

# Not Just Coverage. Confidence.



## Your Benefit Plan Details

**Group Name**

OCM Boces

**Plan Type**

Classic Blue Rx w \$10/\$25/\$40 with edits

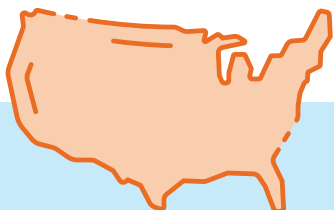


Everybody Benefits

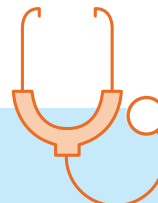
# Welcome to Excellus BlueCross BlueShield!

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.

## OCM Boces

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**Classic Blue Rx w  
\$10/\$25/\$40 with edits**

### **Plan Features**

Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Not Covered
Coinsurance	20% Enhanced Benefits Only
Deductible	\$50 Individual/\$150 Family
Out of pocket maximum	\$2450 Individual/\$7350 Family

Questions? For assistance call (877) 253-4797,  
Call our TTYphone at 1 (800) 421-1220,  
or visit us at [www.excellusbcbs.com/cnycoop](http://www.excellusbcbs.com/cnycoop)



Type of Care/Plan Benefits	Coverage
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Referrals</li> <li>• Out of network benefits</li> <li>• Out of area benefits</li> <li>• Student/Dependent coverage</li> <li>• Domestic partner</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>• Office visit copay (Primary Care Physician)</li> <li>• Office visit copay (Specialist)</li> <li>• Coinsurance</li> <li>• Deductible</li> <li>• Annual coinsurance maximum</li> <li>• Annual pharmacy maximum</li> </ul>	<ul style="list-style-type: none"> <li>• No copay, office visit covered subject to deductible and coinsurance</li> <li>• Not required</li> <li>• Covered</li> <li>• Coverage provided worldwide through the BlueCard program.</li> <li>• Qualified dependents and students are covered to age 26.</li> <li>• Not covered</li> </ul> <ul style="list-style-type: none"> <li>• No copay, office visit covered subject to deductible and coinsurance</li> <li>• No copay, office visit covered subject to deductible and coinsurance</li> <li>• 20%, enhanced benefits only, unless noted</li> <li>• \$50 individual / \$150 family, enhanced benefits only</li> <li>• \$400 individual / \$1200 family, enhanced benefits only</li> <li>• \$2000 individual / \$6000 family</li> </ul>

type of care/plan benefits	Coverage
<p><b>Wellness Incentive</b></p> <ul style="list-style-type: none"> <li>• Stay healthy with great programs and incentives!</li> </ul> <p><b>Preventive Health Care Services</b></p> <ul style="list-style-type: none"> <li>• Well child visits</li> <li>• Adult routine physical exams</li> <li>• Adult immunizations</li> <li>• Mammography</li> <li>• Pap smear</li> <li>• Routine GYN exam</li> <li>• Prostate cancer screening</li> <li>• Routine vision</li> <li>• Colonoscopy</li> </ul> <p><b>Physician Office Services</b></p> <ul style="list-style-type: none"> <li>• Diagnostic office visits</li> <li>• Diagnostic x-rays</li> <li>• Diagnostic laboratory and pathology</li> <li>• Allergy tests</li> <li>• Allergy injections</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> </ul> <p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• Prenatal and postpartum care</li> <li>• Hospital care for mom (including delivery)</li> <li>• Newborn nursery care</li> </ul> <p><b>Prescription Drug</b></p>	<ul style="list-style-type: none"> <li>• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul> <ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full for 1 exam per year</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Not covered</li> <li>• Covered in full</li> </ul> <ul style="list-style-type: none"> <li>• Subject to deductible and coinsurance</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Subject to deductible and coinsurance</li> <li>• Subject to the deductible and coinsurance</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul> <ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul>

Type of Care/Plan Benefits	Coverage
<ul style="list-style-type: none"> <li>• <b>Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through Express Scripts mail order pharmacy. Contraceptives included.</b></li> </ul>	<ul style="list-style-type: none"> <li>• \$10/\$25/\$40 with edits</li> </ul>
<p><b>Inpatient Hospital Benefits</b></p>	
<ul style="list-style-type: none"> <li>• <b>Hospital benefits</b></li> <li>• <b>Physician visits in the hospital</b></li> <li>• <b>Inpatient physical rehabilitation</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full for unlimited days</li> <li>• Covered in full</li> <li>• Covered in full for 30 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Surgery</b></li> <li>• <b>Anesthesia</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full</li> </ul>
<p><b>Emergency Care</b></p>	
<ul style="list-style-type: none"> <li>• <b>Emergency room care</b></li> <li>• <b>Freestanding urgent care center</b></li> <li>• <b>Ambulance</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul>
<p><b>Outpatient Hospital Benefits</b></p>	
<ul style="list-style-type: none"> <li>• <b>Diagnostic x-rays</b></li> <li>• <b>Diagnostic laboratory and pathology</b></li> <li>• <b>Surgical care</b></li> <li>• <b>Chemotherapy</b></li> <li>• <b>Radiation therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul>
<p><b>Mental Health and Chemical Dependence</b></p>	
<ul style="list-style-type: none"> <li>• <b>Inpatient mental health care</b></li> <li>• <b>Outpatient mental health care</b></li> <li>• <b>Inpatient chemical dependence</b></li> <li>• <b>Outpatient chemical dependence</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full for unlimited days</li> <li>• Covered in full for unlimited visits</li> <li>• Covered in full for unlimited days</li> <li>• Covered in full for unlimited visits</li> </ul>
<p><b>Other Services</b></p>	
<ul style="list-style-type: none"> <li>• <b>Diabetic insulin and supplies</b></li> <li>• <b>Skilled nursing facility</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in Full</li> <li>• Covered in full for 100 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Home care</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full for up to 60 visits per year. Subject to deductible and coinsurance after basic benefits have exhausted for up to 325 visits per year</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Hospice</b></li> <li>• <b>Outpatient therapy</b></li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full for unlimited days</li> <li>• Subject to deductible and coinsurance, limited to 100 visits per calendar year</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Durable medical equipment</b></li> <li>• <b>External prosthetics</b></li> <li>• <b>Chiropractic</b></li> <li>• <b>Acupuncture</b></li> <li>• <b>Dental</b></li> <li>• <b>Hearing</b></li> </ul>	<ul style="list-style-type: none"> <li>• Subject to deductible and coinsurance</li> <li>• Subject to deductible and coinsurance</li> <li>• Subject to deductible and coinsurance</li> <li>• Not covered</li> <li>• Not covered</li> <li>• Not covered</li> </ul>

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design. Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act may not be quoted herein. Please refer to the Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Protection and Affordable Care Act requirements. Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law.







# HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

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


**Register now for free** to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Excellus BlueCross BlueShield member card to get started.

Get started today at  
[www.Blue365Deals.com/register](http://www.Blue365Deals.com/register)

Exclusive savings from



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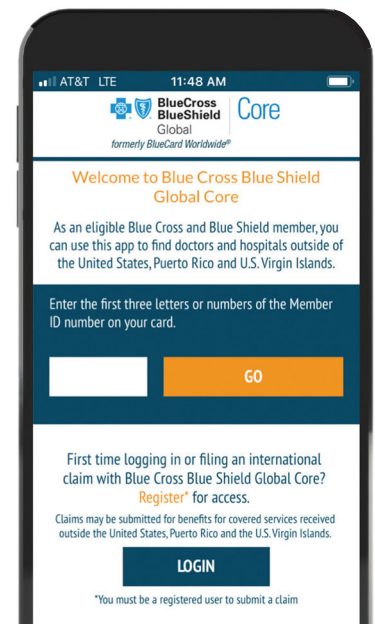
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

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 / 17458-23M

## 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.

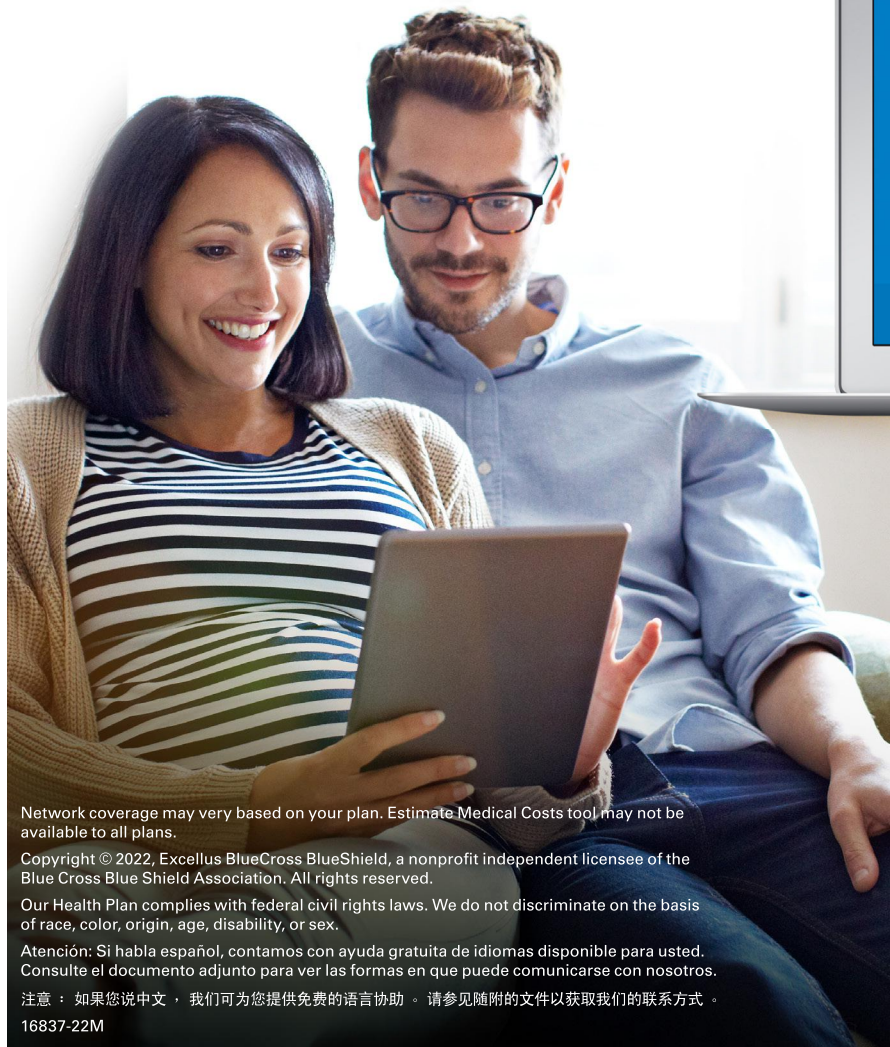


# MAKING CONFIDENT DECISIONS JUST GOT EASIER

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





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

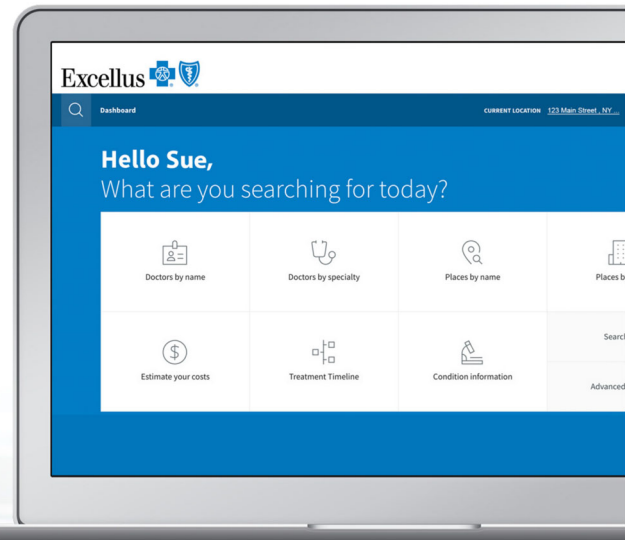
**A new level of transparency and control is here.**  
[Learn more at ExcellusBCBS.com](https://www.ExcellusBCBS.com)






## EVERYTHING EMPLOYEES NEED IN A SINGLE ONLINE SEARCH:

### FIND A DOCTOR

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



### ESTIMATE COSTS

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

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

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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。

16837-22M

# 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



STEP  
**1**



## Call a pharmacy

**Wegmans Home Delivery:** (800) 586-6910

or visit [Wegmans.com/Pharmacy](https://Wegmans.com/Pharmacy)

**Express Scripts:** (855) 315-5220

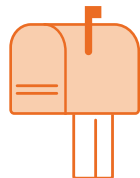
or visit [Express-Scripts.com](https://Express-Scripts.com)

STEP  
**2**



## Speak to a representative

STEP  
**3**



## Rx delivered right to your mailbox

## Consider home delivery if you:

- Would like to receive a 90-day supply all at once.
- Take the same medication(s) every month.
- Need help managing your family's prescriptions.



## Home delivery of prescriptions is safe and confidential

- ✓ Insulated packaging protects your medications from the sun, rain and cold.
- ✓ Discreet packaging does not reveal contents.
- ✓ Delivery straight to your mailbox.

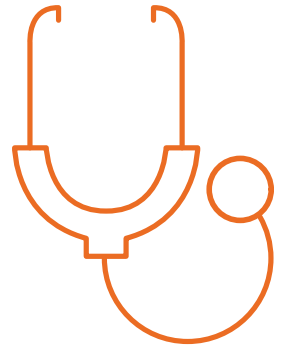
**Automatic refill option. Free standard shipping. Express delivery available. Pharmacists available to answer questions. Call today!**

**Excellus**   **Everybody Benefits**





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B-6342/17934-23Rx REV 07/23

# 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>\$</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>\$</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="http://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>\$\$</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>\$\$\$</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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# 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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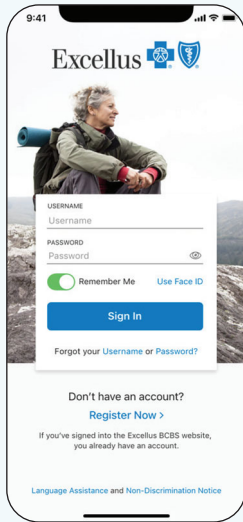
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GET READY FOR A MORE CONVENIENT HEALTH CARE EXPERIENCE

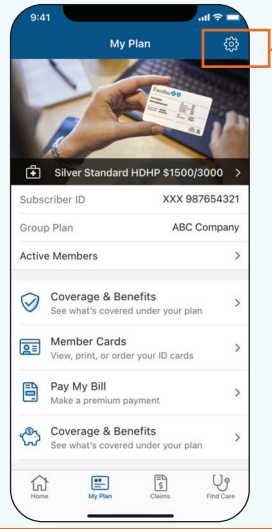
# Your Wellframe<sup>®</sup> Quick Start Guide

Free to all Excellus BlueCross BlueShield members, the Wellframe<sup>®</sup> 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.

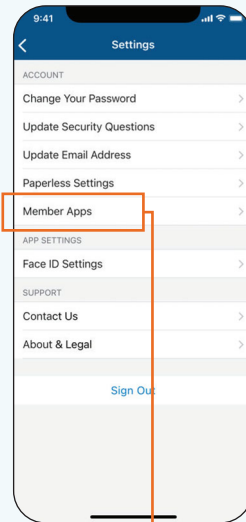
To get started, follow these simple steps:



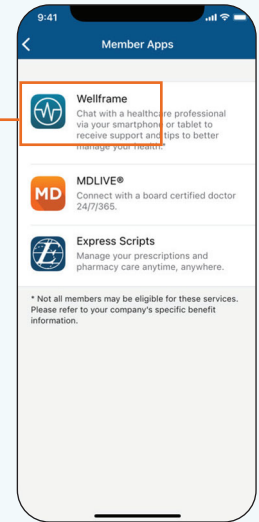
**1** Download the **Excellus BCBS app** and register your online account.



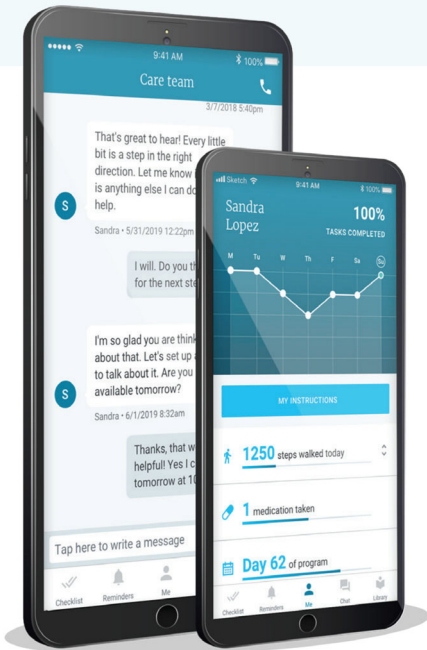
**2** Open your **Excellus BCBS app** and click the settings icon on the top right.



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



**4** Click **Wellframe<sup>®</sup>** and enter code **"excelluswelcome"** to download.



## Health care experts and support at your fingertips

Once you download Wellframe<sup>®</sup> 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



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。

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

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE app.**

Rest assured, our health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

## When do you use telemedicine?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling for work or on vacation

## Here are some of the common medical conditions treated with telemedicine:

### Adults

- Allergies
- Cold and Flu
- Ear Infections
- Fever
- Headache
- Joint Aches and Pains
- Nausea and Vomiting
- Pink Eye
- Rashes
- Sinus Infections
- Sunburn
- Urinary Tract Infections\*

### Children

- Cold and Flu
- Constipation
- Earache\*
- Fever\*
- Nausea and Vomiting
- Pink Eye

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

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

In addition to whenever, wherever access to medical doctors, you can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of your own home. You can even schedule recurring appointments to establish an ongoing relationship with one therapist.

Here are some conditions people rely on behavioral health telemedicine for:

- Addiction
- Eating Disorders
- Panic Disorders
- Bipolar Disorders
- Grief and Loss
- Stress
- Depression
- LGBTQ Support
- Trauma and PTSD

### Telemedicine visits with MDLIVE may be covered in the following ways:

Plan Type	Telemedicine Cost Share
Classic Blue - Acute Medical	Deductible/Coinsurance
Classic Blue - Behavioral Health	Covered in full

\* If you haven't met your deductible, you will pay the allowable charge of \$50. The allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$180.

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

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

**APP** - Download the MDLIVE app

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

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

## DID YOU KNOW?



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

<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.

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。

BRIGHT BEGINNINGS PROGRAM

# DELIVERING ADDED PEACE OF MIND DURING YOUR PREGNANCY.

For all the excitement a new baby brings, it's also completely normal to feel uncertain or have questions during pregnancy. The Bright Beginnings program helps put you at ease by providing personal, one-on-one support to educate and guide you through your journey.



## MEET YOUR REGISTERED NURSE CARE MANAGER

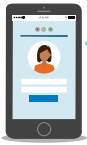
With the Bright Beginnings program, you're paired with a Care Manager who will be your single point of contact from start to finish.

- Experienced in maternity, labor and delivery, and postpartum nursing
- Remains in regular contact with you via phone or text
- Helps with everything from screenings and referrals to nutrition and everyday questions
- Coordinates closely with your primary care doctor and obstetrician

You also receive educational materials highlighting baby's progress and what you can expect each trimester, as well as postpartum screenings, education, and support. All at no cost to you.

**Call 1-877-222-1240 to sign up for Bright Beginnings or learn more**

# GET THE SECURITY OF AROUND-THE-CLOCK SUPPORT.



As a Bright Beginnings participant, you can use the free Wellframe® app to keep in touch with your Registered Nurse Care Manager, access self-management tools, and get answers to your questions.

## Text your Care Manager

Stay connected and get the advice and support you need anytime

## Create personalized plans

Complete daily to-do lists and get information to support each stage of your pregnancy

## Enjoy helpful reminders

Easily keep track of your medications, doctor appointments, and more

**“They helped me know what to ask my obstetrician and what symptoms to bring to her attention.”**

Download the free  
Wellframe® app today



\* New York State Office of Mental Health

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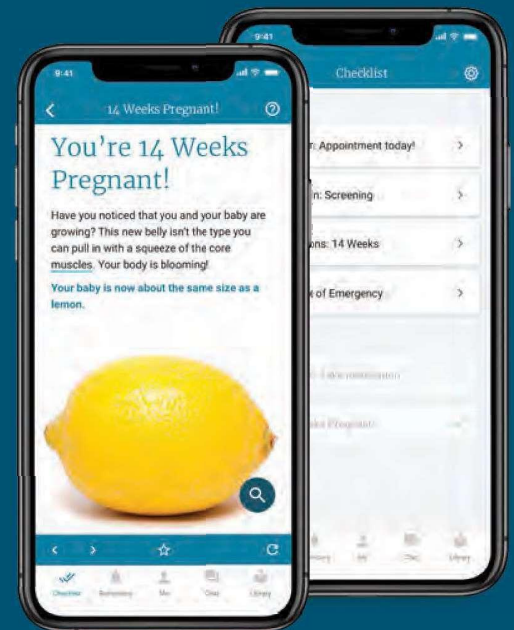
B-7724 / 15192-21M

# 15-20%

OF WOMEN EXPERIENCE SOME FORM  
OF PREGNANCY-RELATED DEPRESSION  
OR ANXIETY\*

## WELLFRAME® OFFERS EMOTIONAL HEALTH SUPPORT, TOO.

If you're struggling with mixed emotions, you're not alone. Wellframe® allows both parents to easily join programs that help with everything from general wellness to anxiety and depression.



Excellus  





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OCM BOCES

FOR INTERNAL USE ONLY

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

OCM BOCES

COOP HEALTH INS FUND

Check Desired Action
Add Cancel Change

Employer Name

Association/Chamber Name (if applicable)

Group Administrator's Signature (required)

Date

Employee Number

Department Number

Medical Information

00063240

Medical Group Number (8 digits)

Medical Subgroup Number (4 digits)

Medical Class Number (e.g. A001)

If enrolling in a Medical plan, who do you need coverage for?

- Self Only
Self & Child(ren)
Self & Spouse, or Self & Domestic Partner
Family

Medical Effective Date

Subscriber Status:

- Actively Working
Retired
Disabled
Canceled
COBRA

Dental Information

Dental Group Number

Dental Subgroup Number

Dental Class

If enrolling in a Dental plan, who do you need coverage for?

- Self Only
Self & Child(ren)
Self & Spouse, or Self & Domestic Partner
Family

Dental Effective Date

Medical Plan Selection

- YY Classic Blue
ZK Classic Blue
ZP Classic Blue
DKC Classic Blue
DBH Bronze Plan

Dental Plan Selection

- (Empty checkboxes for dental plan selection)

Section 2: Subscriber's Information

Last Name

First Name

Middle Initial

Title (e.g., Jr, Sr, III, etc.)

Street Address

City

State

Zip Code

Phone

Birthdate:

Gender assigned at birth:

- Male
Female

Gender identity (optional):

- Transgender Male
Transgender Female
Prefer not to say
Non-binary
Prefer to self-describe:

Social Security Number\*\*

Date of Hire/Rehire:

Retirement Date:

- Age 65+
Disability
End Stage Renal \*

Subscriber's Medicare Number (if applicable)

Medicare Part A Effective Date

Medicare Part B Effective Date

**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

<b>Date of Event</b> ____ . ____ . ____
---

**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** \_\_\_\_\_

Please return to P.O. Box 21146 Eagan, MN 55121-0146  
 If you have questions, please contact your Group Administrator. Or, visit us at: ExcellusBCBS.com

## 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.







# 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.



Excellus  

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**Everybody Benefits**

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18369-23M