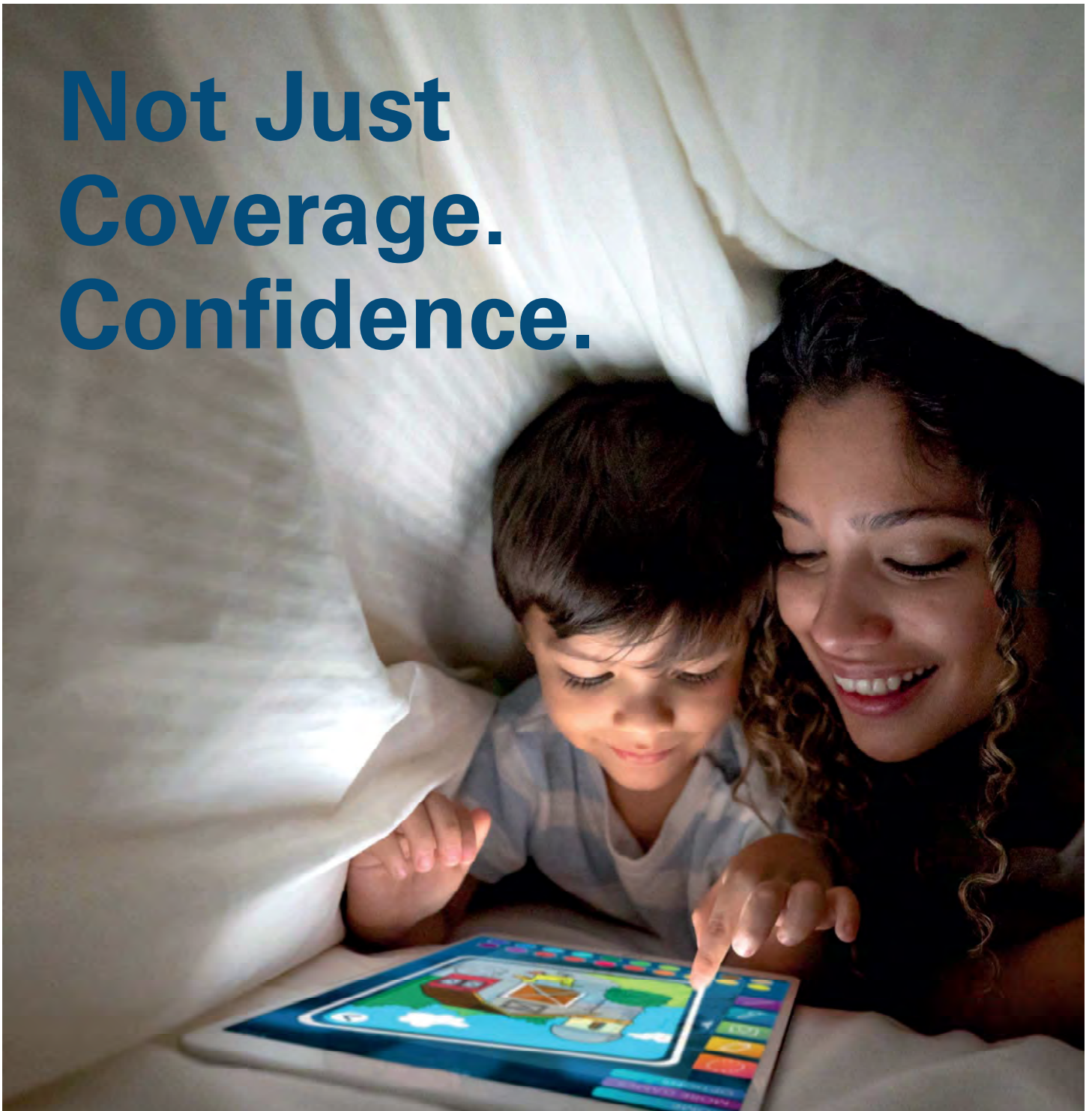


Not Just Coverage. Confidence.



Your Benefit Plan Details

Group Name

Broome BOCES

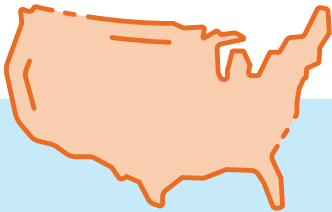


Everybody Benefits

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.

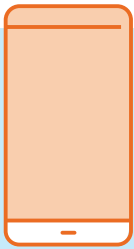
You can count on your Excellus BCBS plan for care when and where you need it:



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.

Broome BOCES

BluePPO Option H
\$5/\$15/\$30 RX

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26/26
Domestic Partner	Not Covered
Coverage Period	04/01/23-03/31/24

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Excellus BCBS: Excellus BluePPO

A nonprofit independent licensee of the BlueCross BlueShield Association

BROOME, TIoga, DELAWARE CONSORTIUM

Coverage Period: 04/01/2023 - 03/31/2024

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 ?	Out-of-Network: \$250 Individual/ \$750 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: \$1,000 Individual/\$2,000 Two Person/\$3,000 Family; Out-of-Network: \$1,100 Individual/\$2,200 Two Person/\$3,300 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 penalties for failure to obtain preauthorization for services, 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	\$10 Copay /visit	20% Coinsurance	None
	Specialist visit	\$10 Copay /visit	20% Coinsurance	
	Preventive care/screening/immunization	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge	Adult Physical: 20% Coinsurance Adult Immunizations: Not Covered 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: \$10 Copay /visit Blood Work: No Charge	X-Ray: 20% Coinsurance Blood Work: 20% Coinsurance	None
	Imaging (CT/PET scans, MRIs)	\$10 Copay /visit	20% Coinsurance	Preauthorization Required. If you don't get a preauthorization , benefits will be reduced by 50% of Coinsurance up to \$500.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.excellusbcbs.com/rxlist	Tier 1 (Generic drugs)	\$5/prescription retail, \$15/prescription mail order	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (mail order)/prescription
	Tier 2 (Preferred brand drugs)	\$15/prescription retail, \$45/prescription mail order	Not Covered	
	Tier 3 (Non-preferred brand drugs)	\$30/prescription retail, \$90/prescription mail order	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$10 Copay	20% Coinsurance	None
	Physician/surgeon fees	No Charge	20% Coinsurance	
If you need immediate medical attention	Emergency room care	\$50 Copay /visit	\$50 Copay /visit	None
	Emergency medical transportation	\$10 Copay /visit	\$10 Copay /visit Deductible does not apply	None
	Urgent care	\$25 Copay /visit	20% Coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge	20% Coinsurance	Preauthorization Required for out-of-network services only. If you don't get a preauthorization , benefits will be reduced by 50% of Coinsurance up to \$500. However, Preauthorization is Not Required for Emergency Admissions
	Physician/surgeon fees	No Charge	20% 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 mental health, behavioral health, or substance abuse services	Outpatient services	\$10 Copay /visit	20% Coinsurance	None
	Inpatient services	No Charge	20% Coinsurance	
If you are pregnant	Office visits	No Charge	20% Coinsurance	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	No Charge	20% Coinsurance	None
	Childbirth/delivery facility services	No Charge	20% Coinsurance	
If you need help recovering or have other special health needs	Home health care	No Charge	20% Coinsurance	Deductible is limited to \$50 Out-of-Network Preauthorization Required. If you don't get a preauthorization , benefits will be reduced by 50% of Coinsurance up to \$500
	Rehabilitation services	\$10 Copay /visit	20% Coinsurance	45 Visits per year limit
	Habilitation services	\$10 Copay /visit	20% Coinsurance	45 Visits per year limit
	Skilled nursing care	No Charge	20% Coinsurance	120 Days per year limit Preauthorization Required Out-of-Network services only. If you don't get a preauthorization , benefits will be reduced by 50% of Coinsurance up to \$500
	Durable medical equipment	20% Coinsurance	20% Coinsurance	None
	Hospice services	No Charge	20% Coinsurance	Family bereavement counseling limited to 5 Visits per year
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

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](#).)

- Acupuncture
- Dental care (Child)
- Private-duty nursing
- Routine foot care
- Cosmetic surgery
- Hearing aids
- Routine eye care (Adult)
- Weight loss programs
- Dental care (Adult)
- Long-term care
- Routine eye care (Child)

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

- Bariatric surgery
- Chiropractic care
- Infertility treatment

- Non-emergency care when traveling outside the U.S.

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.excellusbcbs.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	\$0
■ Copayment	\$10
■ Hospital (facility) copayment	\$0
■ 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
--------------------	----------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$30
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$90

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

■ The plan's overall deductible	\$0
■ Copayment	\$10
■ Hospital (facility) copayment	\$0
■ 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
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$590
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$610

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

■ The plan's overall deductible	\$0
■ Copayment	\$10
■ Hospital (facility) copayment	\$0
■ 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
--------------------	---------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$120
Coinsurance	\$50
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$170

Broome BOCES

**Classic Blue \$100/\$300
\$5/\$15/30 RX**

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26/26
Domestic Partner	Not Covered
Coverage Period	04/01/23-03/31/24

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

Excellus BCBS: Classic Blue

A nonprofit independent licensee of the BlueCross BlueShield Association

BROOME, TIoga, DELAWARE CONSORTIUM

Coverage Period: 04/01/2023 - 03/31/2024

Coverage for: Family | Plan Type: Traditional



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.excellusbcs.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 ?	\$100 Individual/\$300 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 ?	\$6,350 Individual/\$12,700 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.excellusbcs.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	20% Coinsurance	20% Coinsurance	None
	Specialist visit	20% Coinsurance	20% Coinsurance	
	Preventive care/screening/immunization	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge Deductible does not apply	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge Deductible does not apply	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: No Charge X-Ray: Deductible does not apply Blood Work: No Charge Blood Work: Deductible does not apply	X-Ray: No Charge X-Ray: Deductible does not apply Blood Work: No Charge Blood Work: Deductible does not apply	None
	Imaging (CT/PET scans, MRIs)	No Charge Deductible does not apply	No Charge Deductible does not apply	
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.excellusbcbcs.com/rxlist	Tier 1 (Generic drugs)	\$5/prescription (retail & mail order) Deductible does not apply	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (mail order)/prescription
	Tier 2 (Preferred brand drugs)	\$15/prescription (retail & mail order) Deductible does not apply	Not Covered	
	Tier 3 (Non-preferred brand drugs)	\$30/prescription (retail & mail order) Deductible does not apply	Not Covered	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No Charge Deductible does not apply	No Charge Deductible does not apply	None
	Physician/surgeon fees	No Charge Deductible does not apply	No Charge Deductible does not apply	
If you need immediate medical attention	Emergency room care	No Charge Deductible does not apply	No Charge Deductible does not apply	None

* For more information about limitations and exceptions, see [plan](#) or policy document at www.excellusbcbcs.com

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)	
	Emergency medical transportation	No Charge Deductible does not apply	No Charge Deductible does not apply	None
	Urgent care	No Charge Deductible does not apply	No Charge Deductible does not apply	None
If you have a hospital stay	Facility fee (e.g., hospital room)	No Charge Deductible does not apply	No Charge Deductible does not apply	None
	Physician/surgeon fees	No Charge Deductible does not apply	No Charge Deductible does not apply	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	No Charge Deductible does not apply	No Charge Deductible does not apply	None
	Inpatient services	No Charge Deductible does not apply	No Charge Deductible does not apply	
If you are pregnant	Office visits	No Charge Deductible does not apply	No Charge Deductible does not apply	Cost sharing does not apply for preventive services .
	Childbirth/delivery professional services	No Charge Deductible does not apply	No Charge Deductible does not apply	None
	Childbirth/delivery facility services	No Charge Deductible does not apply	No Charge Deductible does not apply	
If you need help recovering or have other special health needs	Home health care	No Charge Deductible does not apply	No Charge Deductible does not apply	60 Days per year limit
	Rehabilitation services	20% Coinsurance	20% Coinsurance	None
	Habilitation services	20% Coinsurance	20% Coinsurance	
	Skilled nursing care	Not Covered	Not Covered	
	Durable medical equipment	20% Coinsurance	20% Coinsurance	
	Hospice services	No Charge Deductible does not apply	No Charge Deductible does not apply	Family bereavement counseling limited to 5 Visits per year
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

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](#).)

- | | | |
|--|----------------------------|-----------------------|
| • Acupuncture | • Cosmetic surgery | • Dental care (Adult) |
| • Dental care (Child) | • Hearing aids | • Long-term care |
| • Routine eye care (Adult) | • Routine eye care (Child) | • Routine foot care |
| • Skilled Nursing care | • Weight loss programs | |

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

- | | | |
|--|------------------------|-------------------------|
| • Bariatric surgery | • Chiropractic care | • Infertility treatment |
| • Non-emergency care when traveling outside the U.S. | • Private-duty nursing | |

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.excellusbcbcs.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	\$100
■ Coinsurance	20%
■ Hospital (facility) copayment	\$0
■ 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
---------------------------	-----------------

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$60

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

■ The plan's overall deductible	\$100
■ Coinsurance	20%
■ Hospital (facility) copayment	\$0
■ 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
---------------------------	----------------

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$100
Copayments	\$0
Coinsurance	\$140
What isn't covered	
Limits or exclusions	\$20
The total Joe would pay is	\$260

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

■ The plan's overall deductible	\$100
■ Coinsurance	20%
■ Hospital (facility) copayment	\$0
■ 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
---------------------------	----------------

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$100
Copayments	\$0
Coinsurance	\$130
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$230



HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives you access to savings across all aspects of your life— including 20 percent off on Fitbit devices and over \$800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and much more!

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.

Get started today at

www.Blue365Deals.com/register

Exclusive savings from



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19-027-V05

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**.

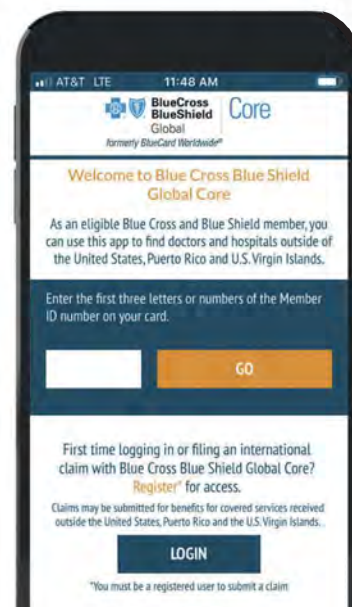
Download

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。

B-7410 / 14112-20

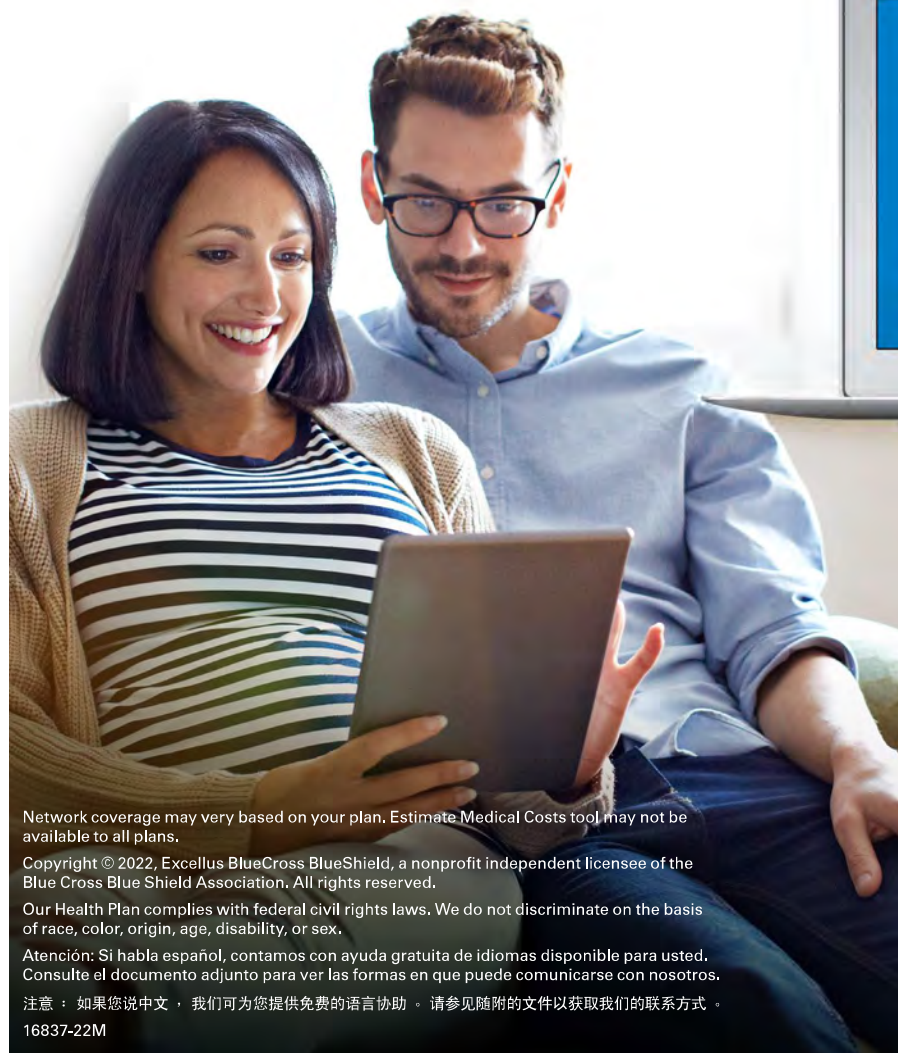


MAKING CONFIDENT DECISIONS JUST GOT EASIER

Our search tool helps employees quickly estimate medical costs and connect with local and national providers using a desktop or mobile device.

Plus, results are personalized to their plan and coverage when they log in to their online account.

A new level of transparency and control is here.
Learn more at ExcellusBCBS.com



EVERYTHING EMPLOYEES NEED IN A SINGLE ONLINE SEARCH:

FIND A DOCTOR



Search doctors, specialists, urgent care, hospitals, and more in our local and national networks



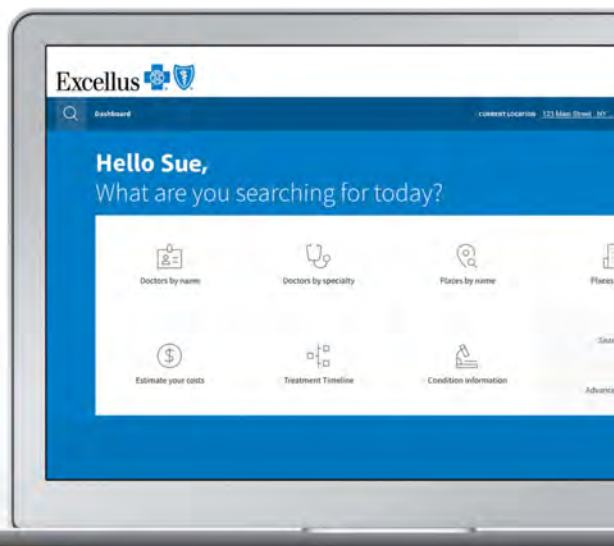
Filter results by specialty, languages spoken, if accepting new patients, provider tier, and more



See side-by-side comparisons and create a PDF of results to save, share, or print



Share experiences by reading and leaving reviews



ESTIMATE COSTS



Log in for average 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 entire process, stages of care, and cost breakdown throughout

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

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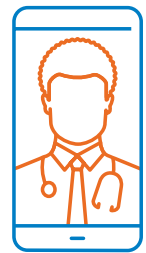
Benefits with your Excellus BlueCross BlueShield Membership



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**, 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 the immediate care you need, 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.

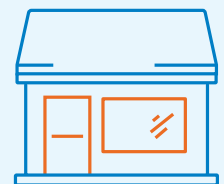
Urgent care centers can do x-rays, lab work and other diagnostic tests.

Keep the number of your nearest Urgent Care Center in an easy-access place, like your cell phone.

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

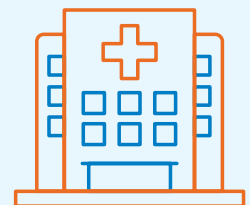
Urgent care is ideal for:

- 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:

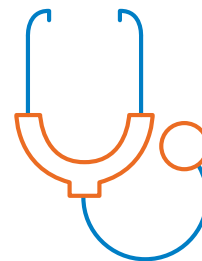
- Any life threatening injury
- Behavioral conditions that endanger the person or others
- Serious problems with a person's bodily functions
- Loss of limb, puncture wounds or deep cuts



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 Discounts Available on ExcellusBCBS.com

NEW! ThriveWell^{SM1}

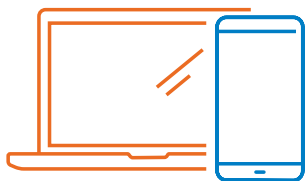
A digital homebase for your health and wellbeing. By partnering with Virgin Pulse, we will help you make small everyday changes to your wellbeing that are focused on the areas you want to improve the most. You'll build healthy habits, have fun with friends, and experience the lifelong rewards of better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

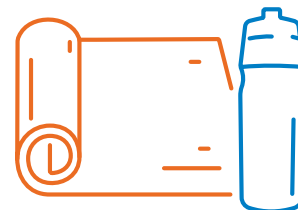


Estimate medical costs to help plan for out-of-pocket expenses and make informed health care decisions, plus find doctors in one easy-to-use search tool.

- 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.



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. [MemberExcellus.com](https://www.MemberExcellus.com)

* See program details for complete pricing information.

1 Subject to final contract terms

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

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

A nonprofit independent licensee of the Blue Cross Blue Shield Association.

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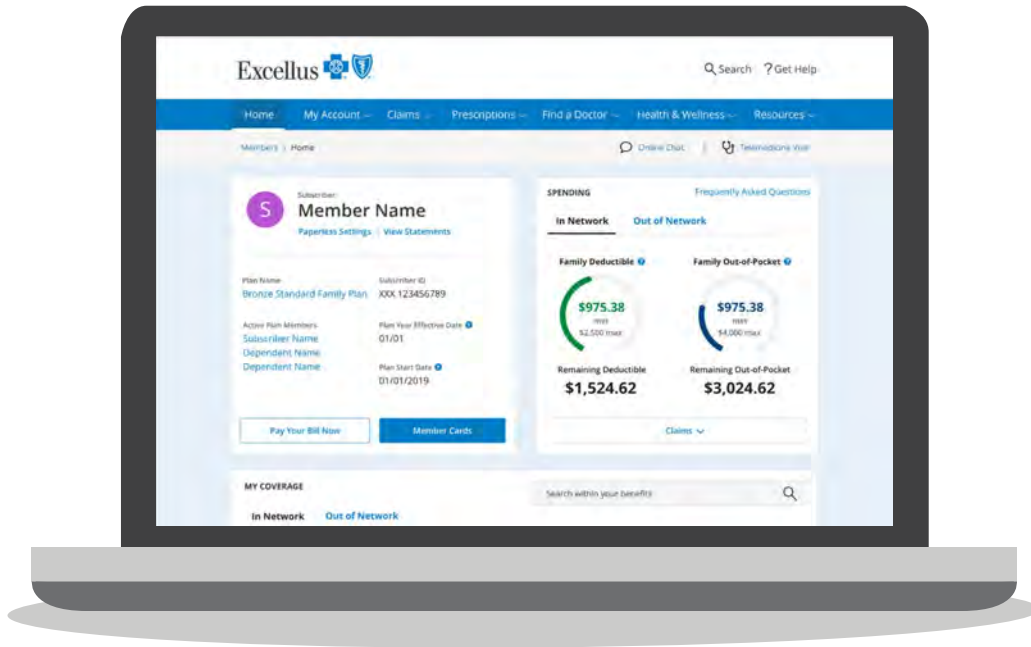


Everybody Benefits

IT'S YOUR PLAN. GET MORE OUT OF IT ONLINE.



Making the most of your plan shouldn't be complicated. When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to a variety of tools and other resources to make living healthy a little easier.



1

My Account

Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.

2

Find a Doctor/Dentist

Easily find access to care locally, nationally, and globally.

3

Spending

Gives a breakdown of your health spending.

4

Coverage & Benefits

Shows a summary of your plan details.

5

Claims

Allows you to submit and view claims.

6

Get Rewards

Provides quick access to spending and rewards programs.

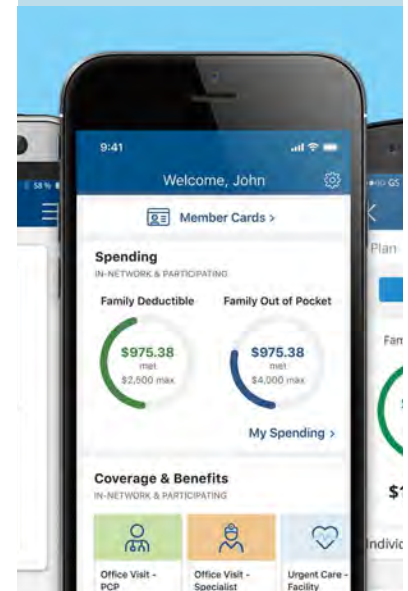
7

Estimate Medical Costs

Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.*

DOWNLOAD THE EXCELLUS BCBS APP.

Take your health plan with you for on-the-go access 24/7.



View your member card.

Track deductibles and out-of-pocket spending.

Find a provider or medical facility.

Access your benefits and claims information.



Visit ExcellusBCBS.com to register today.

MORE BENEFITS, ACCESS, AND CONTROL IN 5 EASY STEPS

If you have a few minutes, you have plenty of time to create your online member account. Make sure you're getting the most value out of your health plan with a breakdown of how you're using your benefits, the ability to see and submit claims, go paperless, and more.

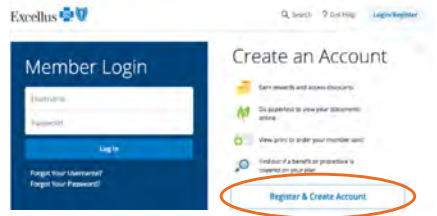
1 In Your Browser, Type ExcellusBCBS.com/login

This will take you directly to the registration screen.

Q | Enter Address

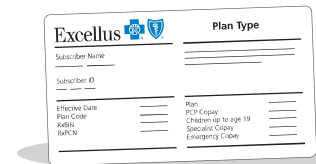
2 Create a New Account

Select the Register & Create Account button on the right side of the screen.



3 Complete the Form

You'll need your Subscriber ID, so be sure you have your Member Card handy.



4 Choose a Username and Password

You'll also choose a pair of security questions in case you forget either of these.

Username*

5 Verify Your Email Address

We'll send you an email to verify your new account. Sign in and you're ready to go!



**DON'T FORGET
TO DOWNLOAD
THE APP**

Log in to more features, tools, and resources online.



View a Summary
of Benefits and
Coverage



Find a Doctor
or Dentist



Track Deductible
and Out-of-Pocket
Spending



Submit and
View Claims



Estimate
Medical Costs*



View Online
Member Cards



Download
Statements
and Forms

**Create your account at ExcellusBCBS.com today
for anytime, anywhere access to your health plan.**

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

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B-7184/14008-20M B-7184



FEEL CONFIDENT USING YOUR PRESCRIPTION DRUG BENEFIT

Your 3-tier prescription drug benefit makes it easy for you to make informed choices and encourages savings when choosing your medications. Your copayment will vary based on the tier placement of your prescription drug.

TIER 1

THESE DRUGS ARE TYPICALLY **GENERIC** AND HAVE THE LOWEST COPAY AMOUNT.

TIER 2

THESE DRUGS ARE **BRAND-NAME** AND THEY HAVE UNIQUE, SIGNIFICANT CLINICAL ADVANTAGES AND OFFER OVERALL GREATER VALUE OVER THE OTHER PRODUCTS IN THIS CLASS.

TIER 3

THESE DRUGS ARE ALSO BRAND-NAME AND THEY INCLUDE NEW BRAND-NAME DRUGS AND DRUGS THAT HAVE GENERIC EQUIVALENTS. TIER 3 DRUGS HAVE THE HIGHEST COPAY AMOUNT.



You can fill your prescription at any pharmacy in our nationwide network, which includes:

- National retail chain pharmacies
- Independent pharmacies
- Mail service pharmacies
- Specialty pharmacies

To view which medications fall under which tier, check the costs of your medications, and find in-network pharmacies, visit [Member.ExcellusBCBS.com](https://www.ExcellusBCBS.com).

LOOKING OUT FOR YOU

Through a few policies and programs, like Prior Authorization and Step Therapy, we work alongside your doctor to make sure you're getting the most appropriate and cost-effective care for you.

Prior Authorization: Certain medications require prior authorization from our team of clinical pharmacists and physicians before it will be covered. We serve as a second set of eyes to help ensure that a prescribed drug or dose is safe and appropriate for your specific medical condition based on FDA and manufacturer guidelines, medical literature, safety, appropriate use, and benefit design.

Step Therapy: Some conditions can be treated by multiple medications with varying costs. To help save you money, this program requires that you try a certain drug, usually a lower-cost generic, as a first "step." If the first step drug does not work for you then you move to the next "step," which is usually a brand-name drug with a higher copayment.

4 WAYS YOU CAN STAY ON TOP OF RISING PRESCRIPTION COSTS

Worried about high prescription drug costs? We're here to help. Check out the tips below to score some unexpected savings.

ASK ABOUT GENERICS



Ask your doctor if there are low-cost alternatives to expensive name-brand drugs. Many generics offer the same ingredients for significant savings. Some plans don't charge for Tier 1 generics.

CONSIDER HOME DELIVERY



Ordering a 90-day supply of your prescriptions through our mail order pharmacy partners can deliver savings up to 33%. This is ideal (and required for some plans) if you take a prescription medication on a continuing basis.

START SMALL



When starting a new prescription, ask for samples or a short supply to start. That way, if you experience any side effects, or the medication doesn't work as expected, you won't be stuck with more than you need.

LOOK INTO DRUG DISCOUNTS



It's right there in the name. If you qualify for drug discounts, you can get help paying for your medications with copay discount cards, manufacturer coupons, and other options.

To learn more about prescription drug savings, call the number on the back of your Member Card or log in to your Member Account at Member.ExcellusBCBS.com

Prescription home delivery

Signing up is as easy as 1, 2, 3...



Consider home delivery if you:



Want some of your life back?
Get 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:

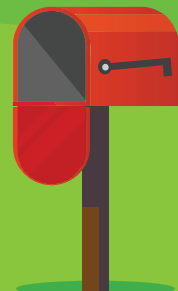


Insulated packaging protects your medications from the sun, rain and cold.



Delivery straight to your mailbox.

Discreet packaging does not reveal contents.



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



Manage your overall wellbeing with one simple tool

Headspace, integrated with Virgin Pulse, is the preferred mindfulness and meditation partner of Excellus BlueCross BlueShield. Now, we're proud to include it with your plan.



Headspace for work and home

The power to create lasting change in your happiness, mindfulness, and productivity is officially right in your hands. With the Headspace science-based app, you get hundreds of meditations and exercises for stress, focus, sleep, and movement – and our partnership with Virgin Pulse provides you curated access to it all. Headspace will help you gain greater insight into your health and wellbeing than ever before, all while building healthy habits along the way.



- Learn to manage feelings and thoughts with everyday mindfulness
- Sleep better with sleepcasts, music, and other unique audio experiences
- Get moving with exercises to strengthen your mental and physical wellbeing
- Boost focus with music and meditations
- Start your morning right with inspiring 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

Headspace is included with your health plan. Log in to your member account to get started.
Member.ExcellusBCBS.com

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

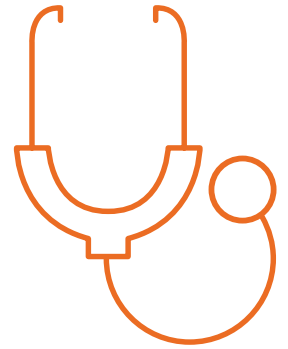
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B-8366

KNOW WHERE TO GET CARE

You have options when choosing where to go for medical care. Here are some tips to help you make the right choice for where to go the next time you need care.



WHERE TO GO	COST	CHOOSING THE BEST OPTION
 <p>Primary Care Physician</p>	\$	<p>Your doctor should be your first choice for routine medical care or minor illnesses or injuries that are not an emergency. You may have an office visit copay depending on your plan.</p> <p>TIP: If you can't make it to their office, you might be able to schedule a remote visit with your doctor through phone or video connection, known as telehealth. Check with your primary care physician to see if they offer this option.</p>
 <p>Telemedicine</p>	\$	<p>If your doctor isn't available for minor medical or behavioral health needs, telemedicine may be an option for you. Telemedicine gives you fast and convenient access to a doctor 24/7/365 wherever you are through your phone, tablet, or computer. Register today at Member.ExcellusBCBS.com</p> <p>Medical Telemedicine for:</p> <ul style="list-style-type: none"> • Allergies • Asthma • Cold & Flu • Constipation • Diarrhea • Fever • Joint Aches • Nausea • Pink Eye • Rashes • And more <p>Behavioral Health Telemedicine for:</p> <ul style="list-style-type: none"> • Addictions • Anxiety • Bipolar disorders • Depression • Eating disorders • Grief and loss • LGBTQ support • Panic disorders • Stress • And more
 <p>Urgent Care</p>	\$\$	<p>If your medical issue is not life threatening and your doctor isn't available, you can visit an urgent care center and get the care you need.</p> <ul style="list-style-type: none"> • Minor cuts, bruises or burns • Muscle strains or sprains • Cold and flu treatment
 <p>Emergency Room</p>	\$\$\$	<p>You should only go to the emergency room if you have a serious or potentially life-threatening medical condition. Call 911 for assistance. Do not try to drive yourself there.</p>

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B-7255 / 17259-23M REV 01/23



YOU HAVE OUR WHOLE TEAM BEHIND YOU



For little questions or big health-related challenges, the Excellus BlueCross BlueShield Member Care Management team is here. Our local, caring team members are looking out for you and doing everything we can to make health more effortless. We may reach out to you if you have a chronic or complex condition and coordinate the support you need. And if you have specific questions or you're seeking additional resources, you can always give us a call. **We're here and ready to give you the support you need at no added cost.**

4 IMPORTANT (AND UNEXPECTED) WAYS WE CARE



DEDICATED TEAM

Coordinated care when you need it most

Your care manager works with a team of health care professionals in a wide variety of specialties as well as with your doctors to give you the one-on-one support you need to meet your health goals.



CHRONIC CONDITION MANAGEMENT

Ongoing expertise and specialized care

We identify the barriers preventing you from achieving your health goals and help you overcome them. We also provide support like education on recommended tests and screenings so you can feel confident managing your illness.



COMPLEX CONDITION MANAGEMENT

Personalized support to get you through

Following a thorough assessment to determine your needs, we provide outreach and support to keep you on track with your health goals.



BEHAVIORAL HEALTH MANAGEMENT

Proven approaches with real results

Substance abuse and mental illness are treatable diseases. We'll provide you with the education, support, and community resources you need to get the upper hand on them.



“When you consider health insurance, you might think ‘emergency coverage, medical bills, payments, and paperwork.’ **As an Excellus BCBS member, you get so much more. We care about you — the person — which is why we’re here with quick answers, important connections, proven methods, and ongoing care planning when you need it.**”

— Joanne Richards, Member Care Management Team

FAQs ABOUT MEMBER CARE MANAGEMENT

1. What health conditions qualify for Member Care Management?

If you're an Excellus BCBS member, chances are you can benefit from Member Care Management on some level. It could be as simple as assistance finding resources for a family member. Or as complex as an ongoing care plan for a chronic illness. Whatever the situation, we provide this service as part of your membership at no extra cost to you.

2. How does it work?

We engage with you to provide support across all aspects of your health. That means we may reach out to help with things like care coordination for a chronic condition, or you can also contact us with questions about doctors, care, coverage, and more. Either way, we'll pull together the right team to help you move forward.

3. How much does it cost?

It's free to members. Our Member Care Management services are included at no additional cost to you. By helping you schedule and remember appointments, source prescriptions, and stay on top of your health, they can even save you money.

4. Will I be working with one dedicated person or team? Or will I have to explain my situation to a new person every time I talk to Member Care Management?

The first time you call, we'll put you in touch with the right person to handle your needs on an ongoing basis. After that, you'll usually speak to your dedicated care manager who will help coordinate with any other specialty clinicians. No bouncing around trying to find the right person to help.



REGISTERED NURSES

Your dedicated registered nurse will typically be your main point of contact on the Member Care Management team—providing you with the care planning, education, and emotional support you need to achieve your health goals.



REGISTERED DIETITIANS

Want to start eating better? Our registered dietitians are food and nutrition experts who can tell you exactly what you need to eat in order to support your health.



BEHAVIORAL HEALTH SPECIALISTS

When you're dealing with addiction or mental illness, it can feel like you've got nobody in your corner. But that's not true. Get the counseling and direction you need from our behavioral health specialists.



SOCIAL WORKERS

Family problems can be extremely challenging to handle on your own. Our social workers are here to give you the skills, tools, support, and confidence to get these issues resolved.

Our goal is to help every member feel confident about their health care. That goes way beyond covering medical bills. Whenever you have a question or need help with any aspect of your health, get in touch. We're here for you. And we care.

Member Care Management

1-877-222-1240 (TTY: 1-800-662-1220)

8 a.m. to 5 p.m. ET

Case.Management@Excellus.com

Opt out of Member Care Management at any time by calling 1-877-222-1240

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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.

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。

B-6117 / 15752-21M



PEACE OF MIND. FREE OF CHARGE.

**SCHEDULE YOUR ANNUAL
CHECKUP TODAY**



Stay a step ahead of future health issues by staying on top of your routine checkups today.

✓ **PREVENTIVE CARE KEEPS YOU HEALTHY. AND IT'S COVERED.***



Annual Routine Checkup



Diabetes (Type 2) Screening



Annual OB/GYN Visit



Immunizations



Cholesterol Screening



Mammography Screening



Colorectal Cancer Screening



Well-Child Visit

See the full list of preventive care services available to you at
ExcellusBCBS.com/PreventiveCare

Download the Excellus BCBS app and register your online account.



*A well visit or preventive service can sometimes turn into a "sick visit," in which out-of-pocket expenses for deductible, copay and/or coinsurance may apply. There may also be other services performed in conjunction with the above preventive care services that might be subject to deductible, copay and/or coinsurance. Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.

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B-7332/15926-22M

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

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.

*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

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

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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ThriveWellSM powered by Virgin Pulse

WELLBEING FOR ALL, ALL IN ONE PLACE

Introducing ThriveWell, a digital home base 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:



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



Set your interests by choosing to work on an area that matters the most to you, like eating habits, sleep, physical activity, relationships or finances.



See a clear picture of your health with a certified Health Risk Assessment (Health Check).



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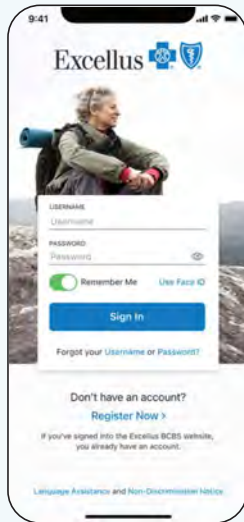
注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

GET READY FOR A MORE CONVENIENT HEALTH CARE EXPERIENCE

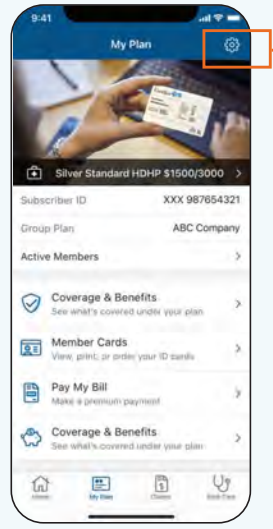
Your Wellframe® Quick Start Guide

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.

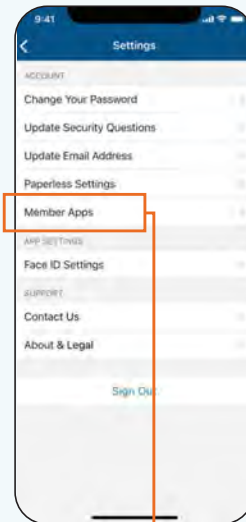
To get started, follow these simple steps:



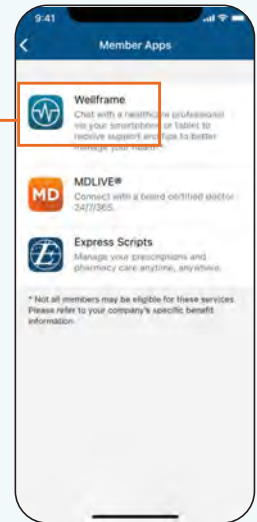
- 1 Download the **Excellus BCBS app** and register your online account.



- 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 / 18081-22M



 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 \$25
IS WAITING FOR YOU.

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.

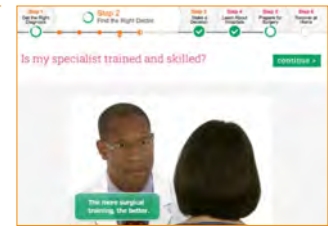
Welvie's interactive exercises help you explain your symptoms so you can make the most of your doctor's visit and get the right diagnosis.



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				
<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> At my request<input type="checkbox"/> Other: _____</div>				
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				
<p>D-1. <input type="checkbox"/> 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.</p> <p style="text-align: center;">- OR -</p> <p>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.</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Enrollment <i>(e.g. eligibility, address, dependents, birth date)</i></div><div style="width: 50%;"><input type="checkbox"/> Benefit <i>(e.g. benefit coverage, usage, limits)</i></div><div style="width: 50%;"><input type="checkbox"/> Claim <i>(e.g. status, provider, dates, payment, diagnosis)</i></div><div style="width: 50%;"><input type="checkbox"/> Clinical records <i>(e.g. doctor/facility, case management)</i></div><div style="width: 50%;"><input type="checkbox"/> Other limitation: _____</div><div style="width: 50%;"><input type="checkbox"/> Date Range _____ to _____</div></div> <p style="text-align: center;">- AND, IF APPLICABLE -</p> <p>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.</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Genetic testing</div><div style="width: 33%;"><input type="checkbox"/> Substance use disorder</div><div style="width: 33%;"><input type="checkbox"/> Mental health <i>(excluding psychotherapy notes)</i></div><div style="width: 33%;"><input type="checkbox"/> Sexually transmitted diseases</div><div style="width: 33%;"><input type="checkbox"/> Abortion</div></div> <p>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</p>				
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:
 - 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: 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.

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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 anvlòp 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 אפנים 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.

PLEASE REVIEW AND LEGIBLY COMPLETE ALL SECTIONS (1-5) OF THIS FORM

Please Note- If you do not have all of the required information, please contact the provider of service for assistance prior to submitting your claim. Failure to supply all of the required information may result in delayed processing and/or subsequent return or denial of your claim submission.

If your address has changed or is incorrect, please call our Customer Service Department at the telephone numbers listed on your identification card.

MEDICAL BENEFITS SUBSCRIBER CLAIM FORM

Mail completed form and all required information to:

P.O. Box 21146
Eagan, MN 55121-0146

SECTION 1 INFORMATION REQUIRED FROM SUBSCRIBER

1a-HAVE SUBMITTED EXPENSES BEEN PAID IN FULL BY YOU? ☐ YES ☐ NO

Please Note- If a participating provider rendered the service(s) being submitted, payment will be made directly to the provider.

1b-ITEMIZED BILL(S) FOR SERVICES OR SUPPLIES **MUST BE SUBMITTED** WITH THIS FORM IN ORDER FOR REIMBURSEMENT TO BE CONSIDERED. THE ITEMIZED BILL MUST **CLEARLY** INDICATE **ALL OF THE FOLLOWING**:

- 1-PATIENT'S FULL NAME AND DATE OF BIRTH
- 2-NAME AND ADDRESS OF THE PROVIDER OF SERVICE ON THEIR OFFICE LETTERHEAD, INCLUDING PROVIDER CREDENTIALS AND EIN (TAX) AND/OR NPI NUMBER
- 3-DATE FOR EACH SERVICE RENDERED

- 4-VALID PROCEDURE CODE (DESCRIPTION OF SERVICES RENDERED) FOR EACH CHARGE
- 5-CHARGE FOR EACH SERVICE RENDERED
- 6-VALID DIAGNOSIS CODE (DESCRIPTION OF ILLNESS/INJURY FOR SERVICES RENDERED)

- 7-COUNTRY MUST BE INDICATED AND ALL INFORMATION TRANSLATED TO ENGLISH FOR ANY SERVICE(S) NOT RENDERED IN THE USA
- 8-PRESCRIPTION NUMBER AND NAME OF PRESCRIBING PHYSICIAN MUST BE INDICATED ON RX/MEDICINE BILLS

SECTION 2 SUBSCRIBER /PATIENT INFORMATION

Please enter all information exactly as shown on your ID card

2a-SUBSCRIBER'S LAST NAME	2b-FIRST NAME	2c-INITIAL	2d-SUBSCRIBER IDENTIFICATION NUMBER (Including Prefix)	
2e-ADDRESS-NUMBER AND STREET		2f-CITY	2g-STATE	2h-ZIP CODE
2i-PATIENT'S LAST NAME	2j-FIRST NAME	2k-INITIAL	2l-DATE OF BIRTH	2m-GENDER
			mm / dd / yyyy	<input type="checkbox"/> M <input type="checkbox"/> F
		2n-PATIENT'S RELATIONSHIP TO SUBSCRIBER <input type="checkbox"/> SELF <input type="checkbox"/> CHILD <input type="checkbox"/> SPOUSE		

SECTION 3 OTHER HEALTH INSURANCE INFORMATION

3a-IS THE PATIENT COVERED BY ANOTHER HEALTH INSURANCE PLAN (INCLUDING MEDICARE)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please complete 3b-3g below	
3b-NAME OF OTHER POLICYHOLDER	3c-POLICY OR IDENTIFICATION NUMBER
3d-POLICY EFFECTIVE DATE: mm / dd / yyyy	3e-TYPE OF POLICY/COVERAGE: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> TWO-PERSON <input type="checkbox"/> FAMILY
3f-POLICYHOLDER'S DATE OF BIRTH: mm / dd / yyyy	
3g-NAME AND ADDRESS OF OTHER INSURANCE CARRIER	

Please Note- If the patient has other primary insurance, the Explanation of Benefits form(s) from the other health insurance plan must accompany this claim form, along with the matching itemized bill.

SECTION 4 MOTOR VEHICLE/WORK-RELATED INFORMATION

4a-ARE THE SUBMITTED EXPENSES RELATED, IN ANY WAY, TO A MOTOR VEHICLE OR WORK-RELATED ACCIDENT OR INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please complete 4b & 4c below	
4b-TYPE OF ACCIDENT: <input type="checkbox"/> WORK <input type="checkbox"/> MOTOR VEHICLE <input type="checkbox"/> OTHER	4c-DATE OF ACCIDENT OR INJURY: mm / dd / yyyy

SECTION 5 SIGNATURE AND DATE

I CERTIFY THAT THE INFORMATION SUBMITTED IS ACCURATE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE RELEASE OF ANY RELEVANT INFORMATION TO MY INSURANCE CARRIER.

SUBSCRIBER SIGNATURE: _____ **DATE:** _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals information concerning any fact material thereto, for the purpose of misleading, 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 each violation.

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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