

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

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

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

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

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan 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 אוועילעב 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.

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

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

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

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

B-5495

Excellus 

B-6491Y21/14394-20M



INFORMED CHOICES.
CONFIDENT DECISIONS.

Bronze Secure Plus 3

Excellus 
LIVE FEARLESS 

A nonprofit independent licensee of the Blue Cross Blue Shield Association



Understanding the Bronze Secure Plus 3 Plan

The Bronze Secure Plus 3 Plan may work a little differently than other health plans that you've had in the past. Your plan includes free coverage for preventive screenings to keep you healthy and a high deductible to help keep your premium costs low. You'll have coverage for things like:

- Up to \$600 fitness facility and/or individual fitness class reimbursement
- Choice of doctors and hospitals
- Doctor visits
- No-cost preventive care
- Hospitalization
- Laboratory coverage
- No-cost birth control
- Prescription drugs
- Urgent care visits
- Telemedicine and telehealth visits
- Active&Fit Direct® Program
- Pediatric vision and dental
- **NEW** Adult eye exams and dental (Preventive & Routine)

Let's start with the basics:

Under the Bronze Secure Plus 3 plan, you have free coverage for:

- Preventive screenings, such as routine physicals and vaccinations are covered if services are received from a participating or in-network doctor.*
- Your first 3 visits to your primary care doctor are covered at no charge. This can include visits for mental health care, substance use treatments, telemedicine and telehealth.

For all other services, such as your 4th visit to your primary care doctor, care provided by a specialist or emergency care, you are responsible for paying out of your pocket until you meet your deductible. Once you reach your deductible, your care is covered in full for the remainder of the year.

How this works:

Preventive Services and first 3 services provided by your primary care doctor	Other Services	
	Until deductible amount is reached	After deductible amount is reached
WE PAY 100%	YOU PAY 100%	WE PAY 100%
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

*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 3 things to know

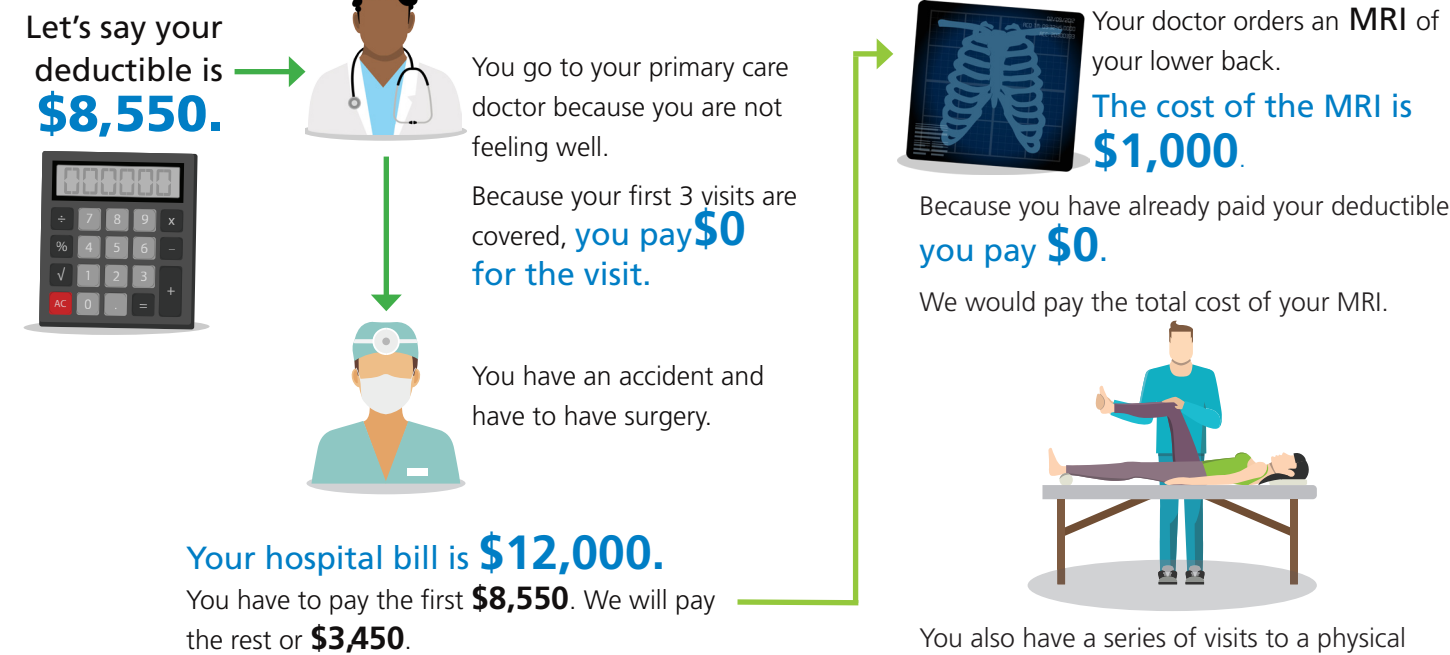
1	What benefits are free?	<ul style="list-style-type: none"> • Preventive care for you and your family is covered in full on the first day your coverage begins. • Your first 3 visits to your primary care doctor are covered in full.
2	Does my plan have a deductible? If so, when does it apply?	<ul style="list-style-type: none"> • Yes, this plan has a deductible. • The deductible will apply after 3 primary care doctor visits and to all other medical and prescription drugs.
3	How does the money I pay toward my deductible add up (or aggregate)?	<ul style="list-style-type: none"> • Each person only has to pay his or her own deductible. • Once you meet your deductible, your benefits are covered in full. • When covering more than one person, the family deductible is met for everyone on the plan once any combination of members reaches the family deductible amount.

Important terms to know:

Deductible - The amount of money you have to pay before your care is covered in full.

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

For example:



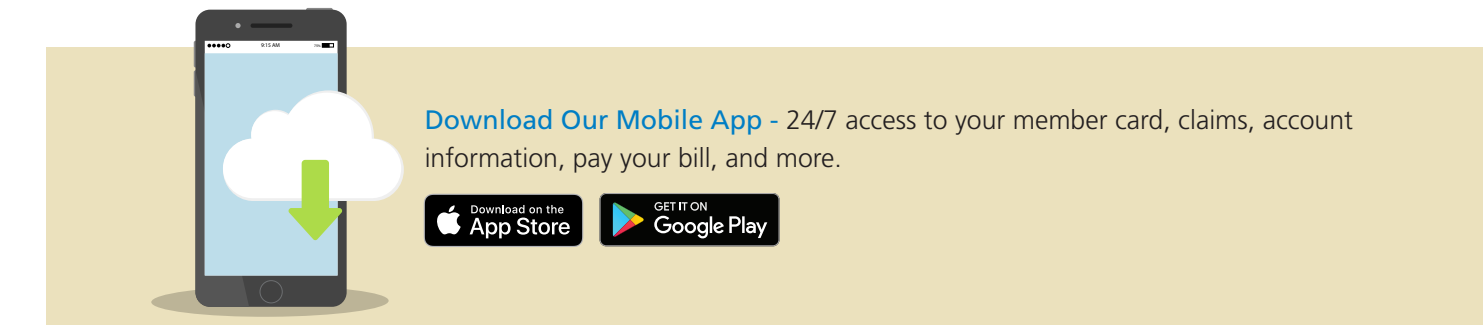
Remember preventive care is covered in full and is not subject to the deductible. So you have free coverage for things like your annual physical.

Live Healthier and Save Money

Our plans come with access to programs and online resources to help you stay healthy and get the most value for your dollar.

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

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



Member Benefits and Healthy Perks:

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

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.

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

Telehealth and Telemedicine - See a doctor by phone or video from the comfort of your home. Telehealth services through your in-network provider, as well as 24/7 telemedicine through MDLIVE, are covered in full after deductible.

Wellframe® App - Text with health professionals for advice and guidance, create medication reminders, make daily "to-do" lists, access educational materials, and more.

ExerciseRewards® 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.

Active&Fit Direct® Program† - Offers fitness center memberships to 10,000+ fitness centers nationwide for just \$25 a month (plus a \$25 enrollment fee and tax, where applicable).

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

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.

ENROLL TODAY! Visit ChooseExcellus.com or call 1-888-669-3913

Sign up. Stay informed.

Get email updates to receive fitness advice, nutrition tips, healthy recipes and more at

ExcellusBCBS.com/Email

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

† 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.