

Flex Series

Summary of Changes



Independence
Blue Cross

- ✓ **PCP and Specialist Office Visits: Increased Member Cost-Sharing with Higher Copayments**
- ✓ **PCP Copay Applies to: General Practice, Family Practice, Internal Medicine, Pediatrician, Obstetrician, Gynecologist, Midwife***
- ✓ **Outpatient Therapies: Created Separate Benefit Categories and Changed Calendar Year Visit/Session Maximums**
 - Physical/Occupational
 - Spinal Manipulations
 - Cardiac
 - Speech
 - Pulmonary
- ✓ **Artificial Insemination - Added PPO Coverage to Align with HMO/POS**
- ✓ **Reversal of Sterilization - Removed PPO Coverage to Align with HMO/POS**
- ✓ **Routine Vision Exam: No Change**
 - Covered within HMO/POS medical program
 - NOT covered within PPO medical program
- ✓ **Two Levels of Copayments for X-Ray/Radiology/Diagnostics**
 - Routine Radiology
 - MRI/MRA, CT Scans, PET Scans
- ✓ **Two Levels of Member Cost-Sharing for Injectable Medications:**
 - Standard Injectables: Covered at 100%
 - Biotech/Specialty Injectables: Covered with copayments
- ✓ **Inpatient Hospital Services & Outpatient Surgery: Increased Member Cost-Sharing with Higher Copayments**
- ✓ **Skilled Nursing Facility**
 - Increased member cost-sharing with higher copayments
 - Changed calendar year day maximums
 - Copayment NOT waived when admitted to skilled nursing facility following inpatient hospital stay
- ✓ **Emergency Room**
 - Increased member cost-sharing with higher copayment
 - Copayment NOT waived when admitted inpatient from emergency room
- ✓ **Outpatient Private Duty Nursing**
 - Added member cost-sharing
 - Changed calendar year hour maximum
- ✓ **Prosthetics**
 - Added member cost-sharing
- ✓ **Durable Medical Equipment**
 - Added member cost-sharing
 - Added out-of-network calendar year dollar maximum

*For HMO/POS, member cannot select an OB/GYN as their primary care physician (PCP). However, PCP copay applies to OB/GYN services.

Refer to Flex Series Benefit Guide for additional program details.

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

PRECERTIFICATION REQUIREMENTS

Except where noted, all services require precertification for HMO, PPO (in- and out-of-network), POS (referred and self-referred)

Inpatient Services

| | |
|--|---|
| Surgical/Non-Surgical Inpatient Admissions | Inpatient Hospice |
| Acute Rehab | Maternity Admission (for notification only) |
| Skilled Nursing Facility | |

Outpatient Facility/Office Services (other than Inpatient)

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|---|---|
| Infusion Therapy (except cancer chemotherapy, whole blood and blood plasma) in outpatient facility, office and home | Transplants (except cornea) |
| PET Scans | Comprehensive Outpatient Pain Management Programs (including epidural injections) |
| Hysterectomy | Obesity Surgery |
| Cataract | Sleep Studies |
| Nasal Surgery for Submucous Resection, and Septoplasty | Uvulopalatopharyngoplasty (including laser-assisted) |

Reconstructive Procedures and Potentially Cosmetic Procedures

| | |
|---------------------------------|---|
| Abdominoplasty | Mastopexy |
| Augmentation Mammoplasty | Otoplasty |
| Blepharoplasty | Panniculectomy |
| Chemical Peels | Reduction Mammoplasty |
| Dermabrasion | Removal or Reinsertion of Breast Implants |
| Excision of Redundant Skin | Rhinoplasty |
| Keloid Removal | Surgery for Varicose Veins |
| Lipectomy/Liposuction | Scar Revision |
| Orthognathic Surgery Procedures | Subcutaneous Mastectomy for Gynecomastia |

All Home Care Services

Birth Center (for notification only)

Elective (non-emergency) Ambulance Transport

Outpatient Private Duty Nursing

Prosthetics and Orthotics - Purchase items, including repairs and replacements, over \$100 and ALL rentals

Durable Medical Equipment - Purchase items, including repairs and replacements, over \$100 and ALL rentals (except oxygen, diabetic supplies and unit dose medication for nebulizer)

Mental Health/Serious Mental Illness/Substance Abuse

- Mental Health and Serious Mental Illness Treatment (inpatient/outpatient/partial hospitalization)
- Substance Abuse Treatment (inpatient/outpatient/partial hospitalization)

Certain Biotechnology/Specialty Injectable Drugs

In addition to the precertification requirements listed above, the member should contact Independence Blue Cross and provide prenotification for certain categories of treatment so that a member will know prior to receiving treatment whether it is a covered service. This applies to network providers and members who elect to receive treatment provided by BlueCard providers or out-of-network providers. Those categories of treatment (in any setting) include:

- Any surgical procedure that may be considered potentially cosmetic; and
- Any procedure, treatment, drug or device that represents "new or emerging technology;" and
- Services that might be considered experimental/investigative.

A member's provider should be able to assist the member in determining whether a proposed treatment falls into one of these three categories. Members are encouraged to have their provider place the call for them.

PENALTIES:

PPO In-Network/POS Referred Care: It is the network provider's responsibility to obtain prior approval for the services listed. Members are held harmless from financial penalties if the network provider does not obtain prior approval.

PPO members only: If the provider is a BlueCard® PPO provider of another Blue Plan, the member must obtain pre-authorization. The member will be subject to 20% reduction in benefits if prior approval is not obtained

PPO Out-of-Network/POS Self-Referred Care: It is the member's responsibility to initiate precertification for the services listed. The member will be subject to 20% reduction in benefits if prior approval is not obtained for the inpatient/outpatient treatment services listed above.

For specific details, conditions and exclusions, please refer to the applicable group contact.

THIS PRECERTIFICATION LIST IS SUBJECT TO CHANGE ANNUALLY