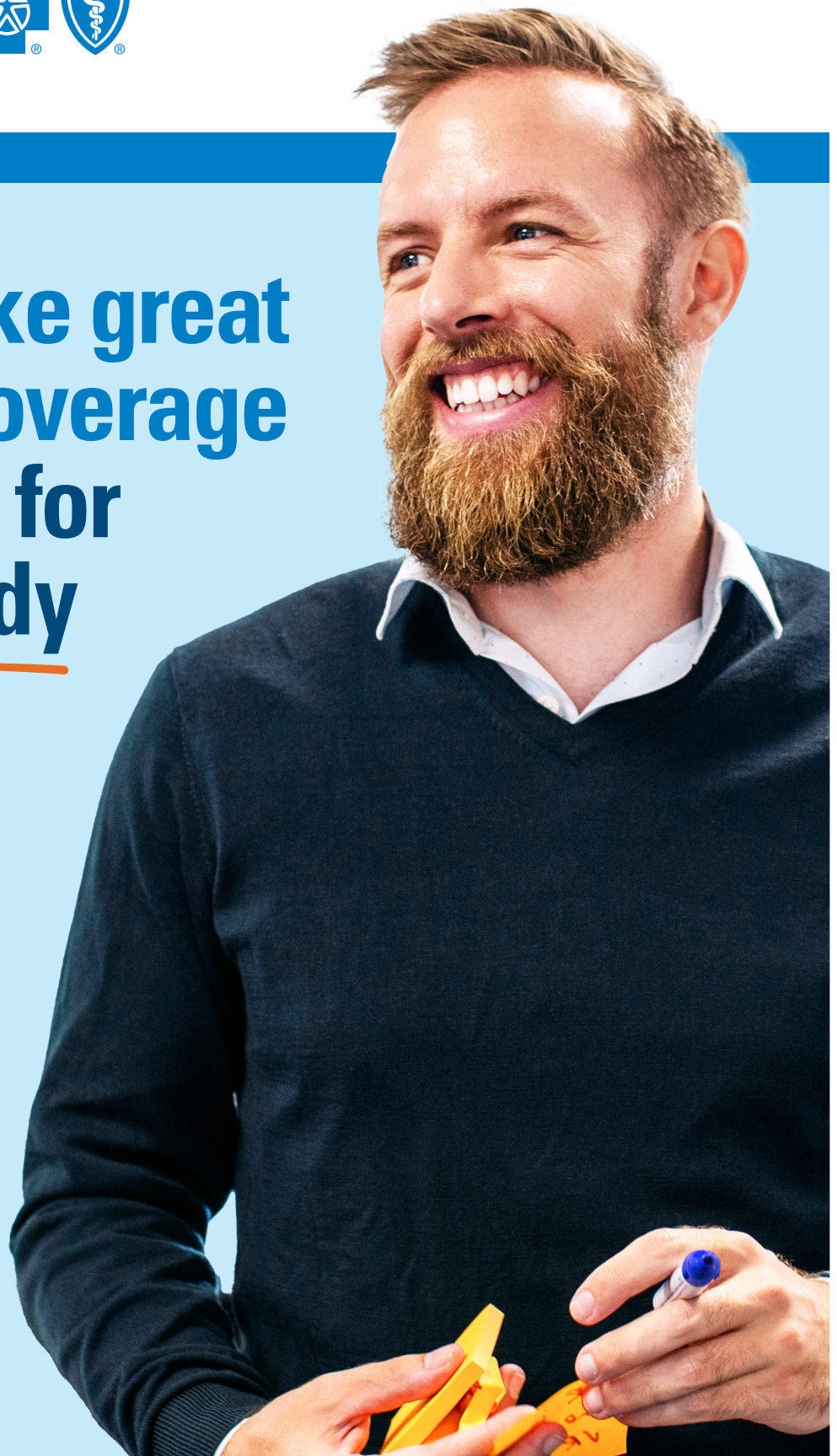


Let's make great health coverage simple – for everybody

Delivering better health care experiences for employees, businesses, and bottom lines



2025

Excellus BlueCross BlueShield
PPO Product Designs for Large Groups

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What's new in 2025*

Reminder! ThriveWellSM

Introduced in 2024, ThriveWell is a digital home base dedicated to engaging teams in health and wellbeing. Virgin Pulse will be transitioning to the Personify HealthTM name and brand over the coming months. Members will continue to use and engage with the Virgin Pulse solutions throughout 2024. Our partnership with Virgin Pulse gives employees the tools to make small, everyday changes to their wellbeing that are focused on the areas they want to improve the most. They'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.

ThriveWell is embedded in all Fully Insured plans and available as a buy-up for Self-Funded and Minimum Premium plans.

Our suite of rewards programs is designed to provide employees with helpful incentives for getting and staying healthy. Based on the incentives that groups are looking to offer, we have several different reward options available to be purchased.

Reminder! FoodsmartTM Nutrition Program

Foodsmart is a nutrition offering embedded in the Virgin Pulse platform, where members can take the "NutriQuiz" for personalized health insights, browse a comprehensive recipe library, set dietary preferences, and save recipe ingredients to an exportable grocery list.

NEW Mom's Meals[®]

In partnership with Mom's Meals, we're making nutritious home-delivered meals available to members after a hospital stay. The availability of healthy food options after discharge has been shown to lower the chances a member will be readmitted. To support the recovery following a hospital observation, an inpatient acute facility stay, an inpatient maternity stay, or a skilled nursing facility stay, members can receive up to two free home-delivered meals per day for seven days. Available as a buy-up for all PPO plans.

NEW Simply VisionSM Plan Options

We're introducing two new Simply Vision plan options: Simply Vision PlatinumSM and Simply Vision Platinum Plus. The Platinum Plan will have a \$0 copay and an increased allowance from \$150 to \$175. The Platinum Plus Plan will offer all the benefits in the Platinum Plan, plus coverage of safety glasses.

All six Simply Vision plans include low-cost eye exams plus benefits for fully covered and low-cost corrective eyewear, plus other great discounts. Through a partnership with Davis Vision, members will have access to a large local and national network.

NEW Eliminating Diabetic Insulin Copays

According to the American Diabetes Association[®], people with diabetes have medical expenses that are 2.6 times higher than people who do not have diabetes. To improve accessibility and affordability, we support the NYS mandate to eliminate the cost share – including the deductible – for diabetic insulin.

NEW Cardiac and Pulmonary Rehab

We're committed to lowering the total cost and other barriers to care for our members. Beginning in 2025, cardiac and pulmonary rehab health services will be covered in full (subject to deductible when applicable) for members with Fully Insured plans.

* Subject to DFS approval

Virgin Pulse is an independent company and offers a digital wellbeing service on behalf of Excellus BCBS.

Mom's Meals is an independent company that provides home-delivered meals and nutritional services to Excellus BCBS members.

Davis Vision is an independent company providing vision benefit management services and access to their network.

SECTION 1

Our Approach

1. People
Come First

2. Service
Is Simple

3. Our Network Is
Unmatched. Period.



Our Approach

Take good care of your people, and they'll help you take good care of your business

It's a simple concept – and it's why you want to provide great health coverage for employees. Coverage that helps them live healthier lives. Coverage that helps make the entire experience easy for everyone. Coverage that's as affordable as possible.

But in a world where health plans seem more complex every day, how can you make sure that an idea that sounds simple is simple? That's where Excellus BlueCross BlueShield (BCBS) delivers.

Coordinated care. Complete coverage. Greater value. Everybody benefits.®

Health care works best when it works together. That's why Excellus BCBS provides a coordinated, caring, personalized, and holistic health plan experience that connects the dots for businesses and employees, improving care and helping to manage costs for everyone.

So how do we do it?

Our approach is built around three ideas

1.

People Come First

We address all types of health conditions with members personally and proactively, with comprehensive programs and a combination of medical expertise and data.

2.

Service Is Simple

We make it easier for members to understand their benefits, and we help make claims management and processing more efficient and transparent for employers.

3.

Our Network Is Unmatched. Period.

We bring the largest network to you and your clients, covering a wide range of providers across the country.



Our Approach

1. People Come First

Sounds obvious, right? And any health plan can say it, but Excellus BCBS is working to prove it every day. We're talking about comprehensive programs that address all aspects of wellbeing – including a range of care management and disease management programs, from diabetes management to pharmacy utilization to behavioral health.

Through a combination of referrals, direct outreach, sophisticated data analytics, and coordination with providers, we tailor our approach to each member's specific needs – assessing the whole person to develop a personalized care plan. And we emphasize proactive and preventive care, encouraging members to use their health plan benefits to stay ahead of issues.



Our Approach: People Come First

Meeting specific needs. Driving big results.

We've seen that when we put members first, they become more invested in their health – setting goals and taking necessary steps toward managing their conditions and overall wellness.

And that leads to all kinds of benefits, including higher overall member satisfaction:



94%

member satisfaction

with care management programs*

Members that engage in care management/disease management see:

36%
decrease
in emergency
room visits**

22%
decrease
in
readmissions**

36%
decrease
in inpatient
admissions**

61%
decrease
in preventable
inpatient admissions**



An average baseline
cost savings of

\$1,500 per engagement*

When we advance health equity, everybody benefits

As Excellus BCBS delivers this more coordinated approach to care, we're also working every day to address socioeconomic, demographic, and geographic barriers. We do this by **engaging** members directly in care management, **educating** them about their unique challenges and gaps in care, and **empowering** them by providing the tools and resources they need to feel their best.

1. Engaging members directly in their health
Care management on a personal level connects members to health plan resources and community-based organizations (CBOs) that can address their specific barriers.

2. Educating members and groups about their health care barriers
Disease management and our workplace wellbeing consultants provide help for making positive changes at home.

3. Empowering groups and members to feel their best
Digital tools and financial resources support personal and community wellbeing.



In 2022, we partnered with

400+

CBOs providing support throughout Upstate New York.

Health care disparities result in about

\$93 billion

in excess medical care costs.

Employers bear a significant portion of this burden.¹

In 2022, we awarded

\$1 million

over the next three years to eight local nonprofits.

(MACHI Grants)

¹ Ani Turner, "The Business Case For Racial Equity: A Strategy For Growth," Altarum/W. K. Kellogg Foundation, July 24, 2018. altarum.org/RacialEquity2018

Our Approach

2. Service Is Simple

Strong benefits and member cards that open doors are essential, but we know that how happy members and employers are with their health plans ultimately comes down to the experience we deliver in real life, every day. That's why we work hard to provide next-level service for everyone.



Our Approach: Service Is Simple

Making every care experience easier

We're here to help members understand their benefits, know how and where to use them, and answer any questions quickly and clearly:



More than **98%**

of all customer care inquiries are answered



within 10 days

2022 Health Plan data

We make things easy for employers too – with a focus on transparency, consistency, and claims processing that avoids frustrations and drives savings:

29 million claims
processed in 2023

(~1.2 million processed through automation)

2023 Health Plan data

99% of claims processed
within 30 days

2023 Health Plan data

\$140 million
prepay savings annually

2023 Health Plan data

\$135 million
post-pay savings annually

2023 Health Plan data

2023 Employer Group Satisfaction:

93%

ease of doing business

97%

claims processing

100%

enrollment

Health Plan data, mid/large employers (>100 contracts)

Our Approach

3. Our Network Is Unmatched. Period.

When you work with the largest nonprofit health plan in the region, the benefits are everywhere. We're talking about the assurance that comes with the largest network of hospitals, doctors, nurses, dentists, eye doctors, ear doctors – you get the idea. No matter where members go, they'll have access to the high-quality care they need, at a price we work hard to keep affordable. After all, isn't that what having coverage is all about?



Our Approach: Our Network Is Unmatched. Period.

Expanding health care access – and your options

You get the peace of mind of a provider network that spans your community, the country, and the globe:



No network is more local

We offer greater access close to home, with more options across urban, suburban, and rural markets.

99% physician participation

100% hospital participation



No network is more national

Extending to every community across the U.S., our BlueCard® program provides unparalleled access from coast to coast.

MORE THAN **65,000** retail pharmacies nationwide

Access to the largest hospital and physician networks in the U.S., with more than

2 million unique, in-network providers



No network is more global

Simply put, we are unmatched in terms of size and scale, and offer coverage wherever in the world life takes you.

Providers in more than **190 COUNTRIES**

THOUSANDS of handpicked doctors and dentists fluent in English

Our Approach: Our Network Is Unmatched. Period.

And it goes beyond in-person visits too



- **MDLIVE® telemedicine** for 24/7 access to both physical and behavioral health care



- **Vori Health* Virtual Physical Therapy** for musculoskeletal (MSK) conditions

Relationships built on better care

Excellus BCBS also works to improve care through Accountable Cost and Quality Agreements (ACQAs), compensating providers for the quality and efficiency of care they provide – not the quantity. **Providers engaged in ACQAs achieved¹:**

>\$2 lower

PMPM cost for members affiliated with an ACQA provider compared to members who are not affiliated with an ACQA provider

12% fewer

emergency department visits

resulting in an annual savings of \$2.7 million last year²

\$116.8 million

savings through clinical initiatives (2019-2022)

\$35.8 million

savings through pharmacy initiatives (2019-2022)

100%

of ACQA providers outperformed non-ACQA providers in key quality measures

2023 Employer Group Satisfaction:

100% satisfaction with the network

Health Plan data, mid/large employers (>100 contracts)



¹ 2022 Health Plan data

² For members affiliated with an ACQA provider compared to members not affiliated with an ACQA provider

* Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium

Our Approach: Our Network Is Unmatched. Period.

Harnessing national strength to drive better care at home

The size and scope of our network doesn't just allow us to improve access to care. It provides us with an incredible amount of data, which we use to continuously improve the quality of care and work to mitigate rising costs. Today, BCBS companies cover¹:

118 million members -

1 in 3 Americans - in all 50 states

>71 million group members -

more than competitors' total book of business

79 of 100

79 of America's Fortune 100 employers

#1 choice for organized labor

18 million unionized workers, retirees, and their families

Owning the largest national data resource in the industry gives us the insight and leverage to change the way care is delivered, creating value for members and their employers:

Blue Cross Blue Shield Association value-based care programs in all of the



Top 100 U.S. markets

and 3x as many value-based care providers as that of our closest competitor²



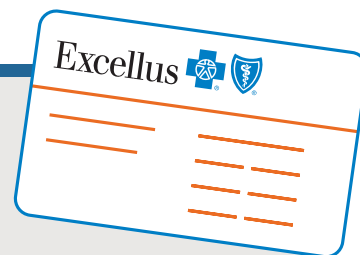
BCBS members have

4-9% lower

total cost of care³



This card



gives members exclusive access to top doctors and high-quality care at a lower cost wherever they live, work, and travel.

¹ Blue Cross Blue Shield Association

² 2019 Value-based program RFI - Topline National Stats, October 2019

³ National Consulting Firm CY2019 Total Cost of Care Benchmark

Care Management Programs



Care Management Programs

A coordinated approach to care management

We look at the whole person and align the right support to their needs, whether they're managing chronic and complex conditions like diabetes, depression, or cancer – or simply want tips to stay healthy.

Utilization Management

Members are connected with the appropriate level of treatment, medication, and care management support to help speed recovery and keep costs in check.

Pharmacy Management

Innovative clinical programs help keep costs low, employees safe, and administration easy, while our on-staff pharmacists review prescriptions to provide an extra layer of protection for members.

Case/Disease Management

Claims data and predictive modeling identify at-risk members, empowering our care managers to provide proactive, individualized support.

Wellbeing Programs

Programs are tailored to the needs of your organization and employees to maximize impact, satisfaction, and savings. Our programs motivate and support overall holistic wellbeing, with focus on all dimensions of physical, emotional, social, and financial health.

Behavioral Health Support

Our Case Management Team includes mental health and substance abuse specialists who are ready to help members break down the barriers to recovery.



Care Management Programs

A proven approach



Identify

We use cost and use-trend data mining, predictive modeling of claims data, and regular inpatient admission and ER visit reports to identify members with urgent needs.



Stratify

We identify and stratify the needs of members based on their level of health risk to make sure they're engaged appropriately.



Engage

Our targeted outreach and engagement plans are implemented by licensed clinicians and can include telephonic outreach, targeted mailings and emails on condition management, reminders about important screenings, and even one-on-one text support.

\$1 billion

in approximate savings over four years from our proactive integrated clinical strategy

Member-centric care provides peace of mind by connecting employees to the right people and programs.

\$7.1 million

in pharmacy cost savings/avoidance through High-Cost Claimant Team interventions in just one year



Delivering peace of mind with every pregnancy

To help put employees and their employers at ease, we developed our specialized **Maternity Care Program**. It combines our care management expertise with technology to help control costs and provide expecting families with the right level of support, when and where they need it. Because when families get the care and resources to give all babies a healthy beginning, everybody benefits.

Key components of our Maternity Care Program:

In recent years,
complications
during pregnancy
and childbirth

increased by
31.5%*

Factor in the average cost of delivery currently topping \$16,000 – plus the business impacts a bundle of joy can bring – and it's easy to see why pregnancy can generate as much anxiety as excitement.



Excellus BCBS Bright Beginnings Maternity Care Management Team

Our on-staff Maternity Care Management Team consists of experts in virtually every area of prenatal and postpartum care, all led by a registered nurse care manager.



Bright Beginnings Program**

Raising a healthy baby begins long before childbirth. The Bright Beginnings program focuses on early intervention, prenatal education, and personalized support during and after pregnancy.



Wellframe® App

For those in the Maternity Care Program, the free Wellframe app provides easy access to self-management tools, educational resources, and support. Moms and dads have access to behavioral health programs addressing everything from maternity issues and general wellness to anxiety and depression.



ProgenyHealth NICU Infant Program**

A stay in the neonatal intensive care unit (NICU) is becoming all too common, with preterm births nearing 10% of all newborn deliveries. Our partnership with ProgenyHealth ensures our newest members receive the best care possible while helping contain the costs associated with their stay.

* 2019 Health of America Report, Blue Cross Blue Shield Association

** Additional group costs may apply, depending on your funding arrangement.

Healing meals delivered right to your employees' doors



Medical recovery can take a lot out of a person. In the days and weeks following a surgery or hospital stay, meeting dietary needs is critical to getting back on the road to wellbeing. However, shopping for and preparing meals is often difficult during this time of healing.

Excellus BCBS helps to support the recovery process by offering to have healthy and balanced meals delivered to your employees' homes through our vendor, **Mom's Meals**¹ – a national provider of fully prepared, refrigerated home-delivered meals.

About the Mom's Meals benefit:



Program menus offer meal options that taste great and can be tailored to meet your nutritional needs, such as lower-sodium, diabetes-friendly, and heart-friendly diets.



To support the recovery following a hospital observation, an inpatient acute facility stay, an inpatient maternity stay, or a skilled nursing facility stay, members can receive up to two free home-delivered meals per day for seven days.



There is no cost to members and no limit on the number of times the benefit can be used during the calendar year.



Meals can be received up to 30 days after discharge.



Care Management Programs

Chronic kidney disease care program

Members who have a diagnosis of chronic kidney disease (CKD) have access to a care program through our partnership with REACH Kidney Care.

REACH is a kidney health management program designed to benefit patients along the continuum of kidney disease, specifically targeting members with Stage 4 & 5 chronic kidney disease (CKD).

At no cost to members, REACH provides one-on-one, individualized care management, both in person and virtually, to help members navigate their health in a way that best fits their life.



CKD Care Management

Personalized care management for people with the highest clinical needs to slow disease progression



Dietary Consultations

Member-centered dietary services offered in collaboration with CKD care management services to help support patient's diet and fluid needs



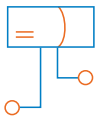
Coordinated Care Transitions

Collaboration with members and providers to support a smooth transition to the members choice of care, including transplant, dialysis, or medical management without dialysis



Kidney Transplant Care Management

Supportive care services for those who receive a kidney transplant to help them sustain the transplant over time



Dialysis Care Management

Individualized care management for people with end-stage renal disease (ESRD)



REACH Clinical Pharmacy

Evaluation of patients' medications to ensure optimal medication therapy to meet the patients' health needs

More than 1 in 7 US adults may have chronic kidney disease¹

Care Management Programs

Wellbeing programs

Our workplace wellbeing services are built on an integrated strategy aimed at maximizing the value of the health plan for employers and improving the overall physical, emotional, and financial health of employees. We provide targeted wellbeing strategies to drive satisfaction, savings, and improved health outcomes.

Workplace wellbeing support, available to Large Groups by request:

- Capabilities Overview
- Workplace Assessment
- Data Review
- Targeted Recommendations
- Advisement and Evaluation of Employer Program Implementation
- Wellbeing Committee Development and Support

Programs that touch every aspect of wellbeing:

Employer Resources



- “Making the Most of Your Health Plan” Presentation to Employees (in person or web-based)
- Wellbeing Toolkits
- Wellbeing Committee Development and Support
- Annual Data Review With Wellbeing Metrics
- Promotional Material Reference Guide

Member Wellbeing Resources



(web-based tools for members)

- ThriveWell
- Headspace**
- Blue365®
- Advance Care Planning
- Wellbeing Blog
- Wellbeing Video Library
- Wellframe App
- Welvie My Surgery^{SM**}

Health Plan Wellbeing Benefits



- Rewards Programs*
- Telemedicine**
- Smoking Cessation
- Pharmacy Home Delivery
- On-site Biometric Screening
- Member Care Management and Behavioral Health Case Management Services

Groups simply contact their broker or Excellus BCBS account manager to **schedule wellbeing consultations** and in-person or web-based presentations.

* Available as a buy-up for all PPO plans

** Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium

Pharmacy Benefits Management

People count on prescription coverage every day to stay healthy, and employees tend to use it more than any other part of their health plan. For businesses, that means pharmacy benefits are a very big part of taking care of employees. The challenge? They can also be a very big driver of costs.

That's why Excellus BCBS is here to ensure you're getting the most value from your pharmacy benefits, with an approach to Pharmacy Benefits Management that's just as unique as **our overall approach to care:**

1. Our model is built for your benefit

You'll get a partner with both local and national expertise, no biases or conflicts of interest, and the flexibility to create and offer the lowest-cost formulary based on your needs.



Network of 66,000+

national, regional, and local independent pharmacies

2. We bring a more complete approach – and more value

We take a holistic, end-to-end approach, bringing you a complete suite of offerings and innovative programs that drive access, quality, and safety while driving toward the lowest net cost.



\$4 million in medication cost savings

as a result of pharmacy interventions through the High-Cost Claimant Team in 2023*

3. We're driving progress through partnership

We provide a dedicated single point of contact for all aspects of our relationship, including Voluntary Benefits Services. Helpful online tools and resources make it easy to do business with us.



\$6.68 lower cost per prescription

for members affiliated with an ACQA provider in Rx savings due to cost-effective and appropriate prescribing

4. The experience is easy – for everybody

We provide a seamless, personalized experience for members and employers at every step, whether it's simplifying compliance, integrating vendor solutions, or answering questions for members.



99% of pharmacy-related

customer service calls resolved on first call

*Cost savings based on 2022 claims experience for members engaged in CM
Based on internal data reporting from 2019-2022

When powerful pharmacy solutions meet personalized care, everybody benefits

The Excellus BCBS team helps to keep costs lower and your workforce safe. It's about improving medication adherence and management to maximize savings and enhance care for your team, and it starts with a number of proven programs.

New to Pharmacy:

Price Assure™¹



Price Assure offers a seamless way for your employees to potentially save money on certain non-specialty generic drugs at the point of sale. When an employee fills a prescription at an in-network pharmacy that participates with GoodRx®, the benefit cost is automatically checked against pricing available through GoodRx, and your employee automatically receives the lower price when applicable.

Price Assure is a program available through our agreement with Express Scripts. Express Scripts is an independent company providing pharmacy services. TM Trademarks of Express Scripts Strategic Development.

Smart RxAssist²



The Smart RxAssist Program helps reduce out-of-pocket costs for medical benefit specialty drugs by adjusting copays by maximizing them to accommodate the greatest savings.

Excellus BlueCross BlueShield has contracted with HealthSmartRx, an independent company, to provide Smart RxAssist program benefits to our members.

Site of Care³



As of 1/1/2025, all routine infusions out of high-cost hospital settings will be transitioned into the comfort of a member's home or low-cost infusion center to help with member convenience and accessibility to care while lowering costs.

1 Embedded for Self-Funded groups starting 6/1/24 excluding minimum premium and article 47.

2 Opt-in program available starting 7/1/24 for Self-Funded groups excluding minimum premium and article 47.

3 Starting 10/1/24, this will be an opt-in for Self-Funded groups upon renewal. Starting 1/1/25, this will be automatically embedded for Fully Insured groups and will be opt-in for minimum premium and article 47 groups upon renewal.

Care Management Programs

Your local, dedicated pharmacy concierge

Reduced pharmacy costs – guaranteed

The Pharmacy Concierge program focuses on controlling costs by driving appropriate utilization of medications while ensuring members are benefiting from clinically appropriate therapies.

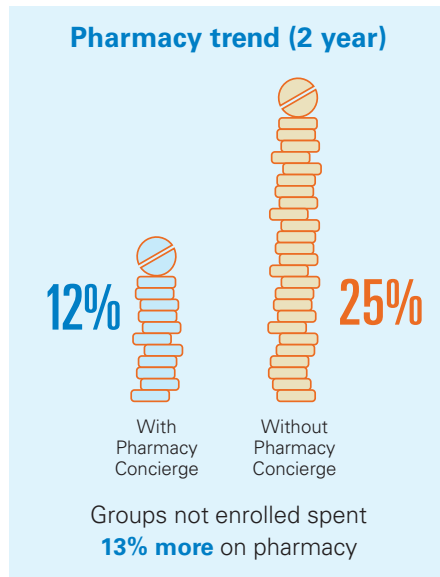
Your dedicated Pharmacy Concierge Team will work with you to create a comprehensive savings strategy, taking a wide range of variables into account. Some of these opportunities include:

- Multi-source brands
- Dose efficiency
- Channel optimization
- Polypharmacy review
- High-cost generics
- Dosage-form optimization
- Specialty Rx
- Healthier members

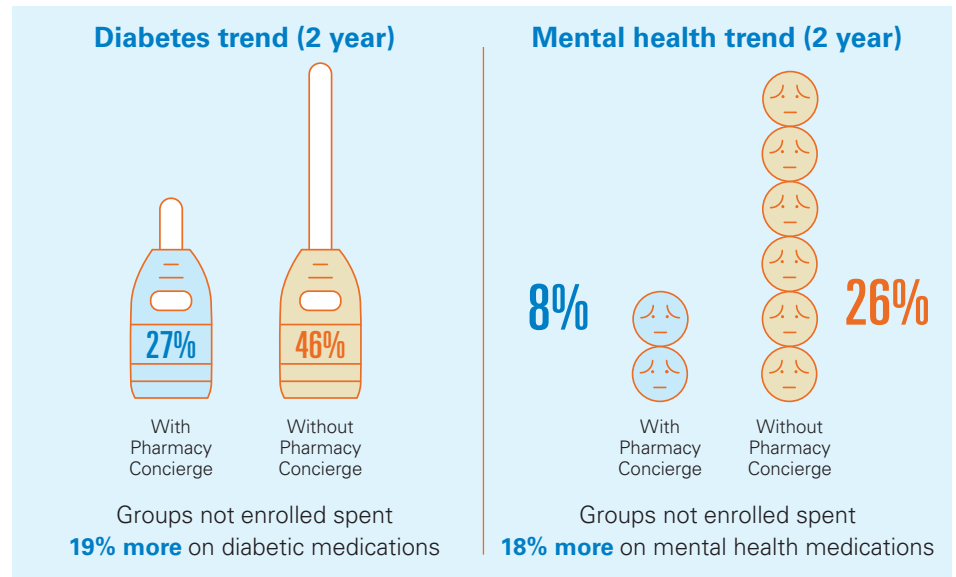
Proven savings: Mitigating Rx trend

Excellus BCBS GUARANTEES savings; the investment is risk-free. If we do not meet our guarantee, we will reimburse the difference – there is absolutely zero risk.

Self-Funded group trend



Two high-spend therapeutic classes



 **\$3,151**

average annual savings per converted drug

 **Over 12 million**

pharmacy claims analyzed

 **7,159**

members with a converted prescription



\$19 million+ IN TOTAL Rx SAVINGS

In 2023, a corporation with 3,900 members exceeded their guarantee by over \$176,000. This resulted in a nearly 3:1 return on investment and a savings of nearly \$6 per member per month.

SECTION 3

Self-service Support Tools & Resources



Self-service Support Tools & Resources

Wellbeing for all, all in one place

ThriveWell* is a digital home base dedicated to engaging teams in health and wellbeing, supported by Virgin Pulse.

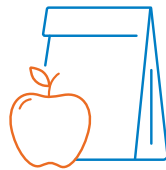
Our partnership with Virgin Pulse gives employees the tools to make small, everyday changes to their wellbeing that are focused on the areas they want to improve the most. They'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.

Virgin Pulse will be transitioning to the Personify Health name and brand over the coming months. Members will continue to use and engage with Virgin Pulse throughout 2024.

Within ThriveWell, employees have the ability to:



Connect a fitness tracker so they can log activity and watch for small improvements over time.



Set their interests by choosing to work on areas that matter the most to them, like eating habits, sleep, physical activity, relationships, or finances.



See a clear picture of their health with a certified Health Risk Assessment (Health Check).



Add friends and family, connecting with up to 10 others to help encourage and motivate one another.



Gather coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.



Use the digital coaching tool to make simple changes to their health, one small step at a time.

* Embedded for all Fully Insured group plans with the exception of Minimum Premium arrangements. Buy-up option available for Minimum Premium and Self-Funded group plans.

Virgin Pulse is a separate company and offers a digital wellbeing service on behalf of Excellus BlueCross BlueShield, a nonprofit independent licensee of the Blue Cross Blue Shield Association.

Self-service Support Tools & Resources

Healthy employees help drive business forward

Our suite of rewards programs is designed to provide employees with helpful incentives for getting and staying healthy. Based on the incentives groups are looking to offer, we have several different plan types available.

90%












































of members are more effective in their role at work

18%

reduction in absenteeism

\$1,029

per member average claims cost reduction¹

	ThriveWell*	ThriveWell Rewards**				
Features		1	2	3	4	5
Annual Rewards		\$1,000	\$500	\$600	\$500	\$1,000
Health Risk Assessment (Health Check)						
Health Risk Assessment (Health Check) Reward		\$25	\$25	\$50	\$20	\$25
Preventive Screening/ Annual Exam Reward					\$30	\$30
Journeys® Digital Coaching						
Daily Cards						
Healthy Habits						
Challenges						
Fitness & Sleep Tracking						
Media Library						
Employer Branding						

* Embedded for all Fully Insured Large Group plans with the exception of Minimum Premium arrangements. Buy-up option available for Minimum Premium and Self-Funded group plans.

** Buy-up for all Large Group plans. Annual reward total reflects the amount that can be earned for subscriber/spouse or domestic partner contract.

¹ 2018-2023 data provided by Virgin Pulse

Self-service Support Tools & Resources

How rewards are earned

Rewards are a combination of a points-and-levels game structure with the addition of specific action rewards. This setup allows employees to focus on a few specific actions to earn a reward and will also give them a game experience of working through levels.

Employees will start by registering and setting up their online account for points. As they complete healthy activities such as step tracking, Journeys, and Daily Cards, they'll move through levels and continue earning points. When they reach milestone levels, they'll unlock Pulse Cash rewards that they can redeem for gift cards and merchandise.

For rewards packages 1, 2, and 3,

action rewards can be earned by completing the Health Risk Assessment (Health Check).

For rewards packages 4 and 5,

action rewards can be earned by completing the Health Risk Assessment (Health Check) and by completing a preventive screening.



52%

of members reported decreased stress levels, critical for mental health*

68%

of members improved clinical health metrics across BMI, blood sugar levels, and blood pressure*

66%

of high-risk hypertensive members reduced blood pressure*

78%

of member respondents have developed more positive daily habits

Self-service Support Tools & Resources

ThriveWell certified partners

Groups have the option to customize their employees' ThriveWell home base with several of Virgin Pulse's certified partners.

These programs focus on the physical, mental, emotional, and financial wellbeing of your employees.

Name	Description	Cost
Headspace*	Transforms employees' health and happiness with Headspace's mindfulness training, so you can help your employees manage everything from stress and anxiety to focus and sleep. This will be embedded in all Fully Insured group plans.	\$
Koa Health	Provides effective, accessible mental health resources across the continuum – addressing the need to support employees and meet their needs at all points in their unique journey.	\$
Wellbeats	Empowers your employees with fitness, nutrition, and mindfulness classes that fit their new normal. Wellbeats' high-quality, expert-led fitness classes offer something for everyone, whether they are an expert at yoga or new to running, are looking for ways to relieve stress, or only have five minutes to unwind.	\$\$
Gympass	Offers access to gyms, studios, and a suite of online classes so employees can stay active and well wherever they are. Whether your company is in person, remote, or somewhere in between, Gympass supports every employer and employee.	\$\$\$\$
Noom	Provides a clinically validated digital weight management program to help users achieve and maintain a healthy weight through personalized content, tracking tools, and one-on-one coaching and community support.	\$\$\$
Monj	Offers a nutritional and weight-loss digital program backed by behavioral science. Monj Health provides a mix of coaching, skills-based learning, and rich digital curriculum to address and reverse the largest causes of lifestyle-related imbalance and disease.	\$\$


* Embedded for Fully Insured Large Groups

Help employees manage everything from stress and anxiety to focus and sleep

Headspace, integrated with Virgin Pulse, is our preferred mindfulness and meditation partner. We're proud to include it as an embedded offering with all Fully Insured Large Group plans.

Headspace for Work

This mental health benefit creates lasting change for organizations looking to improve employee happiness and workforce performance while cultivating a culture of mindfulness. The science-based app offers your team access to hundreds of meditations and exercises for stress, focus, sleep, and movement. Our partnership with Virgin Pulse provides for curated access to Headspace. With Headspace, employers can gain insight into the health and wellbeing of their workforce, encourage healthy habit-building, and cultivate better resilience among employees.



- Accessible platform offers 20-30% adoption, on average
- Includes preventive support for stress, anxiety, depression, sleep, and more
- Connects users with diverse experts and inclusive content
- Turnkey employee engagement campaigns can help drive adoption
- Admin portal helps employers manage members and measure success

Users Reported:

Reduced stress

32%

less stress after 30 days of Headspace¹

Improved focus

22%

less mind-wandering after one session of Headspace²

Decreased depression and anxiety symptoms

29%

decrease in depressive symptoms after eight weeks of Headspace³

19%

decrease in anxiety symptoms after eight weeks of Headspace³

¹ Headspace peer-reviewed paper in PLOS One

² Department of Psychology, University of Southern Denmark

³ Headspace peer-reviewed paper in American Psychological Association

Virgin Pulse is a separate company and offers a digital wellbeing service on behalf of Excellus BCBS.

Self-service Support Tools & Resources

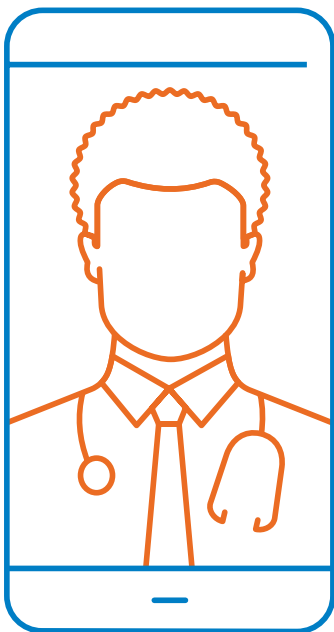
Telemedicine

We understand that absence from work due to both office visits and illnesses alike impacts your clients' business productivity and, ultimately, their profitability. But it's as important as ever to get the necessary medical and behavioral health care when it's needed.

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, office, or on the go. Through our partnership with MDLIVE and Vori Health, you'll receive the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

Digital Physical Therapy

Members receive virtual access to a holistic team of specialty medical doctors, physical therapists, health coaches, and nutritionists.



The telemedicine program is included automatically for all Fully Insured businesses.

Behavioral Health Services

Employees can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of their home. Behavioral health appointments can be scheduled as needed or on a recurring basis with the same provider.

Telemedicine through MDLIVE will be covered in full for all Excellus BCBS members.*

When to use telemedicine:

- If a primary care doctor is not available
- Instead of going to the ER or an urgent care center (for a non-emergency issue)
- If traveling and in need of medical care

Our telemedicine program helps:



Reduce costs while increasing employee access to high-quality health care



Decrease absenteeism and improve productivity by reducing visit times



Increase member peace of mind by providing care in the comfort and safety of their home

Behavioral Health Telemedicine for:

- Addiction
- Anxiety
- Bipolar Disorders
- Depression
- Eating Disorders
- Grief and Loss
- LGBTQ Support
- Panic Disorders
- Stress
- And more

Medical Telemedicine for:

- Allergies
- Asthma
- Cold and Flu
- Constipation
- Diarrhea
- Fever
- Joint Aches
- Nausea
- Pink Eye
- Rashes
- And more

* Subject to deductible where applicable. (Buy-up for Self-Funded.)

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

Telemedicine

Make big moves in musculoskeletal (MSK) management

Musculoskeletal disorders (MSDs) are one of the leading drivers of health care expenses in the U.S. and are the second-highest cost for the health plan. Currently, in-person physical therapy (PT) compliance is a known issue, and the lack of follow-through creates greater downstream costs and complexity. Excellus BCBS offers virtual MSK (back, neck, and joint) health care and physical therapy services to our members. These services are administered by Vori Health, an independent company.

Virtual PT can help:

- **Reduce** unnecessary invasive treatments and trips to the emergency room, resulting in lower overall costs
- **Reduce** absenteeism, resulting in higher work productivity
- **Increase** physical therapy engagement, resulting in better quality of care
- **Increase** ease and speed of access to care, resulting in better compliance with treatment

The Virtual PT benefit is included for all Fully Insured groups and offered as a buy-up for Self-Funded and Minimum Premium groups.



In 2021,

\$800 million

was spent by the health plan for MSK-related costs*

(Not inclusive of direct and indirect costs related to workers' compensation)

MSDs accounted for a median of

8 days

away from work**

In 2021, an estimated

9.5 million

visits were made to the emergency room for MSK conditions***

* "Work-Related Musculoskeletal Disorders and Ergonomics," Centers for Disease Control and Prevention [CDC], 2019.

** Health Plan data

Self-service Support Tools & Resources

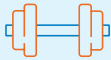
Vori Health is a nationwide specialty medical practice delivering a virtual-first, digital MSK solution to help your employees get back to their lives faster. With **Vori Health**, employees will get access to:



**Convenient
video visits**



**Medical evaluation
and diagnosis**



**Personalized treatment, including
physical therapy and more**

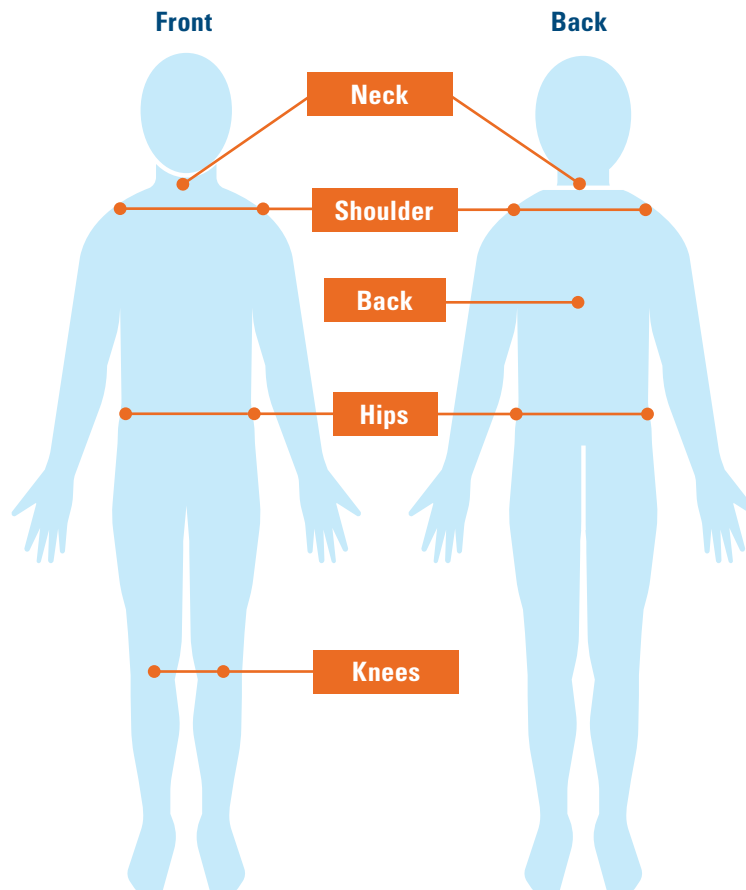


**Non-opioid pain medication
and imaging if needed**



**Support to help manage pain,
regain strength, and enjoy life**

**Here are some of the common areas treated by
Vori Health orthopedic specialists:**



Vori Health is an independent company that offers virtual musculoskeletal (back, neck, and joint) health care and physical therapy services to Excellus BlueCross BlueShield members. Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium

Self-service Support Tools & Resources

Empowering the whole team

When members sign up for an Excellus BCBS online member account, they get instant access to all their benefits, tools, member-only resources, and more.



Member Card(s)

View or order



Claims

Submit, view, and download



Register or Log In Today

Visit [ExcellusBCBS.com](https://www.ExcellusBCBS.com)



Find Providers

Find in-network doctors or specialists



Costs and Spending

Estimate medical costs, track deductibles, view out-of-pocket spending

Members can take their health plan with them 24/7



Benefits and Coverage

View a summary



Get Rewards

Access available spending and rewards programs

Download the app!



Go Paperless

Receive available documents electronically

5 Easy Steps It's easy to get started with an online member account.

1.

Have member card handy

2.

Visit our website or download our app

3.

Complete registration

4.

Choose username and password

5.

Verify email

(Tip: An email will be sent during registration)

Every member will have access to personalized information based on their own plan. Creating an account is easy. **To get started, visit [ExcellusBCBS.com/Register](https://www.ExcellusBCBS.com/Register).**

Self-service Support Tools & Resources

Care that's always in your corner

Free to all Excellus BCBS members, the Wellframe app helps members take control of their health each and every day.



The Wellframe app is a convenient way for members to receive confidential, text-based, one-on-one outreach from our care managers by using a smartphone or tablet. They'll get guidance, support, and a personalized care plan to help achieve their health care goals.

- Employees and their families connect conveniently via text with licensed health care professionals when they need advice or support.
- Using these one-on-one conversations and member data, we develop personalized care plans to keep employees healthy and complex conditions in check, lowering medical costs.
- Through a 10x increase in contact opportunities, we've made it easier than ever to stay engaged.



**Free mobile health support
for smartphone or tablet**

Wellframe is an independent company that provides a health and wellness support mobile app to Excellus BCBS members.

Self-service Support Tools & Resources

Continuous care at their fingertips

Wellframe can give employees free access to help manage issues like:

- Substance Use
- Anxiety
- Depression
- Coronary Artery Disease
- Congestive Heart Failure
- Diabetes Management
- Maternal Health
- High Blood Pressure
- Asthma
- Stress Management
- Weight Loss
- Smoking Cessation
- Emotional Wellbeing

80%

of Excellus BCBS members on Wellframe have successfully addressed a health issue

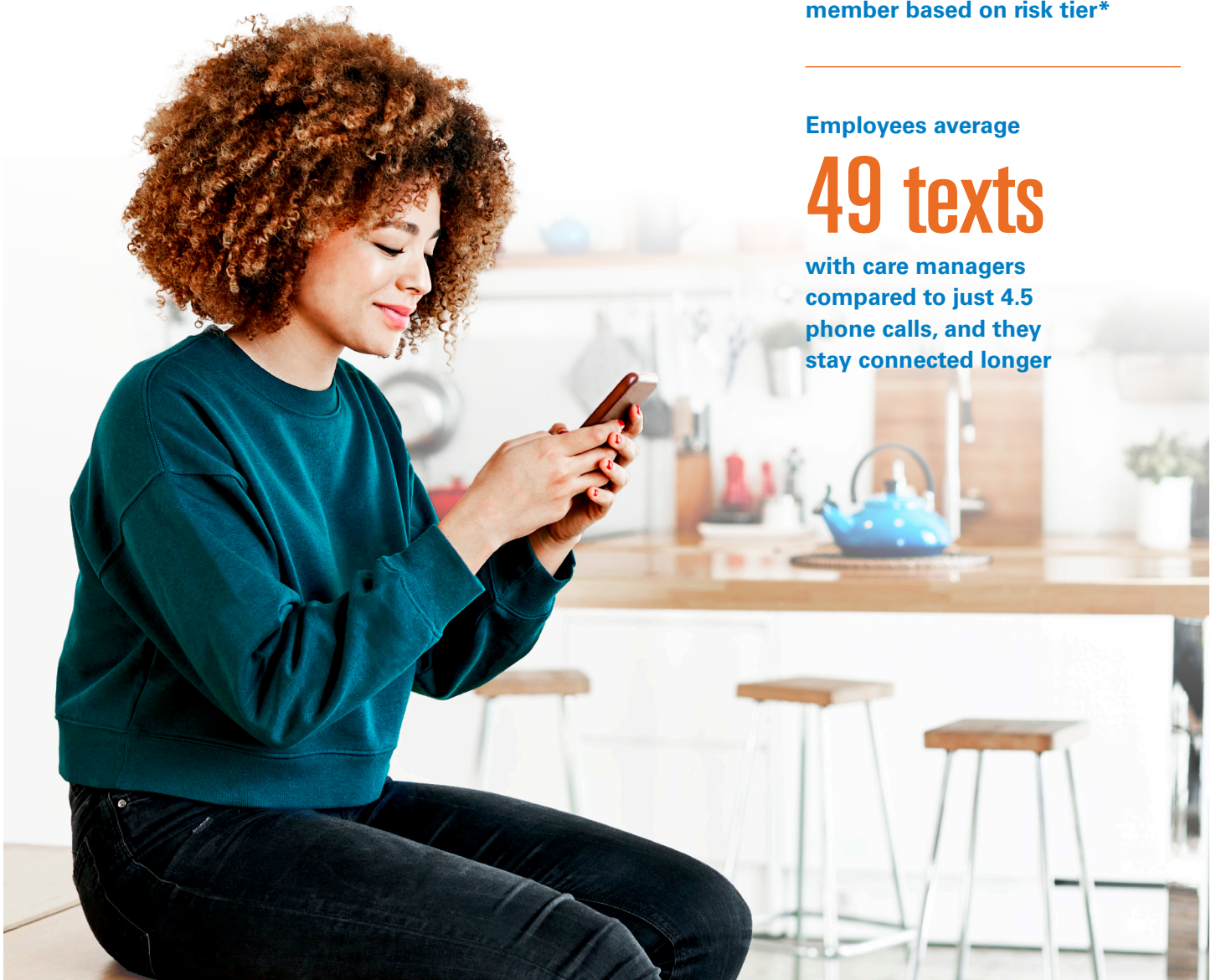
\$500- \$2,000+

saved per Excellus BCBS member based on risk tier*

Employees average

49 texts

with care managers compared to just 4.5 phone calls, and they stay connected longer



* 2018 Health Plan data provided by Wellframe

Self-service Support Tools & Resources

Surgery decision support with Welvie

Improving health, enhancing care, and lowering costs

Surgery is often a huge decision – and at times, a scary one. While there have been many great advances in technology and practice, there are still very real risks. Adding to the concern, 50% of some surgeries may not be medically necessary.¹ It's a decision that requires careful consideration. Yet when a doctor mentions surgery, very few question it. **We offer Welvie My Surgery to inform, empower, and give employees what they need to make the best choices possible.***

It pays to know Welvie – \$25, in fact.

Employees will get a \$25 Amazon gift card for completing Steps 1-3 of the Welvie My Surgery program and a short survey.

The gift card is available to them and any covered family members once every 365 days.

Help weighing their options

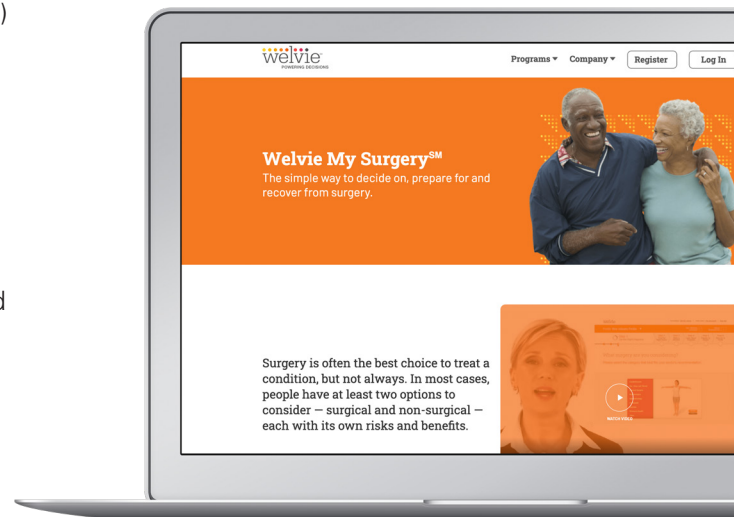
In six easy steps, Welvie My Surgery guides employees through the entire surgery decision-making process. They'll learn how to work with their doctor to:

- Make sure they have the correct diagnosis
- Explore surgical and non-surgical treatment options
- Prepare for and recover from surgery (if surgery is chosen)

Armed with these new insights, employees can have more-meaningful conversations with their caregivers about creating the best possible outcome.

Proven results²

- Savings of \$7.89 per member per month on surgery spend
- 93% said they were better prepared for their surgery
- 99% said they were better informed about their surgery



¹ Peter Whoriskey and Dan Keating, "Spinal Fusions Serve as Case Study for Debate over When Certain Surgeries Are Necessary," The Washington Post, October 27, 2013.

² "Evaluation of the Shared Decision Making (SDM) Health Care Innovations Awardees Third Annual Report," Acumen LLC, February 7, 2017.

Welvie is an independent company that provides a surgery decision program to Excellus BCBS members.

* This self-guided tool is available to all Fully Insured Large Group plans. Buy-up for Self-Funded and Minimum Premium groups. Subject to final approvals.

Integrated Benefits & Services



More complete wellbeing is in sight with Simply Vision plans

Vision and eye health are essential to overall wellbeing. Beyond helping employees see more clearly, regular eye exams can help catch underlying eye diseases and other health conditions like high blood pressure and diabetes early,¹ preventing permanent vision loss or blindness and preserving long-term eye health and quality of life. Through Simply Vision plans, Excellus BCBS can help make it affordable to make eye health a priority.

Simply Vision plans provide coverage that is:

Local

Our nearly 90 years of experience serving our Upstate New York neighbors gives us unique insight into what your clients and their teams want and need to get and stay healthy. As a nonprofit invested in our local community, we proudly pass savings directly on to our members and into things like community health programs or grants.

Comprehensive

Every Simply Vision plan includes low-cost eye exams to catch vision and health concerns early, plus benefits for corrective eyewear, including frames, lenses, and contact lenses, as well as options for covering contact lens evaluations. All employees have access to great discounts on lens add-ons, additional pairs of eyeglasses, LASIK services, and other great extras just for being a member.²

Affordable

Competitively priced plan options and multiple contribution options give groups flexibility to select premiums that fit both their and their employees' budgets. And low member out-of-pocket costs, including fully covered and low-cost frame options, make it easier for employees to get care they need.

Convenient

Through our partner, Davis Vision, employees have access to a large network that includes nearly 900 provider locations in the local Excellus BCBS network area and 152,000+ points of access nationwide,³ including independent eye care professionals, four of the top five eyewear retailers, and online retailers.

Simple

Simplify your benefits administration with a single point of contact for all health care benefits, plus streamlined implementation and administration with combined enrollment forms and a unified online bill pay system.

¹ "Vision Health Initiative: Keep an Eye on Your Vision Health," Centers for Disease Control and Prevention [CDC], October 2020.

² Not all providers participate in Davis Vision Discounts, including the fixed lens option pricing. Members should contact their provider prior to scheduling an appointment to confirm if the provider offers the discount and fixed lens option pricing.

³ Davis Vision, January 2021

⁴ Vision Council of America, Vision in Business, 2016

Davis Vision is an independent company providing vision benefit management services and access to their network.

\$8 billion

the annual cost in sick days, lost productivity, and medical bills due to vision disorders⁴



Explore coverage options and compare plan designs within the Blue on Demand quote tool

Large Group dental package options

With Dental Blue Options, groups get comprehensive dental coverage with the flexibility of choosing from a variety of coinsurance, deductible, and annual maximum options. Emphasizing preventive care, Dental Blue Options help employees maintain their complete oral health, reducing the need for more costly dental care in the future.

164 million

hours of work are lost every year due to dental disease*

Pooled:

50 or fewer eligibles

(groups self-report regarding their number of eligibles)

- For pooled groups, we require a minimum of five enrolled to add Orthodontic benefits
- There is a maximum of 50% coinsurance for Class III

Non-Pooled:

51+ eligibles

- Only non-pooled groups can offer more than one plan option

Contributory:

Minimums of 50% participation and 25% contribution

Voluntary:

Minimum of 20% participation

Medical and dental integration = happier employees and lower health care costs:

- Comprehensive dental care keeps employees healthy and helps reduce costs
- Integrated dental and medical coverage helps us understand current disease status as well as risk for disease, ultimately reducing health care costs
- Disease prevention communications and outreach enhance benefits and help keep employees healthy

With Excellus BCBS, members get:

- One-stop shop for comprehensive medical and dental coverage
- Flexible benefit options
- Competitive rates
- Easy access to a broad network of providers
- Large network of dental providers with plans including National Dental GRID+ DenteMax
- 100% employee-paid options available
- Local carrier with strong ties to the community



* "Oral Health in America," U.S. Department of Health and Human Services [DHHS]

Shop by Design for Dental

Shop by Design for Dental brings you the highest level of flexibility for dental benefits. You can choose from a wide variety of product options and tailor a dental plan directly to their needs and budget. To make the process even simpler, the tool walks you through every step and suggests potentially beneficial options you may not have considered.



Explore coverage options and compare plan designs within the Blue on Demand quote tool

Shop by Design for Dental 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

Shop by Design for Dental:

PROVIDER NETWORK	
Network Options	Choose to stay local or expand to national coverage
CORE BENEFIT SELECTION	
Class I	Preventive and diagnostic options to keep members healthy
Class II	Keeps the cost of basic services under control with a wide variety of cost share options
Class IIA	Provides the option to cover services like Oral Surgery, Extractions, Periodontics, and Endodontics the same as Class II or Class III
Class III	Includes cost share options for potentially expensive services like crowns, bridges, dentures, and implants; you also have the option to not cover these services
BENEFIT LIMITS	
Deductible	Wide range of deductible options to fit every budget
Annual Maximums	Wide range of annual maximum options; Annual Maximum Rollover benefit available
Orthodontic Lifetime Maximum	If applicable, our options help control costs
Dependent/Student Coverage	Multiple options to help keep rates down

Integrated Benefits & Services

Dental Preferred Packaging

Making it simple to build a plan

Dental care is essential to keeping your employees healthy, happy, and productive. With proactive, preventive care initiatives and outreach, we can reduce the risk of serious disease – keeping your employees safe and costs down.

To help make selecting the right plan easier, we've created four package options that vary in coverage.



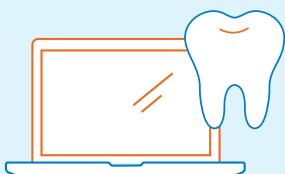
Explore coverage options and compare plan designs within the Blue on Demand quote tool

Preferred Package Descriptions	PREVENTIVE	LOW	MID	HIGH
	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%*	50%*
Ortho Max	N/A	N/A	\$750	\$1,000
Waiting Periods	Six-month waiting period based 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

Cost shares reflect member responsibility.

* Subject to deductible

In addition to dental preferred packages, **dental plans can be fully customized to suit your unique needs.**



EASY ACCESS TO DENTAL CARE

Our provider search tool – [ExcellusBCBS.com/FindADentist](https://www.excellusbcbs.com/FindADentist) – makes it easy to get in touch with a dentist near you.

Dental Annual Maximum Rollover

Regular dental visits can greatly reduce the occurrence of major oral health issues, saving money for both employers and employees. The **Dental Annual Maximum Rollover** from Excellus BCBS incentivizes preventive care by rewarding employees with funds they can roll over to use as needed in the future.

Dental Annual Maximum Rollover Designs

	Plan Annual Maximum	Rollover Threshold	Rollover	Rollover Account Maximum
	The Annual Maximum Rollover Design is based on the dental plan Annual Maximum	Maximum claims a member can incur cannot exceed this threshold amount	The dollar amount added to the plan Annual Maximum for future years	The maximum amount of rollover dollars that can be kept in the Rollover Account
Scenario 1	Less than \$1,000	\$350	\$125	\$500
Scenario 2	\$1,000 to \$1,999	\$500	\$250	\$1,000
Scenario 3	\$2,000 or more	\$1,000	\$500	\$1,500

Let's take a look at how it works:



1. Employees can roll over a portion of their unused amount in their annual maximum to the next year if they submit at least one paid dental claim and do not exceed the rollover threshold.
2. This incentivizes employees to visit the dentist for preventive care, which can help minimize major dental issues.
3. Funds that roll over are added to the next year's annual maximum to be used for future treatment.

Groups new to enrolling in our dental plan are able to keep any accrued rollover account funds from another plan when they enroll in a dental plan that includes the Annual Maximum Rollover benefit. We will match the funding members have with a competitor, up to the Rollover Account Maximum.¹

To learn more about our dental plans, contact your sales consultant, visit [Blue on Demand](#), or see more at [ExcellusBCBS.com](#).

¹ Proof of rollover account funds will be required upon enrollment.

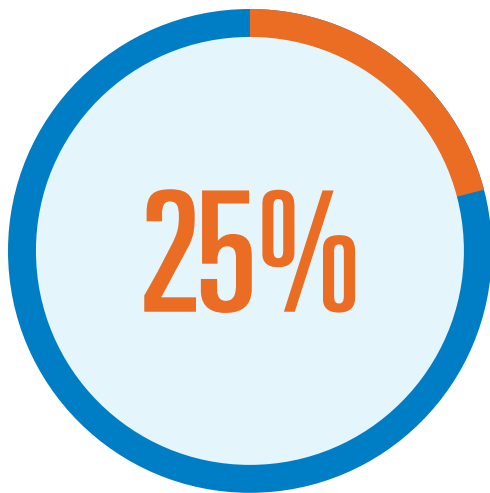
Stop loss insurance

Help for when catastrophe strikes

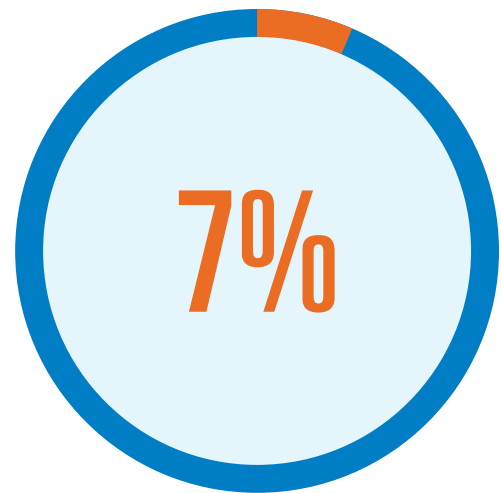
Every day, you and your team strive to exceed expectations and keep your organization thriving. But sometimes the unexpected happens. That's when you want the support of a proven stop loss partner that's just as invested in your success as you are.

Why stop loss matters

Catastrophic claims are more common and expensive than you may think. The frequency of truly catastrophic claims continues to be alarming. According to the 2023 Aegis Risk Medical Stop Loss Premium Survey:



of respondents had claims of more than **\$1M**



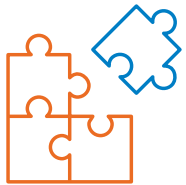
had a claim in excess of **\$2M**



Stop loss coverage offers a layer of protection against claims that can seriously disrupt your business.

Coverage that's connected, accountable, and simple

We are an experienced, consistent underwriter of stop loss policies. That means you can count on data-driven care, fewer administrative headaches, and coverage that does what it's actually supposed to do.



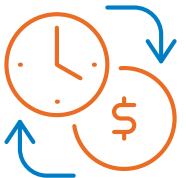
An integrated approach to care

By rolling stop loss in with medical and pharmacy coverage, we can use real-time member data to help prevent catastrophic events. The result: pricing consistently below the industry's average stop loss trend.



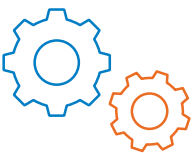
Relationships built over three decades

Between our network and our agreements with providers, we're able to negotiate some of the most competitive rates in New York state. Plus, with our BlueCard network, you can get great savings in all 50 states.



Reimbursements when they matter most

With wire transfer availability, we can make deposits directly into your health plan account – with funds immediately available. We can also provide credit to claim billing for extraordinary, large reimbursements.



Administration without the frustration

We make it easy to work with us. One point of contact for billing and customer service. Direct access to underwriters. And one consolidated bill for ASO administrative fees and stop loss payments when you also have medical through us – with no need to verify enrollment between carriers.

Our approach to stop loss ensures that your investment is sound, solvent, and affordable for the long term. So you don't have to think about the unexpected and can deliver on your core business goals.

Integrated Benefits & Services

Administrative services: Integration simplifies things for everyone

Health insurance administration is complicated. It takes time and attention to do it right. So while it may seem like clients could save money by tackling it themselves or outsourcing to a third party, that might actually be taking a step backward.

With more than 40 years of experience, our partner, Lifetime Benefit Solutions (LBS),* an independent company that offers administrative services, is a national leader in developing and delivering workplace management solutions. That means they offer the tools and valuable support to help groups remain compliant while improving both efficiencies and bottom lines, which means employers can save more by focusing on other business priorities.

LBS provides a valuable solution that includes:



- A comprehensive, integrated platform for all spending accounts (HSA, HRA, Health Care/Limited Purpose FSA)
- 24/7 access to manage spending accounts (online and mobile app)
- Quick and easy access to all account funds, including balances, transaction history, provider payment, and/or reimbursement requests; use of a convenient LBS Health Spending Card
- Local customer service
- Virtually paper-free administrative process, with automated email alerts and monthly account summaries available online
- All year-end tax reporting

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

Integrated Benefits & Services

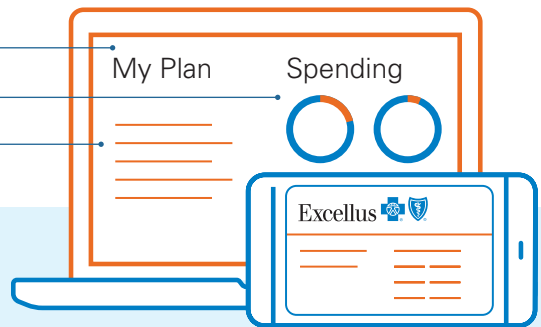
Spending accounts: An integrated approach for members

With the growing popularity of consumer-driven health care, Excellus BCBS has partnered with LBS to offer an effortless spending account experience for our members. Providing a single, integrated source of information for their various benefit accounts makes it easier for members to manage their health care dollars and keep track of their spending.

Unified digital experience

We're combining the digital member experience between Excellus BCBS and LBS to deliver a comprehensive source of essential member benefit information, all in one place. High deductible health plan members already have access to a convenient member dashboard, providing access to tools and information that make the most of their plan:

- View benefits, coverage, and claims
- Estimate out-of-pocket medical costs
- Find in-network doctors



Members can also view their LBS spending account balance(s) and transactions, including deposits and contributions, right from their Excellus BCBS online account and on the Excellus BCBS mobile app.

Excellus BCBS online account and mobile app available details may vary.

Types of spending accounts

Health Savings Accounts (HSA)

A member-owned, tax-advantaged funding account that can be used with certain high deductible health plans. Funds roll over each year, never expiring, and can be used to pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, and more.

Flexible Spending Accounts (FSA)

A smart, simple way to set aside money, tax-free, to cover eligible, non-covered medical or dental expenses. Because contributions are made before taxes are deducted from a member's pay, they reduce the member's total taxable income and members get to keep more of what they earn.

Health Reimbursement Accounts (HRA)

An employer-funded, tax-sheltered account that allows members to pay for certain out-of-pocket health care expenses. One of the more customizable spending account options, HRAs give groups full discretion over the plan design and year-to-year fund carryover (within IRS guidelines). Currently, LBS has the ability to effectively administer 99% of existing HRA plan designs.

In 2020, HSAs and FSAs became more flexible with the passing of the CARES Act. Now, members can use these accounts to purchase common items like feminine-care products and over-the-counter (OTC) items without a prescription.

Integrated Benefits & Services

Compliance is easier with a proven partner in your corner

The regulatory requirements of your health and benefits plans can be complicated. But they don't have to be. Through our partnership with LBS, Excellus BCBS can offer tools, services, and support to help you confidently manage your compliance.



Plan-drafting services

LBS can help you keep crucial regulatory documentation updated and accurate as plan details and circumstances change. Available services include Summary Plan Descriptions, Plan Documents, Summaries of Material Modification, and Plan Amendments for the following products:

- Pretax Premium – Premium Only
- Health FSAs
- Health Reimbursement Arrangements
- Fully Insured Medical, Dental, and Vision Wrap Arrangements



Preparing your Form 5500

Employee Retirement Income Security Act (ERISA) health and welfare benefit plans, including health FSAs, are required to file a Form 5500 electronically each year. This regulation applies to any plan with 100 or more participants at the beginning of the plan year. LBS can prepare these forms for all of your plans and send them to you with detailed instructions on how to file them through EFAST2 on the Department of Labor's website.



Providing access to essential nondiscrimination tests

LBS also offers a nondiscrimination testing website that includes certain required tests from the IRS and instructions on how to use them. Tests are performed instantly once your data is submitted, and you'll have access to printable reports showing your results. Depending on your plan design, you will be given access to the following tests:

Cafeteria Plans:

- Eligibility
- Key Employee Concentrations

Health FSA:

- Eligibility
- Benefits

Integrated Benefits & Services

LBS takes the complexity out of COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is a federal law that requires most employers to offer continuing health coverage to qualified beneficiaries who lose their coverage due to a qualifying event. Administering your own COBRA requires a thorough understanding of the law – or you could lean on the support of the experts at LBS.

They are here to:

1. Keep you ahead of important deadlines

Their experienced COBRA-certified specialists help clients stay on top of their responsibilities.

- 100% of COBRA notifications are completed within the 14-day requirement – 90% are processed in five business days
- Payments are processed the day they are received
- Client requests or inquiries are processed within three business days

2. Provide real-time reporting

LBS offers a variety of detailed reporting features such as:

Financial reporting

- Biweekly disbursements
- Partial payments
- Payment posting logs
- Payment detail
- Billing history

Administrative reporting

- Notified members
- Coverage reports
- Enrolled members
- Premium detail
- Terminated members
- Division reports
- Census reports

3. Streamline rate renewal with an online portal

LBS replaced a time-consuming, paper-based process with a simpler, faster online experience.

- Make rate changes to existing plans
- Add or terminate new plans or carriers
- Change coverage levels
- Get reminders 60, 45, and 30 days before renewal
- Grant access to your broker for help managing the process

4. Deliver 24/7 access to members

LBS's COBRA and Premium Billing mobile app allows members to monitor their account anytime, anywhere.

- View notifications and messages
- Tap to call or email customer service
- Make one-time payments* and schedule recurring payments
- Pay with a bank account or credit card
- Choose a plan and make changes when necessary

2025 Excellus BCBS PPO Plan Designs



A full spectrum of designs: Finding the right fit

With four types of plans and multiple options, we have coverage that's right for every group and every member. Simply narrow down your client's personal approach using these product profiles. You'll see we've used these colors – orange, blue, light blue, and green – throughout the guide to help make it easier to select products with the right profile and features.

STABLE

A comprehensive approach to health insurance, this product design features premiums that cover nearly all your health care costs, even major claims, with very few out-of-pocket costs throughout the year. So you're never surprised by a big bill, and you rarely have to think about your coverage. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something stable, this plan might fit:

- **Signature Copay 1**

BLENDED

With the advantage of moderate premiums, these plans use a blend of deductibles and fixed copays to achieve a combination of predictability and cost savings. So you get the confidence of a comprehensive plan with more freedom than you might expect. Some of these plans can also be combined with an HSA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something blended, one of these plans might fit:

- **Signature Hybrid 1**
- **Signature Deductible 4**
- **Signature Deductible 4 Non-HSA**

BALANCED

These plans balance the predictability of higher copays with the upfront cost savings of lower premiums – without the need for a deductible. So you get a straightforward plan that's free from complicated deductible tracking throughout the year. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something balanced, one of these plans might fit:

- **Blue Simplicity 1**
- **Blue Simplicity 2**

VALUE MAXIMIZING

For those who enjoy managing and maximizing their money, this product design features the lowest monthly premiums and greatest ability to control your own costs. It requires more planning and engagement, which many people embrace, and can sometimes be combined with an HSA – allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something value maximizing, one of these plans might fit:

- **Signature Deductible 3**
- **Signature Deductible 3 Non-HSA**

Looking for a step-down option? How deductibles and cost shares affect rates.

No deductible at all
Signature Copay 1

Adding a deductible on inpatient and outpatient
Signature Hybrid 1

Why is this a step-down from Signature Copay?

Inpatient and outpatient are subject to the deductible, making the plan leaner.

No deductible at all, but higher copays
Blue Simplicity 1
Blue Simplicity 2

Why is this a step-down from Signature Hybrid?

While there is no deductible, the copays are higher, which lowers the upfront rate.

Deductible applies to everything but prescription drug
Signature Deductible 4 Non-HSA
Signature Deductible 3 Non-HSA

Why is this a step-down from Blue Simplicity?

Copay after the deductible Coinsurance after the deductible

Member has a fixed cost **after the deductible**; this can make the copay plan slightly richer than coinsurance after the deductible.*

Deductible applied across the board for both medical and prescription drug
Signature Deductible 4
Signature Deductible 3

Why is this a step-down from Signature Deductible Non-HSA?

Copay after the deductible Coinsurance after the deductible

Member has a fixed cost **after the integrated medical and Rx deductible**; this can make the copay plan slightly richer than coinsurance after the deductible.*

- Stable:** Designed for people who prefer the peace of mind of minimal out-of-pocket costs
- Blended:** Designed for people who want a blend of predictability in out-of-pocket costs and a lower premium
- Balanced:** Designed for people who want the confidence of an easy-to-understand plan with a lower premium
- Value Maximizing:** Designed for people who want the lowest premium and most control over their health care expenses

* There are some deductible/coinsurance plans that are richer than other deductible/coinsurance plans because of the level of cost share for a coinsurance vs. a copay.

Shop by Product Design to find the right fit

With **Blue on Demand**, you can shop and compare medical, dental, and vision plans. With multiple options to choose, we have coverage that works for your group. Conveniently view on a smartphone or tablet and quickly identify options to deliver the right coverage for your business.



Shop experience-rated medical

The Shop by Product Design option will allow you to compare medical base designs and customize benefit and program options for your group.



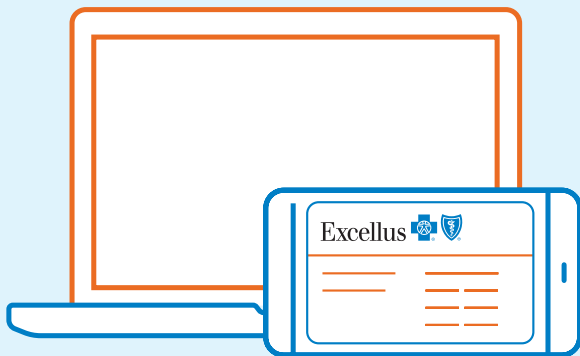
Shop dental

Our Shop by Design for Dental experience and preferred packages allow you to build a dental plan that best fits your groups' needs, suggesting beneficial options you may not have considered.



Shop vision

More complete wellbeing is in sight with our vision plans. Explore coverage options and compare the many plan designs all within the Blue on Demand quote tool. Our competitively priced and multiple contribution options give you the flexibility to select vision premiums that fit your clients' budgets.



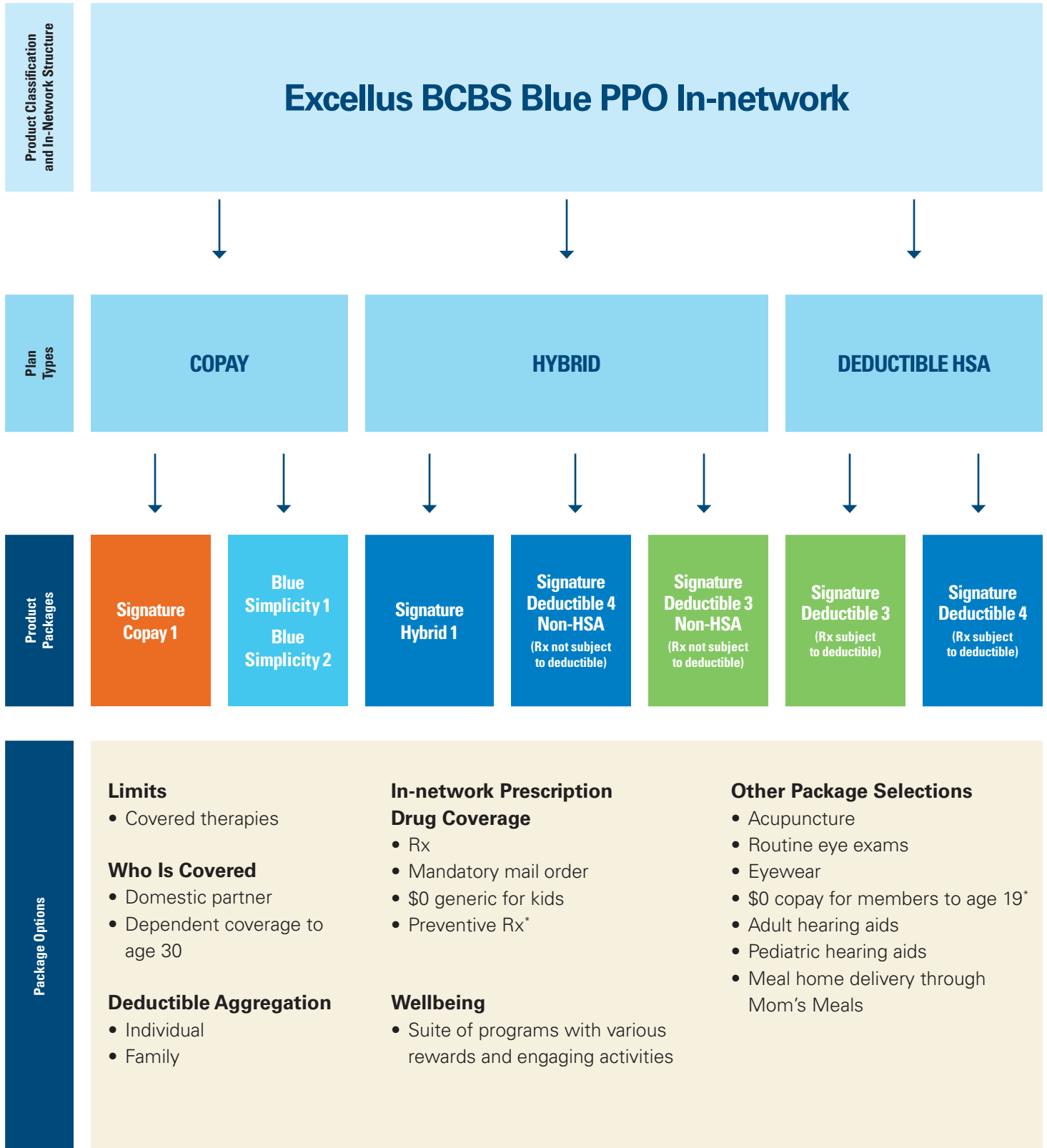
Blue on Demand is recommended for...

- New business quotes looking to match existing benefits
- Existing groups that would like to add a plan
- Groups looking for specific cost share combinations

For additional tools and resources

Visit [ExcellusForBusiness.com](https://www.ExcellusForBusiness.com) and subscribe to receive the latest content you can use to help you find solutions for your business.

Large Portfolio Map



* Available with some packages

Understanding product classifications and plan types

Health insurance products are classified based on where services are administered and the type of coverage the member receives. Historically, many plans were Health Maintenance Organizations (HMOs) and were sometimes viewed as restrictive in that they required members to have a primary care physician (PCP) to coordinate care with specialists within a specific network of doctors and hospitals. All Excellus BCBS Signature designs and Blue Simplicity plans are Preferred Provider Organizations (PPOs) to give members more choices and more control.

PPO

Members receive services from a vast network of PPO doctors and hospitals.

- 100% of hospitals and 99% of local doctors participate in our 31-county network
- Members benefit from unsurpassed discounts when receiving care in our PPO network
- Members may receive care outside of the PPO network but typically pay more for this care
- Balance billing is available out of network
- No need to list a PCP or request referrals to a specialist
- Analysis and recovery
- ACQA and provider collaborations

We choose to build Signature and Blue Simplicity on a PPO network to take advantage of the flexibility and control. However, we do offer other plan classifications in our legacy designs:

Exclusive Provider Organization (EPO)

Members receive services from a network of EPO doctors and hospitals for a prearranged discounted rate, but there is no coverage for care received out of network unless it is an emergency service or dialysis.

HMO

Members choose a primary care physician and are required to get referrals to see specialists and other doctors except in emergencies. Members must receive services in the HMO network.

Point of Service (POS)

Members receive services from participating network providers or from providers outside the network. Deductible and/or coinsurance typically apply for out-of-network care.

Indemnity

Members receive services from any doctor or hospital. The insurance company reimburses doctor or hospital for each covered service, and deductibles and coinsurance typically apply.

In-network structure

All Excellus BCBS PPO plans provide coverage through our vast network of doctors and hospitals.

A “network” refers to a group of doctors and hospitals that have agreed to accept payment in exchange for serving members.

Our plans give members the freedom to choose from all doctors and hospitals “in network,” without more-expensive out-of-pocket costs. This is important to consider, as many employees are living in and commuting from a variety of locations.

With our Signature and Blue Simplicity plans, members get:



Savings with contracted providers (in-network)



Access to non-contracted providers (out-of-network), but costs will be higher



Plan types

There are three PPO plan types available.

Name	Description	HSA-Qualified (Y/N)	Rx Subject to Medical Deductible (Y/N)
Copay	<ul style="list-style-type: none"> • There is no in-network deductible. • Members pay a fixed dollar amount for most services. 	No	No
Hybrid	<ul style="list-style-type: none"> • Members must first pay in- and out-of-network deductibles for applicable medical care before the health plan begins to pay. • Once the deductible is met, the member pays either a copay or coinsurance, depending on plan design. • Prescription drug fills are not subject to the medical deductible. • Diabetic drugs fall under the medical contract; on some hybrid plans, diabetic drugs are subject to the deductible and on others they are not. 	No	No
Deductible HSA	<ul style="list-style-type: none"> • Members must first pay the deductible for all medical care before the health plan begins to pay. • Prescription drug fills are subject to the medical deductible. 	Yes	Yes



Understanding our aggregation options

As members move through the year, it's important to understand how medical expenses add up and whether the cost will be the responsibility of the member or the health plan.

Aggregation refers to how payments toward health care services add up and are counted against a member's deductibles and out-of-pocket maximums. Depending on the plan features, aggregation may be determined on an individual or a family basis.

Deductible aggregation

Individual aggregation, commonly referred to as "embedded"

Each covered family member only needs to satisfy their own individual deductible, not the entire family deductible, before plan benefits kick in. This option is often more attractive to families because claims for individuals will be covered when that individual meets their single deductible, regardless of whether or not other family members have met theirs.

- If a plan has individual aggregation, the single-deductible level must be equal to or greater than the family deductible minimum for that year, or \$3,300 in 2025.

Family aggregation

While this option typically helps keep monthly premiums lower, family aggregation means the entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.

- If a plan has family aggregation, the single-deductible level must be more than or equal to the individual minimum for that year, or \$1,650 in 2025.

Out-of-Pocket Max Aggregation

The same rules apply to out-of-Pocket Maximums (OOPM)

- With individual aggregation, each family member only needs to meet their own OOPM before services are covered in full.
- With family aggregation, the entire family's combined OOPM must be met before any individual's services are covered in full.

Per-person OOPM Cap

All Excellus BlueCross BlueShield (BCBS) plans include an extra layer of protection preventing any individual from exceeding certain personal out-of-pocket medical expenses each year, above a set threshold. This cap applies to family plans with family aggregation, acting as a safeguard and providing more value in the event of high medical expenses for one individual.

For 2025, the per-person cap is \$8,300 for qualified HSA plans and \$9,200 for non-qualified plans.

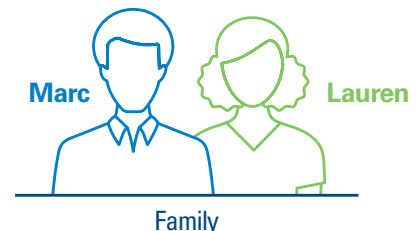
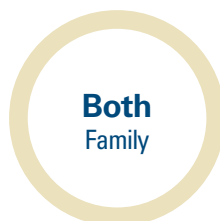
Let's take a look at two examples on the next page

Consider this, Lauren and Marc are on a family plan that includes the following cost shares:

Individual Deductible: \$2,500
Family Deductible: \$5,000

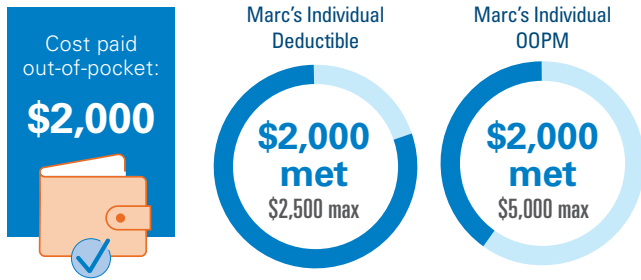
Coinsurance: 20%
(Once deductible is met)

Individual OOPM: \$5,000
Family OOPM: \$10,000

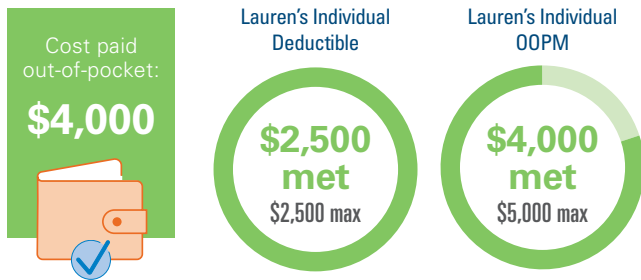


Individual aggregation

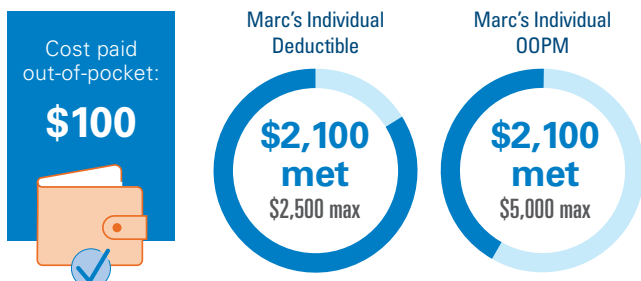
In January, **Marc** needs a minor surgical procedure that costs \$2,000. Since this is Marc's first medical expense this year, his individual deductible applies. He will pay **100% of the costs (\$2,000)**.



In May, **Lauren** is admitted to the hospital for an emergency procedure that costs \$10,000. Since this is Lauren's first medical expense this year, her individual deductible applies. **She will pay 100% (\$2,500) of her deductible plus 20% coinsurance (\$1,500) for the remaining balance.**



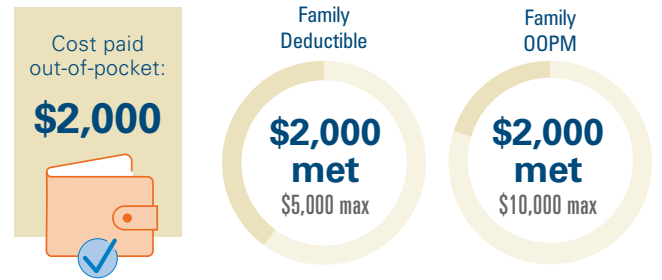
In August, **Marc** visits the doctor, resulting in a \$100 charge. Since Marc's deductible has not been met, he will continue to pay toward his individual deductible. He will pay **100% of the costs (\$100)**.



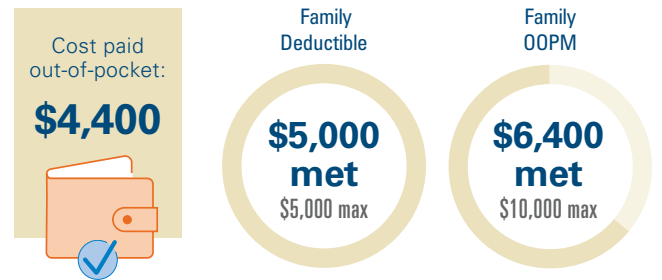
If **Marc** reaches his deductible, **Excelsus BCBS will start paying 80%** of covered expenses. If **Lauren and/or Marc** reach their individual \$5,000 OOPM, their individual covered health care services **will be covered in full by Excelsus BCBS**.

Family aggregation

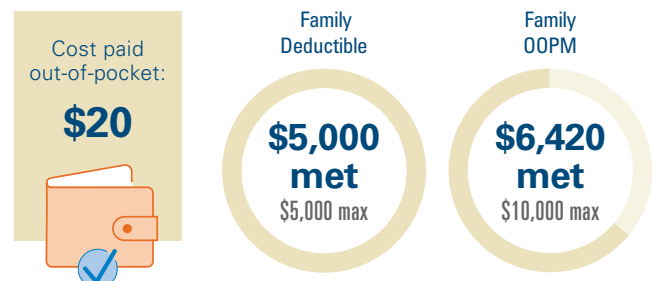
In January, **Marc** needs a minor surgical procedure that costs \$2,000. Since this is the family's first medical expense this year, the deductible applies. He will pay **100% of the costs (\$2,000)**.



In May, **Lauren** is admitted to the hospital for an emergency procedure that costs \$10,000. Since the family deductible applies, **Lauren will pay 100% of the first \$3,000 to meet the family deductible plus 20% coinsurance (\$1,400) for the remaining balance.**



In August, **Marc** visits the doctor, resulting in a \$100 charge. **Since the family deductible has been met, Marc will pay 20% coinsurance (\$20) of the total allowed cost.**



If **Lauren and Marc** reach their OOPM together through any combination of their health care expenses, **Excelsus BCBS will pay 100%** of covered medical expenses for the rest of the plan year.

Reminder: Even though the family OOPM is \$10,000 and can be reached through any combination of family members' expenses, the **per-person individual OOPM cap** mentioned earlier applies here. Meaning, if Lauren's procedure had cost considerably more, she would never owe more than \$8,300 (if the plan is HSA-qualified) in individual expenses in a year, due to this extra layer of protection.

Product components

The Affordable Care Act requires non-grandfathered, Fully Insured individual and Small Group health plans to provide a core package of health care services, known as “Essential Health Benefits” (EHBs). Self-Funded (ASC) and Large Group Fully Insured health plans have some flexibility around coverage of EHBs. Our Signature and Blue Simplicity plans offer a robust set of options and generally follow the NYS benchmark plan for determining what constitutes an EHB.

The following is a list of general EHB categories covered by our PPO plans:

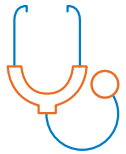
- Prescription Drugs
- Rehabilitative and Habilitative Services, as well as Devices
- Emergency Services
- Maternity and Newborn Care
- Preventive and Wellness Services, as well as Chronic Disease Management
- Pediatric Vision Care
- Mental Health and Substance Use Disorder Services
- Hospitalization
- Ambulatory Patient Services
- Laboratory Services

For a specific list of EHBs as determined by the NYS benchmark plan please visit www.cms.gov/ccio/resources/data-resources/ehb.html.



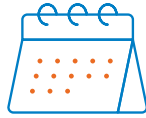
Covered-in-full preventive care

Tracking your preventive screenings offers peace of mind. Excellus BCBS members are covered in full for all preventive screenings,* which can help confirm they're healthy or improve earlier disease detection.



Well-Baby and Well-Child Care

Routine physical examinations, including vision and hearing screenings, developmental assessment, anticipatory guidance, and laboratory tests.



Adult Annual Physical Examinations

Annual physical examinations and preventive care and screenings, including blood pressure screening for adults, cholesterol screening, colorectal cancer screening, and diabetes screening.



Adult Immunizations

Adult immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are covered and not subject to deductible.



Well-Woman Examinations

Routine gynecological examination, breast examination, and annual Pap test, including laboratory and diagnostic services.

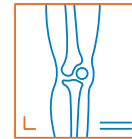
Mammograms

One baseline screening mammogram and one annual screening.



Family Planning and Reproductive Health Services

FDA-approved contraceptive methods prescribed by a provider are covered. Prescription drugs and devices approved by the FDA, or generic equivalents as approved substitutes, are also covered.



Bone Mineral Density Measurements or Testing

We cover bone mineral density measurements or tests.

According to the Centers for Disease Control and Prevention, preventive care services could save over

100,000 lives

in the U.S. every year



Age and gender restrictions can apply. For the full list of preventive care services and qualifying requirements, visit www.healthcare.gov/coverage/preventive-care-benefits.

* Only applies to non-grandfathered groups

2025 Excellus BCBS PPO Plan Designs

Groups can opt to cover additional medical preventive services for high deductible health plans before the deductible to better manage potential high-cost claimants.

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Blood pressure monitor	Hypertension
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease

Note: These are medical preventive services only. Rx preventive services are not included.





Plans for Mid and Large Employer Groups


Plan Highlights¹ (See Blue on Demand for all available options)

PLAN TYPE	COPAY		HYBRID	DEDUCTIBLE
Plan Name	Blue Simplicity 2 package options available	Signature Copay 1	Signature Hybrid 1	Signature Deductible 4 HSA-Qualified
Deductible: Individual/Family	N/A	N/A	Variety of Options Available (Family Is 2x or 3x the Individual) ²	
Out-of-Pocket Maximum	\$7,000/\$7,900	Variety of Options Available (Family Is 2x or 3x the Individual) ²		
Aggregation Design	Individual or Family			
Coinsurance	N/A	N/A	Variety of Coinsurance Options	N/A
MEDICAL				
Preventive Care	Level 1 \$0	\$0	\$0	\$0
Primary Care Visits (PCP)	Level 2 Copay	PCP Copay	PCP Copay	Deductible/PCP Copay
Specialist Visit (SPC)	Level 3 Copay	SPC Copay	SPC Copay	Deductible/SPC Copay
Mental Health: Outpatient and Office	Level 2 Copay	PCP Copay	PCP Copay	Deductible/PCP Copay
Telemedicine Visit (Includes Behavioral Health Services)	Level 1 \$0	Covered in Full	Covered in Full	Deductible/Covered in Full
Hospital Facility: Inpatient (IP)	Level 6 Copay	IP Copay	Deductible/Coinsurance	Deductible/IP Copay
Hospital Facility: Outpatient Surgery (OP)	Level 5 Copay	OP Copay	Deductible/Coinsurance	Deductible/OP Copay
Urgent Care	Level 3 Copay	Urgent Care Copay	Urgent Care Copay	Deductible/Urgent Care Copay
Emergency Room Visit (ER)	Level 4 Copay	ER Copay	ER Copay	Deductible/ER Copay
Maternity: Inpatient	Level 6 Copay	IP Copay	Deductible/Coinsurance	Deductible/IP Copay
PHARMACY				
Prescription Drug	Not Subject to a Deductible	Not Subject to a Deductible	Not Subject to a Deductible	Deductible Applies/Promoted Options for Preventive Rx
Diabetic Insulin and Supplies	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non- Insulin Drugs and Supplies: Level 2 Copay	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non- Insulin Drugs and Supplies: PCP Copay	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non- Insulin Drugs and Supplies: PCP Copay	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non- Insulin Drugs and Supplies: Deductible/PCP Copay
OUT-OF-NETWORK COVERAGE				
Deductible	N/A	Variety of Deductible Options	2x In-Network Deductible	2x In-Network Deductible
Out-of-Pocket Maximum	2x In-Network Maximum			
Coinsurance	N/A	Variety of Coinsurance Options	Variety of Coinsurance Options	Variety of Coinsurance Options
WELLBEING				
Incentive Program Buy-Ups	Incentive and Rewards Programs Available Through ThriveWell			
Stress Management Program	Headspace			
Meal Home Delivery	Post-hospital Discharge Meal Delivery Available Through Mom's Meals			

¹ Subject to DFS approval
² Up to federal HHS limits

 Stable: Designed for people who prefer the peace of mind of minimal out-of-pocket costs

 Blended: Designed for people who want a blend of predictable out-of-pocket costs and lower premiums


 Balanced: Designed for people who want the confidence of an easy-to-understand plan with a lower premium

Plans for Mid and Large Employer Groups –

Plan Highlights¹ (See Blue on Demand for all available options)

PLAN TYPE	DEDUCTIBLE		
Plan Name	Signature Deductible 4 Non-HSA	Signature Deductible 3 HSA-Qualified	Signature Deductible 3 Non-HSA
Deductible: Individual/Family	Variety of Options Available (Family Is 2x or 3x the Individual) ²		
Out-of-Pocket Maximum	Variety of Options Available (Family Is 2x or 3x the Individual) ²		
Aggregation Design	Individual or Family		
Coinsurance	N/A	Variety of Coinsurance Options	Variety of Coinsurance Options
MEDICAL			
Preventive Care	\$0	\$0	\$0
Primary Care Visits (PCP)	Deductible/PCP Copay	Deductible/Coinsurance	Deductible/Coinsurance
Specialist Visit (SPC)	Deductible/SPC Copay	Deductible/Coinsurance	Deductible/Coinsurance
Mental Health: Outpatient and Office	Deductible/PCP Copay	Deductible/Coinsurance	Deductible/Coinsurance
Telemedicine Visit (Includes Behavioral Health Services)	Deductible/ Covered in Full	Deductible/ Covered in Full	Deductible/ Covered in Full
Hospital Facility: Inpatient (IP)	Deductible/IP Copay	Deductible/Coinsurance	Deductible/Coinsurance
Hospital Facility: Outpatient Surgery (OP)	Deductible/OP Copay	Deductible/Coinsurance	Deductible/Coinsurance
Urgent Care	Deductible/ Urgent Care Copay	Deductible/Coinsurance	Deductible/Coinsurance
Emergency Room Visit (ER)	Deductible/ER Copay	Deductible/Coinsurance	Deductible/Coinsurance
Maternity: Inpatient	Deductible/IP Copay	Deductible/Coinsurance	Deductible/Coinsurance
PHARMACY			
Prescription Drug	Not Subject to the Deductible	Deductible Applies/Promoted Options for Preventive Rx	Not Subject to the Deductible
Diabetic Insulin and Supplies	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non-Insulin Drugs and Supplies: Deductible/PCP Copay	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non-Insulin Drugs and Supplies: Deductible/Coinsurance	Treatment of Diabetes Insulin: Covered in Full Treatment of Diabetes Non-Insulin Drugs and Supplies: Deductible/Coinsurance
OUT-OF-NETWORK COVERAGE			
Deductible	2x In-Network Deductible	2x In-Network Deductible	2x In-Network Deductible
Out-of-Pocket Maximum	2x In-Network Maximum	2x In-Network Maximum	2x In-Network Maximum
Coinsurance	Variety of Coinsurance Options	Variety of Coinsurance Options	Variety of Coinsurance Options
WELLBEING			
Incentive Program Buy-Ups	Incentive and Rewards Programs Available Through ThriveWell		
Stress Management Program	Headspace		
Meal Home Delivery	Post-hospital Discharge Meal Delivery Available Through Mom's Meals		

¹ Subject to DFS approval
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 Blended: Designed for people who want a blend of predictable out-of-pocket costs and lower premiums

 Value Maximizing: Designed for people who want the lowest premium and most control over their health care expenses

Broker and Employer Tools & Resources



Broker and employer tools

Enroll and Update

Enroll and Update is an online benefit management program for brokers, employers, and employees that offers increased collaboration opportunities, streamlines the service process, and is intuitive and easy to use.

Highlights of the Enroll and Update tool:

- Add new hires; access, enroll, or decline coverage; manage terminations
- Prepare enrollment reports such as coverage detail, transaction history, and employee census
- Schedule reports
- Check the status of employees' benefits quickly and easily
- Approve employee transactions right from the home screen
- Save and come back to enrollment transactions

Enjoy more convenience with online bill pay and invoicing

With Excellus BCBS, groups have 24/7 online access to bill payment and invoicing services. Plus, we've recently added enhanced features, redesigned our invoices, and simplified the user experience.

Improved payment options

- View current and past invoices or download as PDF or CSV
- Make a full or partial payment
- Set up automatic payments
- Pay invoices with different bank accounts
- View complete payment history

Easy-to-manage settings

- Get real-time payment status and balance updates
- Receive confirmation of payment or share receipts via email
- Choose to have invoices delivered on paper, online, or both
- Activate email notifications for when an invoice is available

Simpler invoices

We've redesigned our invoice with a cleaner, simpler design that is easier to understand and use.

Sales Hub

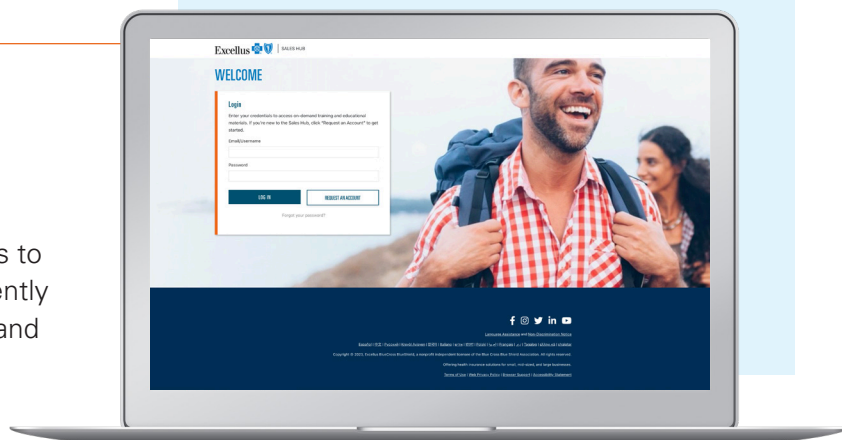
With our Sales Hub, you have a virtual destination for on-demand training videos and educational materials.

Topics covered include:

- Our approach to care
- New broker education
- Annual Open Enrollment updates
- New product offerings

Explore it today at

ExcellusForBusiness.com/SalesHub



Broker and Employer Tools & Resources

Brochures and sell sheets

Available through WebCRD, Blue on Demand, and your account service consultant

Products At a Glance

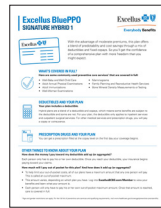
Large Group Excellus BCBS PPO Member Sell Sheets



Large Group At a Glance B-6057



Excellus Signature Copay 1 B-5337



Excellus Signature Hybrid 1 B-5338



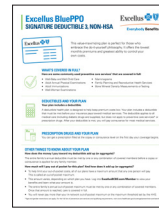
Excellus Signature Deductible 4 B-5344



Excellus Signature Deductible 4, Non-HSA B-5342



Excellus Signature Deductible 3 B-5343

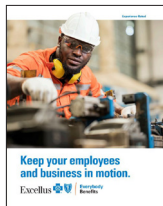


Excellus Signature Deductible 3, Non-HSA B-5341

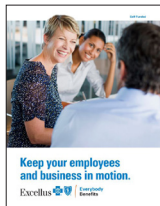


Blue Simplicity B-7458

Wellbeing



Wellbeing Exp. Rated B-7217



Wellbeing Self-Funded B-7218



Headspace Group B-8366



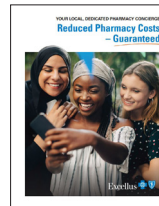
Headspace Member B-8367



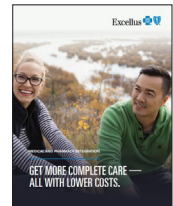
ThriveWell B-8370



ThriveWell Member Overview B-8371



Pharmacy Concierge B-7206



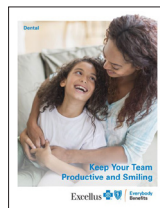
Pharmacy B-5994

Pharmacy

Dental



Dental Blue Options Plan B-2413



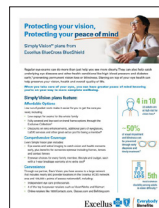
Dental B-5989



Simply Vision Group B-7746



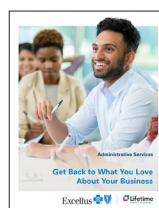
Vision Self-Funded B-7905



Simply Vision Member Flyer B-7747



Stop Loss Insurance B-5993

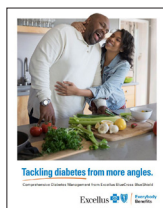


Administrative Services B-5996

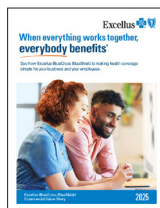


Group Medicare B-6284

Vision



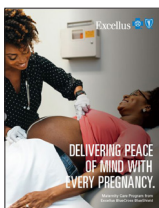
Diabetes Management B-7454



Commercial Value Story B-8631



Behavioral Health Management B-7585



Maternity Care Management B-7708



Mom's Meals Group Flyer B-8604



Mom's Meals Member Flyer B-8605

Employer toolkits

Specifically for business owners and HR teams, **ExcellusForBusiness.com** is their source for a growing library of turnkey toolkits, downloads, videos, handouts, and fact sheets. We've built it to make sure your clients and their employees get everything they can from their health care plan.

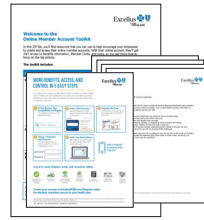
Employer toolkits include:



Telemedicine



Behavioral Health



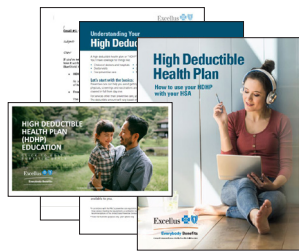
Online Member Account



Wellframe



Preventive Care



High Deductible



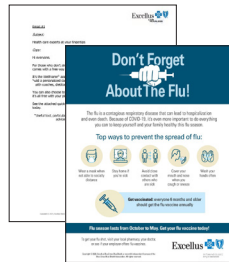
Diabetes



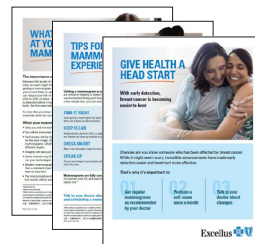
Maternity Care



Primary Care Provider



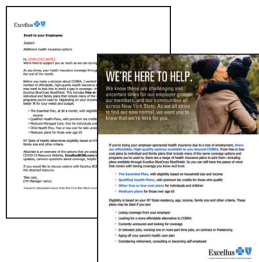
Flu Shot



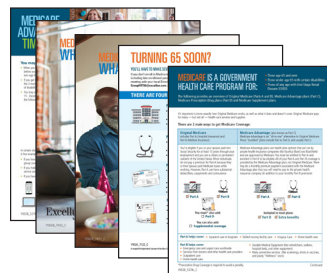
Breast Health



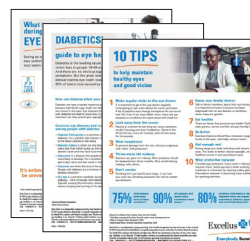
Health Equity



Individual Coverage Options Beyond COBRA



Individual Medicare



Vision



ACQA



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Please note, this is not a contract. It is intended to highlight some of the options available under our medical plans. Benefits are determined by the terms of the member contract.
All benefits are subject to medical necessity.
Wellframe is an independent company that provides a health and wellness support mobile app to Excensus BCBS members.
Vori Health is an independent company that offers virtual musculoskeletal (back, neck, and joint) health care and physical therapy services to Excensus BlueCross BlueShield members.
MDLIVE is an independent company, offering telehealth services in the Excensus BlueCross BlueShield service area.
Lifetime Benefit Solutions is an independent company offering administrative services in the Excensus BCBS service area.