

Not Just Coverage. Confidence.



Your Benefit Plan Details

Group Name

The U.A. Local 13

Plan Type

Signature Hybrid 1

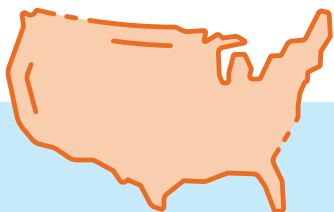


Everybody Benefits

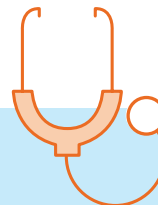
Welcome to Excellus BlueCross BlueShield!

Getting the most from your health plan is more important than ever. Excellus BCBS is here to bring together the coverage, programs and resources you need to be on your way to total physical, emotional and financial wellbeing.

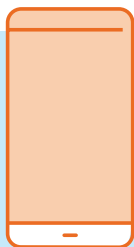
You can count on your Excellus BCBS plan for care when and where you need it:



The area's **largest network of doctors and hospitals**, with greater access close to home and in all 50 states



\$0 copays for most preventive services such as an annual routine physical exam*, select vaccines, and important health screenings



Free digital support tools for answers anytime, anywhere, such as:

- Online member account
- Mobile app
- Estimate out-of-pocket medical costs
- Find a doctor, specialist or facility that accepts your plan

Find more answers and support at [ExcellusBCBS.com](https://www.ExcellusBCBS.com)

In this booklet you will find:

- A chart that summarizes this plan's unique benefits and coverage**
- Helpful information to help you get the most from your plan
- A glossary of terms to help you understand your coverage and options

* Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.

**This benefit summary is not a contract or binding agreement; it is a summary of benefits and services.

The U.A. Local 13

Signature Hybrid 1

Plan Features

Primary Care Physician (PCP)	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Not Covered
Coverage Period	05/01/25-04/30/26
Office visit copay (Primary Care Physician)	\$40
Office visit copay (Specialist)	\$60
Coinsurance	In Network: 20%; Out of Network: 40%
Deductible	In Network: \$1,500 Single/\$4,500 Fam; OON: \$3,000 Single/\$9,000 Fam
Out of pocket maximum	In Network: \$4,000 Single/\$12,000 Fam; OON: \$8,000 Single/\$24,000 Fam
Lifetime maximum	None

Questions? For assistance call (800) 499-1275,
Call our TTYphone at 1 (800) 421-1220,
or visit us at ExcellusBCBS.com



The U.A. Local 13

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$1,500	\$3,000	
Deductible - Family	\$4,500	\$9,000	Each individual does not exceed the single deductible.
Deductible Aggregation - Single and Family			Each family member is only subject to the single Deductible and any combination of family members can satisfy the family Deductible as long as one individual does not meet more than the single deductible. Individual
Coinsurance	20%	40%	
Annual Out of Pocket Maximum - Single	\$4,000	\$8,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$12,000	\$24,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum Aggregation - Single and Family			Each family member is only subject to the single Annual Out of Pocket Maximum any combination of family members can satisfy the family Annual Out of Pocket Maximum. Individual

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	\$40 Copayment	40% Coinsurance Subject to Deductible	
Cost Share - Specialist	\$60 Copayment	40% Coinsurance Subject to Deductible	
Cost Share - Sick Kids	\$0 Copayment	40% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Plan Year Benefits
Diabetic Preauthorization and Step Therapy			Applies

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Not Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Substance Use Detoxification	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Skilled Nursing Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Days per plan year Limits are combined INN and OON.
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	60 Days per plan year Limits are combined INN and OON.
Maternity Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - 20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,500 Deductible	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	\$60 Copayment	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	Covered in Full	40% Coinsurance Subject to Deductible	
Radiation Therapy	\$60 Copayment	40% Coinsurance Subject to Deductible	
Chemotherapy	\$40 Copayment	40% Coinsurance Subject to Deductible	
Infusion Therapy Outpatient	Covered in Full	25% Coinsurance Subject to Deductible	Cost share applies to licensed services and infusion therapy separately.
Dialysis	Covered in Full	40% Coinsurance Subject to Deductible	
Mental Health Care	\$40 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	\$40 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	Covered in Full	25% Coinsurance Subject to \$50 Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).
Home Infusion Therapy	Covered in Full	25% Coinsurance Subject to \$50 Deductible	

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	Covered in Full	40% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP - \$40 Copayment Specialist - \$60 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - \$40 Copayment	40% Coinsurance Subject to Deductible	
Infusion Therapy Services	PCP/Specialist - Covered in Full	25% Coinsurance Subject to Deductible	Cost share applies to licensed services and infusion therapy separately.
Dialysis	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - \$40 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	\$0 Kids Copay applies to PCP and Specialist
Maternity Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Telehealth	PCP - \$40 Copayment Specialist - \$60 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - Covered in Full \$0 PCP Copay for members to age 19.	Not Covered	Covers online internet consultations between the member and the providers who participate in our Telemedicine MDLive and, if applicable, Vori Health Program for medical, behavioral health, and physical therapy conditions that are not emergency conditions.
Chiropractic Care	PCP/Specialist - \$40 Copayment	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Allergy Testing	PCP - \$40 Copayment Specialist - \$60 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	1 Exam per plan year Limits are combined INN and OON.

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	\$60 Copayment	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	\$60 Copayment	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	\$60 Copayment	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	45 Visits per plan year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per calendar year
Adult Immunizations	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	0% Coinsurance	
Routine GYN Visit	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	\$60 Copayment	40% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Preventive	N/A	N/A	
Treatment of Diabetes - Non-Insulin Drugs and Supplies	PCP/Specialist - \$40 Copayment	40% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Treatment of Diabetes - Insulin	PCP/Specialist - \$0 Copayment	40% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Diabetic Equipment	PCP/Specialist - \$40 Copayment	40% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Medical Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	10 Visits per contract year
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Diagnoses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Reimbursement for Travel and Lodging Expenses	PCP/Specialist - Covered	Covered	\$4,000 Reimbursement Per Plan Year Reimbursement is available for travel and lodging to another state to access covered services when access to covered services is not available due to a law or regulation in the state where the member resides.

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	\$350 Copayment	\$350 Copayment	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	\$350 Copayment	\$350 Copayment	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	\$60 Copayment	40% Coinsurance Subject to Deductible	

Total Health Management Programs

Wellness Programs

Benefit Name	In Network	Out of Network	Limits and Additional Information
Wellbeing Program			A wellbeing program that encourages members to take a more active role in managing their health and wellness. Members can participate in and complete a certified health risk assessment, various wellness and gamification-style activities, including challenges, health journeys, daily cards, healthy habit tracking and more that motivates them to focus on their total health and wellbeing. ThriveWell
Certified Partners			Headspace: Transform your employees' health and happiness with Headspace's mindfulness training integrated with Personify Health, so you can help your employees manage everything from stress and anxiety to focus and sleep.

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Pediatric Eye Exams - Routine	\$60 Copayment	40% Coinsurance Subject to Deductible	1 Exam per contract year
Pediatric Eyewear - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Pair Every 2 plan years
Adult Eye Exams - Routine	\$60 Copayment	40% Coinsurance Subject to Deductible	1 Exam per contract year
Adult Eyewear - Routine	Covered	Covered	\$60 Reimbursement Every 2 plan years

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			\$10/\$50/\$100, \$0 Gen for Kids \$0

Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.



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Register now for free to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Excellus BlueCross BlueShield member card to get started.

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Exclusive savings from



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Take Your Coverage Wherever Life Takes You

With access to the largest provider network in the world, your Excellus BlueCross BlueShield plan offers a world of options. Our members have access to medical assistance services, doctors, and hospitals in all 50 states and more than 200 countries and territories around the world. Whether you live, work or travel across the country or across the globe, you can have confidence knowing that quality care can be accessed wherever and whenever you need it. And in most cases, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals.

BlueCard® for Coverage in the United States

- Always carry your current member ID card.
- Visit ExcellusBCBS.com/FindaDoctor or download the **Excellus BCBS mobile app** to find a provider or medical facility near you. You'll be able to narrow your search by ZIP code, county, specialty, or even doctor's name. For personalized results based on your plan, sign into the tool as a member.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call us for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member card.
- When you arrive at the participating doctor's office or hospital, show the provider your member card so they can identify your benefit level.

After you receive care in the U.S., you should:

1

Not have to complete any claim forms.

2

Not have to pay upfront for medical services, except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay.

3

Receive an explanation of benefits from Excellus BCBS.





Blue Cross Blue Shield Global® Core for International Coverage

- Always carry your current member ID card.
- Before you travel, contact Excellus BCBS for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Blue Cross Blue Shield Global Core Service Center (see number below) or use the Global Core mobile app to locate providers. An assistance coordinator, in conjunction with a medical professional, can arrange a physician appointment or hospitalization, if necessary. **If it's an emergency, go directly to the nearest hospital.**

Inpatient claims: Call the Blue Cross Blue Shield Global Core Service Center if you need inpatient care to arrange direct billing.

- In most cases, you should not need to pay upfront for inpatient care at Blue Cross Blue Shield Global Core hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting Blue Cross Blue Shield Global Core, call Excellus BCBS for precertification or preauthorization. Refer to the phone number on the back of your member card.

Professional claims: You may need to pay upfront for outpatient and doctor care, or inpatient care not arranged through the Service Center. Visit [BCBSGlobalCore.com/claims](https://www.bcbsglobalcore.com/claims) to file an eClaim or to download a blank international claim form.

Contact Blue Cross Blue Shield Global Core

If you have questions about Blue Cross Blue Shield Global Core or need medical care while abroad, call **+1.800.810.BLUE (2583)** or collect at **+1.804.673.1177**.

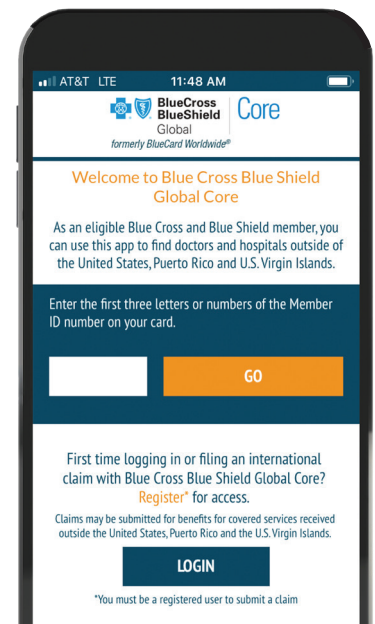
Download

The Excellus BCBS and Blue Cross Blue Shield Global Core mobile apps are available for Apple and Android devices. Visit the appropriate app store to download the latest apps for your device.



The Global Core app allows you to:

- Search providers for medical, dental, or mental health care **and map them using GPS technology.**
- Find a medication's **availability, generic name, and local brand name.**
- Access embassy information including location, contact, and GPS technology.
- Translate medical terms and phrases **for many symptoms and situations; use the audio feature to play the translation.**
- File International Claims conveniently and securely.



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Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

EVERYTHING YOU NEED IN A SINGLE ONLINE SEARCH

FIND DOCTORS. COMPARE COSTS. CONNECT WITH CONFIDENCE.

Our online search tool lets you estimate medical costs and find providers in your neighborhood and across the country. Now you can connect more quickly to care and better plan for medical expenses.

Are you a caregiver? Learn how to get access to estimate medical costs for those you care for.

LOG IN FOR RESULTS
PERSONALIZED TO
YOUR PLAN, SPENDING,
AND DEDUCTIBLE.



FIND A DOCTOR WHO FITS ALL YOUR NEEDS

-  Search doctors, specialists, urgent care, hospitals, and more in our local and national networks
-  Filter results by specialty, languages spoken, if accepting new patients, and more
-  See a side-by-side comparison of providers and create a PDF of results to save, share, or print
-  Share your experiences by reading and leaving provider reviews

ESTIMATE COSTS TO HELP BUDGET FOR EXPENSES

-  Log in for estimated out-of-pocket medical costs based on your year-to-date spending and deductible
-  Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures
-  Filter results by cost, treatments provided, location, and more
-  Access treatment timelines to understand the stages of care and costs

Get started at ExcellusBCBS.com/FindCare



Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans.

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Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

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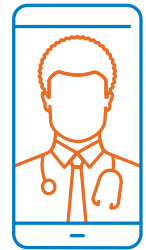
Benefits with your Excellus BlueCross BlueShield Membership



Telemedicine

On demand access to affordable, quality health care. Anytime, anywhere!

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, office, or on-the-go. Through our partnership with **MDLIVE** and **Vori Health**, you'll receive the same quality of care you receive from your own doctor, via your phone, tablet, or computer.



When to use telemedicine:

- 24/7/365
- If your primary care doctor is not available
- Instead of going to the ER or an urgent care center (for non-emergency issues)
- If traveling and in need of medical care

Visit ExcellusBCBS.com/Telemedicine or call 1-866-692-5045 for more information and instructions.

Emergency room vs. urgent care

Understanding the difference

For injuries that need immediate attention but are not serious or life threatening, consider going to an urgent care facility. With urgent care, you get immediate care, often without the wait or rush that can come when the emergency room is busy. Plus, it usually costs much less than the emergency room.

Urgent care centers can do x-rays, lab work and other diagnostic tests.

Visit ExcellusBCBS.com/UrgentCare to find an Urgent Care location.

Urgent care is ideal for:

- Minor cuts, bruises or burns
- Broken bones, muscle strains or sprains
- Sore throat, cold and flu treatment
- Ear infections



Go to the emergency room immediately for:

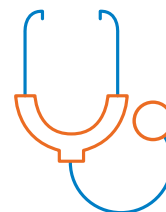
- Any life threatening injury
- Behavioral conditions that endanger the person or others
- Serious problems with a person's bodily functions
- Loss of limb, puncture wounds or deep cuts



Preventive care

Preventive care can help you stay healthy and reduce your risks for certain illnesses. The following preventive services are covered in full by your Excellus BCBS insurance plan:

- Annual adult physical examinations
- Well-baby and well-child care
- Well-woman examinations
- Adult immunizations
- Mammograms
- Family planning and reproductive health services
- Bone mineral density measurements or testing



Visit [ExcellusBCBS.com/PreventiveCare](https://www.ExcellusBCBS.com/PreventiveCare) to learn more about these and other services available to you.

Member tools and resources

ThriveWellSM

A digital homebase for your health and wellbeing. Our partnership with Virgin Pulse will give you the tools and support you need to make small, everyday changes to your wellbeing that are focused on the areas you want to improve the most. You'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.

Within ThriveWell, you can:

- See a clear picture of your health with a certified Health Risk Assessment Health Check.
- Connect with up to 10 others to help encourage and motivate one another.
- Connect a fitness tracker so you can log your activity and watch for small improvements over time.
- And more!

Estimate medical costs

Estimate medical costs to help plan for out-of-pocket expenses and make informed health care decisions, plus find doctors in one easy-to-use search tool.

- Find out how much you'll need to pay out-of-pocket based on your current benefits and cost sharing amounts
- Sort provider results by cost, distance and number of treatments

Blue365[®]

Blue 365[®] offers great deals to keep you healthy and happy every day of the year, all included as part of your Excellus BCBS membership. You can save money with exclusive discounts at top health and wellness retailers around the county.

Mom's Meals[®]

Providing access to healthy food options after a hospital discharge has been shown to lower the chances a member will be readmitted. To support the recovery following an observation, inpatient acute or skilled nursing facility stay members can receive up to two free home-delivered meals per day for 7 days.

Fitness Your Way[™]

FitnessYour Way[™] by Tivity Health[™], can help you meet your fitness goals while staying on budget and fitting in to your busy schedule! FitnessYour Way offers access to 10,000+ different fitness locations for just \$29 a month.*

Log into your member account to get started. [Member.Excellus.com](https://www.Member.Excellus.com)

*See program details for complete pricing information.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association. Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex. Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

Virgin Pulse is an independent company and offers a digital wellbeing service on behalf of Excellus BCBS.

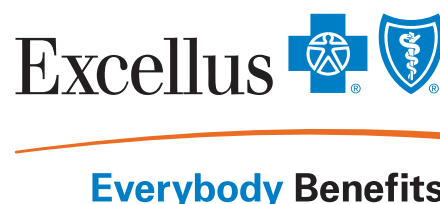
MDLIVE is an independent company, offering telehealth services in the Excellus BCBS service area.

Vori Health is an independent company that offers virtual musculoskeletal (back, neck and joint) health care and physical therapy services to Excellus BCBS members.

Mom's Meals is an independent company that provides home delivered meals and nutritional services to Excellus BCBS members. Available as a buy-up for all PPO plans.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取

B-5912 / 19197-24M



It's your plan. Get more out of it online.

When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to all your benefits, tools, member-only resources and more.



Member Card(s)

View or order



Claims

Submit, view and download



Find Providers

Find in-network doctors or specialists



Costs and Spending

Estimate medical costs, track deductibles, and view out-of-pocket spending



Benefits and Coverage

View a summary



Get Rewards

Access available spending and rewards programs



Go Paperless

Receive available documents electronically.

Register or log in today

Visit ExcellusBCBS.com



Scan the QR code with your smartphone camera

Take your plan with you 24/7

Download the app!

5 easy steps

It's easy to get started with an online member account.

1.

Have your member card handy

2.

Visit our website or download our app

3.

Complete registration

4.

Choose username and password

5.

Verify your email

(Tip: an email will be sent to you during registration)

New member? Or new plan year?

You can register and log in prior to your effective date with limited access to your online account tools until after your effective date.

Thank you for being an Excellus BCBS member!

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B-7184/17544-23M

A11yCS091423



PRESCRIPTION HOME DELIVERY

SIGNING UP IS AS EASY AS 1, 2, 3



STEP
1



Call a pharmacy

Wegmans Home Delivery: (800) 586-6910

or visit Wegmans.com/Pharmacy

Express Scripts: (855) 315-5220

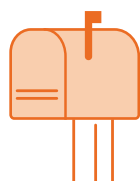
or visit Express-Scripts.com

STEP
2



Speak to a representative

STEP
3



Rx delivered right to your mailbox

Consider home delivery if you:

- Would like to receive a 90-day supply all at once.
- Take the same medication(s) every month.
- Need help managing your family's prescriptions.



Home delivery of prescriptions is safe and confidential

- ✓ Insulated packaging protects your medications from the sun, rain and cold.
- ✓ Discreet packaging does not reveal contents.
- ✓ Delivery straight to your mailbox.

Automatic refill option. Free standard shipping. Express delivery available. Pharmacists available to answer questions.
Call today!

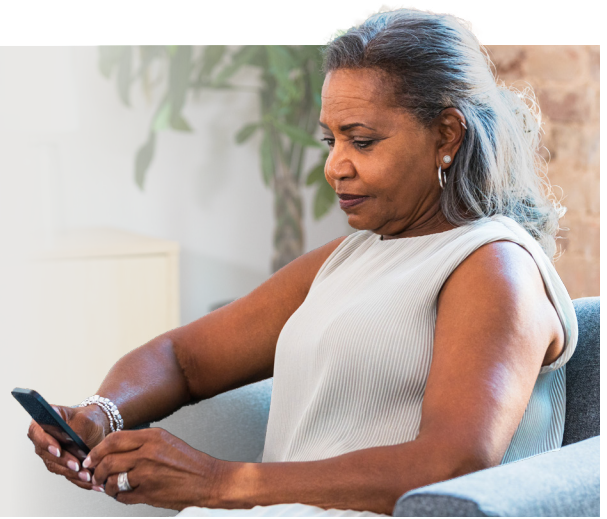
Excellus   | **Everybody
Benefits**

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B-6342/17934-23Rx REV 07/23

Help employees manage everything from stress and anxiety to focus and sleep

Stress takes a big toll on a person's mental, physical, and emotional health. That's why we're offering* an innovative resource to help employees better manage stress and overall wellbeing.



Headspace for Work and Home

This mental health benefit creates lasting change for organizations looking to improve employee happiness and workforce performance while cultivating a culture of mindfulness. The science-based app offers your team access to hundreds of meditations and exercises for stress, focus, sleep, and movement. Our partnership with Virgin Pulse provides for curated access to Headspace. With Headspace, employers can encourage healthy habit-building and cultivate better resilience among employees.



- Learn to manage feelings and thoughts with everyday mindfulness
- Includes preventive support for stress, anxiety, depression, and more
- Boost focus with music and meditations
- Better sleep with sleepcasts, music, and other unique audio experiences
- Get moving with exercises to strengthen mental and physical wellbeing
- Connect with inclusive content and stories

Users reported:

REDUCED STRESS

32%

less stress after 30 days of Headspace¹

IMPROVED FOCUS

22%

less mind-wandering after one session of Headspace²

DECREASED DEPRESSION AND ANXIETY SYMPTOMS

29%

decrease in depressive symptoms after eight weeks of Headspace³

19%

decrease in anxiety symptoms after eight weeks of Headspace³

To learn more about how Headspace can support overall wellbeing, talk to your broker or Excellus BCBS Account Manager today.

¹ Headspace peer-reviewed paper in PLOS One

² Department of Psychology, University of Southern Denmark

³ Headspace peer-reviewed paper in American Psychological Association

Subject to DFS approval

*Embedded for all Fully Insured Large Group plans with the exception of Minimum Premium arrangements. Buy-up option available for Minimum Premium and Self-Funded group plans.

Headspace is a preferred partner of Virgin Pulse, offering a meditation app to our members. Virgin Pulse is independent of Excellus BCBS.

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B-8366 / 18276-23M



Everybody Benefits

THE DOCTOR WILL SEE YOU NOW. WHEREVER. WHENEVER.

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE app.**

Rest assured, our health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

When do you use telemedicine?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling for work or on vacation

Here are some of the common medical conditions treated with telemedicine:

Adults

- Allergies
- Cold and Flu
- Ear Infections
- Fever
- Headache
- Joint Aches and Pains
- Nausea and Vomiting
- Pink Eye
- Rashes
- Sinus Infections
- Sunburn
- Urinary Tract Infections*

Children

- Cold and Flu
- Constipation
- Earache*
- Fever*
- Nausea and Vomiting
- Pink Eye

*MDLIVE does not provide support for urinary tract infections in males; does not provide support for earache conditions for children under 12 years old; does not provide support for fever-related conditions for children under 3 years old.

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Telemedicine is good for the mind as well as the body.

In addition to whenever, wherever access to medical doctors, you can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of your own home. You can even schedule recurring appointments to establish an ongoing relationship with one therapist.

Here are some conditions people rely on behavioral health telemedicine for:

- Addiction
- Eating Disorders
- Panic Disorders
- Bipolar Disorders
- Grief and Loss
- Stress
- Depression
- LGBTQ Support
- Trauma and PTSD

Telemedicine visits with MDLIVE may be covered in the following ways:

Plan Type	Telemedicine Cost Share
Copay	Covered in full
Hybrid / Deductible Non-HSA	If your doctor's visits are subject to deductible, a telemedicine visit will be covered in full after deductible
	If your doctor's visits are a copay with no deductible, a telemedicine visit will be covered in full
Deductible HSA	Covered in full after deductible
<i>Note: This is not a contract. It is intended to highlight the coverage for most plan options. Please refer to your contract for your plan's benefits.</i>	

*If you haven't met your deductible, you will pay the allowable charge of \$50. The allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$180. This means a member who has not met their deductible will not pay more than \$180.

Don't wait until you need it. There are four easy ways to activate telemedicine today.

WEB - Register/Log in at ExcellusBCBS.com/Member

APP - Download the MDLIVE app

TEXT - EXCELLUS to 635483 (Message and data rates may apply.)

VOICE - Call 1-866-692-5045

¹ "New medical cost savings program: Telemedicine means great discounts." R. Schultz, January 9, 2010.

² Based on MDLIVE data, 2016.

³ Based on New York State Department of Health data, 2016.

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MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use and privacy policy, please visit www.mdlive.com/terms-of-use and www.mdlive.com/privacy-policy. MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

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DID YOU KNOW?



of doctor's office visits could be handled over the phone.¹



days is the average wait time between scheduling an appointment and seeing a primary care doctor.²



of emergency room visits can potentially be prevented with telemedicine.³

ThriveWellSM in partnership with Personify Health

Wellbeing for all, all in one place

Introducing ThriveWell, a digital home base for your health and wellbeing. Our partnership with Personify Health will give you the tools and support you need to make small, everyday changes to your wellbeing that are focused on the areas you want to improve the most. You'll build healthy habits, have fun with friends and experience the lifelong rewards of better health and wellbeing.

Within ThriveWell, you can:



Connect a fitness tracker so they can log activity and watch for small improvements over time.



Set their interests by choosing to work on areas that matter the most to them, like eating habits, sleep, physical activity, relationships, or finances.



See a clear picture of their health by completing the online Health Check, a certified health risk assessment.



Add friends and family, connecting with up to 10 others to help encourage and motivate one another.



Rally coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.



Use Journeys[®] digital coaching to make simple changes to their health, one small step at a time.



ThriveWell is now included with your health plan. Log into your member account to get started. Member.ExcellusBCBS.com

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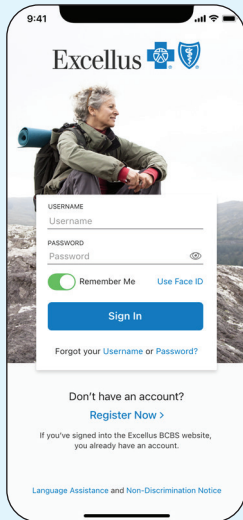
注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

GET READY FOR A MORE CONVENIENT HEALTH CARE EXPERIENCE

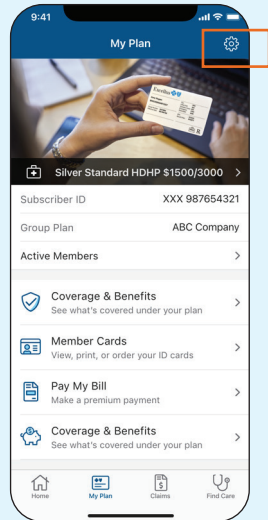
Your Wellframe® quick start guide

Free to all Excellus BlueCross BlueShield members, the Wellframe® App gives you instant access to a dedicated care manager, dietitians, nurses, and other health care professionals to help you meet your health and wellness goals.

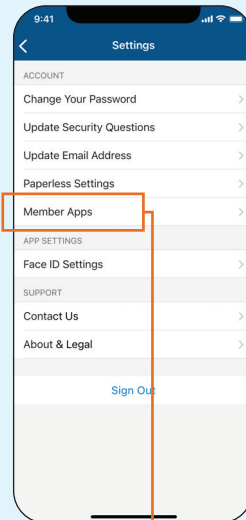
To get started, follow these simple steps:



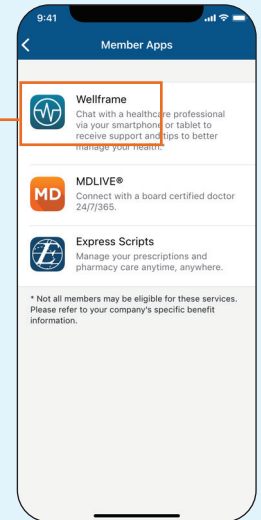
- 1 Download the **Excellus BCBS app** and register your online account.



- 2 Open your **Excellus BCBS app** and click the settings icon on the top right.



- 3 Click **Member Apps** from the dropdown menu.



- 4 Click **Wellframe®** and enter code **"excelluswelcome"** to download.



Health care experts and support at your fingertips

Once you download Wellframe®, you're ready to:

- Connect with a dedicated care manager
- Create a personalized health plan and track progress
- Text with health care professionals at any time
- Receive daily tips, reminders, and videos
- Join programs based on your health needs for additional support



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B-7103 rev 4.24 / 18775-24M



The best time to learn about surgery is before you need it.



Welvie My Surgery® prepares you ahead of time to help you achieve better outcomes.

Excellus BlueCross BlueShield is happy to offer this surgery decision program to you, through our partnership with Welvie.

About 15 million Americans have surgery every year¹. So the odds are good that you and your doctor will be talking about surgery at some point in your life. And one of the keys to success is good preparation.

Luckily, you have help. You have Welvie®.

Your health plan gives you access to Welvie My Surgery — a self-guided online program that walks you through the entire surgery journey in six steps. And it is available to you at no added cost.

Using videos, Q&As and more, My Surgery teaches you how to decide on, prepare for and recover from surgery. Because the more you know, the better your chance for a successful result.

For example, it is estimated that around 20% of patients will have complications after surgery². Many of them are preventable, and Welvie shows you how to avoid them.

The best time to learn about surgery is before you need it.

You may not need surgery right now. But when you do, Welvie will make sure you will be ready.

¹ "Strong for Surgery," American College of Surgeons.

² "The Hidden Pandemic: the Cost of Postoperative Complications," Springer Link, November, 2021.

A \$25 GIFT CARD IS WAITING FOR YOU.

\$25

You will get a \$25 Amazon gift card for completing Steps 1-3 of the Welvie My Surgery program and a short survey.

The gift card is available to you and any covered family members once every 365 days.

It is easy to get started with Welvie.

Go to **welvie.com** and select *Register*.

Need help? Call Welvie at 1-877-542-7803 (TTY 711). We can be reached Monday through Friday, 8 a.m. to 7 p.m., Eastern time.

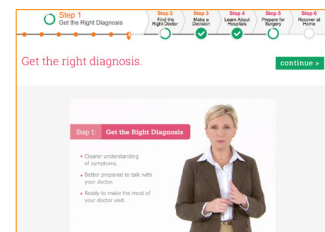


Six Steps to Better Decisions

Step 1

Starting your surgery decision off on the right foot.

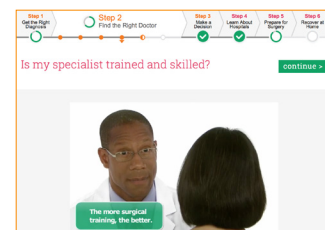
Welvie's interactive exercises help you explain your symptoms so you can make the most of your doctor's visit and get the right diagnosis.



Step 2

How to talk to your doctor. (And listen, too.)

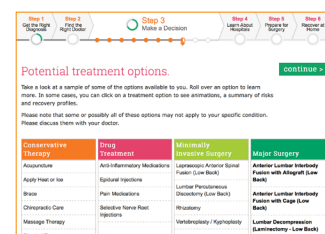
Welvie shows you how to ask all the essential questions before you have to make an all-important choice about who will provide your medical care.



Step 3

Is surgery the only answer?

Welvie can help you discover if alternative treatments might be available. You will learn how to work with your doctor to discover the best solution for you.



Step 4

Selecting a hospital is your call.

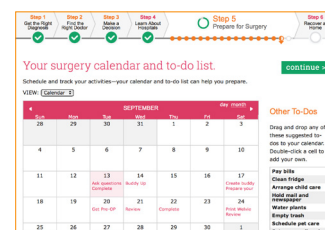
Welvie guides you in selecting the right kind of hospital (they are not all the same). And reminds you of some key things to ask the doctors and nurses on your surgical team.



Step 5

OK. Now let's get this surgery over with.

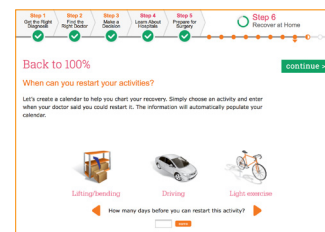
When the decision to have surgery has been made, Welvie helps you build your pre-op to-do list. Knowing you have planned, you can relax a bit.



Step 6

Time to go home. And get well.

Let the healing happen. Welvie gives you tips to help reduce the chance of complications and speed your recovery, even before you leave the hospital.



Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.
- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.
- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, and drug or alcohol abuse unless the child specifically authorizes the release of such information.
- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.
- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>.
- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at <https://www.excellusbcbs.com> and search for "Manage Your Privacy".
- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

**AUTHORIZATION TO EXCELLUS HEALTH PLAN, INC. ("HEALTH PLAN")
TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

☐ **Check here only if you are authorizing access to psychotherapy notes.** If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED				
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)
CURRENT ADDRESS			CITY	STATE/ZIP CODE
PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)				
NAME OF PERSON/ORGANIZATION			ADDRESS	
NAME OF PERSON/ORGANIZATION			ADDRESS	
PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE				
☐ At my request ☐ Other: _____				
PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION <i>(select D-1 <u>or</u> D-2 and if applicable, D-3)</i> NOTE: Skip this section if psychotherapy was checked at the top of this form				
D-1. ☐ I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed. - OR - D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information. ☐ Enrollment (e.g. eligibility, address, dependents, birth date) ☐ Benefit (e.g. benefit coverage, usage, limits) ☐ Claim (e.g. status, provider, dates, payment, diagnosis) ☐ Clinical records (e.g. doctor/facility, case management) ☐ Other limitation: _____ ☐ Date Range _____ to _____ - AND, IF APPLICABLE - D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions. ☐ Genetic testing ☐ Substance use disorder ☐ Mental health (excluding psychotherapy notes) ☐ Sexually transmitted diseases ☐ Abortion Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm				
CONTINUED ON THE NEXT PAGE				

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: _____

IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.

Signature: _____ **Date:** _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative's Name: _____

Personal Representative Signature _____

Description of Authority: ☐ Parent ☐ Legal Guardian* ☐ Power of Attorney* ☐ Other * _____

** You must provide documentation supporting your legal authority to act on behalf of the member*

RETURN TO:

**Excellus Health Plan
P.O. Box 21146
Eagan, MN 55121**

or Fax: 315-671-7079

Please keep a copy for your records

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - o Qualified sign language interpreters
 - o Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - o Qualified interpreters
 - o Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意: 如果您说中文, 我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anviòn la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

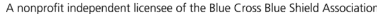
Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.



HIOS ID# _____
EC _____

CONFIDENTIAL

Section 1: Employer Group & Benefit Information To be completed with your Group Administrator

Section 2: Subscriber's Information	
Last Name _____	Birthdate: ____ / ____ / ____
First Name _____	Gender: ☐ Female ☐ Male ☐ Gender X
Middle Initial _____	Gender identity (optional): ☐ Transgender Male ☐ Transgender Female ☐ Prefer to self-describe: _____
Title (e.g., Jr, Sr, III, etc.) _____	Social Security Number** _____
Street Address _____	Date of Hire/Rehire: ____ / ____ / ____
City _____	Retirement Date: ____ / ____ / ____
State _____	☐ Age 65+ ☐ Disability ☐ End Stage Renal *
Zip Code _____	Subscriber's Medicare Number (if applicable)
Phone _____	____ / ____ / ____ ____ / ____ / ____

Section 3: Reason for enrollment or change To be completed by the Group Administrator Not required for cancellations**Enrollment Opportunity:** ☐ New Hire ☐ Rehire ☐ Open Enrollment ☐ Medicare eligible**Special Enrollment Opportunity:** ☐ Newly Eligible Dependent: ☐ Newborn ☐ Marriage ☐ Other _____☐ Change in employment status ☐ A move in or out of the service area☐ Involuntary loss of coverage ☐ Former dependent regains eligibility**Date of Event** ____ / ____ / ____**COBRA Election - Please indicate the reason for COBRA if applicable:**☐ Left Employment/Retired ☐ Divorce/Legal Separation ☐ Loss of Student Status ☐ Death of Spouse☐ Disability ☐ Dependent Reached Max Age ☐ Other: _____**Demographic Change:** ☐ Address ☐ Birthdate ☐ Subscriber Name ☐ Dependent Name ☐ Phone Number**Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?****Subscriber****Cancel Code:****Medical Cancel Date:****Dental Cancel Date:****Vision Cancel Date:****Cancel Codes:**

SB02-Left Employment

SB58-Change in Employee Eligibility Status

SB08-Subgroup Transfer*

SB06-Employee No Longer Wants Coverage* (subscriber request)

SB57-Layoff Without Benefits

* = Not eligible for COBRA

SB07-Deceased

SB09-Enrolled in Error*

SB44-Medicare Eligible (Moved to Medicare plan with same employer)

Dependent(s)**Name:****Cancel Code:****Medical Cancel Date:****Dental Cancel Date:****Vision Cancel Date:**

* = Not eligible for COBRA

Cancel Codes:

M002-Deceased*

M005-Divorced

M010-Overage Dependent

M014-YA No Longer Qualifies*

M013-Ineligible Dependent

M003-Subscriber No Longer Wants to Cover Dependent*

M007-Dependent No Longer Wants Coverage*

M009-Marriage

M011-No Longer a Student

M004-Enrolled in Error*

M008-Moved Out of Area*

M040-Medicare Same Group*

Section 5: Information about who you would like coverage for (dependent information)☐ Spouse ☐ Domestic Partner ☐ Dependent Child ☐ Adult Disabled Dependent (Separate application form required)☐ Other _____**Last Name** (if different) _____**Title** _____**First Name** _____**MI** _____**Social Security Number** ** _____**Gender:** ☐ Female ☐ Male ☐ Gender X**Birthdate** ____ / ____ / ____**Gender identity (optional):** ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____Is dependent a full-time student over age 19? ☐ Yes ☐ No Married? ☐ No ☐ Yes ____ / ____ / ____ Expected Graduation Date: ____ / ____ / ____If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐ Yes ☐ NoMedicare Eligible ☐ Yes ☐ NoIf yes, indicate reason ☐ Age 65+☐ Disability☐ End Stage Renal *

Part A Effective Date: ____ / ____ / ____

Part B Effective Date: ____ / ____ / ____

Medicare Number (if applicable) _____

↓ Additional Dependent(s) ↓☐ Dependent Child ☐ Adult Disabled Dependent (Separate application form required) ☐ Other _____**Last Name** (if different) _____**Title** _____**First Name** _____**MI** _____**Social Security Number** ** _____**Gender:** ☐ Female ☐ Male ☐ Gender X**Birthdate** ____ / ____ / ____**Gender identity (optional):** ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____Is dependent a full-time student over age 19? ☐ Yes ☐ No Married? ☐ No ☐ Yes ____ / ____ / ____ Expected Graduation Date: ____ / ____ / ____If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐ Yes ☐ NoMedicare Eligible ☐ Yes ☐ NoIf yes, indicate reason ☐ Age 65+☐ Disability☐ End Stage Renal *

Part A Effective Date: ____ / ____ / ____

Part B Effective Date: ____ / ____ / ____

Medicare Number (if applicable) _____

☐ Dependent Child ☐ Adult Disabled Dependent (Separate application form required) ☐ Other _____

Last Name (if different) _____ **Title** _____ **First Name** _____ **MI** _____ **Social Security Number **** _____

Gender: ☐ Female ☐ Male ☐ Gender X

Birthdate ____ / ____ / ____

Gender identity (optional): ☐ Transgender Male ☐ Transgender Female ☐ Non-binary ☐ Prefer not to say ☐ Prefer to self-describe: _____

 Is dependent a full-time student over age 19? ☐ Yes ☐ No Married? ☐ No ☐ Yes ____ / ____ / ____ Expected Graduation Date: ____ / ____ / ____

 If yes, please provide name of college/university _____ Will dependent further education after graduation? ☐ Yes ☐ No

 Medicare Eligible ☐ Yes ☐ No

 If yes, indicate reason ☐ Age 65+ ☐ Disability ☐ End Stage Renal *

Part A Effective Date: ____ / ____ / ____ Part B Effective Date: ____ / ____ / ____

Medicare Number (if applicable) _____

Note: Use an additional application or addendum if more than three dependents need coverage
Section 6: Other coverage information (Required) - You may be contacted for additional information

 Have you or any member of your family been enrolled in other medical or dental coverage? ☐ Yes ☐ No

 If yes, what type of coverage? ☐ Medical ☐ Dental

 What is the effective date of the other coverage? ☐ Medical: ____ / ____ / ____ ☐ Dental: ____ / ____ / ____

What is the name of the other carrier? _____

 Are you keeping the coverage? ☐ Yes ☐ No

 If no, when will the coverage end? ☐ Medical: ____ / ____ / ____ ☐ Dental: ____ / ____ / ____

Policyholder's name _____ ID#(s) _____

 Who did the insurance cover? ☐ Self Only ☐ Self & Spouse/Domestic Partner ☐ Self & Child(ren) ☐ Family

Section 7: Release - You must sign and date this form to be eligible for health insurance

I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract you issue is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgement and agreement on behalf of myself and each other person who accepts coverage under the terms of the contract applicable to my coverage (who may include, for example my spouse and my eligible family dependents).

I hereby accept responsibility for payment of any portion of the premium.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Pediatric dental is an essential health benefit mandated by the ACA. If your employer group does not provide pediatric dental coverage through this Excellus BCBS plan, you agree to enroll in the dental plan offered to you by your employer.

HEALTH MAINTENANCE ORGANIZATION (HMO) I understand that I have elected a Health Maintenance Organization (HMO) plan and that I am required to choose a Primary Care Provider (PCP) who will provide my primary care, oversee my other health care services, and, when required, obtain prior approval for certain services such as Inpatient Facility care. **POINT OF SERVICE (POS)** I understand that the Point of Service (POS) plan provides services on two benefit levels: in-network or out-of-network benefits. I understand that the in-network benefit provides the highest level of coverage under the plan and that I must choose a Primary Care Provider (PCP) to provide my primary care, oversee my other health care services, and, when required, obtain prior approval for certain services such as Inpatient Facility care.

I have thoroughly read, understand and agree to comply with the terms of the release in this section.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.

Subscriber Signature _____ **Date** _____

Please return to P.O. Box 21146 Eagan, MN 55121-0146

If you have questions, please contact your Group Administrator. Or, visit us at: ExcellusBCBS.com

Instructions for completing the Group Health Insurance Application/Change Form

Section 1: Employer Group & Benefit Information

This section should be completed with your Group Administrator. Group Administrator's signature is required. Medical, dental and/or vision group numbers and information must be populated. Select who you need coverage for on the medical, dental and/or vision plan(s). Next, select the medical, dental and/or vision plan(s) you are enrolling in. All products may not be applicable to your employer group. Please check with your Group Administrator. Indicate the subscriber's status.

Section 2: Subscriber's Information

This section should be completed by the Subscriber. **We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act. * There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

Gender and gender identity: Excellus BlueCross BlueShield does not discriminate on the basis of gender identity, gender expression or behavior. In order to ensure that you are receiving access to high quality, affordable health care based on your individual needs, we ask that you consider completing this **optional gender identity section** of the application. Excellus BlueCross BlueShield will not limit coverage or impose any additional cost-sharing for any otherwise-covered services that are ordinarily available to individuals of one sex, to a transgender individual, based on the fact that an individual's sex assigned at birth, gender identity, gender expression or behavior or gender otherwise recorded is different from the gender for which health care services are ordinarily available.

Section 3: Reason for enrollment or change

Select the box(es) that describe(s) the reason for this enrollment or change regarding health insurance coverage and include the date of the event. An event is a specific occurrence, due to change in status, marriage, divorce, birth or adoption, group's anniversary date, or rate change. Your request must be received within 30 days of the event date. Please see your Group Administrator for events that fall outside the 30-day period. You may be required to provide documentation of certain events.

Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?

If you are canceling coverage, complete the appropriate section for who you are canceling. List the cancel code and enter the date(s) the coverage is to be canceled. List each applicable dependent to be canceled.

Section 5: Information about who you would like coverage for (dependent information)

Please include information about all the people who you would like coverage for.

Use an additional application or addendum if more than three dependents need coverage.

If your dependents are Medicare eligible, complete the questions regarding Medicare coverage.

Qualified guidelines for coverage include:

- A legal spouse/domestic partner (An ex-spouse no longer qualifies as of the date court documents are stamped and filed with the county clerk)
- Must be under the eligible child age for your employer group including natural, adopted or stepchild(ren)
- Child(ren) Only coverage is available for children up to age 26 or 29 depending on the employer group coverage.
- There are additional eligibility requirements for dependents pending adoption, for which you are the legal guardian, and/or a disabled dependent who is over the maximum dependent age. Please contact your Group Administrator for the appropriate form.

**We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act.

* There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

A separate Adult Disabled Dependent application form is required for applicable dependents. Please contact your Group Administrator for the appropriate forms.

Section 6: Other coverage information (Required)

Please include accurate information in this section. This could affect the processing of your application and/or claims.

Section 7: Release

Subscriber signature and date are required in this section. The subscriber must sign the application prior to or within 30 days of the effective date or qualifying event date.

Excellus BCBS: Excellus BluePPO Signature Hybrid 1

Coverage Period: 05/01/2025 - 04/30/2026

A nonprofit independent licensee of the BlueCross BlueShield Association

Coverage for: Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at www.excellusbcbs.com. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or www.healthcare.gov/sbc-glossary or call 1-800-499-1275 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible ?	In-Network: \$1,500 Individual/\$3,000 Two Person/\$4,500 Family; Out-of-Network: \$3,000 Individual/\$6,000 Two Person/\$9,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan , each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible .
Are there services covered before you meet your deductible ?	Yes, Preventive Care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan ?	In-Network: \$4,000 Individual/\$8,000 Two Person/\$12,000 Family; Out-of-Network: \$8,000 Individual/\$16,000 Two Person/\$24,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit ?	Costs for premiums , balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider ?	Yes. See www.excellusbcbs.com or call 1-800-499-1275 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist ?	No	You can see the specialist you choose without a referral .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$40 Copay /visit No Charge for Members to age 19 Deductible does not apply	40% Coinsurance	None
	Specialist visit	\$60 Copay /visit Deductible does not apply	40% Coinsurance	
	Preventive care/screening/immunization	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge Deductible does not apply	Adult Physical: 40% Coinsurance Adult Immunizations: 40% Coinsurance Well Child Visit: No Charge	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. 1 Exam per calendar year
If you have a test	Diagnostic test (x-ray, blood work)	X-Ray: \$60 Copay /visit X-Ray: Deductible does not apply Blood Work: No Charge Blood Work: Deductible does not apply	X-Ray: 40% Coinsurance Blood Work: 40% Coinsurance	None
	Imaging (CT/PET scans, MRIs)	\$60 Copay /visit Deductible does not apply	40% Coinsurance	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.excellusbcbcs.com/rxlist	Generic drugs	\$10/prescription retail, \$20/prescription mail order No Charge Members to age 19 Deductible does not apply	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (mail order)/prescription Preauthorization required for certain prescription drugs . If you don't get a preauthorization , you must pay the entire cost and submit a claim to us for reimbursement. Specialty drugs must be filled by a Designated Pharmacy. Specialty drugs are not eligible for mail order.
	Brand drugs	\$50/prescription retail, \$100/prescription mail order Deductible does not apply	Not Covered	
	Specialty drugs	\$100/prescription retail Deductible does not apply	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% Coinsurance	40% Coinsurance	None
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$350 Copay /visit Deductible does not apply	\$350 Copay /visit Deductible does not apply	None
	Emergency medical transportation	\$350 Copay /visit Deductible does not apply	\$350 Copay /visit Deductible does not apply	None
	Urgent care	\$60 Copay /visit Deductible does not apply	40% Coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	40% Coinsurance	None
	Physician/surgeon fees	20% Coinsurance	40% Coinsurance	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 Copay /visit Deductible does not apply	40% Coinsurance	None
	Inpatient services	20% Coinsurance	40% Coinsurance	
If you are pregnant	Office visits	No Charge	40% Coinsurance	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	20% Coinsurance	40% Coinsurance	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a copayment , coinsurance , or deductible may apply.
	Childbirth/delivery facility services	20% Coinsurance	40% Coinsurance	None
If you need help recovering or have other special health needs	Home health care	No Charge Deductible does not apply	25% Coinsurance	Deductible is limited to \$50 Out-of-Network
	Rehabilitation services	\$60 Copay /visit Deductible does not apply	40% Coinsurance	45 Visits per plan year limit
	Habilitation services	\$60 Copay /visit Deductible does not apply	40% Coinsurance	45 Visits per plan year limit
	Skilled nursing care	20% Coinsurance	40% Coinsurance	45 Days per plan year limit
	Durable medical equipment	20% Coinsurance	40% Coinsurance	None
	Hospice services	No Charge Deductible does not apply	40% Coinsurance	Family bereavement counseling limited to 5 Visits per plan year
If your child needs dental or eye care	Children's eye exam	\$60 Copay /visit Deductible does not apply	40% Coinsurance	1 Exam per contract year
	Children's glasses	20% Coinsurance	40% Coinsurance	1 Pair Every 2 plan years

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	Children's dental check-up	Not Covered	Not Covered	None

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|------------------------|------------------------|-----------------------|
| • Cosmetic surgery | • Dental care (Adult) | • Dental care (Child) |
| • Long-term care | • Private-duty nursing | • Routine foot care |
| • Weight loss programs | | |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|----------------------------|-------------------------|--|
| • Acupuncture | • Bariatric surgery | • Chiropractic care |
| • Hearing aids | • Infertility treatment | • Non-emergency care when traveling outside the U.S. |
| • Routine eye care (Adult) | | |

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or <https://www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa>. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the phone number on Your ID card or www.excellusbcs.com; Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa; New York State Department of Financial Services Consumer Assistance Unit at 1-800-342-3736 or www.dfs.ny.gov. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Consumer Assistance Program at 1-888-614-5400, or e-mail cha@cssny.org or www.communityhealthadvocates.org. A list of states with Consumer Assistance Programs is available at: <https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/consumer-assistance-programs.doc> and www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes plans, health insurance available through the Marketplace or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the premium tax credit.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----To see examples of how this plan might cover costs for a sample medical situation, see the next section.-----

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist](#) [copayment](#) \$60
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1,500
Copayments	\$120
Coinsurance	\$1,910
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$3,590

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist](#) [copayment](#) \$60
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$1,550
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$1,570

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist](#) [copayment](#) \$60
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:
Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$250
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,250

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvèyè pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

איווערמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אונערלעבל פאר אייך ביטע רעפערירט צום בייגלעייגטן דאקומענט צו זען אופנים זיך צו פארברנדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংস্কৃত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσώκειται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuini dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

Health Plan Terms

To help you better understand our plans and your coverage, here are a few definitions* for frequently used health care terms.

Primary Care Physician (PCP)

A doctor who serves as your health care manager and coordinates virtually all of the health care services you routinely receive. Some plans do not require you to choose a PCP.

Referral

Instructions provided by a PCP for specialty care. Most plans do not require referrals.

In-network coverage

The coverage available when you receive services from a provider who participates in your health plan.

Out-of-network coverage

The coverage available when you receive services from a provider who does not participate in your health plan. Some plans may not include out-of-network coverage.

Out-of-area

Describes when you receive services while outside the geographic service area of your health plan. Your plan benefits may differ if you live or work beyond the geographic service area.

Copay

A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

Allowed Amount

The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

Coinsurance

A cost-sharing method that requires you pay a percentage of the allowed amount for certain medical services.

Deductible

A set dollar amount you pay for services you receive before your insurer will make a payment.

Out-of-pocket maximum

The maximum amount of copays, deductible and coinsurance payments that you will pay for health services each calendar year.

*Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.



Everybody Benefits

A nonprofit independent licensee of the Blue Cross Blue Shield Association

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