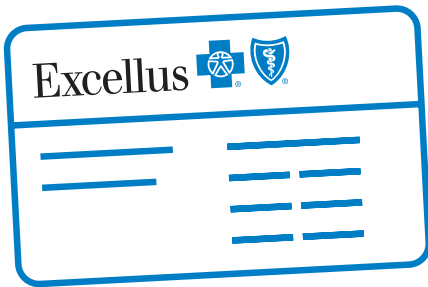
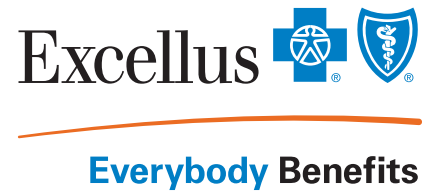


# Excellus BluePPO

## SIGNATURE DEDUCTIBLE 3



This value-maximizing plan is perfect for those who embrace the do-it-yourself philosophy. It offers the lowest monthly premiums and greatest ability to control your own costs. Plus, it can be combined with a health savings account (HSA), allowing you to pay for medical expenses with pretax dollars.

### WHAT'S COVERED IN FULL?

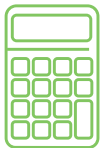
Here are some commonly used preventive care services\* that are covered in full:



- Well-Baby and Well-Child Care
- Adult Annual Physical Examinations
- Adult Immunizations
- Well-Woman Examinations
- Mammograms
- Family Planning and Reproductive Health Services
- Bone Mineral Density Measurements or Testing

### DEDUCTIBLES AND YOUR PLAN

Your plan includes a deductible.



A deductible health plan is designed to help keep premium costs low. Your plan includes a deductible that must be paid before the insurance company pays for covered services. This deductible applies to all medical care and prescription drugs, but does not apply to preventive care services,\* which are covered in full. After your deductible is met, you will pay coinsurance for most medical services.



### PRESCRIPTION DRUGS AND YOUR PLAN

Prescription drugs are subject to the deductible, which means you will pay a negotiated, allowed amount for your prescription drugs until you've reached the deductible.

### OTHER THINGS TO KNOW ABOUT YOUR PLAN

#### How does the money I pay toward my deductible add up (or aggregate)?

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.

#### How much will I pay out of pocket for this plan? And how does it add up (or aggregate)?

- To help limit your out-of-pocket costs, all of our plans have a maximum amount that any one person will pay. This is called an out-of-pocket maximum.
- This amount varies, depending on which plan you have. Log into **ExcellusBCBS.com/Member** to view your benefits and learn what your amount is.

\*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](http://www.healthcare.gov/coverage/preventive-care-benefits).

## Other Things to Know About Your Plan Continued...

- The entire family's annual out-of-pocket maximum must be met by one or any combination of covered members. Once that amount is reached, care is covered in full.
- You will never pay more than your in-network out-of-pocket maximum or the maximum threshold set by IRS regulation.

### What kind of funding accounts work with this plan?

This plan qualifies for a health savings account.

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## HEALTH SAVINGS ACCOUNT

When you enroll in an HSA-qualified plan, you are eligible to open a tax-free health savings account, which will help you cover the costs associated with your plan.

### What is an HSA?

- An HSA helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, and more.
- The money you put into your HSA is not subject to federal income tax when you make the deposit.
- If you're under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus pay a tax penalty.

### What can I buy with a health savings account?

An HSA will pay for many items and services, including:

- |                       |                      |
|-----------------------|----------------------|
| • Contact Lenses      | • Dental Treatments  |
| • Crutches            | • Lab Tests          |
| • Chiropractor Visits | • Dental X-rays      |
| • Eyeglasses          | • Prescription Drugs |



**For a complete list of qualified medical expenses, visit [IRS.gov](https://www.irs.gov). Coverage of all services is subject to the terms of your high deductible health plan (HDHP).**

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## IMPORTANT TERMS

**Deductible:** An amount of money you have to pay before we start contributing. For example: If you have a \$3,500 deductible, you pay 100% of your first \$3,500 in medical bills. After you reach your deductible amount, you may pay a portion of your health care costs and your health insurance company will pay the rest.

**Copays:** A fixed amount you pay each time you use a covered health care service. For example, let's consider a \$15 copay for a primary care provider (PCP). Even if the visit costs \$100, you'll only be responsible for \$15. We cover the rest.

**Coinsurance:** Coinsurance is similar to a copay, but instead of a fixed-dollar amount, you pay a percentage of the total bill. For example, say you have a 20% coinsurance for a primary care provider (PCP). If the visit costs \$100, you'll only be responsible for 20%, which is \$20. We cover the rest.

**Out-of-Pocket Maximum:** The annual limit on the amount of money you will have to spend on health care services within a plan year. Once you reach this limit, everything is covered in full.

## LEARN MORE ABOUT YOUR BENEFITS AND REGISTER YOUR ACCOUNT

[ExcellusBCBS.com/Register](http://ExcellusBCBS.com/Register)

- View your benefits and coverage
- Check your claims
- Check referrals and authorizations
- Find a provider
- Go paperless
- Estimate medical costs
- Access available spending and rewards programs



Now you can access  
these services on your  
phone. Download the  
Excellus BCBS app today.



## MEMBER BENEFITS

**Our Network:** Access to more top-quality doctors, hospitals, and pharmacies – locally and nationwide.

**Blue365®:** Exclusive discounts on health-related products and services such as fitness gear, exercise programs, weight-loss programs, and more.

**24/7 Nurse Call Line:** Answers to your health care questions anytime.

**Pharmacy Home Delivery:** Save time and money by having your prescriptions delivered to your home.

**BlueCard®:** Access to care when you travel in the United States and its territories, Canada, and Mexico.

**To learn more about your benefits and register your account, visit [ExcellusBCBS.com/Register](http://ExcellusBCBS.com/Register).**

\*\*Subject to deductible.

1 Subject to final contract terms.

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

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.

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

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



### ThriveWell<sup>SM</sup> 1 Wellbeing Program

ThriveWell is a digital home base dedicated to engaging teams in health and wellbeing. Our partnership with Virgin Pulse will give you the tools to make small, everyday changes to your wellbeing that are focused on the areas you want to improve the most. You'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.



### Vori Health Virtual Physical Therapy

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



### Wellframe® Mobile Health Management App

Want extra support with everything from general wellness and weight loss to diabetes, high blood pressure, and more? With Wellframe, you can text licensed health care professionals any time for advice and support.

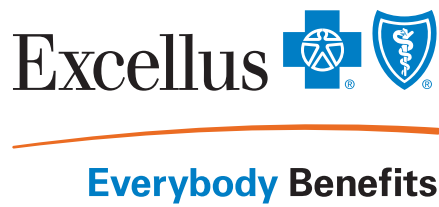


### MDLIVE® Telemedicine App

When your doctor isn't available, telemedicine may be an option. Whether you need a consultation for acute, non-emergency conditions, or someone to talk to during a challenging time, our partnership with MDLIVE gives you convenient access to medical and behavioral health care 24/7/365 – and the visits are covered in full.\*\*

Excellus

**Everybody Benefits**



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Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

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

B-5343