

Member Guidebook

Excellus  

Everybody Benefits

Go Paperless!

To receive your Member Guidebook (or other available documents) electronically, simply update your account settings on our website or mobile app. Register or log in at [ExcellusBCBS.com/login](https://www.ExcellusBCBS.com/login) It's easy!



This is your 2023 guide

This guidebook is published yearly for our Essential Plan members. The information contained here is not intended to provide medical advice or to take the place of medical care.

This document does not contain all the specifics about your plan - those can be found in your member handbook, member contract, or when you log in to your member account at [ExcellusBCBS.com](https://www.ExcellusBCBS.com).

Any questions you have should be brought to the attention of your health care provider. **Please send comments or suggestions to:**

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

Make the most of your health plan

At Excellus BCBS, we provide tools and support to make it easy to manage your plan—and live a healthier lifestyle.

Get started at [ExcellusBCBS.com/login](https://www.ExcellusBCBS.com/login) or download our mobile app today!

- View member card(s), benefits, coverage and claims
- Estimate medical costs and check drug prices
- Learn how to save on prescriptions and get wellness discounts

Plus, you can quickly connect to care:

- Find a doctor, urgent care center, hospital, or other provider
- Setup a telemedicine visit by telephone or video chat
- Use Wellframe® mobile app to connect with your care manager, dietitians, and more
- Call the 24/7 nurse call line (no cost)

**Features may vary by plan on the website and/or mobile app*

Keep your contact information current

Have you moved or changed your phone number?

Don't forget to call the NYS Marketplace at 1-855-355-5777 with your 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.

Visit [ExcellusBCBS.com](https://www.ExcellusBCBS.com), or call **1-877-626-9298** and our Customer Service representatives are happy to assist you.

Did you change your Primary Care Provider (PCP)?

If your plan requires you to choose a primary care provider (PCP), either log in to your member portal under "My Account" then the "Change My Doctor" tab, or call Customer Care at the phone number on your member ID card for help.



Our Marketplace plans are accredited by the National Committee for Quality Assurance

Your plan benefits and extras - stay informed

It's easy. Register at [ExcellusBCBS.com/Login](https://www.ExcellusBCBS.com/Login) or using our mobile app to get member-only email updates - how to use your plan, get care, stay well, save money, and more!

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Get Updates Throughout the Year—Online
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Surprise bills: What you need to know

For Essential Plan members

When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, members in certain health insurance products may be protected by either state or federal laws against balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

What is "balance billing" (sometimes called "surprise billing")?

When you see a doctor or other health care provider, you may owe certain out-of-pocket costs, like a copayment, coinsurance, or deductible. You may have additional costs or have to pay the entire bill if you see a provider or visit a health care facility that isn't in your health plan's network.

"Out-of-network" means providers and facilities that haven't signed a contract with your health plan to provide services. Out-of-network providers may be allowed to bill you for the difference between what your plan pays and the full amount charged for a service. This is called "balance billing." This amount is likely more than in-network costs for the same service and might not count toward your plan's deductible or annual out-of-pocket limit.

"Surprise billing" is an unexpected balance bill. This can happen when you can't control who is involved in your care—like when you have an emergency or when you schedule a visit at an in-network facility but are unexpectedly treated by an out-of-network provider. Surprise medical bills could cost thousands of dollars depending on the procedure or service.

You're protected from balance billing for:

Emergency services

If you have an emergency medical condition and get emergency services from an out-of-network provider or hospital, the most they can bill you is your plan's in-network cost-sharing amount (such as copayments, coinsurance, and deductibles). You can't be balance billed for these emergency services. This includes services you may get after you're in a stable condition unless, with respect to providers outside of New York state, you receive notice and give written consent to give up your protections not to be balance billed for these post-stabilization services.

Certain services at an in-network hospital or ambulatory surgical center

When you get services from an in-network hospital or ambulatory surgical center, certain providers there may be out-of-network. In these cases, the most those providers can bill you is your plan's in-network cost-sharing amount. This applies to emergency medicine, anesthesia, pathology, radiology, laboratory, neonatology, assistant surgeon, hospitalist, and intensivist services. These providers can't balance bill you and may not ask you to give up your protections not to be balance billed.

If you get other types of services at these in-network facilities, out-of-network providers can't balance bill you, unless you give written consent and give up your protections. For services provided in New York, you can't give up your protections for these other services if they are a New York surprise bill. New York surprise bills are when you're at an in-network hospital or ambulatory surgical facility and a participating doctor was not available, a non-participating doctor provided services without your knowledge, or unforeseen medical services were provided.

Services referred by your in-network doctor

If you are covered under a fully insured arrangement, surprise bills include when your in-network doctor refers you to an out-of-network provider without your consent (including lab and pathology services). These providers can't balance bill you and may not ask you to give up your protections not to be balance billed. You may need to sign a form (available at dfs.ny.gov) for the full balance billing protection to apply.

You're never required to give up your protections from balance billing. You also aren't required to get out-of-network care. You can choose a provider or facility in your plan's network.

When balance billing isn't allowed, you also have these protections:

- You're only responsible for paying your share of the cost (like the copayments, coinsurance, and deductibles that you would pay if the provider or facility was in-network). Your health plan will pay any additional costs to out-of-network providers and facilities directly.

Generally, your health plan must:

- Cover emergency services without requiring you to get approval for services in advance (also known as "prior authorization").
- Cover emergency services by out-of-network providers.
- Base what you owe the provider or facility (cost-sharing) on what it would pay an in-network provider or facility and show that amount in your explanation of benefits.
- Count any amount you pay for emergency services or out-of-network services toward your in-network deductible and out-of-pocket limit.

If you think you've been wrongly billed – what to do:

- Check our member website at ExcellusBCBS.com/contact/faq for details on "Surprise Billing" including forms to submit
- You'll also receive information on what to do in your monthly health summary (MHS) or explanation of benefits (EOB) communications
- If you don't have internet access, call the Customer Care telephone number listed on your member card for more help.

Additional information about the laws and who is covered:

- Contact the NY State Department of Financial Services: 1-800-342-3736 or surprisemedicalbills@dfs.ny.gov
- Information about your rights under NY state law: dfs.ny.gov
- Information about your rights under federal law: cms.gov/nosurprises

Manage your health and wellbeing

If you or a family member have a chronic condition, or need behavioral or mental health support, our care managers are experienced health care professionals available to guide you and help you navigate today's health care system, feel more in control, and support your wellbeing.

Our Experienced Care Managers: Doctors, registered nurses, care managers, behavioral health clinicians, registered dietitians, social workers, respiratory therapists, pharmacists, and other specialists.

Conditions: Physical, mental and emotional health; preventive care, asthma, diabetes, heart disease or depression; complex chronic conditions (e.g., HIV, COPD, cancer, stroke, spinal cord injury); anxiety, depression, mental illness, substance use, autism, eating disorders, and more.

Single Point of Contact

Your experienced care manager can help you:

- Identify and reach goals to maintain or improve your health, and identify barriers preventing health goals from being met.
- Find answers to questions and provide education about conditions, treatment, or keeping up with your treatment plan.
- Understand your medications and taking them as directed by your health care provider.
- Provide education and support for self-care and decision-making.
- Find services, resources, and care you may need, including referrals to programs or community resources, and support you and your family may need.
- Arrange access to care and help navigate your insurance benefit information.
- Talk with your health care provider to assist with arranging the best care for you.

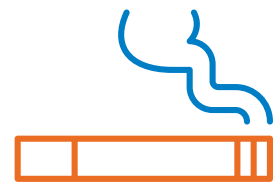
Contact a Care Manager at **1-877-222-1240** (8 a.m. to 4:30 p.m. EST), **TTY 711**, or email us at Case.Management@excellus.com for help managing behavioral health, chronic, or complex medical conditions.

Your care manager will contact you the next business day. You can opt in or out of the care management program anytime.

Going Away to college or on vacation?



Don't forget to bring a copy of your member card. Your health plan can help you and your family obtain emergency care when needed. To view or request a duplicate member card: log on to ExcellusBCBS.com, or download and check our mobile app. You can also call Customer Care at the number on your member ID card.



Quitting smoking

The New York State Smokers' Quitline offers useful and proven resources to help people who want to quit smoking. Call the Quitline at 1-866-NY-QUITS (1-866-697-8487) or visit their website at: nysmokefree.com

Not In New York state? Quitline services in all U.S. states can be accessed through a toll-free national portal number provided by the National Cancer Institute at 1-800-QUIT NOW (1-800-784-8669).

Callers can access additional, language-specific quitline services via 1-855-DEJELLO-YA for service in Spanish (1-855-335-3569), other languages are also available.

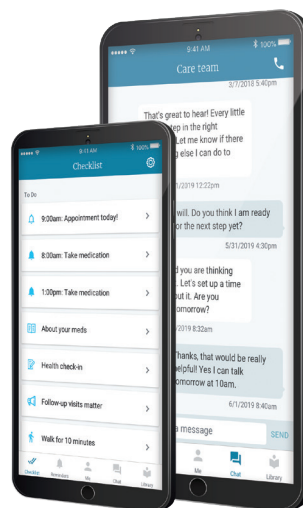
Connect with a care manager using the Wellframe® mobile app.

Wellframe is a free mobile app to help you manage your health. It puts health care experts and support at your fingertips. Get answers to questions. Stay on track with your health goals.

Log in to your member account to get started:
ExcellusBCBS.com/Wellframe
Use access code: excelluswelcome

**Wellframe eligibility may vary by plan*

Wellframe® is an independent company that provides a mobile app to BlueCross BlueShield members.



If your doctor is not available, telemedicine may be an option for you

Get fast and convenient access to medical and behavioral health care from the comfort of your home, desk, or hotel room through your phone, tablet, or computer.

MDLIVE providers are board-certified and are available 24 hours a day, 365 days of the year throughout the United States to care for your non-emergencies. Schedule an appointment or see the first available provider. Registration is required.

Video conference with a licensed therapist or psychiatrist by scheduling an appointment on your time. You can even schedule reoccurring appointments with the same provider.

Non-Emergency Medical Common Conditions Treated:

- Cold & flu
- Nausea, constipation, diarrhea
- Rashes
- Aches and pains
- And more

Behavioral Health Common Conditions Treated:

- Anxiety
- Depression
- Loneliness
- Grief
- And more

Many ways to register and get started:

- Log in to ExcellusBCBS.com/Login
- Text **EXCELLUS** to **635483**
- Download the MDLIVE mobile app
- Call MDLIVE **1-866-692-5045** (TTY 711)

Cost of a telemedicine visit

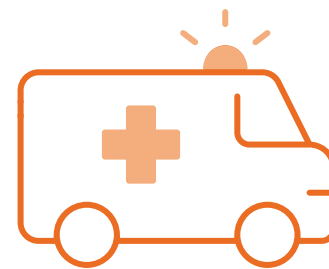
- Telehealth is covered in full for all Excellus BCBS Essential Plan members
- You will pay \$0 out-of-pocket for each visit, including non-emergency medical visits and behavioral health visits with a therapist or psychiatrist
- MDLIVE will know the amount you owe when you register your account

Some reasons to use your telemedicine benefit:

- Primary care or behavioral health provider is not available
- Instead of going to the emergency room or urgent care center for non-emergency medical conditions
- Traveling in the United States
- Unable to leave work
- And more!



Registration is required before using this service.



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.

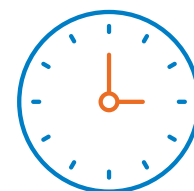
However, it is best if you can have someone telephone your doctor/primary care provider (PCP) as soon as possible so that they know you are being treated.

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.

After office hours



If you get sick or hurt and need care after regular office hours, call your doctor or regular provider first, unless it is an emergency medical condition. They will know your medical history and are 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 their office, send you to their on-call doctor, send you to an urgent or after-hours care center, or send you to an emergency room.

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 provider, you can visit an urgent care center and get the care you need.

Please ensure the provider you select is participating with your health plan. Contractual rules still apply.

Have questions about your benefits and coverage?

Log in to your member account on ExcellusBCBS.com, or contact us at ExcellusBCBS.com/Contact, or call the number on the back of your member card.

For a location near you, go to ExcellusBCBS.com/UrgentCare, or call **1-800-810-BLUE (2583)**.

Choosing a primary care provider (PCP) is important to *good health*

Your primary care provider (PCP) is an important partner in keeping you healthy. They can help you manage and coordinate your medical care, including diagnosis, treatment, referrals to specialists, hospitalization, and follow-up care. This may include the management of chronic conditions, such as asthma, diabetes, and hypertension, which require regular medications.

Be sure to call your PCP whenever you believe you need medical care. Your provider or their on-call provider is available to you 24 hours a day.

Who can act as a PCP?

Any of the following trained medical professionals who participate in our network and are accepting new patients can care for you or your family members:

- Medical doctors (M.D.), including doctors of osteopathic medicine (D.O.), can care for people of any age
- Pediatricians care for babies and children
- Geriatricians can coordinate care for older adults
- Obstetrician-gynecologists (OB/GYNs) diagnose and treat women reproductive health, including pregnancy and childbirth
- Nurse practitioners (N.P.) are registered nurses (R.N.) who have advanced education and training in diagnosing and treating medical conditions. Nurse practitioners can provide primary care for children and adults.

We are committed to making selecting a PCP easy.

Visit ExcellusBCBS.com or use our mobile app to search for a provider that participates with your plan.

Need help? Our Customer Care advocates are happy to help when you call the phone number on the back of your member card.

After you select a possible PCP:

1. Call their office and ask if they are accepting new patients.
2. Consider the available office hours and if you will be able to make appointments that fit your schedule.
3. You may want to ask if they offer appointments by phone or video call (known as telehealth) and if a registration is required to use this option.
4. Schedule an appointment to get established as a patient and share your medical history. Ask your new provider's office to request records from your (or your child's) previous PCP to coordinate your care.

Need to find a provider?



Use the **"Find a Doctor"** tool on our website or mobile app for the most current listing of participating providers. Log in for results personalized to your plan.

Our website can help you find:

- Doctors
- Behavioral Health Professionals
- Dentists
- Urgent Care Centers
- Hospitals

It is always good to check with a new provider to see if they are accepting new patients.

Use our **"Find a Doctor"** tool to search and view a participating provider's:

- Address, phone numbers, and hours
- Wheelchair accessibility
- Languages spoken
- Gender
- Specialty
- Professional qualifications, medical schooling, residency completion, and board certification status

If you do not have internet access, or need further assistance, please call the Customer Care phone number on the back of your member card.

If you would like an updated dental directory go to healthplex.com/our_dentists or call Healthplex at **1-800-468-9868** / TTY 711.

24/7 Nurse Call Line

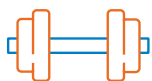
We want to make sure you have the answers you need at the time you need them as a member. Our nurse call line is available 24 hours a day, 7 days a week. Our experienced registered nurses are ready to help you any time of the day or night.

For questions about symptoms and care for you or a family member, call **1-800-348-9786** (TTY 711). For additional languages, please ask for a translator when you are connected.

The 24/7 Nurse Call Line is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains, fever, loss of bodily function control, vomiting or any other immediate medical concern, dial 911 or contact a provider directly.

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 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 many health topics.

Explore more at ExcellusBCBS.com



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.

Regular prenatal care visits provide 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.

To learn more about healthy pregnancy, how to prepare, and what to expect, go to [ExcellusBCBS.com/StayHealthy](https://www.excellusbcbs.com/StayHealthy) and log in to your member account.

Bright Beginnings is a free comprehensive care program for pregnancy, birth, and beyond. The program pairs you with a dedicated care manager who serves as your go-to person for support. You also have access to a range of specialists for a holistic approach to care. Log in to your online account and view "Bright Beginnings" under "Health and Wellness." Case Managers are also available Monday – Friday, 8 a.m. – 5 p.m. at [1-877-222-1240](tel:1-877-222-1240) or email Case.Management@excellus.com.



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 use, and prevention of sexually transmitted diseases. A school or sports physical does not qualify as a well-child visit.

The current clinical guidelines for preventive health recommendations for children are shown on the next page.

CDC recommends HPV vaccine for preteens and teens



HPV vaccination is recommended at ages 11-12 to protect against cancers caused by HPV infection.

Human papillomavirus (HPV) vaccine protects against cancers caused by HPV infection.

HPV is a common virus that infects teens and adults. About 14 million people, including teens, become infected with HPV each year. HPV infection can cause cervical, vaginal, and vulvar cancers in women and penile cancer in men. HPV can also cause anal cancer, cancer of the back of the throat (oropharynx), and genital warts in both men and women.

Talk to your child's health care provider to learn more about HPV vaccine and the other vaccines that your child may need. You can also find out more about HPV vaccine at [cdc.gov/hpv](https://www.cdc.gov/hpv).

Lead poisoning: what every parent needs to know

Lead is a very strong poison.

Children under age 6 are at the highest risk, but it can affect anyone. If you have questions or concerns, talk to your health care provider. Your provider may have asked you about the potential risk of lead exposure, but a blood lead test is the only way to know for sure. 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. New York State Public Health Law and Regulations require health care providers to:

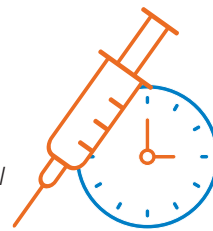
- Assess all children ages 6 months to 6 years for risk of lead exposure at least annually as part of routine care, and obtain a blood lead test on all children found to be at risk.
- Obtain a blood lead test for all children at age 1 and again at age 2.

Learn more at [health.ny.gov/environmental/lead](https://www.health.ny.gov/environmental/lead) or [ExcellusBCBS.com](https://www.excellusbcbs.com)

We speak your language

We offer a service that translates members' questions and medical providers' and/or doctors' answers into more than 150+ languages. Call [1-877-687-6651](tel:1-877-687-6651) (TTY 1-800-662-1220 or 711) to talk to an interpreter.

Preventive health visits by age



Regular preventive health appointments with your child's health care provider help you track your child's development and give them an understanding of the importance of good health care. At each well visit age appropriate developmental/psychosocial/behavioral assessments, health screenings, and immunizations are completed. Compiled with information from the U.S. Centers for Disease Control and Prevention (CDC), 2023, [cdc.gov/vaccines/](https://www.cdc.gov/vaccines/) and American Academy of Pediatrics Bright Futures [brightfutures.aap.org/](https://www.brightfutures.aap.org/)

AGE	IMMUNIZATIONS	WELL VISIT SCHEDULE	ANTICIPATORY GUIDANCE
Birth	Hepatitis B: Dose 1	3 to 5 days	<p>ALL AGES</p> <ul style="list-style-type: none"> Perform age-appropriate risk assessments, immunizations and medical screenings (blood pressure, head circumference, length, height, weight, depression, vision, hearing, lead, tuberculosis, anemia, oral health, blood pressure, dyslipidemia, HIV, alcohol/substance use and sexually transmitted infections) and measure and plot BMI percentile based on age and gender, metabolic syndrome, hypertension Social determinants of health Living situation and food security Family relationships and support Parenting skills/ parent and family wellbeing/ family adjustment/ functioning Healthy nutrition and feeding Overweight, obesity and eating disorders Oral/dental health: brush teeth/regular visits to dental provider Effects passive smoking, anti-tobacco message Media exposure and uses Safety seat (under 8 years), lap shoulder belt, child in back seat/ smoke detector/carbon monoxide detectors Safe storage of drugs, toxic substances, firearms and matches Poisoning prevention/ activated charcoal, poison control number/ violence prevention Sun exposure/ sunscreen use/ heatstroke Measure and plot weight for length until 24 months and body mass index (BMI) beginning at 24 months Perform developmental/ behavioral/ psychosocial and autism screening and follow-up If you are traveling out of the U.S., please speak to your primary care doctor about any recommended vaccines
1 to 2 months	Hepatitis B: Dose 2	1 month	
2 months	DTaP: Dose 1, Polio: Dose 1, Hib: Dose 1 PCV13: Dose 1, Rotavirus: Dose 1	2 months	
4 months	DTaP: Dose 2, Polio: Dose 2, Hib: Dose 2 PCV13: Dose 2, Rotavirus: Dose 2	4 months	
6 months	DTaP: Dose 3, Hib: Dose 3, PCV13: Dose 3 Rotavirus: Dose 3, Influenza	6 months	
6 to 18 months	Polio: Dose 3 Hepatitis B: Dose 3		
6 months through adult	COVID-19: Primary 2 or 3 dose series Booster (go to cdc.gov for details)	As applicable	
12 to 15 months	Influenza, Hib: Dose 4, PCV13: Dose 4 MMR: Dose 1, Varicella: Dose 1	1 year	
12 to 23 months	Hepatitis A: Dose 1, Hepatitis A: Dose 2- 6 months after 1st dose		
15 to 18 months	DTaP: Dose 4	15 months 18 months	
2 years	Influenza	2 years	
3 years	Influenza	30 months 36 months	
4 to 6 years	Influenza, DTaP: Dose 5, Polio: Dose 4 MMR: Dose 2, Varicella: Dose 2	Yearly	
7 -10 years	Influenza	Yearly	
11 to 12 years	Influenza, Tdap, MenACWY: Dose 1 HPV: Dose 1, HPV: Dose 2- 6 to 12 months after 1st dose	Yearly	<p>IMMUNIZATION GUIDE</p> <p>DTaP: Diphtheria, Tetanus, Pertussis IPV: Polio Hib: Haemophilus influenzae type b Tdap: Tetanus, Diphtheria, Pertussis MenACWY: Meningococcal Disease HPV: Human Papillomavirus PCV13: Pneumococcal Disease MMR: Measles, Mumps, Rubella Varicella: Chickenpox</p>
13-15 years	Influenza	Yearly	
16 years	MenACWY: Dose 2, Influenza	Yearly	
17 years	Influenza	Yearly	

Adult preventive care



Take Charge of your Health

For all adults it is important to schedule routine check-ups with your primary care provider to help identify risk factors and problems before they become serious.

These preventive care visits may include health services like age and gender specific health screenings, counseling discussions used to prevent illnesses, disease, and other health problems, or to detect illness at an early stage when treatment is likely to work best, for example, screening for hepatitis C for individuals born between 1945 and 1965, cancer screenings, immunizations and detection or management of chronic conditions such as diabetes, hypertension or cardiovascular disease.

Getting recommended preventive services and making healthy lifestyle choices are key steps to good health and wellbeing.

Breast Cancer Screening

The CDC defines how screening can help find breast cancer early, when it is easier to treat.

All women need to be informed by their health care provider about the best screening options for them.

Talk to your health care provider about which breast cancer screening tests are right for you, and when you should have them. The

USPSTF (U.S. Preventive Services Taskforce) recommends that women who are 50 to 74 years old and are at average risk for breast cancer get a mammogram every two years. Women who are 40 to 49 years old should talk to their health care provider or other health care professional about when to start and how often to get a mammogram.

Colon Cancer Screening

Facts about Colon Cancer Screening: Tens of thousands of adults in upstate New York are choosing not to be screened for colon cancer. Colon cancer is the second-leading cause of cancer death among adults in the United States.

CDC Colorectal Cancer Screening Fast Facts

- If you are age 45 to 75 years old, you should get screened for colorectal cancer.
- The U.S. Preventive Services Task Force recommends screening beginning at age 45. People at increased risk may need to begin screening before the age of 45.

The vast majority of new cases of colorectal cancer (about 90 percent) occur in people who are 50 or older. Millions of people in the United States are not getting screened as recommended. They are missing the chance to prevent colorectal cancer or find it early, when treatment often leads to a cure.

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.

Are you eligible for a mid-year enrollment change?

Life changes that happen outside of an annual enrollment period, planned or unexpected, may make you (or your loved one) eligible to change your health insurance coverage.

- Getting married or divorced
- Having a baby or adopting a child
- Loss of eligibility for coverage on a parent's plan (turning age 26)
- Newly eligible for Medicare (turning age 65)
- A job loss, or other change in income, may make you eligible for other plans

Excellus BlueCross BlueShield is here for you with affordable, high-quality individual, family and Medicare health insurance plan options, and some peace of mind with coverage you know and trust:

The Essential Plan, for as low as \$0 a month
Qualified Health Plans, with premium tax credits for those who qualify

Other free or low-cost plans for individuals and children

Medicare plans for those over age 65

Eligibility is based on New York state residency, age, income, family size and other criteria.

If you're under age 65, visit

ChooseExcellus.com – or call us at the number on the back of your member card.

If you're age 65 or older: See what plan is right for you at **ExcellusforMedicare.com** or call us at **1-800-671-6081** (TTY 711).

5 steps to better health

What Can You Do To Stay Well And Prevent Disease?

Simple. Follow These Steps:

- **Taking Medications**

One of the most important things you can do to protect your health is to take your medications as directed by your health care provider. This is called medication adherence. In addition, our members have access to licensed, clinical pharmacists to ask questions about their medications through our Ask the Pharmacist program.
- **Nutrition**

Eating healthy is about more than counting calories. From online tools to personal consults when needed from our nutrition experts, we'll help you feel your best with resources that help you make healthy eating a part of your lifestyle.
- **Screenings & Immunization**

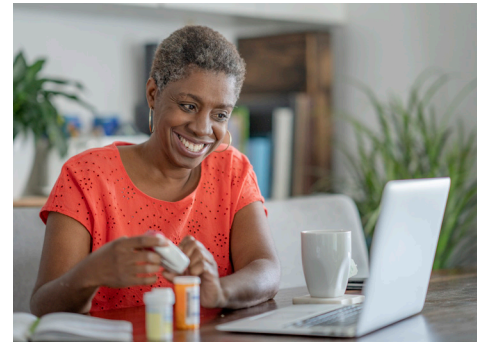
We're committed to helping you stay healthy. Most preventive health screenings, such as mammograms and colonoscopies, as well as immunizations are covered at no additional cost to you. Not sure where to start? No matter which stage of life you're in, we'll help you determine which screenings are recommended.
- **Fitness**

Whether you've been exercising your whole life or just starting your fitness journey, we have the resources to help you keep moving. All our members have access to online fitness tools. Many of our plans reward you for staying active.
- **A Healthy Mouth Is Good For You**

A healthy mouth does not have pain, cavities, bone disease, or harmful bacteria. To keep your teeth and mouth healthy, brush and floss daily, avoid smoking, and eat healthy foods. A few minutes a day can go a long way to keeping your mouth healthy and can help prevent painful and expensive urgent care.

Details on recommended medical tests and other health information are available under "Health and Wellness" on the website listed on your member card.

If you have any questions, contact your doctor.



Prescription coverage

There are different types of prescription drug plans. 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.

You can fill your prescription at any participating pharmacy in our nationwide pharmacy network, including national chains and most independents. Just show your member 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.

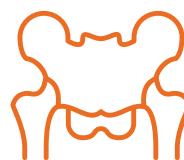
If your doctor wants you to use a medication that is not covered on our formulary, there is an exception process.

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 (formulary).

Note: Prescription drug coverage varies. Please check your contract or call the Pharmacy member phone number on your member card. You can also log onto ExcellusBCBS.com and click on the "Prescriptions" tab, to check your contract/group certificate, verify your prescription coverage, get information on your mail order options, check our updated formulary drug list and find information about our pharmacy management procedures, including how, with a prescriber's supporting statement, to request a formulary exception.

Learn more online by logging on to ExcellusBCBS.com and click on "save money on prescriptions" under the 'prescriptions' tab.

Have Arthritis? Facing a hip or knee replacement? You have options.



Explore more at ExcellusBCBS.com. Review expert decision-making tools targeted to support people considering hip/knee replacement surgery.

These tools can help you to better understand your treatment options when you talk with your provider.

HIV/AIDS/STI:

what you should know



HIV (human immunodeficiency virus) is a virus that makes it hard 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.

New medications make it easier to manage the virus and can stop it from spreading. Keeping your viral load at an undetectable level can lead to a zero risk of passing the virus on to partners through sex. By taking care of yourself, you can also help to keep your partner safe and healthy. Remember: Undetectable = Untransmittable.

STI (sexually transmitted infection) symptoms and treatment may vary. People who are infected may not have any symptoms and may not know that they have an infection. The only way to know for sure is to get tested. STI Prevention screening is encouraged based on risk factors - contact New York State HIV/STI Hotline for more information.

HIV/STIs are spread by:

- Sexual contact with a person who is infected.
- Sharing needles, syringes, or works (for drug injection, piercing or tattooing) with a person who is infected.
- Contact between broken skin or wounds with HIV/STI-infected blood.
- HIV/STI-infected women to their babies.
- Contact with HIV/STI-infected blood products on the job (such as in health care).
- Some STIs can also be spread through skin to skin contact.

Lower Your Risk:

- Always use a condom when having sex.
- Limit the number of people with whom you have sex.
- Limit or refrain from using drugs and alcohol before and during sex.
- Know your partner's HIV/STI status before you have sex.

Getting Tested

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

It is advised that everyone between the ages of 13 and 64 get tested for HIV at least once. 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 health care providers can do the test for HIV. The testing can be confidential or anonymous.

To get a free and confidential test for HIV or STIs please call **1-800-541-AIDS (1-800-541-2437)**.

Confidential testing requires that you give your name, and your results can be sent to your health care provider.

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 medical care.

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

- If you do have HIV/STI or AIDS, it is important to get regular care. This can help you to manage your condition and decrease the risk of spreading the virus to your baby.
- If you do not have HIV/STI but are at high risk of becoming infected, talk to your health care provider about pre-exposure prophylaxis (PrEP). PrEP involves taking a specific HIV medicine every day to reduce the risk of HIV infection.

For more information about HIV/AIDS/STI, contact the New York State HIV/STI Hotline toll-free at 1-800-541-AIDS (2437) in English or 1-800-233-SIDA (7432) in Spanish. Or go to the New York State HIV/STI Information Service website located at nyaidline.org

When you visit a specialist...

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



Consider taking a Health Risk Assessment

Please take a few minutes to complete your confidential Health Survey. You'll receive a Health Profile that will give you a snapshot of your health. Have your member card handy for quick and easy registration to the survey site.

1. Visit ExcellusBCBS.com and log in as a "Member."
2. Click the "Health and Wellness" drop down along the top.
3. Under "Health & Wellness Programs", select "Health Risk Assessment."
4. Click the "Begin Health Risk Assessment" button to start.

Advance Care Planning



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 and MOLST.org, or call this toll-free number: **1-877-718-6709**.

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 providers and nurses who determine medical policy and coverage with a committee of regional board-certified providers 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.

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, or as permitted by law.

Without a signed authorization on file with the health plan:

- Spouses cannot call and check on referrals.
- An adult child cannot receive information about their 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.

For members:

You can file an authorization form by accessing our website at ExcellusBCBS.com, then as a Member to select “**My Account**,” then under “**My Information**,” select “**Manage Privacy**.” If you do not have internet access, call the Customer Care phone number listed on your member card to request a paper authorization form.



Health plan medical policies available online

Each month, your health plan's website is updated with new and revised medical policies that may affect the care you and your family receive. 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 providers.

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 card and search for “medical policies.” If you don't have internet access, you may also call the phone number on your member card and ask for a printed copy of a particular policy.



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, sign in as a member, select "Resources," then "Compliance Notices." You may also request a copy by contacting us by mail at the address on your member card, or by calling us at the telephone number listed on your member card.

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. If you do not have internet access, or need further assistance, please call the Customer Care phone number on the back of your member ID card.

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/system/files/documents/2022/08/ny_consumer_guide_health_insurers_2022.pdf. You can request a hard copy of the guide by calling New York State Department of Financial Services at 1-800-342-3736. Find us in this guide under the name "Excellus Health Plan."

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

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.

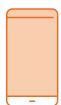
To request an external appeal, members must complete a New York State External Appeal Application for Health Care Consumers and send it to the New York State Department of Financial Services.

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/complaints/file_external_appeal or contact Customer Care at the phone number on your member 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 card.

How to submit a complaint or grievance

A grievance or complaint applies to any issue not related to a medical necessity or experimental or investigational determination made by the health plan. You can contact us by phone, in person, or in writing to file a complaint or grievance.



Members call Excellus BCBS at **1-877-468-9868**



Written complaints or grievances can be mailed to:
Excellus BlueCross BlueShield CAU, P.O. Box 4717 Syracuse, N.Y. 13221
Fax: 315-671-6656

Get help

To request a duplicate member 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.

You can also call the appropriate number below:

For medical policy questions:

Call the number on your member ID card or call **1-877-468-9868** (TTY 711) Monday -Thursday, 8 a.m. to 6 p.m., Fridays, 9 a.m. to 6 p.m.

For pharmacy questions:

Call the Pharmacy Help Desk at **1-800-724-5033** (TTY 711)

For dental questions:

Call Healthplex at **1-800-468-9868** (TTY 711)

If you are hearing-impaired, we can help through the New York Relay Service at **1-800-662-1220** (or 711).

Member rights and responsibilities

As a member of our plan, you have the right to:

- Be cared for with respect, without regard for health status, sex, race, color, religion, national origin, age, marital status, or sexual orientation.
- Be told where, when and how to get the services you need from our Health Plan staff, including hours open, benefits, and member rights and duties.
- Be told by your primary care physician (PCP/doctor) what is wrong and what can help in the language you know without worry about benefit coverage.
- Get a second opinion about your care.
- Be a part of your treatment or plan of care from your provider and make decisions about your care.
- Refuse care and be told what you may risk if you do.
- Get a copy of your medical record, and talk about it with your PCP, and to ask, if needed, that your medical record be amended or corrected.
- Be sure that your medical record is private and will not be shared with anyone except as required by law, contract, or with your approval.
- Use the Health Plan complaint system to file any complaints or appeals. You can complain to the New York State Department of Health or the local Department of Social Services (if a Medicaid member) any time you feel you were not fairly treated.
- Use the State Fair Hearing system (does not apply to Child Health Plus members).
- Appoint someone (relative, friend, lawyer, etc.) to speak for you if you are unable to speak for yourself about your care and treatment.
- Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.

Your responsibilities:

As a member of our Health Plan, you agree to:

- Work with your PCP on your health, ask questions, and agree on the plan of care.
- Give your Health Plan and PCP changes in your health, how you are feeling now, home address, and telephone number.
- Find out how your health care system works.
- Listen to your PCP's advice and ask questions when you are in doubt.
- Call or go back to your PCP if you do not get better, or ask for a second opinion.
- Treat health care staff with the respect you expect yourself.
- Tell us if you have problems with any health care staff.
- Call Member Services.
- Keep your appointments. If you must cancel, call as soon as you can.
- Use the emergency room only for real emergencies.
- Call your PCP when you need medical care, even if it is after hours.
- Suggest changes to the Health Plan for member rights and duties.

Notice of nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The Health Plan:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us. If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department

Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-662-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Attention: If you speak English, free language help is available to you. Please refer to the enclosed document for ways to reach us.

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。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlop la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אזרחים: אנו טימ ןדינבראפ זא ר׳ מינפוא
אזרחים: אנו טימ ןדינבראפ זא ר׳ מינפוא

নজর দিনি: যদি আপনার বাংলা ভাষায় কথা বললে তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে।
আমাদের সঙ্গে যাঁ যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

هېښت: ددعاسملا نإف، ةبعرلا ةغللا ةدجت تنك اذ: هبنت
ةفرملا ةقثولا كل عوجرلا كجري. كل ةحاتم ةبجرلا
انل ل لوصولا ةيفيك

Remarque: si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

ددم تدم كى نابز عىل كى بآ وت سىم ةتلوب ودرآ بآ رگا : ةون
كل سنم عىل كى سو قى رط كى كى نرك مطبار عىل م. عىل باى تسد
سىرك مطحالم زى واتسد

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtjuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

Get Updates



Throughout the year—online

Throughout the year, we post updates to many of the topics in this guidebook. Please log in at [ExcellusBCBS.com](https://www.excellusbcbs.com) periodically for updates and details on items such as:

- Your health plan benefits and copayments.
- How to find a doctor, specialist, or hospital.
- Your rights and responsibilities.
- Pharmacy directions and medication lists.
- How to submit a claim or grievance.
- Resources for managing your health and wellness.
- Privacy practices for your personal health information.

We emphasize quality for *you*

We have a plan to meet your needs.



The Excellus BCBS mission is to improve the quality of life in the communities that we serve. We strive to empower members to become active participants in their personal health across their life's journey through educated and informed decision making.

We collaborate with hospitals, primary care practitioners and specialists in all the communities we serve striving to ensure the safe, high quality and cost-effective care for you, our members.

We routinely evaluate the quality of health care services and your experience/satisfaction rating of the health care services you received across our provider network.

You can find information about our Quality Improvement Program and the progress made toward meeting its goals by visiting us at [ExcellusBCBS.com](https://www.excellusbcbs.com) or by calling Customer Care at the phone number on your member card.

We're online at
ExcellusBCBS.com



-  [facebook.com/ExcellusBCBS](https://www.facebook.com/ExcellusBCBS)
-  twitter.com/ExcellusBCBS
-  [youtube.com/ExcellusBCBS](https://www.youtube.com/ExcellusBCBS)
-  [Linkedin.com/company/excellusbcbs](https://www.linkedin.com/company/excellusbcbs)