

We are permitted to use or disclose your PHI for our payment and health care operations. Examples of these activities include paying claims for services you've received, coordinating the delivery of health care services, and monitoring the performance of our network providers to improve health care outcomes. We may also share your PHI in certain other circumstances, such as disclosures to health care oversight agencies for legally authorized health oversight activities like audits and investigations, or when we are required to do so by law. We may also share certain information with the sponsor of your group health plan so that they may perform their plan administration functions.

The laws that protect your privacy also give you certain rights related to your PHI. For example, you may request a copy of your PHI that we have in our "Designated Record Set." Please remember that IBC does not typically have copies of your medical records. Your health care provider should be contacted for copies of your medical records.

Please review our *Notice of Privacy Practices* for more detailed information about your privacy rights and how we may use and share your PHI. You may view or print a copy of our notice from our website [www.ibx.com](http://www.ibx.com) by clicking on *Privacy Policies*, or you may call our Privacy Office at 215-241-4735 to request that a copy of the notice be mailed to you.



[www.ibx.com](http://www.ibx.com)

Independence Blue Cross and Keystone Health Plan East (KHPE) are independent licensees of the Blue Cross and Blue Shield Association. Benefits underwritten or administered by KHPE.

## Keystone Health Plan East



### Benefits that require preauthorization

Your primary care physician or provider contacts the Care Management and Coordination (CMC) team and provides information to support the request for services. The CMC team, made up of physicians and nurses, evaluates the proposed plan of care. The CMC team notifies the physician/provider whether services are approved for coverage. If the CMC team does not have sufficient information or the information evaluated does not support coverage, the physician/provider and member are notified in writing of the decision. Members and providers acting on behalf of a member may appeal the decision. At any time during the evaluation process or the appeal, the provider or member may provide additional information to support the request.

Services that require preauthorization include but are not limited to:

- all nonemergency hospital admissions (excluding maternity);
- all same-day surgery/short-procedure unit admissions;
- outpatient therapies: speech, cardiac, pulmonary, infusion, and lymphedema;
- PET scans, MRI, MRA, CT/CTA scans, and nuclear cardiology;
- other facility services: skilled nursing, home health, and hospice;
- prosthetics and orthotics: purchase items (including repairs and replacements) more than \$500 (except ostomy supplies);
- durable medical equipment: purchase items (including repairs and replacements) more than \$500, and all rentals (except oxygen, diabetic supplies, and unit dose medication for nebulizer);
- nonemergency ambulance services;
- inpatient psychiatric care;
- inpatient alcohol and substance abuse treatment;
- obesity surgery;
- day rehabilitation programs;
- dental services as a result of accidental injury;
- orthognathic surgery;
- infusion therapy for the drugs listed when administered in an outpatient facility or in a professional provider's office. Drugs included are: Aldurazyme<sup>®</sup>, Ampligen<sup>®</sup>, Aredia<sup>®</sup>, Avastin<sup>®</sup> (except for certain ophthalmological conditions), Boniva<sup>®</sup>, Ceredase<sup>®</sup>, Cerezyme<sup>®</sup>, Elaprase<sup>®</sup>, Eloxatin<sup>®</sup>, Erbitux<sup>®</sup>, Fabrazyme<sup>®</sup>, Herceptin<sup>®</sup>, IvIG, Myozyme<sup>®</sup>, Orencia<sup>®</sup>, Remicade<sup>®</sup>, rituximab, Temodar<sup>®</sup>, and Tysabri<sup>®</sup>. List subject to change;
- infusion therapy provided in a home setting or outpatient facility;
- medical injectables drugs listed when administered in an outpatient facility or in a professional provider's office. Drugs included are: Botox<sup>®</sup>; Mozobil<sup>™</sup>, Synagis<sup>®</sup>; and hyaluronan agents: Euflexxa<sup>™</sup>, Hyalgan<sup>®</sup>, Orthovisc<sup>®</sup>, Supartz<sup>®</sup>, and Synvisc<sup>®</sup>/Synvisc-One<sup>™</sup>. List subject to change;
- services that are potentially cosmetic, experimental, or investigative.

Members are not responsible for payment of services if the provider does not obtain preauthorization of services.

## Inpatient hospital stays

During and after an approved hospital stay, the CMC team is monitoring your stay to review whether you receive medically appropriate care and to see that a plan for your discharge is in place and to coordinate services that may be needed following discharge.

## Utilization review

To assist Keystone Health Plan East (“Keystone”) in making coverage determinations regarding the medical necessity and appropriateness of requested services, Keystone uses medical guidelines based on clinically credible evidence. This is called utilization review. Utilization review can be done before a service is performed (precertification/preservice), during a hospital stay (concurrent review), or after services have been performed (retrospective/post service review). Keystone follows applicable state/federal standards pertaining to how and when these reviews are performed.

## Continuity of care

### Terminated providers

Keystone offers members continuation of an ongoing course of treatment with a terminated provider (for reasons other than cause) for up to 90 days from the date that Keystone notified the member of the provider termination. Keystone will cover such continuing treatment under the same terms and conditions as if the treatment was being received from participating providers.

If a member is in her second or third trimester of pregnancy at the time of the termination, the transitional period of authorization shall extend through post-partum care related to the delivery.

All authorized health care services provided during this transitional period shall be covered by Keystone under the same terms and conditions applicable for participating health care providers.

### New HMO members

New HMO members may continue an ongoing course of treatment with a nonparticipating health care provider for a transitional period of up to 90 days from the effective date of enrollment into the plan subject to the requirements set forth herein and in the applicable group master contract.

If the new member is in her second or third trimester of pregnancy at the time of the effective date of enrollment, the transitional period of authorization shall extend through post-partum care related to the delivery.

The nonparticipating provider must agree that all authorized health care services provided during this transitional period shall be covered by Keystone under the same terms and conditions applicable for participating health care providers.

In order to initiate continuity of care, members must complete a *Continuity of Care* form and submit it to Keystone’s CMC department. The form will be in the enrollment materials and available through Customer Service.

Nonparticipating health care providers (whose services are covered during the transitional period) must agree to be bound by the same terms and conditions as participating providers. The plan is *not* required to provide health care services that are not covered benefits.

## Emergency care

Emergency care: any health care services provided to a member after the sudden onset of a medical condition. The condition manifests itself by acute symptoms of sufficient severity or severe pain, such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- placing the health of the member or with respect to a pregnant member, the health of the pregnant member or her unborn child, in serious jeopardy;
- serious impairment to bodily functions;
- serious dysfunction of any bodily organ or part.

Emergency transportation and related emergency service provided by a licensed ambulance service shall constitute an emergency service.

In the event of an emergency, the member should go to the nearest appropriate medical facility. The primary care physician should be contacted as soon as reasonably possible in the event of any emergency occurring either within or outside Keystone’s service area.

## Complaints and grievances

You have a right to appeal any adverse decision through the complaint and grievance process. Instructions for the appeal will be described in the denial notifications and in the member handbook.

## Privacy policy

At Independence Blue Cross (IBC), protecting your privacy is very important to us. That is why we have taken numerous steps to see that your protected health information (PHI) is kept confidential. Protected health information is individually identifiable health information about you. This information may be in oral, written, or electronic form. IBC may obtain or create your PHI while conducting our business of providing you with health care benefits.

IBC has implemented extensive policies and procedures regarding the collection, use, and release or disclosure of PHI by and within our organization. We continually review our policies and monitor our business processes to make sure that your information is protected, while assuring that the information is available as needed for the provision of health care services. For example, our procedures include steps to assist us in verifying the identity of someone calling to request PHI, procedures to limit who on our staff has access to your PHI, and to share only the minimum amount of information when PHI must be disclosed. We also protect any PHI transmitted electronically outside our organization by using only secure networks or by using encryption technology if the information is sent by email.

We do not use or share your PHI without your permission unless the law allows us to do so. Before using or disclosing your PHI for other purposes, we’ll obtain your written permission, also called an authorization. You may also direct us to share your PHI with someone you chose by giving us your written authorization. However, this authorization must include certain specific information in order to be valid. You may print a copy of our *Authorization to Release Information* form from our website **www.ibx.com** or request a copy by calling our Privacy Office at 215-241-4735.

- *If approved*, the prescribing physician will be notified of approval via fax or telephone and the claims system will be coded with the approval.
- The member may call the Customer Service phone number on his or her identification card to determine if the prescription is approved.
- *If denied*, the prescribing physician will be notified via letter, fax, or telephone.
- The member is also notified of all denied requests via letter.
- The appeals process will be detailed on the denial letters sent to the members and physicians.

## Coverage for medications not on the formulary (specific to Select Drug Program® members only).

Providers may request formulary coverage of a covered non-formulary medication when all formulary alternatives have been exhausted or there are contraindications to using the formulary alternatives. The provider should complete the covered non-formulary appeal form providing detail to support use of the covered non-formulary medication and should fax the request to 215-241-3073 or 1-888-671-5285. If the non-formulary request is approved, the drug will be paid at the appropriate formulary benefit level. If the request is denied, the member and provider will receive a denial letter with the appropriate appeals language. Whether or not an appeal is filed, the member may always obtain benefits for the covered non-formulary drug at the appropriate non-formulary benefit level. Out-of-pocket expenses for non-formulary drugs are higher than for formulary drugs.

## Appealing a decision

If a request for prior authorization/preapproval or override results in a denial, the member or physician, on the member's behalf, may file an appeal. Both the member and his or her provider will receive written notification of a denial, which will include the appropriate telephone number and address to direct an appeal. In all cases, the physician needs to be involved in the appeals process to provide the required medical information for the basis of the appeal.

## Prescription Drug Program provider payment information

A Pharmacy Benefits Management (PBM) company administers our prescription drug benefits and is responsible for providing a network of participating pharmacies and processing pharmacy claims. The PBM also negotiates price discounts with pharmaceutical manufacturers and provides drug utilization and quality reviews. Price discounts may include rebates from a drug manufacturer based on the volume purchased. Independence Blue Cross anticipates that it will pass on a high percentage of the expected rebates it receives from its PBM through reductions in the overall cost of pharmacy benefits. Under most benefit plans, prescription drugs are subject to a member copayment.



We're here for you every step of the way.

[www.ibx.com](http://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.

# Procedures that support safe prescribing



Independence Blue Cross utilizes an independent Pharmacy Benefits Management (PBM) company, FutureScripts®, to manage the administration of its commercial prescription drug programs. As our PBM, FutureScripts is responsible for providing a network of participating pharmacies, administering pharmacy benefits, and providing customer service to our members and providers.

## Prior Authorization

Prior authorization is a requirement that your physician obtain approval from your health plan for coverage of, or payment for, your medication. Independence Blue Cross requires prior authorization of certain covered drugs to ensure that the drug prescribed is medically necessary and appropriate and is being prescribed according to the Food and Drug Administration (FDA) guidelines. The approval criteria were developed and endorsed by the FutureScripts Pharmacy and Therapeutics Committee, which is an established group of medical directors and practicing area physicians and pharmacists.

Using these approved criteria, clinical pharmacists evaluate requests for these drugs based on clinical data, information submitted by the member's prescribing physician, and the member's available prescription drug therapy history. Their review includes a determination that there are no drug interactions or contraindications, that dosing and length of therapy are appropriate, and that other drug therapies, if necessary, were utilized.

*Without prior authorization, the member's prescription will not be covered at the retail or mail order pharmacy (see 96-Hour Temporary Supply Program on following page).* The prior authorization process may take up to two working days once *complete information* from the prescribing physician has been received. Incomplete information will result in a delayed decision.

Prior authorization approvals for some drugs may be limited to 6 to 12 months. If the prior authorization for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy after the expiration date, a new prior authorization request will need to be submitted and approved in order for coverage to continue.

Currently, the drugs listed below are a part of the prior authorization program. Prior authorization applies to all formulations of these specific drugs, including, but not limited to, tablet, capsule, and oral suspension. AcipHex®, Actiq®, Adcirca™, Afinitor®, Alodox™, Altanax™, Ambien CR®, Amerge®, Ampyra™, AMRIX®, Apidra®, Apidra® SoloSTAR®, Aplenzin™, Atacand®/Atacand HCT®, Avapro®/Avalide®, Avidoxy™DK, Axert®, AZOR®, Banzel™, Benicar®/Benicar HCT®, Bepreve™, BiDil®, Byetta®, Caduet®, Caverject®, Cayston™, Celebrex®, Cesamet®, Cialis®, Cimzia®, Colcrys™, Cozaar®/Hyzaar®, Crestor®, Daytrana™, Diabetic Test Strips (except Autodisc®, Breeze® 2, Contour®, FreeStyle Lite® and Precision Xtra®), Diovan®/Diovan HCT®, Edex®, Edluar™, Effient™, Enbrel®, Exalgo™, Exforge®, EXFORGE HCT®, Exjade®, Fanapt™, Fentora®, Flector® Patch, Forteo™, Frova®, Genotropin®, Gleevec®, Glumetza™, Humalog®, Humatrope®, Humira®, Humulin®, HYCAMTIN® Capsules, Imitrex®, Intuniv™, Invega™, Iressa®, Kapidex™, Keppra XR™, Kineret®, Lantus®, Levitra®, Lipitor®, Livalo®, Lunesta®, Lyrica®, Magnacet™, Maxalt®, Micardis®/Micardis HCT®, Mobic®, MUSE®, Nexavar®, Nexium®, Norditropin®, Noxafil®, Nucynta™, NutriDox™, Nutropin®, Nutropin AQ®, Nuvigil®, Oforta™, Omnitrope®, Onglyza™, Onsolis™, Opana®/Opana®ER, Oracea®, Pataday™, Pennsaid®, PrandiMet™, Prevacid®, Prevacid/NapraPAC®, Prilosec® Suspension, Pristiq™, Protonix®, Provigil®, Pylera™, Qualaquin®, Ranexa®, ReliOn®/Novalin®, Relpax®, Renvela®, Requip® XL™, Revatio™, Revlimid®, Rozerem™, Ryzolt™, Sabril®, Saizen®, Samsca™, Saphris®, Savella™, Seroquel XR®, Serostim®, Silenor®, Simcor®, Simponi™, Singulair®, Sprycel®, Suboxone®, Subutex®, Sumavel™, Sutent®, Symlin®, Taclonex®, Taclonex Scalp® Suspension, Tarceva®, Tassigna®, Tekturna®/Tekturna HCT®, Temodar® Oral, Teveten®/Teveten HCT®, Tev-Tropin®, Thalomid®, Toviaz™, Treximet™, Twynsta®, Tykerb®, Uloric®, Ultram® ER, Valturna®, Vectical™, Veramyst™, Viagra®, Victoza®, Vimovo™, Vimpat™, Voltaren® Gel, Votrient™, Vytorin®, Vyvanse™, Xenazine™, Xyzal®, Zelapar®, Zipsor™, Zmax™, Zolanza®, Zomig®, Zorbtive®, and Zyvox®. This list is subject to change.



## Age and gender limits

The FDA has established specific procedures that govern prescription prescribing practices. These rules are designed to prevent potential harm to patients and to ensure that the medication is being prescribed according to FDA guidelines. For example, some drugs are approved by the FDA only for individuals 14 and older, such as Ciprofloxacin®, or prescribed only for females, such as prenatal vitamins. The pharmacist's computer provides up-to-date information about FDA rules. If the member's prescription falls outside of the FDA guidelines, it will not be covered until prior authorization is obtained. The prescribing physician may request preapproval of restricted medications when medically necessary. The approval criteria for this review were developed and endorsed by the FutureScripts Pharmacy and Therapeutics Committee, which is an established group of medical directors and practicing area physicians and pharmacists. The member should contact the prescribing physician to request that he or she initiate the preapproval process. To determine if a covered prescription drug prescribed for you has an age or gender limit, call FutureScripts® at 1-888-678-7012.

## Quantity level limits

Quantity level limits are designed to allow a sufficient supply of medication based upon FDA-approved maximum daily doses and length of therapy of a particular drug. We have several different types of quantity level limits that are explained in detail below.

## Rolling 30-day period

This quantity limit is based on dosing guidelines over a rolling 30-day period. Examples of quantity level limits per rolling 30-day period are Emend® (four 125mg capsules + eight 80mg capsules or four trifold packs [one 125mg capsule + two 80mg capsules]); Boniva® (two 150mg tablets); Avonex® (one kit, four injections); Betaseron® (15 vials); Copaxone® (32 vials); Fosamax Plus D™ (five tablets); and Rebif® (12 injections); migraine drugs such as: Amerge® (nine 2.5mg tablets), Imitrex® (36 50mg tablets), Maxalt® (12 10mg tablets), Migranal® (eight 4mg nasal spray units), Stadol NS® (four 10mg units), and Zomig® (nine 5mg tablets); sedative hypnotic drugs, such as Sonata® (14 capsules) and Ambien® (14 tablets); and oral narcotic drugs such as OxyContin® (90 units), Percocet® (180 units), and Percodan® (180 units). For example, if a member went to the pharmacy on October 1, 2009, for one of these medications, the computer system would have looked back 30 days to September 1, 2009, to see how much medication was dispensed. The purpose of these limits is to make certain that these drugs are being used appropriately and to guard against overuse or stockpiling.

- **Refill too soon.** With this quantity level limit, if a member used less than 75 percent of the total day supply dispensed, the claim will be rejected at the pharmacy. This will ensure that the medication is being taken in accordance with the prescribed dose and frequency of administration.
- **Therapeutic drug class.** This quantity level limit applies to some classes of drugs, such as narcotics (i.e. short and long acting). If a member uses more than one drug within the same class, he or she may be unsafely duplicating medications and would be affected by the total quantity limits for a therapeutic drug class. Members will be able to obtain only a 30-day total supply of any combination of drugs in the same therapeutic drug class each month.

If a physician requires that a member needs a medication therapy that exceeds any of the quantity level limits described above, the physician must request a quantity limit override. The member is required to contact the prescribing physician to initiate a preapproval request for an override.

Some drugs may have a time period for quantity limit exceptions of 6 to 12 months. If the exception for a drug is limited to a certain time frame, an expiration date will be given at the time the approval is made. If the physician wants a member to continue the drug therapy that exceeds a quantity limit after the expiration date, a new request for a quantity limit exception will need to be submitted and approved in order for coverage to continue.

To determine if a covered prescription drug prescribed for you has a quantity level limit, call FutureScripts at 1-888-678-7012.

## 96-hour Temporary Supply Program

The 96-hour Temporary Supply Program applies to the following covered medications:

- Most medications that require prior authorization
- Medications that are subject to age limits (preapproval required for ages outside of recommended ranges)
- Migraine medications with quantity level limits, such as Amerge®, Imitrex®, Maxalt®, Migranal®, Stadol NS®, and Zomig® (preapproval of quantity override required for amounts over the quantity level limits)

Under the 96-hour Temporary Supply Program, if a member's doctor writes a prescription for a drug that requires prior authorization, has an age limit, or exceeds the quantity level limit for a medication, and prior authorization/pre-approval has not been obtained by the doctor, the following steps will occur:

1. The participating retail pharmacy will be instructed to release a 96-hour supply of the drug to the member with no out-of-pocket cost-sharing<sup>1</sup> at that time.
2. By the next business day, our PBM will contact the member's doctor to request that he or she submit the necessary documentation of medical necessity or medical appropriateness for review.
3. Once the completed medical documentation is received by our PBM, the review will be completed and the medication will be approved or denied.
4. If approved, the remainder of the prescription order will be filled and the appropriate prescription drug out-of-pocket cost-sharing will be applied<sup>1</sup>.
5. If denied, notification will be sent to the doctor and the member.

<sup>1</sup> Members with an integrated drug benefit (e.g., CMM and Major Medical) will pay the discounted cost of the 96-hour supply as well as the remainder of the prescription order (if approved) at the time of purchase, and the medical claim for reimbursement will be processed through standard procedures.

*Obtaining a 96-hour temporary supply does not guarantee that the prior authorization/preapproval request will be approved. Some medications are not eligible for the 96-hour temporary supply program due to packaging or other limitations such as Retin-A® (tube), Enbrel® (2-week injection kit), medroxyprogesterone acetate (monthly injectable), and erectile dysfunction drugs. Additionally, certain drugs to treat hemophilia (antihemophilic factors) are not usually purchased at the pharmacy and must be special-ordered; therefore, they are not eligible for the 96-hour temporary supply.*

## The process for requesting a prior authorization/preapproval or override is as follows:

- The physician prescribing the medication completes a prior authorization form or writes a letter of medical necessity and submits it to our PBM by fax at 215-241-3073 or 1-888-671-5285. A member's physician may request the form by calling 1-888-678-7012. Members may request the form through Customer Service on behalf of their physician, but it must be completed and submitted by the doctor.
- The PBM will review the prior authorization request or letter of medical necessity. If a clinical pharmacist cannot approve the request based on established criteria, a medical director will review the document.
- A decision is made regarding the request.

# Specialty drugs requiring precertification



All listed brand injectables and their generic equivalents require precertification. (This list is subject to change.)

## Infusion therapy drugs and medical injectable drugs

### Infusion therapy drugs

- Aldurazyme®
- Ampligen®<sup>1</sup>
- Aredia®
- Avastin®  
(except for certain ophthalmological conditions)
- Boniva®
- Ceredase®
- Cerezyme®
- Elaprase®
- Eloxatin®
- Erbitux®
- Fabrazyme®
- Herceptin®
- IVIG
- Myozyme®
- Orencia®
- Remicade®
- rituximab
- Temodar®<sup>1</sup>
- Tysabri®

### Medical injectable drugs

#### Botulinum toxin agents

- Botox®

#### Hematopoietic agents<sup>1</sup>

- Mozobil™<sup>1</sup>

#### Hyaluronate agents

- Euflexxa™
- Hyalgan®
- Orthovisc®
- Supartz®
- Synvisc®
- Synvisc-One™

#### Respiratory agents

- Synagis®

## Biotech/specialty injectable drugs

All biotech speciality injectable drugs listed are subject to applicable cost-sharing.

### Botulinum toxin agents

- Botox®
- Myobloc®

### Central nervous system agents

- Vivitrol®

### Endocrine/Metabolic agents

- Eligard®
- Faslodex®
- Lupron Depot®
- Sandostatin LAR®
- Somatuline® Depot
- Supprelin® LA
- Thyrogen®
- Trelstar®
- Vantas®
- Viadur®
- Zoladex®

### Hematopoietic agents

- Aranesp®
- Epogen®
- Leukine®
- Neulasta®

- Neumega®

- Neupogen®
- Procrit®

### Hepatitis/Interferon agents

- Alferon N®

### Hyaluronate agents

- Euflexxa™
- Hyalgan®
- Orthovisc®
- Supartz®
- Synvisc®
- Synvisc-One™

### Immunological modifiers

- Amevive™

### Intraocular agents

- Lucentis®
- Macugen®
- Vitrasert®

### Respiratory agents

- Synagis®
- Xolair®

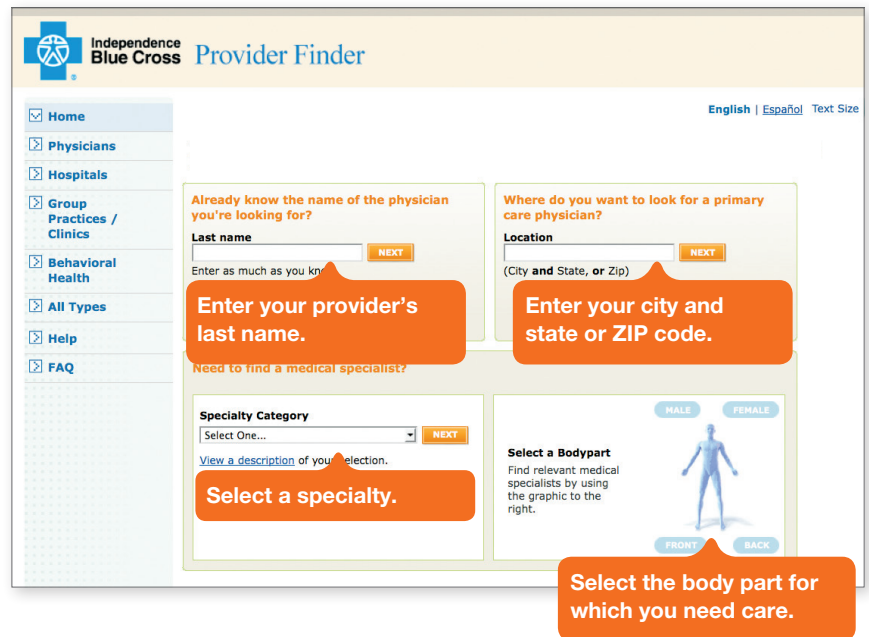
<sup>1</sup>Added to the specialty drug list effective 1/1/10.

# Find the provider that's right for you!



There are four easy ways to find a participating doctor, hospital, or other provider on [www.ibx.com](http://www.ibx.com).

1. Visit [www.ibx.com](http://www.ibx.com).
2. Look for [Find a Doctor](#) in the middle of the page.
3. Click on the drop-down arrow, and select [Doctor or Hospital](#).
4. Click on [Find Participating Doctors, Hospitals, and Ancillary Providers](#).
5. From there you'll have four ways to search for a provider:
  - last name
  - specialty by category
  - location
  - selecting a body part



## What to do when you need specialized care

You want to find the health care facility that's right for you and your condition, especially when it comes to specialized care and complex conditions. That's why the Blue Cross® and Blue Shield® Association, along with Blue plans across the country, have recognized leading centers in the treatment of certain complex conditions as Blue Distinction Centers®.

The Blue Distinction Center label helps you easily identify medical centers that have received local and national recognition for their demonstrated commitment to quality and expertise in the treatment of certain specialized and complex conditions.

Blue Distinction designations have been awarded in the areas of:

- bariatric surgery
- cardiac care
- complex and rare cancers
- transplants
- spine surgery
- hip and bone replacement

Search for Blue Distinction Centers by clicking on the drop-down arrow under [Find a Doctor](#) and selecting [Blue Distinction Center](#).

If you need help finding a doctor on [www.ibx.com](http://www.ibx.com) or searching for a Blue Distinction Center, please call Customer Service at 1-800-ASK-BLUE (1-800-275-2583).

## We're here for you every step of the way.

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.

# Health coverage for wherever life takes you!



*When it comes to good health, we understand there are no geographic boundaries. With the BlueCard® and Away From Home Care® programs offered through Keystone Health Plan East, wherever you are, access to care is just a phone call away.*

## Urgent care†

- It's not always possible to plan for your health care needs, but with Keystone Health Plan East, getting urgent care can be easy.
- When traveling across the country, we'll put you in touch with a Blue Cross® Blue Shield® traditional provider (BlueCard provider) in your travel area, so you can have access to care wherever you are. As a Keystone member, you also have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.

## Follow-up care†

- Need to receive ongoing treatment while you are away? We understand the importance of getting the care your doctor recommends.
- While you are out of your home area, you're covered for follow-up visits with a BlueCard provider in your travel area.



## Away From Home Care program guest membership

- When you know that you or a member of your family will be out of the area for at least 90 days, we'll help you apply for a guest membership with a participating HMO plan in your travel area, where available.
- The Away from Home Care program offers a comprehensive set of HMO benefits through a participating plan while away from home.

Refer to your member handbook for additional information, limitations, and restrictions regarding the BlueCard and Away from Home Care programs, or call **1-800-ASK-BLUE (1-800-275-2583)**.

†Preauthorization of care required.



We're here for you every step of the way.

[www.ibx.com](http://www.ibx.com)

Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross— independent licensees of the Blue Cross and Blue Shield Association.

# Access the Select Drug<sup>®</sup> Program formulary online

The Select Drug Program provides you with comprehensive prescription drug coverage. The program uses a formulary that provides a wide variety of prescription medications that are effective at treating your condition and keeping your costs down.

Simply log on to [www.ibxpress.com](http://www.ibxpress.com) and click on "My Benefits" to see a copy of the formulary, which is updated quarterly. While there, you'll also find helpful information on our policies and procedures. You will learn what prescription drugs require additional approval to determine coverage, as well as any drugs that are limited based on age and gender, or the quantity you may receive.

You can also request that a copy of the Select Drug Program formulary guide be mailed to you by calling Customer Service at the telephone number on your ID card.

## Manage your prescription drug program online

When you log on to [ibxpress.com](http://ibxpress.com), you will be able to:

- Check the formulary status of drugs.
- View a copy of the most recent formulary guide.
- Find formulary alternatives.
- Look up drugs by name or class.
- Locate a participating retail pharmacy.
- Compare costs of generic and brand drugs.
- Check drug-to-drug interactions.
- Access a drug dictionary.
- Reference frequently asked questions.

Simply log on to [www.ibxpress.com](http://www.ibxpress.com).  
It's that easy!



**Independence  
Blue Cross**

We're here for you every step of the way.

[www.ibx.com](http://www.ibx.com)



# Get the most from your benefits with [ibxpress.com](https://ibxpress.com)

With work, family, and friends, you don't always have the time or the resources to focus on your health. Our new and improved member website, [ibxpress.com](https://ibxpress.com), has all your benefits and claims information in one convenient location. By using the personalized tools, you can manage your health quickly and easily so that you get the most from your benefits.

## Get reliable health information

Searching for health information online can be frustrating and scary. There's so much available, how do you know what's really accurate? We've partnered with WebMD®, one of the most widely-recognized names in health information, to provide you with reliable, up-to-date information to make the decisions that are right for you.

**Provider Finder** and **Hospital Finder** help you find the participating doctors and hospitals that are best equipped to handle your needs. You can learn where your doctor went to medical school, his or her board certification, languages spoken, and more. You can compare hospitals based on experience, cost, patient satisfaction, and other factors important to you.

**Symptom Checker** provides a comprehensive tool to help you understand your symptoms – and what to do about them.

**Health Encyclopedia** provides information on more than 160 health topics and the latest news on common conditions.

**Treatment Cost Estimator** helps you estimate your costs for hundreds of common conditions – including tests, procedures, and health care visits, so you can plan and budget for your expenses.



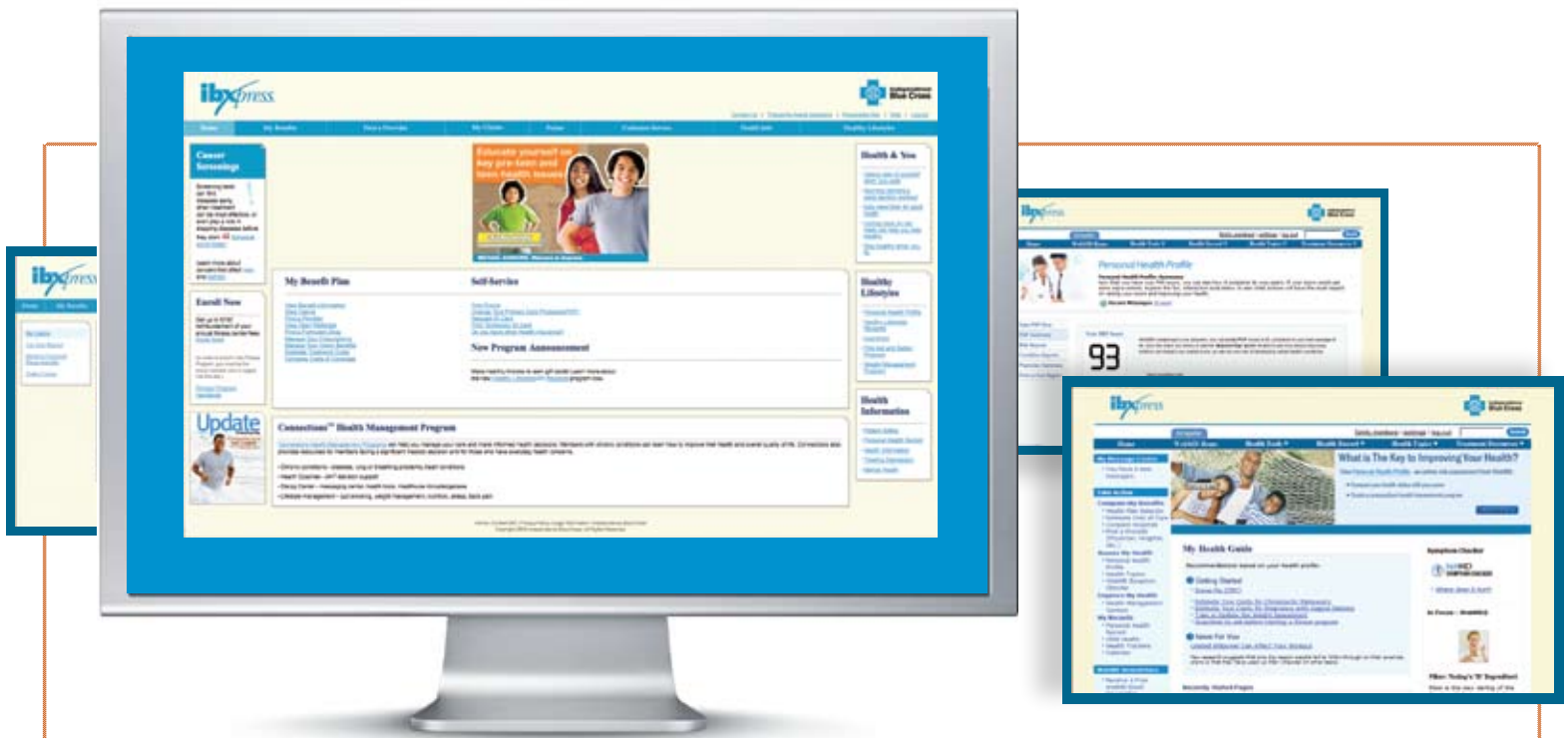
## Get help getting healthy

Making a lifestyle change like losing weight or quitting smoking may seem overwhelming and costly, but [ibxpress.com](https://ibxpress.com) provides the tools you need to get started, set reachable goals, and track your progress – all for free.

**Personal Health Profile** – This powerful health assessment tool will give you a clear picture of what you are doing right and suggest ways to stay healthy. Just answer a few questions, and you'll receive an accurate, confidential, and personalized action plan.



**Independence  
Blue Cross**



**Lifestyle Improvement Programs** – These personalized, self-paced, step-by-step programs will help you improve your health. You'll find several different programs, such as exercise, weight management, nutrition, and smoking cessation, designed to inspire and support your positive health changes. These online programs combine proven tactics with the ultimate in privacy, security, and convenience.

**Health Trackers** – Chart your progress over time to help you stay motivated. Track blood pressure, cholesterol, body fat, and other health factors. Or customize the tool by adding a new Health Tracker for additional data you want to track – like test results, number of push-ups, etc.

## Get more from your doctor's visit

You only have a few minutes with your doctor, and you want to make the most of it. Use **ibxpress.com** to help prepare for your doctor's visit so you can feel confident that you'll get the information you need to effectively manage your health.

- Learn the questions to ask, such as medication interactions and options to treat your condition.
- Organize your health information with the Personal Health Record so you can provide your doctor with your complete health history.

- Find tips on what to do if you have a limited amount of time with your doctor.
- Understand what questions your doctor may ask you about your symptoms.

## Our enhanced **ibxpress.com** still offers all the great tools you've come to know:

- Review claims and get a tax-year report.
- View the Member Payment Responsibility report, which shows how much Independence Blue Cross paid for your claims and any amounts you may owe.
- Request and print a temporary ID card.
- View and print referrals, if needed, for your health plan.

## Log on or register today!

For more information, call **215-567-4002** or **1-800-626-6076**.

**www.ibxpress.com**



Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association. WebMD is an independent company offering online health information and wellness education to Independence Blue Cross members.

# How can a Personal Health Record help me?

**It's an organized, online, and secure way of storing important medical information — all for free on [ibxpress.com](https://ibxpress.com).**

Do you remember the last time you had a physical or what your cholesterol levels are? Do you draw a blank when your doctor asks if your medication is 10 mg or 20 mg? With the private, secure, online Personal Health Record on [ibxpress.com](https://ibxpress.com), you won't have to remember anymore. The Personal Health Record will keep track of your health information for you. It will be automatically updated each time your provider submits a claim for things like office visits, surgeries, tests, immunizations, and certain lab results, like those cholesterol levels you have a hard time remembering. You can personally update your Personal Health Record with additional information such as over-the-counter medications you take so you have a complete picture of your health.

## Let us do the work for you!

Log on to [ibxpress.com](https://ibxpress.com) today and let us do the work for you. When a provider submits a claim your health information will be automatically populated in your Personal Health Record.

- **Have meaningful conversations with your doctor.** Your doctor may not have all of your health information handy, especially if you are going to a new doctor or see several doctors. Print a copy of your Personal Health Record and bring it to your next doctor's appointment. You will be prepared for any questions the doctor has about your health history and will be able to have an in-depth discussion about your health.
- **Know when it's time to put your health in check.** With all of your health information stored in one convenient location, you won't have to remember the details, and you won't have to keep track of when you need routine and preventive care. You'll get reminders to set up annual doctor's appointments and tests like routine GYN exams, immunizations, and physicals.



**Independence  
Blue Cross**



- **Reach your future health goals.** After your Personal Health Record is populated, it will feed other **ibxpress.com** applications, like Health Trackers and your Personal Health Profile. When all applications work together, you'll get online notices about your health goals, like losing weight or quitting smoking, and even be able to chart your progress all online.
- **Share with a caregiver.** If you have an elderly parent, the Personal Health Record can also be a valuable resource for a caregiver. In an emergency, a detailed record of medical conditions and medications can save valuable time.

## Feel confident that your information is secure

Only you have access to your Personal Health Record, and only you decide what you want to record. Your doctor sees personal health information only when you print it and share it. The same goes for a loved one or anyone who helps with your care. IBC complies with the provisions of the Health Insurance Portability and Accountability Act (HIPAA) and other legal requirements to keep your Personal Health Record confidential and secure.

## Get started today

To start, log on to **ibxpress.com**. After your initial visit to the site, you'll begin to see medical and pharmacy claims data and certain lab results automatically populated in your Personal Health Record. You can find your Personal Health Record through the WebMD tab.

## Log on to **ibxpress.com** and get started today.



Independence Blue Cross is an independent licensee of the Blue Cross and Blue Shield Association. WebMD is an independent company offering online health information and wellness education to Independence Blue Cross members.

The Personal Health Record should not be viewed as the single source for your medical history. The information included in the Personal Health Record is believed to be accurate at the time it is posted but is subject to change.