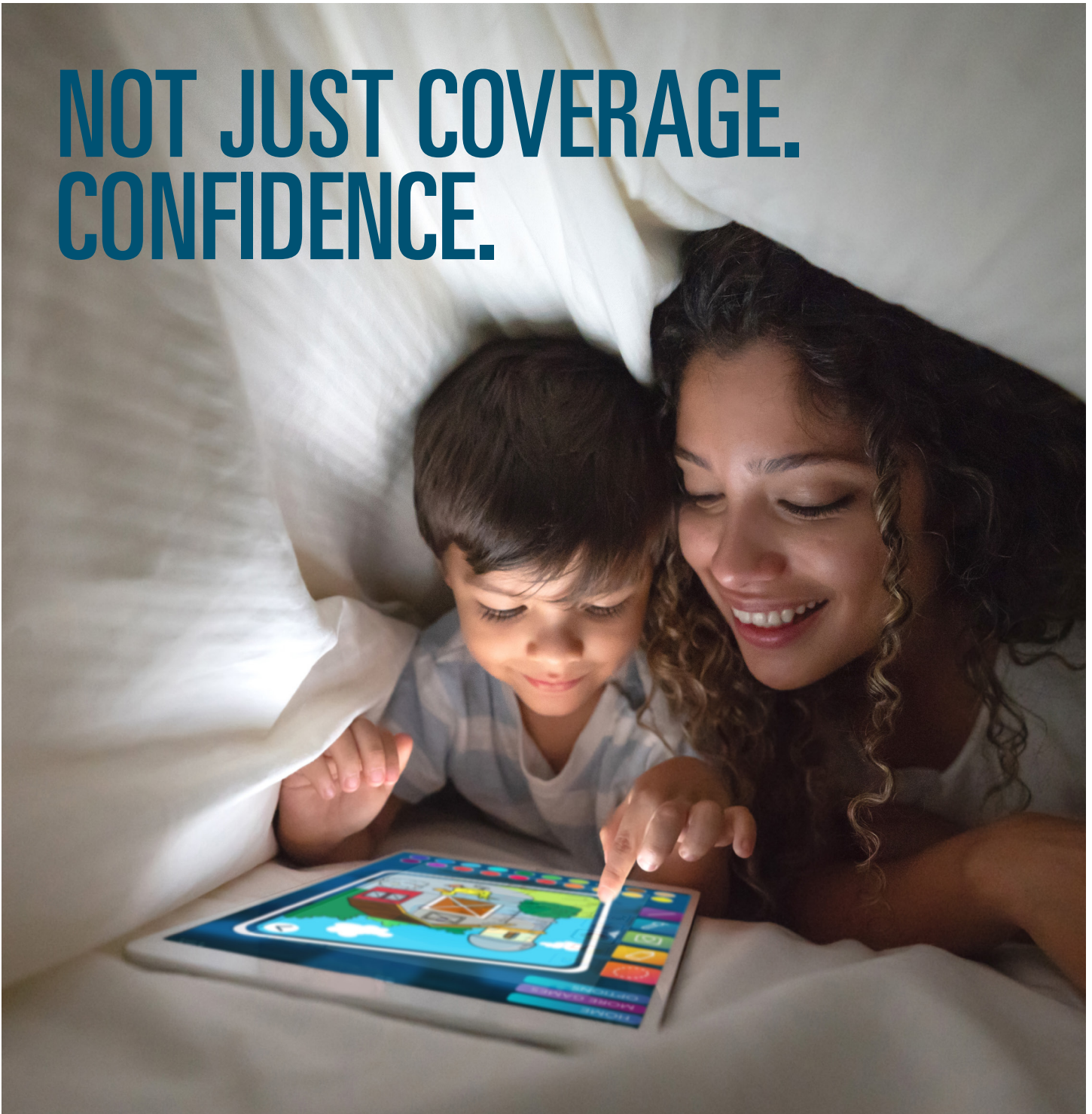


# NOT JUST COVERAGE. CONFIDENCE.



## YOUR BENEFIT PLAN DETAILS

**Group Name**

The U.A. Local 13

**Plan Type**

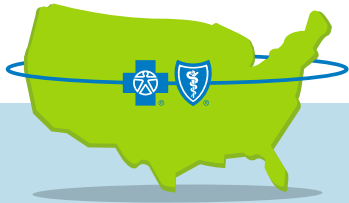
Signature Hybrid 1



# 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.

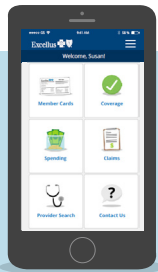
**You can count on your Excellus BCBS plan for care when and where you need it:**



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](http://ExcellusBCBS.com)



In this booklet you will find:

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

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

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

## The U.A. Local 13

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### Signature Hybrid 1

#### **Plan Features**

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Not Covered
Coverage Period	05/01/23-04/30/24
Office visit copay (Primary Care Physician)	\$40
Office visit copay (Specialist)	\$60
Coinsurance	In Network: 20%; Out of Network: 40%
Deductible	In Network: \$1,500 Single/\$4,500 Fam; OON: \$3,000 Single/\$9,000 Fam
Out of pocket maximum	In Network: \$4,000 Single/\$12,000 Fam; OON: \$8,000 Single/\$24,000 Fam
Lifetime maximum	None

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



The U.A. Local 13

**General Information**

**Cost Sharing Expenses**

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$1,500	\$3,000	
Deductible - Family	\$4,500	\$9,000	Each individual does not exceed the single deductible.
Coinsurance	20%	40%	
Annual Out of Pocket Maximum - Single	\$4,000	\$8,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$12,000	\$24,000	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

**Office Visit Cost Shares**

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

**Plan Limits**

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

**Who is Covered**

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

**Inpatient Services**

**Inpatient Facility**

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

## Inpatient Professional Services

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

## Outpatient Facility Services

### Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	\$60 Copayment	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	Covered in Full	40% Coinsurance Subject to Deductible	
Radiation Therapy	\$60 Copayment	40% Coinsurance Subject to Deductible	
Chemotherapy	\$40 Copayment	40% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	Covered in Full	40% Coinsurance Subject to Deductible	
Mental Health Care	\$40 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	\$40 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization

## Home and Hospice Care

### Home Care

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

## Hospice Care

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

## Outpatient and Office Professional Services

### Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP - \$40 Copayment Specialist - \$60 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - \$60 Copayment	40% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - \$40 Copayment	40% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - \$40 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	\$0 Kids Copay applies to PCP and Specialist
Maternity Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Telehealth	PCP - \$40 Copayment Specialist - \$60 Copayment \$0 PCP Copay for members to age 19.	40% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - Covered in Full \$0 PCP Copay for members to age 19.	Not Covered	Covers online internet consultations between the member and the providers who participate in our TeleMedicine MDLive Program for medical and behavioral health conditions that are not emergency conditions.
Chiropractic Care	PCP/Specialist - \$40 Copayment	40% Coinsurance Subject to Deductible	

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

## Rehab and Habilitation

### Outpatient Facility

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

### Outpatient Professional Services

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

## Preventive Services

### Preventive Professional Services Meeting Federal Guidelines\*

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

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

### Preventive Facility Services Meeting Federal Guidelines\*

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

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

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

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

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

## Other Benefits

### Additional Benefits

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



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

## Diagnoses

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

## Emergency Services

### ER Facility

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

### Transportation

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

### Urgent Care

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

## Ancillary Benefits

### Vision

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

## Rx Benefits

### Rx Plan

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

## Rx Benefits

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

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

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

# 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](https://www.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<sup>®</sup> 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.



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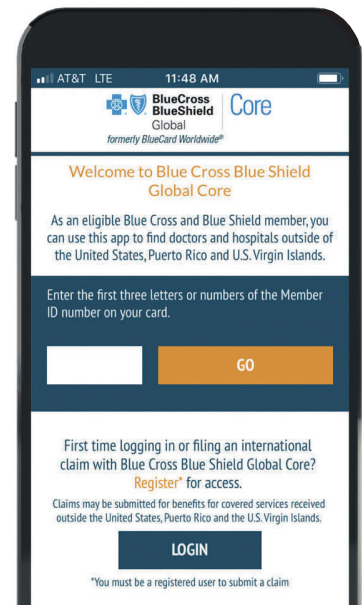
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

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

### 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.



EVERYTHING YOU NEED IN A SINGLE ONLINE SEARCH





# FIND DOCTORS. COMPARE COSTS. CONNECT WITH CONFIDENCE.

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





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



## FIND A DOCTOR WHO FITS ALL YOUR NEEDS

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

## ESTIMATE COSTS TO HELP BUDGET FOR EXPENSES

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

Get started at [ExcellusBCBS.com/FindCare](https://ExcellusBCBS.com/FindCare)



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

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B-7246



# 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](https://www.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](https://www.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



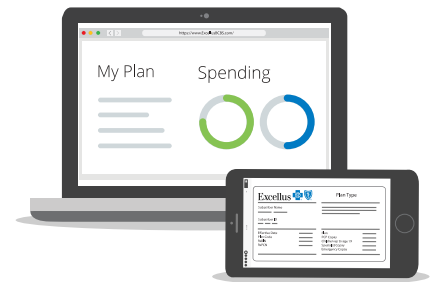
Visit [ExcellusBCBS.com/PreventiveCare](http://ExcellusBCBS.com/PreventiveCare) to learn more about these and other services available to you.

# Member Tools and Discounts Available on ExcellusBCBS.com

## 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.

- Search average estimated out-of-pocket medical costs for 1,600+ treatment categories and 400+ procedures.
- 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



Log in to your [ExcellusBCBS.com](http://ExcellusBCBS.com) member account to access the Estimate Medical Costs tool directly from your member dashboard.

## Blue365<sup>®</sup> and Fitness Your Way<sup>™</sup>

Blue 365<sup>®</sup> 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 and get weekly deals emailed right to your inbox each week. Fitness Your Way<sup>™</sup> by Tivity Health<sup>™</sup>, one of the most popular Blue365<sup>®</sup> offerings, can help you meet your fitness goals while staying on budget and fitting in to your busy schedule! Fitness Your Way offers access to 10,000+ different fitness locations for just \$29 a month.\*

Visit any participating fitness location – anytime, anywhere – as often as you like. Locations include select Planet Fitness, Curves and Snap Fitness. A limited number of Gold's Gyms and YMCAs in certain areas also participate. You can also receive discounts on massage, yoga, tai chi, Pilates, personal training and more, plus enjoy savings on vitamins, exercise equipment, aromatherapy and organic products.



Visit [ExcellusBCBS.com/Blue365](http://ExcellusBCBS.com/Blue365) and log in to your member account to learn more!

\* See program details for complete pricing information.

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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

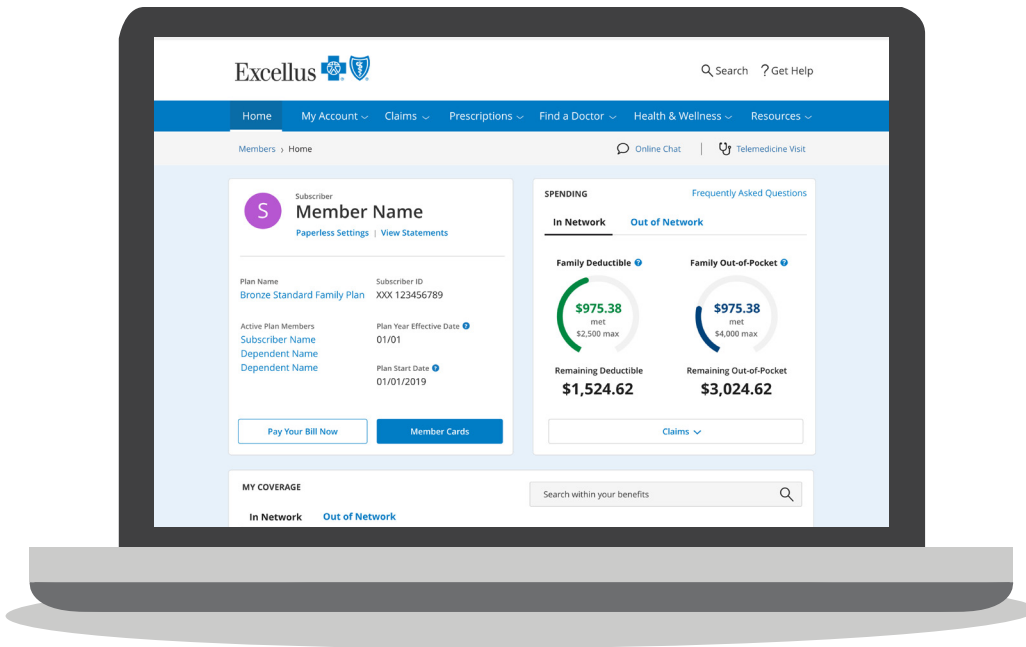
A nonprofit independent licensee of the Blue Cross Blue Shield Association.

15939-22M

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

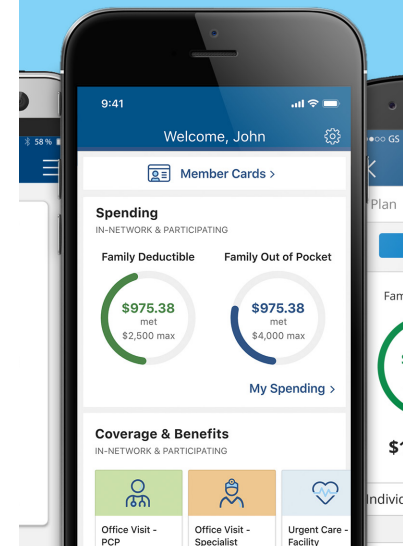


Making the most of your plan shouldn't be complicated. When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to a variety of tools and other resources to make living healthy a little easier.



## DOWNLOAD THE EXCELLUS BCBS APP.

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



- 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.\*

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](https://www.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.

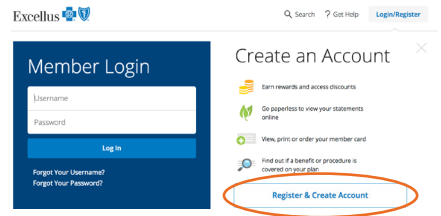
## 1 In Your Browser, Type [ExcellusBCBS.com/login](http://ExcellusBCBS.com/login)

This will take you directly to the registration screen.

Q | Enter Address

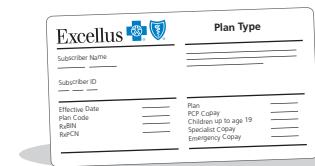
## 2 Create a New Account

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](http://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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Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

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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](https://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:



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



# 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.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association.

## 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
<b>Copay</b>	Covered in full
<b>Hybrid / Deductible Non-HSA</b>	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
<b>Deductible HSA</b>	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 \$40. The \$40 allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$150. This means a member who as not met their deductible will not pay more than \$150.

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

**WEB** - Register/Log in at [ExcellusBCBS.com/Member](https://www.excellusbcbs.com/Member)

**APP** - Download the MDLIVE app

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

**VOICE** - Call 1-866-692-5045

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

<sup>2</sup> Based on MDLIVE data, 2016.

<sup>3</sup> 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](https://www.mdlive.com/terms-of-use) and [www.mdlive.com/privacy-policy](https://www.mdlive.com/privacy-policy). MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

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B-6675 / 15769-211M

## DID YOU KNOW?



of doctor's office visits could be handled over the phone.<sup>1</sup>



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



of emergency room visits can potentially be prevented with telemedicine.<sup>3</sup>



# 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 year<sup>1</sup>. 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 surgery<sup>2</sup>. 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.

<sup>1</sup>“Strong for Surgery,” American College of Surgeons.

<sup>2</sup>“The Hidden Pandemic: the Cost of Postoperative Complications,” Springer Link, November, 2021.

## A \$25 GIFT CARD IS WAITING FOR YOU.

\$25

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

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

## It is easy to get started with Welvie.

Go to [welvie.com](https://www.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.

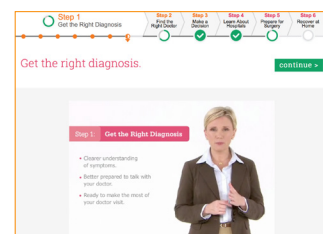


# Six Steps to Better Decisions

## Step 1

### Starting your surgery decision off on the right foot.

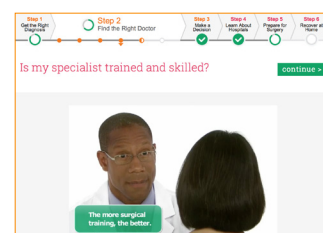
Welvie's interactive exercises help you explain your symptoms so you can make the most of your doctor's visit and get the right diagnosis.



## Step 2

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

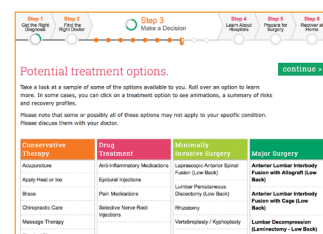
Welvie shows you how to ask all the essential questions before you have to make an all-important choice about who will provide your medical care.



## 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.

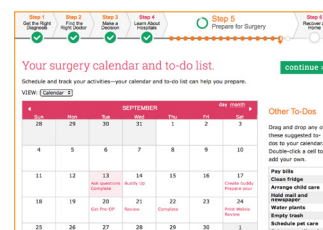
Welvie guides you in selecting the right kind of hospital (they are not all the same). And reminds you of some key things to ask the doctors and nurses on your surgical team.



## Step 5

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

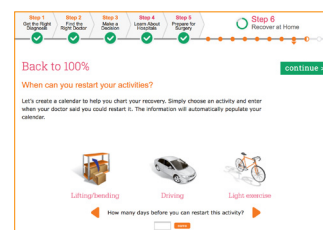
When the decision to have surgery has been made, Welvie helps you build your pre-op to-do list. Knowing you have planned, you can relax a bit.



## 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.







A nonprofit independent licensee of the Blue Cross Blue Shield Association

<b>FOR INTERNAL USE ONLY</b>
HIOS ID# _____
EC _____

### Commercial Group Health Insurance Application/Change Form

**CONFIDENTIAL**

Please print clearly and complete all sections that apply. Signatures are required. Additional instructions included on Page 4.

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

Employer Name _____	Association/Chamber Name (if applicable) _____	<b>Check Desired Action</b>
		<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change
Group Administrator's Signature (required) _____	Date _____	Employee Number _____
		Department Number _____

<b>Medical Information</b>	<b>If enrolling in a Medical plan, who do you need coverage for?</b>	<b>Subscriber Status:</b>	<b>Dental Information</b>	<b>If enrolling in a Dental plan, who do you need coverage for?</b>
Medical Group Number (8 digits) _____	<input type="checkbox"/> Self Only	<input type="checkbox"/> Actively Working	Dental Group Number _____	<input type="checkbox"/> Self Only
Medical Subgroup Number (4 digits) _____	<input type="checkbox"/> Self & Child(ren)	<input type="checkbox"/> Retired	Dental Subgroup Number _____	<input type="checkbox"/> Self & Child(ren)
Medical Class Number (e.g. A001) _____	<input type="checkbox"/> Self & Spouse, or Self & Domestic Partner	<input type="checkbox"/> Disabled	Dental Class _____	<input type="checkbox"/> Self & Spouse, or Self & Domestic Partner
	<input type="checkbox"/> Family	<input type="checkbox"/> Canceled		<input type="checkbox"/> Family
	_____ / _____ / _____	<input type="checkbox"/> COBRA		_____ / _____ / _____
<b>Medical Effective Date</b>		<b>Dental Effective Date</b>		

<b>Medical Plan Selection</b>	<b>Dental Plan Selection</b>

#### Section 2: Subscriber's Information

Last Name _____	Birthdate: _____ / _____ / _____
First Name _____	<b>Gender assigned at birth:</b>
Middle Initial _____	<input type="checkbox"/> Male
Title (e.g., Jr, Sr, III, etc.) _____	<input type="checkbox"/> Female
Street Address _____	<b>Gender identity (optional):</b>
City _____	<input type="checkbox"/> Transgender Male
State _____	<input type="checkbox"/> Transgender Female
Zip Code _____	<input type="checkbox"/> Prefer not to say
Phone _____	<input type="checkbox"/> Non-binary
	<input type="checkbox"/> Prefer to self-describe: _____
	<b>Social Security Number**</b> _____
	<b>Date of Hire/Rehire:</b> _____ / _____ / _____
	<b>Retirement Date:</b> _____ / _____ / _____
	<input type="checkbox"/> Age 65+ <input type="checkbox"/> Disability
	<input type="checkbox"/> End Stage Renal *
	<b>Subscriber's Medicare Number (if applicable)</b> _____
	_____ / _____ / _____
	<b>Medicare Part A Effective Date</b>
	<b>Medicare Part B Effective Date</b>

**Section 3: Reason for enrollment or change** To be completed by the Group Administrator Not required for cancellations

**Enrollment Opportunity:**  New Hire     Rehire     Open Enrollment     Medicare eligible

**Special Enrollment Opportunity:**     Newly Eligible Dependent:  Newborn     Marriage     Other \_\_\_\_\_

Change in employment status     A move in or out of the service area

Involuntary loss of coverage     Former dependent regains eligibility

Date of Event \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**COBRA Election - Please indicate the reason for COBRA if applicable:**

Left Employment/Retired     Divorce/Legal Separation     Loss of Student Status     Death of Spouse

Disability     Dependent Reached Max Age     Other: \_\_\_\_\_

**Demographic Change:**  Address     Birthdate     Subscriber Name     Dependent Name     Phone Number

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

Subscriber	Cancel Code:	Medical Cancel Date:	Dental Cancel Date:
		/ /	/ /
<b>Cancel Codes:</b>	SB02-Left Employment	SB05-Per Group Request	SB06-Subscriber Request (voluntary)
		SB07-Deceased	SB09-Enrolled in Error

Dependent(s)	Dependent Name:	Cancel Code:	Medical Cancel Date:	Dental Cancel Date:
			/ /	/ /
			/ /	/ /
			/ /	/ /
<b>Cancel Codes:</b>	M001-Per Group Request	M004-Enrolled in Error	M008-Moved Out of Area	M013-Ineligible
	M002-Deceased	M005-Divorced	M010-Overage Dependent	M014-YAO Ineligible
	M003-Per Subscriber Request	M007-Per Member Request (voluntary)	M011-No Longer a Student	M040-Mx Same Group

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

Spouse     Domestic Partner     Dependent Child     Disabled Dependent Child (Separate application form required)

Other \_\_\_\_\_

\_\_\_\_\_

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

**Gender assigned at birth:**  Male     Female    **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender identity (optional):**  Transgender Male     Transgender Female     Non-binary     Prefer not to say     Prefer to self-describe: \_\_\_\_\_

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

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

Medicare Eligible  Yes     No    If yes, indicate reason     Age 65+     Disability     End Stage Renal \*

\_\_\_\_\_    Part A Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Part B Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare Number (if applicable) \_\_\_\_\_

↓ Additional Dependent(s) ↓

Dependent Child     Disabled Dependent Child (Separate application form required)     Other \_\_\_\_\_

\_\_\_\_\_

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

**Gender assigned at birth:**  Male     Female    **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Gender identity (optional):**  Transgender Male     Transgender Female     Non-binary     Prefer not to say     Prefer to self-describe: \_\_\_\_\_

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

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

Medicare Eligible  Yes     No    If yes, indicate reason     Age 65+     Disability     End Stage Renal \*

\_\_\_\_\_    Part A Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Part B Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medicare Number (if applicable) \_\_\_\_\_

Dependent Child     Disabled Dependent Child (Separate application form required)     Other \_\_\_\_\_

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

**Gender assigned at birth:**  Male     Female                      **Birthdate** \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
**Gender identity (optional):**  Transgender Male     Transgender Female     Non-binary     Prefer not to say     Prefer to self-describe: \_\_\_\_\_

Is dependent a full-time student over age 19?  Yes  No    Married?  Yes  No    Expected Graduation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 If yes, please provide name of college/university \_\_\_\_\_    Will dependent further education after graduation?  Yes  No

Medicare Eligible  Yes  No                      If yes, indicate reason     Age 65+                       Disability                       End Stage Renal \*  
 \_\_\_\_\_                      Part A Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                      Part B Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Medicare Number (if applicable)

**Note: Use an additional application [or addendum] if more than three dependents need coverage.**

**Section 6: Other coverage information (Required) - You may be contacted for additional information**

Have you or any member of your family been enrolled in other medical or dental coverage?  Yes  No  
 If yes, what type of coverage?  Medical     Dental  
 What is the effective date of the other coverage?  Medical: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                       Dental: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 What is the name of the other carrier? \_\_\_\_\_  
 Are you keeping the coverage?  Yes  No  
 If no, when will the coverage end?  Medical: \_\_\_\_ / \_\_\_\_ / \_\_\_\_                       Dental: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Policyholder's name \_\_\_\_\_ ID#(s) \_\_\_\_\_  
 Who did the insurance cover?  Self Only     Self & Spouse/Domestic Partner     Self & Child(ren)     Family

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

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

I hereby accept responsibility for payment of any portion of the premium.  
 I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.  
 Pediatric dental is an essential health benefit mandated by the ACA. If your employer group does not provide pediatric dental coverage through this Excellus BCBS plan, you agree to enroll in the dental plan offered to you by your employer.

**EXCLUSIVE PROVIDER ORGANIZATION (EPO)** I understand that if I elect Exclusive Provider Organization (EPO) coverage, except in an emergency, all care must be provided by medical providers who participate with the EPO and I will not receive benefits for care that I receive from providers who do not participate with the EPO.

**PREFERRED PROVIDER ORGANIZATION (PPO)** I understand that the Preferred Provider Organization (PPO) coverage is comprised of an in-network benefit that is dependent on the utilization of medical providers who participate with the PPO and out-of-network benefit that provides coverage for services of medical providers who do not participate with the PPO. I understand that the in-network benefit provides the highest level of coverage under the plan.

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

**Subscriber Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Instructions for completing the Group Health Insurance Application/Change Form

### Section 1: Employer Group & Benefit Information

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

### Section 2: Subscriber's Information

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

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

### Section 3: Reason for enrollment or change

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

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

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

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

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

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

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

Qualified guidelines for coverage include:

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

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

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

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

### Section 6: Other coverage information (Required)

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

### Section 7: Release

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

**Excellus BCBS: Excellus BluePPO Signature Hybrid 1**

Coverage Period: 05/01/2023 - 04/30/2024

A nonprofit independent licensee of the BlueCross BlueShield Association

Coverage for: Family | Plan Type: PPO



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

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at www.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:
<b>What is the overall deductible?</b>	In-Network: \$1,500 Individual/\$3,000 Two Person/\$4,500 Family; Out-of-Network: \$3,000 Individual/\$6,000 Two Person/\$9,000 Family	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible
<b>Are there services covered before you meet your deductible?</b>	Yes, <a href="#">Preventive Care</a>	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 <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
<b>Are there other deductibles for specific services?</b>	No	You don't have to meet deductibles for specific services.
<b>What is the out-of-pocket limit for this plan?</b>	In-Network: \$4,000 Individual/\$8,000 Two Person/\$12,000 Family; Out-of-Network: \$8,000 Individual/\$16,000 Two Person/\$24,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
<b>What is not included in the out-of-pocket limit?</b>	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.
<b>Will you pay less if you use a network provider?</b>	Yes. See <a href="http://www.excellusbcs.com">www.excellusbcs.com</a> or call 1-800-499-1275 for a list of <a href="#">network providers</a> .	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.
<b>Do you need a referral to see a specialist?</b>	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)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$40 <a href="#">Copay</a> /visit No Charge for Members to age 19 <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	None
	<a href="#">Specialist</a> visit	\$60 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge <a href="#">Deductible</a> does not apply	Adult Physical: 40% <a href="#">Coinsurance</a> Adult Immunizations: 40% <a href="#">Coinsurance</a> Well Child Visit: No Charge	
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-Ray: \$60 <a href="#">Copay</a> /visit X-Ray: <a href="#">Deductible</a> does not apply Blood Work: No Charge Blood Work: <a href="#">Deductible</a> does not apply	X-Ray: 40% <a href="#">Coinsurance</a> Blood Work: 40% <a href="#">Coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	\$60 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.excellusbcb.com/rxlist">www.excellusbcb.com/rxlist</a>	Generic drugs	\$10/prescription retail, \$20/prescription mail order No Charge Members to age 19 <a href="#">Deductible</a> does not apply	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (mail order)/prescription <a href="#">Preauthorization</a> required for certain <a href="#">prescription drugs</a> . If you don't get a <a href="#">preauthorization</a> , you must pay the entire cost of the drug. <a href="#">Specialty drugs</a> must be filled by a Designated Pharmacy. <a href="#">Specialty drugs</a> are not eligible for mail order.
	Brand drugs	\$50/prescription retail, \$100/prescription mail order <a href="#">Deductible</a> does not apply	Not Covered	
	<a href="#">Specialty drugs</a>	\$100/prescription retail <a href="#">Deductible</a> does not apply	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	Physician/surgeon fees	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	

\* For more information about limitations and exceptions, see [plan](#) or policy document at [www.excellusbcb.com](http://www.excellusbcb.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)	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$350 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	\$350 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	None
	<a href="#">Emergency medical transportation</a>	\$350 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	\$350 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	None
	<a href="#">Urgent care</a>	\$60 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	Physician/surgeon fees	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$40 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	None
	Inpatient services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
<b>If you are pregnant</b>	Office visits	No Charge	40% <a href="#">Coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .
	Childbirth/delivery professional services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply.
	Childbirth/delivery facility services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge <a href="#">Deductible</a> does not apply	25% <a href="#">Coinsurance</a>	<a href="#">Deductible</a> is limited to \$50 Out-of-Network
	<a href="#">Rehabilitation services</a>	\$60 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	45 Visits per plan year limit
	<a href="#">Habilitation services</a>	\$60 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	45 Visits per plan year limit
	<a href="#">Skilled nursing care</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	45 Days per plan year limit
	<a href="#">Durable medical equipment</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	<a href="#">Hospice services</a>	No Charge <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	Family bereavement counseling limited to 5 Visits per plan year
<b>If your child needs dental or eye care</b>	Children's eye exam	\$60 <a href="#">Copay</a> /visit <a href="#">Deductible</a> does not apply	40% <a href="#">Coinsurance</a>	1 Exam per contract year
	Children's glasses	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	1 Pair Every 2 plan years

\* For more information about limitations and exceptions, see [plan](#) or policy document at [www.excellusbcb.com](http://www.excellusbcb.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)	
	Children's dental check-up	Not Covered	Not Covered	None

### Excluded Services & Other Covered Services:

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

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

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

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

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

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the phone number on Your ID card or [www.excellusbcs.com](http://www.excellusbcs.com); Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/agencies/ebsa/about-ebsa/ask-a-question/ask-ebsa](http://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](http://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](mailto:cha@cssny.org) or [www.communityhealthadvocates.org](http://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](http://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)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$1,500</b>
■ <b><a href="#">Specialist</a> copayment</b>	<b>\$60</b>
■ <b>Hospital (facility) <a href="#">coinsurance</a></b>	<b>20%</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>20%</b>

#### 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*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

#### In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$120
<a href="#">Coinsurance</a>	\$1,910
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$3,590</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$1,500</b>
■ <b><a href="#">Specialist</a> copayment</b>	<b>\$60</b>
■ <b>Hospital (facility) <a href="#">coinsurance</a></b>	<b>20%</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>20%</b>

#### 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*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$1,550
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Joe would pay is</b>	<b>\$1,570</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$1,500</b>
■ <b><a href="#">Specialist</a> copayment</b>	<b>\$60</b>
■ <b>Hospital (facility) <a href="#">coinsurance</a></b>	<b>20%</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>20%</b>

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$250
<a href="#">Copayments</a>	\$1,000
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,250</b>

## **Notice of Nondiscrimination**

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

The Health Plan:

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

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

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

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

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

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

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

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

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

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

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

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

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anviyòp 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 saperne come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אדיש, איז אומזיסטע שפראך הילף אונערלעבל פאר אייר ביטע רעפערירט צום בייגלעייגטן דאקומענט צו זען אופנים זיך צו פארבריינדן מיט אונז.

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

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

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

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée.

Consultez le document ci-joint pour savoir comment nous joindre.

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

Paunawa: Kung nagsasalita ka ng Tagalog, may maari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalalip 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. Drejtojuini dokumentit bashkëlidhur për mënyra se si të na kontaktoni.







## HEALTH PLAN TERMS

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

### **Primary Care Physician (PCP)**

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

### **Referral**

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

### **In-network coverage**

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

### **Out-of-network coverage**

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

### **Out-of-area**

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

### **Copay**

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

### **Allowed Amount**

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

### **Coinsurance**

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

### **Deductible**

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

### **Out-of-pocket maximum**

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

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



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