emergency room	\$50 copay	\$40 copay
X-ray and diagnostic lab	\$0 per diagnostic lab; \$30 for X-ray	\$0 copay
Outpatient surgery	\$150 (per date of service)	\$150 (per date of service)
Inpatient hospital	\$150/day for days 1-10 (\$1,500 annual maximum)	\$100/day for days 1-10 (\$1,000 annual maximum)
Out-of-network annual deductible and coinsurance	N/A	\$250/20% coinsurance
Preventive dental	\$10 copay for exams and cleanings every 6 months	\$10 copay for exams and cleanings every 6 months
Routine eyewear	\$100 every 2 calendar years	\$100 every 2 calendar years
Hearing aids	\$500 every 3 calendar years	\$500 every 3 calendar years
Fitness program	SilverSneakers [®]	SilverSneakers [®]
Part D Prescription drugs	<p>A) \$5/\$30/\$50 up to \$2,830 ICL, no coverage in the gap (you pay 100%) then the greater of \$2.50/\$6.30 or 5% coinsurance after \$4,550 catastrophic trigger (2 copays mail order) (#R10)</p> <p>B) \$5/\$20/\$40 up to \$2,830 ICL, \$5 generic copay through the gap (you pay 100% for brand); then the greater of \$2.50/\$6.30 or 5% coinsurance after \$4,550 catastrophic trigger (1 copay mail order) (#496)</p> <p>C) \$10/\$25/\$50 Unlimited Generic, Unlimited Brand; copays apply until \$4,550, member then pays the greater of \$2.50/\$6.30 or 5% coinsurance (1 copay mail order) (#987)</p>	

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Service category	<i>Personal Choice 65SM PPO</i> (QM50, #R10)	<i>Personal Choice 65SM PPO</i> (QM52, #496)
Monthly premium	\$462.90	\$534.00
Primary care physician visits/ specialist visits	\$25/\$40 copay	\$10/\$20 copay
Ambulance	\$100 copay	10% coinsurance
Emergency room	\$50 copay	10% coinsurance up to \$50
X-ray and diagnostic lab	\$0 for diagnostic lab; \$40 for X-ray	10% coinsurance
Outpatient surgery	\$150 (per date of service)	10% coinsurance
Inpatient hospital	\$150/day for days 1-10 (\$1,500 annual maximum)	\$200/day for days 1-5 (\$1,000 annual maximum)
Out-of-network annual deductible and coinsurance	\$500/30% coinsurance	\$500/30% coinsurance
Preventive dental	Not covered	Not covered
Routine eyewear	Not covered	Not covered
Hearing aids	Not covered	Not covered
Fitness program	SilverSneakers [®]	SilverSneakers [®]
Part D Prescription drugs	No deductible; \$5/\$30/\$50 up to \$2,830 ICL; no coverage in gap (you pay 100%); then the greater of \$2.50 generic/\$6.30 preferred brand or 5% coinsurance after \$4,550 catastrophic trigger (2 copays per mail order)	No deductible; \$5/\$20/\$40 up to \$2,830 ICL; \$5 generic copay through the gap (you pay 100% for brand); then the greater of \$2.50 generic/\$6.30 preferred brand or 5% coinsurance after \$4,550 catastrophic trigger (1 copay per mail order)

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Service category	Personal Choice 65SM PPO (QM53, #R05)
Monthly premium	\$565.20
Primary care physician visits/ specialist visits	\$10/\$25 copay
Ambulance	\$0 copay
Emergency room	\$50 copay*
X-ray and diagnostic lab	\$0 copay
Outpatient surgery	\$0 copay
Inpatient hospital	\$0 copay
Out-of-network annual deductible and coinsurance	\$250/20% coinsurance
Preventive dental	Not covered
Routine eyewear	Not covered
Hearing aids	Not covered
Fitness program	SilverSneakers®
Part D Prescription drugs	No deductible; \$5/\$20/\$40 up to \$2,830 ICL; \$5 generic copay through the gap (you pay 100% for brand); then the greater of \$2.50 generic/\$6.30 preferred brand or 5% coinsurance after \$4,550 catastrophic trigger (1 copay per mail order)

For additional plan options, contact your Account Executive.

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Medicare Supplement Plans

Service category	Medicare pays:	Security 65® Plan C You pay:
Monthly premium		See rate sheet or call us for current year's rates
Primary care physician visits	80%, after \$135 ^{‡§} (Part B annual deductible)	\$0 [§]
Specialist visits		
Emergency room		
Urgent care		
Outpatient surgery		
Inpatient hospital	All charges EXCEPT \$1,068 [†] (Part A deductible)	\$0

A separate Medicare Part D Prescription Drug Plan is available.

[†]This is the 2009 amount and may change effective January 1, 2010. Each year, Social Security notifies all Medicare beneficiaries of the new Part A deductible, Part B deductible, and Part B premium amount.

[§]Plan C covers 20% coinsurance not paid by Medicare.

Select Option PDP Year 2010 Rate Matrix – FOR RETIREES ONLY

Independence Blue Cross Group Part D Prescription Drug Plans (PDPs)

Rates Effective January 1, 2010

Prescription drug benefits	#E99	#906	#E97
Premium	\$350.30	\$118.80	\$70.90
Deductible	None	None	\$50
Copay	\$5 generic \$35 preferred brand \$70 non-preferred brand 25% coinsurance specialty drug	\$5 generic \$20 preferred brand \$40 non-preferred brand	\$5 generic \$35 preferred brand \$75 non-preferred brand
Initial coverage limit	N/A	\$2,830 in total drug costs	\$2,830 in total drug costs
Gap	Unlimited coverage	\$5 generic	\$5 generic
TrOOP	\$4,550	\$4,550	\$4,550
Catastrophic	Greater of \$2.50 generic/\$6.30 brand or 5% coinsurance	Greater of \$2.50 generic/\$6.30 brand or 5% coinsurance	Greater of \$2.50 generic/\$6.30 brand or 5% coinsurance
Mail order (90-day supply)	2 copays	1 copay	2 copays

Coinsurance and copayments may count toward the out-of-pocket drug cost total of \$4,550 (TrOOP).