The Capital BlueCross identification card (ID card) is key to obtaining needed healthcare services and represents tangible proof of having healthcare coverage.

Each enrolled member receives one ID card. The cards can be delivered to you to distribute or we can deliver them directly to your employees. The choice is yours—advise your Account Executive of your group’s preference.

The member receives one integrated card for medical, dental, vision, and prescription drug coverage.

Although ID cards are quality checked for accuracy and completeness as they are produced, it is a good idea to review them. This section explains how to fix any mistakes.

This section also provides a brief summary of programs and services provided through Capital BlueCross and its family of companies.

*Shaded portions in chapters 1 through 8 apply only to large group customers such as fully-insured Experience-Rated Groups that have 100 or more enrolled subscribers, and large (100 or more) Administrative Services Only (ASO) Groups.*
Capital BlueCross Health, Prescription Drug, Dental, and Vision Coverage—One ID Card

Capital BlueCross simplifies health benefit program identification by providing one ID card for multiple programs (where permitted by regulations applicable to various programs). This ID card contains important information about who is enrolled.

Capital BlueCross member identification cards conform to the Brand Regulations set by the BlueCross BlueShield Association (BCBSA).

All BCBSA-licensed plans use cards with standardized information and appearance to help members and providers easily locate pertinent information. It also reinforces the identity of the Blue Cross and Blue Shield brands with members and providers. For our members (including Keystone Health Plan® Central), the ID card contains the following:

- **Phone Numbers**: All phone numbers, including Customer Service, are located on the card’s back right corner.

- **Web Address**: The Capital BlueCross website is listed on the card’s back right corner.

- **CVS/caremarkSM**: The CVS/caremark pharmacy claims processing information is located on the front of the card (this only prints if the member has prescription drug coverage through Capital BlueCross).

- **Dental**: Members who have a PPO dental Plan through Capital BlueCross will have “BlueCross DentalSM” indicated on the front of the card, with the BlueCross Dental claim address and BlueCross Dental Customer Service and national Dental GRID2 phone numbers printed on the back of the ID card. Members who have an HMO dental Plan through Capital BlueCross will have the same information on their ID cards, excluding the phone number for the national Dental GRID. (The phone number is displayed only when the member is enrolled for that Plan.)

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1 On behalf of Capital BlueCross, CVS/caremark assists in the administration of our prescription drug program. CVS/caremark is an independent pharmacy benefit manager.

2 On behalf of Capital BlueCross, GRID Dental Corporation provides dental network administration services. GRID Dental Corporation is an independent company.
• Vision: Members enrolled in BlueCross VisionSM will have “BlueCross VisionSM” indicated on the front of the card, with the BlueCross Vision Customer Service phone number printed on the back. (The phone number is displayed only when the member is enrolled for that benefit.)

**Capital BlueCross sends one card per member. Each member’s name appears on the card.**

Common elements for most ID cards include:

- **Member Name**: The name of the individual member enrolled for group coverage.
- **Preauthorization Indicator**: The term “Preauthorization” is shown in the upper portion of the ID card so providers of service know Preauthorization is applicable to specific services under the health benefit program.
- **Product Network Identifier**: The name of the Capital BlueCross medical program for which the member is enrolled is generally printed in the upper right of the ID card (e.g., PPO, POS, etc.). HMO program ID cards have a slightly different design. See the image in the “HMO” Product description in this chapter.
Identification Number

The unique identifying number for the enrolled member. This number has two parts: The first three characters are called the "prefix" and represent the type of health program for which the member is enrolled (e.g., “YWP” represents a PPO program); the remaining 11 characters identify the member. (If it is a dental, vision, or dental/vision only card, there will not be a prefix with the identification number.)

Group ID

A unique eight-digit identification number assigned to the organization providing coverage.

Plan

The Plan Code identifies Capital BlueCross and is used to ensure claims are properly routed to us for processing.

Primary Care Physician Information

For health programs where members select Primary Care Physicians (PCPs) (e.g., PPO Plus, POS, HMO), the name of the PCP and the PCP’s phone number are printed on the card. This assists other service providers to coordinate appropriate care with the PCP when applicable.

Copayment Amounts

Many health programs have member-paid copayment amounts for office visits and emergency room visits where hospital admission is not required. These copayment amounts are printed on the ID card. This gives providers information they need to ensure fast claims processing and payment.

- PPO members will see “Office Visit,” with the copayment amount for a Primary Care Physician, “Specialist” with the copayment amount for specialists and other office visits, “Urgent Care” with the copayment amount for Urgent Care facilities, and “Emergency Room” with the emergency room copayment amount. Depending on the member’s product, fewer copayment types could appear on the card. If a PPO member’s product includes a Primary Care Physician Cost – Share benefit, the member will see “Office Visit Plus—BDTC” as the copayment for a physician in a Capital BlueCross Accountable Care Arrangement. (This copay is less than the office visit copayment and appears underneath the Office Visit copayment.)
- PPO Plus and POS members will see “Primary Care Physician,” with the copayment amount for the selected PCP, “Specialist” with the copayment amount for specialists and other office visits, “Urgent Care” with the copayment amount for Urgent Care facilities, and “Emergency Room” with the emergency room copayment amount.

- HMO members will see “Primary Care Physician” with the copayment amount for the selected PCP, “Specialist” with the copayment amount for specialists and office visits, “Urgent Care” with the copayment amount for Urgent Care facilities, “Emergency Room” with the emergency room copayment amount, and “After Hours” with an amount for after-hours visits.

**Pharmacy Indicator**
If the group is providing pharmacy coverage through Capital BlueCross or a subsidiary of Capital BlueCross, CVS/caremark and a pharmacy group code are printed on the ID card. Separate ID cards for pharmacy programs are NOT required for our members.

**“Suitcase”**
A picture of a suitcase in the card’s lower right corner indicates to providers that the member is enrolled for a program that includes BlueCard® and Blue Cross Blue Shield Global® Core. With both programs, members have access to Blue Plan participating providers nationwide and worldwide—reducing the need for members to submit claims if services received outside the Capital BlueCross service area are rendered by Blue participating providers.

**“BlueCross Dental”**
If the group is providing BlueCross Dental coverage, and the member is enrolled in dental coverage, “BlueCross Dental” is printed on the ID card. Separate cards for dental products are NOT required for our members.

**“BlueCross Vision”**
If the group is providing BlueCross Vision coverage, and the member is enrolled in vision coverage, “BlueCross Vision” is printed on the ID card. Separate cards for vision products are NOT required for our members.
Important information for members (and providers) is printed on the back of each ID card. This may include:

- Claim filing instructions.
- Capital BlueCross Internet address.
- Toll-free member Customer Service telephone number.
- Preauthorization toll–free number.
- Behavioral health and substance abuse toll–free number.
- For members with prescription drug coverage, and HMO groups covering only diabetic supplies, the Rx Member Services toll–free number.
- The BlueCard toll–free worldwide provider locator telephone number (BCBS Global Core).
- If the group is providing a PPO dental Plan, the BlueCross Dental Customer Service telephone number is printed as well as the BlueCross Dental claim address and national Dental GRID phone number. If the group is providing an HMO dental Plan, the same information is printed on the ID cards, excluding the phone number for the national Dental GRID.
- If the group is providing vision coverage, the BlueCross Vision Customer Service telephone number is printed.
What Changes Generate New ID Cards?

Generally speaking, the following key changes generate a new ID card:

- Your group changes the type of coverage it offers: for example, from HMO to PPO.
- Your group’s Group ID (group number) is changed.
- Your group changes program benefit design, resulting in changes to the copayment amounts.
- The subscriber chooses a different product, causing a change to the prefix for the Identification Number.
- A member requests a new ID card.
- A member’s name or Identification Number changes.
- A member adds or changes a Primary Care Physician (PCP).
If There is a Mistake on the Card

Despite everyone's best efforts, sometimes an ID card contains mistakes. We make them easy to fix.

Ask each of your members to review the information on his or her ID card as soon as it is received. If any information is incomplete or incorrect, ask the member to report the correct information to you. This is your chance to review the information and update your files accordingly. These changes must come to you first.

After your review, please send the corrected ID card information to:

Capital BlueCross
Account Administration
Department 772616
Harrisburg, PA 17177–2616

If your members choose the medical POS or HMO product, but do not select a PCP (or choose an invalid PCP), Customer Service sends the member a letter asking for a valid PCP choice. The member should mark the correct PCP and return the letter to us, or the member can register for our Member Secure Services on our website and submit the correct PCP information online. Members may contact us at any time to change their PCP information.

You can contact us on the web at capbluecross.com/ContactUs/E-mailCustomerService /Employer+Secure+Communications to report mistakes, or your member can log in to a secure member portal on capbluecross.com to request a new ID card.
To Obtain Additional ID Cards

To obtain additional or replacement ID cards, contact Capital BlueCross Group Services at 1.800.541.3742 or request additional cards online at capbluecross.com/ContactUs/E-mailCustomerService/Employer+Secure+Communications. You’ll need to have the subscriber/member’s name, address, and Identification Number to request ID cards. Members also can request cards directly by calling Member Customer Service using the telephone number on the card, or registering for our Member Secure Services online and requesting additional ID cards.

When an Employee Leaves

ALWAYS cancel a terminating employee’s coverage immediately so our participating providers will know who is/is not eligible for coverage. (See the Enrolling for Coverage chapter for more information.)
Capital BlueCross’ Portfolio of Group Products and Services

Preferred Provider Organization Programs

PPO

Members can maximize their PPO product benefits by selecting their physician, specialist, hospital, or other provider from our large network and can visit a specialist without receiving a referral. PPO is issued by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross, an independent licensee of the BlueCross BlueShield Association.

PPO members are responsible for a copayment when visiting network providers for office and certain outpatient visits. Members pay an annual deductible and any applicable coinsurance (a percentage of the medical bill).

PPO typically covers the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits for illness or injury
- Preventive care (Examples are: routine physicals, annual gynecological exams, annual mammograms, well-baby care, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical supplies and equipment
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With PPO, members get the additional benefit of the BlueCard program. It permits members to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network.

For a list of Capital BlueCross participating providers and specialists, as well as BlueCard providers, please visit capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/.
CareConnectSM Gatekeeper PPO

Capital BlueCross and UPMC Pinnacle have collaborated to develop a plan that provides the high-quality benefits and services with access to the high-quality physicians and facilities of UPMC Pinnacle called CareConnect Gatekeeper PPO. CareConnect is issued by Capital Advantage Insurance Company®, a subsidiary of Capital BlueCross, an independent licensee of the BlueCross BlueShield Association.

CareConnect members will obtain the lowest out-of-pocket expenses when selecting and coordinating care with their UPMC Pinnacle PCP (Primary Care Physician). PCP services and services for which a referral are obtained will be paid at the coordinated level of payment, subject to applicable copayment and deductible amounts. Services rendered by a Capital BlueCross network provider for which no referral was obtained will be paid at the self-referred benefit level with higher copayment and deductible amounts.

Members also can receive care from out-of-network providers, reimbursable at the lowest benefit level. If a referral is obtained from the member’s PCP, payment of out-of-network services will be made at the coordinated level but the out-of-network provider has the right to balance bill the member for the difference between the allowance and the total charges. If no referral is obtained, the member will be responsible for the out-of-network benefit level and any balance over the allowance. It is important to note, Penn State Health Milton S. Hershey Medical Center, Geisinger Holy Spirit, and their affiliated physicians do not participate with CareConnect.
CareConnect typically covers the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits for illness or injury
- Preventive care (Examples are: routine physicals, annual gynecological exams, annual mammograms, well-baby care, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical supplies and equipment
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With CareConnect, members get the additional benefit of the BlueCard program. It permits members to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network. Network BlueCard services obtained without a referral from the member’s PCP will be processed at a lower benefit level. However, BlueCard emergent or urgent care do not require a referral and will be paid at the coordinated level of care. Note that additional out-of-pocket costs are incurred if the PinnacleHealth PCP does not submit a referral on the member’s behalf.

For a list of Capital BlueCross participating providers and specialists, as well as BlueCard providers, please visit capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/. Providers participating with Capital BlueCross but who require a referral for the highest level of payment will be indicated with the following symbol on the Search & Save Center.
PPO Plus

Note: No longer marketed to small groups as of January 1, 2014; however, this is available for large groups.

Our PPO Plus product is designed to give our members freedom of choice. PPO Plus is similar to the standard PPO product in that members may choose to visit any physician or hospital when seeking care. While members will save more when they choose to see a network provider, PPO Plus also offers members a chance to reduce costs even more by opting to select a PCP. PPO Plus does not require members to select a PCP, but if they do choose to select one, members pay a reduced copayment for office visits to the selected PCP. PPO Plus is issued by Capital Advantage Assurance Company, a subsidiary of Capital BlueCross, an independent licensee of the BlueCross BlueShield Association.

PPO Plus—PCP Selected

PPO Plus—No PCP Selected

PPO Plus does not require providers to issue referrals or approve specialty care. So if a member selects a PCP, the member can still seek care from any other network provider, in which case the regular copayment will apply. Members also may choose any nonnetwork provider, but member out-of-pocket expenses will be higher as a result of applicable deductibles and coinsurance.
PPO Plus typically covers the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits for illness or injury
- Preventive care (Examples are: routine physicals, annual gynecological exams, annual mammograms, well-baby care, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical supplies and equipment
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With PPO Plus, members get the additional benefit of the BlueCard program. It permits them to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network.

For a list of Capital BlueCross participating providers and specialists, as well as BlueCard providers, please visit our website, [capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/](http://capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/).
Exclusive Provider Organization (EPO) Programs

Valley Advantage EPO
Members can maximize their quality of care through their benefits by selecting their physician, specialist, hospital, or other provider from the Valley Advantage clinically integrated network and can visit a specialist without receiving a referral. This EPO, in collaboration with St. Luke’s University Health Network, is issued by Capital Advantage Assurance Company®, a subsidiary of Capital BlueCross, an independent licensee of the BlueCross BlueShield Association.

EPO members are responsible for a copayment when visiting in-network providers for office and certain outpatient visits. There are no out-of-network benefits for members with this plan. Members pay an annual deductible and any applicable coinsurance (a percentage of the medical bill).

EPO products typically cover the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits for illness or injury
- Preventive care (Examples are: routine physicals, annual gynecological exams, annual mammograms, well-baby care, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical supplies and equipment
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With this EPO, members get the additional benefit of BlueCard providers and facilities outside of Capital BlueCross’s 21-county service area. It permits members to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network.
Traditional

Note: No longer marketed to small groups as of January 1, 2014; however, this is available for large groups.

The Traditional product features comprehensive hospitalization, physician, and other health coverage benefits and is intended to provide the member with the widest possible freedom to choose a provider. Traditional is issued by Capital BlueCross and Capital Advantage Insurance Company.

Basic hospitalization coverage includes inpatient hospitalization, outpatient testing, and procedures. Outpatient surgery and other procedures, as well as inpatient medical and surgical treatment while hospitalized, are covered under basic Medical Surgical. In addition, Major Medical covers certain expenses not covered under the hospital or Medical Surgical components of the program, including physician office visits.

Traditional typically covers the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits for illness or injury
- Preventive care (Examples are: annual gynecological exams, annual mammograms, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Wellness programs

With Traditional, members get the additional benefit of the BlueCard program, allowing them to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network.

For a list of Capital BlueCross participating providers and specialists, as well as BlueCard providers, please visit capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/.
Comprehensive

**Note:** No longer marketed to small groups as of January 1, 2014; however, this is available for large groups.

Comprehensive members get exceptional value and freedom of choice while combining hospital and professional provider services into one product. Members may choose providers close to their homes from a nationwide selection of physicians, hospitals, and other providers. Comprehensive is issued by Capital Advantage Insurance Company.

Comprehensive benefits are subject to an annual deductible and coinsurance. After meeting an individual or family deductible, Comprehensive benefits cover a percentage of the Plan Allowance or the provider’s reasonable charge, whichever is less. The remaining percentage is called coinsurance. Comprehensive members pay a coinsurance percentage according to their group’s plan and benefits.

Comprehensive typically covers the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits for illness or injury
- Preventive care (Examples are: annual gynecological exams, annual mammograms, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical supplies and equipment
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With Comprehensive, members get the additional benefit of the BlueCard program. It permits members to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network.

For a list of Capital BlueCross participating providers and specialists, as well as BlueCard providers, please visit [capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/](http://capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/).
Capital BlueCross’ Consumer-Directed Health Plans

At Capital BlueCross, we have Consumer Directed Health (CDH) solutions that go beyond managing the cost of treatment when a member is ill, and encourages preventive care to help keep members healthy.

Capital BlueCross’ suite of CDH group products shares the cost of benefits between the employers and their employees with both parties contributing to the overall expense of the member's healthcare. These CDH solutions combine health insurance employers and employees can understand, with tools they can use to help manage their health plan.

With the CDH products, members share the investment in their health with their employers. Over time, this partnership will be an advantage to them both. Members become more involved in their health decisions, seeking out the most cost-effective care that provides the best long-term outcomes. This, in turn, makes employers' healthcare spending more productive and may decrease utilization and increase employee productivity in the long run.

The foundation of a consumer-directed approach starts with a proven and successful medical Plan from Capital BlueCross. We have many options to choose from including various deductible choices from our PPO product line.

Capital BlueCross’ CDH medical Plans combine comprehensive coverage with preventive care services. Members can maximize medical benefits by selecting their physician, hospital, or other provider from one of the area’s largest networks.

To help members pay for out-of-pocket medical expenses, Capital BlueCross’ CDH offers Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), and Flexible Spending Account (FSA) options. These special tax-advantage accounts allow employers to help members cover their out-of-pocket costs.
Members make decisions concerning their finances all the time, and now they can manage their healthcare with a budget just like they do for other life expenses, like buying a car, a home, or planning a vacation.

**HSA or HRA? Which Plan is Right for Me?**

<table>
<thead>
<tr>
<th>Question</th>
<th>HSA</th>
<th>HRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is it?</td>
<td>Health Savings Accounts (HSAs) are like an IRA or 401(k) account, except the money can only be used to pay for IRS-qualified healthcare expenses.</td>
<td>Health Reimbursement Arrangements (HRAs) are employer-owned funds used to reimburse employees for a portion of the deductible.</td>
</tr>
<tr>
<td>What size groups can participate?</td>
<td>Any size Employer groups.</td>
<td>Any size Employer groups.</td>
</tr>
<tr>
<td>Who contributes to the account?</td>
<td>Employer and/or employee.</td>
<td>Employer only.</td>
</tr>
<tr>
<td>Can employees take the account with them if they leave the company?</td>
<td>Yes.</td>
<td>No.</td>
</tr>
<tr>
<td>How does funding work?</td>
<td>Must be funded before reimbursements can be made from the account.</td>
<td>No prefunding required. Funds do not have to be made available until the claim is filed.</td>
</tr>
<tr>
<td>Do unused funds roll over into next year’s account?</td>
<td>Yes. Mandatory rollover.</td>
<td>Optional. The employer decides if and how much of the balance rolls over.</td>
</tr>
<tr>
<td>Question</td>
<td>HSA</td>
<td>HRA</td>
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</tr>
<tr>
<td><strong>Tax Implications</strong></td>
<td>Contributions are tax deductible for employer and can be made pre-tax by the employee for the account.</td>
<td>Reimbursements are tax deductible for the employer.</td>
</tr>
<tr>
<td>(If tax or legal advice is required, seek the services of a competent tax attorney or accountant.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Administrator</strong></td>
<td>Capital BlueCross partners with BenefitWallet®³ to provide the bank account portion of the HSA plan. However, groups have the option to select the administrator of their choice.</td>
<td>No separate administrator required. Capital BlueCross administers the HRA.</td>
</tr>
</tbody>
</table>

³ BenefitWallet® is an independent company whose products and services are not BlueCross products and services. BenefitWallet is solely responsible for these products and services.
Health Savings Account (HSA)

In order to contribute to an HSA, an individual must be covered by an Internal Revenue Service (IRS) Qualified High Deductible Health Plan (QHDHP). Capital BlueCross offers compatible QHDHP products for HSA plans.

We partner with BenefitWallet to provide the HSA portion of the plan. BenefitWallet is a Fortune 500 company and the largest administrator of HSAs in the country with more than 900,000 accounts.

Advantages of the HSA through BenefitWallet are:

- Custodial accounts (both an interest-bearing, demand-deposit account and a market-based, long-term investment vehicle for HSA balances that participants wish to invest).

- Seamless payroll integration and options for online and/or paper enrollment.

- In-depth online employer reporting.

- Investment and checking account statements.

- Communications capabilities that have demonstrated success in helping employees understand the value of an HSA and decide if a QHDHP and HSA are right for them.

- Regulatory compliance resources to address ERISA and other regulatory matters.

- Filing of tax reports with the Internal Revenue Service.

- Printing and mailing of Forms 5498 and 1099 HSA to participants.

- Low accountholder fees:
  - If the group elects for the member to pay the monthly account fee, it is $3.50 per month if the average monthly balance is below $1,000. The monthly fee is waived if the account exceeds $1,000.
  - If the group elects to pay the monthly account fee for the member, the fee is $2.25 per month regardless of the balance.
We recognize our clients might already have an existing banking relationship, so Capital BlueCross allows our qualified QHDHP customers to choose another trustee for HSA administration. However, only clients using our preferred relationship with BenefitWallet will benefit from integrated capabilities, such as online enrollment, electronic eligibility and contribution management, real-time access to account information, and cohesive co-branded member collaterals.

CDH solutions give you the power to better manage healthcare expenses. By using our online tools, you can make informed decisions to help maximize the value of your health benefits.

**Health Reimbursement Arrangement (HRA)**

An HRA is designed to assist your employees in paying their deductible (and possibly other cost-sharing amounts) by picking up a portion of their total cost share. You choose if you want the HRA to pay out before or after the employee’s portion of the deductible is met. Once any applicable deductible is met and the HRA funds have been exhausted, your Capital BlueCross medical plan will cover expenses based on the plan’s benefits.

Once a member receives a medical service, the claim is processed. The HRA is fully integrated and claims are automatically processed. Reimbursement is included with the provider payment.

All monies used for HRA reimbursements are tax-deductible for the employer.

**Advantages of an HRA**

Tax-advantaged HRA contributions are treated as a business expense, rather than employee compensation, and are not subject to Federal Insurance Contributions Act (FICA) and unemployment taxes.

As the employer, you own the funds and have complete control over how much money is available to each employee.
Flexible Spending Account (FSA)

A Flexible Spending Account (FSA) is a tax–advantaged account that can be used to pay for IRS–qualified medical or dependent care expenses. Funds are deducted from an employee’s wages before taxes, which means less taxable income for employees. An FSA is a cost–effective way to enhance your employee benefits package and lower FICA taxes. With an FSA, all unused employee funds are returned to you at the end of the year if you didn’t choose to allow your employees to rollover up to $500 in unused funds, or allow a grace period. (As of 1/1/2018, FSAs are only offered to large groups of 100 or more employees.)

Capital BlueCross offers three types of FSAs:

- Healthcare—For qualified medical, dental, and vision expenses (IRS section 213d) same as HSA.
- Limited Purpose—ONLY for qualified dental and vision expenses.
- Dependent Care—Qualified child under age 13 and/or adult dependent care expenses.

Generally, an FSA does not require a change in the health coverage you provided for your employees. However, if your company provides a high–deductible health plan that qualifies for contributions to a Health Savings Account (HSA), we also offer a limited–purpose FSA for only dental and vision expenses that can be combined with the HSA for additional pretax savings.

BenefitWallet, our preferred FSA partner, will be your FSA administrator. They provide claims substantiation, online reports, and claims eligibility research.

With Capital BlueCross’ CDH solutions, you have the key to more than just great healthcare coverage. You have access to programs aimed at helping your employees stay healthy and meet their unique needs in times of illness. By using the resources available on our website, capbluecross.com, and BenefitWallet’s website, mybenefitwallet.com, your employees can manage their family’s health as they see fit.
√ **Check Coverage**

- View the status of claims
- Verify benefits
- Confirm or change personal information
- Check deductible balances
- Check HSA, HRA, and FSA account balances
- View Explanation of Benefits (EOBs) and other benefit information

√ **Check Costs and Quality**

- Search & Save Center—One of our online suite of tools to assist members to select a provider, to understand and to compare cost, quality, and satisfaction among providers
- Rx Price Estimator—Connect with our Pharmacy Benefit Manager to estimate the cost of your prescription drugs

√ **Check Health**

At Capital BlueCross, we recognize that staying healthy is the best way to add value to your benefits and minimize out-of-pocket costs. Our website provides a variety of tools for members to learn how to maintain a healthy lifestyle.

- Assess your overall health by completing an online health assessment
- Get answers to your health-related questions
- Connect to more than 1,100 topics in the Health Information Library

√ **Check Care**

When you need information about care, you can turn to our website to help you find the care that suits you best.

- Choose healthcare providers by searching our online database of network healthcare professionals
- Reorder prescription drugs online using our home delivery option
- Access helpful information, including questions to ask your doctor, tips on managing specific conditions, and preventive care guides

In addition, through our health and wellness programs, you can take advantage of simple, easy to use health and wellness resources designed to produce measurable improvements in your personal health.

**Online or Offline, We're Here to Serve You!**

You don’t need a computer to manage your healthcare. Our outstanding service remains the same, whether contacting Capital BlueCross by phone, in person, or online.
PPO Choice

**Note:** No longer marketed as of January 1, 2016; however, this product is available for large groups.

The Preferred Provider Organization (PPO) Choice product fully covers your employees and their dependents. This product has a unique network design that provides members with an opportunity to choose a lower level of out-of-pocket costs by using selected facilities and professional providers.

Adams Berks Lancaster York

Only groups headquartered in the above-mentioned counties may purchase this Plan.

Participating facilities and professional providers in Capital BlueCross’ 21-county service area are divided into two groups. A third group consists of nonparticipating providers.

- The **Choice 1** group includes selected Capital BlueCross participating providers as well as out-of-area BCBSA contracted (BlueCard) providers. Member cost-sharing is at its lowest level for Choice 1 providers.

- The **Choice 2** group includes the remaining Capital BlueCross network providers. Members will incur a higher cost share if they choose to use these providers.

- The third group is **nonparticipating providers**. It is likely members will incur the highest cost share if they choose nonparticipating providers.

PPO Choice membership brings the value-added benefits of Capital BlueCross' unique mix of wellness programs, including Live Healthy, 24/7 Nurse Line, and access to the Search & Save Center. See Chapter 6 for more details about our wellness programs.
POS

Note: No longer marketed as of January 1, 2015; however, this product is available for large groups.

With the POS program, members maximize benefits and minimize costs by coordinating care through a PCP. Each family member selects his or her own PCP from our extensive network of physicians. The PCP is responsible for providing the member with the referrals needed to obtain care from other providers. POS is issued by Capital Advantage Insurance Company.

Members may also self-refer to receive most services at a greater out-of-pocket expense. So, while members save more when PCPs coordinate care, members still are able to receive care from any provider without first seeing their PCP.

Our POS program is designed to emphasize preventive care provided by the PCP, but allows women to self-refer to any network provider for routine gynecological services and still receive benefits as if coordinated by their PCP.

POS typically covers the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits
- Preventive care (provided by a PCP, including but not limited to: routine physicals, annual gynecological exams, annual mammograms, well-baby care, select screenings, childhood immunizations)
- Maternity and newborn care
- Disease Management for asthma, diabetes, congestive heart failure, and coronary artery disease
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home health, skilled nursing facility, and hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical equipment and supplies
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With POS, members get the additional benefit of the BlueCard program. It permits them to easily use benefits when out of town by visiting a physician or hospital in a nationwide or international network.

For a list of Capital BlueCross participating providers and specialists, as well as BlueCard providers, please visit capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/.
HMO members are required to select a PCP from our large network of providers in Central Pennsylvania and the Lehigh Valley. Each family member selects his or her own PCP from our extensive network of physicians. The PCP coordinates most of the medical services the member needs, either treating the member directly or making referrals to an appropriate specialist or hospital. HMO is issued by Keystone Health Plan Central.

Our HMO product is designed to emphasize preventive care provided by the PCP, but allows women to self-refer to any participating provider for routine gynecological services and still receive benefits as if coordinated by their PCP.

HMO members are responsible for a copayment for office visits to their PCP or to referred specialists. Some services may be subject to a coinsurance (a percentage of the medical bill) or deductible.

Members that have the HMO product with the Direct Access benefit can see participating specialists without referrals.

Note: HMO Direct Access is no longer marketed as of January 1, 2014; however, this product is available for large groups.
HMO products typically cover the services listed below (subject to applicable contract terms and exclusions):

- Physician office visits
- Preventive care (Examples are: routine physicals, annual gynecological exams, annual mammograms, well-baby care, select screenings, childhood immunizations)
- Maternity and newborn care
- Lab tests and X-rays
- Physical, occupational, and speech therapy
- Certain nutritional counseling
- Home healthcare
- Skilled nursing facility care
- Hospice care
- Outpatient and inpatient hospital services
- Emergency care
- Medical supplies and equipment
- Behavioral health services
- Substance abuse (drug and alcohol) treatment
- Wellness programs

With HMO, members get the additional benefit of the BlueCard program. It permits members to easily access benefits for emergencies or urgent care when out of town by visiting a physician or hospital in a nationwide and international network.

For a list of HMO participating providers and specialists, as well as BlueCard providers, please visit capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/.

**Prescription Coverage**

A prescription drug product is an important part of a member’s healthcare package, and Capital BlueCross, through the Capital Advantage Assurance Company, offers a variety of prescription drug benefit programs to meet members’ budgets and needs through our Pharmacy Benefit Manager, CVS/caremark. Each product features the flexibility to purchase prescriptions at retail stores (or if requested, through the mail service). Our extensive network of participating pharmacies throughout the country allows members to maximize their savings no matter where they are.

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4 On behalf of Capital BlueCross, CVS/caremark assists in the administration of our prescription drug program. CVS/caremark is an independent pharmacy benefit manager.
Prescription coverage product features:

- Team support from CVS/caremark, one of the nation’s leading independent pharmacy benefit managers.
- Toll-free customer service, available 24 hours a day, seven days a week.
- Pharmacists available via a toll-free number 24 hours a day, seven days a week for emergency consultation.
- Extensive pharmacy networks featuring most major independent and chain retailers.
- If requested, convenient Mail Service Program options.
- Point-of-Sale utilization review (at participating pharmacies) through an online system to safeguard against harmful drug interactions.

A member can go online to locate participating pharmacies, order current refills of Mail Service prescriptions, check the status of a refill, or request Mail Service envelopes and order forms. Visit the capbluecross.com website, log in, and locate your drug information.

Members can tell at a glance whether they have pharmacy coverage. If the CVS/caremark pharmacy claims processing information appears on the front of their Capital BlueCross ID cards, they have pharmacy benefits through us. (For more details, see page 2.2.)
Chapter 2–ID Cards and Products

Dental Coverage

BlueCross Dental

BlueCross Dental, offered through Capital Advantage Assurance Company, offers fee–for–service PPO Plans that allow members to receive their care from any participating provider in the BlueCross Dental network. Members can maximize their benefits by using a participating provider. If a nonparticipating provider is used, benefits may be at a reduced rate and the member may be subject to balance billing.

BlueCross Dental also offers managed care HMO dental Plans under which members must receive general dental care from their selected primary care dentist (PCD). The member’s PCD is responsible for arranging the member’s specialty care when needed.

BlueCross Dental Plans offer benefit designs ranging from coverage for diagnostic and preventive services to coverage that includes orthodontic treatment. BlueCross Dental members enjoy access to a robust national PPO network of participating providers and one of the nation’s largest regional HMO networks of participating providers.

To locate a participating dental provider go to: capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/.

Members can tell at a glance whether their coverage includes dental. If “BlueCross Dental℠” appears on the front of their Capital BlueCross ID cards, and the BlueCross Dental Customer Service phone number appears on the back of the card, they have coverage. The back of the card contains the BlueCross Dental claim address. If dental coverage is the only coverage, members are issued ID cards like the one shown.
Pediatric Dental Coverage (for Small Groups only)

The Patient Protection and Affordable Care Act (PPACA) requires every individual who obtains healthcare coverage through a small-group employer (fewer than 51 employees) to have PPACA-certified pediatric dental coverage. Pediatric dental services are defined as standard dental procedures and medically necessary orthodontia care. The requirement applies even if the individual does not have any dependent children. All Capital BlueCross Small Group medical Plans have the required pediatric dental benefits already embedded in the product, so it is no longer necessary to purchase an additional standalone dental plan.
Vision Coverage

BlueCross Vision is offered through Capital Advantage Assurance Company. Members can access the BlueCross Vision provider network available through National Vision Administrators (NVA).

Members can tell at a glance whether their coverage includes routine vision care. If “BlueCross Vision" appears on the front of their Capital BlueCross ID cards and the BlueCross Vision phone number appears on the back of the card, they have routine vision benefits. If vision coverage is the only coverage, the members are issued ID cards like the one shown.

To locate a participating vision provider, go to: capbluecross.com/wps/portal/cbc/FindADoctor/FindADoctorExt/.

Pediatric Vision Coverage (for Small Groups only)

PPACA requires all small groups (fewer than 51 employees) to include coverage for pediatric vision for their members. Capital BlueCross has added the required pediatric vision coverage to all of our small group medical Plans. Pediatric vision services are defined as an annual eye exam plus materials. Eligibility is limited to dependents (as defined in the medical policy) under the age of 19.

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5 On behalf of Capital BlueCross, National Vision Administrators, LLC (NVA) provides the network and assists in the administration of network management services for the BlueCross Vision benefits program. NVA is an independent company.
Programs for Medicare-Eligibles

SeniorSM

Our Senior supplemental products provide retiree group customers with a choice of designs to meet the needs of group members who are eligible and enrolled in Medicare hospital and physician insurance programs. Senior is issued by Capital Advantage Assurance Company.

Senior products complement Medicare programs by providing benefits in addition to the services covered by Medicare for retirees.

Members must be enrolled in both Medicare Part A (hospital insurance) and Medicare Part B (medical insurance) to be eligible for a Senior product. This product should not be selected for members for whom Medicare is appropriately the secondary payer under the MSP Laws. (For additional information, see the Medicare Secondary Payer Laws section in Chapter 1.) Actively working employees are not eligible for this product coverage.
BlueJourney HMO

BlueJourney HMO is a Medicare Advantage HMO offered and issued by Keystone Health Plan Central, Inc., a Capital BlueCross company, under contract with CMS, the federal agency responsible for administering Medicare.

BlueJourney HMO provides extra health coverage protection—including product designs incorporating Medicare Part D prescription drug benefits—beyond original Medicare Part A and Part B benefits. BlueJourney HMO is available with and without CMS-approved prescription drug plans that meet Medicare Part D requirements. When enrolling in BlueJourney HMO, applicants transfer the administration of their original Medicare benefits from the government to our Medicare Advantage HMO. Applicants enrolling in BlueJourney HMO must meet the following three federal requirements:

1. An applicant must permanently reside in the BlueJourney HMO service area approved by CMS (exceptions apply).

2. An applicant must be entitled to Medicare Part A (hospital) and enrolled in Medicare Part B (medical insurance). If the applicant has Part B coverage only (i.e., is not automatically entitled to Part A), he or she must purchase Part A coverage through Social Security (exceptions apply).

3. An applicant must not currently have End Stage Renal Disease (ESRD) requiring regular kidney dialysis. This does not apply if the applicant is currently a non-Medicare member under the Keystone Health Plan Central HMO product.

BlueJourney HMO includes valuable features such as:

- No deductibles.

- Low out-of-pocket expenses.

- Virtually no claims paperwork to complete or submit.

- One of the area’s most extensive provider networks.
• Freedom to choose a PCP listed in the BlueJourney HMO Provider Directory (located at capitalbluemedicare.com).

• Freedom to change a PCP.

• The option to receive a second opinion.

• Ability of members to self-refer to a network provider.

• All original Medicare benefits.

• Easy access to health education programs and preventive health information.

• 24-hour emergency coverage anywhere in the world.

• Toll-free Customer Service support.

BlueJourney HMO groups have the option of selecting BlueCross Dental and/or BlueCross Vision products (members can tell at a glance whether their coverage includes BlueCross Dental and/or BlueCross Vision coverage—“BlueCross Dental” and/or “BlueCross Vision” appears on the front of the ID card, and the dental and vision toll-free telephone numbers appear on the back of the card).

BlueJourney HMO is available in the following counties:

Adams  Lehigh
Berks   Mifflin
Centre  Montour
Columbia Northampton
Cumberland Northumberland
Dauphin Perry
Franklin Schuylkill
Fulton Snyder
Juniata Union
Lancaster York
Lebanon
BlueJourney PPO

The medical benefits your Medicare-eligible employees and retirees need are available now with BlueJourney PPO—a Medicare Advantage PPO Plan offered and issued by Capital Advantage Insurance Company, a Capital BlueCross company, under contract with CMS, the federal agency responsible for administering the Medicare program.

BlueJourney PPO provides additional health coverage protection, with product designs incorporating Medicare Part D prescription drug benefits. BlueJourney PPO is available with and without CMS-approved prescription drug plans that meet Medicare Part D requirements.

Applicants who are entitled to Medicare Part A (hospital insurance), enrolled in Medicare Part B (medical insurance), and meet other federal requirements, can enroll for BlueJourney PPO. When enrolling in BlueJourney PPO, applicants transfer the administration of their original Medicare benefits from the government to our Medicare Advantage PPO.

Applicants enrolling in BlueJourney PPO must meet the following three federal requirements:

1. An applicant must permanently reside in the BlueJourney PPO service area approved by CMS (exceptions apply).

2. An applicant must be entitled to Medicare Part A and enrolled in Medicare Part B. If the applicant has Part B coverage only (i.e., is not automatically entitled to Medicare Part A), he or she must purchase Part A through Social Security (exceptions apply).

3. An applicant must not currently have ESRD requiring regular kidney dialysis. This does not apply if the applicant is currently a non-Medicare member under the Capital Advantage Insurance Company.
By choosing BlueJourney PPO, groups choose a health Plan that provides all the benefits for medically necessary services covered by original Medicare, including:

- Regular doctor visits with a low copayment amount.
- Visits to specialists with a low copayment amount.
- Hospitalization benefits.
- 24-hour emergency care.
- And more . . .

BlueJourney PPO offers:

**Broad Network of Providers**

Chances are your member’s doctor or hospital is already in the BlueJourney PPO network of participating providers. Even if a doctor isn’t in our network, BlueJourney PPO lets members access the care from any doctor they choose. To maximize benefits and limit out-of-pocket expenses, members use BlueJourney PPO participating providers. Doctor’s visits to a Plan provider are covered with a low copayment. See [capitalbluemedicare.com](http://capitalbluemedicare.com) for BlueJourney PPO network information.

**Freedom to Choose Physicians**

All the benefits that original Medicare provides and the additional benefits provided by BlueJourney PPO are services members can receive from any physician they choose. If the member’s doctor determines the member needs a hospital stay or orders diagnostic tests (such as X-rays or lab tests) that are medically necessary, BlueJourney PPO will cover the expenses, subject to the applicable program deductible, coinsurance, or copayment and subject to applicable Preauthorization requirements.

**Quality Service**

Case management nurses follow member treatment when necessary to help ensure member needs are met.

**Preventive Benefits**

BlueJourney PPO provides coverage for preventive care, such as routine physicals and flu shots.
BlueJourney PPO groups have the option of selecting BlueCross Dental and/or BlueCross Vision products (members can tell at a glance whether their coverage includes BlueCross Dental and/or BlueCross Vision coverage—"BlueCross Dental" and/or "BlueCross Vision" appears on the front of the ID card, and the dental and vision toll-free telephone numbers appear on the back of the card).

BlueJourney PPO provides extra health coverage protection—including product designs incorporating Medicare Part D prescription drug benefits—beyond original Medicare Part A and Part B benefits and is available in the following counties:

- Adams
- Berks
- Centre
- Columbia
- Cumberland
- Dauphin
- Franklin
- Fulton
- Juniata
- Lancaster
- Lebanon
- Lehigh
- Mifflin
- Montour
- Northampton
- Northumberland
- Perry
- Schuylkill
- Snyder
- Union
- York
Other Services

Medicare Part D Prescription Drug Coverage (PDP)

Capital BlueCross has made arrangements with Avalon® Insurance Company to offer Medicare Part D prescription drug coverage. For more information, please call 1.888.839.7330.

Blue Cross Blue Shield Global® Health Plans

The BlueCross BlueShield Association has supplemental travel medical plan coverage available for your business professionals who travel the world. These international products offered by GeoBlue® are branded as Blue Cross Blue Shield Global health coverage.

Travelling professionals enjoy:

- Around-the-clock phone, web, and mobile support.
- Quick access to trusted doctors and hospitals.
- Paperless claims resolution.

When your employees connect with the GeoBlue site, there is a wealth of information available such as phone numbers for medical assistance or to speak to a specialist, links to find a doctor, schedule an appointment, arrange direct billing, and more. There is also a section for alerts and advice regarding international travel. A mobile application allows your employees to take their information around the world. Go to bcbs.com/employers and from this page click the GeoBlue link to select the plan that best suits your employer (or employee) needs.

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6 GeoBlue® is a trade name of Worldwide Insurance Services, LLC, an independent licensee of the BlueCross BlueShield Association.