

Informed Choices Confident Decisions

A five step guide to help you understand your health insurance and enrollment options for 2023.



Lower your monthly premium with higher tax credits, still available to most New Yorkers through NY State of Health. **Call us TODAY** for help finding the most affordable plan.

Available Counties:

Livingston,
Monroe, Ontario,
Seneca, Wayne,
Yates

STEP 1: Getting Started

Health care coverage is one of the most important decisions you make. Protect yourself and your family with the compassion of the cross and the security of the shield. You can feel confident in your decision when you have the right information and the right people to guide you. We've been here over 85 years helping people find health insurance that best fits their needs and budgets.

This 5-step guide will help you shop and compare your coverage options for 2023. Once you've chosen a plan, you can enroll directly with us, or through the NY State of Health Marketplace where financial help may be available. Call today to get started with your free health plan evaluation or to schedule an appointment. We're here to help you every step of the way.

5 Questions to Ask Before You Buy.

Here are a few questions to ask yourself before making this important choice.

1. What are the health care needs of my household?



Take an evaluation of the number of doctor visits, hospital visits and the prescriptions that you and your family have needed over the last year.

Doctor Visits _____

Hospital Visits _____

Prescriptions _____

2. How do I want to manage my costs?



Determine if you are comfortable with a deductible and a lower monthly cost or if you would rather pay more per month for lower and more predictable costs when getting care.

3. Can I get financial help?



You may be eligible for financial assistance based on your household income and size. Find out how much at [ChooseExcellus.com](https://www.ChooseExcellus.com) or call our dedicated Insurance Agents.

4. How do I know if my doctor accepts the plan I am choosing?



Ask your doctor if he/she accepts the health insurance company you're considering. Excellus BCBS plans are accepted by 100% of hospitals and 99% of doctors in your area.

5. How often do I travel outside of my town?



Our BlueCard® program* gives you access to care when you travel in the United States, Canada, Mexico, Puerto Rico, the US Virgin Islands, Guam, and the Mariana Islands. You can also fill a prescription while traveling, using our National Pharmacy Network.



You'll also have coverage for non-emergency care 24/7 for you and your family with our telemedicine program powered by MDLIVE. See a board-certified doctor by phone or video on your schedule, anytime, anywhere.









Estimated Tax Credit \$ _____

*BlueCard® applies to metal level plans and Base only. It does not apply to Essential Plan.

To learn more about your plan options, visit [ChooseExcellus.com](https://www.ChooseExcellus.com)

STEP 2: Get help paying for your plan.

It's time to start rethinking affordable health care. You might be surprised to know that you may be able to get money towards your monthly payment through something called a tax credit. Eligibility is based on your household income and size. The chart below shows estimated eligibility.

Financial Assistance Eligibility by Annual Income Level*	
Family Size	Annual Income Eligibility for Tax Credits
	\$29,161 and up
	\$39,441 and up
	\$49,721 and up
	\$60,001 and up
	\$70,281 and up
	\$80,561 and up
	\$90,841 and up
	\$101,121 and up

*Source: 2023 Federal Income Guidelines: Department of Health and Human Services.
Full calculator available at <https://aspe.hhs.gov/poverty-guidelines>
Tax credits are available when premiums exceed 8.5% of income.



Financial help is only available when you buy a plan on the NY State of Health Marketplace. You may also qualify for cost-sharing reductions which will reduce how much you'll pay for out-of-pocket costs when you get care.

We can answer your questions and estimate your tax credit:

1-888-768-7888 or **ChooseExcellus.com**

STEP 3: Let us help you find the right plan.

Choosing the right health insurance for you and your family is an important decision. We understand, and we want you to feel confident in your choice. Plan levels are Bronze, Silver, Gold and Platinum. There is also a Base plan available to people under age 30 and people of any age with a hardship exemption from the requirement to have health insurance. Eligibility for the Essential Plan is based on your household size and income. The benefits are essentially the same in every plan but the monthly and out-of-pocket costs differ. **There is no cost for preventive care no matter which plan you choose.**

	ESSENTIAL PLAN	BASE (CATASTROPHIC)	BRONZE	SILVER	GOLD	PLATINUM
Monthly cost		●	●	● ●	● ● ●	● ● ● ●
Cost when you get care	●	● ● ● ● ●	● ● ● ● ●	● ● ●	● ●	●
Good option if you...	need low-cost coverage. Eligibility for this plan is based on your household income and size*	need low-cost protection in the event of a catastrophic injury or illness	use health care services infrequently	need to balance your monthly premium with your out-of-pocket costs	want to save on monthly premiums while keeping your out-of-pocket costs low	may use a lot of health care services and want predictable, lower out-of-pocket costs for routine care

*other eligibility guidelines apply

Follow the path and get a first look at the plan that might be right for you or your family.



Think about everyone for whom you need coverage. Do you or they frequently go to the doctor or hospital?

YES

Do you take prescription drugs?

YES



Consider Platinum or Gold.

NO



Consider Gold.

NO

Do you take prescription drugs?

YES



Consider Gold or Silver.

NO



Consider Silver or Bronze.



STEP 4: Compare your options.

We make it easy for you to evaluate your plan options with our comparison chart. View plan options on pages 4- 9. Select the options that may fit your needs and fill in the information in the chart below. You can use the definitions below to understand some of the key plan terms.

	PLAN 1	PLAN 2	PLAN 3
Fill in your plan choice.			
Deductible			
Copay			
Coinsurance			
Out-of-Pocket Maximum			

Find out what your real monthly cost could look like.

Monthly Premium			
- Estimated Tax Credit			
Estimated Premium			

Words you should know.

Deductible Amount you pay for health care coverage before we start contributing.

Example: You have a \$1,000 deductible. Your doctor visit costs \$100. You pay the full \$100. Your deductible is now \$900. Once the deductible is met, we start contributing to the costs.

Copay A fixed dollar amount you pay for health care costs. Depending on your plan, you may have to meet a deductible first.

Example: Your doctor visit costs \$100. You pay a \$15 fixed copay for the visit. We cover the remaining \$85.

Premium Monthly amount you pay for health care coverage.

Coinsurance Percentage of health care costs that you are responsible for paying. Depending on your plan, you may have to meet a deductible first.

Example: A doctor's visit costs \$100. You pay 20% of \$100, or \$20. We cover the remaining \$80.

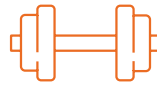
Out-of-pocket Maximum
The most you will pay for annual health care.

Health Savings Account (HSA) 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. To learn more about your HSA options contact your financial advisor.

Certified Health Insurance Plan Options



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program

Plan Benefits & Features	STANDARD										
	LOW COST Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA ** qualified)	Bronze Standard								
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes								
Deductible (Single/Family)	\$9,100 / \$18,200	\$6,100 / \$12,200	\$4,700 / \$9,400								
Out-of-Pocket Maximum (Single/Family)	\$9,100 / \$18,200	\$6,900 / \$13,800	\$8,700 / \$17,400								
Aggregation Type	Individual	Individual	Individual								
Coinsurance	You pay 0%	You pay 50%	You pay 50%								
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD								
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$50 PCP / \$75 SPC. First 3 visits NSD.								
Specialist Office Visit (SPC)	0%		\$1,500								
Hospital Services				\$150							
Outpatient Services					\$500						
Emergency Room						\$75					
Urgent Care							\$50				
Lab Work								\$75			
Basic X-Ray									\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3		
Prescription Drugs										\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	
Telemedicine (MDLive Program)											\$0
Pediatric Vision* and Dental		Covered									Covered
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).											
Rates Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)											
Single	\$250.00	\$489.72	\$489.72								
Single + Spouse	\$499.99	\$979.43	\$979.43								
Single + Child(ren)	\$424.99	\$832.52	\$832.52								
Single + Spouse + Child(ren)	\$712.49	\$1,395.69	\$1,395.69								
Child Only	NA	\$201.76	\$201.76								

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

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.

Any one person insured on a family plan will not pay more than \$9,100 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account 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. Certain subsidized health plans may not be eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

4 Need more information or help enrolling? Call our dedicated insurance agents at 1-888-768-7888.

Plan Benefits & Features	STANDARD		
	Silver Standard	Gold Standard	Platinum Standard
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes
Deductible (Single/Family)	\$1,750 / \$3,500	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$9,100 / \$18,200	\$4,750 / \$9,500	\$2,000 / \$4,000
Aggregation Type	Individual	Individual	Individual
Coinsurance	You pay 0%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD	\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	\$30. First visit NSD.	\$25	\$15
Specialist Office Visit (SPC)	\$65. First visit NSD.	\$40	\$35
Hospital Services	\$1,500	\$1,000	\$500
Outpatient Services	\$150	\$100	\$100
Emergency Room	\$500	\$150	\$100
Urgent Care	\$70	\$60	\$55
Lab Work	\$50	\$40	\$35
Basic X-Ray	\$75	\$40	\$35
Prescription Drugs	\$15 for Tier 1 \$40 for Tier 2 \$75 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$30 for Tier 2 \$60 for Tier 3
Telemedicine (MDLive Program)	\$0. First visit NSD.	\$0	\$0
Pediatric Vision* and Dental	Covered	Covered	Covered
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).			
Rates Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)			
Single	\$640.07	\$823.60	\$979.73
Single + Spouse	\$1,280.13	\$1,647.20	\$1,959.46
Single + Child(ren)	\$1,088.12	\$1,400.12	\$1,665.54
Single + Spouse + Child(ren)	\$1,824.19	\$2,347.26	\$2,792.23
Child Only	\$263.71	\$339.33	\$403.65

Individual Aggregation:

Deductible: Each covered family member only needs to satisfy his or her own individual deductible (not the entire family amount). Once this amount is met, the member will pay a copay or coinsurance for covered services.

Out-of-pocket Maximum (OOPM): Each covered family member only needs to satisfy his or her own OOPM. Once this amount is met, covered services are paid by the health plan.

Rochester Region:

Livingston County Ontario County Wayne County
Monroe County Seneca County Yates County

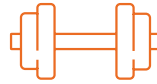
Family Aggregation:

Deductible: For plans covering more than one person, the entire family deductible must be met by one or any combination of covered members. Once this amount is met, members will pay a copay or coinsurance for covered services.

Out-of-pocket Maximum (OOPM): For plans covering more than one person, the entire family OOPM must be met by one or any combination of covered members. Once this amount is met, covered services are paid by the health plan for the entire family.



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program

Plan Benefits & Features	NON-STANDARD		
	POPULAR Bronze Secure Plus 3 LOW COST	POPULAR Bronze Select (HSA** qualified)	POPULAR Silver Select (HSA** qualified)
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes
Deductible (Single/Family)	\$9,100 / \$18,200	\$5,500 / \$11,000	\$3,000 / \$6,000
Out-of-Pocket Maximum (Single/Family)	\$9,100 / \$18,200	\$7,000 / \$14,000	\$7,500 / \$15,000
Aggregation Type	Individual	Family	Family
Coinsurance	You pay 0%	You pay 50%	You pay 20%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD		\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	0% First 3 visits NSD.	50%	20%
Specialist Office Visit (SPC)			
Acupuncture Visit (up to 10)			
Physical, Occupational and Speech Therapy			
Hospital Services			
Outpatient Services			
Emergency Room			
Urgent Care			
Lab Work			
Basic X-Ray			
Prescription Drugs	\$10 for Tier 1 40% for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	
Telemedicine (MDLive Program)	0%. First 3 qualifying visits NSD.	0%	0%
Adult Vision Exams and Dental (Preventive & Routine)	\$0	50%	20%
Pediatric Vision* and Dental	Covered		Covered
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).			
Rates Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)			
Single	\$445.65	\$483.31	\$631.70
Single + Spouse	\$891.30	\$966.62	\$1,263.40
Single + Child(ren)	\$757.60	\$821.62	\$1,073.90
Single + Spouse + Child(ren)	\$1,270.10	\$1,377.43	\$1,800.35
Child Only	NA	NA	NA

6 Need more information or help enrolling? Call our dedicated insurance agents at 1-888-768-7888.



Need help choosing the right plan for you? Call our dedicated Insurance Agents at 1-888-768-7888.

Rochester Region:

Livingston County Ontario County Wayne County
 Monroe County Seneca County Yates County

Plan Benefits & Features	NON-STANDARD	
	Gold Select	Platinum Select
Tax Credit Available (On-Exchange Only)	Yes	Yes
Deductible (Single/Family)	\$850 / \$1,700	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$8,000 / \$16,000	\$6,350 / \$12,700
Aggregation Type	Individual	Individual
Coinsurance	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	\$25	\$15
Specialist Office Visit (SPC)	\$40	\$25
Acupuncture Visit (up to 10)	\$40	\$25
Physical, Occupational and Speech Therapy	\$25	\$15
Hospital Services	\$1,000	\$750
Outpatient Services	\$500	\$150
Emergency Room	\$500	\$150
Urgent Care	\$40	\$25
Lab Work	\$40	\$25
Basic X-Ray	\$40	\$15
Prescription Drugs	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3
Telemedicine (MDLive Program)	\$0	\$0
Adult Vision Exams and Dental (Preventive & Routine)	\$25	\$15
Pediatric Vision* and Dental	Covered	Covered

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

Rates Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)

Single	\$800.47	\$971.65
Single + Spouse	\$1,600.94	\$1,943.31
Single + Child(ren)	\$1,360.80	\$1,651.81
Single + Spouse + Child(ren)	\$2,281.34	\$2,769.21
Child Only	NA	NA

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.

Any one person insured on a family plan will not pay more than \$9,100 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

**An HSA or Health Savings Account 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. Certain subsidized health plans may not be eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

The \$0 Essential Plan –

The Excellus BCBS Essential Plan was rated #1 in NY State for 2020-2021.

Eligibility is based on your household size, income and other eligibility requirements. **All plans include adult vision and dental coverage.** To find out if you qualify for the Essential Plan, call our dedicated insurance agents.



Annual Income Eligibility for Essential Plan		
Household Size	Essential Plan 1 & 2 (139%-200%FPL)	Essential Plan 3 & 4 (under 100%-138% FPL***)
	\$20,121 - \$29,160	\$0 - \$20,120
	\$27,215 - \$39,440	\$0 - \$27,214
	\$34,308 - \$49,720	\$0 - \$34,307
	\$40,401 - \$60,000	\$0 - \$41,400
	\$48,494 - \$70,280	\$0 - \$48,493
	\$55,587 - \$80,560	\$0 - \$55,586

The benefits and out of pocket costs for the Essential Plan will be the same for all health insurance companies.

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)
Deductible	\$0	\$0	\$0	\$0
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	\$2,000	\$200	\$200	\$0
Preventive Care (Immunization, screenings)	\$0 for most preventive services			
Primary Care Office Visit (PCP)	\$15	\$0	\$0	\$0
Specialist Office Visit (SPC)	\$25	\$0	\$0	\$0
Hospital Services	\$150	\$0	\$0	\$0
Outpatient Services	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
Lab Work	\$25	\$0	\$0	\$0
Basic 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
Telemedicine (MDLive Program)	\$0	\$0	\$0	\$0
Prescription Drugs	\$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	\$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3	\$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.	\$0 for all Tiers

Rates Through NY State of Health				
Single	\$0	\$0	\$0	\$0

New York State has identified the fitness facility reward program as a required essential benefit that must be included for all plans, therefore the ExerciseRewards program cannot be removed from the plans.
 ***Must be a lawfully present immigrant ("Qualified non-citizen" immigration status without a waiting period; Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking); Valid non-immigration visas; Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals). To see a full list of eligible immigration statuses, please visit the web site at www.healthcare.gov/immigrants/immigration-status/ or call the NY State of Health at 1-855-355-5777.)

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Blue Select Family DentalSM & Blue Select Premier DentalSM

When it comes to maintaining overall health and wellbeing, taking care of your teeth is just as important as taking care of the rest of your body. With an emphasis on no-cost preventive care, our family and premier dental plans help you maintain complete oral health, reducing the need for more costly dental care in the future. And at the same time, helping you to minimize pain and anxiety, eat and sleep without disruption, boost self-confidence, and have an overall better quality of life. Now that's something to smile about.

Comprehensive coverage gives you the confidence you need to get care when you need it:

Cleanings and Exams | Routine X-rays | Fillings | Select Crowns* | Dentures* | Endodontics and Periodontics

	Blue Select Family Dental SM		Blue Select Premier Dental SM	
	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)
Deductible	Per Enrollee: \$50 2 or more enrollees: \$150 (Applies only to basic, major, and orthodontic services)	Single: \$50 Family: \$150 (Applies only to basic & major services)	Per Enrollee: \$50 2 or more enrollees: \$150 (Applies only to basic, major, & orthodontic services)	Single: \$50 Family: \$150 (Applies only to basic & major services)
Annual Maximum (per member)	None	\$750 (Applies to diagnostic & preventive, basic, and major services)	None	\$1,250 (Applies to diagnostic & preventive, basic, and major services)
Out-of-Pocket Maximum	Per enrollee: \$350 2 or more enrollees: \$700	None	Per enrollee: \$350 2 or more enrollees: \$700	None
COST-SHARING:				
Class I: Diagnostic & Preventative e.g. Cleanings and Adult Exams	0%	0%	0%	0%
Class II: Basic e.g. Fillings, Adult Root Canals, Pediatric Exams	50%	50%	20%	20%
Class III: Major e.g. Select Crowns, Dentures	50%	50%	50%	50%
Class IV: Orthodontic Services e.g. Medically necessary braces up to age 19	50%	Not covered	50%	Not covered
Waiting Periods	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)
Rates through NY State of Health and off exchange				
Single	\$28.48		\$39.76	
Single + Spouse	\$56.97		\$79.52	
Single + Child(ren)	\$82.15		\$104.99	
Single + Spouse + Child(ren)	\$124.21		\$161.25	

Both plans come with a deductible, which means that for some services, you're responsible for the costs up to that amount. Once you've met your deductible, the plan starts contributing.

- Under both plans, diagnostic and preventive services are covered in full and not subject to the deductible.
- For all other covered services, you're responsible for paying a percentage of the cost, called coinsurance.
- To limit your costs each year, the pediatric benefits come with an out-of-pocket maximum (OOPM).
- How the money you pay toward the deductible adds up (or aggregates):
 - 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 and you're only responsible for a percentage of costs, called coinsurance.

Waiting periods:

- There is no waiting period for pediatric benefits (up to age 19). For adult benefits (age 19 and older), there are no waiting periods on diagnostic, preventive, or basic services. Major services are subject to a 12-month waiting period. Waiting periods may be waived with proof of prior dental coverage upon enrollment.

*Subject to 12-month waiting period for Major services. Dependents (excluding spouse) can be covered up to age 26. Standard exclusions apply. Service categories vary between Adult and Pediatric coverage.

Coverage you can count on.



More Access

100% of hospitals and 99% of doctors in your area accept our Qualified Health Plans. Plus our BlueCard® program gives you even more access to care when you travel. Choose the card that can open doors in all 50 states.



More Security

Providing quality coverage for 85+ years.



More Savings

No cost preventive care — includes routine physicals, screenings and vaccinations, plus low-cost generic drugs.

Calm® — All Qualified Health Plans now include the Calm Stress Management Program to help you manage stress and support better emotional wellbeing.

ExerciseRewards™ Program — You and your spouse can earn a maximum total of \$600 annually just for working out at a qualifying fitness center.¹ Utilize the Active&Fit Enterprise™ network of thousands of fitness centers for a monthly fee of \$25 to have your workouts tracked automatically towards your rewards.

Blue365® — members enjoy exclusive discounts on health and wellness products and services from fitness to healthy eating to personal care, including vision and dental discounts.

More Convenience



Mobile App — 24/7 access to your member card, claims, account information, pay your bill and more.



Online Account — pay your bill, order member cards, track deductibles and out-of-pocket spending, find a health care provider, and access your benefits and claims information.

Telemedicine — Our partnership with MDLIVE® gives you convenient access to medical and behavioral health care 24/7/365 from the comfort of your home, and the visits are covered in full (subject to deductible where applicable).

Pharmacy Home Delivery — Save time and money by having your prescriptions safely delivered right to your home.²

¹ Spouse/domestic partner benefit is not available with Essential Plan.

² Certain prescription drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.

Calm is an independent company that provides a mobile app for sleep, meditation and relaxation to Excellus BCBS members.

MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

The ExerciseRewards and Active&Fit Enterprise programs are provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of ASH. Members are not required to participate at an ASH-contracted fitness center to be eligible for their reward, however exclusions apply. The ExerciseRewards and Active&Fit Enterprise programs are health improvement and education programs that are not insurance. The ExerciseRewards program is offered under the Active&Fit Enterprise brand. The ExerciseRewards program and the Active&Fit Enterprise programs are offered on behalf of Excellus BlueCross BlueShield. ExerciseRewards, the ExerciseRewards logo, Active&Fit Enterprise, the Active&Fit Enterprise logos, It Pays to be Active, and ASHConnect are trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners. Consult a physician before beginning or changing your exercise or fitness routine.

STEP 5: Enrolling is quick and easy.



CALL:
1-888-768-7888



CLICK:
ChooseExcellus.com

When you can enroll.

Special Enrollment Period:

Certain life events such as a pregnancy, adopting a baby, aging off a parent's plan, getting a divorce or losing coverage through an employer may qualify you for a Special Enrollment Period (SEP). Generally with an SEP, you have **60 days** to get coverage.



Annual Open Enrollment Period:

November 1, 2023 – January 31, 2024 (subject to change, per NY State of Health)

Enrollment is available for the Essential Plan, Medicaid and Child Health Plus all year long.

Your enrollment checklist.

Get ready to enroll by having the following information available:

- Email address
(you are required to provide an email address to enroll in the NY State of Health Marketplace)
- Proof of U.S. citizenship or legal status in the form of birth certificate, "Green Card" or passport
- Social Security card
- Information about others you plan to enroll (spouse, children, their birth dates, Social Security numbers)
- Termination letter if you recently lost coverage
- Policy number(s) for any current health insurance
- Most recently completed tax return and/or your last 30 days of pay stubs. You will need to project your annual household income for the year ahead. You can refer to your tax return to help you estimate that amount.

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: 1-800-662-1220
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
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 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。

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 anviòp 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 lib्रेng 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.

If you're shopping for health insurance due to a recent change in your job, income or family size, you may only have 60 days to sign up. Call 1-888-768-7888 or see page 11 to learn more.

ChooseExcellus.com

We are challenging everything about our health plans and broadening the very definition of health coverage to bring you more benefits with lower costs. When health care is more accessible and affordable, **EVERYBODY BENEFITS.**

