

# Not Just Coverage. Confidence.



## Your Benefit Plan Details

**Group Name**

Genesee Area Healthcare Plan (GAHP)

**Plan Type**

Signature HDHP

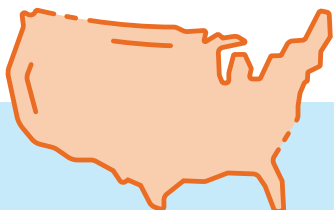


**Everybody Benefits**

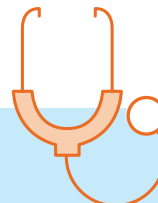
# Welcome to Excellus BlueCross BlueShield!

Getting the most from your health plan is more important than ever. Excellus BCBS is here to bring together the coverage, programs and resources you need to be on your way to total physical, emotional and financial wellbeing.

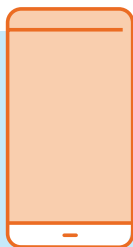
**You can count on your Excellus BCBS plan for care when and where you need it:**



The area's **largest network of doctors and hospitals**, with greater access close to home and in all 50 states



**\$0 copays for most preventive services** such as an annual routine physical exam\*, select vaccines, and important health screenings



**Free digital support tools for answers anytime, anywhere, such as:**

- Online member account
- Mobile app
- Estimate out-of-pocket medical costs
- Find a doctor, specialist or facility that accepts your plan

Find more answers and support at [ExcellusBCBS.com](https://www.excellusbcbs.com)

In this booklet you will find:

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

\* Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.

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

# Genesee Area Healthcare Plan (GAHP)

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## Signature HDHP

### **Plan Features**

Primary Care Physician (PCP)	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	07/01/24-12/31/24

Questions? For assistance call ,  
Call our TTYphone at 1 (800) 421-1220,

GAHP

## General Information

### Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$1,600	\$1,760	
Deductible - Family	\$3,200	\$3,520	
Coinsurance	20%	40%	
Annual Out of Pocket Maximum - Single	\$3,200	\$3,520	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$6,400	\$7,040	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

### Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Cost Share - Specialist	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

### Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Calendar Year Benefits
Diabetic Preauthorization and Step Therapy			Yes

### Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Not Covered

## Inpatient Services

### Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Substance Use Detoxification	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Skilled Nursing Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Days per calendar year Limits are combined INN and OON.
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	60 Days per calendar year Limits are combined INN and OON.
Maternity Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

## Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - 20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,600 Deductible	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

## Outpatient Facility Services

### Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization

## Home and Hospice Care

### Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).
Home Infusion Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

## Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

## Outpatient and Office Professional Services

### Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Maternity Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Telehealth	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - 20% Coinsurance Subject to Deductible	Not Covered	Covers online internet consultations between the member and the providers who participate in our TeleMedicine MDLive Program for medical and behavioral health conditions that are not emergency conditions.
Chiropractic Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Allergy Testing	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per calendar year Limits are combined INN and OON.

## Rehab and Habilitation

### Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

### Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

## Preventive Services

### Preventive Professional Services Meeting Federal Guidelines\*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per calendar year
Adult Immunizations	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	Covered in Full	
Routine GYN Visit	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

### Preventive Facility Services Meeting Federal Guidelines\*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	

### Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

### Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

## Other Benefits

### Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy. Limited to no more than \$100 member cost-share (including before the Deductible) for a 30-day supply of insulin.
Diabetic Equipment	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	



Benefit Name	In Network	Out of Network	Limits and Additional Information
Medical Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	10 Visits per calendar year Limits are combined INN and OON.
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

## Diagnoses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Reimbursement for Travel and Lodging Expenses	PCP/Specialist - Not Covered	Not Covered	Not Covered

## Emergency Services

### ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,600 Deductible	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

### Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to \$1,600 Deductible	

### Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

## Ancillary Benefits

### Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Pediatric Eye Exams - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per year Limits combined INN and OON.
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered
Adult Eye Exams - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per year Limits combined INN and OON.
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered

## Rx Benefits

### Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			\$5/\$35/\$70, \$0 Gen For Kids Integrated Rx

## Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

\* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.



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# Take Your Coverage Wherever Life Takes You

With access to the largest provider network in the world, your Excellus BlueCross BlueShield plan offers a world of options. Our members have access to medical assistance services, doctors, and hospitals in all 50 states and more than 200 countries and territories around the world. Whether you live, work or travel across the country or across the globe, you can have confidence knowing that quality care can be accessed wherever and whenever you need it. And in most cases, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals.

## BlueCard® for Coverage in the United States

- Always carry your current member ID card.
- Visit [ExcellusBCBS.com/FindaDoctor](https://www.ExcellusBCBS.com/FindaDoctor) or download the **Excellus BCBS mobile app** to find a provider or medical facility near you. You'll be able to narrow your search by ZIP code, county, specialty, or even doctor's name. For personalized results based on your plan, sign into the tool as a member.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call us for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member card.
- When you arrive at the participating doctor's office or hospital, show the provider your member card so they can identify your benefit level.

### After you receive care in the U.S., you should:

1

Not have to complete any claim forms.

2

Not have to pay upfront for medical services, except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay.

3

Receive an explanation of benefits from Excellus BCBS.





## Blue Cross Blue Shield Global® Core for International Coverage

- Always carry your current member ID card.
- Before you travel, contact Excellus BCBS for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Blue Cross Blue Shield Global Core Service Center (see number below) or use the Global Core mobile app to locate providers. An assistance coordinator, in conjunction with a medical professional, can arrange a physician appointment or hospitalization, if necessary. **If it's an emergency, go directly to the nearest hospital.**

**Inpatient claims:** Call the Blue Cross Blue Shield Global Core Service Center if you need inpatient care to arrange direct billing.

- In most cases, you should not need to pay upfront for inpatient care at Blue Cross Blue Shield Global Core hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting Blue Cross Blue Shield Global Core, call Excellus BCBS for precertification or preauthorization. Refer to the phone number on the back of your member card.

**Professional claims:** You may need to pay upfront for outpatient and doctor care, or inpatient care not arranged through the Service Center. Visit [BCBSGlobalCore.com/claims](https://www.bcbsglobalcore.com/claims) to file an eClaim or to download a blank international claim form.

## Contact Blue Cross Blue Shield Global Core

If you have questions about Blue Cross Blue Shield Global Core or need medical care while abroad, call **+1.800.810.BLUE (2583)** or collect at **+1.804.673.1177**.

## Download

The Excellus BCBS and Blue Cross Blue Shield Global Core mobile apps are available for Apple and Android devices. Visit the appropriate app store to download the latest apps for your device.



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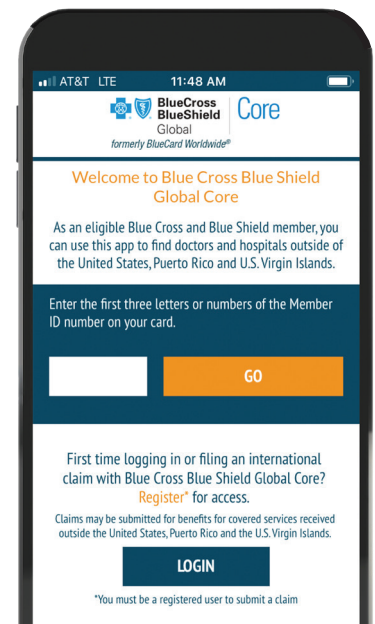
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

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

B-7410 / 17458-23M

## The Global Core app allows you to:

- Search providers for medical, dental, or mental health care **and map them using GPS technology.**
- Find a medication's **availability, generic name, and local brand name.**
- Access embassy information including location, contact, and GPS technology.
- Translate medical terms and phrases **for many symptoms and situations; use the audio feature to play the translation.**
- File International Claims conveniently and securely.

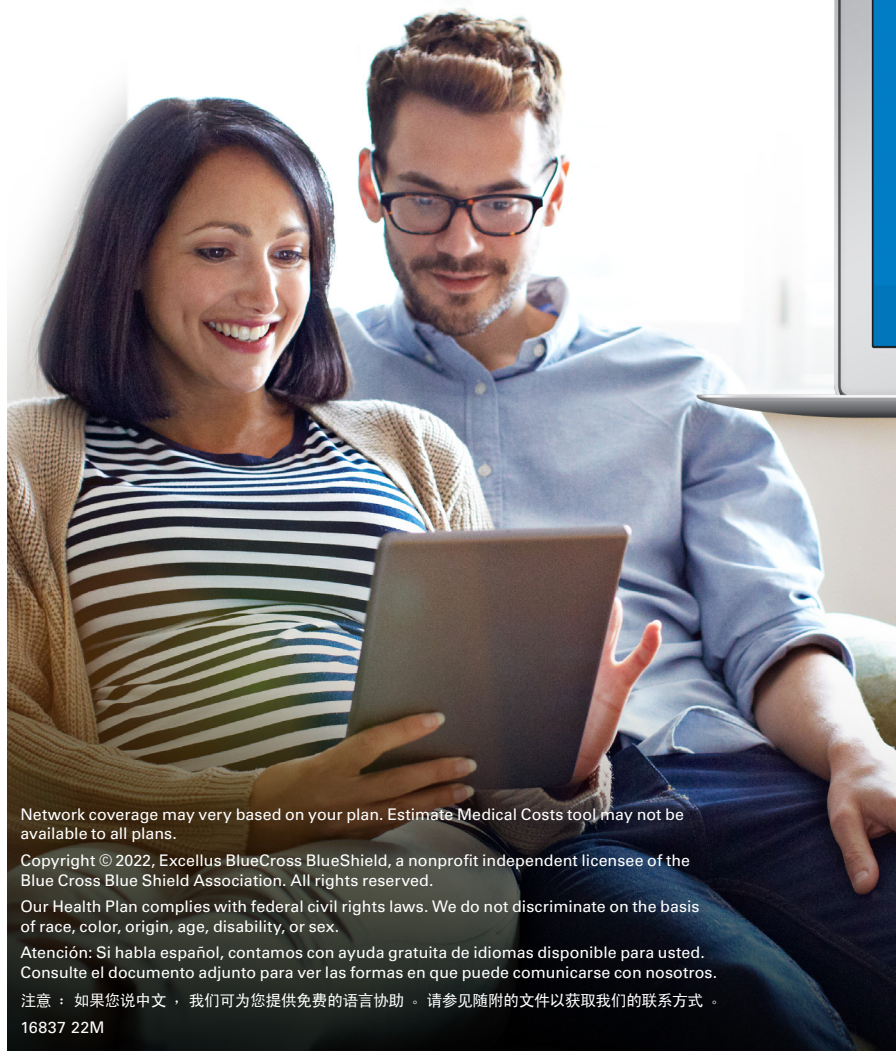


# MAKING CONFIDENT DECISIONS JUST GOT EASIER

Our search tool helps employees quickly estimate medical costs and connect with local and national providers using a desktop or mobile device.

Plus, results are personalized to their plan and coverage when they log in to their online account.

**A new level of transparency and control is here.**  
[Learn more at ExcellusBCBS.com](https://www.ExcellusBCBS.com)



## EVERYTHING EMPLOYEES NEED IN A SINGLE ONLINE SEARCH:

### FIND A DOCTOR



Search doctors, specialists, urgent care, hospitals, and more in our local and national networks



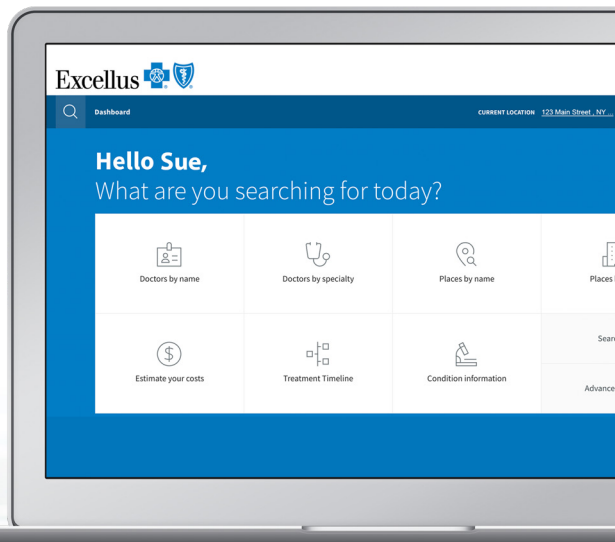
Filter results by specialty, languages spoken, if accepting new patients, provider tier, and more



See side-by-side comparisons and create a PDF of results to save, share, or print



Share experiences by reading and leaving reviews



### ESTIMATE COSTS



Log in for average estimated out-of-pocket medical costs based on your year-to-date spending and deductible



Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures



Filter results by cost, treatments provided, location, and more



Access treatment timelines to understand the entire process, stages of care, and cost breakdown throughout

Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans.

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Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

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

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

16837 22M

# Understanding Your HIGH DEDUCTIBLE HEALTH PLAN

A high deductible health plan or “HDHP” is designed to help keep premium costs low for you and your family. You’ll have coverage for things like:

- Choice of doctors and hospitals
- Hospitalization
- Prescription drug
- Doctor visits
- Laboratory coverage
- Specialty care
- Free preventive care
- Maternity and newborn care
- Urgent care visits

## Let’s start with the basics:

Preventive care can help you avoid getting sick and improve your health. With a HDHP, preventive services such as routine physicals, screenings and vaccinations are covered in full.\* The deductible does not apply to preventive services; they are covered in full from day one.

For services other than preventive care, you are responsible for paying out of your pocket until you meet your **deductible**. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. **Coinsurance** is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.

## THE DIAGRAM ILLUSTRATES HOW THIS WORKS:\*\*

Preventive Services	Other Services	
	Until deductible amount is reached	After deductible amount is reached
Health Insurance Company Pays <b>100%</b>	You pay <b>100%</b>	You pay <b>20%</b> and Health Insurance Company Pays <b>80%</b>
Insurance company provides full coverage	You pay a deductible up to a certain amount	Once the deductible amount is reached, you pay a percentage called coinsurance

You can use a tax-free account called a Health Savings Account (HSA) to help pay for your portion of the costs. Talk to your HR or benefits representative about the account options that might be available to you.

\*In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

\*\*note: for illustrative purposes only- plan options vary

## Here's how it works:

Let's say your deductible is **\$2,000.**



You go to your doctor for low back pain.

**You pay \$100 for the visit.**

You still have to pay **\$1900** more to reach your deductible.

Your doctor orders an **MRI** of your lower back.

**You pay \$1,000 for the MRI.**

You still have to pay **\$900** more to reach your deductible.



After a series of visits to your doctor and a chiropractor, you have **\$0** left to reach your deductible. Now you will pay a percentage of cost, **called coinsurance.**

If your coinsurance is **20%**, and the next time you visit your doctor your bill is **\$100**, then **you'll pay \$20 and we will pay \$80.**

To help you with your costs, there is an **out-of-pocket maximum** which is an annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums. Remember, preventive care is covered in full and is not subject to the deductible.

To determine your deductible, out-of-pocket maximum and coinsurance amounts, check your Summary of Benefits and Coverage (SBC), your online member account at [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com), or your monthly health statements.

## How much will you pay?

A lot goes into that. First, is how much your provider charges for a service. At Excellus BCBS, we've negotiated with providers so our members pay less than if you went to your doctor uninsured.

**There are a few other things you can do to help figure out how much you're going to pay when you need care:**

- 1.** Use our **Estimate Medical Costs** tool at [ExcellusBCBS.com/EstimateCosts](http://ExcellusBCBS.com/EstimateCosts). This tool provides an estimate of what a procedure might cost among different providers. For personalized results based on your benefits, use the tool while logged in to your member account.
- 2.** **Call your doctor or specialist** ahead of time and ask how much the anticipated service will cost.
- 3.** Log into your member account at [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com) to check your benefits or call our Customer Care Advocates at the number listed on the back of your member card.



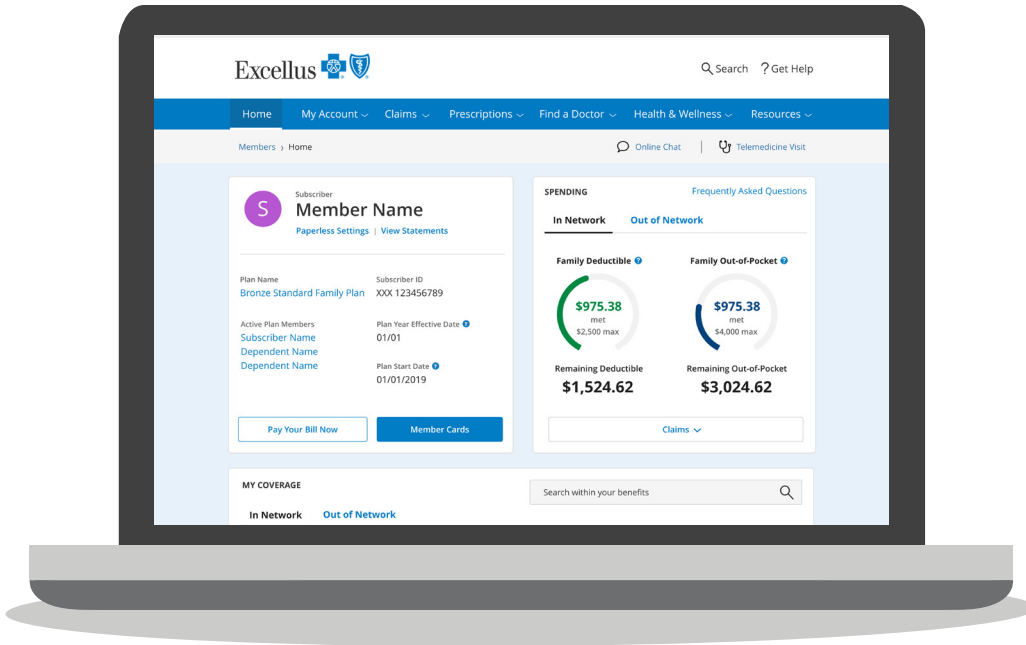
Visit our website at [ExcellusBCBS.com/HighDeductible](http://ExcellusBCBS.com/HighDeductible) for more information and easy-to-use tools and cost calculators.



# IT'S YOUR PLAN. GET MORE OUT OF IT ONLINE.

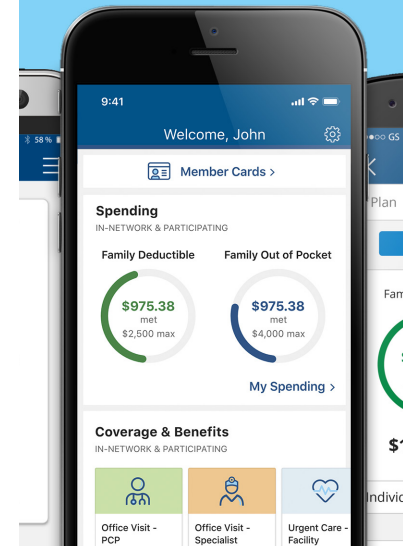


Making the most of your plan shouldn't be complicated. When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to a variety of tools and other resources to make living healthy a little easier.



## DOWNLOAD THE EXCELLUS BCBS APP.

Take your health plan with you for on-the-go access 24/7.



- 1 My Account**  
 Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.
- 2 Find a Doctor/Dentist**  
 Easily find access to care locally, nationally, and globally.
- 3 Spending**  
 Gives a breakdown of your health spending.
- 4 Coverage & Benefits**  
 Shows a summary of your plan details.
- 5 Claims**  
 Allows you to submit and view claims.
- 6 Get Rewards**  
 Provides quick access to spending and rewards programs.
- 7 Estimate Medical Costs**  
 Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.\*

View your member card.

Track deductibles and out-of-pocket spending.

Find a provider or medical facility.

Access your benefits and claims information.



Visit [ExcellusBCBS.com](https://ExcellusBCBS.com) to register today.

# MORE BENEFITS, ACCESS, AND CONTROL IN 5 EASY STEPS

If you have a few minutes, you have plenty of time to create your online member account. Make sure you're getting the most value out of your health plan with a breakdown of how you're using your benefits, the ability to see and submit claims, go paperless, and more.

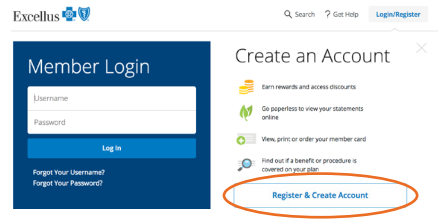
## 1 In Your Browser, Type [ExcellusBCBS.com/login](http://ExcellusBCBS.com/login)

This will take you directly to the registration screen.

Q | Enter Address

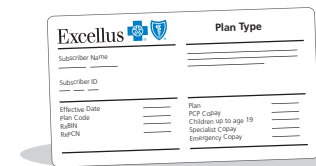
## 2 Create a New Account

Select the Register & Create Account button on the right side of the screen.



## 3 Complete the Form

You'll need your Subscriber ID, so be sure you have your Member Card handy.



## 4 Choose a Username and Password

You'll also choose a pair of security questions in case you forget either of these.

Username\*

## 5 Verify Your Email Address

We'll send you an email to verify your new account. Sign in and you're ready to go!



**DON'T FORGET TO DOWNLOAD THE APP**

Log in to more features, tools, and resources online.



View a Summary of Benefits and Coverage



Find a Doctor or Dentist



Track Deductible and Out-of-Pocket Spending



Submit and View Claims



Estimate Medical Costs\*



View Online Member Cards



Download Statements and Forms

**Create your account at [ExcellusBCBS.com](http://ExcellusBCBS.com) today for anytime, anywhere access to your health plan.**

\* Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans.

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

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

B-7184/14008-20M B-7184



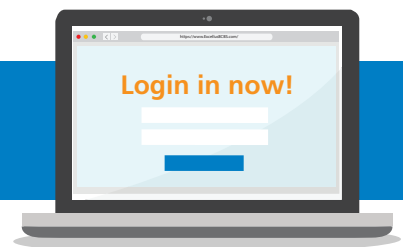
# EARN REWARDS FOR HEALTHY LIVING



HealthyRewards® powered by Rally<sup>SM</sup> is an exciting way to earn rewards for doing simple things to get and stay healthy. You can earn a Visa Gift Card® or virtual gift cards from national retailers such as Amazon, KOHL's, eBay and more – just for doing simple things that fit into your day.

You can also earn Rally Coins that can be used to make contributions to featured charities or be redeemed for discounts on products from Fitbit, Garmin, Diamondback Bikes, and more in the Rally Marketplace.

Visit [ExcellusBCBS.com/HealthyRewards](https://ExcellusBCBS.com/HealthyRewards) to log in.  
Click on the “HealthyRewards” link to get started today!



# THE DOCTOR WILL SEE YOU NOW. WHEREVER. WHENEVER.

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE app.**

Rest assured, our health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

## When do you use telemedicine?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling for work or on vacation

## Here are some of the common medical conditions treated with telemedicine:

### Adults

- Allergies
- Cold and Flu
- Ear Infections
- Fever
- Headache
- Joint Aches and Pains
- Nausea and Vomiting
- Pink Eye
- Rashes
- Sinus Infections
- Sunburn
- Urinary Tract Infections\*

### Children

- Cold and Flu
- Constipation
- Earache\*
- Fever\*
- Nausea and Vomiting
- Pink Eye

\*MDLIVE does not provide support for urinary tract infections in males; does not provide support for earache conditions for children under 12 years old; does not provide support for fever-related conditions for children under 3 years old.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association.

## Telemedicine is good for the mind as well as the body.

In addition to whenever, wherever access to medical doctors, you can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of your own home. You can even schedule recurring appointments to establish an ongoing relationship with one therapist.

If you think behavioral health counseling might be right for you, take one of our free online assessments at **MDLIVE.com/BH-Assessments**. Here are some conditions people rely on behavioral health telemedicine for:

- Addiction
- Bipolar Disorders
- Depression
- Eating Disorders
- Grief and Loss
- LGBTQ Support
- Panic Disorders
- Stress
- Trauma and PTSD

## Telemedicine is covered just like a trip to the doctor.

If your doctor's office visit is...	Then your medical and behavioral health telemedicine program benefit cost share is...
Covered with a copay	Covered in full.
Covered with copay/deductible	Covered in full once deductible is met.*
Covered deductible/ covered in full	Covered in full once deductible is met.*
Covered with deductible/ coinsurance	Covered in full once deductible is met.*
Covered with coinsurance only	Covered in full once deductible is met.*

If you haven't met your deductible, you will pay the allowable charge of \$40. The \$40 allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed \$150. This means a member who as not met their deductible will not pay more than \$150.

### Don't wait until you need it. There are four easy ways to activate telemedicine today.

**WEB** - Register/Log in at [ExcellusBCBS.com/Member](http://ExcellusBCBS.com/Member)

**APP** - Download the MDLIVE app

**TEXT** - Text EXCELLUS to 635483

**VOICE** - Call 1-866-692-5045

<sup>1</sup> "New medical cost savings program: Telemedicine means great discounts." R. Schultz, January 9, 2010.

<sup>2</sup> Based on MDLIVE data, 2016.

<sup>3</sup> Based on New York State Department of Health data, 2016.

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MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit [www.mdlive.com/terms-of-use](http://www.mdlive.com/terms-of-use). MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

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B-6675 / 14704-20M

## DID YOU KNOW?



of doctor's office visits could be handled over the phone.<sup>1</sup>



days is the average wait time between scheduling an appointment and seeing a primary care doctor.<sup>2</sup>



of emergency room visits can potentially be prevented with telemedicine.<sup>3</sup>



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## **GAHP Annual Disclosure Notices**

### **GAHP Special Enrollment Notice**

If you are declining enrollment for yourself or your dependents (including your spouse because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage . However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage .

In addition, if you have a new dependent, as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your school district's HR/Benefits Department. Any additional questions, contact the GAHP office at 585-344-7566 or 585-344-7564.

### **Patient Protection Disclosure Notice**

Genesee Area Healthcare Plan (GAHP) generally allows the designation of a primary care provider, but IS NOT a plan requirement. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Excellus BCBS at 877-253-4797 or visit Find Care - Blue Cross Blue Shield Association (<https://www.bcbs.com/find-a-doctor>) and make sure to use prefix: GAH.

For children, you may designate a pediatrician as the primary care provider, but IS NOT a plan requirement.

Please note: you do not need prior authorization from Excellus BlueCross BlueShield or from any other person (including a primary care provider in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Excellus BCBS at 877-253-4797 or visit Find Care - Blue Cross Blue Shield Association <https://www.bcbs.com/find-a-doctor>) and make sure to use prefix: GAH.

### **WHCRA Annual Disclosure Notice**

Do you know that 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, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact Excellus BCBS at 877-253-4797 for more information.

### **Excellus BCBS Member Contracts**

For more information about your member contract please go to: [Excellus BCBS/GAHP](#) or contact Excellus BCBS at 877-253-4797 to request a printed copy.

## Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.
- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.
- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, and drug or alcohol abuse unless the child specifically authorizes the release of such information.
- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.
- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>.
- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at <https://www.excellusbcb.com> and search for "Manage Your Privacy".
- Please ensure you have fully completed the form so that we may honor your request.

**RETAIN A COPY FOR YOUR RECORDS**

## AUTHORIZATION TO EXCELLUS HEALTH PLAN, INC. ("HEALTH PLAN") TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

Check here only if you are authorizing access to psychotherapy notes. If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.

**PLEASE PRINT**

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED																
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)												
CURRENT ADDRESS			CITY	STATE/ZIP CODE												
PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)																
NAME OF PERSON/ORGANIZATION			ADDRESS													
NAME OF PERSON/ORGANIZATION			ADDRESS													
PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE																
<input type="checkbox"/> At my request <input type="checkbox"/> Other: _____																
PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION <i>(select D-1 or D-2 and if applicable, D-3)</i> <b>NOTE: Skip this section if psychotherapy was checked at the top of this form</b>																
<p><b>D-1.</b> <input type="checkbox"/> I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.</p> <p style="text-align: center;"><b>- OR -</b></p> <p><b>D-2.</b> I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date)</td> <td><input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits)</td> </tr> <tr> <td><input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis)</td> <td><input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)</td> </tr> <tr> <td><input type="checkbox"/> Other limitation: _____</td> <td><input type="checkbox"/> Date Range _____ to _____</td> </tr> </table> <p style="text-align: center;"><b>- AND, IF APPLICABLE -</b></p> <p><b>D-3.</b> Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.</p> <table style="width: 100%;"> <tr> <td>_____ Genetic testing</td> <td>_____ Substance use disorder</td> <td>_____ Mental health (excluding psychotherapy notes)</td> </tr> <tr> <td>_____ Sexually transmitted diseases</td> <td>_____ Abortion</td> <td></td> </tr> </table> <p><b>Note:</b> A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at <a href="http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm">http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm</a></p>					<input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date)	<input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits)	<input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis)	<input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)	<input type="checkbox"/> Other limitation: _____	<input type="checkbox"/> Date Range _____ to _____	_____ Genetic testing	_____ Substance use disorder	_____ Mental health (excluding psychotherapy notes)	_____ Sexually transmitted diseases	_____ Abortion	
<input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date)	<input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits)															
<input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis)	<input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)															
<input type="checkbox"/> Other limitation: _____	<input type="checkbox"/> Date Range _____ to _____															
_____ Genetic testing	_____ Substance use disorder	_____ Mental health (excluding psychotherapy notes)														
_____ Sexually transmitted diseases	_____ Abortion															
<b>CONTINUED ON THE NEXT PAGE</b>																



**PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)**

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: \_\_\_\_\_

**IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If this request is from a personal representative on behalf of the member, complete the following:**

Personal Representative's Name: \_\_\_\_\_

Personal Representative Signature \_\_\_\_\_

Description of Authority:  Parent  Legal Guardian\*  Power of Attorney\*  Other \* \_\_\_\_\_

*\* You must provide documentation supporting your legal authority to act on behalf of the member*

**RETURN TO:**

**Excellus Health Plan  
P.O. Box 21146  
Eagan, MN 55121**

**or Fax: 315-671-7079**

**Please keep a copy for your records**

## 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 gender.

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: 1-800-421-1220  
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 <https://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, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.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.

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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.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে 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.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

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

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

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. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

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  - 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: 1-800-421-1220  
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 <https://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, 1-800-537-7697 (TDD)  
Complaint forms are available at <http://www.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。

Внимани ! 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 anvèlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 봉된 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.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפּר ך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষা কথা বলেন তাহাে আপনার জন্য সহায়তা উপলভ্য য়েছে। আমাদের স্ে যোগাযোগ করা জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

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

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

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

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

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. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.





# 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 percentage of the allowed amount for certain medical services.

## **Deductible**

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

## **Out-of-pocket maximum**

The maximum amount of copays, 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.





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