



**Health care benefits  
for your on demand life.**

**Classic Blue**

City of Ithaca Classic Blue  
Regionwide



**Excellus**



A nonprofit independent licensee of the BlueCross BlueShield Association

**Excellus** 

103112CP039\_73395

## Welcome

With Excellus BlueCross BlueShield, you get what you expect from Blue plus a whole lot more such as:

- More doctors, specialists, and hospitals to choose from
- Exclusive discounts on health-related products and services with Blue365®
- Free fitness and nutrition program with StepUp
- Answers to your health questions online
- Local customer service

In this booklet you will find:

- A chart that summarizes this plan's unique benefits and coverage\*
- A glossary of terms to help you understand your coverage and options

We have many valuable benefits and we provide a tremendous amount of choice. Whichever plan you pick, we're ready to meet your health care needs.

Visit us at [excellusbcbcs.com](http://excellusbcbcs.com)

\*This benefit summary is not a contract or binding agreement; it is a summary of benefits and services.

**Privacy Policy Notice.** We know how important your privacy is and we're committed to protecting it. Our policies and practices regarding the collection, use, and disclosure of personal health information are available at [excellusbcbcs.com](http://excellusbcbcs.com) and Member Services.

## Classic Blue

---

City of Ithaca Classic Blue  
Regionwide

### Plan features

Primary Care Physician (PCP)	No copay, office visit covered subject to deductible and coinsurance
Referrals	Not required
Out of network benefits	Covered
Out of area benefits	Coverage provided worldwide through the BlueCard program.
Student/Dependent coverage	Qualified dependents and students are covered to age 26.
Domestic partner	Covered

### Plan cost-sharing highlights

Office visit copay (Primary Care Physician)	No copay, office visit covered subject to deductible and coinsurance
Office visit copay (Specialist)	No copay, office visit covered subject to deductible and coinsurance
Coinsurance	20%, enhanced benefits only, unless noted
Deductible	\$50 individual / \$150 family, enhanced benefits only
Out of pocket maximum	\$400 individual / \$1200 family, enhanced benefits only
Lifetime maximum	None

**Questions?** Call Member Services at 1 (800) 499-1275, call our TTY phone at 1 (877) 398-2282, or visit us at [excellusbcb.com](http://excellusbcb.com) or [excellusbcb.com/national](http://excellusbcb.com/national)



# Welcome to Blue365

## Where taking care of yourself is an everyday thing.

Take advantage of healthy deals and discounts\* on fitness, healthy eating, personal care and more that you can use all year long. Explore all the healthy choices at [excellusbcb.com/Blue365](http://excellusbcb.com/Blue365)

### Blue365® is here for you.

We understand that helping you live a healthy life means more than regular doctor visits - it's helping you find time for the things that matter most.

That's why we created Blue365, an online destination featuring healthy deals and discounts exclusively for our members. These "Blue365 Deals" which complement your health care coverage, can help you maintain a healthy lifestyle, while spending less at some of your favorite Blue365 vendors nationwide.

Because of the Blues' buying power, Blue365 can offer access to great savings on a wide range of exciting health and wellness products and experiences.

Blue365 makes it easy for you to find out about weekly "Featured Deals" by sending the news right to your email. Our email service is free to members of participating local Blue Companies.

All you have to do is register on the website, and you are all set to enjoy our great health and wellness deals.

You'll see weekly "Featured Deals" and long term "Ongoing Deals" on health products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences and so much more.

### Blue365

Blue365 includes offers from selected companies based on feedback from Blue365 members and independent researchers on the Blue365 team in four main categories.

**Fitness:** Save on membership, monthly fees and other services at Healthways, Snap Fitness™, Reebok®, Polar® and Anytime Fitness®.

**Healthy Eating:** Save on programs, products and consultations at Jenny Craig®, Dole® and Nutrisystems®.

**Living:** Save on services from H&R Block®.

**Personal Care:** Save on products and services from TruHearing, Beltone®, LasikPlus®, Davis Vision® and QualSight Lasik®.



\* Discounts are available through independent companies that do not provide Blue Cross and/or Blue Shield products or services and are solely responsible for the services provided. See our website for more information at: [www.excellusbcb.com/Blue365](http://www.excellusbcb.com/Blue365). The content, tools and discounted offers available through Blue365 are subject to change. Please visit [excellusbcb.com/Blue365](http://excellusbcb.com/Blue365) for the most current program details.

Type of Care/Plan Benefits	Coverage
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>. Primary Care Physician (PCP)</li> <li>. Referrals</li> <li>. Out of network benefits</li> <li>. Out of area benefits</li> <li>. Student/Dependent coverage</li> <li>. Domestic partner</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>. Office visit copay (Primary Care Physician)</li> <li>. Office visit copay (Specialist)</li> <li>. Coinsurance</li> <li>. Deductible</li> <li>. Out of pocket maximum</li> <li>. Lifetime maximum</li> </ul>	<ul style="list-style-type: none"> <li>. No copay, office visit covered subject to deductible and coinsurance</li> <li>. Not required</li> <li>. Covered</li> <li>. Coverage provided worldwide through the BlueCard program.</li> <li>. Qualified dependents and students are covered to age 26.</li> <li>. Covered</li> </ul> <ul style="list-style-type: none"> <li>. No copay, office visit covered subject to deductible and coinsurance</li> <li>. No copay, office visit covered subject to deductible and coinsurance</li> <li>. 20%, enhanced benefits only, unless noted</li> <li>. \$50 individual / \$150 family, enhanced benefits only</li> <li>. \$400 individual / \$1200 family, enhanced benefits only</li> <li>. None</li> </ul>

type of care/plan benefits	Coverage
<p><b>Wellness Incentive</b></p> <ul style="list-style-type: none"> <li>. Stay healthy with great programs and incentives!</li> </ul> <p><b>Preventive Health Care Services</b></p> <ul style="list-style-type: none"> <li>. Well child visits</li> <li>. Adult routine physical exams</li> <li>. Adult immunizations</li> <li>. Mammography</li> <li>. Pap smear</li> <li>. Routine GYN exam</li> <li>. Prostate cancer screening</li> <li>. Routine vision</li> <li>. Colonoscopy</li> <li>. New York State women’s preventative services mandate</li> </ul> <p><b>Physician Office Services</b></p> <ul style="list-style-type: none"> <li>. Diagnostic office visits</li> <li>. Diagnostic x-rays</li> <li>. Diagnostic laboratory and pathology</li> <li>. Allergy tests</li> <li>. Allergy injections</li> <li>. Chemotherapy</li> <li>. Radiation therapy</li> </ul> <p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>. Prenatal Care</li> <li>. Hospital care for mom (including delivery)</li> <li>. Newborn nursery care</li> </ul>	<ul style="list-style-type: none"> <li>. Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.</li> </ul> <ul style="list-style-type: none"> <li>. Covered in full</li> <li>. Covered in full for 1 exam per year</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Not covered</li> <li>. Covered in full</li> <li>. Covered effective 1/1/13</li> </ul> <ul style="list-style-type: none"> <li>. Subject to deductible and coinsurance</li> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Subject to deductible and coinsurance</li> <li>. Subject to deductible and coinsurance</li> <li>. Covered in full</li> <li>. Covered in full</li> </ul> <ul style="list-style-type: none"> <li>. Covered in full</li> <li>. Covered in full</li> <li>. Covered in full</li> </ul>

Type of Care/Plan Benefits	Coverage
<b>Prescription Drug</b> <ul style="list-style-type: none"> <li>Short-term and maintenance drugs</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Inpatient Hospital Benefits</b> <ul style="list-style-type: none"> <li>Hospital benefits</li> <li>Physician visits in the hospital</li> <li>Inpatient physical rehabilitation</li> <li>Surgery</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for unlimited days, not subject to deductible and coinsurance after basic benefits have exhausted</li> <li>Covered in full</li> <li>Cost sharing is equal to Inpatient Hospital Services, limited to 30 days per year. Subject to no deductible and coinsurance after basic benefits have exhausted for unlimited days</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<b>Emergency Care</b> <ul style="list-style-type: none"> <li>Emergency room care</li> <li>Freestanding urgent care center</li> <li>Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<b>Outpatient Hospital Benefits</b> <ul style="list-style-type: none"> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> <li>Surgical care</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<b>Mental Health and Chemical Dependence</b> <ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care</li> <li>Inpatient chemical dependence</li> <li>Outpatient chemical dependence</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for unlimited days, not subject to deductible and coinsurance after basic benefits have exhausted</li> <li>Covered in full for unlimited days; subject to deductible and coinsurance after basic benefits have exhausted</li> <li>Covered in full for unlimited days, not subject to deductible and coinsurance after basic benefits have exhausted</li> <li>Covered in full for unlimited visits; subject to deductible and coinsurance after basic benefits have exhausted</li> </ul>
<b>Other Services</b> <ul style="list-style-type: none"> <li>Diabetic insulin and supplies</li> <li>Skilled nursing facility</li> <li>Home care</li> <li>Hospice</li> <li>Outpatient therapy</li> <li>Durable medical equipment</li> <li>External prosthetics</li> <li>Chiropractic</li> <li>Acupuncture</li> <li>Dental</li> <li>Hearing</li> <li>Private duty nursing</li> <li>New York State Autism spectrum disorder mandate</li> </ul>	<ul style="list-style-type: none"> <li>Subject to deductible and coinsurance</li> <li>Subject to inpatient hospital copay; Subject to no deductible and coinsurance after basic benefits have exhausted for 45 days</li> <li>Covered in full for up to 60 visits per year. Subject to deductible and coinsurance after basic benefits have exhausted for up to 325 visits per year</li> <li>Covered in full for unlimited days</li> <li>Covered in full, unlimited visits</li> <li>Subject to deductible and coinsurance</li> <li>Subject to deductible and coinsurance</li> <li>Subject to deductible and coinsurance</li> <li>Not covered</li> <li>Not covered</li> <li>Not covered</li> <li>Subject to deductible and coinsurance</li> <li>Covered effective 1/1/13</li> </ul>

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design. Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act may not be quoted herein. Please refer to the Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Protection and Affordable Care Act requirements. Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law.

## Coverage wherever you go with Excellus BlueCross BlueShield

All you have to do is show your ID card to any BlueCross BlueShield participating hospital or doctor anywhere in the country and you're covered. At the special negotiated rate, with no paperwork. That's the BlueCard® program.

### BlueCard brings you:

- Freedom to choose any provider (85% of the hospitals and physicians in the U.S.)
- BlueCross BlueShield provider network discounts
- Customer service online and toll-free
- No claim forms with network providers
- An ID card recognized worldwide while traveling
- Coverage for kids who are away from home

### It's so easy to use.

Choose the physician, specialist, or hospital you want to use by calling 1 (800) 810-BLUE (2583) or visiting [excellusbcb.com](http://excellusbcb.com). Then just show your BlueCross BlueShield ID card when you arrive.

To make it even easier, network providers bill us directly. You can also see providers outside the network. Your share of costs will probably be higher, but you have the freedom to choose.

### Two ways your coverage travels with you.

As a BlueCross BlueShield member, you have access to health benefits across the country whether you're taking a quick trip or staying long term. Here's how it works:

- If you're traveling, the BlueCard program gives you access to doctors and hospitals almost everywhere. In an emergency, you should go directly to the nearest emergency room. For all other types of needed care, just call your Primary Care Physician (PCP) back at home for instruction on what to do.
- If you are away from home for more than 90 days, you can use the Guest Membership benefit through Away From Home Care®. Guest Membership is a temporary enrollment that enables members who are living away from home to receive benefits including individual, routine and preventive services. It provides you and your family with the peace of mind of accessible

health care. Perfect for any covered family member attending school out of state, located in a different service area on a long-term work assignment or retirees with dual residence (excludes Medicare). For eligibility information and specific locations where the Guest Membership benefit is available, please contact our Customer Service Department.

### Learn more about the BlueCard program

You can call toll-free, within the United States, at 1 (800) 810-BLUE or, for international calls, 1 (804) 673-1177, day or night, and get information on doctors and hospitals around the world.

Visit us online at [excellusbcb.com](http://excellusbcb.com).

## Health plan terms

To help you better understand our plans and your coverage, here are a few definitions\* for frequently used health care terms.

**Primary Care Physician (PCP)**—A doctor who serves as your health care manager and coordinates virtually all of the health care services you routinely receive. Some plans do not require you to choose a PCP.

**Referral**—Instructions provided by a PCP for specialty care. Most plans do not require referrals.

**In-network coverage**—The coverage available when you receive services from a provider who participates in your health plan.

**Out-of-network coverage**—The coverage available when you receive services from a provider who does not participate in your health plan. Some plans may not include out-of-network coverage.

**Out-of-area**—Describes when you receive services while outside the geographic service area of your health plan. Your plan benefits may differ if you live or work beyond the geographic service area.

**Copay**—A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

**Allowed Amount**—The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

**Coinsurance**—A cost-sharing method that requires you pay a portion of the allowed amount for certain medical services.

**Deductible**—A set dollar amount you pay for covered services you receive before your insurer will make a payment.

**Out-of-pocket maximum**—The maximum amount of deductible and coinsurance payments that you will pay for health services each calendar year.

\*Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.



**Excellus BlueCross BlueShield makes finding the information and support you need easier—resources, savings, and tools are available online 24/7.**

- Find a doctor or specialist online while you're home or far away.
- Get instant access to StepUp, our FREE fitness and nutrition program.
- Research over 6,000 health topics.
- Get great member discounts and valuable information you can use all year long with Blue365®



[excellusbcbcs.com](http://excellusbcbcs.com)

