# BLUE ON DEMAND SHOPPING GUIDE

EXPERIENCE RATED, SMALL INDIVIDUALS & FAMILIES



#### **Everybody Benefits**

A nonprofit independent licensee of the Blue Cross Blue Shield Association





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SHOP SMALL BUSINESS

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#### **SHOP INDIVIDUALS & FAMILIES**

Shop by Medical Plans Blue on Demand Features

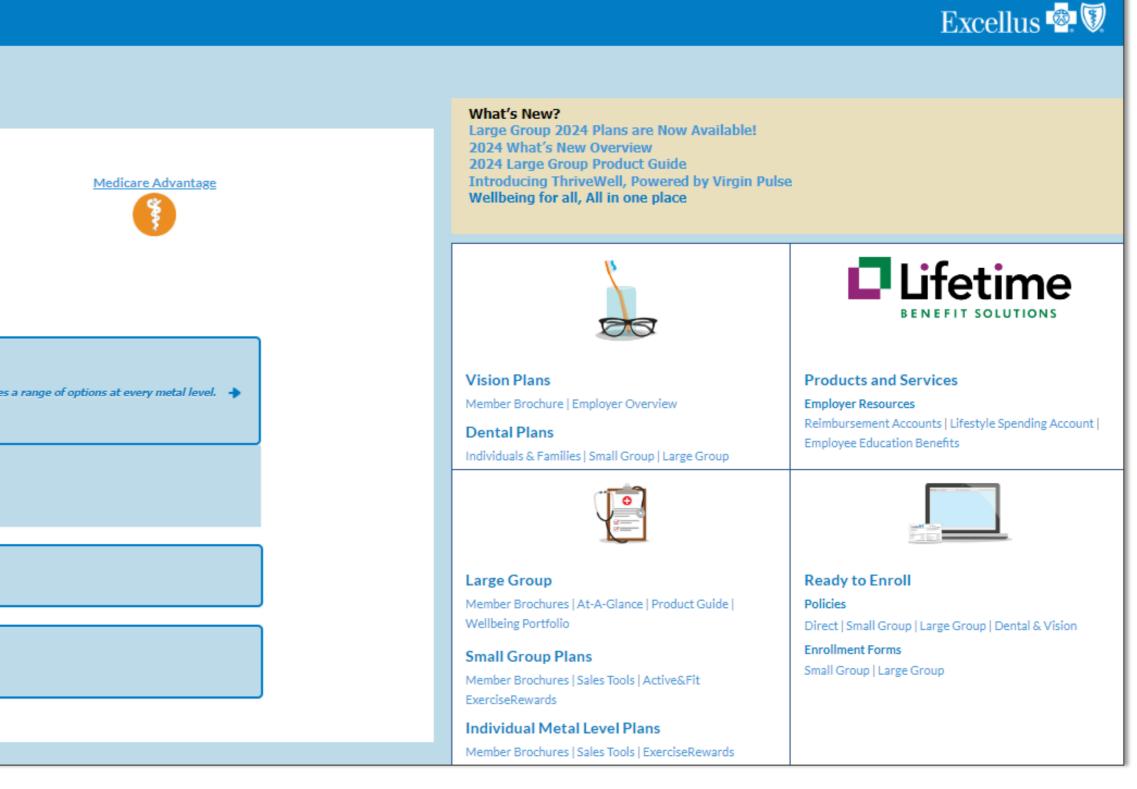
### **SHOP ADMINISTRATIVE SERVICES**

**Administrative Services Lifetime Benefit Solutions** 



### GETTING STARTED This is the Homepage. The tab you choose here drives your plan selection throughout Blue on Demand

Blue on Den	nand				
Find a plan					
Individuals & Families	Small Businesses	Experience Rated Business	Vision Plans		
	Me			ental Select County ▼ – or Select Start Da	
		dical Plans			Shop by Preferred Packages Our recommended packages to offer employed
	Recommended Groups who war New groups sho	t to renew their current plans			Recommended for Renewing groups looking for a change New groups who want fast and easy shopping
	Get a Quick	Quote Enter Enrollment Code,	/HIOS ID		
	Build my Ap Including Medica	plication I, Dental, and Vision.			



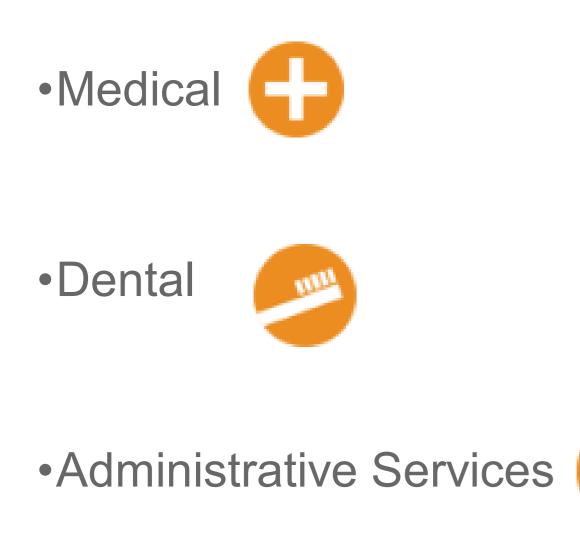
# Shop Experience Rated Medical Business

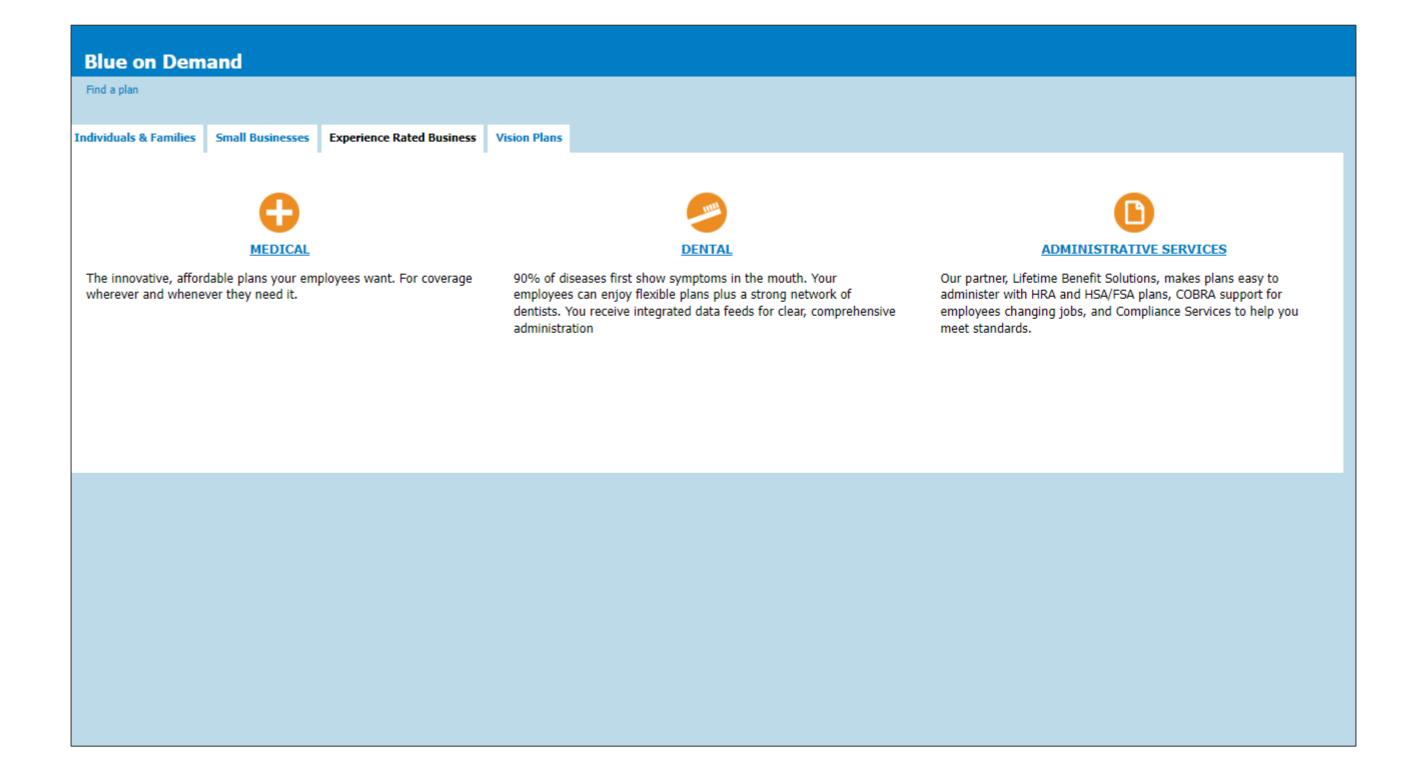
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# **GETTING STARTED**

### When you select **Experience Rated Business** you can click to shop:









# SHOP BY PRODUCT DESIGN

If you select **Medical**, choosing the Shop by Product Design option will allow you the ability to compare our most popular PPO designs and customize benefit options for your group:

Blue on Demand		
Find a plan		
Individuals & Families	Small Businesses	Experience Rated Business
Shop by Product Designs Compare base designs	N and customize for your group.	*
<ul> <li>Existing groups that we</li> </ul>	ooking to match existing benefits) uld like to add a plan ific cost share combinations	









# **CUSTOMIZE YOUR PACKAGE**

- 1. Choose the **Product Design**: Signature Copy, Deductible, or Hybrid; or Blue Simplicity 1 or 2
- 2. Select member **cost share**, limits coverage options, as well as optional package selections for the quote based on the group's request. Other options may be available. Contact your Sales Representative for more details.
- 3. Click on **Print Package Request.** A Print Package Request will generate a PDF that can be emailed to your Account Service Representative.













Blue on Demand			
Find a plan » Shop by Product Design	(version updated: 07/01	L/2023 <b>)</b>	
ABLE BLENDED	BALANCED	VALUE MAXIMIZING	
To begin the quoting process with yo PRINT PACKAGE REQUEST (View	ur selected package, click F <u>r Details</u> )	Print Package Request and submit	t the file to your sales consultant.
	Signature Copay 1		
RRENT SELECTION			
oduct Design	Signature Copay 1	<b>~</b>	
in Type	Copay HRA & F5A Options		
duct Classification	PPO		
LEVEL SUMMARY			
els Do Not Apply To This Plan			
DETAIL SUMMARY			
ST SHARE			
t-of-Network Deductible	Single: \$500 💙	Family: 🗌 2X Single 🗹 3X Single 🖣	
Network Out-of-Pocket Maximum:	Single: \$4200 🗸	Family: 🗌 2X Single 🗹 3X Single	
ductible & Out-of-Pocket Maximum gregation:	Individual 💙		
mary Care Copay:	\$25 👻		
ecialist Copay:	\$40 💙		2
t-of-Network Coinsurance:	20%		
patient Copay:	\$500 💙		
tpatient Copay:	\$250 💙		
ergency Room Copay:	\$250 💙		
aent Care Copay:	\$40 🗸		

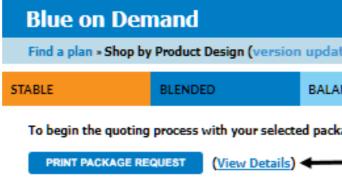




# **VIEW DETAILS**

To see additional detail about the design and how it works:

1. Select **View Details** at the top of your current selection screen.

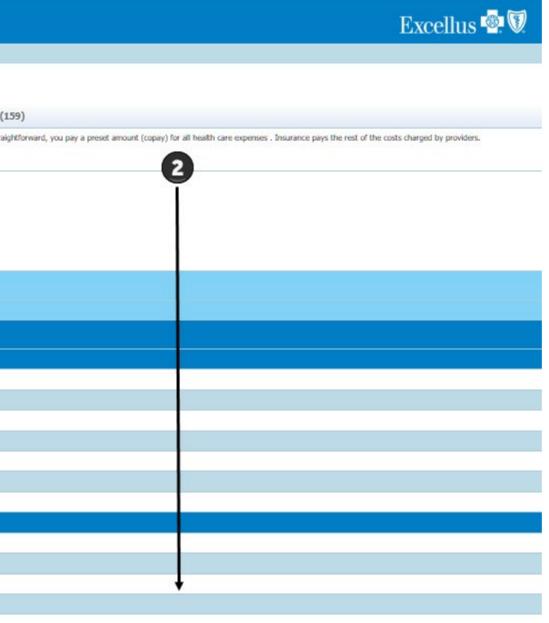


2. Then, scroll down to see more information about each design.

Blue on Demand	and the second second second second	
DILLE UN DEMAILL	Ruo on	Domand
	Dide off	Demanu

Find a plan » Shop by Product Design (ve

Compare To: + Signature Copay 1	Signature Copay 1 (
Product Design Description	It is a predictable plan - Stra
High level categories that are subject to the deductible.	None No- Inpatient care No - Outpatient surgery No - Other outpatient No - Primary care No - Labs test No - X-rays No - All other services
C LEVEL SUMMARY	
Levels Do Not Apply To This Plan	
Contract Summary	
Plan type	Сореу
First Dollar Coverage	Yes
In-network deductible applies	No
Out-of-network deductible applies	Yes
Potential to be HSA qualified	No
Out of pocket maximum applies - In-network	Yes
Out of pocket maximum applies - Out-of-network	Yes
Rx is integrated with the medical deductible	No
Services that are subject to the deductible	Medical only
Inpatient care subject to the deductible	No
Outpatient surgery	No
All outpatient	No
Primary care subject to the deductible	No







# **QUOTING MEDICAL**

• To begin the quoting process with your package, click Print Package Request.

• Next, submit the file to your Account Sales Consultant for further action.

Blue on	Demand				
Find a plan »	Shop by Product Design (	version updated: 07/0	1/2023)		
STABLE	BLENDED	BALANCED	VALUE MAX		
To begin the o	quoting process with your	selected package, click	Print Package Reques	t and submit the file t	o your sales consultar
	AGE REQUEST				
		-			
		Signature Copay 1			
CURRENT SELECTI	ON				
Product Design		Signature Copay 1	~		
Plan Type		Сорау			
		HRA & FSA Options			
Product Classificat	ion	PPO			
C LEVEL SU	MMARY				
Levels Do Not Appl	y To This Plan				
DETAIL S	UMMARY				
COST SHARE					
Out-of-Network De	eductible	Single: \$500 🗸	Family: 2X Single	🗹 3X Single	
To-Network Out-of	-Pocket Maximum:	Single: \$4200 V	Family: 2X Single	3X Single	
		* 12.00 <b>*</b>	Carrier Character		
Deductible & Out-o Aggregation:	of-Pocket Maximum	Individual 🗙			
Primary Care Copa	y:	\$25 🗸			
Specialist Copay:		\$40 🗸			
Out-of-Network Co	úneuroneo:	2006			





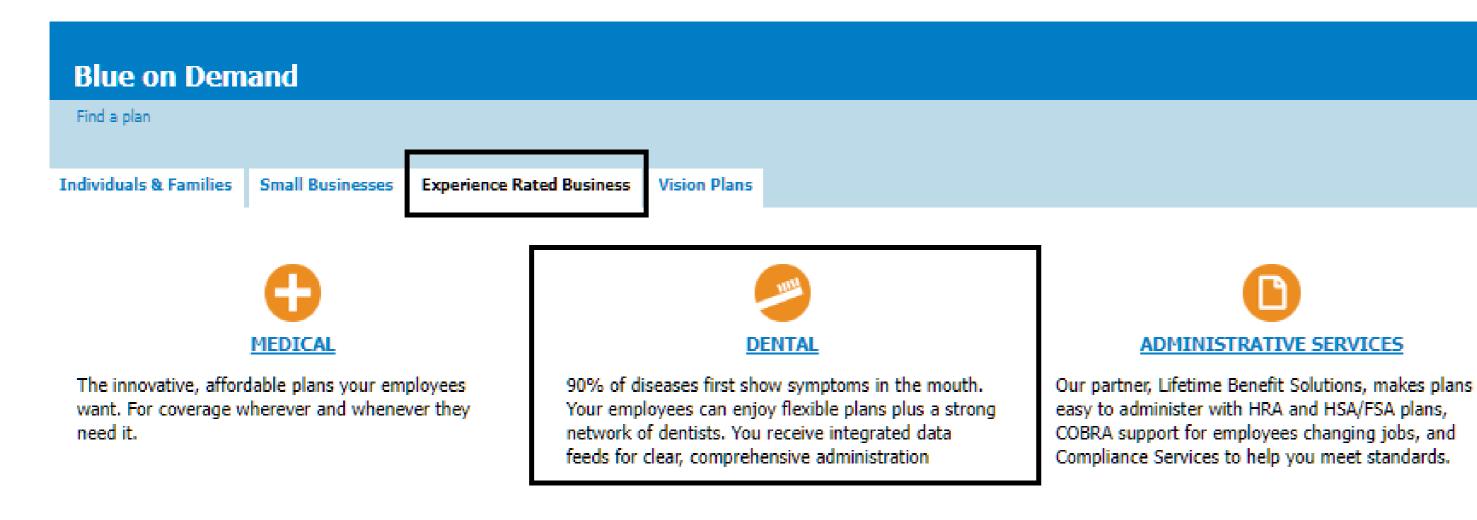
# Shop by Design for Dental Experience Rated Business

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# **GETTING STARTED**

#### To get started, select **Dental** under the **Experience Rated Business** tab.



#### Excellus 🗟 🕅

#### What's New?

ADMINISTRATIVE SERVICES

Large Group 2024 Plans are Now Available! 2024 What's New Overview 2024 Large Group Product Guide Introducing ThriveWell, Powered by Virgin Pulse Wellbeing for all, All in one place



Vision Plans Member Brochure | Employer Overview

Dental Plans Individuals & Families | Small Group | Large Group



#### Products and Services

Employer Resources Reimbursement Accounts | Lifestyle Spending Account | Employee Education Benefits





# **DENTAL DESIGN NAVIGATION**

- 1.
- **Preferred Packages**"

Blue on Dem	and				
Find a plan					
Individuals & Families	Small Businesses	Experience Rated Business	Vision Plans		
		Sek	ect County V - or -	Enter Zip Code	
2	Shop by Desi Our dental plans.	ign for Dental			
3	Shop by Den Our dental plans.	tal Preferred Packag	es		



#### Use the drop down menu to select a county **OR** enter a valid zip code for the insurance region

#### 2. Click the "Our dental plans" link under "Shop by Design for Dental" OR under "Shop by Dental



#### What's New?

Large Group 2024 Plans are Now Available! 2024 What's New Overview 2024 Large Group Product Guide Introducing ThriveWell, Powered by Virgin Pulse Wellbeing for all, All in one place



Vision Plans Member Brochure | Employer Overview

Dental Plans Individuals & Families | Small Group | Large Group



Products and Services Employer Resources Reimbursement Accounts | Lifestyle Spending Account | Employee Education Benefits





# **DENTAL SHOP BY DESIGN EXPERIENCE**

group's needs, suggesting beneficial options you may not have considered.

### Shop by Design allows you to:

- Conveniently shop with your clients on a smartphone or tablet
- Design custom plans ranging from starter setups to comprehensive designs
- Quickly identify options that will save your clients money
- Surpass expectations with a dental plan that checks all the boxes

Our Dental Shop by Design experience allows you to build a dental plan that best fits your





### SHOP BY DESIGN DENTAL **CUSTOMIZE YOUR DENTAL PACKAGE**

The system will ask you to make selections from our Dental Blue options. You'll then customize your package by making selections regarding:

- Group Information Network
- Deductible & Annual Maximum
- **Benefit Information**
- Orthodontics



PRINT PACKAGE REQUEST

GROUP INFOR Group Name Effective Date

Number of Elig

Tier Structure

Plan Period

Domestic Partn

ependent/St Contribution

NETWORK

Plan Type In Area Provide

Out of Area Pro

**DEDUCTIBLE 8** 

Deductible

eductible ap

Annual Maximu

Add Annual Ma

Available on ca

#### Blue on Demand

Find a plan » Shop by Design for Dental (version updated: 07/01/2023)

To begin the quoting process with your selected package, click Print Package Request and submit the file to your sales consultant.

The selections on this page represent our most popular selections for our most popular dental product, Dental Blue Options. Other options may be available. Contact your Sales Representative for more details

	Dental Blue Options		
ATION			
bles	0		
	2 Tier V		
	Calendar Year V		
er	Covered ¥		
lent	Age 26/26 ❤		
	Contributory: Yes, Contribution over 25% of single and participation at least 50% of net eligible 💉		
	In Network Out of Network		
	Passive Plan 🗸		
r/Reimbursement	Blue Shield V Blue Shield V		
/ider/Reimbursement	GRID+ DenteMax V N/A V		
ANNUAL MAXIMUM			
	Single \$50 / Family \$150 ❤		
ies to	Deductible Applies To Class II, IIA, and III Services		
n	\$1,000 ¥		
imum Rollover	Learn more about the Annual		





### SHOP BY DENTAL PREFERRED PACKAGES PREFERRED DENTAL PACKAGE

Package designs include four of our most popularly selected plans:

- 1. Focused on **prevention**
- 3. Includes orthodontia
- 4. A comprehensive plan with a generous out of pocket max

Blue on Demand				Excellus 💩 🕅
Find a plan » Shop by Design for Der	ntal			version updated: 07/01/2023 View Updates
To begin the quoting process with y	your selected a package below, click on PDF symbol and submit the file to your sa	🗗 Life	etime IT SOLUTIONS 3	t we offer for Ind FSA Plans
Preferred Package Descriptions		Low	[] MID	🖉 нісн
ricicites raskage bescriptions	A plan for groups offering dental for the first time or focused on routine, preventive care	A plan for groups looking for a little more than preventive care	A comprehensive value plan with orthodontia	A comprehensive coverage plan with a generous annual maximum
Deductible	\$0 per person	\$50 per person	\$50 per person	\$50 per person
Annual Max	\$500	\$1,000	\$1,500	\$2,000
Class I (Preventive)	0%	0%	0%	0%
Class I (Basic)	50%	50%*	50%*	20%*
Class II (Basic Restorative)	Not Covered	50%*	50%*	20%*
Class III (Major Care)	Not Covered	50%*	50%*	50%*
Class IV (Orthodontia)	Not Covered	Not Covered	50%6*	50%*
Drtho Max	N/A	N/A	\$750	\$1,000
Waiting Periods	Six-month waiting period on Basic Care	12-month waiting period on Major Care	12-month waiting period on Major Care and Orthodontia	12-month waiting period on Major Care and Orthodontia
*Subject to plan deductible.				
+When preventive services are not provided in accord	nd Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are de ordance with the comprehensive guidelines supported by USPSTF and HRSA appropriate cost share for the serv uant to the Federal Patient Protection and Affordable Care Act requirements.			
For technical web issues please contact our Web Help Desk at 1-800-278-1247				
Excellus BlueCross BlueShield is a nonprofit indeper	ndent licensee of the Blue Cross Blue Shield Association			

2. Covering more than just preventive services while maintaining low annual maximums





# QUOTING DENTAL

The quoting process is the same when shopping for Dental plans.

• To begin the quoting process with your package, click **Print Package Request**.

• Next, submit the file to your Account Sales Consultant for further action.

#### **Blue on Demand**

Find a plan » Shop by Design for Dental (version updated: 07/01/2023)

To begin the quoting process with your selected package, click Print Package Request and submit the file to your sales consultant.

The selections on this page represent our most popular selections for our most popular dental product, Dental Blue Options. Other options may be available. Contact your Sales Representative for more details

PRINT PACKAGE REQUEST

	Dental Blue Options
GROUP INFORMATION	
Group Name	
Effective Date	
Number of Eligibles	0
Tier Structure	2 Tier 🗸
Plan Period	Calendar Year 🗸
Domestic Partner	Covered 🗸
Dependent/Student	Age 26/26 V
Contribution	Contributory: Yes, Contribution over 25% of single and participation at least 50% of net eligible
NETWORK	In Network Out of Network
Plan Type	Passive Plan V
In Area Provider/Reimbursement	Blue Shield
Out of Area Provider/Reimbursement	GRID+ DenteMax ▼ N/A ▼
DEDUCTIBLE & ANNUAL MAXIMUM	
Deductible	Single \$50 / Family \$150 ℃
Deductible applies to	Deductible Applies To Class II, IIA, and III Services





# Shop by Medical Plans for Small Business



### **SMALL BUSINESS – GETTING STARTED**

To get started shopping for small business plans, select the "Small Businesses" tab. Next, select your product type.

### You can select Medical or Dental plans





ted Business	Vision Plans
	Dental Select County ❤ - or -
	Select Start Date 💙

### **SHOPPING MEDICAL**

If you select **Medical**, you'll choose

- 1. Rating Region select the County or Zip Code of your business headquarters.

Blue on Dema Find a plan	and			
Individuals & Families	Small Businesses Experience Rated Business	Vision Plans		
	Medical	Dental (1) Select County V – or (2) Select Start Da		Medicare Advantage
	Shop by Medical Plans View and compare all medical plans.		Shop by Preferred Packages Our recommended packages to offer employees a r	range of options at every metal level. 🔸



### 2. Coverage Start Date – Medical plans for small businesses can be quoted quarterly.

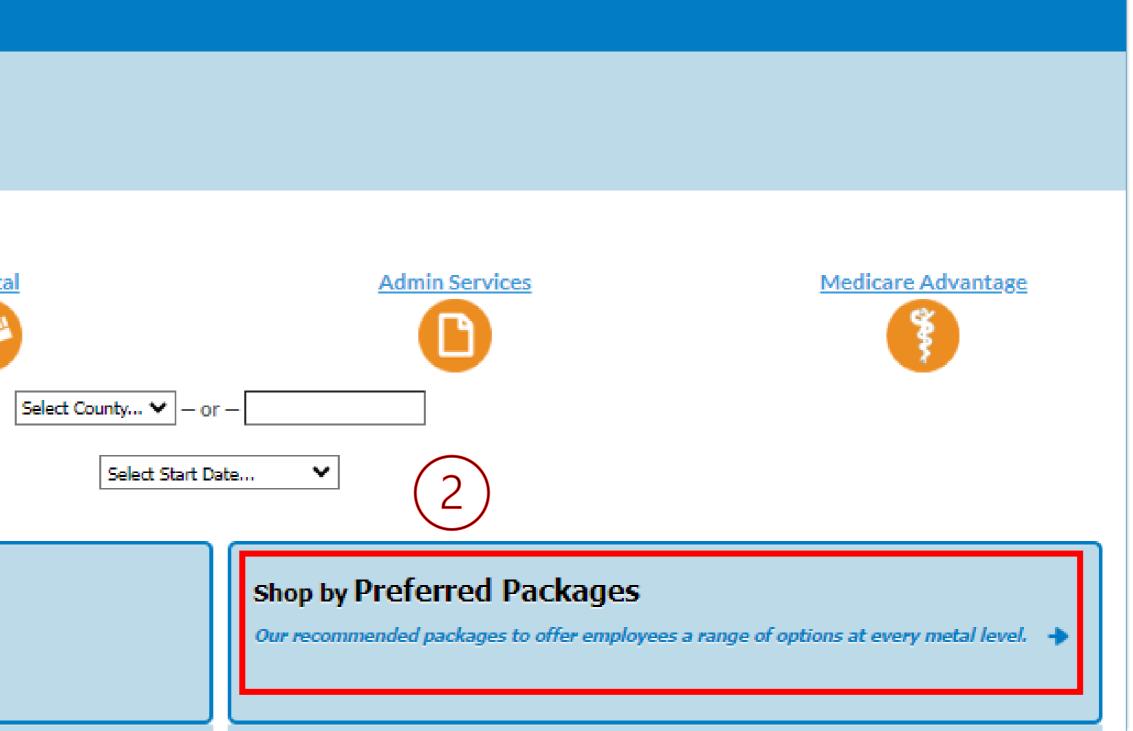
### **SHOPPING MEDICAL**

- 1. Shop by Medical Plans
- 2. Shop by **Preferred Packages**

Blue on Dem	nand			
Find a plan				
The large	c		te cont	
Individuals & Families	Small Businesses	Experience Rated Business	Vision Plans	
	Med	<u>dical</u>	De	enta
	Ģ			ш
	(1			
	Shop by Meo View and compar	lical Plans		



#### Once you have selected your Rating Region and Coverage Start Date, you can select either:



### **SHOP BY MEDICAL PLANS**

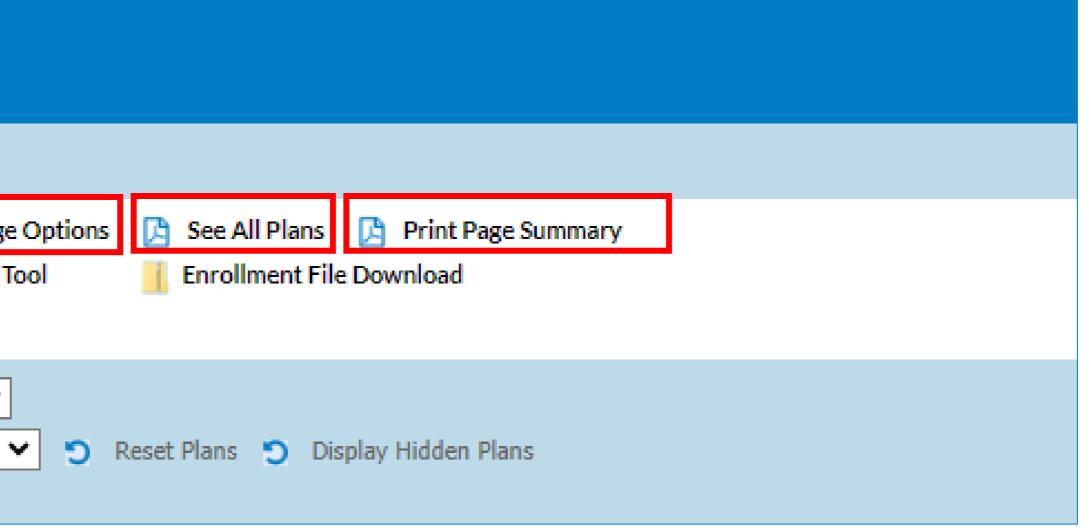
plans. You will be able to:

- Change package options
- See all plans
- Print Page Summary

Blue on Demand	
Find a plan » Shop by All Medical Plans » Select	Plan(s)
1 Select Plan(s) Confirm Details Select up to 4 plans and click Compare.	<ul> <li>Change Package</li> <li>Data Export T</li> </ul>
Select Rating Period & County:       01/01/2023 - 03/31/2023 ▼         Select additional plans:       Name       ▼         Image:	



#### If you select Shop by Medical Plans, you will then be able to view and compare all our Medical







## SHOP BY PREFERRED PACKAGES

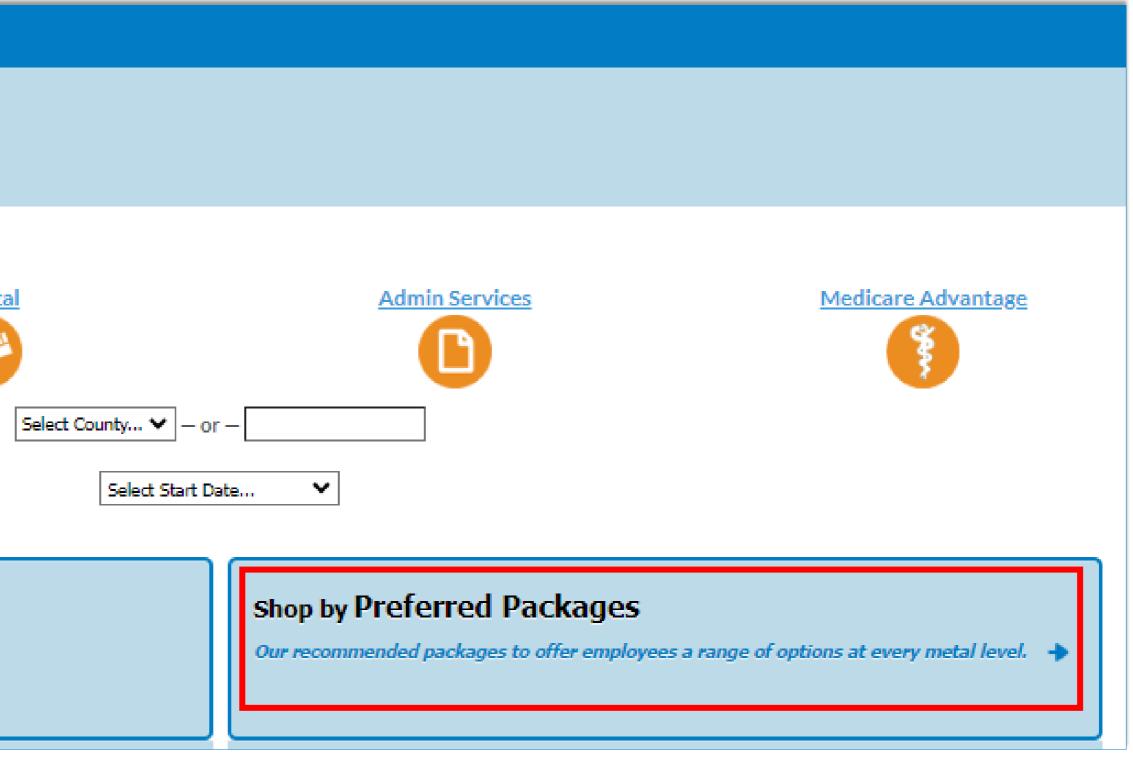
Recommended for:

- Renewing groups looking for a change
- New groups who want fast and easy shopping

Blue on Dem	and			
Find a plan				
Individuals & Families	Small Businesses	Experience Rated Business	Vision Plans	
			I	
	Me	dical	De	mu
		dical Plans re all medical plans. 🔸		



### ange Isy shopping



### **SHOPPING BY PREFERRED PACKAGES**

Blue on Demand							
Find a plan » Shop b	Find a plan » Shop by Preferred Packages						
Preferred Package	red Packages below to simplify your buying experien	that give your employees a range of benefits and price points to choose from.					
CONTINUE							
ADD TO APP	SimplyBlue Plus Platinum 2	SimplyBlue Plus Gold 17	SimplyBlue Plus Silver 2	SimplyBlue Plus Bronze 4			
DOWNLOAD	<ul> <li>Print Package</li> <li>SBC</li> </ul>	Print Package BC	<ul> <li>Print Package</li> <li>SBC</li> </ul>	Print Package BC			
Package ID (Enrollment Code)	78124NY0980025-00 (TMMI)	78124NY0990249-00 (TWWZ)	78124NY1000057-00 (TPPP)	78124NY1000169-00 (TQQV)			
Plan Type	Сорау	Hybrid	Deductible HSA	Deductible HSA			
HSA Eligible	No	No	Yes	Yes			
Aggregation Design	Individual Aggregation	Individual Aggregation	Family Aggregation	Family Aggregation			
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes Active&Fit ExerciseRewards.	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes Active&Fit ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes Active&Fit ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preve covered in full. Plan includes Active&Fit ExerciseRewards.			
Single	\$1,121.85	\$901.89	\$731.84	\$582.23			
Family	\$3,197.27	\$2,570.39	\$2,085.73	\$1,659.34			
Quote Effective	01/01/2023 - 03/31/2023	01/01/2023 - 03/31/2023	01/01/2023 - 03/31/2023	01/01/2023 - 03/31/2023			
Primary Care Office Visit	\$15 copay per visit	\$40 copay per visit	Covered at 80%, subject to the deductible	Covered at 100%, subject to the deductible			
Specialist Office Visit	\$25 copay per visit	\$60 copay per visit	Covered at 80%, subject to the deductible	Covered at 100%, subject to the deductible			
Deductible	None	In-Network: \$1,100 Individual / \$2,200 Family	In-Network: \$3,000 Individual / \$6,000 Family	In-Network: \$7,500 Individual / \$15,000 Family			



### • After you click on Preferred Packages, you will come to the screen below.

 Preferred Packages are preselected packages within each metal level that give your employees a range of benefits and price points to choose from.





# **BLUE ON DEMAND – COMPARE PLANS**

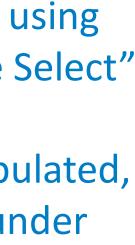
Once you have your plan selections narrowed down, select up to three plans to compare the benefits and rates in more detail.

Blue on Demand						
Find a plan » Shop by All Medical Plans » Select Plan(s	;)		Rating R			
1 Select Plan(s) Confirm Details Change Package Options 🕒 See All Plans 🕒 Print Page Summary						
Select up to 4 plans and click Compare.	Data Export Tool 🛛 👖 Enrollment File Download		Lifetime HSA, HRA			
Select Rating Period & County: 04/01/2023 - 05/20/2022 Che			STABLE			
Select additional plans: Name    Please Select -    View SHOP Plans	<ul> <li>Reset Plans</li> <li>Display Hidden Plans</li> </ul>					
Filter your results: Search By   Choose Value	- V 🤊 Reset Filters					
ADD TO APP	78124NY0990297-00 (TYYF) Select <u>Hide</u>	78124NY1000201-00 (TVVD)	78124NY1000153-00 (TQQF)			
Download	<u>Prinit Package</u> SBC	SBC	Print Package SBC			
Plan Type	Hybrid	Deductible HSA	Deductible HSA			
HSA Eligible	No	Yes	Yes			
Plan Name	SimplyBlue Plus Gold 19 🛞	SimplyBlue Plus Bronze 5 🕢	SimplyBlue Plus Bronze 3 🅡			
C LEVEL SUMMARY						
Levels Do Not Apply To This Plan						
A DETAIL SUMMARY						



To do this:

- Select additional plans using the drop down "Please Select"
- Once the plans are populated, • click the "Select" box under the Enrollment code
- Click the blue "Compare" button





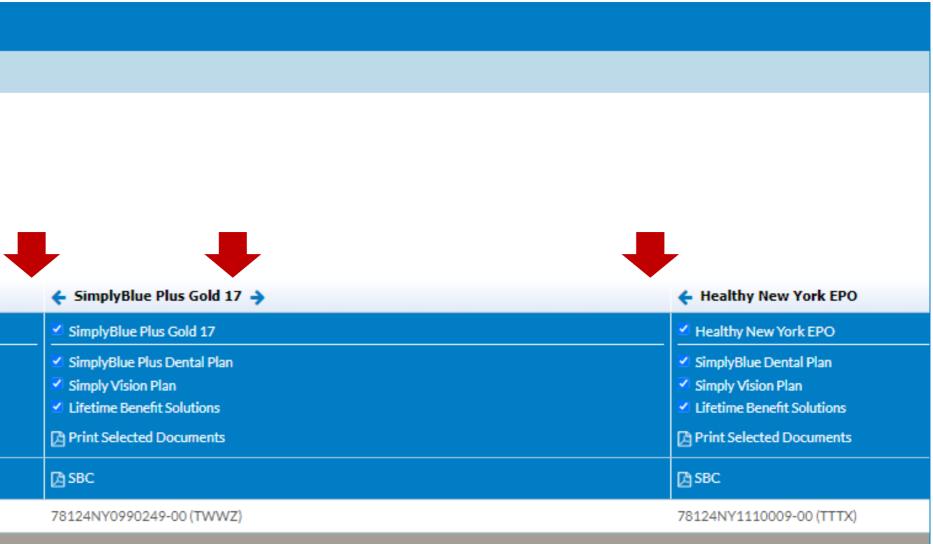


## **REORDER PLANS FEATURE**

Blue on Demand								
ind a plan » Shop by All Med	ind a plan » Shop by All Medical Plans							
1 Select Plan(s)	Confirm Details							
PRINT FULL COMPARISON	Below is a detailed comparison view of the plans you selected. You can Print the full comparison or print a summary of each plan.							
n Name	SimplyBlue Plus Gold 6 🔶							
	SimplyBlue Plus Gold 6							
INT PACKAGE	SimplyBlue Plus Dental Plan							
CILLARY PRODUCTS	<ul> <li>✓ Simply Vision Plan</li> <li>✓ Lifetime Benefit Solutions</li> </ul>							
	Print Selected Documents							
ADD TO APP	B SBC							
n ID (Enrollment Code)	78124NY1000025-00 (TOOZ)							

Once you have selected your plans, click the arrows to re-order your plans to the right or left





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### **SHOPPING DENTAL**

#### If you select **Dental**, you'll choose

- 2. Choose **Dental Blue Options** or **SimplyBlue Plus** dental plans.

Blue on Dem	and					
Find a plan						
Individuals & Families	Small Businesses	Experience Rated Business	Vision Plans			
	Mer	dical			ices	Meo
(2)	Shop Dent Our dental plan	al Blue Options		Build a Dental E Select your plan features	Blue Options Plan	
	Shop Simpl Our dental plans	yBlue Plus Dental				



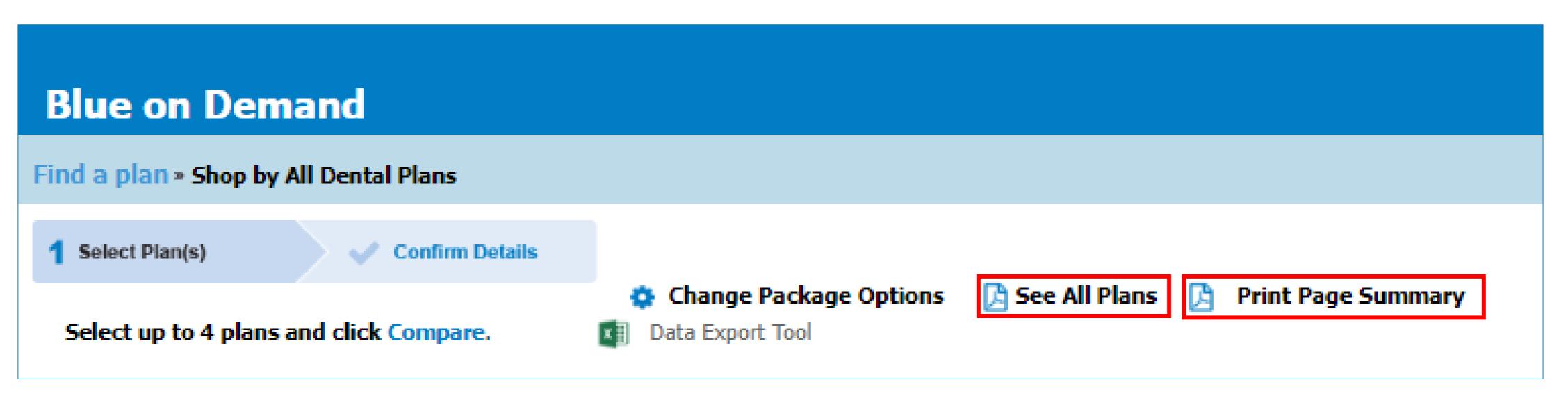
1. Rating Region – select the County or Zip Code of your business headquarters and Start Date

### **SHOP BY DENTAL PLANS**

compare the dental plans.

Here you will be able to:

- See all plans
- Print Page Summary





#### If you select **Dental Blue Options** or **SimplyBlue Plus Dental**, you will then be able to view and





### **SHOP BY DENTAL PLANS**

Compare up to 4 dental plans:

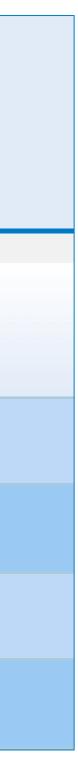
- 1. Select the dental plans you would like to compare
- 2. Click Compare

	Select Rating Period & Select 2023 plans Filter your results: Sea		Blue Plus Dental 🗸	Reset Plan Filters
2	COMPARE ADD TO APP	Plan Type	Single / Family	Preventive S (Dental Clean
	<b>2</b> 78124NY1180001-00	Passive PPO ACA Qualified	31.53 / 122.48	Pediatric: \$0 Adult: 100%
$\widehat{1}$	Z 78124NY1180002-00	Passive PPO ACA Qualified	26.01 / 102.06	Pediatric: 100 Adult: 100%
	Z 78124NY1180003-00	Passive PPO ACA Qualified	25.53 / 100.64	Pediatric: 100 Adult: 100%*
	<b>2</b> 78124NY1180004-00	Passive PPO ACA Qualified	19.12 / 83.67	Pediatric: 100 Adult: 100%*



#### ns

<b>Services</b>	Basic Services	Major Services	Medically Necessary Orthodontics
inings)	(Fillings & Extractions)	(Periodontics & Endodontics)	(Pediatric only)
)	Pediatric: \$25	Pediatric: \$100	Pediatric: \$300
5	Adult: 50%	Adult: 50%	
)0%	Pediatric: 50%*	Pediatric: 50%*	Pediatric: 50%*
5	Adult: 50%*	Adult: 50%*	
)0%*	Pediatric: 50%*	Pediatric: 50%*	Pediatric: 50%*
5*	Adult: 50%*	Adult: 50%*	
)0%*	Pediatric: 50%*	Pediatric: 50%*	Pediatric: 50%*
5*	Adult: 50%*	Adult: NC	





# Features for Small Business Plans

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# **EXPORT FEATURES**

- There are features in Blue on Demand to help you create the documents you need and save time:
- **Data Export Tool** You can export benefit and rate information into an Excel spreadsheet
- **Enrollment Documents Express Download** Save time by downloading all the rate sheets, benefit summaries and applications for the region and rating period you need



View the next few slides to see how these features work







# **BENEFIT AND RATE EXP**

Export Benefits and Rates to make spreadshee

FXPOR	<b>TTOOL</b>	Excellus
readsheeting		
<b>Blue on Dem</b>	and	
Find a plan » Shop by	All Medical Plans » Select Plan(s)	
1 Select Plan(s)	Confirm Details	
Select up to 4 plans and c		
Select Rating Period & Cou Select additional plans: Na Example 2 View SHOP Pla Filter your results: Search 8	<u>ans</u>	Seset Plans Sisplay t Filters
COMPARE ADD TO APP	0 2022 Plan Close	78124NY1110009- (TTTX)
ownload		Print Package
lan Type		SBC Hybrid
ISA Eligible		No
Van Name		Healthy New York EP
LEVEL SUMMARY		

\*This tool requires Microsoft Excel



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# **BENEFIT & RATE EXPORT TOOL**

Blue on Demand
Find a plan » Export data to Excel Spreadsheet
EXPORT DATA TO SPREADSHEET
Exchange Options: On Exchange  Off Exchange
Rider Options:   Dependent Coverage:   Pediatric Dental Coverage:   Pediatric Dental Coverage:   Pediatric Partner Coverage: <tr< td=""></tr<>
Available Columns Selected Columns
Aggregation Design        Aggregation Design     Image: Comparison of the second
Plan Highlights     Plan Type       HSA Eligible     Plan Type
Quote Effective
Single Rate Subscriber and Spouse Rate
Subscriber and Children Rate

3. Choose your exchange and package options 4. Configure the spreadsheet with variables – all benefit categories and rates are available for download



- How it works:
- Data Export Tool 1. Click
- 2. A new window will open with the spreadsheet options (as seen in image to the left)

- The default columns are the benefits & rates from the select plans page (a summary view)
- You can add/remove variables by dragging them in or out of the selected column table
- You can change the order of the selected columns by dragging them up or down

### 5. Click EXPORT DATA TO SPREADSHEET 31





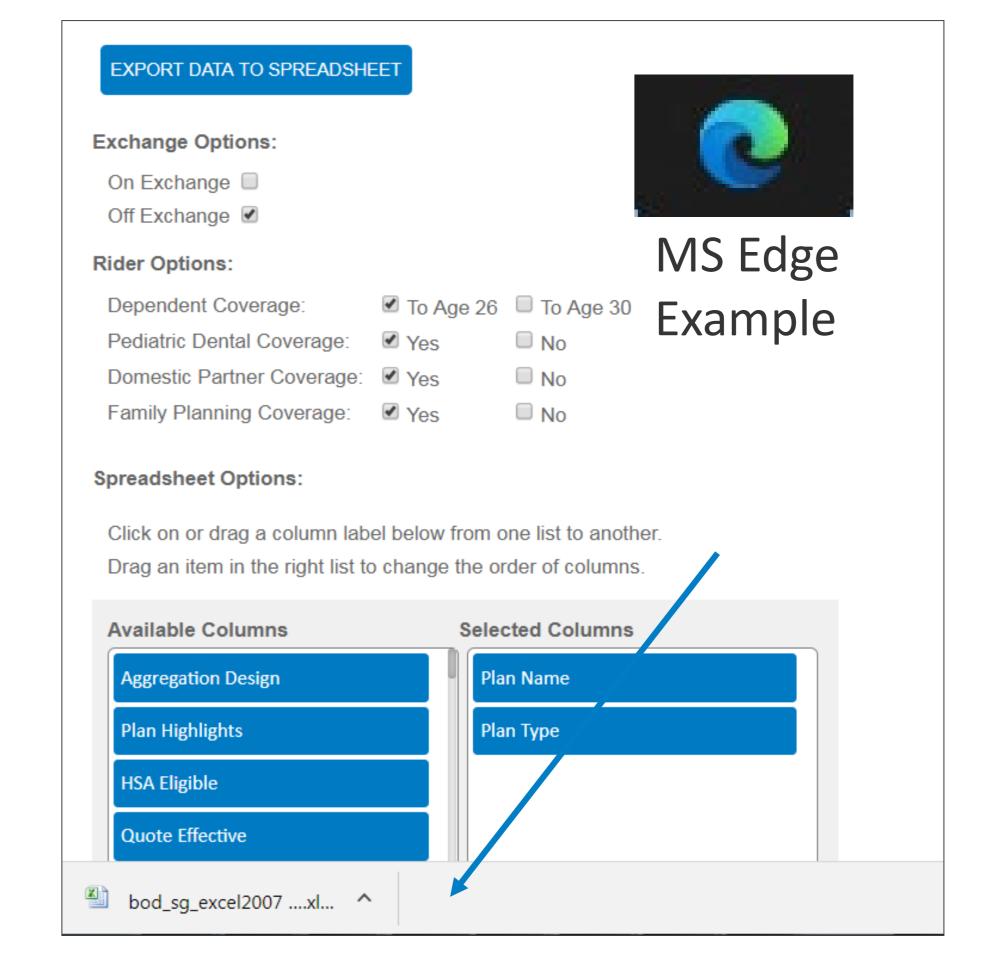
# **BENEFIT AND RATE EXPORT TOOL**

- Next, you will get a message to open or save the data extract
- The message will look different depending on your browser – see examples
- Once open, the file works like any Excel file

Pediatric Dental Coverage:       ☑ Yes         Domestic Partner Coverage:       ☑ Yes         Family Planning Coverage:       ☑ Yes         Spreadsheet Options:       ☑ Yes         Click on or drag a column label below f       Drag an item in the right list to change f		Chrome         Example
Do you want to open of determined by the second sec	or save <b>bod_sg_excel2007.xlsx</b> from	m <b>excelluscompare.cyberwebgroup.com</b> ? Open Save <b>T</b> Cancel







## **ENROLLMENT DOCUMENT DOWNLOAD**

### Save time by downloading all quarterly rate sheets and member applications!

Blue on Dema Find a plan » Shop by A		t Plan(s)	
1 Select Plan(s) Select up to 4 plans and clic	Confirm Details	Change Package Options	e All Plans 🔁 Print Page Summary ollment File Download
Select Rating Period & County Select additional plans: Name View SHOP Plane	e 🖌 - Please Se		ns 🍤 Display Hidden Plans
COMPARE ADD TO APP	0 🕜 2022 Plan <u>Close</u>		
Download Plan Type HSA Eligible			Please note, there may be discontinuances and/or cost-share adjustments within





# ENROLLMENT DOCUMENT DOWNLOAD

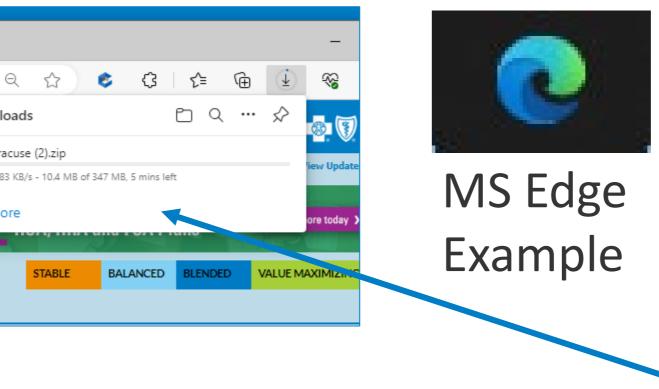
Blue on Demand						
Find a plan . Shop by All Me	dical Plans » Selec	t Plan(s)				
1 Select Plan(s)	Confirm Details	🔅 Change Package Option	ns 🔀 See All Plans [ 📕 Enrollment File D	Print Page Summary		
Select up to 4 plans and click Co	mpare.		_			
Select Rating Period & County: 01, Select additional plans: Name	/01/2023 - 03/31/2023		Reset Plans 🍤 Displa	ay Hidden Plans		
comsurance					Chrom	$\mathbf{O}$
Hospital Benefits					CIIIOIII	て
		/			Evampl	
Emergency Room Care					Exampl	E
Prescription Drug Coverage		//				
Out of pocket maximum						
Out of network benefits						
4	L					
syracuse (1).zip 16.4/347 MB, 3 mins left	^					

© □ SG All Overview × +	
← C https://compare.excellusbcbs.com/sg-all-overview/?region=Syracuse&county=Cortland&ratingperiod=60&cplan=on&	A»
	Down
Blue on Demand	
Find a plan » Shop by All Medical Plans » Select Plan(s)	1,18
1 Select Plan(s)       Confirm Details         Data Export Tool       Enrollment File Download	See m
Select up to 4 plans and click Compare.	
Select Rating Period & County: 01/01/2023 - 03/31/2023  Cortland Select additional plans: Name Please Select - Reset Plans Reset Plans Display Hidden Plans	



How it works:

- 1. Click Enrollment File Download (.zip).
- 2. The next steps are dependent on your browser and may take several minutes
  - You may have to choose to open or save, choose one and wait for the download
  - You may get a message the files are downloading, wait for the download



34

## ENROLLMENT DOCUMENT DOWNLOAD

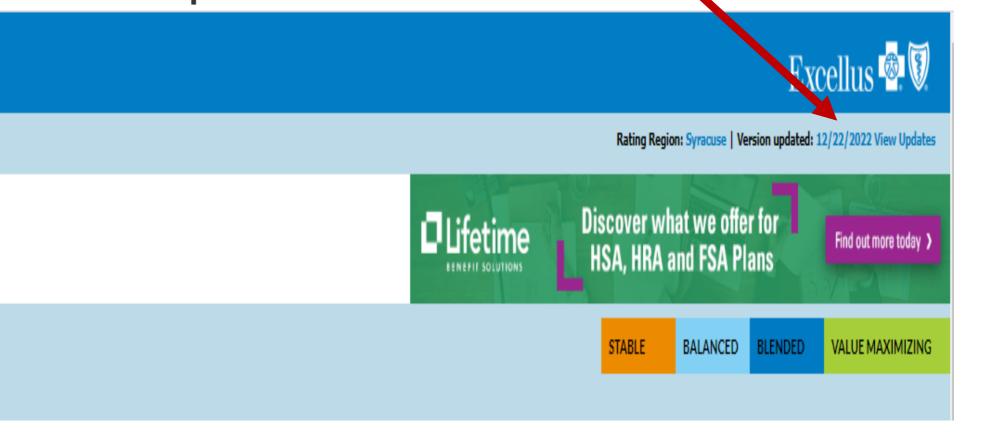
C > Downloads > syracuse (1).zip		~	<u>م</u> ک	Search syracuse (1).zip			
\ame ^	Туре	Compres	sed size	Password Size		Ratio	Date modified
TAA0_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:42 AN
TAA0_ratesheet.pdf	Adobe Acrobat Document		425 KB	No	480 KB	12%	9/11/2022 10:42 AN
TAA1_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AN
TAA1_ratesheet.pdf	Adobe Acrobat Document		424 KB	No	480 KB	12%	9/11/2022 10:40 AN
TAA2_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AN
TAA2_ratesheet.pdf	Adobe Acrobat Document		425 KB	No	480 KB	12%	9/11/2022 10:40 AN
A TAA3_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AN
TAA3_ratesheet.pdf	Adobe Acrobat Document		424 KB	No	480 KB	12%	9/11/2022 10:40 AN
TAA4_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AN
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A TAA5_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AM
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A TAA6_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AM
TAA6_ratesheet.pdf	Adobe Acrobat Document		425 KB	No	480 KB	12%	9/11/2022 10:40 AM
A TAA7_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AM
TAA7_ratesheet.pdf	Adobe Acrobat Document		291 KB	No	330 KB	12%	9/11/2022 10:40 AN
TAA8_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AN
TAA8_ratesheet.pdf	Adobe Acrobat Document		292 KB	No	330 KB	12%	9/11/2022 10:40 AN
TAA9_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:40 AN
TAA9_ratesheet.pdf	Adobe Acrobat Document		291 KB	No	330 KB	12%	9/11/2022 10:40 AN
TAB0_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:42 AN
TAB0_ratesheet.pdf	Adobe Acrobat Document		425 KB	No	480 KB	12%	9/11/2022 10:42 AM
TAB1_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:42 AM
TAB1_ratesheet.pdf	Adobe Acrobat Document		425 KB	No	480 KB	12%	9/11/2022 10:42 AM
TAB2_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:42 AM
A TAB2_ratesheet.pdf	Adobe Acrobat Document		425 KB	No	480 KB	12%	9/11/2022 10:42 AN
TAB3_2023_Q1_smallgroup_applica	Adobe Acrobat Document		510 KB	No	657 KB	23%	9/11/2022 10:42 AM

#### Blue on Demand

1 Select Plan(s)	Confirm Details	Change Package Options Data Export Tool	Enrollment File Download	
elect up to 4 plans and o	click Compare.	-		
Select Rating Period & Cou	unty: 01/01/2023 - 03/31/2023 *	✓ Cortland ✓		
Select additional plans: N	ame 🗸 - Please Se	ert- V 🤊	Reset Plans 🌖 Display Hidden Plans	



- How it works continued:
- When the download is complete, a zip file folder will be available
  - Files will include all Plan IDs doe the region and rating period you selected on the homepage
  - The Plan ID is the base of the file name
  - Remember to periodically check the "Version Updated" date to be sure you have the most up-to-date data



# SHOP FOR INDIVIDUALS & FAMILIES

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# **BLUE ON DEMAND - HOMEPAGE**

# If you are shopping for Individual & Family plans, choose the following:

Select County

Blue on Dem	and		
Find a plan			
Individuals & Families	Small Businesses	Experience Rated Business	Vision Plans



Our medical plans. 🔶

### Shop by Quick Quote

Our medical plans. 🔶



Image: Medical Dental       Dental
▼ — or — Enter Zip Code
/01/2023 - 12/31/2023 ❤

1. Rating Region

Select the **County** or **Zip Code** of the residence of a member.

### 2. Coverage Start Date

Medical plans for Individuals are quoted yearly.

te

37

# **BLUE ON DEMAND - HOMEPAGE**

# Next, select one of the 2 ways to shop for **Individual & Family plans**:

Blue on Dem	and			
Find a plan				
Individuals & Families	Small Businesses	Experience Rated Busine	ss Vision F	Plans
				Select County 01/0
	Shop by Mee Our medical plan	dical Plans	3	
	Shop by Qui		4	



4	Dental		
(ledical	Dental		
_ or _	- Enter Zip Code		

### **3. All Medical Plans**

Recommended for Individuals who want to renew or are shopping for all options

### 4. Quick Quote

Recommended if you know the Plan ID or Enrollment code you want to quote

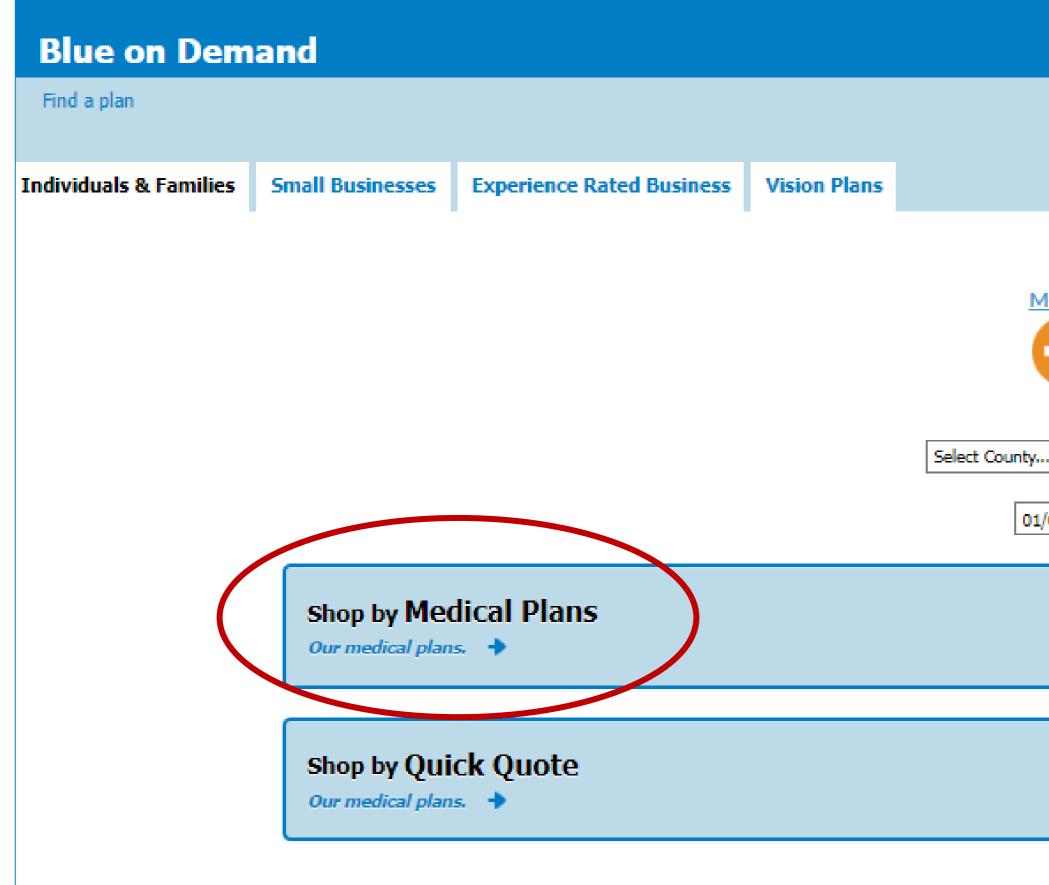






# **BLUE ON DEMAND - HOMEPAGE**

# Choose Shop Medical Plans to browse all available plans



edical Dental
✓ — or — Enter Zip Code
01/2023 - 12/31/2023 🎔



When you shop **medical** plans, you can view all plans available in the region and coverage date you selected.

Note that you will have the availability to change package options once you advance to the next page.

### Package Options Include:

- Dependent coverage to age 26 or 30
  - Pediatric Dental Coverage
  - Domestic Partner Coverage
- Family Planning Services Coverage









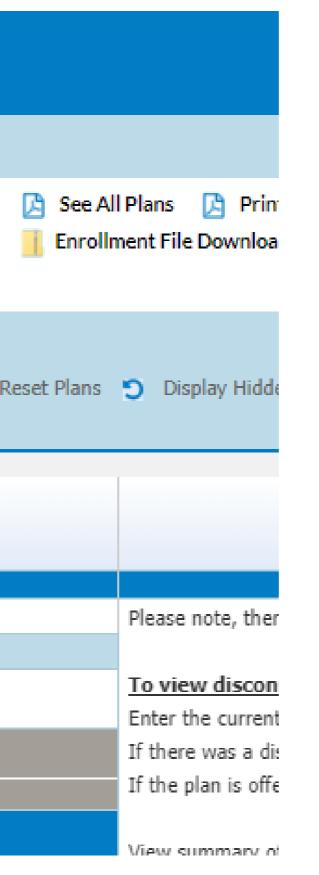


# **BLUE ON DEMAND – SUMMARY VIEW**

If you select to **Shop by Medical Plans** you will do to the summary view page. Here you will see a snapshot of benefits, it has several features. Let's start with how to shop and compare plan options.

Blue on Dema	nd	
Find a plan » Shop by A	ll Medical Plans » Select	Plan(s)
1 Select Plan(s) Select up to 4 plans and clic	Confirm Details	Change Package Options Data Export Tool
Select Rating Period & County Select additional plans Name	e 🗸 - Please Sele	
COMPARE ADD TO APP	0 7 2022 Plan <u>Close</u>	
Download		
Plan Type		
HSA Eligible Plan Name		
LEVEL SUMMARY		
Levels Do Not Apply To This Plan		
DETAIL SUMMARY		





### Select Plans by:

- Name
- Dollar Range
  - Туре
- Metal Level
- Enrollment Code

■All

You may select more than one metal level, name, etc. However, you can only filter by one variable.

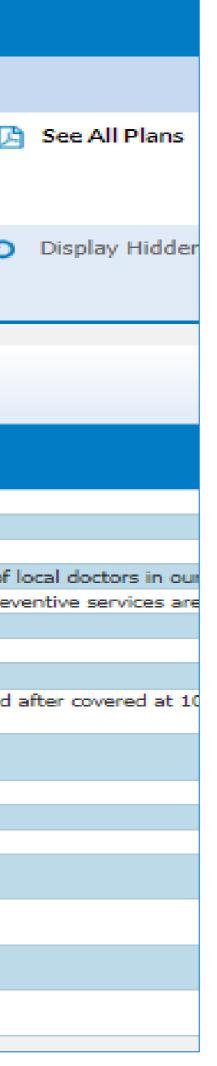
40

# **BLUE ON DEMAND – SUMMARY VIEW**

# You can use additional filters to help narrow your search; Click the drop down shown below.

Blue on D	emand
Find a plan » S	hop by All Medical Plans » Select Plan(s)
1 Select Plan(s)	Confirm Details
select up to 4 plans	s and click Compare.
Select additional pla	ins: Name 🖌 +Base Y 🤉 Reset Plans 🍸
Filter your results:	Search By 👻 - Choose Value - 🌱 🌖 Roset Filters
COMPARE	78124NY0910001-00 (IAP9) Select <u>Hide</u>
ownload	Rate Sheet Application SBC
lan Type	Base
SA Eligible	No
lan Name	Base
etwork Structure	This plan provides covered benefits at 100% of hospitals and more than 98% of
lan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Pre-
ingle	\$308.43
amily	\$879.02
uote Effective	01/01/2023 - 12/31/2023
rimary Care Office isit	First 3 Primary visits covered at 100%, not subject to the deductible. Fourth and
pecialist Office isit	Covered at 100%, subject to the deductible
eductible	\$9,100 Individual / \$18,200 Family
oinsurance	None
ospital Benefits	Covered at 100% per admission for unlimited days, subject to the deductible
mergency Room are	Covered at 100%, subject to the deductible
rescription Drug overage	\$0, subject to the plan deductible
ut of pocket naximum	\$9,100 Individual / \$18,200 Family
ut of network enefits	Not Covered





Filter Plans by:
Primary Care Physician Copay
Individual Deductible
Coinsurance In Network
Prescription Drug Coverage
Inpatient Copay

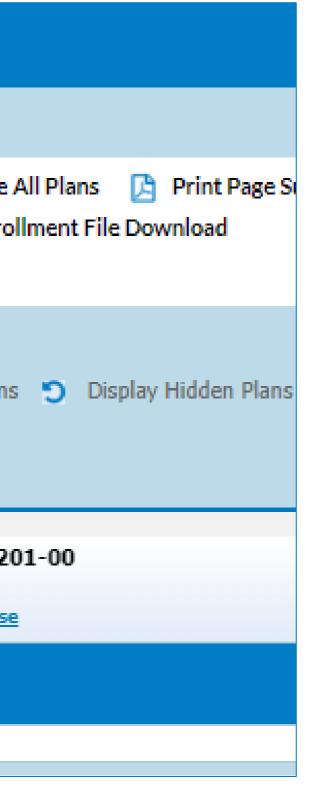
41

# **BLUE ON DEMAND – SUMMARY VIEW**

You can also use this tool to identify the benefit changes when **comparing plans from one year to the next.** Simply select the 20XX plan ID in the drop down next to compare and the 20XY plan will display in the next column **IF** there are benefit changes. If no columns populate, there were no cost sharing changes for that year.

Blue	on Dema	nd					
Find a pl	an » Shop by A	Il Medical Plans	» Select I	Plan(s)			
1 Select P	Plan(s)	Confirm Detail	ils	🔅 Change	Package C Export Too		🔀 See.
Select up t	o 4 plans and clic	k Compare.					
Select Rati	ng Period & County	/: 01/01/2023 - 03/3	81/2023 🗸	Cortland	~	-	
	itional plans: Name View SHOP Plans		Please Selec	ct -	~	D R	eset Plans
Filter your	results: Search By	. 🗸	Choose	e Value - 🗸	🤊 Res	et Filters	
00	OMPARE	78124NY0980201-	00				Y09802
ADI	D ТО АРР	(SZG7) 🕜	se			(TAD4)	Van <u>Close</u>
)ownload						Print Pa	<u>ckage</u>
lan Type		Сорау				<u>SBC</u> Copay	
to a set of the							





# **Please Note:**

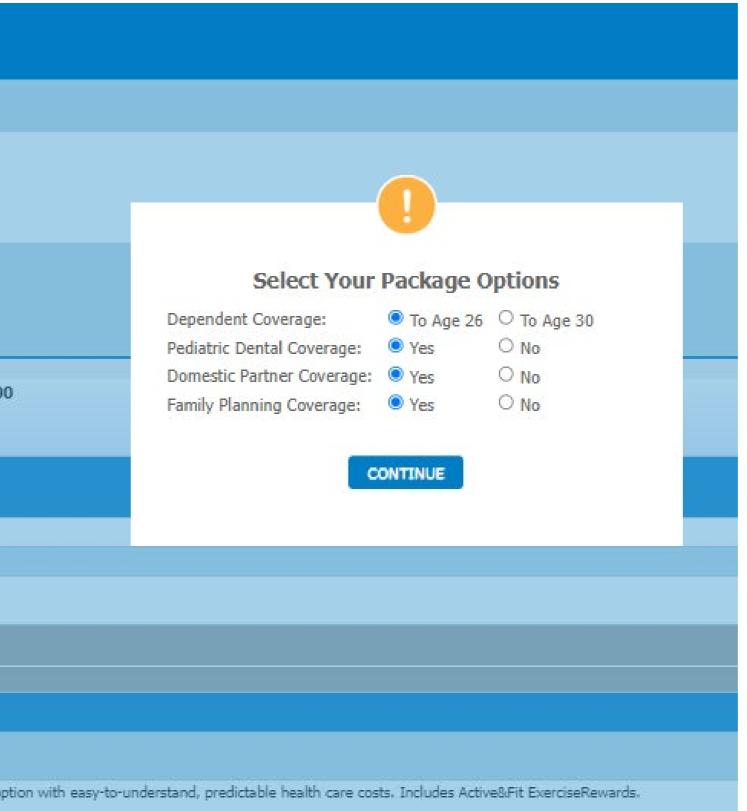
- Package items will always match (ex. Pediatric dental, domestic partner)
- You can enter any HIOS Id or Plan name into the previous year's column
- The columns may differ if you have not selected the same package options on the homepage



# **BLUE ON DEMAND – CHANGE PACKAGE OPTIONS**

Blue on Dema	nd	
Find a plan > Shop by A	ll Medical Plans » Select Plan(s)	
1 Select Plan(s) Select up to 4 plans and clic		lans 🔀 Print Page Summary nt File Download
Select Rating Period & County Select additional plans: Name Very Shop Plans	- Please Select - V S Reset Plans S	Display Hidden Plans
COMPARE	78124NY0980201-00 //	78124NY0980201-00 (TAD4) 🕜
ADD TO APP Download	2022 Plan <u>Close</u>	2023 Plan <u>Close</u> Print Package SBC
Plan Type	Copay	Сорау
HSA Eligible	No	No
Plan Name	Blue Simplicity Gold	Blue Simplicity Gold
C LEVEL SUMMARY		
Levels Do Not Apply To This Plan		
DETAIL SUMMARY		
Aggregation Design	Individual Aggregation	Individual Aggregation
Plan Highlights	New budget-friendly copay	A budget-friendly copay op





Package Options May include:

- Dependent coverage to age 26 or age 30
- Pediatric Dental Coverage
- Domestic Partner Coverage







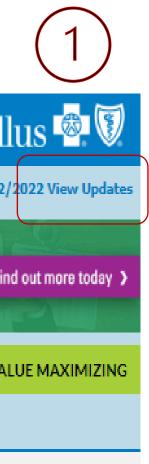
# **BLUE ON DEMAND FEATURES**

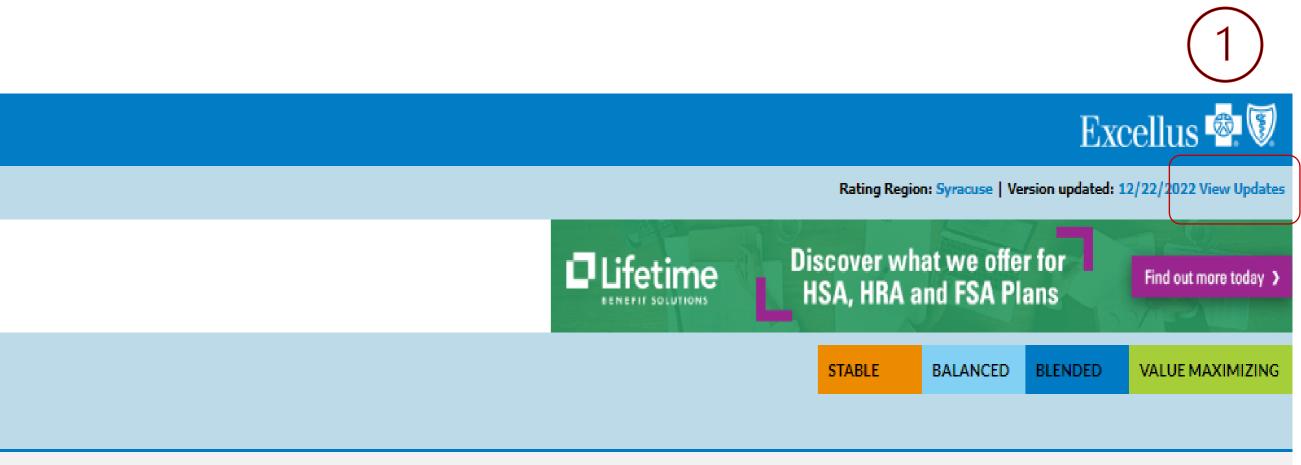
Blue on Demand			
Find a plan » Shop by All Medical Plans » Selec	t Plan(s)	3) (2)	)
1 Select Plan(s) Confirm Details		e All Plans [ 👌 Print Page : ollment File Download	Summary
Select up to 4 plans and click Compare.			
Select Rating Period & County: 01/01/2023 - 03/31/2023	Cortland		
Select additional plans: Name	elect - 🔹 🍸 Reset Plan	ns 🍤 Display Hidden Plan	IS

Other features on the Summary view page include: **1. View Updates –** for most recent updates **2. Print Page Summary** – generates a file of the plan overview on your screen **3. See All plans** - to generate a PDF of all the available plans











# **BLUE ON DEMAND – COMPARE PLANS**

Once you have your plan selections narrowed down, select up to three plans to compare the benefits and rates in more detail.

Blue or	Demand	
Find a plan	» Shop by All Medical Plans » Select	Plan(s) Rating Region: Syracuse   Version upd
1 Select Plan(s	i) Confirm Details	🔅 Change Package Options 🛛 🔀 See All Plans 🔀 Print Page Summary
Select up to 4 p	lans and click Compare.	
Select additiona		e Value - 💙 🤊 Reset Plans 🧊 Display Hidden Plans 🗆 View On-Exchange Plans
COMPARE	78124NY0880003-00 (IAJ9) ✓ Select <u>Hide</u>	78124NY0900017-00       78124NY0900023-00         (IAP5)       (IAQ3)         ✓ Select Hide       ✓ Select Hide
Download	Rate Sheet Application SBC	Rate SheetRate SheetApplicationApplicationSBCSBC
Plan Type	Сорау	Deductible Base
HSA Eligible	No	No
Plan Name	Platinum Standard	Bronze Standard Bronze Secure Plus 3



To do this:

- Select additional plans using the drop down "Please Select"
- Once the plans are populated, click the "Select" box under the Enrollment code
- Click the blue "Compare" button

45

# **REORDER PLANS FEATURE**

Blue on Demand		
Find a plan » Shop by All Medica	l Plans	
1 Select Plan(s)	Confirm Details	
PRINT FULL COMPARISON	Below is a detailed comparison view of the plans you selected. You can Print the full comparison or print a summary of each plan.	_
2023 Full Benefit Grid		
lan Name	Platinum Standard 🔶	🗲 Bronze S
OWNLOAD FORMS	<ul> <li>Print Package</li> <li>SBC</li> </ul>	Print Pack
lan ID (Enrollment Code)	78124NY0880003-00 (IAJ9)	78124NY090
lan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	A deductible i covered in full
letwork Structure	This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31- county network.	This plan prov county netwo
lan Tura	Connu	Doductible H

Once you have selected your plans, click the arrows to re-order your plans to the right or left



	Ratin
Standard HSA 🔶	← Bronze Select
ckage	<ul> <li>Print Package</li> <li>SBC</li> </ul>
900003-00 (IAL7)	78124NY0900013-00 (IAN5)
e is applied to all covered medical and prescription drug benefits. Preventive services are full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefit includes ExerciseRewards.
ovides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31- vork.	This plan provides covered benefits at 100% of hospitals and more than 98
	Doductible HSA

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# **BLUE ON DEMAND – DETAIL VIEW**

Blue on Demand				
Find a plan » Shop by All Medical Plans				
1 Select Plan(s)	Confirm Details			
PRINT FULL COMPARISON       Below is a detailed comparison view of the plans you selected.         You can Print the full comparison or print a summary of each plan.         2023 Full Benefit Grid				
Plan Name	Platinum Standard 🔶	🗲 Bronze Standard 🔶		
DOWNLOAD FORMS	Print Package	Print Package BC		
Plan ID (Enrollment Code)	78124NY0880003-00 (IAJ9)	78124NY0900017-00 (IAP5)		
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.		
Network Structure	This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network.	This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in o 31-county network.		
Plan Type	Сорау	Deductible		
HSA Eligible	No	No		
Quote Effective	01/01/2023 - 12/31/2023	01/01/2023 - 12/31/2023		



### Excellus 💩 🕅

ng Region: Syracuse | Version updated:12/22/2022

# Bronze Secure Plus 3 Print Package SBC 78124NY0900023-00 (IAQ3) A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards. This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network. Base No 01/01/2023 - 12/31/2023

The **detail view** page allows you to view more benefit detail & rate information on selected plans.

On this page, you can also click the corresponding links to generate:

- Print Package
- Summary of Benefits Coverage (SBC)

\*Note: Pre-populated fields in the application are plan-specific. Be sure you have selected the correct plan when printing enrollment applications.

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# ADMINISTRATIVE SERVICES WITH LIFETIME BENEFIT SOLUTIONS

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# **ADMINISTRATIVE SERVICES**

and resources.

Lifetime Benefit Solutions makes it easier to administer plans with:

- HRA and HSA/FSA plans
- COBRA support for employees changing jobs
- Compliance Services to help you meet standards



- You can shop for Administrate Services from the Small Group or Experience Rated Business Tab
- Whether your clients are fully insured or self-funded, Lifetime Benefit Solutions can help free up time

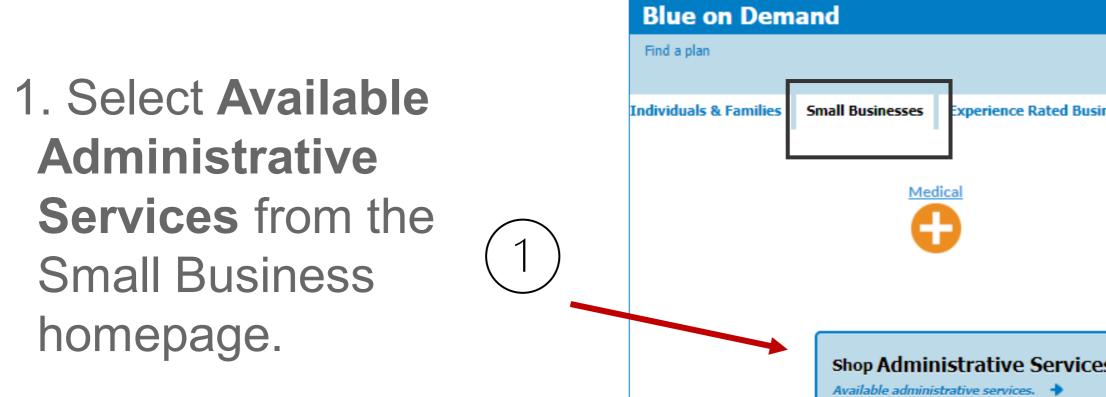


Lifetime Benefit Solutions is an independent company offering administrative services in the Excellus BCBS service area.

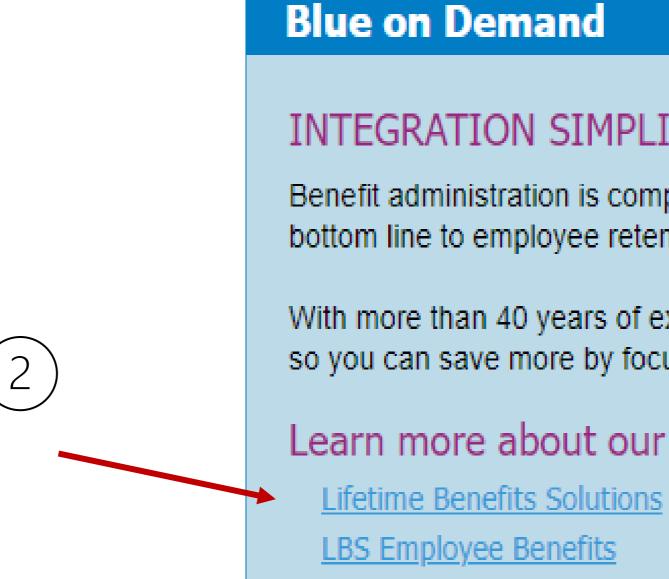




# **ADMINISTRATIVE SERV**



2. Click the link for the section you're interested in exploring further.



ICES OPTIONS			Excellus
iness Vision Plans	Admin Services	Medicare Advantage	
S			

### INTEGRATION SIMPLIFIES THINGS FOR EVERYONE

Benefit administration is complicated. Whether you're an employer, a broker, or a bottom line to employee retention. You need a partner, an experienced resource

With more than 40 years of experience, Lifetime Benefit Solutions, a partner of E so you can save more by focusing on other business priorities.

### Learn more about our administrative services:



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# **ADMINISTRATIVE SERVICES OPTIONS**

- 1. Select Available Administrative Services from the Experience Rated Business home screen.
- 2. Then click the link for the section you're interested in exploring further:
  - Lifetime Benefit Solutions
  - LBS Employee Benefits

### Blue on Demand

### INTEGRATION SIMPLIFIES THINGS FOR EVERYONE

Benefit administration is complicated. Whether you're an employer, a broker, or anyone else with a stake in employee benefits, you know that workforce wellness and benefits plans are changing at a rate faster than most can follow. Yet "getting it right" is paramount, as it affects everything from bottom line to employee retention. You need a partner, an experienced resource capable of conveying in plain language what your options are, where the future holds.

With more than 40 years of experience, Lifetime Benefit Solutions, a partner of Excellus BlueCross BlueShield, is a national leader in developing and delivering workplace management solutions. They can ensure regulatory compliance while improving both your efficiencies and bottom line. All so you can save more by focusing on other business priorities.

### Learn more about our administrative services:

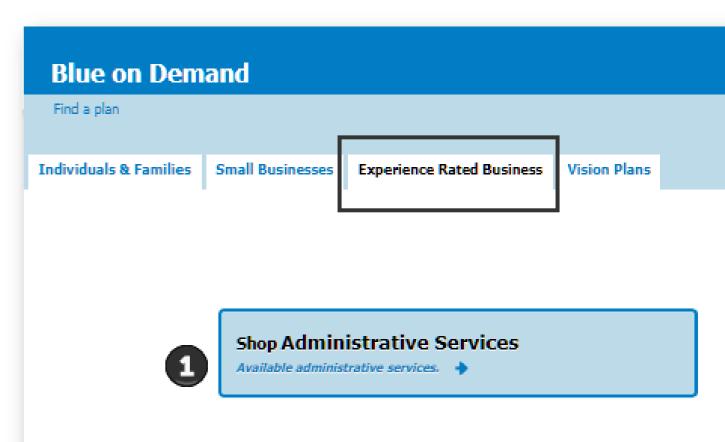
2



This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical nec nes supported by USPSTF and HRSA appropriate cost share for the service will be applied. Please refer to the United States Preventive Services Task Force list of Items tive services are not provided in accordance with the compriand services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements

For technical web issues please contact our Web Help Desk at 1-800-278-1247

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association



### Excellus 💩 🕅



Powered by

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Lifetime Benefit Solutions is an independent company offering administrative services in the Excellus BCBS service area.



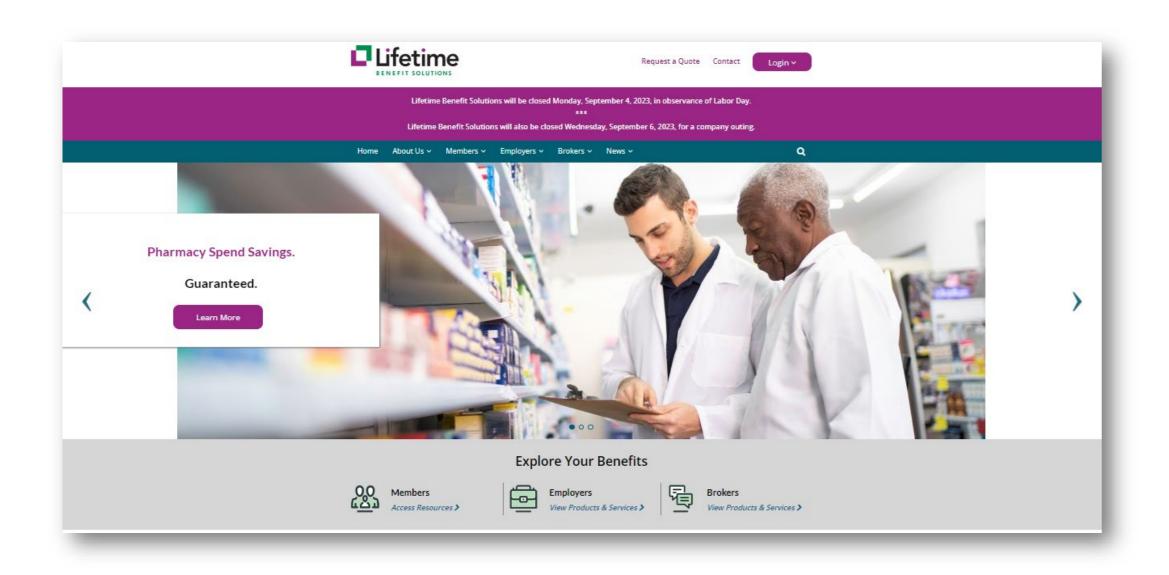
51

# LEARN MORE ABOUT OUR ADMINISTRATIVE SERVICES

Click to link to the Lifetime Benefits Solutions Website

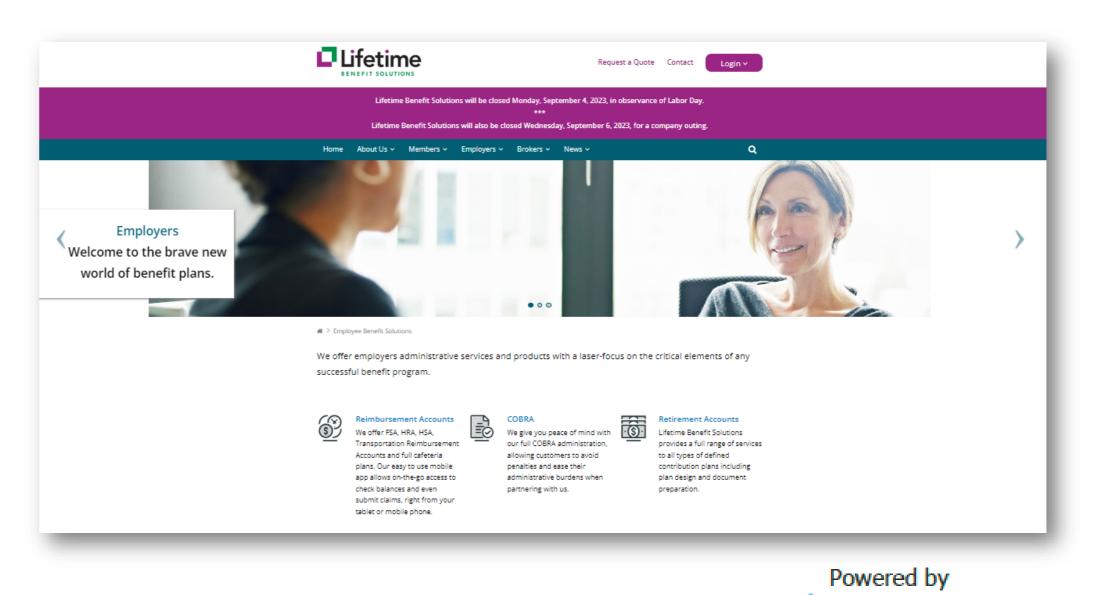
### **Lifetime Benefit Solutions**

- Access Member Resources
- View Employer Products & Services
- View Broker Products & Services



### **LBS Employee Benefits**

- Reimbursement Accounts (FSA, HRA, HSA)
- COBRA Administration
- Retirement Accounts (Defined Contribution Plans)





Lifetime Benefit Solutions is an independent company offering administrative services in the Excellus BCBS service area.

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# **Everybody Benefits**

# THANK YOU

