

# Not Just Coverage. Confidence.



## Your Benefit Plan Details

### Group Name

Onondaga County

### Plan Type

OnPoint 25

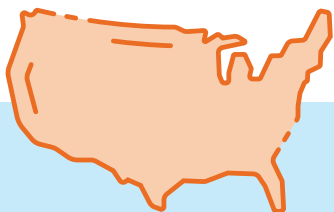


**Everybody** Benefits

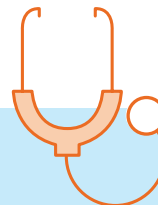
# Welcome to Excellus BlueCross BlueShield!

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

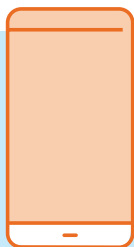
**You can count on your Excellus BCBS plan for care when and where you need it:**



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



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



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

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

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

In this booklet you will find:

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

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

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

Onondaga County

OnPoint 25

**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                               |
| Office visit copay (Primary Care Physician) | \$25 Copayment                            |
| Office visit copay (Specialist)             | \$25 Copayment                            |
| Coinsurance                                 | 25% Out of Network                        |
| Deductible                                  | \$500 Single/\$1500 Family Out of Network |

Questions? For assistance call (800) 796-6747,  
Call our TTYphone at 1 (800) 421-1220,  
or visit us at [www.excellusbcbs.com](http://www.excellusbcbs.com)

Onondaga County - On-Point 25

General Information

Cost Sharing Expenses

| Benefit Name   | In Network | Out of Network | Limits and Additional Information  |
|--|------------|----------------|--|
| Deductible - Single  | \$0        | \$500          |  |
| Deductible - Family  | \$0        | \$1,500        | Each individual does not exceed the single deductible.   |
| Deductible Aggregation - Single and Family                   |            |                | Each family member is only subject to the single Deductible and any combination of family members can satisfy the family Deductible as long as one individual does not meet more than the single deductible.<br>Individual                               |
| Coinsurance  | 0%         | 25%            |  |
| Annual Out of Pocket Maximum - Single                        | \$1,500    | \$2,000        | Out of Network Out-of-pocket maximums accumulate coinsurance & deductible. In-network 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                        | \$4,500    | \$6,000        | Out of Network Out-of-pocket maximums accumulate coinsurance & deductible. In-network Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services. |
| Annual Out of Pocket Maximum Aggregation - Single and Family |            |                | Each family member is only subject to the single Annual Out of Pocket Maximum any combination of family members can satisfy the family Annual Out of Pocket Maximum.<br>Individual   |

Office Visit Cost Shares

| Benefit Name              | In Network     | Out of Network                           | Limits and Additional Information                              |
|---------------------------|----------------|--|--|
| Cost Share - Primary Care | \$25 Copayment | 25% Coinsurance<br>Subject to Deductible | \$20 Copayment for Pediatric services for members age 0 to 19. |
| Cost Share - Specialist   | \$25 Copayment | 25% Coinsurance<br>Subject to Deductible | \$20 Copayment for Pediatric services for members age 0 to 19. |

Plan Limits

| Benefit Name                               | In Network | Out of Network | Limits and Additional Information |
|--|------------|----------------|-----------------------------------|
| Plan/Calendar Year                         |            |                | Calendar Year Benefits            |
| Diabetic Preauthorization and Step Therapy |            |                | No                                |

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  | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible |  |
| Mental Health Care           | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible |  |
| Substance Use Detoxification | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible |  |
| Skilled Nursing Facility     | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible | 100 Days per year<br>Admission must be 7 days of a prior hospital stay. Limits are combined In and Out of Network. |
| Physical Rehabilitation      | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible | 60 Days per year<br>Limits are combined In and Out of Network.   |
| Maternity Care               | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible |  |

### Inpatient Professional Services

| Benefit Name               | In Network                       | Out of Network                           | Limits and Additional Information  |
|----------------------------|----------------------------------|--|--|
| Inpatient Hospital Surgery | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |  |
| Anesthesia                 | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to 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 | \$75 Copayment  | 25% Coinsurance<br>Subject to Deductible |   |
| Diagnostic X-ray   | \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |   |
| Diagnostic Laboratory and Pathology                            | Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |
| Radiation Therapy  | \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |   |
| Chemotherapy   | \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible | Chemo Injections and Oral Chemo Therapy covered under injectable.       |
| Infusion Therapy Outpatient                                    | \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |   |
| Dialysis   | Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |
| Mental Health Care   | \$20 Copayment  | 25% Coinsurance<br>Subject to Deductible | Includes Partial Hospitalization. In Network Psychological Testing CIF. |
| Substance Use Care   | \$20 Copayment  | 25% Coinsurance<br>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             | \$75 Copayment  | 25% Coinsurance<br>Subject to Deductible | 40 Visits per year<br>\$75 copay is per calendar year. Limits are combined In and Out of Network. |
| Home Infusion Therapy | Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |

## Hospice Care

| Benefit Name           | In Network     | Out of Network                           | Limits and Additional Information  |
|------------------------|----------------|--|--|
| Hospice Care Inpatient | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible | 210 Days per lifetime<br>\$75 copay is per calendar year. Limits are combined In and Out of Network. |

## Outpatient and Office Professional Services

### Professional Services

| Benefit Name                        | In Network                       | Out of Network                           | Limits and Additional Information  |
|-------------------------------------|----------------------------------|--|--|
| Office Surgery                      | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |  |
| Diagnostic X-ray                    | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |  |
| Diagnostic Laboratory and Pathology | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |  |
| Radiation Therapy                   | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |  |
| Chemotherapy                        | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible | Chemo Injections and Oral Chemo Therapy covered under injectable.  |
| Infusion Therapy Services           | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |  |
| Dialysis                            | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |  |
| Mental Health Care                  | PCP/Specialist - \$20 Copayment  | 25% Coinsurance<br>Subject to Deductible | In Network Psychological Testing CIF.  |
| Maternity Care                      | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible | Initial visit \$25 copay then covered in full.   |
| Telehealth                          | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |  |
| TeleMedicine Program                | PCP/Specialist - Covered in Full | Not Covered                              | Effective 4/1/2020 - Covers online internet consultations between the member and the providers who participate in our telemedicine program for medical conditions that are not an emergency condition. |
| Chiropractic Care                   | PCP/Specialist - \$20 Copayment  | 50% Coinsurance<br>Subject to Deductible | 30 Visits per calendar year<br>Limits are combined In and Out of Network.  |
| Allergy Testing                     | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible | Allergy Testing includes injections and scratch and prick tests. \$20 Copayment for Pediatric services for members age 0 to 19.  |
| Allergy Treatment Including Serum   | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | Includes desensitization treatments (injections & serums).   |
| Hearing Evaluations Routine         | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |  |

## Rehab and Habilitation

### Outpatient Facility

| Benefit Name                | In Network     | Out of Network                           | Limits and Additional Information |
|-----------------------------|----------------|--|-----------------------------------|
| Physical Rehabilitation     | \$20 Copayment | 50% Coinsurance<br>Subject to Deductible |                                   |
| Occupational Rehabilitation | \$20 Copayment | 50% Coinsurance<br>Subject to Deductible |                                   |
| Speech Rehabilitation       | \$20 Copayment | 50% Coinsurance<br>Subject to Deductible |                                   |

## Outpatient Professional Services

| Benefit Name                | In Network                      | Out of Network                           | Limits and Additional Information |
|-----------------------------|---------------------------------|--|-----------------------------------|
| Physical Rehabilitation     | PCP/Specialist - \$20 Copayment | 25% Coinsurance<br>Subject to Deductible |                                   |
| Occupational Rehabilitation | PCP/Specialist - \$20 Copayment | 50% Coinsurance<br>Subject to Deductible |                                   |
| Speech Rehabilitation       | PCP/Specialist - \$20 Copayment | 50% Coinsurance<br>Subject to Deductible |                                   |

## 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 | 25% Coinsurance<br>Subject to Deductible | 1 Exam per year<br>For members age 19 and above. Limits are combined In and Out of Network. |
| Adult Immunizations                 | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |
| Well Child Visits and Immunizations | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | Up to age 19.   |
| Routine GYN Visit                   | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | 1 Per year<br>Limits are combined In and Out of Network.                                    |
| Pre/Post-Natal Care                 | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |
| Mammography Screening Professional  | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | 1 Per year<br>Age 35 and above. Limits are combined In and Out of Network.                  |
| Colonoscopy Screening Professional  | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | Age 45 and Older  |
| Bone Density Screening Professional | PCP/Specialist - Covered in Full | 25% Coinsurance<br>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 | 25% Coinsurance<br>Subject to Deductible | 1 Per year<br>Limits are combined In and Out of Network.                   |
| Mammography Screening Facility  | Covered in Full | 25% Coinsurance<br>Subject to Deductible | 1 Per year<br>Age 35 and above. Limits are combined In and Out of Network. |
| Colonoscopy Screening Facility  | Covered in Full | 25% Coinsurance<br>Subject to Deductible | Age 45 and Older   |
| Bone Density Screening Facility | Covered in Full | 25% Coinsurance<br>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 | 25% Coinsurance<br>Subject to Deductible | 1 Per year<br>Age 50 and Over. Limits are combined In and Out of Network. |
| Mammography Screening Professional  | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>Subject to Deductible |   |
| Colonoscopy Screening Professional  | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |
| Bone Density Screening Professional | PCP/Specialist - \$25 Copayment  | 25% Coinsurance<br>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  | \$25 Copayment | 25% Coinsurance<br>Subject to Deductible |                                   |
| Colonoscopy Screening Facility  | \$75 Copayment | 25% Coinsurance<br>Subject to Deductible |                                   |
| Bone Density Screening Facility | \$25 Copayment | 25% Coinsurance<br>Subject to Deductible |                                   |

Other Benefits

Additional Benefits

| Benefit Name   | In Network                       | Out of Network                           | Limits and Additional Information   |
|--|----------------------------------|--|---|
| Treatment of Diabetes Preventive                       | N/A                              | N/A                                      |   |
| Treatment of Diabetes - Non-Insulin Drugs and Supplies | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | No coverage for insulin and supplies through a DME vendor - covered through Carve-out Rx vendor   |
| Treatment of Diabetes - Insulin                        | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | No coverage for insulin and supplies through a DME vendor - covered through Carve-out Rx vendor   |
| Diabetic Equipment                                     | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible |   |
| Durable Medical Equipment (DME)                        | PCP/Specialist - 25% Coinsurance | 50% Coinsurance<br>Subject to Deductible | Out of Pocket Individual \$500/ Family \$1,500. Limit applies to medical out of pocket. Oxygen 25% Coinsurance In Network and 25% Coinsurance subject to deductible Out of Network. DME includes CPAP supplies. |
| Medical Supplies                                       | PCP/Specialist - Covered in Full | 25% Coinsurance<br>Subject to Deductible | Compression stockings - 2 pairs per year. Limits are combined In and Out of Network.  |
| Acupuncture  | PCP/Specialist - Not Covered     | Not Covered                              | Not Covered   |
| 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 - Not Covered | Not Covered    | Not Covered                       |

Emergency Services

ER Facility



| Benefit Name                  | In Network     | Out of Network | Limits and Additional Information  |
|-------------------------------|----------------|----------------|--|
| Facility Emergency Room Visit | \$75 Copayment | \$75 Copayment | Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility. Copay waived if admitted. |

### Transportation

| Benefit Name   | In Network     | Out of Network | Limits and Additional Information |
|--|----------------|----------------|-----------------------------------|
| Prehospital Emergency and Transportation - Ground or Water | \$75 Copayment | \$75 Copayment |                                   |

### Urgent Care

| Benefit Name                      | In Network     | Out of Network | Limits and Additional Information |
|-----------------------------------|----------------|----------------|-----------------------------------|
| Urgent Care Center Facility Visit | \$25 Copayment | \$25 Copayment |                                   |

## Ancillary Benefits

### Vision

| Benefit Name                  | In Network     | Out of Network | Limits and Additional Information   |
|-------------------------------|----------------|----------------|---|
| Pediatric Eye Exams - Routine | \$25 Copayment | \$25 Copayment | 1 Exam Every 12 months based on Date of Service<br>Limits are combined In and Out of Network. |
| Pediatric Eyewear - Routine   | Not Covered    | Not Covered    | Not Covered   |
| Adult Eye Exams - Routine     | \$25 Copayment | \$25 Copayment | 1 Exam Every 12 months based on Date of Service<br>Limits are combined In and Out of Network. |
| Adult Eyewear - Routine       | Not Covered    | Not Covered    | Not Covered   |

## Rx Benefits

### Rx Plan

| Benefit Name | In Network | Out of Network | Limits and Additional Information |
|--------------|------------|----------------|-----------------------------------|
| Rx Plan      |            |                | Drug Coverage Excluded            |

### Rx Benefits

| Benefit Name                 | In Network | Out of Network | Limits and Additional Information |
|------------------------------|------------|----------------|-----------------------------------|
| Days Supply Per Retail Order | N/A        |                |                                   |
| Days Supply Per Mail Order   | N/A        |                |                                   |
| Copays Per Mail Order Supply | N/A        |                |                                   |

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

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



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

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

1

Not have to complete any claim forms.

2

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

3

Receive an explanation of benefits from Excellus BCBS.





## Blue Cross Blue Shield Global® Core for International Coverage

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

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

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

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

## Contact Blue Cross Blue Shield Global Core

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

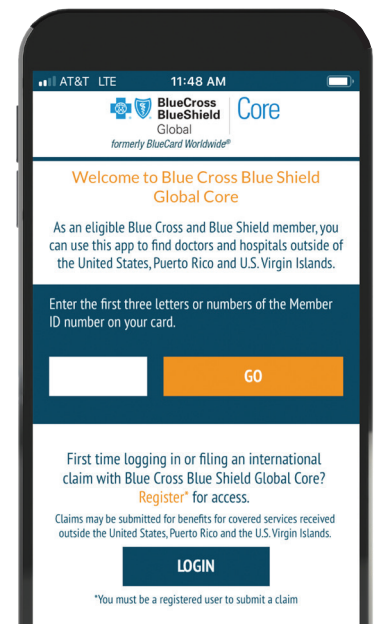
## Download

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



## The Global Core app allows you to:

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



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

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



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-  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.

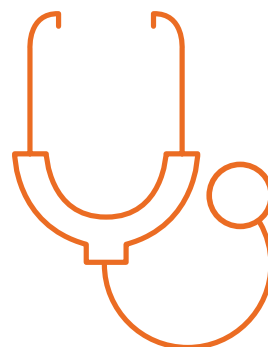
注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。





B-7246 / 16835-22M / 01-2023



# KNOW WHERE TO GET CARE

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



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

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

# PEACE OF MIND. FREE OF CHARGE.

**SCHEDULE YOUR ANNUAL  
CHECKUP TODAY**



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

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



Annual Routine Checkup



Diabetes (Type 2) Screening



Annual OB/GYN Visit



Immunizations



Cholesterol Screening



Mammography Screening



Colorectal Cancer Screening



Well-Child Visit

See the full list of preventive care services available to you at  
[ExcellusBCBS.com/PreventiveCare](https://ExcellusBCBS.com/PreventiveCare)

Download the Excellus BCBS app and register your online account.



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

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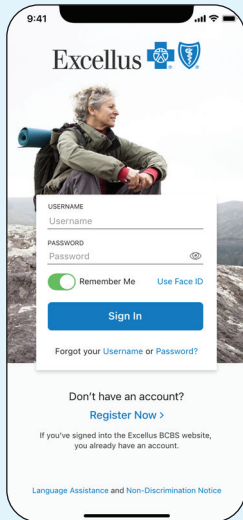
B-7332/15926-22M

GET READY FOR A MORE CONVENIENT HEALTH CARE EXPERIENCE

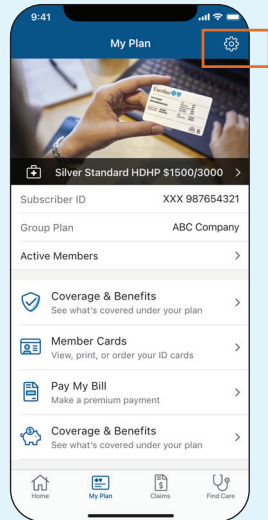
# Your Wellframe® quick start guide

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

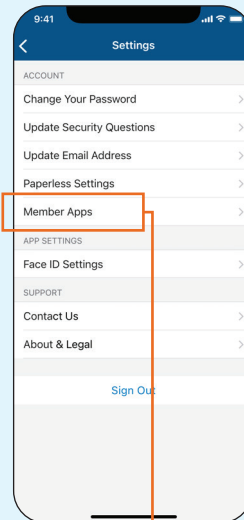
To get started, follow these simple steps:



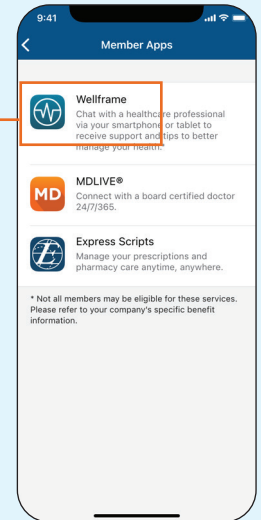
- 1 Download the **Excellus BCBS app** and register your online account.



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



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



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



## Health care experts and support at your fingertips

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

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



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B-7103 rev 4.24 / 18775-24M



## Important Facts Regarding Your Authorization to Share Protected Health Information

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

**RETAIN A COPY FOR YOUR RECORDS**



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

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

**PLEASE PRINT**

| <b>PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED</b>  |            |    |               |  |
|---|------------|----|---------------|--|
| LAST NAME   | FIRST NAME | MI | DATE OF BIRTH | IDENTIFICATION # - located on ID card(s) |
| CURRENT ADDRESS   |            |    | CITY          | STATE/ZIP CODE                           |
| <b>PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)</b>  |            |    |               |  |
| NAME OF PERSON/ORGANIZATION   |            |    | ADDRESS       |  |
| NAME OF PERSON/ORGANIZATION   |            |    | ADDRESS       |  |
| <b>PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE</b>   |            |    |               |  |
| <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> At my request</div><div><input type="checkbox"/> Other: _____</div></div>   |            |    |               |  |
| <b>PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION</b> <i>(select D-1 <u>or</u> D-2 and if applicable, D-3)</i><br><b>NOTE: Skip this section if psychotherapy was checked at the top of this form</b>  |            |    |               |  |
| <p><b>D-1.</b> <input type="checkbox"/> I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.</p> <p style="text-align: center;"><b>- OR -</b></p> <p><b>D-2.</b> I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.</p> <div style="display: flex; flex-wrap: wrap; padding: 10px 0;"><div style="width: 50%;"><input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date)</div><div style="width: 50%;"><input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits)</div><div style="width: 50%;"><input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis)</div><div style="width: 50%;"><input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)</div><div style="width: 50%;"><input type="checkbox"/> Other limitation: _____</div><div style="width: 50%;"><input type="checkbox"/> Date Range _____ to _____</div></div> <p style="text-align: center;"><b>- AND, IF APPLICABLE -</b></p> <p><b>D-3.</b> Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.</p> <div style="display: flex; flex-wrap: wrap; padding: 10px 0;"><div style="width: 33%;"><input type="checkbox"/> Genetic testing</div><div style="width: 33%;"><input type="checkbox"/> Substance use disorder</div><div style="width: 33%;"><input type="checkbox"/> Mental health (excluding psychotherapy notes)</div><div style="width: 33%;"><input type="checkbox"/> Sexually transmitted diseases</div><div style="width: 33%;"><input type="checkbox"/> Abortion</div></div> <p><b>Note:</b> A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at <a href="http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm">http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm</a></p> |            |    |               |  |
| <b>CONTINUED ON THE NEXT PAGE</b>   |            |    |               |  |

**PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)**

I understand that:

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

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Personal Representative's Name: \_\_\_\_\_

Personal Representative Signature \_\_\_\_\_

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

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

**RETURN TO:**

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

**or Fax: 315-671-7079**

**Please keep a copy for your records**

## Notice of Nondiscrimination

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

The Health Plan:

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

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

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

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

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

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

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

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

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

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 anvlòp la pou jwenn fason pou kontakte nou.

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

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

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

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

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

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

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

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

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

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

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

# THE DOCTOR WILL SEE YOU NOW. WHEREVER. WHENEVER.

When you're feeling achy, stuffy, and feverish, the last thing you want to do is drive to your doctor and sit in a waiting room. 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 telemedicine 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, but more conveniently via your phone, tablet, or computer. There's even a chance you'll see your own doctor on the MDLIVE roster.

## Telemedicine is covered just like a trip to the doctor.

| Your doctor's office visit is... | Your telemedicine benefit is ... |
|----------------------------------|----------------------------------|
| Covered with a copay             | <b>FREE</b>                      |

### 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://ExcellusBCBS.com/Member)

**APP** - Download the MDLIVE app

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

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

## 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



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

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## 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

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

In addition to whenever, wherever access to medical doctors, you can also video conference 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
- Bipolar Disorders
- Depression
- Eating Disorders
- Grief and Loss
- LGBTQ Support
- Panic Disorders
- Stress
- Trauma and PTSD

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

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

## 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>





# 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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18369-23M