

Independence Blue Cross

Summary of Benefits Changes

All changes to your benefits plan are effective July 1, 2010, unless otherwise noted.

Benefits language was clarified for the services listed below:

TYPE OF SERVICE	NATURE OF CLARIFICATION
Inpatient copayment waiver	Clarified benefit language regarding inpatient copayment waiver.
Over-the-counter exclusion including prescription equivalent	Clarified the language regarding exclusion of the over-the-counter drugs including over-the-counter drugs that have prescription equivalents.
Colorectal cancer screening	Clarified benefit language regarding coverage of health screenings to detect colorectal cancer.

Benefits language was revised for the service listed below:

TYPE OF SERVICE	NATURE OF REVISION
Self-injectable drug changes in medical programs	Exclude coverage for self-injectable drugs from the medical benefit. (See enclosed flyer for more detailed information.)

Precertification changes apply to the services listed below:

TYPE OF SERVICE	NATURE OF PRECERTIFICATION CHANGE
Precertification changes — medical infusion <i>Effective 7/1/2009</i>	<p>Revise the medical infusion precertification list.</p> <p>The following drugs are added to the list:</p> <ul style="list-style-type: none"> ▪ Rituximab ▪ Eloxatin® ▪ Vivitrol® ▪ Somatuline® Depot ▪ Supprelin® LA <p>The following drugs are removed from the list:</p> <ul style="list-style-type: none"> ▪ RespiGam® ▪ Genasense®

Precertification changes — medical injectables
Effective 7/1/2009

Add a medical injectable precertification list.

The following drugs are included:

- Botox®
- Synagis®
- Hyaluronan agents:
 - Synvisc®
 - Hyalgan®
 - Supartz®
 - Orthovisc®
 - Euflexxa™



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