

A nonprofit independent licensee of the Blue Cross Blue Shield Association



YOUR BENEFIT PLAN DETAILS

Group Name

OHM Oriskany 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.

**OHM Oriskany Central
School District**

PPO

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	07/01/20-06/30/21

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

OHM HEALTH INSURANCE CONSORTIUM

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$0	\$75	
Deductible - Family	\$0	\$150	Each individual does not exceed the single deductible.
Coinsurance	0%	20%	
Annual Out of Pocket Maximum - Single	\$400	\$400	Out-of-pocket maximum is \$400 Per Person. Out-of-pocket maximums accumulate the coinsurance amount and include the deductible, including carry over deductible if applicable.
Annual Out of Pocket Maximum - Family	\$400	\$400	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	\$10 Copayment	20% Coinsurance Subject to Deductible	
Cost Share - Specialist	\$10 Copayment	20% Coinsurance Subject to Deductible	

Plan Limits

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

Who is Covered

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

Inpatient Services

Inpatient Facility

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

Inpatient Professional Services

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

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	Covered in Full	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	Covered in Full	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	Covered in Full	20% Coinsurance Subject to Deductible	
Radiation Therapy	Covered in Full	20% Coinsurance Subject to Deductible	
Chemotherapy	Covered in Full	20% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	Covered in Full	20% Coinsurance Subject to Deductible	
Mental Health Care	\$10 Copayment	20% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	Covered in Full	20% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	Covered in Full	\$50 Ded/Coins Copayment	Limits are combined INN and OON.
Home Infusion Therapy	Covered in Full	20% Coinsurance Subject to \$50 Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	Covered in Full	20% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	
Maternity Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - \$10 Copayment	Not Covered	Covers online internet consultations between the member and the providers who participate in our telemedicine program for medical conditions that are not an emergency condition.
Chiropractic Care	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	
Allergy Testing	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - Not Covered	Not Covered	Not Covered

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	\$10 Copayment	20% Coinsurance Subject to Deductible	30 Visits per year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	\$10 Copayment	20% Coinsurance Subject to Deductible	30 Visits per year
Speech Rehabilitation	\$10 Copayment	20% Coinsurance Subject to Deductible	30 Visits per year

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	30 Visits per year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	30 Visits per year
Speech Rehabilitation	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	30 Visits per year

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	1 Exam per year
Adult Immunizations	PCP/Specialist - Covered in Full	Not Covered	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	Covered in Full	
Routine GYN Visit	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	20% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	

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

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - \$10 Copayment	20% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	

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

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	20% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	Limited to a 30 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Diabetic Equipment	PCP/Specialist - Covered in Full	20% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance	20% Coinsurance Subject to Deductible	
Medical Supplies	PCP/Specialist - 20% Coinsurance	20% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - Not Covered	Not Covered	Not Covered
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Emergency Services

ER Facility

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

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	Covered in Full	Covered in Full	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	Covered in Full	Covered in Full	

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Eye Exams - Routine	Not Covered	Not Covered	Not Covered Limits are combined INN and OON.
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered Includes Frames/Lenses or Contact Lenses
Pediatric Eye Exams - Routine	Not Covered	Not Covered	Not Covered Limits are combined INN and OON.
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered Includes Frames/Lenses or Contact Lenses

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			\$5/\$20/\$40

Rx Benefits

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

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

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

3-tier prescription drug benefit

3T7 - \$5/\$20/\$40 (30-day supply) / \$10/\$40/\$80 (90-day supply)

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. **\$5 copay**
- **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. **\$20 copay**
- **Tier Three drugs** are all other brand name drugs, including new brand name drugs and drugs that have generic equivalents. **\$40 copay**

Visit [ExcellusBCBS.com](https://www.ExcellusBCBS.com) to view our current Tier Three Formulary Guide.

Tier One drugs \$10

Tier Two drugs \$40

Special Features: Tier Three drugs \$80

- 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.

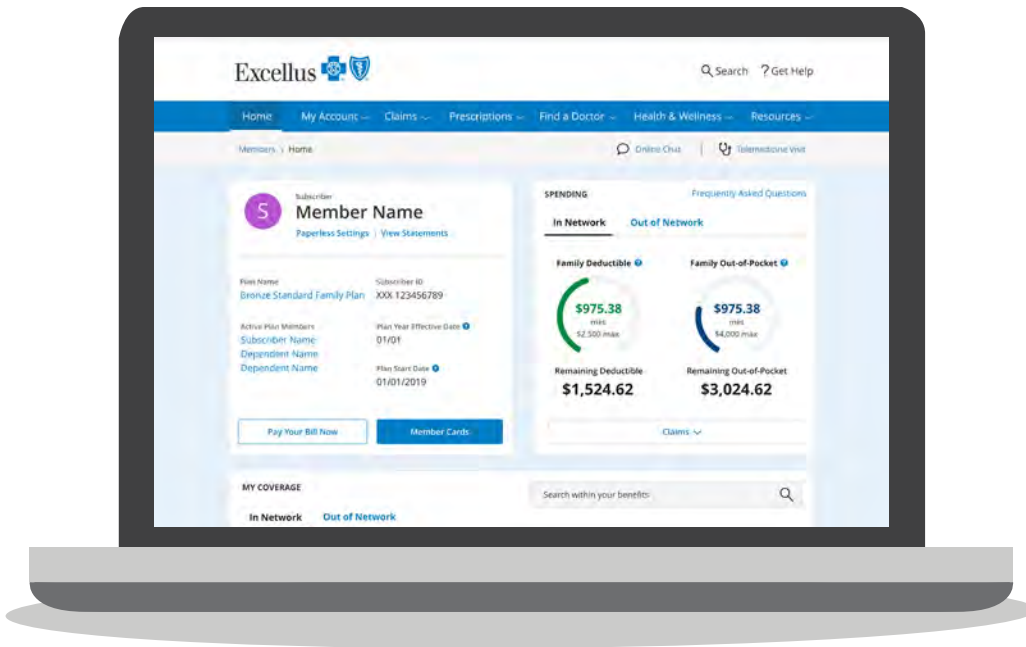
Your prescription drug benefit provides coverage for certain specialty medications only when purchased at pharmacies participating in the Specialty Pharmacy Network. If you don't use a participating specialty pharmacy for your new and refill prescriptions, you will be responsible for the full cost of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

A complete listing of participating specialty pharmacies is available at [ExcellusBCBS.com](https://www.ExcellusBCBS.com).

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



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



1

My Account

Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.

2

Find a Doctor/Dentist

Easily find access to care locally, nationally, and globally.

3

Spending

Gives a breakdown of your health spending.

4

Coverage & Benefits

Shows a summary of your plan details.

5

Claims

Allows you to submit and view claims.

6

Get Rewards

Provides quick access to spending and rewards programs.

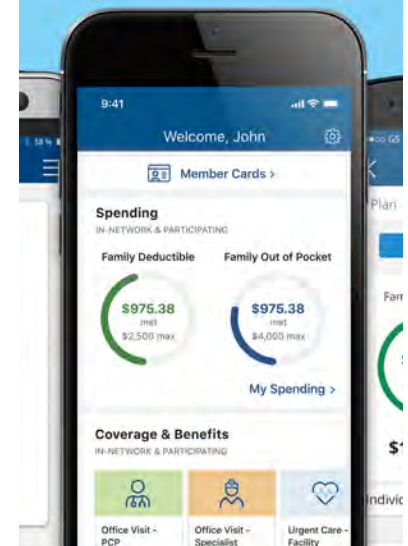
7

Estimate Medical Costs

Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.

DOWNLOAD THE EXCELLUS BCBS APP.

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



View your member card.

Track deductibles and out-of-pocket spending.

Find a provider or medical facility.

Access your benefits and claims information.



Visit Member.ExcellusBCBS.com to register today.

MORE BENEFITS, ACCESS, AND CONTROL IN 5 EASY STEPS

If you have a few minutes, you have plenty of time to create your online member account. Make sure you're getting the most value out of your health plan with a breakdown of how you're using your benefits, the ability to see and submit claims, go paperless, and more.

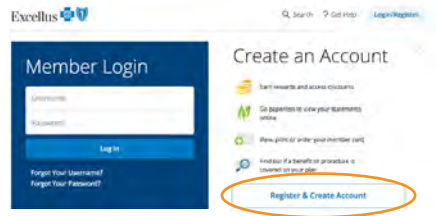
1 In Your Browser, Type Member.ExcellusBCBS.com

This will take you directly to the registration screen.

 Enter Address

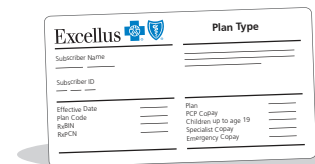
2 Create a New Account

Select the Register & Create Account button on the right side of the screen.



3 Complete the Form

You'll need your Subscriber ID, so be sure you have your Member Card handy.



4 Choose a Username and Password

You'll also choose a pair of security questions in case you forget either of these.

Username*

Password*

5 Verify Your Email Address

We'll send you an email to verify your new account. Sign in and you're ready to go!



**DON'T FORGET
TO DOWNLOAD
THE APP**

Log in to more features, tools, and resources online.



View a Summary
of Benefits and
Coverage



Find a Doctor
or Dentist



Track Deductible
and Out-of-Pocket
Spending



Submit and
View Claims



Estimate
Medical Costs



View Online
Member Cards



Download
Statements
and Forms

**Create your account at Member.ExcellusBCBS.com today
for anytime, anywhere access to your health plan.**

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

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

B-7184



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.

THE DOCTOR WILL SEE YOU NOW. WHEREVER. WHENEVER.

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

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

When do you use telemedicine?

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

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

Adults

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

Children

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

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

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

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

If you think behavioral health counseling might be right for you, take one of our free online assessments at **MDLIVE.com/BH-Assessments**. Here are some conditions people rely on behavioral health telemedicine for:

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

Telemedicine is covered just like a trip to the doctor.

If your doctor's office visit is...	Then your medical and behavioral health telemedicine program benefit cost share is...
Covered with a copay	\$10 (or equal to the PCP copay if PCP copay is less than \$10)
Covered with copay/deductible	\$10 copay subject to deductible (or equal to the PCP copay if PCP copay is less than \$10)
Covered deductible/covered in full	Deductible/covered in full
Covered with deductible/coinsurance	Deductible/coinsurance
Covered with coinsurance only	Coinsurance only

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

WEB - Register/Log in at ExcellusBCBS.com/Member

APP - Download the MDLIVE app

TEXT - Text EXCELLUS to 635483

VOICE - Call 1-866-692-5045

DID YOU KNOW?



of doctor's office visits could be handled over the phone.¹



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



of emergency room visits can potentially be prevented with telemedicine.³

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

² Based on MDLIVE data, 2016.

³ Based on New York State Department of Health data, 2016.

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MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit www.mdlive.com/terms-of-use. MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area. Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

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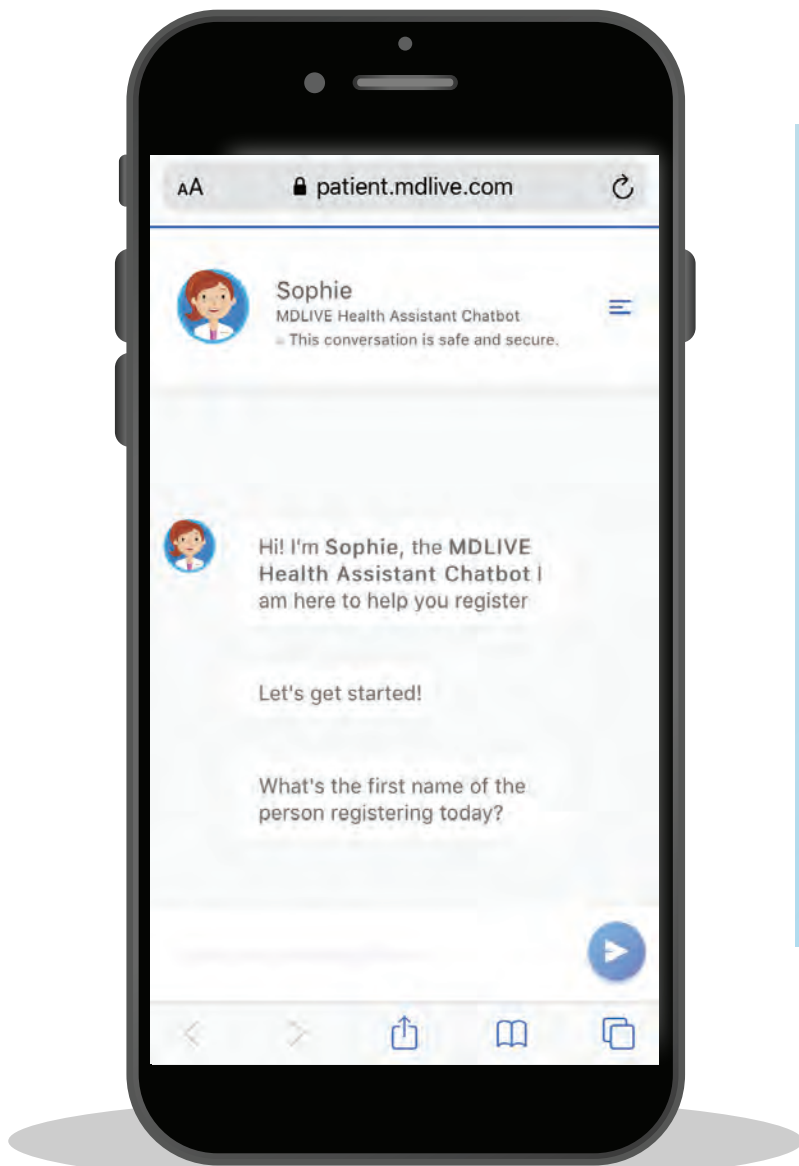
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B-6675 / 13798-19M

TEXT EXCELLUS TO 635-483

Convenient telemedicine registration from your smartphone

You'll be greeted by Sophie, MDLIVE's helpful Health Assistant Chatbot. She'll take your information through a series of questions over a secure website. Voice to text recognition is also available for additional accessibility.



HELPFUL TIPS FOR A SMOOTH REGISTRATION

- Have your Subscriber ID number ready. This can be found on your member card.
- You can register all active plan members through the same process.
- Once registration is complete, be sure to download the MDLIVE mobile app for convenient telemedicine visits at your fingertips.



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

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

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

B-7403 / 14075-205

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.

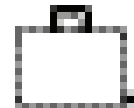
In most cases, when you travel or live outside your Blue Plan's service area, you can take advantage of savings the local Blue Plan has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket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

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

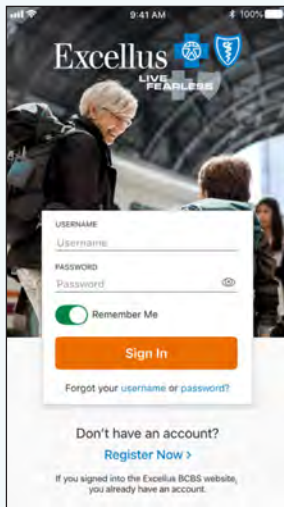
The 24/7 Nurse Call Line is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains,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

GET READY FOR A MORE CONVENIENT HEALTH CARE EXPERIENCE

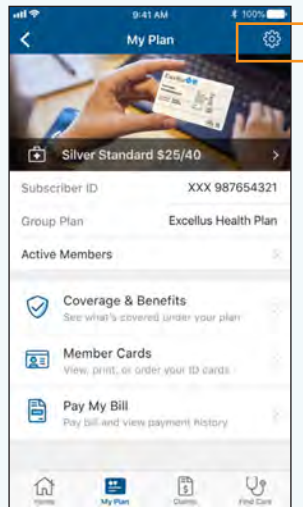
YOUR WELLFRAME® QUICK START GUIDE

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

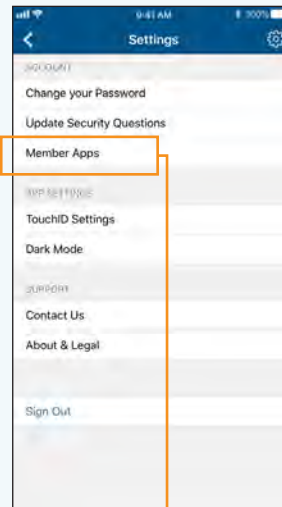
To get started, follow these simple steps:



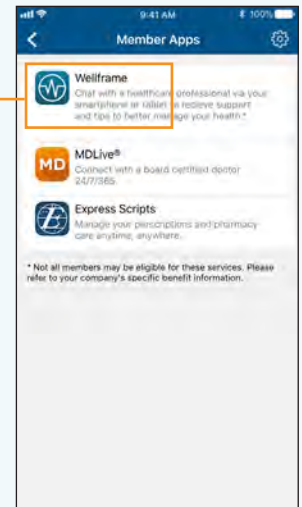
- 1** Download the **Excellus BCBS app** and register your online account.



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



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



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



Health care experts and support at your fingertips

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

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



Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex. Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

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

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5 Things You Should Know About STRESS

Everyone feels stressed from time to time. But what is stress? How does it affect your health? And what can you do about it?



Stress is how the brain and body respond to any demand. Every type of demand or stressor—such as exercise, work, school, major life changes, or traumatic events—can be stressful.

Stress can affect your health. It is important to pay attention to how you deal with minor and major stress events so that you know when to seek help.

Here are five things you should know about stress:

1 Stress affects everyone.

Everyone feels stressed from time to time. Some people may cope with stress more effectively or recover from stressful events more quickly than others. There are different types of stress—all of which carry physical and mental health risks. A stressor may be a one time or short term occurrence, or it can be an occurrence that keeps happening over a long period of time.

Examples of stress include:

- Routine stress related to the pressures of work, school, family, and other daily responsibilities
- Stress brought about by a sudden negative change, such as losing a job, divorce, or illness
- Traumatic stress experienced in an event like a major accident, war, assault, or a natural disaster where people may be in danger of being seriously hurt or killed. People who experience traumatic stress often experience temporary symptoms of mental illness, but most recover naturally soon after.

2 Not all stress is bad.

Stress can motivate people to prepare or perform, like when they need to take a test or interview for a new job. Stress can even be life-saving in some situations. In response to danger, your body prepares to face a threat or flee to safety. In these situations, your pulse quickens, you breathe faster, your muscles tense, your brain uses more oxygen and increases activity—all functions aimed at survival.

3 Long-term stress can harm your health.

Health problems can occur if the stress response goes on for too long or becomes chronic, such as when the source of stress is constant, or if the response continues after the danger has subsided. With chronic stress, those same life-saving responses in your body can suppress immune, digestive, sleep, and reproductive systems, which may cause them to stop working normally.

Different people may feel stress in different ways. For example, some people experience mainly digestive symptoms, while others may have headaches, sleeplessness, sadness, anger or irritability. People under chronic stress are prone to more frequent and severe viral infections, such as the flu or common cold.

Routine stress may be the hardest type of stress to notice at first. Because the source of stress tends to be more constant than in cases of acute or traumatic stress, the body gets no clear signal to return to normal functioning. Over time, continued strain on your body from routine stress may contribute to serious health problems, such as heart disease, high blood pressure, diabetes, and other illnesses, as well as mental disorders like depression or anxiety.

4 There are ways to manage stress.

The effects of stress tend to build up over time. Taking practical steps to manage your stress can reduce or prevent these effects. The following are some tips that may help you to cope with stress:

- **Recognize the Signs** of your body's response to stress, such as difficulty sleeping, increased alcohol and other substance use, being easily angered, feeling depressed, and having low energy.
- **Talk to Your Doctor or Health Care Provider.** Get proper health care for existing or new health problems.
- **Get Regular Exercise.** Just 30 minutes per day of walking can help boost your mood and reduce stress.
- **Try a Relaxing Activity.** Explore stress coping programs, which may incorporate meditation, yoga, tai chi, or other gentle exercises. For some stress-related conditions, these approaches are used in addition to other forms of treatment. Schedule regular times for these and other healthy and relaxing activities. Learn more about these techniques on the National Center for Complementary and Integrative Health (NCCIH) website at (www.nccih.nih.gov/health/stress).
- **Set Goals and Priorities.** Decide what must get done and what can wait, and learn to say no to new tasks if they are putting you into overload. Note what you have accomplished at the end of the day, not what you have been unable to do.
- **Stay Connected** with people who can provide emotional and other support. To reduce stress, ask for help from friends, family, and community or religious organizations.
- **Consider a Clinical Trial.** Researchers at the National Institute of Mental Health (NIMH), NCCIH, and other research facilities across the country are studying the causes and effects of psychological stress, and stress management techniques. You can learn more about studies that are recruiting by visiting www.nimh.nih.gov/joinastudy or www.clinicaltrials.gov (keyword: stress).

5 If you're overwhelmed by stress, ask for help from a health professional.

You should seek help right away if you have suicidal thoughts, are overwhelmed, feel you cannot cope, or are using drugs or alcohol to cope. Your doctor may be able to provide a recommendation. You can find resources to help you find a mental health provider by visiting www.nimh.nih.gov/findhelp.

Call the National Suicide Prevention Lifeline

Anyone experiencing severe or long-term, unrelenting stress can become overwhelmed. If you or a loved one is having thoughts of suicide, call the toll-free **National Suicide Prevention Lifeline** (<http://suicidepreventionlifeline.org/>) at **1-800-273-TALK (8255)**, available 24 hours a day, 7 days a week. The service is available to anyone. All calls are confidential.

For More Information

For more information on conditions that affect mental health, resources, and research, visit www.mentalhealth.gov, or the NIMH website at www.nimh.nih.gov. In addition, the National Library of Medicine's MedlinePlus service has information on a wide variety of health topics, including conditions that affect mental health.



National Institute
of Mental Health

National Institute of Mental Health

Office of Science Policy, Planning and Communications
Science Writing, Press, and Dissemination Branch
6001 Executive Boulevard
Room 6200, MSC 9663
Bethesda, MD 20892-9663
Phone: 301-443-4513 or
Toll-free: 1-866-615-NIMH (6464)
TTY: 301-443-8431 or TTY Toll-free: 1-866-415-8051
Fax: 301-443-4279
E-mail: nimhinfo@nih.gov
Website: www.nimh.nih.gov



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.

CHECKLIST FOR WOMEN'S HEALTH

MAKE PREVENTIVE CARE A PRIORITY

Let's take control of your health today to ensure a healthier tomorrow. This checklist makes it easier to keep the most essential screenings and doctor visits top of mind. Plus, preventive care services are covered at no additional cost to you,* so saving is easier, too.

	What	Who + When	Why
<input type="checkbox"/>	 Annual OB/GYN Visit	Under Age 65 Once a year	This once-a-year visit with your doctor is a great opportunity to touch base and share any concerns.
<input type="checkbox"/>	 Blood Pressure Screening	Age 40+ or high risk Once a year Age 18-40 and not high risk Every 3-5 years	Getting your blood pressure checked can give your doctor important information about your risk for stroke and heart attack.
<input type="checkbox"/>	 Cervical Cancer Screening	Age 21-65 Every 3 years (talk to your doctor about which options are best for you)	Regular Pap and HPV testing before you have any symptoms can help find abnormalities before they turn into cancer.
<input type="checkbox"/>	 Cholesterol Screening	Everyone Every 4-6 years, more often if you have family history or other risk factors	Too much cholesterol makes it harder for blood to flow through your body. Lower your risk by eating healthier and exercising.
<input type="checkbox"/>	 Colorectal Cancer Screening	Age 50-75 Regular testing; earlier if at higher risk	Special tests can detect colorectal cancer early, which makes it easier to treat.
<input type="checkbox"/>	 Diabetes (Type 2) Screening	Age 40-70 and overweight/obese Once a year	There are lots of ways to prevent and manage diabetes if you're aware of your risk.
<input type="checkbox"/>	 HIV Screening	Age 15-65 At least once in lifetime; once a year if at high risk	The only way to know you don't have HIV is to get tested.
<input type="checkbox"/>	 Immunization Vaccines	Everyone As directed by your doctor	Vaccinations aren't just for kids. Some vaccines can wear off as you age, and more vaccines have become available since you were a child.
<input type="checkbox"/>	 Mammography Screening	Age 40+ Every 1-2 years	Incredible advancements have been made in early breast cancer detection and care planning.
<input type="checkbox"/>	 Obesity Screening and Counseling	Everyone As directed by your doctor	Maintaining a healthy weight can give you more energy and reduce your risk for serious health conditions.

These are just some of the preventive care services available to you.
For a full list of what's covered, visit ExcellusBCBS.com/PreventiveCare



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










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

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B-7330
A11y IH 1/24/2020

CHECKLIST FOR MEN'S HEALTH

MAKE PREVENTIVE CARE A PRIORITY

Let's take control of your health today to ensure a healthier tomorrow. This checklist makes it easier to keep the most essential screenings and doctor visits top of mind. Plus, preventive care services are covered at no additional cost to you,* so saving is easier, too.

	What	Who + When	Why
<input type="checkbox"/>	 Annual Routine Checkup	Everyone Once a year	This once-a-year visit is a great opportunity to touch base with your doctor. Ages 55-69 should discuss if prostate screening is necessary.
<input type="checkbox"/>	 Blood Pressure Screening	Age 40+ or high risk Once a year Age 18-40 and not high risk Every 3-5 years	Getting your blood pressure checked can give your doctor important information about your risk for stroke and heart attack.
<input type="checkbox"/>	 Cholesterol Screening	Everyone Every 4-6 years, more often if you have family history or other risk factors	Too much cholesterol makes it harder for blood to flow through your body. Lower your risk by eating healthier and exercising.
<input type="checkbox"/>	 Colorectal Cancer Screening	Age 50-75 Regular testing; earlier if at high risk	Special tests can detect colorectal cancer early, which makes it easier to treat.
<input type="checkbox"/>	 Diabetes (Type 2) Screening	Age 40-70 and overweight/obese Once a year	There are lots of ways to prevent and manage diabetes if you're aware of your risk.
<input type="checkbox"/>	 HIV Screening	Age 15-65 At least once in lifetime; once a year if at higher risk	The only way to know you don't have HIV is to get tested.
<input type="checkbox"/>	 Immunization Vaccines	Everyone As directed by your doctor	Vaccinations aren't just for kids. Some vaccines can wear off as you age, and more vaccines have become available since you were a child.
<input type="checkbox"/>	 Obesity Screening and Counseling	Everyone As directed by your doctor	Maintaining a healthy weight can give you more energy and reduce your risk for serious health conditions.

These are just some of the preventive care services available to you.
For a full list of what's covered, visit ExcellusBCBS.com/PreventiveCare



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

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

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B-7329

A11y IH 1/24/2020

Important Facts Regarding Your Authorization to Share Protected Health Information

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

RETAIN A COPY FOR YOUR RECORDS

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

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

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED				
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)
CURRENT ADDRESS			CITY	STATE/ZIP CODE
PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)				
NAME OF PERSON/ORGANIZATION			ADDRESS	
NAME OF PERSON/ORGANIZATION			ADDRESS	
PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE				
<div style="display: flex; justify-content: space-between;"><input type="checkbox"/> At my request<input type="checkbox"/> Other: _____</div>				
PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION <i>(select D-1 <u>or</u> D-2 and if applicable, D-3)</i> NOTE: Skip this section if psychotherapy was checked at the top of this form				
<p>D-1. <input type="checkbox"/> I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.</p> <p style="text-align: center;">- OR -</p> <p>D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-between;"><div style="width: 48%;"><input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date)</div><div style="width: 48%;"><input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits)</div><div style="width: 48%;"><input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis)</div><div style="width: 48%;"><input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)</div><div style="width: 48%;"><input type="checkbox"/> Other limitation: _____</div><div style="width: 48%;"><input type="checkbox"/> Date Range _____ to _____</div></div> <p style="text-align: center;">- AND, IF APPLICABLE -</p> <p>D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.</p> <div style="display: flex; flex-wrap: wrap; justify-content: space-between; margin-top: 10px;"><div style="width: 30%;">____ Genetic testing</div><div style="width: 30%;">____ Substance use disorder</div><div style="width: 30%;">____ Mental health (excluding psychotherapy notes)</div><div style="width: 30%;">____ Sexually transmitted diseases</div><div style="width: 30%;">____ Abortion</div></div> <p>Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm</p>				
CONTINUED ON THE NEXT PAGE				

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

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

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

Signature: _____ **Date:** _____

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

Personal Representative's Name: _____

Personal Representative Signature _____

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

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

RETURN TO:

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

or Fax: 315-671-7079

Please keep a copy for your records

Notice of Nondiscrimination

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

The Health Plan:

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

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

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

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

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

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

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

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

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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
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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.

