

LIFE HAS A PLAN



A nonprofit independent licensee of the Blue Cross Blue Shield Association



Your Benefit
Plan Details



Group Name

Clinton Central School District

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

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

*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 and Member Services.

Clinton Central School
District

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

Questions? Call member services at ,
Call our TTYphone at 1 (315) 448-6764,

Type of Care/Plan Benefits	In-Network	Out Of Network
Plan features <ul style="list-style-type: none"> Primary Care Physician (PCP) Referrals Out of network benefits Out of area benefits Student/Dependent coverage Domestic partner Coverage Period Plan cost-sharing highlights <ul style="list-style-type: none"> Office visit copay (Primary Care Physician) Office visit copay (Specialist) Coinsurance Deductible Out of pocket maximum Lifetime maximum 	<ul style="list-style-type: none"> Not required Not required Covered Coverage provided worldwide through the BlueCard program. Qualified dependents and students are covered to age 26. Not covered Consecutive 12 months beginning on your group's effective date of coverage <ul style="list-style-type: none"> \$10 copay <ul style="list-style-type: none"> \$10 copay In-network: None; Out-of-network: 20% In-network: None Out of Network \$75 individual /\$150 family In-network: \$400 Per person; Out of Network \$400 Per person None 	

type of care/plan benefits	In-Network	Out Of Network
Wellness Incentive <ul style="list-style-type: none"> Stay healthy with great programs and incentives! Preventive Health Care Services <ul style="list-style-type: none"> Well child visits Adult routine physical exams <ul style="list-style-type: none"> Adult immunizations Mammography Pap smear Routine GYN exam Prostate cancer screening 	<ul style="list-style-type: none"> Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. <ul style="list-style-type: none"> Covered in full Covered in full for 1 exam per year according to national guidelines <ul style="list-style-type: none"> Covered in full <ul style="list-style-type: none"> Covered in full <ul style="list-style-type: none"> Covered in full <ul style="list-style-type: none"> Covered in full <ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids. <ul style="list-style-type: none"> Covered in full Covered at 80%, subject to the deductible for one routine exam per year Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible

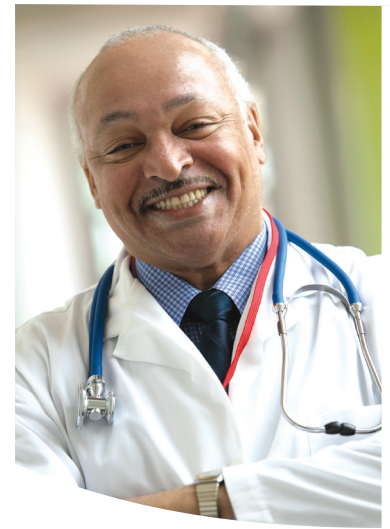
Type of Care/Plan Benefits	In-Network	Out Of Network
<ul style="list-style-type: none"> • Colonoscopy <p>Physician Office Services</p> <ul style="list-style-type: none"> • Diagnostic office visits • Diagnostic x-rays • Diagnostic laboratory and pathology • Allergy tests • Allergy injections • Chemotherapy • Radiation therapy <p>Maternity Services</p> <ul style="list-style-type: none"> • Prenatal Care • Hospital care for mom (including delivery) • Newborn nursery care <p>Prescription Drug</p> <ul style="list-style-type: none"> • Short-term and maintenance drugs <p>Inpatient Hospital Benefits</p> <ul style="list-style-type: none"> • Hospital benefits • Physician visits in the hospital • Inpatient physical rehabilitation • Surgery 	<ul style="list-style-type: none"> • Preventive and diagnostic covered according to the surgical benefit • \$10 copay per visit • Covered in full. Precertification applies for MRI, PET and CAT scans. • Covered in full • \$10 copay per visit • Covered in full • Covered in full • Covered in full • \$10 Copay for initial visit, then covered in full • Hospital-Covered in full; Delivery-Covered in full • Covered in full • \$5/\$15/\$30 30-day supply \$10/\$30/\$60 90-day supply • Covered in full for unlimited days. Precertification applies. • Covered in full • Covered in full for up to 60 days per year. Precertification applies. • Covered in full 	<ul style="list-style-type: none"> • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible. Precertification applies to MRI, PET and CAT scans. • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible • Not covered • Covered at 80%, subject to the deductible. Precertification applies. • Covered at 80%, subject to the deductible • Covered at 80%, subject to the deductible for up to 60 days per year. Precertification applies. • Covered at 80%, subject to the deductible

Type of Care/Plan Benefits	In-Network	Out Of Network
<ul style="list-style-type: none"> Anesthesia 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible
Emergency Care <ul style="list-style-type: none"> Emergency room care 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered in full
<ul style="list-style-type: none"> Freestanding urgent care center 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered in full
<ul style="list-style-type: none"> Ambulance 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered in full
Outpatient Hospital Benefits <ul style="list-style-type: none"> Diagnostic x-rays 	<ul style="list-style-type: none"> Covered in full. Precertification applies for MRI, PET and CAT scans. 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Precertification applies to MRI, PET and CAT scans
<ul style="list-style-type: none"> Diagnostic laboratory and pathology 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible
<ul style="list-style-type: none"> Surgical care 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible
<ul style="list-style-type: none"> Chemotherapy 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible
<ul style="list-style-type: none"> Radiation therapy 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible
Mental Health and Substance Use <ul style="list-style-type: none"> Inpatient mental health care 	<ul style="list-style-type: none"> Covered in full for unlimited days. Precertification applies. 	<ul style="list-style-type: none"> Covered in full for unlimited days. Precertification applies.
<ul style="list-style-type: none"> Outpatient mental health care 	<ul style="list-style-type: none"> \$10 copay. Services can be provided in an outpatient facility or in a provider office. 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.
<ul style="list-style-type: none"> Inpatient substance use 	<ul style="list-style-type: none"> Covered in full for unlimited days. Precertification applies. 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Precertification applies.
<ul style="list-style-type: none"> Outpatient substance use 	<ul style="list-style-type: none"> Covered in full 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible
Other Services <ul style="list-style-type: none"> Diabetic insulin and supplies 	<ul style="list-style-type: none"> Covered in full for up to a 30 day supply 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible for up to a 30 day supply
<ul style="list-style-type: none"> Skilled nursing facility 	<ul style="list-style-type: none"> Covered in full. Precertification applies. 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Precertification applies.
<ul style="list-style-type: none"> Home care 	<ul style="list-style-type: none"> Covered in full. Precertification applies. 	<ul style="list-style-type: none"> Covered at 80%, subject to a \$50 deductible for unlimited visits per year. Precertification applies.
<ul style="list-style-type: none"> Hospice 	<ul style="list-style-type: none"> Covered in full for unlimited days 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible for unlimited visits per year
<ul style="list-style-type: none"> Outpatient therapy 	<ul style="list-style-type: none"> \$10 copay per visit for 30 visits per condition for physical, speech, occupational and respiratory therapy 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible for 30 visits per condition for physical, speech, occupational and respiratory therapy
<ul style="list-style-type: none"> Durable medical equipment 	<ul style="list-style-type: none"> 20% Coinsurance. Precertification required if greater than \$200. 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible. Precertification required if greater than \$200.

Type of Care/Plan Benefits	In-Network	Out Of Network
<ul style="list-style-type: none"> External prosthetics Chiropractic Dental 	<ul style="list-style-type: none"> 20% Coinsurance \$10 copay per visit Covered in full for accidental injury to sound, natural teeth. 	<ul style="list-style-type: none"> Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth.

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

The screenshot shows the Excellus BCBS website interface. At the top, there's a search bar and navigation tabs: 'Find a Plan', 'Learn', 'Programs & Discounts', 'Find a Doctor or Hospital' (highlighted with an arrow), and 'Member Tools'. Below the tabs, there's a section titled 'Are You a...' with options: 'Member or Guest', 'Medicare Member', 'Broker', 'Employer', and 'Provider'. To the right, there's a 'LIFE HAS SHARING' banner with a 'Share to Win' button. Below the banner, there's a 'Looking for Coverage?' section with three categories: 'Medicare', 'Individuals & Families', and 'Businesses'. At the bottom, there's a 'For Members' section with a 'Quick Links' sidebar containing: 'Find a Doctor', 'Find an Urgent Care Center', 'Find a Hospital', 'Find a Dentist', 'Find Other Providers', 'BlueCard® Coverage Wherever You Go', 'Away From Home Care® for HMO Members', and 'Quality & Safety'. The main content area is titled 'Participating Hospitals, Urgent Care Centers & Other Providers' and includes a section for 'Please select the network you'd like to search:' with options: 'Upstate New York Provider Network', 'Nationwide BlueCard® Providers', 'International BlueCard Worldwide® Providers', and 'Federal Employee Network'. A 'Blue Distinction' logo is also visible on the right side of the page.

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



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. The content, tools and discounted offers available through Blue365 are subject to change. Please visit ExcellusBCS.com/Blue365 for the most current program details.

Healthcare Coverage Wherever You Go

As a BlueSM 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 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.

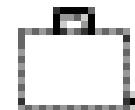
In most cases, when you travel or live outside your Blue Plan's service area, you can take advantage of savings the local Blue Plan has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket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

3-tier prescription drug benefit

Your three-tier prescription drug benefit makes it easy for you to make informed choices and encourages savings when choosing your medications. Your co-payment will vary based on the tier placement of your prescription drug.

- **Tier One drugs** are typically, generic drugs. Generic drugs have the same active ingredients, strength and effectiveness as their brand-name counterparts but at a substantially lower cost. There may be instances where brand-name drugs may be placed in Tier One for clinical reasons.
- **Tier Two drugs** are typically, brand-name products selected because of their overall value. There may be instances where generic drugs may be placed in Tier Two for clinical reasons.
- **Tier Three drugs** are all other brand name drugs, including new brand name drugs and drugs that have generic equivalents.

Visit ExcellusBCBS.com to view our current Tier Three Formulary Guide.

Special Features:

- Through Express Script® or Wegmans Home Delivery Service Pharmacy, you can get up to 3 months supply of your medication for only 2 copayments.

Where Can I Purchase My Prescription Medications?

You have access to more than 65,000 participating pharmacies in our nationwide Pharmacy Network, including all national chains and most independent chains. Just show your ID card at any participating pharmacy—it identifies you as having prescription drug coverage and eligible for online claims processing. The pharmacy will transmit your prescription claim online to us and we'll immediately send a message to the pharmacist with your co-payment amount.

Home Delivery Service

Get your prescriptions delivered right to your door! When you use our mail service pharmacy, Express Script® or Wegmans Home Delivery Service, you get the convenience of home delivery, up to a three month's supply of medication and the ease of ordering new prescriptions and refills either by phone or via our website.

Using mail service pharmacy is ideal for those who take prescription medication on a continuing basis. For more information on how to use Express Script® or Wegmans Home Delivery Service, please visit our website or contact the Pharmacy Help Desk

Specialty Pharmacy Benefit

Specialty medications are designed for conditions that are difficult to treat with traditional medications like multiple sclerosis, rheumatoid arthritis, hepatitis C, and others. These medications are self-administered, either taken orally or by injection. Specialty pharmacies work exclusively with specialty medications and are experts in handling and administering these complex medications.

Your prescription drug benefit provides coverage for certain specialty medications only when purchased at pharmacies participating in the Specialty Pharmacy Network. If you don't use a participating specialty pharmacy for your new and refill prescriptions, you will be responsible for the full cost of the prescription.

A complete listing of participating specialty pharmacies is available at ExcellusBCBS.com.



Drug Benefits

Prior Authorization

Prior authorization helps assure that a prescribed drug is safe and appropriate for your medical condition.

Certain medications require prior authorization, which means that your doctor will contact us to get approval before the medication is covered.

Our clinical pharmacists and physicians review medication requests to make sure that the choice of drug or dose is appropriately prescribed based on FDA and manufacturer guidelines, medical literature, safety, appropriate use and benefit design.

Step Therapy

Step Therapy is a program where you must first try a certain drug to treat your condition before another drug will be covered. Your medication treatment moves along a series of "steps." Generic drugs are usually the first step. This first step lets you begin treatment with a prescription drug that is proven safe and cost effective. If the first step drug does not work for you then move to the next "step." Brand-name drugs are usually in the second step and have a higher co-payment.

The goal of step therapy is to minimize risk and control costs.

Generic Advantage Program (GAP)

The Generic Advantage Program promotes the use of generic medications. Under this program, if a member chooses a brand-name medication when a generic equivalent is available, the member will pay the

generic co-payment or coinsurance amount, plus the difference between the brand-name cost and the generic cost.

For more information about the above programs or to get a specific list of drugs or pharmacies for any of the programs:

- Visit the prescription drug section of our website at ExcellusBCBS.com
- Dial the prescription drug number located on the back of your member ID card.
- Dial the Excellus BlueCross BlueShield Pharmacy Help Desk toll free at **1-800-724-5033** or (TTY) **585-454-2845**.

24/7 Nurse Call Line the support you need, whenever you need it

Our Member Care Management program provides support and education for members with chronic or complex health conditions, other targeted conditions and general health issues in multiple ways, including access to our 24/7 Nurse Call Line.



You can contact a nurse by phone anytime – 24 hours a day, seven days a week with general health questions. Nurse care managers can provide support on the phone or through follow-up educational mailings.

If you need ongoing support, you may be referred to a member care manager so you will have the support that best fits your needs.

Key features:

- 24/7 Nurse Call Line available for all individuals
- Decision making support and education when you need it most
- Triage to appropriate level of care
- Assistance with finding participating providers
- Nutritional information
- Information regarding medications and diagnoses
- Referrals, as appropriate, into the larger Member Care Management program for enhanced care management by a dedicated care manager
- Welcome mailing sent to all households newly eligible for the program

All Excellus BlueCross BlueShield members are able to access these programs.

Ask a Nurse Today! Call 1-800-348-9786. [ExcellusBCBS.com](https://www.ExcellusBCBS.com)

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

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.

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.

