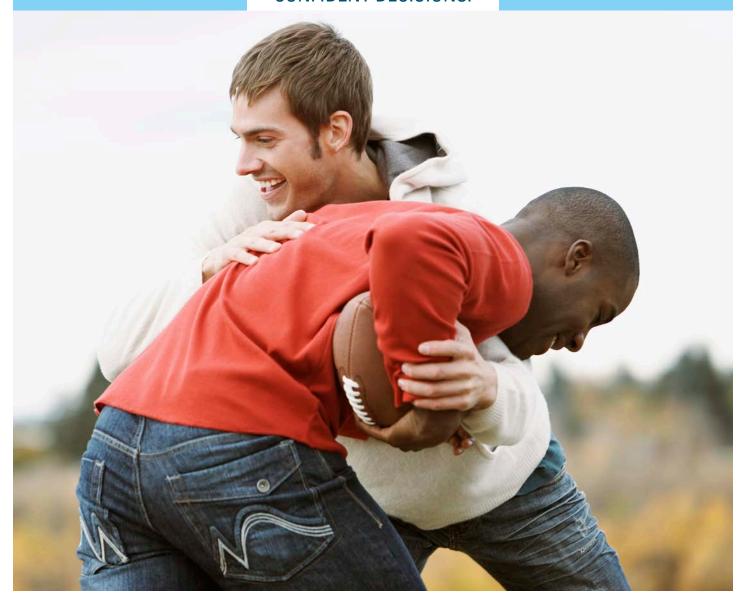
INFORMED CHOICES. CONFIDENT DECISIONS.



SILVER SELECT AND BRONZE SELECT

HIGH DEDUCTIBLE HEALTH PLAN



Important terms to know

Deductible - The amount of money you have to pay before we will make any payments toward health care services. Your deductible amount varies and is based on which of these plans you have.

Copay - This is a fixed dollar amount for covered health care services. We cover the rest.

For example, your doctor visit costs \$100. You pay \$20 for the visit. We cover the remaining \$80. If you haven't met your deductible: You pay the full \$100.

Please note: Copay amounts can vary for different services depending on your plan.

Coinsurance - Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. For example, if your daughter's eyeglasses are \$100 and you've met your deductible, your coinsurance payment of 50% would be \$50. We would pay the rest, or \$50.

Covered in full - 100% of the total cost is covered by us and you do not have to pay anything.

Out-of-pocket maximum - An annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums.

Understanding your High Deductible Health Plan

A high deductible health plan may work a little differently than other health insurance plans you've had in the past. A high deductible health plan or "HDHP" is designed to help keep premium costs lower for you and your family. You'll have coverage for things like:

- Choice of doctors and hospitals
- Doctor visits
- Free preventive care
- Hospitalization
- Laboratory coverage
- Maternity and newborn care

- Prescription drugs
- Specialty care
- Telemedicine visits
- Urgent care visits
- Active&Fit® Direct Program
- Up to 10 acupuncture visits per year

Let's start with the basics

FREE preventive care - preventive care can help you avoid getting sick and improve your health. With an HDHP, preventive services such as routine physicals, screenings and vaccinations are covered in full.* The deductible does not apply to preventive services. They are covered in full from day one.

Deductible applies - for services other than preventive care, you are responsible for paying out of your pocket until you meet your deductible. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. Coinsurance is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and we will pay the rest.

How this works:

Preventive Services	Other Services		
	Until deductible amount is reached	After deductible amount is reached	
WE PAY 100%	YOU PAY 100%	YOU PAY 20%	WE PAY 80%
Insurance company provides full coverage.	You pay a deductible up to a certain amount.	Once the deductible amount is reached your care is covered in full.	

Note: for illustrative purposes only - plan options vary.

^{*}In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

The top 4 things to know

1	What benefits are free?	 Preventive care for you and your family is covered in full on the first day your coverage begins. 	
2	Does my plan have a deductible? If so, when does it apply?	 Yes, this plan has a deductible. The deductible will apply to all medical care and to prescription drugs, including diabetic drugs and supplies. 	
3	How does the money I pay toward my deductible add up (or aggregate)?	 When only covering yourself, you will pay the single deductible amount. When covering more than one person, the family deductible is met for everyone on the plan when one or any combination of members reaches the family deductible amount. Once you meet your deductible, the plan begins paying on your claims. 	
4	How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?	 All of our plans have a limit on the amount any one person will pay. This is called an out-of-pocket maximum. This amount varies, depending on the plan you have. You will want to know what that amount is. If you are covering more than one person (similar to the deductible), one or any combination of family members, will need to pay the full family maximum. Once this amount is met, care is covered in full for everyone on the plan. Any individual on a plan covering more than one person will not pay more than \$6,750. 	



Let's say your deductible is \$2,000.





for low back pain. You pay \$100 for the visit.

You still have to pay **\$1900** more

Your doctor orders an MRI of your lower back.

You pay \$1,000 for the MRI.

You go to your doctor

to reach your deductible.

You still have to pay \$900 more to reach your deductible.



After a series of visits to your doctor and a chiropractor, you have \$0 left to reach your deductible. Now you will pay a percentage of cost, called coinsurance.

If your coinsurance is **20%**, and the next time you visit your doctor your bill is **\$100**, then you'll pay **\$20** and we will pay \$80.

To help you with your costs, there is an out-of-pocket maximum which is an annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums. Remember preventive care is covered in full and is not subject to the deductible.



You can manage your health plan online

View your member card, benefits, copay/coinsurance and deductible.

- Check your claims.
- Check referrals and authorizations.
- Opt-in to receive all available documents online or pick & choose which you'd like to still receive in the mail.

ExcellusBCBS.com/Member

Tax-Free Funding account

If you enroll in Silver Select or Bronze Select, you are eligible to open a tax-free health savings account (HSA) which will help you cover the costs associated with your plan.

What is an HSA?

- An HSA is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more.
- The money you put into your HSA is not subject to federal income tax when you make the deposit.

There are limits to how much you can contribute.

- In 2020 the maximum is:
 - \$3,550 for single coverage \$7,100 for family coverage
- If you're under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate, plus have to pay a tax penalty.

To learn more about how to set up an HSA, visit ExcellusBCBS.com

	Health Savings Account (HSA)
Overview	A tax-free account owned by you that works with a high deductible health plan to help you pay for qualified medical expenses
Who owns the account?	You
Who funds the account?	You
Are there contribution limits?	In 2020 the maximum is \$3,550 for single coverage and \$7,100 for family
Can I transfer the account?	Yes, you own the account

What can I buy with a Health Savings Account?

A health savings account will pay for many items and services, including:





Eyeglasses







Dental treatment

Lab tests



Contact lenses



Dental x-rays



Prescription drugs

For a complete list of qualified medical expenses, visit IRS.gov. Coverage of all services is subject to the terms of your HDHP.

How do I use my HSA when I need health care services?

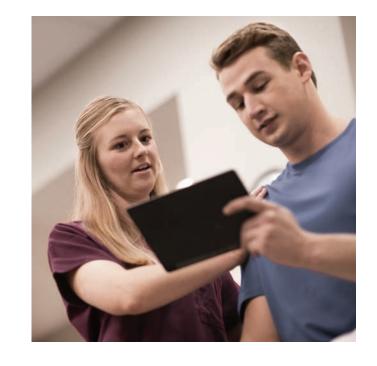
What do I do when I go to the doctor's office?

When you go to the doctor's office, let them know you are using a Health Savings Account. The doctor will bill Excellus BlueCross BlueShield. Once the bill has been processed, you and your doctor will get a letter that summarizes the costs associated with that visit. It will also show how much goes towards your deductible and how much you have to pay your doctor. Your doctor will send you a bill for the balance. You can use money from your Health Savings Account to pay that bill. If you have access to an HSA debit card, which works like a credit card, you can use it at the doctor's office.

Please note: Your physician may bill you, up front, at the time of service if the deductible is not met.

What do I do when I need a prescription?

The pharmacy system processes in real-time so the pharmacist will be able to tell you exactly what you owe when you pick up your prescription. You can use your HSA debit card here also.





Live Healthier and Save Money

Take advantage of programs and online resources to stay healthy and get the most value for your dollar.

You can manage your health care costs online at ExcellusBCBS.com/Member

View and order member cards, track deductibles and out-of-pocket spending, find a health care provider, access your benefits and claims information, estimate treatment costs and more.

Download Our Mobile App - 24/7 access to your member card, claims, account information, and more.





Member Benefits:

Our Network - Access more top-quality doctors, hospitals and pharmacies, locally and nationwide.

Healthy Perks:

24/7 Nurse Call Line - Get answers to your health care questions anytime day or night.

BlueCard® - Access to care when you travel in the United States, Canada, Mexico, Puerto Rico, the U.S. Virgin Islands, Guam, and the Mariana Islands.

Pharmacy Home Delivery - Save time and money by having your prescriptions delivered to your home.*

Health Risk Assessment - Our secure online health assessment will help you identify potential health risk factors and identify areas for improvement.

Blue365® - Receive exclusive member discounts on fitness gear, gym memberships, healthy eating options and more.

Preventive Care - Free preventive care screenings, immunizations and more to help keep you healthy.

Telemedicine powered by MDLIVE - Get advice from a board-certified doctor by phone or video on your schedule, anytime, anywhere, including from your own home.

6000+ Health Topics - Access to the Healthwise® Knowledgebase, featuring thousands of consumer-friendly pieces of content about medical conditions, symptoms, tests, and treatments.

ExerciseRewardsTM Program[†] - Fitness facility and individual fitness class rewards program with reduced fees at participating facilities, with online interactive fitness and wellness tools available at no additional cost. Now it's easier to earn the maximum of \$400 or \$600 annually by tracking your visits using the new fitness app.

The Active&Fit Direct™ Program - Offers fitness center memberships to 9,000+ fitness centers nationwide for just \$25 a month (plus a \$25 enrollment fee and tax, where applicable).

Sign up. Stay informed. Get email updates to receive fitness advice, nutrition tips, healthy recipes and more at ExcellusBCBS.com/Email. For more information, Call 1-888-579-0327

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:
 - o Qualified sign language interpreters
 - o 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:
 - o Qualified interpreters
 - o Information written in other languages

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

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

Advocacy Department

Attn: Civil Rights Coordinator PO Box 4717 Syracuse, NY 13221 Telephone number: 1-800-614-6575

TTY number: 1-800-421-1220

Fax: 1-315-671-6656

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

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

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

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

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

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

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

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Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

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

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

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

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

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

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

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

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

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

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

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out-of-pocket maximums.

†The ExerciseRewards Program and the Active&Fit Direct Program are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ExerciseRewards and the Active&Fit Direct Program are trademarks of ASH and used with permission herein. Consult a physician before beginning or changing your exercise or fitness routine.



^{*}Certain Prescription Drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.

[†] In compliance with Affordable Care Act/IRS rules.