

Member Guidebook

Excellus  

Everybody Benefits

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To receive your Member Guidebook (or other available documents) electronically, simply update your account settings on our website or mobile app. Register or log in at ExcellusBCBS.com/login It's easy!



This is your 2023 guide

This guidebook is published yearly for members in our HMO, POS, PPO, EPO, Direct Pay Metal Plan, Large Group, Small Group and National Account products. The information contained here is not intended to provide medical advice or to take the place of medical care.

This document does not contain all the specifics about your plan - those can be found in your member handbook, member contract, or when you log in to your member account at [ExcellusBCBS.com](https://www.ExcellusBCBS.com).

Any questions you have should be brought to the attention of your health care provider. **Please send comments or suggestions to:**

**Editor, Member Guidebook
Excellus BlueCross BlueShield**
165 Court St.
Rochester, NY 14647

Your plan benefits and extras - stay informed

It's easy. Register at [ExcellusBCBS.com/Login](https://www.ExcellusBCBS.com/Login) or using our mobile app to get member-only email updates - how to use your plan, get care, stay well, save money, and more!

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Enjoy HealthyPerks™ and Healthy Savings

Make the most of your health plan

At Excellus BCBS, we provide tools and support to make it easy to manage your plan—and live a healthier lifestyle.

Get started at [ExcellusBCBS.com/login](https://www.ExcellusBCBS.com/login) or download our mobile app today!

- View member card(s), benefits, coverage and claims
- Estimate medical costs and check drug prices
- Learn how to save on prescriptions and get wellness discounts

Plus, you can quickly connect to care:

- Find a doctor, urgent care center, hospital, or other provider
- Setup a telemedicine visit by telephone or video chat
- Use Wellframe® mobile app to connect with your care manager, dietitians, and more
- Call the 24/7 nurse call line (no cost)

**Features may vary by plan on the website and/or mobile app*

Keep your contact information current

Have you moved or changed your phone number?

It's important to keep us informed of changes to your mailing address and other telephone number(s), so we may communicate with you regarding your health plan, member account and/or premium bills (if applicable).

Visit [ExcellusBCBS.com](https://www.ExcellusBCBS.com), or call the telephone number on your member card and our Customer Care representatives are happy to assist you.

Note: If your coverage is through a group or employer, they manage your contact information with us, so please keep them informed of changes.

Did you change your Primary Care Provider (PCP)? If your plan requires you to choose a primary care provider (PCP), either log in to your member portal under "My Account" then the "Change My Doctor" tab, or call Customer Care at the phone number on your member ID card for help.



Our Marketplace plans are accredited by the National Committee for Quality Assurance



Our Medicaid and Medicare HMO plans are accredited by the National Committee for Quality Assurance



Our Medicare PPO and Commercial plans are accredited by the National Committee for Quality Assurance

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Surprise bills: What you need to know

For members in HMO, POS, PPO, EPO, Direct Pay Metal Plan, Large Group, Small Group and National Account products

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, members in certain health insurance products may be protected by either state or federal laws against balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or hospital, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in a stable condition unless, with respect to providers outside of New York state, you receive notice and give written consent to give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections. For services provided in New York, you can't give up your protections for these other services if they are a New York surprise bill. New York surprise bills are when you're at an in-network hospital or ambulatory surgical facility and a participating doctor was not available, a non-participating doctor provided services without your knowledge, or unforeseen medical services were provided.

Services referred by your in-network doctor

If you are covered under a fully insured arrangement, surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. You may need to sign a form (available at dfs.ny.gov) for the full balance billing protection to apply.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed – what to do:

- Check our member website at ExcellusBCBS.com/contact/faq for details on "Surprise Billing" including forms to submit
- You'll also receive information on what to do in your monthly health summary (MHS) or explanation of benefits (EOB) communications
- If you don't have internet access, call the Customer Care telephone number listed on your member card for more help.

Additional information about the laws and who is covered:

- Contact the NY State Department of Financial Services: 1-800-342-3736 or surprisemedicalbills@dfs.ny.gov
- Information about your rights under NY state law: dfs.ny.gov
- Information about your rights under federal law: cms.gov/nosurprises

Manage your health and wellbeing

If you or a family member have a chronic condition, or need behavioral or mental health support, our care managers are experienced health care professionals available to guide you and help you navigate today's health care system, feel more in control, and support your wellbeing.

Our Experienced Care Managers: Doctors, registered nurses, care managers, behavioral health clinicians, registered dietitians, social workers, respiratory therapists, pharmacists, and other specialists.

Conditions: Physical, mental and emotional health; preventive care, asthma, diabetes, heart disease or depression; complex chronic conditions (e.g., HIV, COPD, cancer, stroke, spinal cord injury); anxiety, depression, mental illness, substance use, autism, eating disorders, and more.

Single point of contact

Your experienced care manager can help you:

- Identify and reach goals to maintain or improve your health, and identify barriers preventing health goals from being met.
- Find answers to questions and provide education about conditions, treatment, or keeping up with your treatment plan.
- Understand your medications and taking them as directed by your health care provider.
- Provide education and support for self-care and decision-making.
- Find services, resources, and care you may need, including referrals to programs or community resources, and support you and your family may need.
- Arrange access to care and help navigate your insurance benefit information.
- Talk with your health care provider to assist with arranging the best care for you.

Contact a Care Manager at **1-877-222-1240** (8 a.m. to 4:30 p.m. EST), **TTY 711**, or email us at Case.Management@excellus.com for help managing behavioral health, chronic, or complex medical conditions.

Your care manager will contact you the next business day. You can opt in or out of the care management program anytime.

** If your coverage is through a group or employer, talk to your employer's benefits administrator to see if this program is available to you.*

Connect with a care manager using the Wellframe® mobile app.

Wellframe is a free mobile app to help you manage your health. It puts health care experts and support at your fingertips. Get answers to questions. Stay on track with your health goals.

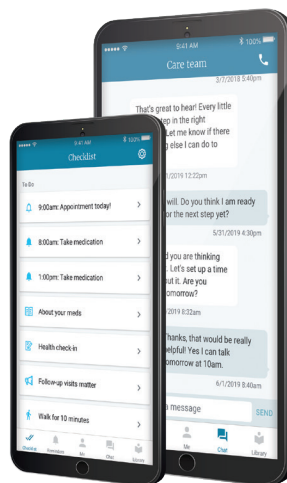
Log in to your member account to get started:

ExcellusBCBS.com/Wellframe

Use access code: excelluswelcome

**Wellframe eligibility may vary by plan*

Wellframe® is an independent company that provides a mobile app to BlueCross BlueShield members.



Coverage wherever you go*

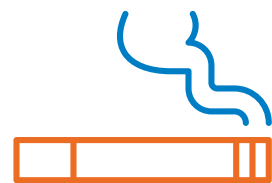
With Excellus BlueCross BlueShield, you'll never have to worry about your insurance coverage, because the BlueCard® Program goes with you. To find a participating doctor or hospital, whether at home or traveling, call **1-800-810-BLUE (2583)** or find a doctor online at ExcellusBCBS.com.

** Talk to your employer or benefits administrator to see if this program is available to you.*



Going away to college or on vacation?

Don't forget to bring a copy of your member card. Your health plan can help you and your family obtain emergency care when needed. To view or request a duplicate member card: log on to ExcellusBCBS.com, or download and check our mobile app. You can also call Customer Care at the number on your member ID card.



Quitting smoking

The New York State Smokers' Quitline offers useful and proven resources to help people who want to quit smoking. Call the Quitline at 1-866-NY-QUITS (1-866-697-8487) or visit their website at: nysmokefree.com

Not In New York state? Quitline services in all U.S. states can be accessed through a toll-free national portal number provided by the National Cancer Institute at 1-800-QUIT NOW (1-800-784-8669).

Callers can access additional, language-specific quitline services via 1-855-DEJEL0-YA for service in Spanish (1-855-335-3569), other languages are also available.

If your doctor is not available, telemedicine may be an option for you

When your doctor is not available, you have access to our partner MDLIVE® to give you access to non-urgent medical and behavioral health care 24/7 by phone or video.



Get fast and convenient access to medical and behavioral health care from the comfort of your home, desk, or hotel room through your phone, tablet, or computer.

MDLIVE providers are board-certified and are available 24 hours a day, 365 days of the year throughout the United States to care for your non-emergencies. Schedule an appointment or see the first available provider. Registration is required.

Video conference with a licensed therapist or psychiatrist by scheduling an appointment on your time. You can even schedule reoccurring appointments with the same provider.

Non-emergency medical common conditions treated:

- Cold & flu
- Nausea, constipation, diarrhea
- Rashes
- Aches and pains
- And more

Urgent Care is Convenient Care

When a non-emergency medical issue doesn't require an emergency room visit, or if you can't get in to see your provider, you can visit an urgent care center and get the care you need.

Please ensure the provider you select is participating with your health plan. Contractual rules still apply.

Behavioral health common conditions treated:

- Anxiety
- Depression
- Loneliness
- Grief
- And more

Many ways to register and get started:

- Log in to [ExcellusBCBS.com/Login](https://www.ExcellusBCBS.com/Login)
- Text EXCELLUS to 635483
- Download the MDLIVE mobile app
- Call MDLIVE 1-866-692-5045 (TTY 711)

Cost of a telemedicine visit

- Payment accepted (Credit card, HRA, HSA or FSA cards)
- Non-emergency medical visits will not exceed \$50 and can be less
- The costs for behavioral health services vary but will not exceed \$180 and can be less
- Member payment responsibility varies by plan
- MDLIVE will share the amount you owe when you enable your account

Some reasons to use your telemedicine benefit:

- Primary care or behavioral health provider is not available
- Instead of going to the emergency room or urgent care center for non-emergency medical conditions
- Have college-aged children who are out of town
- Traveling in the United States
- Unable to leave work
- And more!

Registration is required before using this service.



When it's an emergency

In an emergency medical situation, you should go directly to the nearest emergency room or call 911 for help.

You do not need prior authorization for treatment of emergency medical conditions.

However, it is best if you can have someone telephone your doctor/primary care provider (PCP) as soon as possible so that they know you are being treated.

Even if you can't make the call when you are being treated, please have someone notify your PCP that you were treated for an emergency medical condition as soon as possible, preferably within 48 hours.

This will ensure that your PCP can help manage your health care.

If you are treated for an emergency medical condition while out of the service area, please refer to your contract for follow-up care coverage information.

After office hours



If you get sick or hurt and need care after regular office hours, call your doctor or regular provider first, unless it is an emergency medical condition. They will know your medical history and are the best person to help you. Your PCP may use an answering service or another doctor who is on call to make sure you can get medical care when you need it.

Your PCP or the on-call doctor will decide if you need treatment right away or if you can wait for regular office hours. If you do need care, your doctor may see you at their office, send you to their on-call doctor, send you to an urgent or after-hours care center, or send you to an emergency room.

Choosing a Primary Care Provider (PCP) is important to *good health*

Your primary care provider (PCP) is an important partner in keeping you healthy. They can help you manage and coordinate your medical care, including diagnosis, treatment, referrals to specialists, hospitalization, and follow-up care. This may include the management of chronic conditions, such as asthma, diabetes, and hypertension, which require regular medications.

Be sure to call your PCP whenever you believe you need medical care. Your provider or their on-call provider is available to you 24 hours a day.

Who can act as a PCP?

Any of the following trained medical professionals who participate in our network and are accepting new patients can care for you or your family members:

- Medical doctors (M.D.), including doctors of osteopathic medicine (D.O.), can care for people of any age
- Pediatricians care for babies and children
- Geriatricians can coordinate care for older adults
- Obstetrician-gynecologists (OB/GYNs) diagnose and treat women reproductive health, including pregnancy and childbirth
- Nurse practitioners (N.P.) are registered nurses (R.N.) who have advanced education and training in diagnosing and treating medical conditions. Nurse practitioners can provide primary care for children and adults.

We are committed to making selecting a PCP easy.

Visit ExcellusBCBS.com or use our mobile app to search for a provider that participates with your plan.

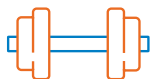
Need help? Our Customer Care advocates are happy to help when you call the phone number on the back of your member card.

After you select a possible PCP:

1. Call their office and ask if they are accepting new patients.
2. Consider the available office hours and if you will be able to make appointments that fit your schedule.
3. You may want to ask if they offer appointments by phone or video call (known as telehealth) and if a registration is required to use this option.
4. Schedule an appointment to get established as a patient and share your medical history. Ask your new provider's office to request records from your (or your child's) previous PCP to coordinate your care.

Enjoy HealthyPerks™ and Healthy Savings

Living a healthy life means more than regular doctor visits. It's about staying active, eating well, and reaching out to experts when you need to. Our HealthyPerks™ makes all these aspects of health convenient—and less costly!



Blue365®

With this program, you get exclusive discounts on fitness gear, exercise programs, weight-loss programs, and more!



24/7 Nurse Call Line

Get convenient answers to your health care questions.



Expert Information Online

Instant access to many health topics.

Explore more at ExcellusBCBS.com

Need to find a doctor?



Use the **"Find a Doctor"** tool on our website or mobile app for the most current listing of participating providers. Log in for results personalized to your plan.

Our website can help you find:

- Doctors
- Behavioral Health Professionals
- Dentists
- Urgent Care Centers
- Hospitals

It is always good to check with a new provider to see if they are accepting new patients.

Use our **"Find a Doctor"** tool to search and view a participating provider's:

- Address, phone numbers, and hours
- Wheelchair accessibility
- Languages spoken
- Gender
- Specialty
- Professional qualifications, medical schooling, residency completion, and board certification status

If you do not have internet access, please call the Customer Care phone number on the back of your member card.

Printed provider directories are updated regularly and available by request.

24/7 Nurse Call Line

We want to make sure you have the answers you need at the time you need them as a member. Our nurse call line is available 24 hours a day, 7 days a week. Our experienced registered nurses are ready to help you any time of the day or night.

For questions about symptoms and care for you or a family member, call **1-800-348-9786** (TTY 711). For additional languages, please ask for a translator when you are connected.

The 24/7 Nurse Call Line is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains, fever, loss of bodily function control, vomiting or any other immediate medical concern, dial 911 or contact a provider directly.



Give your baby the right start

When you're pregnant, your first concern is the health and welfare of your unborn baby. Getting complete prenatal care right from the start will help ensure that your baby is as healthy as possible. That's why regular prenatal visits are critical, even if previous pregnancies were problem-free.

Regular prenatal care visits provide you with childbirth education, counseling, and family support. It also includes a complete health screening and evaluation of risk factors that may affect your health and the health of your baby.

Details on the medical tests you'll have and the topics you'll discuss during your prenatal visits with your health care provider are available on our website.

To learn more about healthy pregnancy, how to prepare, and what to expect, go to [ExcellusBCBS.com/StayHealthy](https://www.excellusbcbs.com/StayHealthy) and log in to your member account.

Bright Beginnings is a free comprehensive care program for pregnancy, birth, and beyond. The program pairs you with a dedicated care manager who serves as your go-to person for support. You also have access to a range of specialists for a holistic approach to care. Log in to your online account and view "Bright Beginnings" under "Health and Wellness." Case Managers are also available Monday – Friday, 8 a.m. – 5 p.m. at [1-877-222-1240](tel:1-877-222-1240) or email Case.Management@excellus.com.



Free well-child visits keep kids healthy

Get in the habit of bringing your children to their doctor for routine checkups, even when they are well. Well-child visits give you and your child the opportunity to get to know the doctor, who can monitor your child's development and identify potential problems early on. Well-child visits are covered at no cost when you see a doctor in our network.

Your child's doctor will also advise you on injury prevention and healthy lifestyle issues appropriate for your child, including nutrition, exercise, dental health, tobacco use, alcohol and substance use, and prevention of sexually transmitted diseases. A school or sports physical does not qualify as a well-child visit.

The current clinical guidelines for preventive health recommendations for children are shown on the next page.

CDC recommends HPV vaccine for preteens and teens



HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection.

Human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection.

HPV is a common virus that infects teens and adults. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, cancer of the back of the throat (oropharynx), and genital warts in both men and women.

Talk to your child's health care provider to learn more about HPV vaccine and the other vaccines that your child may need. You can also find out more about HPV vaccine at [cdc.gov/hpv](https://www.cdc.gov/hpv).

Lead poisoning: What every parent needs to know

Lead is a very strong poison.

Children under age 6 are at the highest risk, but it can affect anyone. If you have questions or concerns, talk to your health care provider. Your provider may have asked you about the potential risk of lead exposure, but a blood lead test is the only way to know for sure. It was commonly used in gasoline and house paint. It has been banned in the United States for many years, but is still found in some older homes, toys from other countries and even old fishing sinkers.

The truth is that lead can be anywhere. New York State Public Health Law and Regulations require health care providers to:

- Assess all children ages 6 months to 6 years for risk of lead exposure at least annually as part of routine care, and obtain a blood lead test on all children found to be at risk.
- Obtain a blood lead test for all children at age 1 and again at age 2.

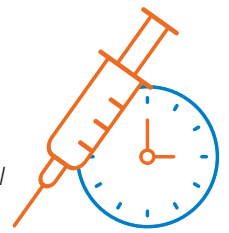
Learn more at [health.ny.gov/environmental/lead](https://www.health.ny.gov/environmental/lead) or [ExcellusBCBS.com](https://www.excellusbcbs.com)

We speak your language

We offer a service that translates members' questions and medical providers' and/or doctors' answers into more than 150+ languages. Call Customer Care at 1-800-650-4359 (TTY 1-800-662-1220 or 711) to talk to an interpreter.

Preventive health visits by age

Regular preventive health appointments with your child's health care provider help you track your child's development and give them an understanding of the importance of good health care. At each well visit age appropriate developmental/psychosocial/behavioral assessments, health screenings, and immunizations are completed. Compiled with information from the U.S. Centers for Disease Control and Prevention (CDC), 2023, [cdc.gov/vaccines/](https://www.cdc.gov/vaccines/) and American Academy of Pediatrics Bright Futures [brightfutures.aap.org/](https://www.brightfutures.aap.org/)



AGE	IMMUNIZATIONS	WELL VISIT SCHEDULE	ANTICIPATORY GUIDANCE
Birth	Hepatitis B: Dose 1	3 to 5 days	<p>ALL AGES</p> <ul style="list-style-type: none"> Perform age-appropriate risk assessments, immunizations and medical screenings (blood pressure, head circumference, length, height, weight, depression, vision, hearing, lead, tuberculosis, anemia, oral health, blood pressure, dyslipidemia, HIV, alcohol/substance use and sexually transmitted infections) and measure and plot BMI percentile based on age and gender, metabolic syndrome, hypertension Social determinants of health Living situation and food security Family relationships and support Parenting skills/ parent and family wellbeing/ family adjustment/ functioning Healthy nutrition and feeding Overweight, obesity and eating disorders Oral/dental health: brush teeth/regular visits to dental provider Effects passive smoking, anti-tobacco message Media exposure and uses Safety seat (under 8 years), lap shoulder belt, child in back seat/ smoke detector/carbon monoxide detectors Safe storage of drugs, toxic substances, firearms and matches Poisoning prevention/ activated charcoal, poison control number/ violence prevention Sun exposure/ sunscreen use/ heatstroke Measure and plot weight for length until 24 months and body mass index (BMI) beginning at 24 months Perform developmental/ behavioral/ psychosocial and autism screening and follow-up If you are traveling out of the U.S., please speak to your primary care doctor about any recommended vaccines
1 to 2 months	Hepatitis B: Dose 2	1 month	
2 months	DTaP: Dose 1, Polio: Dose 1, Hib: Dose 1 PCV13: Dose 1, Rotavirus: Dose 1	2 months	
4 months	DTaP: Dose 2, Polio: Dose 2, Hib: Dose 2 PCV13: Dose 2, Rotavirus: Dose 2	4 months	
6 months	DTaP: Dose 3, Hib: Dose 3, PCV13: Dose 3 Rotavirus: Dose 3, Influenza	6 months	
6 to 18 months	Polio: Dose 3 Hepatitis B: Dose 3		
6 months through adult	COVID-19: Primary 2 or 3 dose series Booster (go to cdc.gov for details)	As applicable	
12 to 15 months	Influenza, Hib: Dose 4, PCV13: Dose 4 MMR: Dose 1, Varicella: Dose 1	1 year	
12 to 23 months	Hepatitis A: Dose 1, Hepatitis A: Dose 2- 6 months after 1st dose		
15 to 18 months	DTaP: Dose 4	15 months 18 months	
2 years	Influenza	2 years	
3 years	Influenza	30 months 36 months	
4 to 6 years	Influenza, DTaP: Dose 5, Polio: Dose 4 MMR: Dose 2, Varicella: Dose 2	Yearly	
7 -10 years	Influenza	Yearly	
11 to 12 years	Influenza, Tdap, MenACWY: Dose 1 HPV: Dose 1, HPV: Dose 2- 6 to 12 months after 1st dose	Yearly	<p>IMMUNIZATION GUIDE</p> <p>DTaP: Diphtheria, Tetanus, Pertussis IPV: Polio Hib: Haemophilus influenzae type b Tdap: Tetanus, Diphtheria, Pertussis MenACWY: Meningococcal Disease HPV: Human Papillomavirus PCV13: Pneumococcal Disease MMR: Measles, Mumps, Rubella Varicella: Chickenpox</p>
13-15 years	Influenza	Yearly	
16 years	MenACWY: Dose 2, Influenza	Yearly	
17 years	Influenza	Yearly	



Adult preventive care

Take charge of your health

For all adults it is important to schedule routine check-ups with your primary care provider to help identify risk factors and problems before they become serious.

These preventive care visits may include health services like age and gender specific health screenings, counseling discussions used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best, for example, screening for hepatitis C for individuals born between 1945 and 1965, cancer screenings, immunizations and detection or management of chronic conditions such as diabetes, hypertension or cardiovascular disease.

Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and wellbeing.

Breast Cancer Screening

The CDC defines how screening can help find breast cancer early, when it is easier to treat.

All women need to be informed by their health care provider about the best screening options for them.

Talk to your health care provider about which breast cancer screening tests are right for you, and when you should have them. The

USPSTF (U.S. Preventive Services Taskforce) recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years. Women who are 40 to 49 years old should talk to their health care provider or other health care professional about when to start and how often to get a mammogram.

Colon Cancer Screening

Facts about Colon Cancer Screening: Tens of thousands of adults in upstate New York are choosing not to be screened for colon cancer. Colon cancer is the second-leading cause of cancer death among adults in the United States.

CDC Colorectal Cancer Screening Fast Facts

- If you are age 45 to 75 years old, you should get screened for colorectal cancer.
- The U.S. Preventive Services Task Force recommends screening beginning at age 45. People at increased risk may need to begin screening before the age of 45.

The vast majority of new cases of colorectal cancer (about 90 percent) occur in people who are 50 or older. Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to a cure.



Our plans have a process for reviewing health care services to ensure that they are evidence-based, medically necessary, and being performed at the right level of care by qualified professionals. This process is called utilization management (UM) and it is conducted by licensed health care professionals and practitioners.

UM decision-making is based solely upon the application of nationally recognized clinical criteria, transparent corporate medical policies, and the existence of coverage. We do not, in any way, encourage decisions that result in underutilization or reward UM decision makers for denials of coverage or limits on access to care.

Are you eligible for a mid-year enrollment change?

Life changes that happen outside of an annual enrollment period, planned or unexpected, may make you (or your loved one) eligible to change your health insurance coverage.

- Getting married or divorced
- Having a baby or adopting a child
- Loss of eligibility for coverage on a parent's plan (turning age 26)
- Newly eligible for Medicare (turning age 65)
- A job loss, or other change in income, may make you eligible for other plans

Excellus BlueCross BlueShield is here for you with affordable, high-quality individual, family and Medicare health insurance plan options, and some peace of mind with coverage you know and trust:

The Essential Plan, for as low as \$0 a month

Qualified Health Plans, with premium tax credits for those who qualify

Other free or low-cost plans for individuals and children

Medicare plans for those over age 65

Eligibility is based on New York state residency, age, income, family size and other criteria.

If you're under age 65, visit

ChooseExcellus.com — or call us at the number on the back of your member card.

If you're age 65 or older: See what plan is right for you at **ExcellusforMedicare.com** or call us at 1-800-671-6081 (TTY 711).

Get help

You can visit our website at ExcellusBCBS.com to find a participating provider or doctor. Printed directories are available by request by calling the number on your member card.

You can also login using your member account, to view or request a member card(s), check the status of a claims or referrals, view benefits and coverage, and more.

MORE QUESTIONS? Call the phone number on your member card and our Customer Care advocates would be happy to assist you.

YOU CAN ALSO CALL THE APPROPRIATE NUMBER BELOW:

For claims, benefits, and all other questions:

- Call the number on your member card for personalized care.

Don't have your card handy?

- Call 1-800-499-1275 (TTY 1-800-662-1220 or 711) Monday–Thursday, 8 a.m. to 7 p.m., Fridays, 9 a.m. to 7 p.m.

5 steps to better health

What can you do to stay well and prevent disease?

Simple. Follow these steps:

- **Taking medications**

One of the most important things you can do to protect your health is to take your medications as directed by your health care provider. This is called medication adherence. In addition, our members have access to licensed, clinical pharmacists to ask questions about their medications through our Ask the Pharmacist program.
- **Nutrition**

Eating healthy is about more than counting calories. From online tools to personal consults when needed from our nutrition experts, we'll help you feel your best with resources that help you make healthy eating a part of your lifestyle.
- **Screenings and Immunization**

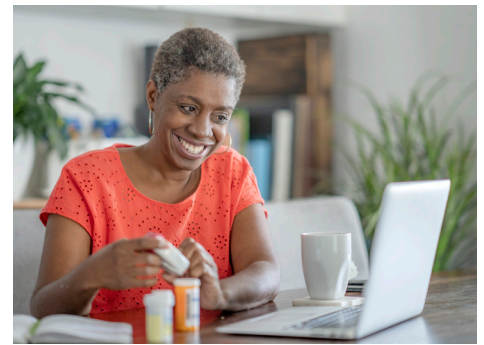
We're committed to helping you stay healthy. Most preventive health screenings, such as mammograms and colonoscopies, as well as immunizations are covered at no additional cost to you. Not sure where to start? No matter which stage of life you're in, we'll help you determine which screenings are recommended.
- **Fitness**

Whether you've been exercising your whole life or just starting your fitness journey, we have the resources to help you keep moving. All our members have access to online fitness tools. Many of our plans reward you for staying active.
- **A healthy mouth is good for you**

A healthy mouth does not have pain, cavities, bone disease, or harmful bacteria. To keep your teeth and mouth healthy, brush and floss daily, avoid smoking, and eat healthy foods. A few minutes a day can go a long way to keeping your mouth healthy and can help prevent painful and expensive urgent care.

Details on recommended medical tests and other health information are available under "Health and Wellness" on the website listed on your member card.

If you have any questions, contact your doctor.



Prescription coverage

There are different types of prescription drug plans. If you have prescription drug coverage that includes different copayment or co-insurance amounts for generic and brand-name drugs, we encourage you to ask your doctor to prescribe generic drugs whenever possible to minimize your prescription drug costs.

You can fill your prescription at any participating pharmacy in our nationwide pharmacy network, including national chains and most independents. Just show your member card at any participating pharmacy; it identifies you as having prescription drug coverage. You may also have the opportunity to save money by ordering your medications through our mail-service vendors.

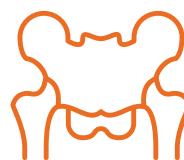
If your doctor wants you to use a medication that is not covered on our formulary, there is an exception process.

We are dedicated to providing our members with access to safe, effective drug therapy. Our Pharmacy and Therapeutics Committee, consisting of community doctors and clinical pharmacists, meets regularly to review prescription drugs, determine prescribing guidelines, and define coverage categories (formulary).

Note: Prescription drug coverage varies. Please check your contract or call the Pharmacy member phone number on your member card. You can also log onto [ExcellusBCBS.com](https://www.ExcellusBCBS.com) and click on the "Prescriptions" tab, to check your contract/group certificate, verify your prescription coverage, get information on your mail order options, check our updated formulary drug list and find information about our pharmacy management procedures, including how, with a prescriber's supporting statement, to request a formulary exception.

Learn more online by logging on to [ExcellusBCBS.com](https://www.ExcellusBCBS.com) and click on "save money on prescriptions" under the 'prescriptions' tab.

Have arthritis? Facing a hip or knee replacement? You have options.



Explore more at [ExcellusBCBS.com](https://www.ExcellusBCBS.com). Review expert decision-making tools targeted to support people considering hip/knee replacement surgery.

These tools can help you to better understand your treatment options when you talk with your provider.

HIV/AIDS/STI:

What you should know



HIV (human immunodeficiency virus) is a virus that makes it hard for the body to fight infection and disease. AIDS (acquired immunodeficiency syndrome) is the last and most severe stage of the HIV infection. But having HIV does not mean you have AIDS.

New medications make it easier to manage the virus and can stop it from spreading. Keeping your viral load at an undetectable level can lead to a zero risk of passing the virus on to partners through sex. By taking care of yourself, you can also help to keep your partner safe and healthy. Remember: Undetectable = Untransmittable.

STI (sexually transmitted infection) symptoms and treatment may vary. People who are infected may not have any symptoms and may not know that they have an infection. The only way to know for sure is to get tested. STI Prevention screening is encouraged based on risk factors - contact New York State HIV/STI Hotline for more information.

HIV/STIs are spread by:

- Sexual contact with a person who is infected.
- Sharing needles, syringes, or works (for drug injection, piercing or tattooing) with a person who is infected.
- Contact between broken skin or wounds with HIV/STI-infected blood.
- HIV/STI-infected women to their babies.
- Contact with HIV/STI-infected blood products on the job (such as in health care).
- Some STIs can also be spread through skin to skin contact.

Lower your risk:

- Always use a condom when having sex.
- Limit the number of people with whom you have sex.
- Limit or refrain from using drugs and alcohol before and during sex.
- Know your partner's HIV/STI status before you have sex.

Getting tested

Everyone should know their HIV status. The only way to know if you have HIV is to be tested.

It is advised that everyone between the ages of 13 and 64 get tested for HIV at least once. Testing is safe and easy. You can have a blood test

or an oral test. An oral test doesn't use needles. Most clinics, health departments, and health care providers can do the test for HIV. The testing can be confidential or anonymous.

To get a free and confidential test for HIV or STIs please call **1-800-541-AIDS (1-800-541-2437)**.

Confidential testing requires that you give your name, and your results can be sent to your health care provider.

Anonymous testing means that you do not give your name and that there is no record of the test. If your test shows that you have HIV, you can choose to give your name at that time so that you can receive medical care.

HIV testing and treatment are especially important for pregnant women. It is much better to know your status early. This can allow you to make important decisions about your health and the health of your baby.

- If you do have HIV/STI or AIDS, it is important to get regular care. This can help you to manage your condition and decrease the risk of spreading the virus to your baby.
- If you do not have HIV/STI but are at high risk of becoming infected, talk to your health care provider about pre-exposure prophylaxis (PrEP). PrEP involves taking a specific HIV medicine every day to reduce the risk of HIV infection.

For more information about HIV/AIDS/STI, contact the New York State HIV/STI Hotline toll-free at 1-800-541-AIDS (2437) in English or 1-800-233-SIDA (7432) in Spanish. Or go to the New York State HIV/STI Information Service website located at nyaidline.org

When you visit a specialist...

Please be sure to ask your specialist to send a report to your primary care provider (PCP). This will help your PCP manage your health care.



Consider taking a Health Risk Assessment

Please take a few minutes to complete your confidential Health Survey. You'll receive a Health Profile that will give you a snapshot of your health. Have your member card handy for quick and easy registration to the survey site.

1. Visit ExcellusBCBS.com and log in as a "Member."
2. Click the "Health and Wellness" drop down along the top.
3. Under "Health & Wellness Programs", select "Health Risk Assessment."
4. Click the "Begin Health Risk Assessment" button to start.

Advance Care Planning



Conversations change lives. Start your conversation.

Advance Care Planning (ACP) is a process for planning for future medical care in case you are unable to make your own decisions. Your health plan has developed two successful programs to help make the ACP process easier.

Community Conversations on Compassionate Care (CCCC) combines storytelling with “Five Easy Steps” to promote conversations that help all adults complete a Health Care Proxy and Living Will.

The Medical Orders for Life-Sustaining Treatment (MOLST) Program is designed to improve the quality of care seriously ill people receive at the end of life.

For further information on CCCC and MOLST and to obtain free educational resources, visit [CompassionAndSupport.org](https://www.compassionandsupport.org) and [MOLST.org](https://www.molst.org), or call this toll-free number: **1-877-718-6709**.

Experimental and investigational procedures are not covered

Because your safety is important to us, we don't cover treatments, procedures, drugs, devices, or any related hospitalization determined to be experimental or investigational.

We have a department of providers and nurses who determine medical policy and coverage with a committee of regional board-certified providers on new technology and new medical procedures. New drugs are reviewed by our Pharmacy and Therapeutics Committee.

We use a variety of sources, such as the Food and Drug Administration (FDA), clinical practice guidelines, and peer-reviewed professional journals, in researching new technologies. Our medical policy department will only allow new technology to become a part of our benefit package after it has been thoroughly investigated and determined to be safe and effective.

Protecting your health information

Protecting the privacy of your family's health information is important to us.

Regulations enacted under the Health Insurance Portability and Accountability Act (HIPAA) enhanced our procedures around the disclosure of our members' protected health information to anyone other than that specific individual, without prior written authorization, or as permitted by law.

Without a signed authorization on file with the health plan:

- Spouses cannot call and check on referrals.
- An adult child cannot receive information about their elderly parent.
- Parents with dependent children ages 18 or older cannot get information about their child's claims.
- Parents with children younger than 18 can access their child's health information, although other privacy laws protect some specific medical information for children.

For members:

You can file an authorization form by accessing our website at [ExcellusBCBS.com](https://www.excellusbcbs.com), then as a Member to select “**My Account**,” then under “**My Information**,” select “**Manage Privacy**.” If you do not have internet access, call the Customer Care phone number listed on your member card to request a paper authorization form.



Health plan medical policies available online

Each month, your health plan's website is updated with new and revised medical policies that may affect the care you and your family receive. Medical policies are based on a systematic review of scientific evidence to determine the scientific merit of a medical technology. All medical policies are reviewed and finalized by the Corporate Medical Policy Committee, which includes your health plan's medical directors and practicing providers.

Medical policies are used as a guide. Coverage decisions are made on a case-by-case basis and in accordance with your contract. While a service may be medically appropriate, it may be excluded from your benefit plan. Always refer to your particular benefit plan to determine if a service may be considered for coverage under that plan and if a specific limitation or exception exists.

Be aware that these medical policies are written for health care practitioners and include medical and technical language. That's why it's important for you to review these policies with your health care provider.

To see the medical policies, visit the website address listed on your member card and search for “medical policies.” If you don't have internet access, you may also call the phone number on your member card and ask for a printed copy of a particular policy.



Important information about your contract

Each year, we notify our members of certain disclosure information as required by law. To find more information and documents related to the following topics, please go to our website at ExcellusBCBS.com, sign in as a member, select "Resources," then "Compliance Notices." You may also request a copy by contacting us by mail at the address on your member card, or by calling us at the telephone number listed on your member card.

Privacy Notice: This describes how medical information about you may be used and disclosed and how you can get access to this information.

Women's Health and Cancer Rights Act: Your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema.

Provider Directory: A current and searchable list of providers is available on our website, or you can request a printed copy.

New York State Consumer Guide to Health Insurers: The current guide is available from the New York State Department of Financial Services. The guide provides important consumer information on the performance of health maintenance organizations and other insurers. To view a copy of the guide online, visit dfs.ny.gov/system/files/documents/2022/08/ny_consumer_guide_health_insurers_2022.pdf. You can request a hard copy of the guide by calling New York State Department of Financial Services at 1-800-342-3736. Find us in this guide under the name "Excellus Health Plan."

Third Party Designation: If you are 65 or older and enrolled in a direct payment product or Medicare supplement plan, you have the right to designate another person (family or friend), known as a "third party," to receive notices of nonpayment of premium and notices of cancellation due to nonpayment of premium. To do so, you must fill out our Third Party Designee form available as described above.

You have the right to appeal

Insured health plan members in New York state have the right to request an independent external review when health care services are denied by an insurer as not medically necessary, or as experimental or investigational.

To request an external appeal, members must complete a New York State External Appeal Application for Health Care Consumers and send it to the New York State Department of Financial Services.

Members will receive an application along with the notice of final adverse determination when their internal appeal has been denied. To obtain additional information regarding this process, members should refer to their Member Handbook, the New York State Department of Financial Services website at dfs.ny.gov/complaints/file_external_appeal or contact Customer Care at the phone number on your member card.

Self-insured members may also have external appeal rights available under the Patient Protection and Affordable Care Act (PPACA). For more information about this process, members can call Customer Care at the number on your member card.

How to submit a complaint or grievance

A grievance or complaint applies to any issue not related to a medical necessity or experimental or investigational determination made by the health plan. You can contact us by phone, in person, or in writing to file a complaint or grievance.

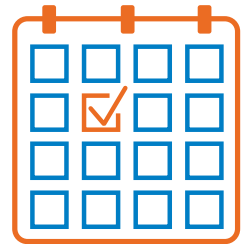


Commercial: Excellus BlueCross BlueShield 1-800-499-1275
Monday–Thursday, 8 a.m. to 6 p.m. Friday, 9 a.m. to 6 p.m. TTY: 711



Written complaints or grievances can be mailed to:
Excellus BlueCross BlueShield CAU P.O. Box 4717 Syracuse, N.Y. 13221
Fax: 315-671-6656

Get
updates
throughout the
year—online



Throughout the year, we post updates to many of the topics in this guidebook. Please log in at ExcellusBCBS.com periodically for updates and details on items such as:

- Your health plan benefits and copayments.
- How to find a doctor, specialist, or hospital.
- Your rights and responsibilities.
- Pharmacy directions and medication lists.
- How to submit a claim or grievance.
- Resources for managing your health and wellness.
- Privacy practices for your personal health information.

You should know

As a member of our plan, you have certain rights and responsibilities, which are outlined below.

You have the right to:

- Receive all the benefits to which you are entitled under your contract.
- Receive quality health care through your providers in a timely manner and in a medically appropriate setting.
- Considerate, courteous, and respectful care.
- Be treated with respect and recognition of your dignity and right to privacy.
- Information about services, staff, hours of operation, and your benefits, including access to routine services as well as after-hours and emergency services, practitioners and providers, and members' rights and responsibilities.
- Participate in decision-making with your provider about your health care.
- Refuse treatment as allowed by law, and be informed by your provider of the medical consequences.
- Refuse to participate in research.
- Confidentiality of medical records and information, with the authority to approve or refuse the re-disclosure by us of such information, to the extent protected by law.
- Receive all information needed to give informed consent for any procedure or treatment.
- Access your medical records as permitted by New York state law.
- Express concerns and complaints about the care and services provided by providers and other providers, and have us investigate and respond to these concerns and complaints.
- Candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Care and treatment without regard to age, race, color, sex, sexual orientation, religion, marital status, national origin, economic status, or source of payment.
- Voice complaints or appeals about care the organization provides and recommend changes in benefits and services to staff, administration and/or the New York State Department of Financial Services or Department of Health, without fear of reprisal.
- Formulate advance directives regarding your care. To obtain a Health Care Proxy form, contact us, or download the form from our website, ExcellusBCBS.com.
- Contact us to obtain the names, qualifications, and titles of providers who are responsible for your care.
- All information about your health plan, its services and its providers and procedures.
- Make recommendations regarding the organization's members' rights and responsibilities.

You have the responsibility to:

- Be an active partner in the effort to promote and restore health by: Openly sharing information about your symptoms and health history with your provider.
 - Listening.
 - Asking questions.
 - Becoming informed about your diagnosis, recommended treatment and anticipated or possible outcomes.
 - Following the plans of care you have agreed to (such as taking medicine and making and keeping appointments).
 - Returning for further care if any problem fails to improve.
 - Accepting responsibility for the outcomes of your decisions.
- Participate in understanding health problems and developing mutually agreed upon treatment goals.
- Have all care provided, arranged, or authorized by your primary care provider (PCP).
- Inform your PCP if there are changes in your health status.
- Obtain services authorized by your PCP.
- Share with your PCP any concerns about the medical care or services that you receive.
- Permit us to review your medical records in order to comply with federal, state, and local government regulations regarding quality assurance and to verify the nature of services provided.
- Respect time set aside for your appointments with providers and give as much notice as possible when an appointment must be rescheduled or canceled.
- Understand that emergencies arise for your providers and that your appointments may be unavoidably delayed as a result.
- Respect staff and providers.
- Follow the instructions and guidelines given by your providers.
- Show your member card and pay your visit fees to the provider at the time the service is rendered.
- Become informed about our policies and procedures, as well as the office policies and procedures of your providers, so that you can make the best use of the services that are available under your contract.
- Abide by the conditions set forth in your contract.
- Inform the plan of changes in your residence, telephone, or other information affecting your health care.

News for HMO members

Are you a BlueCross BlueShield HMO member? Then you have access to health care benefits across the country. To meet the different health care needs of members and dependents who are away from home, your HMO offers separate benefits for short trips and long-term stays.

- For short trips (fewer than 90 days), the BlueCard® program gives you access to doctors and hospitals almost everywhere for urgent and/or emergency care, giving you the peace of mind that you'll have access to the care you need.
- For long trips (90 consecutive days or longer), the Guest Membership (Away from Home Care) benefit is available for you and your covered dependents in most states and the District of Columbia. This benefit is designed to bring you peace of mind if you have a dependent attending school out of state, have family members living in different service areas or have a long-term work assignment in another state. Whatever the reason for your stay, you're eligible for this benefit when you're away from home for at least 90 days. For eligibility information and specific locations where the Guest Membership benefit is available, please contact your HMO.

We're online and also mobile at [ExcellusBCBS.com](https://www.ExcellusBCBS.com)



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 twitter.com/ExcellusBCBS

 youtube.com/ExcellusBCBS

 [Linkedin.com/company/excellusbcbs](https://linkedin.com/company/excellusbcbs)

We emphasize quality for *you*

**We have a plan to
meet your needs.**

The Excellus BCBS mission is to improve the quality of life in the communities that we serve. We strive to empower members to become active participants in their personal health across their life's journey through educated and informed decision making.

We collaborate with hospitals, primary care practitioners and specialists in all the communities we serve striving to ensure the safe, high quality and cost-effective care for you, our members.

We routinely evaluate the quality of health care services and your experience/satisfaction rating of the health care services you received across our provider network.

You can find information about our Quality Improvement Program and the progress made toward meeting its goals by visiting us at [ExcellusBCBS.com](https://www.ExcellusBCBS.com) or by calling Customer Care at the phone number on your member card.