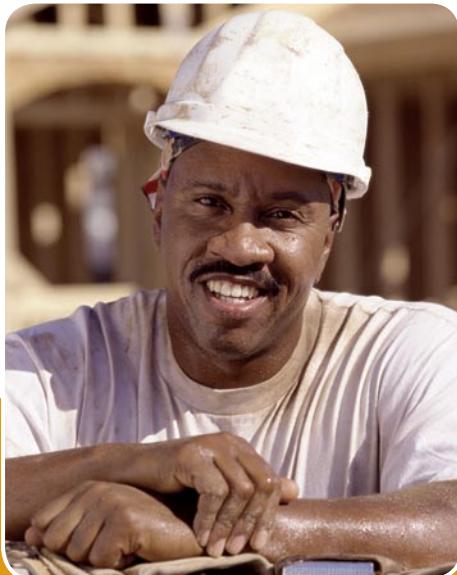


Look Inside:

- Flexible Benefits Options
- Online Account Management
- Valuable Program Extras

Small Business Product Portfolio



Health benefits you design

Choose Blue.SM



Flexible Benefits Options

Independence Blue Cross puts the benefits decisions in your hands by allowing you to mix and match a wide range of member cost-sharing options to reach a price point that meets your benefits and budget needs.

- **Flex Copay Series:** Choose the copay amounts that apply to in-network services such as office visits, X-rays, and inpatient hospital care. You select a coinsurance level when offering access to out-of-network providers.
- **Flex Deductible Series:** Utilizes copays for outpatient care such as doctor's office visits and therapy services. You select the deductible and coinsurance amounts that will apply to hospital and ancillary services.
- **BlueSaverSM HSA Solution:** Build an HSA-Qualified High Deductible Health Plan based on our popular Personal Choice[®] product. You decide what deductible and coinsurance amounts apply to in-network care. You also have the option to offer your employees a Health Savings Account (HSA). An HSA is a tax-exempt account established primarily to pay for qualified medical expenses.
- **Select Drug Program[®]:** Choose to offer our popular formulary-based prescription drug program. The Select Drug Program provides coverage based on a three-tier copayment incentive (e.g., \$5 generic formulary/\$10 brand formulary/\$25 non-formulary brand). Choose from nine options with varying cost-sharing amounts.



Online Account Management

With ibxpress.com, you can manage your company's health care coverage on your own timetable!

- Add a new plan member
- View coverage history
- Submit and approve changes
- View your daily work log and transaction history
- View current and prior invoices
- View billing and payment history
- Receive and pay invoices online
- Reconcile your bill online

To design a customized benefits solution for your company, follow the steps outlined in this brochure.

Valuable Program Extras

Our Healthy LifestylesSM wellness programs are designed to educate and encourage healthy behavior through active participation. Members receive support through every stage of health. The support includes financial rewards and incentives for healthy living, decision-support tools to help with tough medical decisions, and assistance with managing complex or chronic conditions.

Financial Rewards and Incentives

Cash rewards for:	Valuable discounts on:	Important reminders for:
<ul style="list-style-type: none">• Fitness Center fees• Weight management• Smoking cessation• Bike helmets	<ul style="list-style-type: none">• Massage therapy• Nutritional counseling• Acupuncture• Health products	<ul style="list-style-type: none">• Immunizations• Vaccinations• Mammograms and Pap tests• Colorectal screenings

Decision-Support Tools

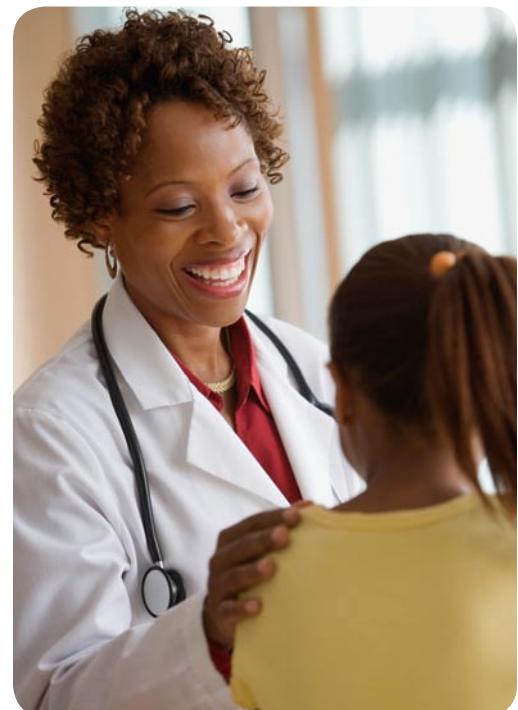
When it comes to making decisions about health care, members are never alone. We provide a comprehensive support system to help with significant treatment decisions or everyday health concerns. Members can take advantage of:

- Online tools to help estimate treatment costs
- Provider quality and patient safety information
- Educational materials mailed to member's home
- Audio and video health libraries
- Online encyclopedia of health information

Disease Management

From developing care plans for the treatment of chronic diseases to teaching members how to best control asthma, our ConnectionsSM Health Management Programs offer members with chronic illnesses the support they need to make the decisions that are right for them. Connections provides:

- 24/7 access to a Health Coach
- Reminders about important tests and screenings
- Tips to recognize early-warning signs
- Questions for members to ask their doctors



Build a Flex Copay Option

With Flex Copay Series, you choose the copay amounts that will apply to in-network services such as office visits, X-rays, and inpatient hospital care. If you choose a Keystone Point-of-Service, Keystone Direct POS, or Personal Choice® product, you will also need to select the coinsurance level for out-of-network care.

1. Choose a product option.

Keystone Health Plan East HMO

Members' primary care physician coordinates all of their care. Referrals are required for all specialty care.

Keystone Point-of-Service

Members can receive care coordinated by their primary care physician or access care directly. Benefits are maximized when members get referrals to network specialists.

Keystone Direct POS

Members must select a primary care physician but can access most health care services in or out of network without a referral. Referrals are required for spinal manipulation, routine X-rays, physical/occupational therapy, and podiatry to receive the highest level of benefits.

Personal Choice®

Members have the freedom to access care in or out of network without a referral.

2. Select a copay option for network doctor's office visits, therapies, and diagnostic care.

Office/Outpatient care

	<input type="checkbox"/> C1	<input type="checkbox"/> C2	<input type="checkbox"/> C3	<input type="checkbox"/> C4 
Doctor's office visits				
Primary and OB/GYN Care	\$10	\$15	\$20	\$30
Specialist	\$20	\$30	\$40	\$50
Physical/Occupational therapy (30 visits per calendar year*)	\$20	\$30	\$40	\$50
Spinal manipulations and Speech therapy (20 visits each per calendar year*)	\$20	\$30	\$40	\$50
Cardiac and Pulmonary rehabilitation (36 sessions each per calendar year*)	\$20	\$30	\$40	\$50
X-Ray/Radiology/Diagnostics				
Routine radiology	\$20	\$30	\$40	\$50
MRI/MRA, CT scans, PET scans**	\$40	\$60	\$80	\$100
Mammogram	\$0	\$0	\$0	\$0
Injectable medications				
Standard injectables	\$0	\$0	\$0	\$0
Biotech/Specialty injectables**	\$50	\$75	\$100	\$125
Preventive services				
Routine GYN, Pediatric immunizations	\$10	\$15	\$20	\$30
Lab/Pathology	\$0	\$0	\$0	\$0

* For Personal Choice, combined in/out-of-network maximum.

** Preauthorization required.

C4 may be paired only with F3, F4, or F5

All enrollments subject to underwriting guidelines. The plans outlined represent only a partial listing of benefits. **These managed care plans may not cover all of your health care expenses. Read your contract/member handbook carefully to determine which health care services are covered. If you need more information, please call 215-241-3400.**

The percentage for in-network and out-of-network reimbursement shown represents a percentage of the Plan allowance, not the provider's actual charge. For more information about the Plan allowance in the Personal Choice, Keystone Direct POS (out-of-network) benefits and self-referred portion of the Keystone Point-of-Service programs, see the definition of covered expense in your Personal Choice or Comprehensive Major Medical group contract. Out-of-network providers may also bill a member for the difference between the Plan allowance, which is the amount paid by the Plan, and the provider's actual charge. This difference may be significant.

3. Pick a network cost-sharing level for facility and ancillary care.

Facility/Ancillary	<input type="checkbox"/> F1	<input type="checkbox"/> F2	<input type="checkbox"/> F3	<input type="checkbox"/> F4	<input type="checkbox"/> F5 
Hospital services** (Unlimited inpatient days)	\$0	\$100/day Max. 5 days (\$500)	\$150/day Max. 5 days (\$750)	\$250/day Max. 5 days (\$1,250)	\$400/day Max. 5 days (\$2,000)
Outpatient surgery**	\$0	\$50	\$75	\$125	\$200
Skilled Nursing Facility** (120 days per calendar year*) (Copay not waived if admitted from inpatient hospital stay)	\$0	\$50/day Max. 5 days (\$250)	\$75/day Max. 5 days (\$375)	\$125/day Max. 5 days (\$625)	\$200/day Max. 5 days (\$1,000)
Emergency room (Copay not waived if admitted)	\$100	\$100	\$100	\$100	\$125
Outpatient Private Duty Nursing** (360 hours per calendar year*)	90%	90%	85%	85%	80%
Prosthetics and Durable Medical Equipment**	70%	70%	50%	50%	50%
Coinsurance is based upon plan allowance and reflects amount paid by the plan.					F5 may be paired only with C3 or C4

4. Select out-of-network benefits. Choice of O1 or O2 if offering F1, F2, F3, or F4. If you offer F5, you must select O2. (Does not apply to HMO plans.)

Out-of-network benefits	<input type="checkbox"/> O1	<input type="checkbox"/> O2
Deductible Individual/Family	\$500/ \$1,500	\$1,500/ \$4,500
Coinsurance	70% of plan allowance [†]	50% of plan allowance
Out-of-Pocket maximum, Individual/Family	\$3,000/ \$9,000	\$10,000/ \$30,000
Overall Lifetime maximum	\$1,000,000	\$500,000
OFFICE VISITS		
Doctor's office visits Primary and OB/GYN care	70%	50%
Specialist	70%	50%
Physical/Occupational therapy (30 visits per calendar year*)	70%	50%
Spinal manipulations and Speech therapy (20 visits each per calendar year*)	70%	50%
Cardiac and Pulmonary rehabilitation (36 sessions each per calendar year*)	70%	50%
X-ray/Radiology/Diagnostics**	70%	50%
Injectable medications**	70%	50%
Lab/Pathology	70%	50%
FACILITY/ANCILLARY		
Hospital inpatient** (70 days out-of-network/self-referred)	70%	50%
Outpatient surgery**	70%	50%
Skilled Nursing Facility** (PPO: 120 days per calendar year*; POS and Direct POS: 60 days per calendar year*)	70%	50%
Emergency room (Copay not waived if admitted)	Covered at In-Network Level	
Outpatient Private Duty Nursing** (360 hours per calendar year*)	70%	50%
Prosthetics and Durable Medical Equipment (DME)** (DME: \$2,500 maximum per calendar year)	50%	50%

* For Personal Choice, combined in/out-of-network maximum.

** Pre-authorization required.

† Prosthetics and DME are covered at 50% coinsurance level.

Coinurance is based upon plan allowance and reflects amount paid by the plan.

Create a Flex Deductible Option

The Flex Deductible Series maintains the use of copays for outpatient care such as doctor's office visits and therapy services. You choose the deductible and coinsurance amounts that will apply to facility and ancillary services.

1. Choose a product option.

Keystone Health Plan East HMO

Members' primary care physician coordinates all of their care. Referrals are required for all specialty care.

Keystone Direct POS

Members must select a primary care physician but can access most health care services in or out of network without a referral. Referrals are required for spinal manipulation, routine X-rays, physical/occupational therapy, and podiatry to receive the highest level of benefits.

Personal Choice®

Members have the freedom to access care in or out of network without a referral.

2. Flex Deductible Series utilizes copays for network office visits and outpatient care. These copays apply to all Flex Deductible Series options.

Doctor's office visits

Primary and OB/GYN care	\$20
Specialist	\$40

Physical/Occupational therapy

(30 visits per calendar year*)	\$40
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Spinal manipulations and Speech therapy

(20 visits each per calendar year*)	\$40
-------------------------------------	------

Cardiac and pulmonary rehabilitation

(36 sessions each per calendar year*)	\$40
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X-ray/Radiology/Diagnostics¹

Routine radiology	\$40
MRI/MRA, CT scans, PET scans**	\$80
Mammogram	\$0

Injectable medications

Standard injectables	\$0
Biotech/Specialty injectables**	\$100

Preventive services

Routine GYN, Pediatric immunizations	\$20
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Lab/Pathology¹

	\$0
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* For Personal Choice, combined in/out-of-network maximum.

** Preauthorization required.

¹ For Personal Choice options, deductible and coinsurance apply to these services. For this benefit, copayment amounts apply only to Keystone HMO and Direct POS options.

3. Select a deductible amount for network hospital and ancillary services.

D1

D2

D3

D4

Individual	\$500	\$1,000	\$2,000	\$3,000
Family	\$1,500	\$3,000	\$6,000	\$9,000

4. Pick the network coinsurance level for facility and ancillary care.

	<input type="checkbox"/> N1	<input type="checkbox"/> N2
Coinsurance	80%	70%
Out-of-Pocket maximum²	\$3,000/\$9,000	\$5,000/\$15,000
DEDUCTIBLE AND COINSURANCE APPLY TO THE FOLLOWING SERVICES:		
Hospital services** (Unlimited inpatient days)	80%	70%
Outpatient surgery**	80%	70%
Skilled Nursing Facility** (120 days per calendar year*) (Not waived if admitted from inpatient hospital stay)	80%	70%
Emergency room (Not waived if admitted)	80%	70%
Outpatient Private Duty Nursing** (360 hours per calendar year*)	80%	70%
Prosthetics and Durable Medical Equipment**	50%	50%
Lab/Pathology¹	80%	70%
X-ray/Radiology/Diagnostics¹	80%	70%
Routine radiology	80%	70%
MRI/MRA, CT scans, PET scans**	80%	70%

5. Out-of-Network benefits (does not apply to HMO plans).

All Keystone Direct POS and Personal Choice Flex Deductible Series options utilize the same cost-sharing schedule for out-of-network benefits.

Deductible Individual/Family	\$5,000/ \$15,000
Coinsurance	50% of plan allowance
Out-of-Pocket maximum, Individual/Family	\$15,000/ \$45,000
Overall lifetime maximum	\$500,000
OFFICE VISITS	
Doctor's office visits	
Primary and OB/GYN care	50%
Specialist	50%
Physical/Occupational therapy (30 visits per calendar year*)	50%
Spinal manipulations and speech therapy (20 visits each per calendar year*)	50%
Cardiac and pulmonary rehabilitation (36 sessions each per calendar year*)	50%
X-ray/Radiology/Diagnostics**	50%
Injectable medications**	50%
Lab/Pathology	50%
FACILITY/ANCILLARY	
Hospital inpatient** (70 days out of network/self-referred)	50%
Outpatient surgery**	50%
Skilled Nursing Facility** (PPO: 120 days per calendar year*; Direct POS: 60 days per calendar year)	50%
Emergency room (Not waived if admitted)	Covered at In-Network Level
Outpatient Private Duty Nursing** (360 hours per calendar year*)	50%
Prosthetics and Durable Medical Equipment (DME)** (DME: \$2,500 maximum per calendar year)	50%

Coinurance is based upon plan allowance and reflects amount paid by the plan.

* For Personal Choice, combined in/out-of-network maximum.

** Preauthorization required.

¹ For Personal Choice options, deductible and coinsurance apply to these services. For this benefit, copayment amounts apply only to Keystone HMO and Direct POS options.

² Only member coinsurance is applied to the out-of-pocket maximum.

Design a BlueSaverSM HSA Solution

When you design a BlueSaverSM HSA Solution, you decide what deductibles and coinsurance apply to your Personal Choice[®] High Deductible Health Plan.

1. Choose a deductible amount for network services.

	<input type="checkbox"/> HD1	<input type="checkbox"/> HD2	<input type="checkbox"/> HD3	<input type="checkbox"/> HD4
Single¹	\$1,500	\$2,000	\$2,500	\$3,000
Family¹	\$3,000	\$4,000	\$5,000	\$6,000

2. Select network coinsurance and calendar year out-of-pocket maximum amounts.

	<input type="checkbox"/> HC1	<input type="checkbox"/> HC2
Coinsurance	100%	80%
Out-of-Pocket maximum—Adjusted Annually (Includes deductible, coinsurance, and copayments)		
Single¹	\$5,500	\$5,500
Family¹	\$11,000	\$11,000

Please Note: Out-of-Pocket maximums represent the 2007 indexed amounts. These amounts may be adjusted annually on January 1, to correspond with changes by the Treasury Department.

The deductible and coinsurance amounts that you select apply to the following network services.

- **Doctor's office visits**
- **Physical/Occupational therapy**
(30 visits per calendar year*)
- **Spinal manipulations and speech therapy**
(20 visits each per calendar year*)
- **Cardiac and pulmonary rehabilitation**
(36 sessions each per calendar year*)
- **X-ray/Radiology/Diagnostics****
- **Injectable medications****
- **Outpatient Lab/Pathology**
- **Hospital services**** (Unlimited inpatient days)
- **Outpatient Private Duty Nursing****
(360 hours per calendar year*)
- **Skilled Nursing Facility**** (120 days per calendar year*)
(Not waived if admitted from inpatient hospital stay)
- **Emergency room**
(Not waived if admitted)
- **Outpatient surgery****
- **Prosthetics and Durable Medical Equipment****

3. The network services noted below are covered in full or with a copayment.

Preventive Visits (Pediatric and Adult)	\$20 Copayment, No deductible
Routine Gyn/Pap (1 per calendar year*)	\$20 Copayment, No deductible
Mammography	100%, No deductible
Pediatric Immunizations	100%, No deductible

Coinsurance is based upon plan allowance and reflects amount paid by the plan.

* Combined in/out-of-network maximum.

** Preauthorization required.

¹ Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met.

4. Out-of-network benefits.

All Personal Choice High Deductible Health Plan options utilize the same cost-sharing schedule for out-of-network benefits.

Deductible Single/Family¹	\$5,000/ \$10,000
Coinsurance	50%
Out-of-Pocket maximum, Single/Family	\$10,000/ \$20,000
Overall lifetime maximum	\$500,000
OFFICE VISITS	
Doctor's office visits	
Primary and OB/GYN Care	50%
Specialist	50%
Physical/Occupational therapy (30 visits per calendar year*)	50%
Spinal manipulations and speech therapy (20 visits each per calendar year*)	50%
Cardiac and pulmonary rehabilitation (36 sessions each per calendar year*)	50%
X-ray/Radiology/Diagnostics**	50%
Injectable medications**	50%
Lab/Pathology	50%
FACILITY/ANCILLARY	
Hospital inpatient** (70 days per calendar year)	50%
Outpatient surgery**	50%
Skilled Nursing Facility** (120 days per calendar year*)	50%
Emergency room (Not waived if admitted)	Covered at In-Network Level
Outpatient Private Duty Nursing** (360 hours per calendar year*)	50%
Prosthetics and Durable Medical Equipment (DME)** (DME: \$2,500 maximum per calendar year)	50%

5. Decide to offer prescription drug coverage.

If you offer prescription drug coverage², members can get a 30-day supply of medications at a retail pharmacy. Members pay for prescriptions at the pharmacy and submit a claim form for reimbursement. Once their deductible is met, they will be reimbursed all costs minus the applicable cost-sharing.

After deductible, members pay:	Network	Out-of-network
Generic formulary copayment	\$5	50%
Brand formulary copayment	\$20	50%
Non-formulary brand copayment	\$45	50%

6. Choose to offer an HSA to your employees.

HSAs provide a valuable tool to help members save money for medical expenses through tax-free contributions. Independence Blue Cross has a preferred relationship with The Bancorp Bank to provide HSA services to our members. You can also choose to offer this account through any HSA trustee or custodian. Bancorp HSA features include:

- No application or account set up fees
- Monthly maintenance fee waived for first three months³
- Earn interest on account from day one⁴
- Free, no annual fee Visa® Check Card
- 24/7 customer service and online access
- Ability to invest HSA funds through INVEST Financial Corporation

To learn more, visit the Bancorp web site at: www.mybancorpha.com

Coinsurance is based upon plan allowance and reflects amount paid by the plan. *Combined in/out-of-network maximum. **Preauthorization required.
¹ Single deductible and out-of-pocket maximum apply when an individual is enrolled without dependents. Family deductible and out-of-pocket maximum apply when an individual and one or more dependents are enrolled. Prior to benefits being paid, the entire family deductible must be met.
² Standard Procedures That Support Safe Prescribing apply, such as: prior-authorization requirements, age and gender edits, and quantity level limits.
³ Monthly account maintenance fee waived for the first 3 months from the account opening date. All other fees will apply to the account.
⁴ Interest paid on balances over \$1.00.

Complete your benefits package

Select Drug Program®

When you offer a Flex Copay or Flex Deductible Series program, you can include a Select Drug Program® option. The Select Drug Program uses a prescription drug formulary and provides coverage based on a three-tier copayment incentive (e.g., \$5 generic formulary/\$10 brand formulary/\$25 non-formulary brand). The formulary includes all generic medications and a defined list of brand medications, and it represents all therapeutic categories. Formulary medications have been selected for their medical effectiveness, positive results, and value. Members can get up to a 30-day supply of covered medications at a retail pharmacy and up to a 90-day supply of maintenance medications for only two retail copayments through our mail-order program.

No Pay Copay Promotion
\$0 Copayment for generic drugs through December 31, 2007.

Prescription drug coverages ¹	<input type="checkbox"/> Option 1	<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Option 4	<input type="checkbox"/> Option 5	<input type="checkbox"/> Option 6	<input type="checkbox"/> Option 7
	\$5/\$10/\$25	\$5/\$15/\$25	\$5/\$20/\$35	\$10/\$30/\$50	\$10/\$20/\$35	\$15/\$35/\$50	\$20/\$40/\$60
Generic formulary	\$5	\$5	\$5	\$10	\$10	\$15	\$20
Brand formulary	\$10	\$15	\$20	\$30	\$20	\$35	\$40
Non-formulary brand	\$25	\$25	\$35	\$50	\$35	\$50	\$60

Flex Deductible Series options can be paired with one of these prescription drug options.

New options promote use of generic drugs

These new options were designed to encourage the use of generic drugs while providing you with more affordable prescription drug plans. With these options, the generic formulary copayment is significantly lower than the brand formulary and the non-formulary brand copayments, giving members a greater incentive to use generic drugs. Generic drugs cost less than brand drugs but have the same chemical makeup as their brand equivalent and meet the same rigorous health and safety standards set by the U.S. Food and Drug Administration.

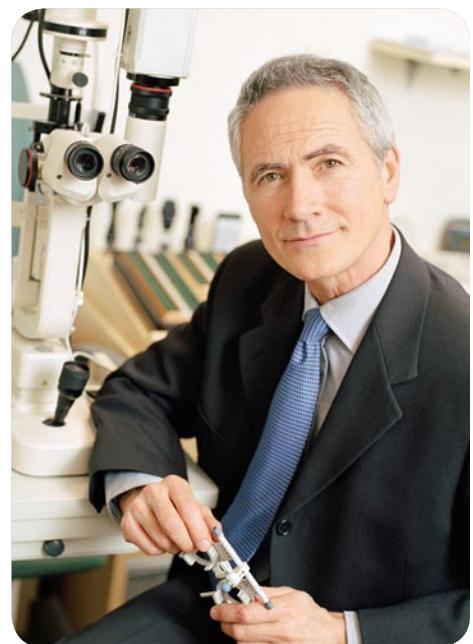
Prescription drug coverages ¹	NEW <input type="checkbox"/> Option 8	NEW <input type="checkbox"/> Option 9
	\$0/\$25/\$50	\$5/\$30/\$50
Generic formulary	\$0	\$5
Brand formulary	\$25	\$30
Non-formulary brand	\$50	\$50

Available with Flex Copay and Flex Deductible options.

Vision benefits

The IBC Vision program, administered by Davis Vision, provides comprehensive vision care benefits for your employees. Members have access to more than 1,200 participating providers in the local service area and more than 14,000 providers nationally. Highlights of the IBC Vision program benefits and value-added services:

- Eye exam and refraction, including glaucoma testing
- Eyeglass frames and lenses and/or contact lenses
- A complete pair of eyeglasses may be covered 100% when using a participating provider and choosing frames from the Davis Collection of Frames
- Unconditional one-year breakage warranty for frames selected from the Davis Collection and all spectacle lenses fabricated in Davis Vision's Laboratories
- Lens 1-2-3® replacement contact lens mail order program
- A discount on Laser Vision Correction Services at participating providers



Dental coverage

Through our arrangement with United Concordia, we provide access to a broad range of dental products for businesses like yours. All programs include a comprehensive network of dentists, and members never need a claim form for participating providers. Choose from one of these dental options:

- **Concordia Plus** – Dental Managed Care Program
- **Concordia Preferred** – Dental Preferred Provider Organization Program (PPO)
- **Concordia Flex** – Traditional Fee-For-Service Program
- **Concordia Choice** – Voluntary Passive Dental PPO Program (10+ employees)
- **Concordia Access** – Passive Dental PPO with a discount plan



Life and disability coverage

We also offer access to life and disability coverage through an arrangement with an affiliated agency. This coverage gives your valued employees the additional financial protection they may otherwise be unable to afford. Some of the advantages of our coverage include:

- Affordable group rates
- Easy enrollment process
- Guaranteed issue of Life/Accidental Death and Dismemberment (AD&D) insurance, available without completing health questionnaires¹.

Eligible employees

- 2-5 – \$35,000
- 6-9 – \$50,000
- 10-99 – varies

¹ Participation guidelines apply.

For more information

To find out how Independence Blue Cross can simplify your health benefits administration, call your Independent Broker, Association Administrator, or Independence Blue Cross today.

For more information about our products, call 215-241-3400.

Or, visit our Web site at: www.ibx.com



Choose Blue.SM



1901 Market Street | Philadelphia, Pennsylvania 19103-1480

Visit www.ibx.com

Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield – independent licensees of the Blue Cross and Blue Shield Association.