

# Member Guidebook

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**2015**

## RESOURCES

### SIGN UP. STAY INFORMED.

When you sign up for our email newsletter, you'll get valuable information to help you stay healthy and informed about your health insurance. We'll send you healthy recipes, fitness tips and nutrition advice. You'll also get access to interactive tools and videos to help you make better health care decisions for you and your family.

Also, beginning in 2016 we will be allowing members to sign up to receive their statements and documents electronically instead of via mail. With paperless delivery, you reduce wait time to receive important statements and you'll join us in going green by reducing waste. Plus, you'll be able to access your statements and documents securely online for up to 18 months, or save them for your records.

Make the most of your membership today. Sign up at [ExcellusBCBS.com/Email](http://ExcellusBCBS.com/Email) and be the first to know when new tools and features (like paperless delivery) are available.

### We Speak Your Language

Excellus BlueCross BlueShield offers a service that translates members' questions and medical providers' answers into more than 140 languages. Call the phone number on your member ID card for more information.

### Keep Your Contact Information Current

Have you moved or changed your phone number? Don't forget to keep your health plan informed of address and other contact information changes, so that all important correspondence and health care follow-up calls can occur to enable you to get the most from your health plan. Please contact your group administrator with changes.

### How to Contact Us

To request a duplicate member identification (ID) card, check the status of a claim or referral, order a copy of your contract, learn more about your benefits, request an updated provider directory or primary care physician change request form and more, you can go online any time day or night at [ExcellusBCBS.com](http://ExcellusBCBS.com).

You can also call the appropriate number below:

#### For Claims, Benefits and All Other Questions:

- Call the number on your Member ID Card for personalized care.

#### Don't have your ID Card handy?

- **Medicare Members: Call 1-877-883-9577**  
**Hours:** Monday - Friday 8 a.m. to 8 p.m. From Oct. 1 to Feb. 14, representatives are available seven days a week 8 a.m. to 8 p.m. EST
- **Other Members: Call 1-800-499-1275**  
**Hours:** Monday - Thursday 8 a.m. to 7 p.m., Fridays 9 a.m. to 7 p.m.

**For TTY/TDD: Call 1-800-421-1220**

### Important information about your contract

Each year, we notify our members of certain disclosure information as required by law. To find more information and documents related to the following topics, please go to our website at [ExcellusBCBS.com](http://ExcellusBCBS.com), select "Member Tools," then "Print Forms," and then "Compliance Notices." You may also request a copy by contacting us by mail at the address on your member identification (ID) card, or by calling us at the telephone number listed on your member ID card.

- **Third Party Designation:** If you are 65 and older and enrolled in a direct payment product or Medicare supplement plan, you have the right to designate

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### Your Online Resource

Our website makes it easy to manage your plan—and live a healthier lifestyle. Visit us at [ExcellusBCBS.com](http://ExcellusBCBS.com) to enjoy these features:

- Check claims and view your benefits
- Estimate treatment costs
- Use the 24/7 Nurse Call Line
- Research 6,000+ health topics
- Learn ways to save money on your prescriptions
- Find a doctor, urgent care center, hospital or other provider
- Enjoy discounts with Blue365® and more!



Our HMO and POS plans are accredited by the National Committee for Quality Assurance.



Our PPO and EPO plans are accredited by the National Committee for Quality Assurance for our New York state membership.

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another person (family or friend), known as a “third party,” to receive notices of nonpayment of premium and notices of cancellation due to nonpayment of premium. To do so, you must fill out our Third Party Designee form available as described above.

- **Privacy Notice:** This describes how medical information about you may be used and disclosed and how you can get access to this information.
- **Women’s Health and Cancer Rights Act:** Your plan, as required by the Women’s Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services, including all stages of reconstruction and surgery to achieve symmetry between the breasts, prosthesis, and complications resulting from a mastectomy, including lymphedema.
- **Provider Directory:** A current and searchable list of providers is available on our website, or you can request a printed copy.
- **New York State Consumer Guide to Health Insurers:** The current Guide is available from the New York State Department of Financial Services. The guide provides important consumer information on the performance of health maintenance organizations and other insurers. To view a copy of the guide online, visit [dfs.ny.gov/consumer/hgintro.htm](https://dfs.ny.gov/consumer/hgintro.htm). You can request a hard copy of the guide at [dfs.ny.gov/insurance/nyins\\_csb.htm](https://dfs.ny.gov/insurance/nyins_csb.htm). Find us in this guide under the name “Excellus Health Plan.”

## SURPRISE BILLS: WHAT YOU NEED TO KNOW

A recent New York state law protects health plan members from unexpected or “surprise” bills. These are bills for out-of-network health care services.

Out-of-network means the health care provider has not agreed to accept the payment rate set by your health plan.

**A surprise bill is an unexpected bill for:**

**1) Non-emergency services by an out-of-network physician at an in-network hospital or ambulatory surgery center when:**

- An in-network physician is unavailable,
- An out-of-network physician provides the services without the member’s knowledge, or
- A need for unforeseen medical services arises.

**2) An out-of-network referral. For example:**

- You received care by an out-of-network provider in an in-network doctor’s office during the same visit,
- An in-network doctor sent a specimen taken from you in his or her office to an out-of-network laboratory or pathologist, or
- You received any other service by an out-of-network provider after being referred by an in-network physician, if referrals are required by your health plan.

**What should you do if you receive a surprise bill?**

Complete an Assignment of Benefits form and send it to Excellus BlueCross BlueShield and the provider. You will only be responsible for your in-network copayment, coinsurance or deductible.

Excellus BlueCross BlueShield will review your inquiry to ensure that the bill in question meets the state definition of a surprise bill. If it does and we initially denied your claim, we will send your health care provider a payment.

If the provider is not satisfied with our payment, he/she may submit the claim to an independent dispute resolution entity (IDRE). The IDRE will determine if our payment or the provider’s charge is the most reasonable. The IDRE’s determination is binding on us and the provider.

**Another way you can submit a dispute** is by completing an IDR Patient Application. Send it to NYS Department of Financial Services, Consumer Assistance Unit/IDR Process, One Commerce Plaza, Albany, NY 12257.

**For more information on this process**, or to request the forms listed above, please visit our website at [ExcellusBCBS.com](https://ExcellusBCBS.com). Select “Member Home,” then “Contact Us,” then “Frequently Asked Questions,” and then “Surprise Bills.” If you don’t have Internet access, you may call the Customer Care telephone number listed on your member ID card.

## NEWS FOR HMO MEMBERS

Are you a BlueCross BlueShield HMO member? Then you have access to health care benefits across the country. To meet the different health care needs of members and dependents who are away from home, your HMO offers separate benefits for short trips and long-term stays.

- **For short trips (fewer than 90 days)**, the BlueCard® program gives you access to doctors and hospitals almost everywhere for urgent and/or emergency care, giving you the peace of mind that you’ll have access to the care you need.
- **For long trips (90 consecutive days or longer)**, the Guest Membership benefit is available for you and your covered dependents in most states and the District of Columbia. This benefit is designed to bring you peace of mind if you have a dependent attending school out of state, have family members living in different service areas or have a long-term work assignment in another state. Whatever the reason for your stay, you’re eligible for this benefit when you’re away from home for at least 90 days. For eligibility information and specific locations where the Guest Membership benefit is available, please contact your HMO.

## STAYING HEALTHY...

...takes work, but you are not alone.

We have resources on our website to help you learn about more than 6,000 health topics. We offer 24/7 nurse advice by phone in case you need to talk to someone immediately about a health question or concern. Our Nurse Call Line number is 1-800-348-9786. The TTY number is 1-800-421-1220. You can also learn more by visiting our website at [ExcellusBCBS.com](https://ExcellusBCBS.com); Click the “Member Options” button, then “For Your Health,” and then “Personal Health Advisor.” After signing in, you will have options to call or email a nurse with any questions or concerns you have about your health.

### Lead Poisoning: What Every Parent Needs to Know

All children should have a blood lead test at ages 1 and 2. Knowing your child's blood lead level is one of the best steps you can take to protect your child from lead poisoning.

Lead is a very strong poison. It was commonly used in gasoline and house paint. It has been banned in the United States for many years, but is still found in some older homes, toys from other countries and even old fishing sinkers. The truth is that lead can be anywhere.

The problem is that you can't see, smell or taste lead, and it can be very harmful to children. When children play in the yard or put a toy in their mouths, they could be swallowing lead dust. Lead poisoning can build up slowly over time and children may not show any symptoms at all. The effects of lead

poisoning left untreated can be serious. They include:

- Developmental delays
- Behavior or attention problems
- Hearing problems
- Slowed body growth
- Kidney damage
- Failure at school

Children under age 6 are at the highest risk, but it can affect anyone. If you have questions or concerns, talk to your doctor. Your physician may have asked you about the potential risk of lead exposure, but a blood lead test is the only way to know for sure.

➡ Learn more at [ExcellusBCBS.com/Health](http://ExcellusBCBS.com/Health). Select "6,000+ Health Topics" and then search for "Lead Poisoning."

### Give Your Baby the Right Start

When you're pregnant, your first concern is the health and welfare of your unborn baby. Getting complete prenatal care right from the start will help ensure that your baby is as healthy as possible. That's why regular prenatal visits are critical, even if previous pregnancies were problem-free.

A complete prenatal care program provides you with childbirth education, counseling and family support. It also includes a complete health screening and evaluation of risk factors that may affect your health and the health of your baby.

Details on the medical tests you'll have and the topics you'll discuss during your prenatal visits with your health care provider are available on our website.

➡ Learn more about a healthy pregnancy. Visit [ExcellusBCBS.com/health](http://ExcellusBCBS.com/health), choose "6,000+ Health Topics" and then search for "Pregnancy and Childbirth."



### Free Well-Child Visits Keep Kids Healthy

Get in the habit of bringing your children to their doctor for routine checkups, even when they are well. Well-child visits give you and your child the opportunity to get to know the doctor, who can monitor your child's development and identify potential problems early on. Well-child visits are covered at no cost when you see a doctor in our network.

Your child's doctor will also advise you on injury prevention and healthy lifestyle issues appropriate for your child, including nutrition, exercise, dental health, tobacco use, alcohol and substance abuse and prevention of sexually transmitted diseases. A school or sports physical does not qualify as a well-child visit.

Working with our participating doctors, we've developed guidelines for preventive health recommendations for children, shown on the next page.



## PREVENTIVE VISITS FOR CHILDREN & TEENS

The Patient Protection and Affordable Care Act (PPACA) requires health plans to cover designated preventive services without any cost to the member. These free exams and screenings are shown below:

Visit Schedule	Tests and Screenings
<ul style="list-style-type: none"> <li>3 to 5 days</li> <li>1 month</li> <li>2 months</li> <li>4 months</li> <li>6 months</li> <li>9 months</li> </ul>	<ul style="list-style-type: none"> <li>Newborn screen</li> <li>Height and weight measurement</li> <li>Feeding and nutrition assessment</li> <li>Development/behavior assessment</li> <li>Hearing screen</li> <li>Screen for possible lead exposure</li> <li>Immunizations</li> </ul>
<ul style="list-style-type: none"> <li>1 year</li> <li>15 months</li> <li>18 months</li> <li>2 years</li> <li>30 months</li> <li>36 months</li> <li>4 years</li> </ul>	<ul style="list-style-type: none"> <li>Height and weight measurement</li> <li>Blood pressure measurement beginning at age 3</li> <li>Development/behavior school assessment</li> <li>Vision screen between ages 3 and 4</li> <li>Hearing screen at age 4</li> <li>Immunizations</li> <li>Blood lead level at ages 1 and 2</li> <li>Blood count at ages 15 months and 30 months</li> </ul>
<ul style="list-style-type: none"> <li>Every year, from 5 to 10 years</li> </ul>	<ul style="list-style-type: none"> <li>Risk assessment: physical exam and history</li> <li>Height and weight measurement</li> <li>Blood pressure measurement</li> <li>Development/behavior school assessment</li> <li>Hearing and vision screen at ages 5, 6, 8 and 10</li> <li>Immunizations</li> <li>Tobacco-use screen</li> </ul>
<ul style="list-style-type: none"> <li>Every year, from 11 to 18 years</li> </ul>	<ul style="list-style-type: none"> <li>Risk assessment: physical exam and history</li> <li>Height and weight measurement</li> <li>Blood pressure measurement</li> <li>Development/behavior school assessment</li> <li>Depression screen</li> <li>Vision screen at ages 12, 15 and 18</li> <li>Immunizations</li> <li>Tobacco, alcohol and drug-use screen</li> </ul>



Your health plan gathers and approves wellness recommendations from a number of national sources, including the U.S. Preventive Services Task Force, the American Academy of Pediatrics and the American Academy of Family Physicians. Call the phone number on your member ID card if you have a question about coverage.

## FOR CHILDREN & TEENS: RECOMMENDED IMMUNIZATION SCHEDULE

<b>HepB</b> = hepatitis B <b>Rota</b> = rotavirus <b>DTaP</b> = diphtheria, tetanus, pertussis <b>Tdap</b> = tetanus, diphtheria, pertussis booster <b>Hib</b> = <i>Haemophilus influenzae</i> type B <b>HPV</b> = human papillomavirus						<b>Polio</b> = inactivated poliovirus <b>MMR</b> = measles, mumps, rubella <b>Var</b> = varicella (chickenpox) <b>Flu</b> = influenza <b>PCV</b> = pneumococcal conjugate <b>HepA</b> = hepatitis A <b>MCV4</b> = meningococcal conjugate				<div><div></div><div>Range of recommended ages</div></div> <div><div></div><div>Catch-up shots</div></div>		<div><sup>1</sup> 1st dose at birth <sup>2</sup> 2 doses, 6 months apart <sup>3</sup> 3 doses</div>		
1 month	2 months	4 months	6 months	12 months	15 months	18 months	19–23 months	2–3 years	4–6 years	7–10 years	11–12 years	13–18 years		
HepB <sup>1</sup>		HepB		HepB			HepB							
	Rota	Rota	Rota											
	DTaP	DTaP	DTaP	DTaP	DTaP		DTaP		DTaP	DTaP	Tdap	Tdap		
	Hib	Hib	Hib	Hib		Hib								
	Polio	Polio	Polio			Polio		Polio	Polio					
				MMR		MMR		MMR	MMR					
				Var		Var		Var	Var					
			Flu (yearly)											
	PCV	PCV	PCV	PCV		PCV								
				HepA series <sup>2</sup>				HepA						
											HPV <sup>3</sup>	HPV		
											MCV4	MCV4		

Compiled with information from the U.S. Centers for Disease Control and Prevention (CDC), 2015.  
Please note: Some children may need additional vaccines. Talk to your health care provider.

## HIV and AIDS: What You Should Know

HIV (human immunodeficiency virus) is a virus that makes it difficult for the body to fight infection and disease. AIDS (acquired immunodeficiency syndrome) is the last and most severe stage of the HIV infection.

But having HIV does not mean you have AIDS. There is no cure yet, but people who are being treated for HIV are living longer than before because some drugs slow the speed at which HIV infection leads to AIDS.

### HIV is spread by:

- Sexual contact with an infected person.
- Sharing needles and/or syringes (for drug injection, piercing or tattooing) with someone who is infected.
- HIV-infected women to their babies.
- Exposure to HIV-infected blood products on the job (such as in health care).

Everyone should know his or her HIV status. The only way to know if you have HIV is to be tested.

Testing is safe and easy. You can have a blood test or an oral test. An oral test

doesn't use needles. Most clinics, health departments and doctors can do the test for HIV. The testing can be confidential or anonymous.

- **Confidential testing** requires that you give your name, and your results can be sent to your doctor.
- **Anonymous testing** means that you do not give your name and that there is no record of the test. If your test shows that you have HIV, you can choose to give your name at that time so that you can receive appropriate medical care.

HIV testing and treatment are especially important for pregnant women. It is much better to know your status early so that you can make important decisions about your health and the health of your baby.



For more information about HIV and AIDS, go to [cdc.gov/hiv](http://cdc.gov/hiv) or contact the New York State HIV/AIDS Hotline toll-free at 1-800-541-AIDS (2437) in English or 1-800-233-SIDA (7432) in Spanish.

## 4 STEPS TO BETTER HEALTH

What can you do to stay well and prevent disease? Simple. Follow these steps:

1. **Practice healthy behaviors, including eating well and not smoking.**
2. **Take medicines as prescribed.**
3. **Follow preventive care by getting recommended screenings and immunizations.**
4. **Visit your doctor for periodic physical exams.**

Details on recommended medical tests and other health information is available in the "Members" section of the website listed on your member ID card. Select "For Your Health," then "6,000+ Health Topics," and take advantage of the health information provided. If you have any questions, contact your doctor.

## PLANNING FOR HEALTH

Conversations change lives.  
Start your conversation.

Advance Care Planning (ACP) is a process for planning for future medical care in case you are unable to make your own decisions. Your health plan has developed two successful programs to help make the ACP process easier.

- Community Conversations on Compassionate Care (CCCC) combines storytelling with "Five Easy Steps" to promote conversations that help all adults complete a Health Care Proxy and Living Will.
- The Medical Orders for Life-Sustaining Treatment (MOLST) Program is designed to improve the quality of care seriously ill people receive at the end of life.

For further information on CCCC and MOLST and to obtain free educational resources, visit [compassionandsupport.org](http://compassionandsupport.org) or call this toll-free number: 1-877-718-6709.

## Need to find a doctor?

Our website can help you. You'll find:

- Doctors
- Dentists
- Hospitals
- Urgent Care Centers
- Centers of Excellence

Search by specialty, location, hours, language spoken, credentials and more. Our printed provider directories

are updated every three months, and the online lists are current.

If you would like the most recent directory, visit the website on your member ID card, or call the Customer Care telephone number listed on the card if you do not have Internet access.

## Experimental and Investigational Procedures Are Not Covered

Because your safety is important to us, we don't cover treatments, procedures, drugs, devices or any related hospitalization determined to be experimental or investigational. We have a department of physicians and nurses who determine medical policy and coverage with a committee of regional board-certified physicians on new technology and new medical procedures. New drugs are reviewed by our Pharmacy and Therapeutics Committee.

We use a variety of sources, such as the Food and Drug Administration (FDA), clinical practice guidelines and peer-reviewed professional journals, in researching new technologies. Our medical policy department will only allow new technology to become a part of our benefit package after it has been thoroughly investigated and determined to be safe and effective.

## Save Money on Prescriptions

When you need a prescription, you may be able to cut down on your health care costs by asking your doctor if there is a generic instead of a brand medication that will treat your condition. Generic drugs are safe, effective and approved by the Food and Drug Administration (FDA). Generic drugs can lower your prescription costs without sacrificing quality. Learn more online at [go.ExcellusBCBS.com/Generics](http://go.ExcellusBCBS.com/Generics).

## Establishing Care with a New PCP

Are you a new member or are you planning to change your primary care physician (PCP)? If so, it is important for you to know the steps to good care:

- Select a PCP from the directory provided to you, or use the "Find Your Doctor or Hospital" tool on [ExcellusBCBS.com](http://ExcellusBCBS.com).
- Call that PCP to determine if he or she is accepting new patients. Some physicians may also limit the ages of the patients they see.
- At that time, schedule an appointment to become established with the PCP. This initial visit provides your new PCP the opportunity to become familiar with you and your medical history. Ask your new physician's office to request records from your previous PCP in order to coordinate your care. This is especially true for children who need to follow recommended well-care visits and immunization schedules.

Likewise, chronic conditions, such as asthma, diabetes and hypertension, which require regular

medications and monitoring by your physician, can also be assessed at this visit.

Your PCP is an important partner in keeping you healthy. He or she is responsible for managing and coordinating your medical care, including diagnosis, treatment, referrals to specialists, hospitalization and follow-up care. Moreover, every member under your policy is required to list a PCP with us if you have HMO or Point of Service coverage. Not listing a PCP can result in a claim denial or reduced payment on a claim.

It is a good idea to establish a relationship with your doctor. Be sure to call him or her whenever you feel you need medical care. Your doctor or his or her on-call physician is available to you 24 hours a day. If your doctor determines that you need to see a specialist for treatment, he or she will refer you to a participating specialist.

You may contact Customer Care at the phone number on your ID card if you need additional information.

## Going Away to College or on Vacation?

Don't forget to bring a copy of your member ID card. Your health plan can help you and your family obtain emergency care when needed. To request a duplicate ID card, call Customer Care at the number on your member ID card or log on to [ExcellusBCBS.com](http://ExcellusBCBS.com).

## Prescription Coverage

We are dedicated to providing our members with access to safe, effective drug therapy. Our Pharmacy and Therapeutics Committee, consisting of community doctors and clinical pharmacists, meets regularly to review prescription drugs, determine prescribing guidelines and define coverage categories.

There are different types of prescription drug plans. Please log on to [ExcellusBCBS.com](http://ExcellusBCBS.com) and click on the "Prescription Drugs" tab, check your contract/group certificate or call the Pharmacy Member telephone number on the back of your identification (ID) card to verify your prescription coverage. If you have prescription drug coverage that includes different copayment or co-insurance amounts for generic and brand-name drugs, we encourage you to ask your doctor to prescribe generic drugs whenever possible to minimize your prescription drug costs. To check our updated formulary drug list, visit our website or contact a Customer Care representative at the Pharmacy Member number listed on your member ID card.

You can fill your prescription at any participating pharmacy in our nationwide pharmacy network, including national chains and most independents. Just show your ID card at any participating pharmacy; it identifies you as having prescription drug coverage. You may also have the opportunity to save money by ordering your medications through our mail-service vendors. For more information on your mail-order pharmacy option, log on to our website or call the Pharmacy Member phone number on your ID card.

If your doctor wants you to use a medication that is not covered on our formulary, there is an exception process in place and your doctor can call us to initiate the process.

**Note:** *Prescription drug coverage varies. Please check your contract or call Customer Care to verify your prescription plan coverage and services.*

## GET THE CARE YOU NEED

As a health plan member, you can call your primary care physician (PCP) for urgent medical care day or night, seven days a week.

### AFTER OFFICE HOURS

If you get sick or hurt and need care after regular office hours, call your doctor's office first, unless it is an emergency medical condition. Your PCP knows your medical history and is the best person to help you. Your PCP may use an answering service or another doctor who is on call to make sure you can get medical care when you need it.

Your PCP or the on-call doctor will decide if you need treatment right away or if you can wait for regular office hours. If you do need care, your doctor may see you at his or her office, send you to his or her on-call doctor, send you to an urgent or after-hours care center or send you to an emergency room.

### WHEN IT'S AN EMERGENCY

In an emergency medical situation, you should go directly to the nearest emergency room or call 911 for help.

You do not need prior authorization for treatment of emergency medical conditions. However, it is best if you can have someone telephone your PCP as soon as possible so that he or she knows you are being treated.

Even if you can't make the call when you are being treated, please have someone notify your PCP that you were treated for an emergency medical condition as soon as possible, preferably within 48 hours. This will ensure that your PCP can help manage your health care.

If you are treated for an emergency medical condition while out of the service area, please refer to your contract for follow-up care coverage information.

## Urgent Care Is Convenient Care

When a non-emergency medical issue doesn't require an emergency room visit, or if you can't get in to see your physician, you can visit an urgent care center and get the care you need.

Please ensure the provider you select is participating with your benefit plan. Contractual rules still apply. For benefit information, log onto [ExcellusBCBS.com](http://ExcellusBCBS.com) or call Customer Care at the phone number on your member ID card.

For a location near you, call 1-800-810-BLUE or go to [FindAnUrgentCareCenter.com](http://FindAnUrgentCareCenter.com).



## When you visit a specialist ...

Please be sure to ask your specialist to send a report to your primary care physician (PCP). This will help your PCP manage your health care.

### We Emphasize Quality for You

It is our mission and philosophy to provide access to affordable, high-quality health benefits and related services to as many people as possible, while meeting or exceeding their expectations. That is why we've created a Quality Improvement Program.

The focus of the program is to assess and improve, on an ongoing basis, the quality of care and services provided to our members in an effort to improve the overall health of those members.

You can find information about our Quality Improvement Program and the progress made toward meeting its goals by visiting our website or by calling the Customer Care phone number listed on your member ID card.

## HEALTH PLAN MEDICAL POLICIES AVAILABLE ONLINE

Each month, your health plan's website is updated with new and revised medical policies for the care of you and your family. Medical policies are based on a systematic review of scientific evidence to determine the scientific merit of a medical technology. All medical policies are reviewed and finalized by the Corporate Medical Policy Committee, which includes your health plan's medical directors and practicing physicians.

Medical policies are used as a guide. Coverage decisions are made on a case-by-case basis and in accordance with your contract. While a service may be medically appropriate, it may be excluded from your benefit plan. Always refer to your particular benefit plan to determine if a service may be considered for coverage under that plan and if a specific limitation or exception exists.

Be aware that these medical policies are written for health care practitioners and include medical and technical language. That's why it's important for you to review these policies with your health care provider.

To see the medical policies, visit the website address listed on your member ID card and search for "medical policies." If you don't have Internet access, you may also call the phone number on your member ID card and ask for a printed copy of a particular policy.

## Protecting Your Health Information

Protecting the privacy of your family's health information is important to us.

Regulations enacted under the Health Insurance Portability and Accountability Act (HIPAA) enhanced our procedures around the disclosure of our members' protected health information to anyone other than that specific individual, without prior written authorization.

Without a signed authorization on file with the health plan:

- Spouses cannot call and check on referrals for one another.
- A son or daughter cannot receive information about his or her elderly parent.

- Parents with dependent children ages 18 or older cannot get information about their child's claims.
- Parents with children younger than 18 can access their child's health information, although other privacy laws protect some specific medical information for children.

You can file an authorization form by accessing our website and clicking on the "Manage Your Privacy" link in the "Your Account" section. If you do not have Internet access, call the Customer Care phone number listed on your member ID card to request a paper authorization form.

## You Should Know

As a member of our plan, you have certain rights and responsibilities, which are outlined below.

### You have the right to:

- Receive all the benefits to which you are entitled under your contract.
- Receive quality health care through your providers in a timely manner and in a medically appropriate setting.
- Considerate, courteous and respectful care.
- Be treated with respect and recognition of your dignity and right to privacy.
- Information about services, staff, hours of operation and your benefits, including access to routine services as well as after-hours and emergency services and members' rights and responsibilities.
- Participate in decision-making with your physician about your health care.
- Obtain complete, current information concerning a diagnosis, treatment and prognosis from a provider in terms that you can reasonably be expected to understand.
- Refuse treatment as allowed by law, and be informed by your physician of the medical consequences.
- Refuse to participate in research.
- Confidentiality of medical records and information, with the authority to approve or refuse the re-disclosure by us of such information, to the extent protected by law.
- Receive all information needed to give informed consent for any procedure or treatment.
- Access your medical records as permitted by New York state law.
- Express concerns and complaints about the care and services provided by physicians and other providers, and have us investigate and respond to these concerns and complaints.
- Candid discussion of appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- Care and treatment without regard to age, race, color, sex, sexual orientation, religion, marital status, national origin, economic status or source of payment.
- Voice complaints or appeals and recommend changes in benefits and services to staff, administration and/or the New York State Department of Financial Services or Department of Health, without fear of reprisal.
- Formulate advance directives regarding your care. To obtain a Health Care Proxy form, contact us, or download the form from our website, [ExcellusBCBS.com](http://ExcellusBCBS.com).
- Contact us to obtain the names, qualifications and titles of providers who are responsible for your care.

- All information about your health plan, its services and its providers and procedures.
- Make recommendations regarding the organization's members' rights and responsibilities.

### You have the responsibility to:

- Be an active partner in the effort to promote and restore health by:
  - Openly sharing information about your symptoms and health history with your physician.
  - Listening.
  - Asking questions.
  - Becoming informed about your diagnosis, recommended treatment and anticipated or possible outcomes.
  - Following the plans of care you have agreed to (such as taking medicine and making and keeping appointments).
  - Returning for further care if any problem fails to improve.
  - Accepting responsibility for the outcomes of your decisions.
- Participate in understanding health problems and developing mutually agreed upon treatment goals.
- Have all care provided, arranged or authorized by your primary care physician (PCP).
- Inform your PCP if there are changes in your health status.
- Obtain services authorized by your PCP.
- Share with your PCP any concerns about the medical care or services that you receive.
- Permit us to review your medical records in order to comply with federal, state and local government regulations regarding quality assurance and to verify the nature of services provided.
- Respect time set aside for your appointments with providers and give as much notice as possible when an appointment must be rescheduled or cancelled.
- Understand that emergencies arise for your providers and that your appointments may be unavoidably delayed as a result.
- Respect staff and providers.
- Follow the instructions and guidelines given by your providers.
- Show your ID card and pay your visit fees to the provider at the time the service is rendered.
- Become informed about our policies and procedures, as well as the office policies and procedures of your providers, so that you can make the best use of the services that are available under your contract.
- Abide by the conditions set forth in your contract.



## Caring for You

Our plans have a process for reviewing health care services to ensure that they are evidence-based, medically necessary and being performed at the right level of care by qualified professionals. This process is called utilization management (UM) and it is conducted by licensed health care professionals and practitioners.

UM decision-making is based solely upon the application of nationally recognized clinical criteria, transparent corporate medical policies and the existence of coverage. We do not, in any way, encourage decisions that result in underutilization, or reward UM decision makers for denials of coverage or limits on access to care.

## You Have the Right to Appeal

Insured health plan members in New York state have the right to request an independent external review when health care services are denied by an insurer as not medically necessary, or as experimental or investigational.

To request an external appeal, members must complete a New York State External Appeal Application for Health Care Consumers and send it to the New York State Department of Financial Services.

Members will receive an application along with the notice of final adverse determination when their internal appeal has been denied. To obtain additional information regarding this process, members should refer to their Member Handbook, the New York State Department of Financial Services website at [dfs.ny.gov/insurance/extapp/extappqa.htm](https://dfs.ny.gov/insurance/extapp/extappqa.htm) or contact Customer Care at the phone number on your member ID card.

Self-insured members may also have external appeal rights available under the Patient Protection and Affordable Care Act (PPACA). For more information about this process, members can call Customer Care at the number on your member ID card.

## Behavioral Health Care Management Program

### *Single point of contact for your health care concerns*

Our Behavioral Health Care Managers are experienced health care professionals who are available to support and guide you through the complexities of today's health care system. They can assist with:



- Identifying barriers preventing health care goals from being met.
- Arranging quicker access to care.
- Finding answers to questions and providing education about a health condition, treatment or maintaining your treatment plan support.
- Obtaining referrals to programs or community resources to assist with your illness.
- Medication and treatment education and compliance.
- Education and support for self-care and decision-making.
- Evaluating your progress toward your goals using regular telephone contact.
- Navigating through your insurance benefit information.
- Additional support that you and your family may need during your illness.
- A link between you and your doctor's office to assist with arranging the best care for you.

**Access to your Behavioral Health Care Manager is easy!** Call toll-free 1-800-277-2198, Monday through Friday, from 8 a.m. to 5 p.m. EST. If you call after hours, leave a voice mail and your call will be returned the next business day.

## Enjoy HealthyPerks™ and Healthy Savings

Living a healthy life means more than regular doctor visits. It's about staying active, eating well and reaching out to experts when you need to. Our HealthyPerks™ makes all of these aspects of health convenient—and less costly!

- **Blue365®:** With this program, you get exclusive discounts on fitness gear, exercise programs, weight-loss programs and more!
- **24/7 Nurse Call Line:** Get convenient answers to your health care questions.
- **Expert Information Online:** Instant access to more than 6,000 health articles.

  Explore more at [ExcellusBCBS.com/HealthyPerks](http://ExcellusBCBS.com/HealthyPerks).

## THIS IS YOUR 2015 GUIDE

This guidebook is published for our HMO, POS, PPO and EPO members. The information contained here is not intended to provide medical advice or to take the place of medical care. Any questions you have should be brought to the attention of your health care provider. We welcome your comments and suggestions. Please send letters to:

Editor, Member Guidebook  
Excellus BlueCross BlueShield  
165 Court St.  
Rochester, NY 14647

## Coverage Wherever You Go

With Excellus BlueCross BlueShield, you'll never have to worry about your insurance coverage. Regardless of where you live or travel, the BlueCard® Program goes with you. To find a participating doctor or hospital, call 1-800-810-BLUE (810-2583) or find a doctor online at [ExcellusBCBS.com](http://ExcellusBCBS.com).

## Know The Facts

We have been working for many years to create a heightened awareness around critical health-related topics and conditions, and to educate and encourage people to make intelligent personal health decisions based on scientific studies and medical research.

To read more than 40 fact sheets on topics including diabetes, generic medications, fall prevention and more, go to [ExcellusBCBS.com/FactSheets](http://ExcellusBCBS.com/FactSheets).

We're Online:  [twitter.com/ExcellusBCBS](https://twitter.com/ExcellusBCBS)

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