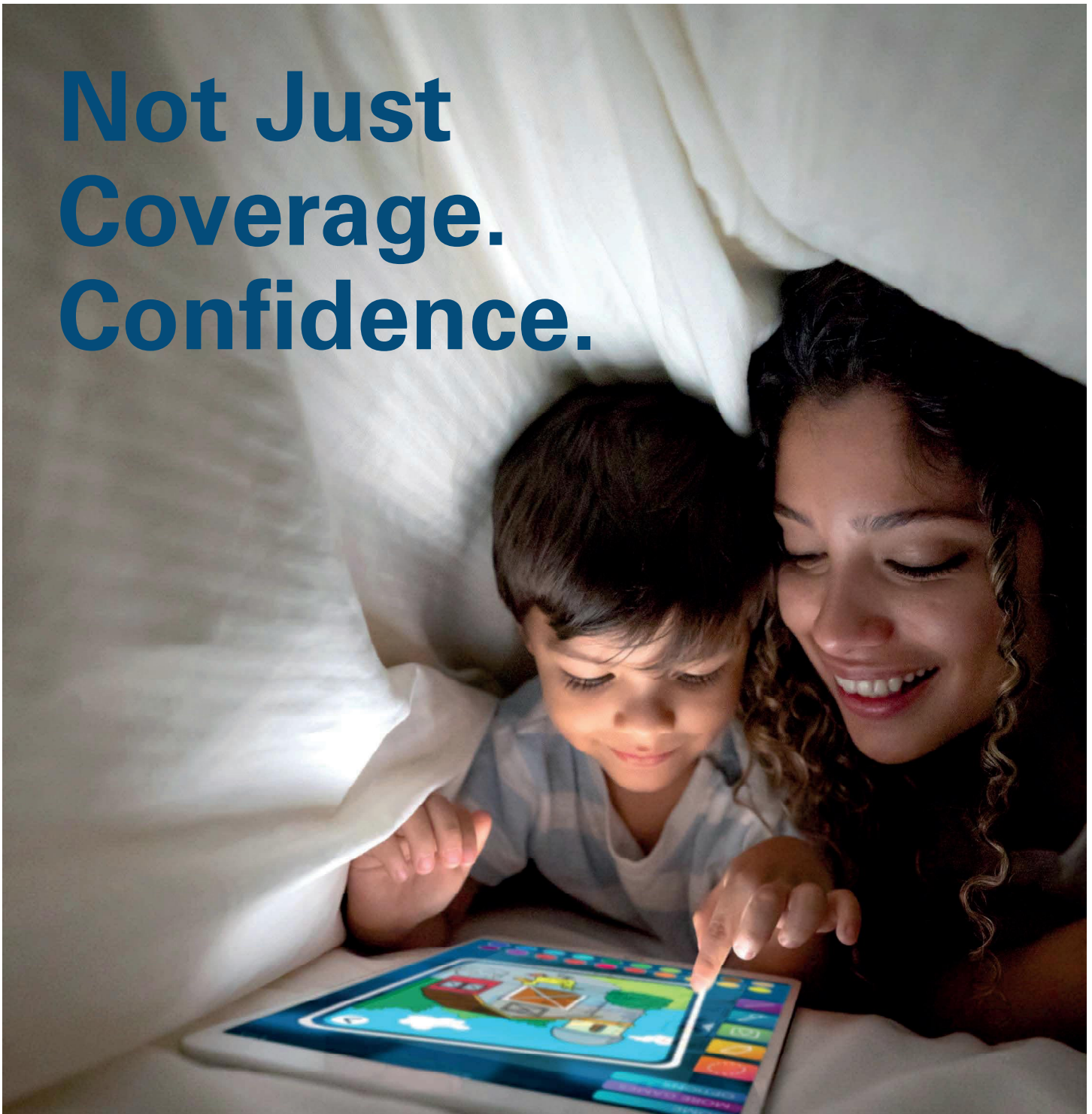


# Not Just Coverage. Confidence.



## Your Benefit Plan Details

**Group Name**

Baldwinsville CSD

**Plan Type**

Classic Blue Rx \$5/\$20/\$40

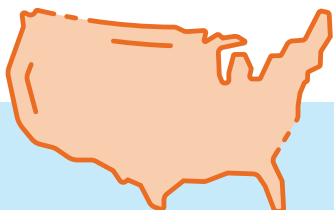


Everybody Benefits

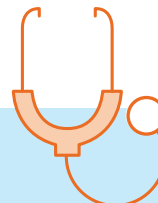
# Welcome to Excellus BlueCross BlueShield!

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.

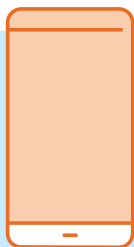
**You can count on your Excellus BCBS plan for care when and where you need it:**



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.

## Baldwinsville CSD

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**Classic Blue Rx**  
**\$5/\$20/\$40**

### **Plan Features**

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Not Covered
Coinsurance	20% Coinsurance Enhanced Benefits Only
Deductible	\$50 Individual/\$150 Family
Out of pocket maximum	\$2450 Individual/\$7350 Family

Questions? For assistance call (877) 253-4797  
Call our TTYphone at 1 (800) 421-1220,  
or visit us at [www.excellusbcbs.com/cnycoop](http://www.excellusbcbs.com/cnycoop)



Type of Care/Plan Benefits	Coverage
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>• Primary Care Physician (PCP)</li> <li>• Referrals</li> <li>• Out of network benefits</li> <li>• Out of area benefits</li> <li>• Student/Dependent coverage</li> <li>• Domestic partner</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>• Office visit copay (Primary Care Physician)</li> <li>• Office visit copay (Specialist)</li> <li>• Coinsurance</li> <li>• Deductible</li> <li>• Annual coinsurance maximum</li> <li>• Annual <b>pharmacy maximum</b></li> </ul>	<ul style="list-style-type: none"> <li>• No copay, office visit covered subject to deductible and coinsurance</li> <li>• Not required</li> <li>• Covered</li> <li>• Coverage provided worldwide through the BlueCard program.</li> <li>• Qualified dependents and students are covered to age 26.</li> <li>• Not covered</li> </ul> <ul style="list-style-type: none"> <li>• No copay, office visit covered subject to deductible and coinsurance</li> <li>• No copay, office visit covered subject to deductible and coinsurance</li> <li>• 20%, enhanced benefits only, unless noted</li> <li>• \$50 individual / \$150 family, enhanced benefits only</li> <li>• \$400 individual / \$1200 family, enhanced benefits only</li> <li>• \$2000 individual / \$6000 family</li> </ul>

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

Type of Care/Plan Benefits	Coverage
<ul style="list-style-type: none"> <li>Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through Express Scripts mail order pharmacy. Contraceptives included.</li> </ul>	<ul style="list-style-type: none"> <li>\$5/\$20/\$40</li> </ul>
<p><b>Inpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>Hospital benefits</li> <li>Physician visits in the hospital</li> <li>Inpatient physical rehabilitation</li> <li>Surgery</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for unlimited days</li> <li>Covered in full</li> <li>Covered in full for 30 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>Emergency room care</li> <li>Freestanding urgent care center</li> <li>Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<p><b>Outpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> <li>Surgical care</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>
<p><b>Mental Health and Chemical Dependence</b></p> <ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care</li> <li>Inpatient chemical dependence</li> <li>Outpatient chemical dependence</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full for unlimited days</li> <li>Covered in full for unlimited visits</li> <li>Covered in full for unlimited days</li> <li>Covered in full for unlimited visits</li> </ul>
<p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>Diabetic insulin and supplies</li> <li>Skilled nursing facility</li> <li>Home care</li> <li>Hospice</li> <li>Outpatient therapy</li> <li>Durable medical equipment</li> <li>External prosthetics</li> <li>Chiropractic</li> <li>Acupuncture</li> <li>Dental</li> </ul>	<ul style="list-style-type: none"> <li>Covered in Full</li> <li>Covered in full for 100 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days</li> <li>Covered in full for up to 60 visits per year. Subject to deductible and coinsurance after basic benefits have exhausted for up to 325 visits per year</li> <li>Covered in full for unlimited days</li> <li>Subject to deductible and coinsurance, limited to 100 visits per calendar year</li> <li>Subject to deductible and coinsurance</li> <li>Subject to deductible and coinsurance</li> <li>Subject to deductible and coinsurance</li> <li>Not covered</li> <li>Not covered</li> <li>Not covered</li> </ul>

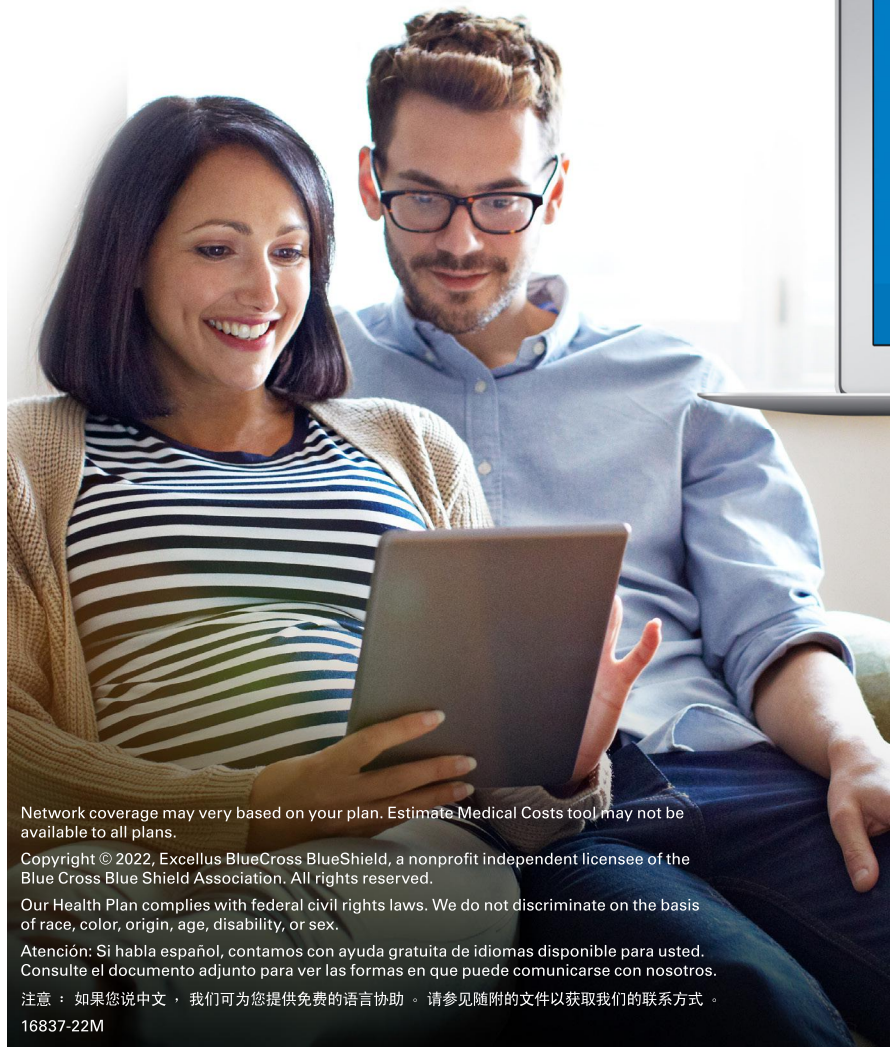
This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements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

# 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



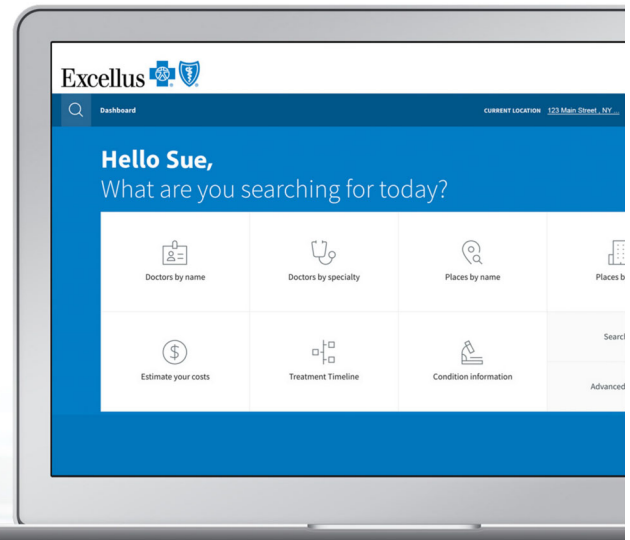
Filter results by specialty, languages spoken, if accepting new patients, provider tier, and more



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.

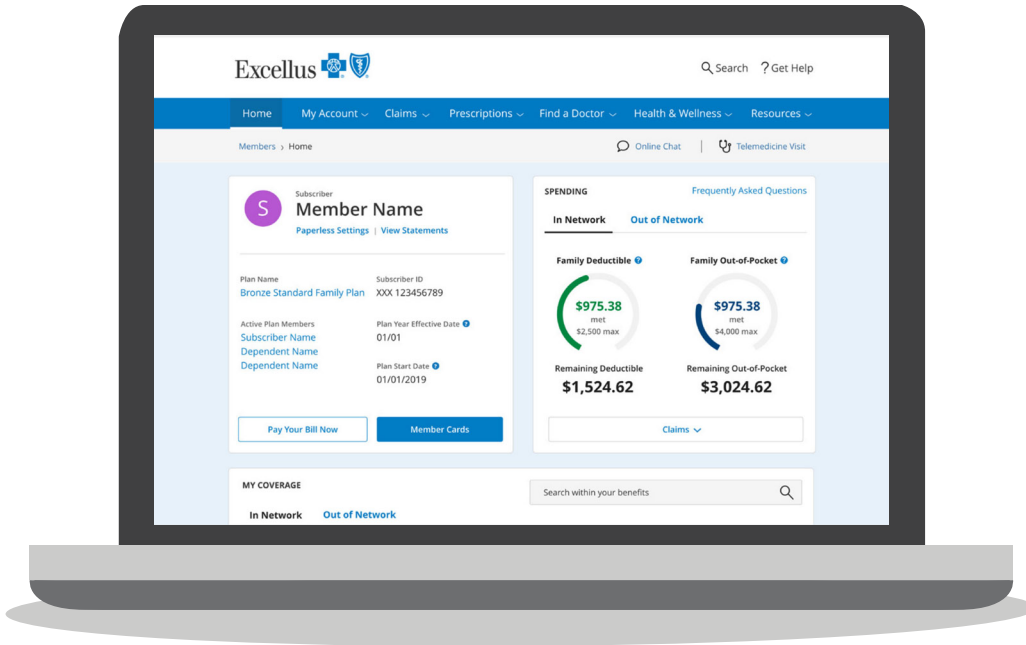
注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

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



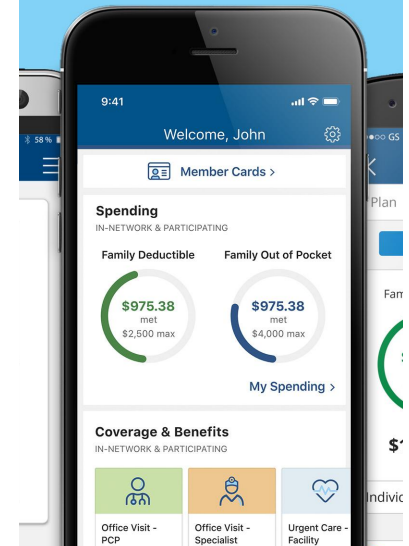
Making the most of your plan shouldn't be complicated. When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to a variety of tools and other resources to make living healthy a little easier.



- 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.\*

## DOWNLOAD THE EXCELLUS BCBS APP.

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



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://www.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.

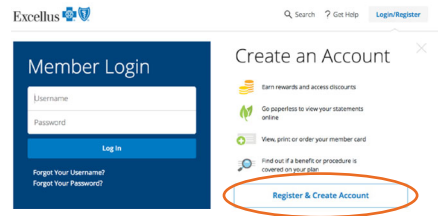
## 1 In Your Browser, Type [ExcellusBCBS.com/login](http://ExcellusBCBS.com/login)

This will take you directly to the registration screen.

Q | Enter Address

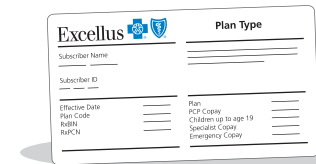
## 2 Create a New Account

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







## Blue Cross Blue Shield Global<sup>®</sup> 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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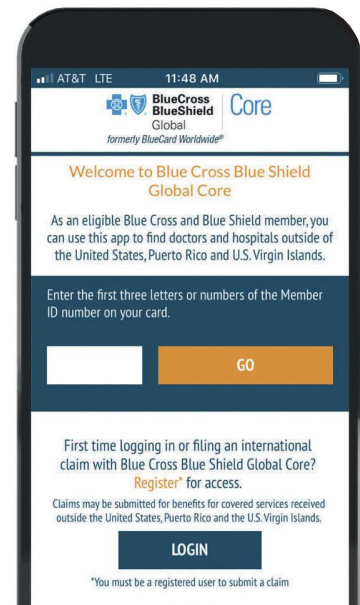
Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

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 / 14112-20

## 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.



# Prescription home delivery

Signing up is as easy as 1, 2, 3...



## Consider home delivery if you:



Want some of your life back? Get a 90-day supply all at once.



Take the same medication(s) every month.



Need help managing your family's prescriptions.

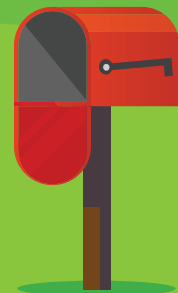
## Home delivery of prescriptions is safe and confidential:

Insulated packaging protects your medications from the sun, rain and cold.



Delivery straight to your mailbox.

Discreet packaging does not reveal contents.



Automatic refill option. Free standard shipping. Express delivery available. Pharmacists available to answer questions. **Call today!**

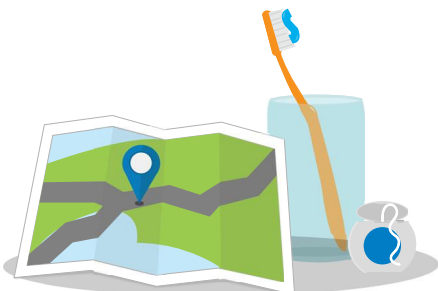




# DENTAL CHECKUPS? YOU'RE COVERED

## NEARLY 50% OF ADULTS OVER AGE 30 HAVE ADVANCED GUM DISEASE\*

Checkups twice a year are included in your dental coverage. So see your dentist regularly and catch problems early, before they become serious – and more costly.



### FIND A DENTIST

Don't have a dentist? We can help.

To access a list of dentists near you, visit:

**[ExcellusBCBS.com/FindADentist](https://www.excellusbcbs.com/FindADentist)**

\*Centers for Disease Control and Prevention, "Periodontal Disease," March 2015.

# MORE DENTISTS. MORE SAVINGS. MORE PEACE OF MIND.

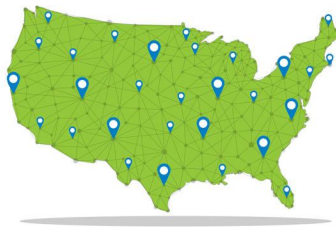
In addition to our local network, your Excellus BlueCross BlueShield dental plan gives you access to more dentists nationwide than ever before through the National Dental GRID+ DenteMax network—one of the largest national PPO dental networks in the country. So you can feel confident knowing you're covered wherever life takes you.



## Having the National Dental GRID+ DenteMax network means:



Access to more than 8,000 dentists across New York state



Coverage in all 50 states, with access to 123,000+ unique providers nationwide



Competitively negotiated rates for increased savings, value, and lower out-of-pocket costs

### With our online Find a Dentist tool, you can quickly and easily find a participating dentist in the National Dental GRID+ DenteMax network:

- Use the National Dental GRID+ DenteMax search option and enter your location to find a provider near you
- Search for a dentist by name, location, and dental specialty
- Filter results by specialty, languages spoken, handicap accessibility, if they're accepting new patients, and more
- See side-by-side comparisons and create a PDF of results to save, share, or print

Find a participating dentist today at [ExcellusBCBS.com/FindADentist](https://www.excellusbcbs.com/FindADentist)

# Excellus Dental Summary of Benefit

Employer Group name: Baldwinsville Central Schools

Plan D01

## Plan Features

Plan Year: 1/1	Type of Tier:
Network In Area: Dental Blue Options Network Out of Area: National Dental GRID+DenteMax	Dependent / student age limit: 19/25
Reimbursement In Network: In Area: BlueShield Fee Schedule Reimbursement In Network Out-of-Area: National Dental GRID+ DenteMax Fee Schedule Reimbursement Out of Network: Custom Fee Schedule	
Annual Plan Deductible: N/A	Annual Plan Maximum per member: \$2000
Deductible applies to: N/A	Annual Max applies to: I, II, III
Ortho Age Limit: N/A	
Lifetime Orthodontia Maximum: N/A	
Timely Filing: 180 Days from Date of Service	Coordination of Benefit: Make Whole

## Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: 100% of Plan Allowance for In & Out of Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>• Comprehensive or Periodic Examination – 2 per calendar year</li> <li>• Cleanings – 2 per calendar year</li> <li>• Fluoride treatments – 4 per calendar year, under age 19</li> <li>• Palliative treatment</li> <li>• Emergency exam</li> <li>• Bitewing x-rays – 2 per calendar year</li> <li>• Full mouth/Panoramic x-rays – once every 36 months</li> <li>• X-rays misc.</li> <li>• Diagnostic Pulp Vitality Test</li> <li>• Sealants – one per posterior tooth per 36 months, under age 19</li> <li>• Periodontal cleaning – 2 per calendar year</li> </ul>	
Type of Care	Benefits Included	Excellus BCBS Pays: 100% of Plan Allowance for In & Out of Network
<b>Class II Basic</b>	<ul style="list-style-type: none"> <li>• Extraction</li> <li>• Impacted teeth</li> <li>• Fillings – amalgam &amp; composite</li> <li>• Space maintainers – under age 19</li> <li>• Endodontics</li> <li>• Oral surgery</li> <li>• General Anesthesia</li> </ul>	

Type of Care	Benefits Included	Excellus BCBS Pays: 80% of Plan Allowance for In & Out of Network
<b>Class III Major</b>	<ul style="list-style-type: none"> <li>• Prosthodontics (removable/fixed) Full or Partial Dentures, Crowns- eligible for replacement every 5 years</li> <li>• Periodontics</li> <li>• Periodontal surgery – osseous surgery, gingivectomy, gingivoplasty, gingival flap procedure</li> <li>• Inlays / Onlays - eligible for replacement every 5 years</li> <li>• Stainless Steel Crowns</li> <li>• Relines / rebases - once every 36 months, must be at least 6 months after initial placement</li> <li>• Repair/Re-cement (Crowns)</li> <li>• Re-cement (Prosthetics)</li> <li>• Repair &amp; Adjustments (Prosthetics) - must be at least 6 months after initial placement</li> <li>• Tissue conditioners</li> <li>• Implants - eligible for replacement every 5 years</li> </ul>	
Type of Care	Benefits Included	Non Covered
<b>Class IV Orthodontia</b>	<ul style="list-style-type: none"> <li>• Not Covered</li> </ul>	
Type of Care	Non Covered	
	<ul style="list-style-type: none"> <li>• Prosthetic Appliance</li> <li>• Dental Consultation</li> <li>• Anesthesia – local, regional and inhalation</li> <li>• Diagnostic Caries Susceptibility Test</li> <li>• Diagnostic Cast</li> <li>• Diagnostic Test and Exams</li> <li>• Diagnostic Oral Pathology and Lab</li> <li>• Restorative – gold foil</li> <li>• Dental veneers</li> <li>• Occlusal Guard</li> <li>• Occlusal Adjustments</li> <li>• Dental Charges – Drugs</li> <li>• TMJ</li> <li>• Orthodontic Services</li> <li>• Diagnostic Photograph/Facial Images</li> <li>• Orthodontic harmful habits</li> </ul>	

## How to Get The Most From Your Plan

### Pre-determination of Benefits

Pre-determination of benefits is recommended for any extensive treatment such as periodontics, orthodontics or prosthetics. A description of planned treatment and expected charges should be sent to the Plan before treatment is started. If there is a major change in the treatment, a revised predetermination of benefits is required. The expenses that will be included as Covered Expenses will be determined by your Plan and are subject to the Alternate Benefit provision. When there has not been a predetermination of benefits, your Plan will determine the expenses that will be included as Covered Expenses at the time the claim is received. Predetermination of Benefits does not guarantee payment and expires one year from date of issue. The estimate of benefits payable may change based on the benefits, if any, for which a person qualifies at the time services are completed.

### Participating Dentists

Excellus BlueCross BlueShield offers a broad participating dental network in the Rochester, Syracuse, Utica and surrounding areas.

You have the option of receiving care from a dentist of your choice. However, choosing a participating dentist may result in savings for you because participating dentists agree to accept our Schedule of Allowances as payment in full for covered services. Aside from any coinsurance, there is no balance billing for covered services when provided by a participating dentist – that’s full coverage with no out-of-pocket expense for your covered routine preventive and diagnostic services.

**Non-participating Dentists**

You have the freedom to see any dentist. Non-participating dentists are not obligated to accept our Schedule of Allowances. You will be responsible for balances of non-participating dentists’ charges.

**Dental Customer Service – for members and dentists**

1-800-724-1675

**Hours:** Monday – Thursday 8:00 am – 5:30 pm

Friday 9:00 am – 5:30 pm

**Mailing address for claims**

Excellus BCBS

P.O. Box 21146

Eagan, MN 55121

\_\_\_\_\_  
Group Administrator

\_\_\_\_\_  
Date

# Excellus Dental Summary of Benefit

Employer Group name: Baldwinsville Central Schools

Plan D02

## Plan Features

Plan Year: 1/1	Type of Tier:
Network In Area: Dental Blue Options Network Out of Area: National Dental GRID+DenteMax	Dependent / student age limit: 19/25
Reimbursement In Network: In Area: BlueShield Fee Schedule Reimbursement In Network Out of Area: National Dental GRID+Dentemax Fee Schedule Reimbursement Out-of-Network: Custom Fee Schedule	
Annual Plan Deductible: N/A Deductible applies to: N/A	Annual Plan Maximum per member: \$1250 Annual Max applies to: I, II, III
Ortho Age Limit: N/A Lifetime Orthodontia Maximum: \$1500	
Timely Filing: 180 Days from Date of Service	Coordination of Benefit: Make Whole

## Plan Benefits

Type of Care	Benefits Included	Excellus BCBS Pays: 100% of Plan Allowance for In & Out of Network
<b>Class I Preventive &amp; Diagnostic</b>	<ul style="list-style-type: none"> <li>Comprehensive or Periodic Oral Examination – 2 per calendar year</li> <li>Cleanings – 2 per calendar year</li> <li>Fluoride treatments – 4 per calendar year, under age 19</li> <li>Palliative treatment</li> <li>Emergency exam</li> <li>Bitewing x-rays – 2 per calendar year</li> <li>Full mouth/Panoramic x-rays – once every 36 months</li> <li>X-rays misc.</li> <li>Diagnostic Pulp Vitality Test</li> <li>Sealants – one per posterior tooth per 36 months, under age 19</li> <li>Periodontal cleaning – 2 per calendar year</li> </ul>	
Type of Care	Benefits Included	Excellus BCBS Pays: 80% of Plan Allowance for In & Out of Network
<b>Class II Basic</b>	<ul style="list-style-type: none"> <li>Extraction</li> <li>Impacted teeth</li> <li>Fillings – amalgam &amp; composite</li> <li>Space maintainers - under age 19</li> <li>Endodontics</li> <li>Oral surgery</li> <li>General Anesthesia</li> </ul>	



Type of Care	Benefits Included	Excellus BCBS Pays: 60% of Plan Allowance for In & Out of Network
<b>Class III Major</b>	<ul style="list-style-type: none"> <li>• Prosthodontics (removable/fixed) Full or Partial Dentures, Crowns- eligible for replacement every 5 years</li> <li>• Periodontics</li> <li>• Periodontal surgery – osseous surgery, gingivectomy, gingivoplasty, gingival flap procedure</li> <li>• Inlays / Onlays - eligible for replacement every 5 years</li> <li>• Stainless Steel Crowns</li> <li>• Relines / rebases - once every 36 months, must be at least 6 months after initial placement</li> <li>• Repair/Re-cement (Crowns)</li> <li>• Re-cement (Prosthetics)</li> <li>• Repair (Prosthetics) - must be at least 6 months after initial placement</li> <li>• Tissue conditioners</li> <li>• Implants - eligible for replacement every 5 years</li> </ul>	
Type of Care	Benefits Included	Excellus BCBS Pays: 50% of Plan Allowance for In & Out of Network
<b>Class IV Orthodontia</b>	<ul style="list-style-type: none"> <li>• Initial banding &amp; monthly follow-up treatment</li> <li>• Diagnostic Photograph/Facial Image</li> <li>• Additional Panoramic X-ray – 1 every 36 months</li> <li>• Orthodontic Harmful Habits</li> </ul>	
Type of Care	Non-Covered	
	<ul style="list-style-type: none"> <li>• Prosthetic Appliance</li> <li>• Dental Consultation</li> <li>• Anesthesia – local, regional and inhalation</li> <li>• Diagnostic Caries Susceptibility Test</li> <li>• Diagnostic Cast</li> <li>• Diagnostic Test and Exams</li> <li>• Diagnostic Oral Pathology and Lab</li> <li>• Restorative – gold foil</li> <li>• Occlusal Adjustments</li> <li>• Dental veneers</li> <li>• Occlusal Guard</li> <li>• Dental Charges – Drugs</li> <li>• TMJ</li> </ul>	

## How to Get The Most From Your Plan

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Eagan, MN 55121

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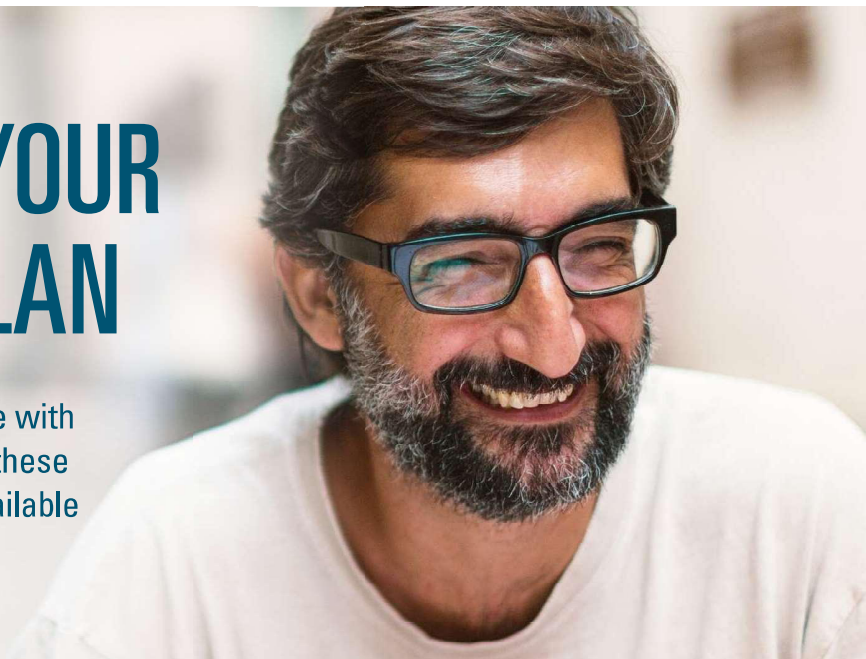
Group Administrator

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Date

# GET MORE FROM YOUR SIMPLY VISION<sup>SM</sup> PLAN

In addition to the eye health benefits that come with your vision plan, be sure to take advantage of these exclusive member-only perks and discounts available through our partner, **Davis Vision**.



## Eyeglasses Breakage Warranty<sup>1</sup>

- Includes repair or replacement of your plan-covered spectacle lenses, Exclusive Collection frame, or frame from a network retail location where the Collection is not displayed
- Valid one year from date of delivery



## Additional Pairs of Glasses<sup>1</sup>

- Used after benefits are exhausted
- 30% off at independent retailers
- 50% off at VisionWorks<sup>2</sup>
- Eligible on glasses and sunglasses
- Contact lenses are available at a 10% discount



## QualSight Laser Vision Correction

- Free LASIK consultation
- Under \$1,000/eye for Conventional LASIK (usually \$1,677/eye)
- 40-50% off the national average price
- 1,000 locations nationwide

## Hearing Aid Discounts

Access exclusive discounts from Your Hearing Network, including:

- Free Hearing Exam
- Discounts up to 40% on premium hearing aids
- 60-day money-back guarantee
- 1 year of follow-up care
- 4-year service warranty
- 4-year supply of batteries



## Online Shopping

Use your network benefits at 1800Contacts.com, Glasses.com, and Befitting.com to purchase lenses, frames, and contacts at the same low out-of-pocket costs as you would at in-network brick-and-mortar locations.



## Special Offers

- Enjoy limited-time offers on rebates for lenses and frames, along with additional discounts at online providers.
- Special offers and discounts will vary as new offers are added and others expire.

**Talk to your benefits administrator for more details. Already a Simply Vision member? Access your Davis Vision discounts and perks through your member account at [Member.ExcellusBCBS.com](https://Member.ExcellusBCBS.com)**

This is not a summary of benefits. See member contract for details.  
Discounted prices are not insurance. See contract for full details.

<sup>1</sup> Some limitations apply to additional discounts. Not all providers participate in Davis Vision Discounts. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount. The one-year breakage warranty applies to all plan-covered eyeglasses.

<sup>2</sup> Enhanced frame allowance is available at all VisionWorks locations nationwide. Excludes Maui Jim eyewear. Davis Vision is an independent company providing vision benefit management services and access to their network. © 2021 Excellus BlueCross BlueShield, a nonprofit independent licensee of the Blue Cross Blue Shield Association. 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。

B-7906 / 15683-21M





## VISION PLAN TERMS

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

### **Copayment (or Copay)**

A dollar amount due at the time you receive certain services. A typical example would be an eye exam copay due when visiting your eye care provider's office.

### **Covered in Full**

100% of the total cost is covered by us and you do not have to pay anything.

### **Allowance**

The maximum amount the insurance company will pay for a specific vision benefit, typically retail items like frames and lenses. You are responsible for any costs over the allowance amount. For example, if your frames cost \$200 and your plan's frames allowance is \$150, the vision plan pays \$150 and you pay the remaining \$50.

### **Fee Schedule**

The maximum amount the insurance company will pay for specific vision procedures or services, such as an eye exam.

### **Participating Provider (in-network)**

These vision providers and retailers agree to accept the fee schedule as payment in full for services performed and will not bill you for an additional amount. They also agree to accept payment from us for the allowance amount and only bill you for the overage amount.

### **Non-Participating Provider (out-of-network)**

These providers and retailers are not part of the Davis Vision network. When you receive care from a non-participating provider it will cost you more out-of-pocket.

You can reduce your out-of-pocket costs by seeing a participating vision provider. Find a Davis Vision network provider near you by visiting our website at [ExcellusBCBS.com](http://ExcellusBCBS.com).

\*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.



**Welcome to your vision plan, powered by Davis Vision!**

We are pleased to provide you with information on your vision benefit to help you care for your vision and eye health - a key part of overall health and wellness!

**Using your benefits is easy!** Just log on to [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com) to access your vision plan details or call us at 1.888.921.1194.

**Make an appointment.** Tell your provider you are an Excellus BCBS member with coverage through Davis Vision. Provide your member ID number (located on your member card), name and date of birth, and do the same for your covered dependents seeking vision services. Your provider will take care of the rest!

**Your Simply Vision Gold Benefits**



Benefit	Frequency Once every -	In-network Copay	In-network Coverage
<b>Eye Examination</b>	January 1	\$10	Covered in full, after copay. <i>Includes dilation when professionally indicated.</i>
<b>Spectacle Lenses</b>	January 1	\$25	Clear plastic lenses in any single vision, bifocal, trifocal or lenticular prescription. Covered in full, after copay. (See below for additional lens options and coatings.)
<b>Frame</b>	other January 1	\$0	<p><b>Covered in Full Frames:</b> Any Fashion, Designer or Premier level frame from the Exclusive Collection<sup>2</sup> (retail value, up to \$195).</p> <p><b>OR, Frame Allowance:</b> \$150 toward any frame from provider plus 20% off any balance.<sup>1</sup> No copay required.</p> <p><b>OR, Visionworks Frame Allowance:</b> \$200 allowance plus 20% off any balance toward any frame from a Visionworks family of store locations.<sup>4</sup> No copay required.</p>
<b>Contact Lens Evaluation, Fitting &amp; Follow Up Care</b>	January 1	\$25	<p><b>Davis Vision Collection Contacts:</b> After copay, covered in full.</p> <p><b>Standard, Soft Contacts:</b> After copay, covered in full.</p> <p><b>Specialty Contacts<sup>3</sup>:</b> \$60 allowance, plus 15% off balance<sup>1</sup>. No copay required.</p>
<b>Contact Lenses (in lieu of eyeglasses)</b>	January 1	\$0	<p><b>Covered in Full Contacts:</b> From Davis Vision's Collection<sup>2</sup>, up to: Planned Replacement: Four boxes/multi-packs* Disposable: Eight boxes/multi-packs*</p> <p><b>OR, Contact Lens Allowance:</b> \$150 allowance toward any contacts from provider's supply plus 15% off balance.<sup>1</sup> No copay required.</p> <p><b>OR, Visually Required Contacts:</b> Covered in full with prior approval.</p> <p><small>*Number of contact lens boxes may vary based on manufacturer's packaging.</small></p>

	Member Price
Davis Vision Collection Frames: Fashion   Designer   Premier .....	\$0   \$0   \$0
Tinting of Plastic Lenses .....	\$0
Oversize Lenses.....	\$0
Scratch-Resistant Coating.....	\$0
Premium Scratch-Resistant Coating .....	\$30
Ultraviolet Coating.....	\$0
Anti-Reflective Coating: Standard   Premium   Ultra   Ultimate .....	\$35   \$48   \$60   \$85
Polycarbonate Lenses .....	\$0
High-Index Lenses 1.67   1.74 .....	\$55   \$120
Progressive Lenses: Standard   Premium   Ultra   Ultimate .....	\$0   \$40   \$90   \$125
Polarized Lenses .....	\$75
Photochromic Lenses (i.e. Transitions®, etc.) <sup>5</sup> Glass   Plastic .....	\$0   \$65
Intermediate (Digital) Single Vision Lenses.....	\$0
Scratch Protection Plan: Single Vision   Multifocal Lenses .....	\$20   \$40
Blended Lenses.....	\$0
Trihex Lenses .....	\$50
Blue Light Filtering.....	\$15
<b>Additional Savings!</b>	
Retinal Imaging.....	\$39

<sup>1</sup> Some limitations apply to additional discounts, discounts not applicable at all in-network providers.  
<sup>2</sup> The Exclusive Collection is available at most participating independent provider locations.  
<sup>3</sup> Including, but not limited to toric, multifocal and gas permeable contact lenses.  
<sup>4</sup> Enhanced frame allowance available at all Visionworks Locations nationwide Excludes Maui Jim eyewear.  
<sup>5</sup> Transitions® is a registered trademark of Transitions Optical Inc.

*Please note: Your provider reserves the right to not dispense materials until all applicable member costs, fees and copayments have been collected. Contact lenses: Routine eye examinations do not include professional services for contact lens evaluations. Any applicable fees above the evaluation and fitting allowance are the responsibility of the member. If contact lenses are selected and fitted, they may not be exchanged for eyeglasses. Progressive lenses: If you are unable to adapt to progressive addition lenses you have purchased, conventional bifocals will be supplied at no additional cost; however, your copayment is nonrefundable. May not be combined with other discounts or offers. Please be advised these lens options and copayments apply to in-network benefits.*

*Disclaimer: 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*

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

## Frequently Asked Questions

### How can I contact Member Services?

Call 1.888.921.1194 for automated help 24/7. Live help is also available seven days a week: Monday-Friday, 8 a.m.-11 p.m. | Saturday, 9 a.m.-4 p.m. | Sunday, 12 p.m.-4 p.m. (Eastern Time). (TTY services: 1.800.523.2847.)

### What frames are in the Exclusive Collection?

Our Collection offers a great selection of fashionable and designer frames, most of which are covered in full. No wonder 8 out of 10 members select a Collection frame. Log on to [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com) to access your Davis Vision account and take a look!

### When will I receive my eyewear?

Your eyewear will be delivered to your network provider generally within five business days of order receipt. Special prescriptions, lens coatings, provider frames or out-of-stock frames may delay the standard turnaround time.

### Do I need a claim form?

Claim forms are only required if you visit an out-of-network provider. Claim forms are available on [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com) in the vision plan section.

### Can I split my benefits?

You may split your benefits by receiving your eye examination and eyeglasses or contact lenses on different dates or through different provider locations. To maximize your benefit value we recommend that all services be obtained from a network provider.

### Can I use an out-of-network provider?

Yes; however, you receive the greatest value by staying in-network. If you go out-of-network, pay the provider at the time of service, then submit a claim to Davis Vision for reimbursement, up to the following amounts: eye exam - \$30 | single vision lenses - \$25 | bifocal/progressive - \$35 | trifocal - \$45 | lenticular - \$60 | frame - \$30 | elective contacts - \$75 | visually required contacts - \$225.

### Are there any exclusions to the vision benefits?

Your vision plan does not cover medical treatment of eye disease or injury; vision therapy; special lens designs or coatings, other than those described herein; replacement of lost eyewear; non-prescription (plano) lenses; contact lenses and eyeglasses in the same benefit cycle; services not performed by licensed personnel; two pair of eyeglasses in lieu of bifocals. See member certificate for full exclusions.

## DAVIS VISION EXTRAS!

**One Year Breakage Warranty** Repair or replacement of your plan covered spectacle lenses, Collection frame or frame from a network retail location where the Collection is not displayed.

**Additional Savings** Members will receive 50% off of additional complete pairs of eyeglasses and sunglasses at Visionworks and 30% off at other participating providers on the same transaction. Otherwise, a 20% discount off the provider's usual and customary rate is available. Contact lenses are available at a 10% discount.<sup>6</sup>

**Mail Order Contact Lenses** Replacement contacts (after initial benefit) through [www.DavisVisionContacts.com](http://www.DavisVisionContacts.com) mail-order service ensures easy, convenient, purchasing online and quick, direct shipping to your door. Log on to our member Web site for details.

**Laser Vision Correction** Davis Vision provides you and your eligible dependents with the opportunity to receive discounted laser vision correction, often referred to as LASIK. For more information, visit [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com) and navigate to your Davis Vision account.

**Low Vision Services** Comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Covers up to four follow-up visits in five years.

**Eye Health & Wellness** Log on and learn more about your eyes, health and wellness; common eye conditions that can impair vision; and what you can do to ensure healthy eyes and a healthier life.

**For more details...** about your vision benefits, patient rights and responsibilities about Davis Vision or to obtain a copy of Davis Vision's Privacy Practices Notice, please log on to [Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com) to access your vision plan details or contact us at 1.888.921.1194.

*Excellus BCBS and Davis Vision have made every effort to correctly summarize your vision plan features herein. In the event of a conflict between this information and your member contract, the terms of the contract will prevail.*

*Davis Vision is an independent company providing vision benefit management services and access to their network.*

<sup>6</sup>Some limitations apply to additional discounts, discounts not applicable at all in-network providers.

# 24/7 NURSE CALL LINE



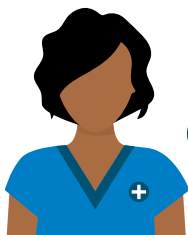
## The support you need whenever you need it.

You can contact a nurse by phone anytime - 24 hours a day, seven days a week - with general health questions. Nurses can provide support on the phone or through follow-up educational mailings. If you need ongoing support, you may be referred to a member care manager so you will have the support that best fits your needs.

### Key features:

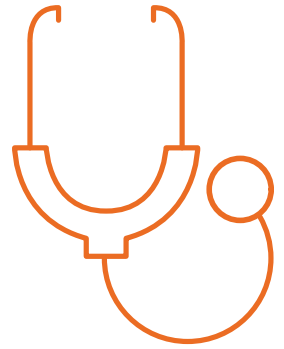
- Available 24/7
- Decision making support and education anytime you need it
- Assistance with finding providers
- Nutrition information
- Information regarding medications and diagnoses
- Referrals, as appropriate, into the larger Care Management program for enhanced support by a dedicated care manager

The 24/7 nurse 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 physician directly.







**Ask a Nurse today.**  
**Call 1-800-348-9786 (TTY/TDD 1-800-662-1220).**

# KNOW WHERE TO GET CARE



You have options when choosing where to go for medical care. Here are some tips to help you make the right choice for where to go the next time you need care.

WHERE TO GO	COST	CHOOSING THE BEST OPTION
 <p><b>Primary Care Physician</b></p>	<p>\$</p>	<p>Your doctor should be your <b>first choice</b> for routine medical care or minor illnesses or injuries that are not an emergency. You may have an office visit copay depending on your plan.</p> <p><b>TIP:</b> If you can't make it to their office, you might be able to schedule a remote visit with your doctor through phone or video connection, known as telehealth. Check with your primary care physician to see if they offer this option.</p>
 <p><b>Telemedicine</b></p>	<p>\$</p>	<p>If your doctor isn't available for minor medical or behavioral health needs, telemedicine may be an option for you. Telemedicine gives you fast and convenient access to a doctor 24/7/365 wherever you are through your phone, tablet, or computer. Register today at <a href="http://Member.ExcellusBCBS.com">Member.ExcellusBCBS.com</a></p> <p><b>Medical Telemedicine for:</b></p> <ul style="list-style-type: none"> <li>• Allergies • Asthma • Cold &amp; Flu • Constipation • Diarrhea</li> <li>• Fever • Joint Aches • Nausea • Pink Eye • Rashes • And more</li> </ul> <p><b>Behavioral Health Telemedicine for:</b></p> <ul style="list-style-type: none"> <li>• Addictions • Anxiety • Bipolar disorders • Depression</li> <li>• Eating disorders • Grief and loss • LGBTQ support</li> <li>• Panic disorders • Stress • And more</li> </ul>
 <p><b>Urgent Care</b></p>	<p>\$\$</p>	<p>If your medical issue is not life threatening and your doctor isn't available, you can visit an urgent care center and get the care you need.</p> <ul style="list-style-type: none"> <li>• Minor cuts, bruises or burns • Muscle strains or sprains</li> <li>• Cold and flu treatment</li> </ul>
 <p><b>Emergency Room</b></p>	<p>\$\$\$</p>	<p>You should only go to the emergency room if you have a serious or potentially life-threatening medical condition. Call 911 for assistance. Do not try to drive yourself there.</p>

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# PEACE OF MIND. FREE OF CHARGE.

SCHEDULE YOUR ANNUAL  
CHECKUP TODAY



Stay a step ahead of future health issues by staying on top of your routine checkups today.

✓ PREVENTIVE CARE KEEPS YOU HEALTHY. AND IT'S COVERED.\*



Annual Routine Checkup



Diabetes (Type 2) Screening



Annual OB/GYN Visit



Immunizations



Cholesterol Screening



Mammography Screening



Colorectal Cancer Screening



Well-Child Visit

See the full list of preventive care services available to you at  
[ExcellusBCBS.com/PreventiveCare](https://www.ExcellusBCBS.com/PreventiveCare)

Download the Excellus BCBS app and register your online account.



\*A well visit or preventive service can sometimes turn into a "sick visit," in which out-of-pocket expenses for deductible, copay and/or coinsurance may apply. There may also be other services performed in conjunction with the above preventive care services that might be subject to deductible, copay and/or coinsurance. Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.

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B-7332/15926-22M



A nonprofit independent licensee of the Blue Cross Blue Shield Association

# Baldwinsville CSD

FOR INTERNAL USE ONLY

HIOS ID# \_\_\_\_\_  
EC \_\_\_\_\_

## Commercial Group Health Insurance Application/Change Form

**CONFIDENTIAL**

Please print clearly and complete all sections that apply. Signatures are required. Additional instructions included on Page 4.

### Section 1: Employer Group & Benefit Information To be completed with your Group Administrator

Baldwinsville CSD COOP HEALTH INS FUND  
Employer Name Association/Chamber Name (if applicable) **Check Desired Action**  
 Add  Cancel  Change

Group Administrator's Signature (required) Date Employee Number Department Number

#### Medical Information

00122969  
Medical Group Number (8 digits)

#### Who's covered?

- Self Only
- Self & Child(ren)
- Self & Spouse/Domestic Partner
- Family

#### Subscriber Status:

- Actively Working
- Retired
- Disabled
- Canceled
- COBRA

Medical Effective Date

Subgroup Class

#### Dental Information

00123182  
Dental Group Number

#### Who's covered?

- Self Only
- Self & Child(ren)
- Self & Spouse/Domestic Partner
- Family

Dental Effective Date

Subgroup Class

#### Medical Plan Selection

- AVM Classic Blue
- CKV Classic Blue
- YZ Classic Blue
- ZP Classic Blue
- YV Classic Blue

#### Dental Plan Selection

- DKJ Plan 1
- DKK Plan 2

#### Vision Information

00123388  
Vision Group Number

#### Who's covered?

- Self Only
- Self & Child(ren)
- Self & Spouse/Domestic Partner
- Family

Vision Effective Date

Subgroup Class

#### Vision Plan Selection

- (VAJ) Simply Vision Gold - Option 4 - Exam 1 Year Lens
- 

### Section 2: Subscriber's Information

\_\_\_\_\_  
Last Name

Birthdate: \_\_\_\_\_

\_\_\_\_\_  
First Name

#### Gender:

- Male
- Female
- Gender X

#### Gender identity (optional):

- Transgender Male
- Transgender Female
- Prefer not to say
- Non-binary
- Prefer to self-describe: \_\_\_\_\_

\_\_\_\_\_  
Middle Initial Title (e.g., Jr, Sr, III, etc.)

Social Security Number\*\* \_\_\_\_\_

Date of Hire/Rehire: \_\_\_\_\_

\_\_\_\_\_  
Street Address

Retirement Date: \_\_\_\_\_

\_\_\_\_\_  
City State

Age 65+  Disability  
 End Stage Renal \*

Subscriber's Medicare Number (if applicable)

\_\_\_\_\_  
Medicare Part A Effective Date Medicare Part B Effective Date

\_\_\_\_\_  
Zip Code Phone

**Section 3: Reason for enrollment or change** To be completed by the Group Administrator Not required for cancellations

**Enrollment Opportunity:**  New Hire  Rehire  Open Enrollment  Medicare eligible

**Special Enrollment Opportunity:**  Newly Eligible Dependent:  Newborn  Marriage  Other \_\_\_\_\_

Change in employment status  A move in or out of the service area

Involuntary loss of coverage  Former dependent regains eligibility

**Date of Event** \_\_\_\_ . \_\_\_\_ . \_\_\_\_

**COBRA Election - Please indicate the reason for COBRA if applicable:**

Left Employment/Retired  Divorce/Legal Separation  Loss of Student Status  Death of Spouse

Disability  Dependent Reached Max Age  Other: \_\_\_\_\_

**Demographic Change:**  Address  Birthdate  Subscriber Name  Dependent Name  Phone Number

**Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?**

Subscriber	Cancel Code:	Medical Cancel Date:	Dental Cancel Date:	Vision Cancel Date:
<b>Cancel Codes:</b>				
SB02-Left Employment	SB58-Change in Employee Eligibility Status	SB08-Subgroup Transfer*	* = Not eligible for COBRA	
SB06-Employee No Longer Wants Coverage* (subscriber request)	SB07-Deceased	SB09-Enrolled in Error*	SB44-Medicare Eligible (Moved to Medicare plan with same employer)	SB57- Layoff Without Benefits

Dependent(s)	Name:	Cancel Code:	Medical Cancel Date:	Dental Cancel Date:	Vision Cancel Date:
<b>Cancel Codes:</b>					
* = Not eligible for COBRA					
M002-Deceased*	M005-Divorced	M010-Overage Dependent	M014-YA No Longer Qualifies*	M013-Ineligible Dependent	M009-Marriage
M003-Subscriber No Longer Wants to Cover Dependent*	M007-Dependent No Longer Wants Coverage*	M008-Moved Out of Area*	M040-Medicare Same Group*	M011-No Longer a Student	M004-Enrolled in Error*

**Section 5: Information about who you would like coverage for (dependent information)**

Spouse  Domestic Partner  Dependent Child  Disabled Dependent Child (Separate application form required)

Other \_\_\_\_\_

\_\_\_\_\_

**Last Name** (if different) \_\_\_\_\_ **Title** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Social Security Number** \*\* \_\_\_\_\_

**Gender:**  Male  Female  Gender X **Birthdate** \_\_\_\_\_

**Gender identity (optional):**  Transgender Male  Transgender Female  Non-binary  Prefer not to say  Prefer to self-describe: \_\_\_\_\_

Is dependent a full-time student over age 19?  Yes  No Married?  Yes  No Expected Graduation Date: \_\_\_\_\_

If yes, please provide name of college/university \_\_\_\_\_ Will dependent further education after graduation?  Yes  No

Medicare Eligible  Yes  No If yes, indicate reason  Age 65+  Disability  End Stage Renal \*

Part A Effective Date: \_\_\_\_\_ Part B Effective Date: \_\_\_\_\_

Medicare Number (if applicable) \_\_\_\_\_

**↓ Additional Dependent(s) ↓**

Dependent Child  Disabled Dependent Child (Separate application form required)  Other \_\_\_\_\_

\_\_\_\_\_

**Last Name** (if different) \_\_\_\_\_ **Title** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Social Security Number** \*\* \_\_\_\_\_

**Gender:**  Male  Female  Gender X **Birthdate** \_\_\_\_\_

**Gender identity (optional):**  Transgender Male  Transgender Female  Non-binary  Prefer not to say  Prefer to self-describe: \_\_\_\_\_

Is dependent a full-time student over age 19?  Yes  No Married?  Yes  No Expected Graduation Date: \_\_\_\_\_

If yes, please provide name of college/university \_\_\_\_\_ Will dependent further education after graduation?  Yes  No

Medicare Eligible  Yes  No If yes, indicate reason  Age 65+  Disability  End Stage Renal \*

Part A Effective Date: \_\_\_\_\_ Part B Effective Date: \_\_\_\_\_

Medicare Number (if applicable) \_\_\_\_\_

Dependent Child     Disabled Dependent Child (Separate application form required)     Other \_\_\_\_\_

**Last Name** (if different) \_\_\_\_\_ **Title** \_\_\_\_\_ **First Name** \_\_\_\_\_ **MI** \_\_\_\_\_ **Social Security Number** \*\* \_\_\_\_\_  
**Gender:**  Male     Female     Gender X    **Birthdate** \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
**Gender identity (optional):**  Transgender Male     Transgender Female     Non-binary     Prefer not to say     Prefer to self-describe: \_\_\_\_\_  
 Is dependent a full-time student over age 19?  Yes  No    Married?  Yes  No    Expected Graduation Date: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 If yes, please provide name of college/university \_\_\_\_\_    Will dependent further education after graduation?  Yes  No  
 Medicare Eligible  Yes  No    If yes, indicate reason     Age 65+     Disability     End Stage Renal \*  
 \_\_\_\_\_    Part A Effective Date: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_    Part B Effective Date: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Medicare Number (if applicable) \_\_\_\_\_

**Note: Use an additional application or addendum if more than three dependents need coverage**

### Section 6: Other coverage information (Required) - You may be contacted for additional information

Have you or any member of your family been enrolled in other medical or dental coverage?  Yes  No  
 If yes, what type of coverage?  Medical     Dental  
 What is the effective date of the other coverage?  Medical: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_     Dental: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 What is the name of the other carrier? \_\_\_\_\_  
 Are you keeping the coverage?  Yes  No  
 If no, when will the coverage end?  Medical: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_     Dental: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Policyholder's name \_\_\_\_\_ ID#(s) \_\_\_\_\_  
 Who did the insurance cover?  Self Only     Self & Spouse/Domestic Partner     Self & Child(ren)     Family

### Section 7: Release - You must sign and date this form to be eligible for health insurance

I acknowledge and agree that by signing this enrollment form and subsequently accepting services, I and everyone else who is covered under the contract you issue is bound by the terms and conditions of the contract applicable to my coverage. This includes, without limitation, the terms and conditions regarding the receipt and release of medical records and information. I make this acknowledgement and agreement on behalf of myself and each other person who accepts coverage under the terms of the contract applicable to my coverage (who may include, for example my spouse and my eligible family dependents).

I hereby accept responsibility for payment of any portion of the premium.

I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

Pediatric dental is an essential health benefit mandated by the ACA. If your employer group does not provide pediatric dental coverage through this Excellus BCBS plan, you agree to enroll in the dental plan offered to you by your employer.

**EXCLUSIVE PROVIDER ORGANIZATION (EPO)** I understand that if I elect Exclusive Provider Organization (EPO) coverage, except in an emergency, all care must be provided by medical providers who participate with the EPO and I will not receive benefits for care that I receive from providers who do not participate with the EPO. **PREFERRED PROVIDER ORGANIZATION (PPO)** I understand that the Preferred Provider Organization (PPO) coverage is comprised of an in-network benefit that is dependent on the utilization of medical providers who participate with the PPO and out-of-network benefit that provides coverage for services of medical providers who do not participate with the PPO. I understand that the in-network benefit provides the highest level of coverage under the plan.

I have thoroughly read, understand and agree to comply with the terms of the release in this section.

**Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed \$5,000 and the stated value of the claim for each such violation.**

**Subscriber Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to P.O. Box 21146 Eagan, MN 55121-0146  
 If you have questions, please contact your Group Administrator. Or, visit us at: [ExcellusBCBS.com](http://ExcellusBCBS.com)

## Instructions for completing the Group Health Insurance Application/Change Form

### Section 1: Employer Group & Benefit Information

This section should be completed with your Group Administrator. Group Administrator's signature is required. Medical, dental and/or vision group numbers and information must be populated. Select who you need coverage for on the medical, dental and/or vision plan(s). Next, select the medical, dental and/or vision plan(s) you are enrolling in. All products may not be applicable to your employer group. Please check with your Group Administrator. Indicate the subscriber's status.

### Section 2: Subscriber's Information

This section should be completed by the Subscriber. \*\*We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act. \* There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

**Gender and gender identity:** Excellus BlueCross BlueShield does not discriminate on the basis of gender identity, gender expression or behavior. In order to ensure that you are receiving access to high quality, affordable health care based on your individual needs, we ask that you consider completing this **optional gender identity section** of the application. Excellus BlueCross BlueShield will not limit coverage or impose any additional cost-sharing for any otherwise-covered services that are ordinarily available to individuals of one sex, to a transgender individual, based on the fact that an individual's sex assigned at birth, gender identity, gender expression or behavior or gender otherwise recorded is different from the gender for which health care services are ordinarily available.

### Section 3: Reason for enrollment or change

Select the box(es) that describe(s) the reason for this enrollment or change regarding health insurance coverage and include the date of the event. An event is a specific occurrence, due to change in status, marriage, divorce, birth or adoption, group's anniversary date, or rate change. Your request must be received within 30 days of the event date. Please see your Group Administrator for events that fall outside the 30-day period. You may be required to provide documentation of certain events.

### Section 4: Cancel Information - If canceling coverage, who are you canceling coverage for?

If you are canceling coverage, complete the appropriate section for who you are canceling. List the cancel code and enter the date(s) the coverage is to be canceled. List each applicable dependent to be canceled.

### Section 5: Information about who you would like coverage for (dependent information)

Please include information about all the people who you would like coverage for.

Use an additional application or addendum if more than three dependents need coverage.

If your dependents are Medicare eligible, complete the questions regarding Medicare coverage.

Qualified guidelines for coverage include:

- A legal spouse/domestic partner (An ex-spouse no longer qualifies as of the date court documents are stamped and filed with the county clerk)
- Must be under the eligible child age for your employer group including natural, adopted or stepchild(ren)
- Child(ren) Only coverage is available for children up to age 26 or 29 depending on the employer group coverage.
- There are additional eligibility requirements for dependents pending adoption, for which you are the legal guardian, and/or a disabled dependent who is over the maximum dependent age. Please contact your Group Administrator for the appropriate form.

\*\*We are required to ask for your social security number in order to meet our reporting obligations under the Affordable Care Act.

\* There is additional information needed if eligible for Medicare due to ESRD. Please contact your Group Administrator for the appropriate form.

A separate Adult Disabled Dependent application form is required for applicable dependents. Please contact your Group Administrator for the appropriate forms.

### Section 6: Other coverage information (Required)

Please include accurate information in this section. This could affect the processing of your application and/or claims.

### Section 7: Release

Subscriber signature and date are required in this section. The subscriber must sign the application prior to or within 30 days of the effective date or qualifying event date.

# 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.

# 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.



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