

A nonprofit independent licensee of the Blue Cross Blue Shield Association



## YOUR BENEFIT PLAN DETAILS

Group Name

Cortland City Schools

Plan Type

Classic Blue w/ RX \$0/\$15/\$30

Excellus BlueCross BlueShield makes finding the information and support you need easier—resources, savings, and tools are available online 24/7.

- Find a doctor or specialist online while you're home or far away.
- Research over 6,000 health topics.
- Get great member discounts and valuable information you can use all year long with Blue365®



[excellusbcbs.com](http://excellusbcbs.com)

## Welcome

With Excellus BlueCross BlueShield, you get what you expect from Blue plus a whole lot more such as:

- More doctors, specialists, and hospitals to choose from
- Exclusive discounts on health-related products and services with Blue365®
- Answers to your health questions online
- Local customer service

In this booklet you will find:

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

We have many valuable benefits and we provide a tremendous amount of choice. Whichever plan you pick, we're ready to meet your health care needs.

Visit us at [excellusbcbs.com](http://excellusbcbs.com)

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

**Privacy Policy Notice.** We know how important your privacy is and we're committed to protecting it. Our policies and practices regarding the collection, use, and disclosure of personal health information are available at [excellusbcbs.com](http://excellusbcbs.com) and Member Services.

Cortland City Schools

Classic Blue w/ RX  
\$0/\$15/\$30

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Not Covered
Coverage Period	09/01/17-08/31/18
Office visit copay (Primary Care Physician)	20% coinsurance subject to deductible
Office visit copay (Specialist)	20% coinsurance subject to deductible
Coinsurance	20%
Deductible	\$100 Single/ \$300 Family

Questions? For assistance call (877) 253-4797,  
Call our TTYphone at 1 (800) 421-1220,  
or visit us at <https://www.excellusbcbs.com/wps/portal/xl/cwp/cnycoop/>



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

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call or visit Our website at [www.excellusbcs.com](http://www.excellusbcs.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$100 Individual/\$200 Two Person/\$300 Family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes, <a href="#">Preventive Care</a>	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$1,500 Individual/\$4,500 Family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Costs for penalties for failure to obtain <a href="#">preauthorization</a> for services, <a href="#">premiums</a> , <a href="#">balance billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.excellusbcs.com">www.excellusbcs.com</a> or call for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	None
	<a href="#">Specialist</a> visit	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge <a href="#">Deductible</a> does not apply	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge <a href="#">Deductible</a> does not apply	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. 1 Exam per year
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None
	Imaging (CT/PET scans, MRIs)	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>	Tier 1 (Generic drugs)	No Charge <a href="#">Deductible</a> does not apply	Not Covered	Covers up to a 30-day supply (retail prescription); 90-day supply (mail order prescription)
	Tier 2 (Preferred brand drugs)	\$15/prescription retail, \$30/prescription mail order	Not Covered	
	Tier 3 (Non-preferred brand drugs)	\$30/prescription retail, \$60/prescription mail order	Not Covered	
	<a href="#">Specialty drugs</a>	\$30/prescription retail, 0%/prescription mail order	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None
	Physician/surgeon fees	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Emergency medical transportation</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None
	<a href="#">Urgent care</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None N/A None limit
	Physician/surgeon fees	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None
	Inpatient services	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	
<b>If you are pregnant</b>	Office visits	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .
	Childbirth/delivery professional services	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	None
	Childbirth/delivery facility services	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	60 Visits per year limit
	<a href="#">Rehabilitation services</a>	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	100 Visits per year limit
	<a href="#">Habilitation services</a>	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	100 Visits per year limit
	<a href="#">Skilled nursing care</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	100 Days per year limit
	<a href="#">Durable medical equipment</a>	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	None



Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
	<a href="#">Hospice services</a>	No Charge <a href="#">Deductible</a> does not apply	No Charge <a href="#">Deductible</a> does not apply	Family bereavement counseling limited to 5 Visits per year
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

#### Excluded Services & Other Covered Services:

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

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

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

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

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

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the phone number on Your ID card or [www.excellusbcbs.com](http://www.excellusbcbs.com); Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); New York State Department of Financial Services Consumer Assistance Unit at 1-800-342-3736 or [www.dfs.ny.gov](http://www.dfs.ny.gov). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Consumer Assistance Program at 1-888-614-5400, or e-mail [cha@cssny.org](mailto:cha@cssny.org) or [www.communityhealthadvocates.org](http://www.communityhealthadvocates.org). A list of states with Consumer Assistance Programs is available at: [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and [www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants](http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants).

#### Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*-----



About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$100
■ <a href="#">Coinsurance</a>	20%
■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">coinsurance</a>	20%

**This EXAMPLE event includes services like:**  
Specialist office visits (*prenatal care*)  
Childbirth/Delivery Professional Services  
Childbirth/Delivery Facility Services  
Diagnostic tests (*ultrasounds and blood work*)  
Specialist visit (*anesthesia*)

Total Example Cost	\$12,820
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In this example, Peg would pay:	
Cost Sharing	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$0
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$60

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$100
■ <a href="#">Coinsurance</a>	20%
■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">coinsurance</a>	20%

**This EXAMPLE event includes services like:**  
Primary care physician office visits (*including disease education*)  
Diagnostic tests (*blood work*)  
Prescription drugs  
Durable medical equipment (*glucose meter*)

Total Example Cost	\$7,460
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In this example, Joe would pay:	
Cost Sharing	
<a href="#">Deductibles</a>	\$100
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$120
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$280

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

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$100
■ <a href="#">Coinsurance</a>	20%
■ Hospital (facility) <a href="#">copayment</a>	\$0
■ Other <a href="#">coinsurance</a>	20%

**This EXAMPLE event includes services like:**  
Emergency room care (*including medical supplies*)  
Diagnostic test (*x-ray*)  
Durable medical equipment (*crutches*)  
Rehabilitation services (*physical therapy*)

Total Example Cost	\$1,970
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In this example, Mia would pay:	
Cost Sharing	
<a href="#">Deductibles</a>	\$100
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$110
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$210

## **Notice of Nondiscrimination**

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

The Health Plan:

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

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

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

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

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

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

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

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

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

Atención: Si habla español, 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 anvèyè 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 אונערלעבן פאר אייך ביטע  
רעפערירט צום בייגלעגטן דאקומענט צו זען אופנים זיך צו פארברייטן מיט אונז.

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

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

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

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

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

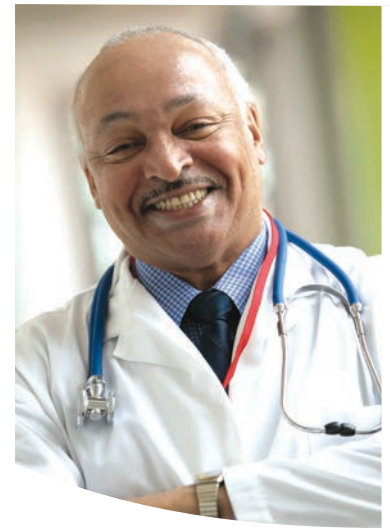
Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika.  
Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan  
sa amin.

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

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

# Find a Doctor or Specialist

Excellus BlueCross BlueShield is part of a network of BlueCross BlueShield Plans that make up the largest group of Participation Doctors and Specialists in the world. With that you get cost effective quality health care whenever you need it.



Our online provider directory makes it easy to search for providers by:

- Name
- Zip code
- Gender
- Languages spoken
- Accepting new patients
- Hospital affiliation

Results include:

- Office hours
- Locations
- Phone numbers
- Map & Directions
- Handicap Accessibility

Just look over our alphabetical listing online at [ExcellusBCBS.com/FindProvider](http://ExcellusBCBS.com/FindProvider)

The screenshot displays the Excellus BCBS website interface. At the top, the 'Find a Doctor or Hospital' link is highlighted in the navigation bar. Below this, a 'Share to Win' banner promotes a contest where users can win prizes by sharing photos or videos. The 'Looking for Coverage?' section offers options for Medicare, Individuals & Families, and Businesses. The 'For Members' section provides quick links to find a doctor, urgent care center, hospital, dentist, and other providers. It also lists participating hospitals, urgent care centers, and other providers, with a prompt to select the network to search (e.g., Upstate New York Provider Network, Nationwide BlueCard® Providers, International BlueCard Worldwide® Providers, Federal Employee Network). A 'Blue Distinction' logo is visible on the right side of the page.

[ExcellusBCBS.com/FindProvider](http://ExcellusBCBS.com/FindProvider)

# Welcome to Blue365

Where taking care of yourself is an everyday thing.

Take advantage of healthy deals and discounts\* on fitness, healthy eating, personal care and more that you can use all year long. Explore all the healthy choices at [ExcellusBCBS.com/Blue365](http://ExcellusBCBS.com/Blue365)



## Blue365® is here for you.

We understand that helping you live a healthy life means more than regular doctor visits - it's helping you find time for the things that matter most.

That's why we created Blue365, an online destination featuring healthy deals and discounts exclusively for our members. These "Blue365 Deals" which complement your health care coverage, can help you maintain a healthy lifestyle, while spending less at some of your favorite Blue365 vendors nationwide.

Because of the Blues' buying power, Blue365 can offer access to great savings on a wide range of exciting health and wellness products and experiences.

Blue365 makes it easy for you to find out about weekly "Featured Deals" by sending the news right to your email. Our email service is free to members of participating local Blue Companies.

All you have to do is register on the website, and you are all set to enjoy our great health and wellness deals.

You'll see weekly "Featured Deals" and long term "Ongoing Deals" on health products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences and so much more.

## Blue365

Blue365 includes offers from selected companies based on feedback from Blue365 members and independent researchers on the Blue365 team. Examples include:

**Fitness:** Save on membership, monthly fees and other services at Healthways, Snap Fitness™, Reebok®, and Polar®.

**Healthy Eating:** Save on programs, products and consultations at Jenny Craig®, Dole® and Nutrisystems®.

**Living:** Save on services from Quicken Loans®.

**Personal Care:** Save on products and services from TruHearing, Beltone®, LasikPlus®, Davis Vision® and Dental Solutions.



\* Discounts are available through independent companies that do not provide Blue Cross and/or Blue Shield products or services and are solely responsible for the services provided. See our website for more information at: [ExcellusBCS.com/Blue365](http://ExcellusBCS.com/Blue365). The content, tools and discounted offers available through Blue365 are subject to change. Please visit [ExcellusBCS.com/Blue365](http://ExcellusBCS.com/Blue365) for the most current program details.



# Healthcare Coverage Wherever You Go

As a Blue<sup>SM</sup> member, you have more freedom to choose the doctors and hospitals that best suit you and your family. Your membership gives you a world of choices.

Within the United States, you're covered whether you need care in urban or rural areas. Outside of the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide® Program.



With the BlueCard Program, you can locate doctors and hospitals quickly and easily. With your Blue Plan ID card handy, follow these steps:

- Visit the Blue National Doctor & Hospital Finder at [www.BCBS.com](http://www.BCBS.com) to locate doctors and hospitals, along with maps and directions to find them.
- Blue Cross and Blue Shield Association launched a Blue National Doctor and Hospital Finder app for iPhone, iPad and iPod Touch, allowing you to quickly search for healthcare providers nationwide. There is no charge to download the app from the App Store, but rates from your wireless provider may apply.
- BlueCard Access at 1.800.810.BLUE (2583) for the names and addresses of doctors and hospitals in the area where you or a covered dependent need care.

*If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.*

## Designed to save you money.

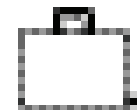
In most cases, when you travel or live outside your Blue Plan's service area, you can take advantage of savings the local Blue Plan has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

## Take charge of your health, wherever you are.

### *Within the United States*

1. Always carry your current Blue ID card.
2. To find nearby doctors and hospitals, call BlueCard Access at 1.800.810.BLUE (2583) or visit the Blue National Doctor & Hospital Finder at [www.BCBS.com](http://www.BCBS.com).
3. Call your Blue Plan for precertification or prior authorization, if necessary. Refer to the phone number located on your Blue ID card. Note: This phone number is different from the BlueCard Access number mentioned above.

4. When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/  
Indemnity  
Benefits



PPO  
Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the usual out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance).
- Receive an explanation of benefits from your Blue Plan.

*In an emergency, go directly to the nearest hospital.*



# BlueCard Program

## Around the world

1. Verify your international benefits with your Blue Plan before leaving the United States as coverage may be different outside the country.
2. Always carry your current Blue ID card.
3. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.
4. Please see below for the steps that should be taken for inpatient and professional services.

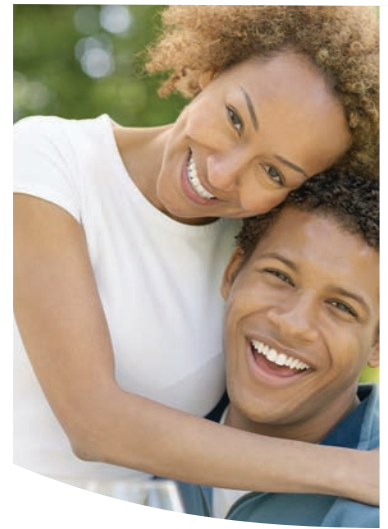
**Inpatient claim:** Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket expenses (non covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call your Blue

Plan for precertification or preauthorization. Refer to the phone number on your Blue ID card. Note: this number is different from the phone number listed above.

**Professional claim:** You pay upfront for care received from a doctor and/or non-participating hospital. Complete a BlueCard Worldwide International claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from your Blue Plan, the BlueCard Worldwide Service Center, or online at [BCBS.com/bluecardworldwide](https://www.bcbs.com/bluecardworldwide).

# Prevention is the best medicine

Preventive health can help you and your family stay healthy and prevent disease. Preventive care includes immunizations, also known as vaccines. They are safe and effective.



The following vaccines are especially important to consider. The information is based on recommendations from the Centers for Disease Control and Prevention. For more information and a complete listing of recommended vaccines visit the CDC website at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).



## **Tdap:**

This vaccine protects against tetanus, diphtheria and pertussis (whooping cough). Immunity to whooping cough wears off over time, so one dose of Tdap to replace one TD booster is recommended for those ages 11 and older, including adults age 65 and older.

In response to a recent spike in the number of Pertussis cases, the CDC and the American Academy of Pediatrics recommend that women get a booster dose of Tdap vaccine during each pregnancy, ideally between 27 and 36 weeks, regardless of previous Tdap history. If not administered during pregnancy, Tdap should be administered immediately postpartum.

## **Varicella (chicken pox), MMR (measles, mumps and rubella), Hepatitis A and Hepatitis B vaccines:**

These vaccines are needed for adults who did not have these diseases or vaccines when they were children. Talk to your health care provider to determine if you need updates.



## **HPV:**

HPV (human papillomavirus) vaccine is important because it can help prevent cases of cervical cancer in females if given before exposure to the virus. It may be given to males and females. It is recommended to be given starting at approximately age 11 years, and can be administered up to age 26 years. Talk to your child's doctor about your child having the HPV vaccine.



## **Meningococcal:**

Meningococcal disease is a serious bacterial illness. Meningitis is an infection of the covering of the brain and the spinal cord. Adolescents and those with certain health conditions should be routinely immunized with the meningitis vaccine. Speak with your health care provider to learn more about this important vaccine.



## **Flu:**

Flu vaccine is recommended for everyone older than 6 months. The best results for children ages 6 months through 8 years are two doses given four weeks apart if receiving the flu vaccine for the first time.



## **Pneumonia:**

Infants, very young children and older persons are at highest risk for complications from pneumonia. It is recommended that those with chronic health conditions receive a pneumonia vaccine. Talk to your doctor about the benefit of a pneumonia vaccine.

Visit [ExcellusBCBS.com/StayHealthy](https://www.ExcellusBCBS.com/StayHealthy) for more information on immunizations, age-appropriate health screenings and more.

# When to go to an Urgent Care



## Urgent Care is convenient care.

When a medical issue doesn't require an Emergency Room visit, or if you can't get in to see your physician, you can visit an Urgent Care Center and get the care you need.

- Shorter wait times
- Licensed professionals
- Convenient locations
- Extended and weekend hours

### If you are not sure where to go to get the care you need, contact your doctor.

He or she will be able to help you decide where to go. Remember to contact your doctor after getting urgent or emergency services for any follow-up care you may need

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

[ExcellusBCBS.com/FindProvider](http://ExcellusBCBS.com/FindProvider)

Excellus

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[Login](#) | [Register](#) | [Forgot Username](#) | [Forgot Password](#)

Text Size

A A A

Printer Friendly

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[BlueCard® Coverage Wherever You Go](#)

[Away From Home Care® for HMO Members](#)

[Quality & Safety](#)

### Urgent Care is Convenient Care

When a medical issue doesn't require an Emergency Room visit, or if you can't get in to see your physician, you can visit an Urgent Care Center and get the care you need.

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- Convenient locations
- Licensed professionals
- Extended and weekend hours

**If you are not sure where to go to get the care you need, contact your doctor.** He or she will be able to help you decide where to go. Remember to contact your doctor after getting urgent or emergency services for any follow-up care you may need. Keep phone numbers for your doctor and nearest Urgent Care Center in a handy place, like your cell phone.

Urgently needed care may be furnished by in-network providers or by out-of-network providers when network providers are temporarily unavailable or inaccessible. You are covered for urgently needed care anywhere in the United States.

#### Find an Urgent Care Center

Search

Not located in upstate New York? [Search our Nationwide Network - BlueCard®](#)

Urgent Care 9.15 9106-15M



## 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, alcohol and drug abuse, mental health, abortion, and sexually transmitted disease information unless you check the corresponding box 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/wps/portal/xl/mbr/mgr/manageprivacy/>



**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 INFORMATION TO BE DISCLOSED</b>				
LAST NAME	FIRST NAME	MI	DATE OF BIRTH <small>MM/DD/YYYY</small>	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 DISCLOSURE</b>				
<input type="checkbox"/> Any information requested (including anything checked in the specified conditions in Part D below) <input type="checkbox"/> At the request of the individual <input type="checkbox"/> Other: _____				
If you would like to limit the disclosure of information to a specific provider, condition or date(s), please specify below: Limit information to: _____ and/or date range <small>MM/DD/YYYY</small> to <small>MM/DD/YYYY</small>				
<b>PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION</b> (check all that apply) <small>NOTE: Skip this section if psychotherapy was checked at the top of this form</small>				
<input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date) <input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits) <input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis) <input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)				
<b>I choose to include information regarding the following conditions (check all that apply):</b>				
<input type="checkbox"/> Genetic testing <input type="checkbox"/> Alcohol or substance abuse <input type="checkbox"/> Mental health (excluding psychotherapy notes) <input type="checkbox"/> Sexually transmitted diseases <input type="checkbox"/> Abortion				
<small><b>Note:</b> you must complete a separate form 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></small>				
<b>PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)</b>				
I understand that:				
<ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.</li></ul>				
<b>IMPORTANT:</b> 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. Unless you receive revocation in writing, this authorization will be valid until Health Plan completes activities outlined in Part C or until the date specified here: <small>MM/DD/YYYY</small>				
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: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian* <input type="checkbox"/> Power of Attorney* <input type="checkbox"/> Other * _____				
<small>* You must provide documentation supporting your legal authority to act on behalf of the member</small>				

**INCOMPLETE FORMS WILL NOT BE PROCESSED – BE SURE TO RETAIN A COPY FOR YOUR RECORDS**

**Return form to:**

Excellus Health Plan, Inc.  
PO Box 22999, Rochester, NY 14692  
or Fax: 1-315-671-7079



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>• \$100 individual / \$300 family, enhanced benefits only</li> <li>• \$400 individual / \$1200 family, enhanced benefits only</li> <li>• \$1000 individual / \$3000 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> <li><b>Inpatient Hospital Benefits</b> <ul style="list-style-type: none"> <li>• Hospital benefits</li> <li>• Physician visits in the hospital</li> <li>• Inpatient physical rehabilitation</li> </ul> </li> <li>• Surgery</li> <li>• Anesthesia</li> <li><b>Emergency Care</b> <ul style="list-style-type: none"> <li>• Emergency room care</li> <li>• Freestanding urgent care center</li> <li>• Ambulance</li> </ul> </li> <li><b>Outpatient Hospital Benefits</b> <ul style="list-style-type: none"> <li>• Diagnostic x-rays</li> <li>• Diagnostic laboratory and pathology</li> <li>• Surgical care</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> </ul> </li> <li><b>Mental Health and Chemical Dependence</b> <ul style="list-style-type: none"> <li>• Inpatient mental health care</li> <li>• Outpatient mental health care</li> <li>• Inpatient chemical dependence</li> <li>• Outpatient chemical dependence</li> </ul> </li> <li><b>Other Services</b> <ul style="list-style-type: none"> <li>• Diabetic insulin and supplies</li> <li>• Skilled nursing facility</li> </ul> </li> <li>• Home care</li> <li>• Hospice</li> <li>• Outpatient therapy</li> <li>• Durable medical equipment</li> <li>• External prosthetics</li> <li>• Chiropractic</li> <li>• Acupuncture</li> <li>• Dental</li> <li>• Hearing</li> </ul>	<ul style="list-style-type: none"> <li>• \$0/\$15/\$30</li> <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> <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>• 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> <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> <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> <li>• Covered in full for unlimited days</li> <li>• Subject to deductible and coinsurance, limited to 100 visits per calendar year</li> <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>



Marital Status: ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced/ Marital Status Event Date

Medicare Number (if applicable)  Part A Effective Date  Part B Effective Date

If Medicare eligible due to ESRD please check type of dialysis: ☐ Self administered ☐ Facilitated Date started

**5 – Other Coverage Information** Have you ever been a member of Excellus BlueCross BlueShield? ☐ Yes ☐ No

**In addition, please provide a copy of your “Certificate of Coverage” from your former health insurance carrier or employer.**

Have you, your spouse or any enrolled dependent had other coverage within the last 63 days? Health? ☐ No ☐ Yes / Dental? ☐ No ☐ Yes

If answering “Yes”, are you keeping the additional health and/or dental coverage? Health? ☐ No ☐ Yes / Dental? ☐ No ☐ Yes

Who did the other plan cover? ☐ Self ☐ Spouse ☐ Children

Other insurance carrier name:

Other insurance name of policyholder:

Policy ID Number:  Effective Date  Termination Date

**6 – Cancellation Information**

**Please indicate who is being cancelled and the reason for cancellation (reason listing on page 4).**

Subscriber ☐ Medical ☐ Dental / Reason  Date

Dependent (list each dependent in section 7) ☐ Medical ☐ Dental / Reason  Date

**7 – Dependent Information**

**Please provide all information for each person to be covered.**

Subscriber's Last Name  Subscriber's First Name

Spouse/Domestic Partner Last Name  Spouse/Domestic Partner First Name  M.I.

☐ Male Date of Birth  Social Security Number  Are you enrolling as a Domestic Partner? ☐ Yes ☐ No

☐ Female  Medicare Number (if applicable)  Part A Effective Date  Part B Effective Date

**8 – Release/Signature**

**Subscriber signature required. You must sign and date this form to be eligible for insurance.**

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. I have thoroughly read, understand and agree to comply with the terms of the Release on the back.

Subscriber Signature  Date



P.O. Box 22999, Rochester, NY 14692  
A nonprofit independent licensee of the BlueCross BlueShield Association

## GROUP ENROLLMENT FORM

DO NOT USE – FOR INTERNAL USE ONLY

Instructions on last page. All Dates = mm/dd/yy

PLEASE PRINT CLEARLY

### 9 – Additional Dependents

Please provide all information for each person to be covered.

Subscriber's Last Name																Subscriber's First Name																																																	
<input type="text"/>																<input type="text"/>																																																	
Dependent's Last Name																Dependent's First Name																M.I.																																	
<input type="text"/>																<input type="text"/>																<input type="text"/>																																	
<input type="checkbox"/> Male	Date of Birth					Social Security Number					Is your over-age dependent handicapped or disabled?																<input type="checkbox"/> Yes																																						
<input type="checkbox"/> Female	<input type="text"/>					<input type="text"/>					(See last page for additional information)																<input type="checkbox"/> No																																						
Is Dependent a full time student?																																<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please indicate college/university name:																															
College/University Name																								Expected Graduation Date								Credit hours																																	
<input type="text"/>																								<input type="text"/>								<input type="text"/>																																	

Dependent's Last Name																Dependent's First Name																M.I.																																	
<input type="text"/>																<input type="text"/>																<input type="text"/>																																	
<input type="checkbox"/> Male	Date of Birth					Social Security Number					Is your over-age dependent handicapped or disabled?																<input type="checkbox"/> Yes																																						
<input type="checkbox"/> Female	<input type="text"/>					<input type="text"/>					(See last page for additional information)																<input type="checkbox"/> No																																						
Is Dependent a full time student?																																<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please indicate college/university name:																															
College/University Name																								Expected Graduation Date								Credit hours																																	
<input type="text"/>																								<input type="text"/>								<input type="text"/>																																	

Dependent's Last Name																Dependent's First Name																M.I.																																	
<input type="text"/>																<input type="text"/>																<input type="text"/>																																	
<input type="checkbox"/> Male	Date of Birth					Social Security Number					Is your over-age dependent handicapped or disabled?																<input type="checkbox"/> Yes																																						
<input type="checkbox"/> Female	<input type="text"/>					<input type="text"/>					(See last page for additional information)																<input type="checkbox"/> No																																						
Is Dependent a full time student?																																<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please indicate college/university name:																															
College/University Name																								Expected Graduation Date								Credit hours																																	
<input type="text"/>																								<input type="text"/>								<input type="text"/>																																	

## Instruction Page

**Reason for Enrollment/Change:** Check the appropriate action in the space provided. 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/Representative for events that fall outside the 30-day period. If New Hire, Open Enrollment, Add/Remove Dependent or Loss of Coverage, you **must** also check coverage type and persons to be covered, and Dependent Information section.

### Cancel Request

To process a Subscriber or Dependent cancellation, please use the **Membership Cancellation Worksheet - OR -**

#### To Cancel an Employee/Subscriber using the Group Enrollment Form:

- check Subscriber box
- check Products to be cancelled (Medical, Dental)
- indicate Cancellation Date in space provided
- complete Subscriber Information

#### Cancel Subscriber Reasons

Left Employer/No Longer Eligible	COBRA End Date
Commercial	Subscriber Request
COBRA Begin Date	Subscriber Deceased
COBRA Handicapped/Disabled Date	Spouse's Insurance
Transfer to Traditional	Medicaid
Transfer to HMO	Medicare
Transfer to POS	

#### To Cancel a Dependent using the Group Enrollment Form:

- check Dependent box
- check Products to be cancelled (Medical, Dental)
- indicate Cancellation Date in space provided
- complete Subscriber Information
- complete Dependent Name and Dependent Birth date

#### Cancel Dependent Reasons

Marriage – when permitted by law	COBRA Begin Date
Dependent Over Age	Subscriber Request
Deceased	Divorce
Ineligible Student	Medicare

**COVERAGE TYPE** All products may not be applicable to your employer group. Please check with your Group Administrator/Representative.

**SUBSCRIBER** If you or your dependents are Medicare eligible, complete the questions regarding Medicare Coverage.

**FAMILY MEMBER INFORMATION** If there are more than four dependents please use an additional form.

#### QUALIFIED GUIDELINES:

- A legal spouse (an ex-spouse is not a qualified member as of the divorce date)
  - Must be under the eligible child age for your employer group:
    - natural, adopted or stepchild
  - Other: Please contact your Group Administrator/Representative for the appropriate form. These dependents have additional eligibility requirements.
- Dependents pending adoption, for whom you are the legal guardian, and/or a handicapped or disabled dependent who is over the dependent age for your employer group.**

#### RELEASE

- I am applying to enroll myself and my eligible dependents, if any, under the medical and/or dental contract.
- In the event that a premium contribution is required of me, I agree to pay the premium amounts applicable to the contract under which I am covered. I authorize my employer to deduct from my payroll such applicable amounts and to remit them to Excellus BlueCross BlueShield.
- If this application is made on behalf of a minor, the responsible party must complete the application.
- By accepting this contract, I grant permission to Excellus BlueCross BlueShield to submit charges to and/or recover payment from any other insurance carrier acting as my primary insurer.
- I authorize Excellus BlueCross BlueShield to request and receive medical or dental information regarding me or my covered dependents from my healthcare practitioner or healthcare institution either orally or in writing and to use this information for providing coverage. Providing coverage includes: processing claims, reviewing grievances or complaints involving care and quality assurance reviews of care, whether based on a specific complaint or a routine audit of randomly selected cases. In the use of data for these purposes, we may transmit personal information to third parties with which we contract, including pharmacy benefit managers, disease management vendors or surveyors.
- I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

**GROUP EMPLOYER INFORMATION** This section to be completed and signed by the Employer Group Administrator/Representative. Complete only the coverage section (Medical/Dental) that is applicable to the employee's request.

If you have any questions, please contact your Group Administrator/Representative.

Or, visit:

[www.excellusbcbs.com/cnycoop](http://www.excellusbcbs.com/cnycoop)



## 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 portion of the allowed amount for certain medical services.

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

**Out-of-pocket maximum**—The maximum amount of 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.

