Health care benefits for your on demand life.

Classic Blue

BTD Broome Boces

Excellus

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Welcome

With Excellus BlueCross BlueShield, you get what you expect from Blue plus a whole lot more such as:

- More doctors, specialists, and hospitals to choose from
- Exclusive discounts on health-related products and services with Blue365®
- Free fitness and nutrition program with StepUp
- Answers to your health questions online
- Local customer service

In this booklet you will find:

- A chart that summarizes this plan's unique benefits and coverage*
- A glossary of terms to help you understand your coverage and options

We have many valuable benefits and we provide a tremendous amount of choice. Whichever plan you pick, we're ready to meet your health care needs.

Visit us at excellusbcbs.com

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

Privacy Policy Notice. We know how important your privacy is and we're committed to protecting it. Our policies and practices regarding the collection, use, and disclosure of personal health information are available at excellusbcbs.com and Member Services.

Classic Blue

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Plan features

Primary Care Physician (PCP)	No copay, office visit covered subject to deductible and coinsurance
Referrals	Not required
Out of network benefits	Covered
Out of area benefits	Coverage provided worldwide through the BlueCard program.
Student/Dependent coverage	Qualified dependents and students are covered to age 26.
Domestic partner	Not covered

Plan cost-sharing highlights

Office visit copay (Primary Care Physician)	No copay, office visit covered subject to deductible and coinsurance
Office visit copay (Specialist)	No copay, office visit covered subject to deductible and coinsurance
Coinsurance	20%, enhanced benefits only, unless noted
Deductible	$100 individual / $300 family, enhanced benefits only
Out of pocket maximum	$400 individual / $1200 family, enhanced benefits only
Lifetime maximum	None

Questions? Call Member Services at 1 (800) 499-1275,
call our TTY phone at 1 (877) 398-2282,
or visit us at excellusbcbs.com or excellusbcbs.com/national

Excellus

Blue365®
Your resource for living healthier.®

Healthy. Every day.

Take advantage of great discounts* and valuable information you can use all year long.
Explore all the healthy choices at excellusbcbs.com/Blue365

Blue365® is here for you.

We understand that helping you live a healthy life means more than regular doctor visits - it's helping you find time for the things that matter most.

Blue365 is a national program that's part of your Excellus BlueCross BlueShield membership. It gives you exclusive access to information, discounts, and savings, making it easier and more affordable to make healthy choices.

Members can access Blue365 online, and purchase directly from the vendors online, and/or show their Excellus BlueCross BlueShield ID card to receive special discounts on products and services for healthy lifestyles.

Blue365 is backed by the buying power of 39 independent Blue Cross Blue Shield companies and their members.

Blue365 includes best in class discounts from select local companies and industry-leading, national brands in four main categories:

Healthy Choices

Exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition and elective procedures. Choose from Snap Fitness™, Polar®, Sportline®, Everlast®, Reebok®, Men's Health, Women's Health, Jenny Craig®, eDiets®, Nutrisystem®, Davis Vision®, QualSight LASIK®, and LasikPlus®. You can also save on hearing aids from Beltone™, and TruHearing.

Blue365 provides decision support tools for family care, including how to choose a caregiver or a long-term care insurance provider. Members can also access emotional support to deal with care of a family member from companies like Seniorlink Care™.

Recreation and Travel

Blue365 offers exclusive travel savings for healthy spa vacations and wellness getaways from companies like Westin® Hotels & Resorts and Fairmont Hotels & Resorts.

Healthcare Resources

Blue365 includes information to help plan for healthcare in retirement and learn about Medicare and long-term care insurance.

Complimentary and Alternative Medicine

Find exclusive discounts with Healthyroads.

*Discounts are available through independent companies that do not provide Blue Cross and/or Blue Shield products or services and are solely responsible for the services provided. See our website for more information at: www.excellusbcbs.com/Blue365.

The content, tools and discounted offers available through Blue365 are subject to change. Please visit excellusbcbs.com/Blue365 for the most current program details.

Classic Blue benefits
Prepared 7/1/2014 for BTD Broome Boces

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Type of Care/Plan Benefits	Coverage
Plan features	
. Primary Care Physician (PCP)	• No copay, office visit covered subject to deductible and coinsurance
. Referrals	• Not required
. Out of network benefits	• Covered
. Out of area benefits	• Coverage provided worldwide through the BlueCard program.
. Student/Dependent coverage	• Qualified dependents and students are covered to age 26.
. Domestic partner	• Not covered
Plan cost-sharing highlights	
. Office visit copay (Primary Care Physician)	• No copay, office visit covered subject to deductible and coinsurance
. Office visit copay (Specialist)	• No copay, office visit covered subject to deductible and coinsurance
. Coinsurance	• 20%, enhanced benefits only, unless noted
. Deductible	• $100 individual / $300 family, enhanced benefits only
. Out of pocket maximum	• $400 individual / $1200 family, enhanced benefits only
. Lifetime maximum	• None

type of care/plan benefits	Coverage
Wellness Incentive	
. Stay healthy with great programs and incentives!	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.
Preventive Health Care Services	
. Well child visits	• Covered in full
. Adult routine physical exams	• Covered in full for 1 exam per year
. Adult immunizations	• Covered in full
. Mammography	• Covered in full
. Pap smear	• Covered in full
. Routine GYN exam	• Covered in full
. Prostate cancer screening	• Covered in full
. Routine vision	• Not covered
. Colonoscopy	• Covered in full
Physician Office Services	
. Diagnostic office visits	• Subject to deductible and coinsurance
. Diagnostic x-rays	• Covered in full
. Diagnostic laboratory and pathology	• Covered in full
. Allergy tests	• Subject to deductible and coinsurance
. Allergy injections	• Subject to the deductible and coinsurance
. Chemotherapy	• Covered in full
. Radiation therapy	• Covered in full
Maternity Services	
. Prenatal and postpartum care	• Covered in full
. Hospital care for mom (including delivery)	• Covered in full
. Newborn nursery care	• Covered in full
Prescription Drug	
. Short-term and maintenance drugs	• $5/$15/$30 - 90 days one copay at local pharmacy or mail order

continued

Excellus

Type of Care/Plan Benefits	Coverage
Inpatient Hospital Benefits	
. **Hospital benefits**	• Covered in full
. **Physician visits in the hospital**	• Covered in full
. **Inpatient physical rehabilitation**	• Covered in full
. **Surgery**	• Covered in full
. **Anesthesia**	• Covered in full
Emergency Care	
. **Emergency room care**	• Covered in full
. **Freestanding urgent care center**	• Covered in full
. **Ambulance**	• Covered in full
Outpatient Hospital Benefits	
. **Diagnostic x-rays**	• Covered in full
. **Diagnostic laboratory and pathology**	• Covered in full
. **Surgical care**	• Covered in full
. **Chemotherapy**	• Covered in full
. **Radiation therapy**	• Covered in full
Mental Health and Chemical Dependence	
. **Inpatient mental health care**	• Covered in full
. **Outpatient mental health care**	• Covered in full
. **Inpatient chemical dependence**	• Covered in full
. **Outpatient chemical dependence**	• Covered in full
Other Services	
. **Diabetic insulin and supplies**	• Covered in Full
. **Skilled nursing facility**	• Covered in Full
. **Home care**	• Covered in full for up to 60 visits per year. Subject to deductible and coinsurance after basic benefits have exhausted for up to 325 visits per year
. **Hospice**	• Covered in full for unlimited days
. **Outpatient therapy**	• Subject to deductible and coinsurance, day limits may apply
. **Durable medical equipment**	• Subject to deductible and 20% coinsurance
. **External prosthetics**	• Subject to deductible and 20% coinsurance
. **Chiropractic**	• Subject to deductible and 20% coinsurance
. **Acupuncture**	• Not covered
. **Dental**	• Not Covered
. **Hearing**	• Not covered

Please Note: This is an outline of benefits only. Official benefits and conditions of coverage are outlined in your member certificate.

Professional Non-participating Provider In-area covered at 100% of current Medicare National rates; Out-of-area covered at 150% of current Medicare National rates. The following services require preauthorization: organ transplants, inpatient chemical dependence and abuse, non-mandatory reproductive procedures(IVS, GIFT & ZIFT).

Excellus BluePPO benefits
Prepared 2/10/2012 for BTD Broome Boces

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Type of Care/Plan Benefits	In-Network	Out Of Network
Plan features		
. Primary Care Physician (PCP)	• Not required	
. Referrals	• Not required	
. Out of network benefits	• Covered	
. Out of area benefits	• Coverage provided worldwide through the BlueCard program.	
. Student/Dependent coverage	• Qualified dependents and students are covered to age 26.	
. Domestic partner	• Not covered	
. Coverage Period	• January 1st - December 31st	
Plan cost-sharing highlights		
. Office visit copay (Primary Care Physician)	• $10 copay	
. Office visit copay (Specialist)	• $10 copay	
. Coinsurance	• In-network: None; Out-of-network: 20%	
. Deductible	• In-network: None Out of Network $250 individual /$750 family	
. Out of pocket maximum	• In-network: None; Out of Network $1,000 individual /$3,000 family	
. Lifetime maximum	• None	

type of care/plan benefits	In-Network	Out Of Network
Wellness Incentive		
. Stay healthy with great programs and incentives!	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.
Preventive Health Care Services		
. Well child visits	• Covered in full	• Covered in full
. Adult routine physical exams	• Covered in full for 1 exam per year according to national guidelines	• Covered at 80%, subject to the deductible for one routine exam per year
. Adult immunizations	• Covered in full	• Not covered
. Mammography	• Covered in full	• Covered at 80%, subject to the deductible
. Pap smear	• Covered in full	• Covered at 80%, subject to the deductible
. Routine GYN exam	• Covered in full	• Covered at 80%, subject to the deductible
. Prostate cancer screening	• $10 copay	• Covered at 80%, subject to the deductible
. Routine vision	• Not covered	• Not covered
. Colonoscopy	• Preventive and diagnostic covered according to the surgical benefit	• Covered at 80%, subject to the deductible
Physician Office Services		
. Diagnostic office visits	• $10 copay per visit	• Covered at 80%, subject to the deductible

continued

Type of Care/Plan Benefits	In-Network	Out Of Network
• **Diagnostic x-rays**	• $10 copay. Precertification applies for MRI, PET and CAT scans.	• Covered at 80%, subject to the deductible. Precertification applies to MRI, PET and CAT scans.
• **Diagnostic laboratory and pathology**	• Covered in full	• Covered at 80%, subject to the deductible
• **Allergy tests**	• $10 copay per visit	• Covered at 80%, subject to the deductible
• **Allergy injections**	• Covered in full	• Covered at 80%, subject to the deductible
• **Chemotherapy**	• Covered in full	• Covered at 80%, subject to the deductible
• **Radiation therapy**	• Covered in full	• Covered at 80%, subject to the deductible
Maternity Services		
• **Prenatal and postpartum care**	• $10 copay per visit for initial visit, remainder of visits covered in full	• Covered at 80%, subject to the deductible
• **Hospital care for mom (including delivery)**	• Hospital-Covered in full; Delivery-Covered in full	• Covered at 80%, subject to the deductible
• **Newborn nursery care**	• Covered in full	• Covered at 80%, subject to the deductible
Prescription Drug		
• **Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to three copays per 90-day supply) is available through PrimeMail mail order pharmacy. Contraceptives included.**	• $5/$15/$30 copay	• Not covered
Inpatient Hospital Benefits		
• **Hospital benefits**	• Covered in full for unlimited days. Precertification applies.	• Covered at 80%, subject to the deductible. Precertification applies.
• **Physician visits in the hospital**	• Covered in full	• Covered at 80%, subject to the deductible
• **Inpatient physical rehabilitation**	• Covered in full for up to 60 days per year. Precertification applies.	• Covered at 80%, subject to the deductible for up to 60 days per year. Precertification applies.
• **Surgery**	• Covered in full	• Covered at 80%, subject to the deductible
• **Anesthesia**	• Covered in full	• Covered at 80%, subject to the deductible
Emergency Care		
• **Emergency room care**	• $50 copay per visit, unless admitted within 24 hours	• $50 copay per visit, unless admitted within 24 hours
• **Freestanding urgent care center**	• $25 copay per visit	• Covered at 80%, subject to the deductible
• **Ambulance**	• $10 copay	• $10 copay
Outpatient Hospital Benefits		

continued

Type of Care/Plan Benefits	In-Network	Out Of Network
• **Diagnostic x-rays**	• $10 copay per visit. Precertification applies for MRI, PET and CAT scans.	• Covered at 80%, subject to the deductible. Precertification applies to MRI, PET and CAT scans
• **Diagnostic laboratory and pathology**	• Covered in full	• Covered at 80%, subject to the deductible
• **Surgical care**	• $10 copay	• Covered at 80%, subject to the deductible
• **Chemotherapy**	• Covered in full	• Covered at 80%, subject to the deductible
• **Radiation therapy**	• Covered in full	• Covered at 80%, subject to the deductible
Mental Health and Chemical Dependence		
• **Inpatient mental health care**	• Covered in full for unlimited days. Precertification applies.	• Covered at 80%, subject to the deductible. Precertification applies.
• **Outpatient mental health care**	• $10 copay for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible, for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider office.
• **Inpatient chemical dependence**	• Covered in full for unlimited days. Precertification applies.	• Covered at 80%, subject to the deductible. Precertification applies.
• **Outpatient chemical dependence**	• $10 copay per visit for 60 visits per year	• Covered at 80%, subject to the deductible for up to 60 visits per year
Other Services		
• **Diabetic insulin and supplies**	• $10 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply
• **Skilled nursing facility**	• Covered in full for up to 120 days per year. Precertification applies.	• Covered at 80%, subject to the deductible for up to 120 days per year. Precertification applies.
• **Home care**	• Covered in full for unlimited visits. Precertification applies.	• Covered at 80%, subject to a $50 deductible for unlimited visits per year. Precertification applies.
• **Hospice**	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible for unlimited visits per year
• **Outpatient therapy**	• $10 copay per visit for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy
• **Durable medical equipment**	• Covered at 80%. Precertification applies.	• Covered at 80%, subject to the deductible. Precertification applies.
• **External prosthetics**	• Covered at 80%	• Covered at 80%, subject to the deductible
• **Chiropractic**	• $10 copay per visit	• Covered at 80%, subject to the deductible
• **Acupuncture**	• Not covered	• Not covered
• **Dental**	• $10 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
• **Hearing**	• Routine exams not covered	• Routine exams not covered

Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design.

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 portion of the allowed amount for certain medical services.

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

Out-of-pocket maximum—The maximum amount of 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.

Excellus BlueCross BlueShield makes finding the information and support you need easier—resources, savings, and tools are available online 24/7.

- Find a doctor or specialist online while you're home or far away.
- Get instant access to StepUp, our FREE fitness and nutrition program.
- Research over 6,000 health topics.
- Get great member discounts and valuable information you can use all year long with Blue365®

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