



**Independence
Blue Cross**

2011 Small Group Community-Rated Plans Prescription drug options for new groups

	Part D Rx			Select Option® PDP	
	#K61 (WH518)	#K79 (WH519)	#K80 (WQM57)	#K60	#906
Coverage code	See Small Group Community Rated Medical Plans (Premium with Part D)				
Premium	\$150	\$50	\$200	<input type="checkbox"/> \$89.10	<input type="checkbox"/> \$124.70
Deductible	\$5/35/75	\$5/35/75	\$5/35/75	\$0	\$0
Cost sharing	\$2,840	\$2,840	\$2,840	\$5/30/50	\$5/20/40
IGL	93% generic	\$5 generic	\$5 generic	93% generic	\$5
GAP coverage	\$4,550	\$4,550	\$4,550	\$4,550	\$4,550
TR00P*	2x	2x	2x	2x	1x
Mail Order					

*At true out-of-pocket (TR00P) catastrophic trigger of \$4,550, member pays catastrophic copays at greater of \$2.50/\$6.30 or 5%. In order to enroll in one of the Keystone 65 HMO (KS65) or Personal Choice 65sm PPO (PC65) Part D programs, members must be enrolled in the corresponding KS65 or PC65 medical plan. This summary is a partial listing of benefits. Refer to the Evidence of Coverage (EOC) for more details.

Customer name (please print) _____ CID# (if applicable) _____ Desired effective date _____
 Group leader signature _____ Today's date _____ Customer phone # _____ Customer email _____