

Independence Blue Cross

Summary of Benefits

Effective date is January 1, 2012, unless otherwise noted.

Benefits language clarified for the services listed below:

TYPE OF SERVICE	WHAT HAS CHANGED	AFFECTED PLANS
Rosa's Law	To confirm benefits to the Federal law that requires that the terms "mental retardation" and "retarded" be replaced with the term "intellectual disability" in Federal law.	HMO – All POS – All DPOS – All PPO – All Traditional
Durable Medical Equipment – safety equipment	Clarify benefit language to state that 'equipment for safety' is not considered durable medical equipment because it is not primarily medical in nature and is not covered.	HMO – All POS – All DPOS – All PPO – All
Reliable evidence	Clarify language to more clearly identify what is considered appropriate Reliable Evidence in determining whether a drug, biological, product, device, medical treatment or procedure is Experimental/Investigational.	HMO – All POS – All DPOS – All PPO – All
Genetic testing	Clarify current genetic testing language to bring it into alignment with the evolving field of genetic testing.	HMO – All POS – All DPOS – All PPO – All
Preventive Care – immunizations	<p>Clarify language to state that a full list of pediatric and adult immunization schedules may be found by accessing the Advisory Committee on Immunization Practices (ACIP) website at www.cdc.gov/vaccines through the <i>Immunization Schedules</i> link. You can also call 1-877-448-9977 for a complete listing.</p> <p><i>Please note that although the ACIP website states that employment and travel immunizations are covered, they are excluded from all IBC products.</i></p>	HMO – All POS – All DPOS – All PPO – All
Contract year vs. calendar year	Clarify language to clearly state whether the group's benefit period is the contract year or calendar year in the group and member's Schedule of Benefits and that a calendar year is from January 1 st through December 31 st .	HMO – All POS – All DPOS – All PPO – All
Capitated lab services	Clarify that laboratory services are covered capitated services.	HMO – All POS – All DPOS – All
Medical policy defined	Add a definition of Medical Policy to clarify that Medical Policy is used to determine whether covered services are medically necessary.	HMO – All POS – All DPOS – All PPO – All
Discretionary language	In the "Important Notices" section, clarify that Independence Blue Cross has the discretion to interpret benefit plans and to determine whether or not a member is entitled to benefits.	HMO – All POS – All DPOS – All PPO – All Traditional

Benefits language revised for the services listed below:

TYPE OF SERVICE	WHAT HAS CHANGED	AFFECTED PLANS
Retroactive terminations <i>Effective March 1, 2012</i>	Due to health care reform, IBC is changing the period of time in which it will retroactively terminate members from 60 days plus the current month (60-90 days) to 30 days plus the current month (30-60 days).	HMO – All POS – All DPOS – All PPO – All Traditional
Dependents to 26	Revise IBC’s policy for removing dependents who have reached the maximum age. For small group customers (2-99), IBC will automatically remove a dependent at the end of the month in which the dependent reaches age 26. IBC will give large group customers (100+) the choice to either switch to monthly dependent removals or keep end-of-year removals, if that is the group’s current process. If you have any questions, contact Customer Service at 1-800-ASK-BLUE (1-800-275-2583).	HMO – All POS – All DPOS – All PPO – All Traditional
Appeals	Revise appeals language to comply with health care reform. IBC will implement key provisions such as: <ul style="list-style-type: none"> ▪ continuing coverage for ongoing treatment during the internal appeals process; ▪ a full and fair review process; ▪ a concurrent external/internal expedited appeals process; ▪ external review rights; ▪ one level of internal appeals for Individual products; ▪ an appeals process for the denial of Individual applications based on medical necessity. 	HMO – All POS – All DPOS – All PPO – All Traditional <i>*HMO products will be updated with revised language. POS, DPOS, and PPO products do not contain the description of the appeals process within the benefit description material, therefore the benefit materials will not be updated with revised language. The revised appeal process is applicable to the POS and DPOS products and can be found in the HMO member handbook. The revised appeal process is also applicable to PPO products and can be found on ibxpress.com (Member Portal) or by calling Customer Service.</i>
Renewal notice	Clarify language to reflect that if IBC is late sending renewal premium notices, the new premium rates will be effective the following month.	PPO – All
Air or ground ambulance	Revise this benefit to permit HMO/POS members to be transferred back into the service area via air or ground ambulance for covered rehabilitative care after an out-of-area emergency.	HMO – All POS – All DPOS – All
Removing referrals – nutrition/diabetic counseling <i>Effective November 1, 2011</i>	Remove HMO referral requirements for nutrition counseling and diabetic education.	HMO* – All <i>*Referrals removed earlier for POS products due to Health Care Reform mandate.</i>
Guaranteed discount <i>Effective January 1, 2013</i>	Revise to reflect that actual contractual discounts will now be used for all member cost-sharing adjudication.	PPO – Local groups

We would like to notify you that the benefit listed below will be available in the future.

TYPE OF SERVICE	WHAT WILL CHANGE	AFFECTED PLANS
Urgent Care Centers <i>Effective on or after January 1, 2012</i>	On or after 1/1/2012, IBC will implement a benefit for services received at urgent care centers. Member cost sharing for this benefit will be up to 70 percent of the member's current emergency room copayment or the member's current emergency room coinsurance for services received at a participating urgent care center.	HMO – All POS – All DPOS – All PPO – All



HMO and POS products are underwritten or administered by Keystone Health Plan East, Inc.; PPO and self-referred POS benefits are underwritten by QCC Insurance Company; CMM and Traditional Indemnity products are underwritten by Independence Blue Cross and Highmark Blue Shield – all are independent licensees of the Blue Cross and Blue Shield Association.