



**Independence
Blue Cross**

2011 Small Group Community-Rated Plans for new groups*

	KS65 Low Option H518, Y, MN (paired w #K61 Rx)	KS65 High Option H519, Y, MN (paired w #K79 Rx)	PC65 QM57 (paired w #K80)		MedgapSecurity Plan C BC4J
			In-network	Out-of-network	
Premium (medical only)	<input type="checkbox"/> \$296.10	<input type="checkbox"/> \$327.50	<input type="checkbox"/> \$387.60	<input type="checkbox"/> 457.60	<input type="checkbox"/> \$211.75
Premium (with Part.D) ⁴	<input type="checkbox"/> \$361.10	<input type="checkbox"/> \$407.20	<input type="checkbox"/> \$6,700	<input type="checkbox"/> \$10,000	N/A
Ann In-network max OOP	\$6,700	\$6,700	\$6,700	N/A	N/A
Ann combined max OOP	N/A	N/A	\$10,000	N/A	N/A
Annual deductible	N/A	N/A	N/A	\$500	N/A
PCP copay	\$20	\$15	\$25	30%	\$0 (most services)
SPC copay	\$40	\$35	\$45	30%	\$0
ER copay ¹	\$50	\$50	\$50	\$50	\$0
Inpatient	\$225/day \$2,250 ann max	\$150/day \$1,500 ann max	\$600/admission	30%	\$0
Outpatient surgery	\$150	\$200	\$200	30%	\$0
Urgent care	\$20-\$40	\$15-\$35	\$25-\$45	\$25-\$45	\$0
Ambulance	\$125	\$100	\$100	\$100	\$0
DME	25%	25%	25%	30%	\$0
SNF	\$0 days 1-10 \$100/day days 11-100	\$0 days 1-10 \$100/day days 11-100	\$50/day/ days 1-100	30%	\$0
Dialysis	\$25	\$25	\$25	\$25	\$0
Radiation therapy	\$25	\$25	\$25	30%	\$0
Part B Rx	20%	20%	20%	30%	N/A
Hearing ²	\$40	\$35	N/A	N/A	N/A
Vision ³	\$40	\$35	N/A	N/A	N/A
Prev dental	\$10	\$10	N/A	N/A	N/A

¹ Emergency copay is not waived if the member is admitted as an inpatient immediately following the ER visit. Worldwide coverage.

² \$500 reimbursement for hearing aids every three years.

³ \$100 reimbursement for eyewear every two years.

⁴ These rates do not reflect a late enrollment penalty that some members may incur if they are transferring from non-creditable prescription coverage. Preventive services for KS65 are covered at \$0 copay. In-network preventive services for PC65 are covered at \$0 copay.

This summary is a partial listing of benefits. Refer to the Evidence of Coverage (EOC) for more details.

*For customers with fewer than ten Personal Choice 65SM and Keystone 65 members combined.

Customer name (please print) _____ CID# (if applicable) _____ Desired effective date _____

Group leader signature _____ Today's date _____ Customer phone # _____ Customer email _____

Keystone 65 or Personal Choice 65SM Benefits are underwritten or administered by Keystone Health Plan East or QCC Insurance Company, subsidiaries of Independence Blue Cross – Independent licensees of the Blue Cross and Blue Shield Association. Medgap Security plans are offered through Independence Blue Cross and Highmark Blue Shield, independent licensees of the Blue Cross and Blue Shield Association.



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

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

*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 _____

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