

\$0

A MONTH FOR ELIGIBLE INDIVIDUALS.



## ESSENTIAL PLAN



# Important terms to know

## Copay

This is a fixed amount you pay each time you fill a prescription after you pay your deductible. For example, if your prescription drug coverage includes a \$20 copay, you pay \$20 for each prescription and we pay the balance.

## Coinsurance

Your share of the costs of a covered health care service, calculated as a percent (for example, 5%). You need crutches which may cost \$200. Your plan covers 95%. So, your coinsurance payment of 5% would be \$10. We would pay the rest or \$190.

## 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 premium.

# \$0 MONTHLY PREMIUM PLANS FOR ELIGIBLE INDIVIDUALS







## What is the Essential Plan?

It's a health plan that is available only on the NY State of Health Marketplace. It costs much less than other health plans but offers the same essential benefits.

## How much does it cost?

Plans for \$0 per month are available for eligible individuals.

## Who can get it?

Individuals who meet the household size and income guidelines below.*	
Household size	Most you can make
	\$25,760
	\$34,840
	\$43,920
	\$53,000
	\$62,080
	\$71,160

\*Must not qualify for Medicaid or Child Health Plus and not have access to affordable employer coverage

## How else does it save me money?

It has NO DEDUCTIBLE, so the plan starts paying for your health care right away.

You get FREE PREVENTIVE CARE like routine doctor exams and screenings to keep you healthy.

## What does the Essential Plan cover?

The same services covered by other plans:

- Doctor visits, including specialists
- Tests ordered by your doctor
- Telemedicine and telehealth visits
- Prescription drugs
- Inpatient and outpatient care at a hospital

# The top 4 things to know

<b>1</b> What benefits are free?	<ul style="list-style-type: none"> <li>Preventive care for you is covered in full on the first day your coverage begins.</li> </ul>
<b>2</b> Does my plan have a deductible? If so, when does it apply?	<ul style="list-style-type: none"> <li>No, this plan does not have a deductible.</li> </ul>
<b>3</b> How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?	<ul style="list-style-type: none"> <li>All of our plans have a maximum amount that any one person pays. This is called an out-of-pocket maximum.</li> <li>This amount varies, depending on which of these plans you have.</li> </ul>
<b>4</b> Are dental and vision benefits included?	<ul style="list-style-type: none"> <li>Yes, dental and vision coverage is included for all Essential Plan members as of June 1, 2021.</li> </ul>

Plan Benefits & Features	Essential Plan 1** (151% - 200% FPL)	Essential Plan 2** (139% - 150% FPL)	Essential Plan 3 (100% - 138% FPL)	Essential Plan 4 (Below 100% FPL)
Monthly Premium	\$0	\$0	\$0	\$0
Preventive Care (Immunization, screenings)	\$0 for most preventive services	\$0 for most preventive services	\$0 for most preventive services	\$0 for most preventive services
Deductible	\$0	\$0	\$0	\$0
Out-of-pocket Maximum	\$2,000	\$200	\$200	\$0
Doctor Visit	\$15	\$0	\$0	\$0
Specialist Visit	\$25	\$0	\$0	\$0
Hospital Services	\$150	\$0	\$0	\$0
Emergency Room	\$75	\$0	\$0	\$0
Lab Work	\$25	\$0	\$0	\$0
X-Ray	\$25	\$0	\$0	\$0
Adult Vision Exam	\$0	\$0	\$0	\$0
Glasses and Contact Lenses	\$0	\$0	\$0	\$0
Adult Dental	\$0	\$0	\$0	\$0
Prescription Drugs	<b>You pay:</b> \$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	<b>You pay:</b> \$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3	<b>You pay:</b> \$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3 with an out-of-pocket maximum for covered drugs of \$50 per calendar quarter.	<b>You pay:</b> \$0 for Tier 1 \$0 for Tier 2 \$0 for Tier 3
Telehealth (in-network) and Telemedicine (MDLIVE)	\$10	\$0	\$0	\$0

Essential Plan enrollment is available throughout the year.

\*\*Beginning June 1, 2021, Essential Plan 1 and 2 do not have a monthly premium and now include vision and dental coverage at no additional cost.



## 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](http://Member.ExcellusBCBS.com)

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

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



### Member Benefits & Healthy Perks:

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

**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.

**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 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](http://ChooseExcellus.com) or call 1-888-669-3913

## 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 anvilòp 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.

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. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

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\*Other eligibility guidelines do apply.

\*\*\*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.



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