Not just coverage.
Confidence.

Your Benefit Plan Details

Group Name
OCM Boces

Plan Type
Classic Blue RX w $15/$30/$45 w Edits

Excellus BlueCross BlueShield | 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**

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.

OCM Boces

Classic Blue RX w $15/$30/$45 w Edits

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
Deductible	$50 Individual/$150 Family
Out of pocket maximum	$2450 Individual/$7350 Family

Type of Care/Plan Benefits	Coverage
Plan features	
. Primary Care Physician (PCP)	• No copay, office visit covered subject to deductible and coinsurance
. Referrals	• Not required
. Out of network benefits	• Covered
. Out of area benefits	• Coverage provided worldwide through the BlueCard program.
. Student/Dependent coverage	• Qualified dependents and students are covered to age 26.
. Domestic partner	• Not covered
Plan cost-sharing highlights	
. Office visit copay (Primary Care Physician)	• No copay, office visit covered subject to deductible and coinsurance
. Office visit copay (Specialist)	• No copay, office visit covered subject to deductible and coinsurance
. Coinsurance	• 20%, enhanced benefits only, unless noted
. Deductible	• $50 individual / $150 family, enhanced benefits only
. Annual coinsurance maximum	• $400 individual / $1200 family, enhanced benefits only
. Annual pharmacy maximum	• $2000 individual / $6000 family

type of care/plan benefits	Coverage
Wellness Incentive	
. Stay healthy with great programs and incentives!	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.
Preventive Health Care Services	
. Well child visits	• Covered in full
. Adult routine physical exams	• Covered in full for 1 exam per year
. Adult immunizations	• Covered in full
. Mammography	• Covered in full
. Pap smear	• Covered in full
. Routine GYN exam	• Covered in full
. Prostate cancer screening	• Covered in full
. Routine vision	• Not covered
. Colonoscopy	• Covered in full
Physician Office Services	
. Diagnostic office visits	• Subject to deductible and coinsurance
. Diagnostic x-rays	• Covered in full
. Diagnostic laboratory and pathology	• Covered in full
. Allergy tests	• Subject to deductible and coinsurance
. Allergy injections	• Subject to the deductible and coinsurance
. Chemotherapy	• Covered in full
. Radiation therapy	• Covered in full
Maternity Services	
. Prenatal and postpartum care	• Covered in full
. Hospital care for mom (including delivery)	• Covered in full
. Newborn nursery care	• Covered in full
Prescription Drug	

continued

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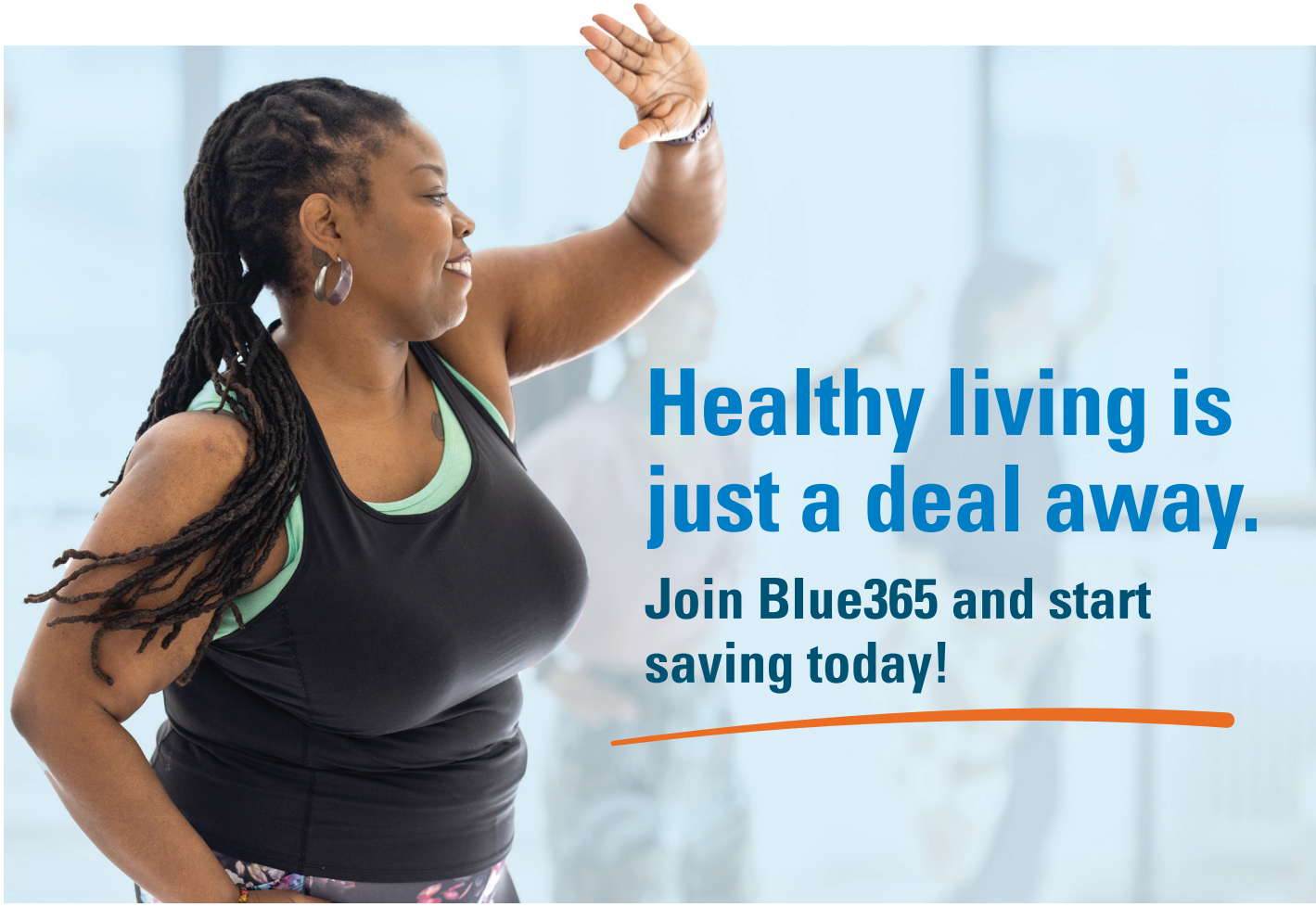
Type of Care/Plan Benefits	Coverage
• Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90-day supply (subject to two copays per 90-day supply) is available through Express Scripts mail order pharmacy. Contraceptives included.	• $15$30/$45 with edits
Inpatient Hospital Benefits	
• Hospital benefits	• Covered in full for unlimited days
• Physician visits in the hospital	• Covered in full
• Inpatient physical rehabilitation	• Covered in full for 30 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days
• Surgery	• Covered in full
• Anesthesia	• Covered in full
Emergency Care	
• Emergency room care	• Covered in full
• Freestanding urgent care center	• Covered in full
• Ambulance	• Covered in full
Outpatient Hospital Benefits	
• Diagnostic x-rays	• Covered in full
• Diagnostic laboratory and pathology	• Covered in full
• Surgical care	• Covered in full
• Chemotherapy	• Covered in full
• Radiation therapy	• Covered in full
Mental Health and Chemical Dependence	
• Inpatient mental health care	• Covered in full for unlimited days
• Outpatient mental health care	• Covered in full for unlimited visits
• Inpatient chemical dependence	• Covered in full for unlimited days
• Outpatient chemical dependence	• Covered in full for unlimited visits
Other Services	
• Diabetic insulin and supplies	• Covered in Full
• Skilled nursing facility	• Covered in full for 100 days. After basic benefits exhausted, not subject to deductible and coinsurance for unlimited days
• Home care	• 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
• Hospice	• Covered in full for unlimited days
• Outpatient therapy	• Subject to deductible and coinsurance, limited to 100 visits per calendar year
• Durable medical equipment	• Subject to deductible and coinsurance
• External prosthetics	• Subject to deductible and coinsurance
• Chiropractic	• Subject to deductible and coinsurance
• Acupuncture	• Not covered
• Dental	• Not covered
• Hearing	• Not covered



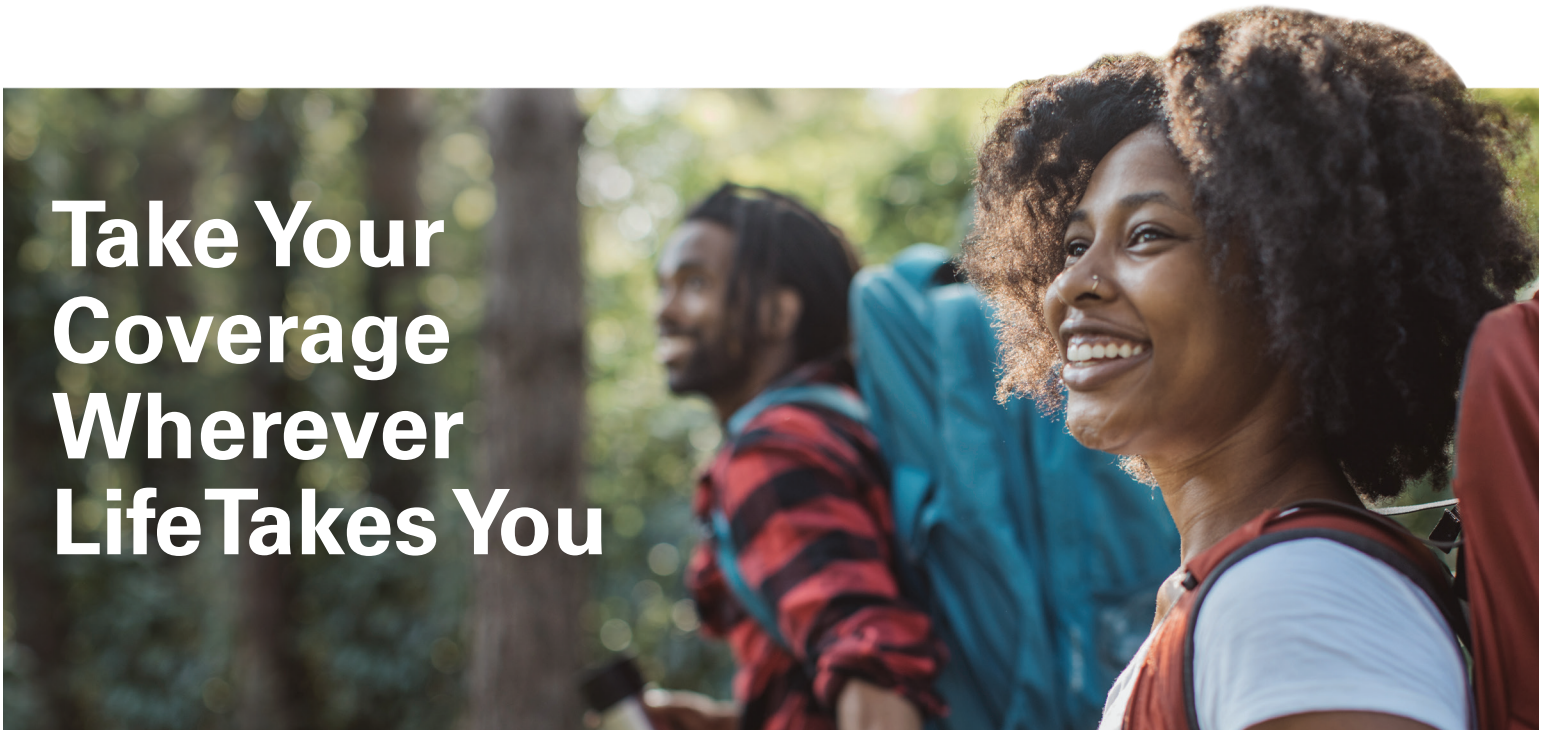
As an Excellus BlueCross BlueShield member, you have free access to the industry's best health and wellness discounts through Blue365. **Blue365 helps you stay healthy for less with exclusive discounts including:**

- Discounted gym memberships with access to over 13,000+ gyms nationwide from Fitness Your Way™ by Tivity Health™ Gympass
- Wearable devices from Fitbit, Polar, Garmin and more
- Healthy eating discounts (including Nutrisystem)
- Apparel and footwear discounts from top retails like Reebok, Skechers and Crocs
- LASIK eye surgery, hearing aids and much more

How to Register for Blue365

1. Get started with your free registration at **Blue365Deals.com/ExcellusBCBS**
2. Click the **"Join Blue365"** button
3. Enter Your BCBS Member Information
4. Complete your registration

Excellus | Blue365



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** 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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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** 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**.

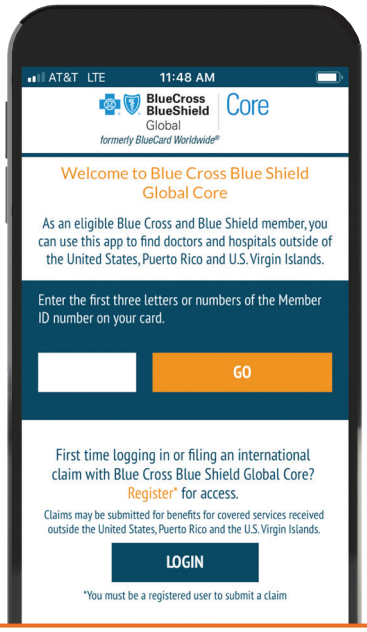
Download

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.

Download on the App Store | GET IT ON Google Play

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.



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

Excellus

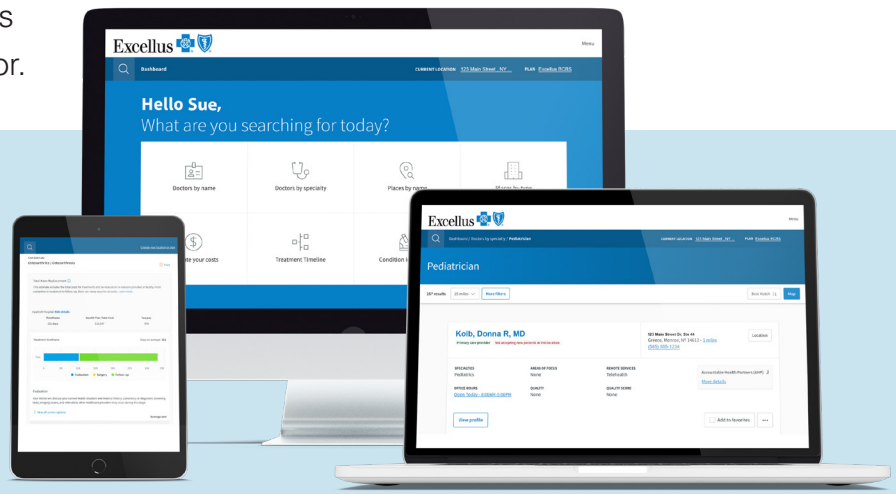
EVERYTHING YOU NEED IN A SINGLE ONLINE SEARCH

FIND DOCTORS. COMPARE COSTS. CONNECT WITH CONFIDENCE.

Our online search tool lets you estimate medical costs and find providers in your neighborhood and across the country. Now you can connect more quickly to care and better plan for medical expenses.

Are you a caregiver? Learn how to get access to estimate medical costs for those you care for.

LOG IN FOR RESULTS PERSONALIZED TO YOUR PLAN, SPENDING, AND DEDUCTIBLE.



FIND A DOCTOR WHO FITS ALL YOUR NEEDS

- Search doctors, specialists, urgent care, hospitals, and more in our local and national networks
- Filter results by specialty, languages spoken, if accepting new patients, and more
- See a side-by-side comparison of providers and create a PDF of results to save, share, or print
- Share your experiences by reading and leaving provider reviews

ESTIMATE COSTS TO HELP BUDGET FOR EXPENSES

- Log in for 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 stages of care and costs

Get started at ExcellusBCBS.com/FindCare

Download on the App Store | GET IT ON Google Play

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

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-7246 / 16835-22M / 01-2023

Excellus

Everybody Benefits

It's your plan. Get more out of it online.

When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to all your benefits, tools, member-only resources and more.

Member Card(s)
View or order

Claims
Submit, view and download

Find Providers
Find in-network doctors or specialists

Costs and Spending
Estimate medical costs, track deductibles, and view out-of-pocket spending

Benefits and Coverage
View a summary

Get Rewards
Access available spending and rewards programs

Go Paperless

Receive available documents electronically.

Register or log in today

Visit ExcellusBCBS.com

Scan the QR code with your smartphone camera

Take your plan with you 24/7

Download the app!

5 easy steps

It's easy to get started with an online member account.

1. **Have your member card handy**

2. **Visit our website or download our app**

3. **Complete registration**

4. **Choose username and password**

5. **Verify your email**

(Tip: an email will be sent to you during registration)

New member? Or new plan year?

You can register and log in prior to your effective date with limited access to your online account tools until after your effective date.

Thank you for being an Excellus BCBS member!

Excellus

B-7184/17544-23M A11yCS091423

PRESCRIPTION HOME DELIVERY

SIGNING UP IS AS EASY AS 1, 2, 3

STEP 1

Call a pharmacy

Wegmans Home Delivery: **(800) 586-6910**
or visit Wegmans.com/Pharmacy
Express Scripts: **(855) 315-5220**
or visit Express-Scripts.com

STEP 2

Speak to a representative

STEP 3

Rx delivered right to your mailbox

Consider home delivery if you:

- → **Would like to receive 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.
- Discreet packaging does not reveal contents.
- Delivery straight to your mailbox.

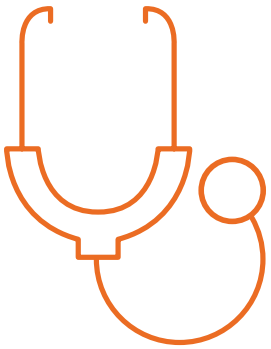
Automatic refill option. Free standard shipping. Express delivery available. Pharmacists available to answer questions.
Call today!

Excellus | Everybody Benefits

B-6342/17934-23Rx REV 07/23

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.

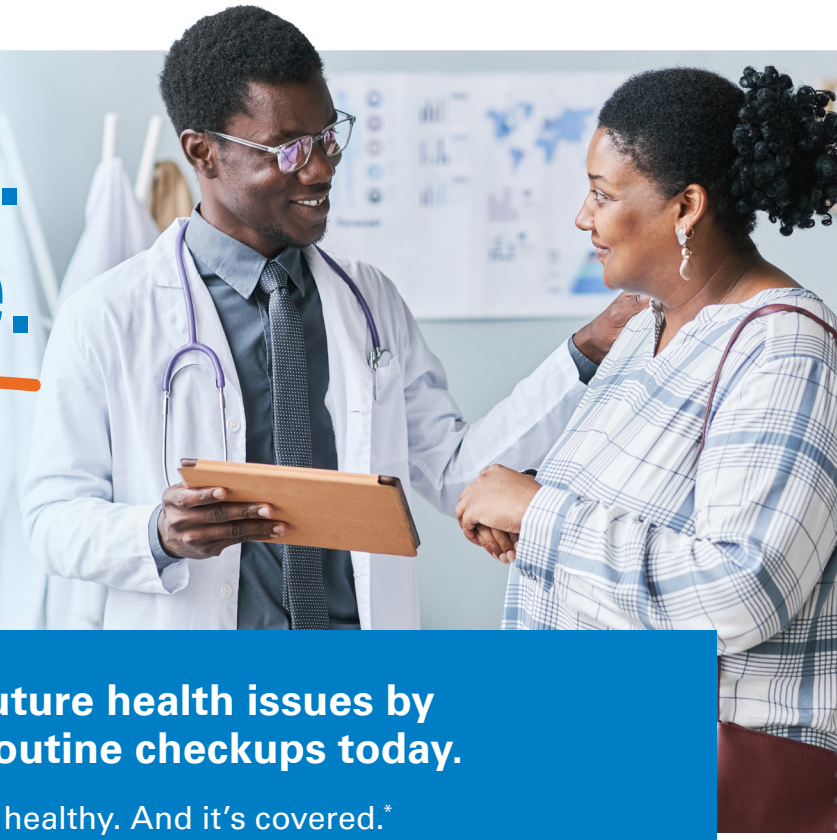


WHERE TO GO	COST	CHOOSING THE BEST OPTION
 **Primary Care Physician**	$	Your doctor should be your **first choice** for routine medical care or minor illnesses or injuries that are not an emergency. You may have an office visit copay depending on your plan. **TIP:** If you can't make it to their office, 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.
 **Telemedicine**	$	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 Member.ExcellusBCBS.com **Medical Telemedicine for:** • Allergies • Asthma • Cold & Flu • Constipation • Diarrhea • Fever • Joint Aches • Nausea • Pink Eye • Rashes • And more **Behavioral Health Telemedicine for:** • Addictions • Anxiety • Bipolar disorders • Depression • Eating disorders • Grief and loss • LGBTQ support • Panic disorders • Stress • And more
 **Urgent Care**	$$	If your medical issue is not life threatening and your doctor isn't available, you can visit an urgent care center and get the care you need. • Minor cuts, bruises or burns • Muscle strains or sprains • Cold and flu treatment
 **Emergency Room**	$$$	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.

B-7255 / 17259-23M REV 01/23

Excellus | Everybody Benefits

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
- Annual OB/GYN Visit
- Cholesterol Screening
- Colorectal Cancer Screening
- Diabetes (Type 2) Screening
- Immunizations
- Mammography Screening
- Well-Child Visit

See the full list of preventive care services available to you at **ExcellusBCBS.com/PreventiveCare**

Download the **Excellus BCBS app** and register your online account.

Download on the App Store | GET IT ON Google Play

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

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Everybody Benefits

B-7332 rev 11.24 / 19857-24M

Telemedicine for Medical and Behavioral Health Care

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.

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

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.

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

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

*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

Everybody Benefits

Telemedicine visits with MDLIVE may be covered in the following ways:

Plan type	Telemedicine cost share
Classic Blue - Acute Medical	Deductible/Coinsurance
Classic Blue - Behavioral Health	Covered in full

*If you haven't met your deductible, you will pay the allowable charge of $55. The allowable charge does not apply to Behavioral Health services. The allowable costs for the Behavioral Health services vary but do not exceed $190. This means a member who has not met their deductible will not pay more than $190.

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

WEB - Register/Log in at ExcellusBCBS.com/Member

APP - Download the MDLIVE app

TEXT - EXCELLUS to 635483 (Message and data rates may apply.)

VOICE - Call 1-866-692-5045

Did you know?

of doctor's office visits could be handled over the phone.[1]

days is the average wait time between scheduling an appointment and seeing a primary care doctor.[2]

of emergency room visits can potentially be prevented with telemedicine.[3]

[1] "New medical cost savings program: Telemedicine means great discounts." R. Schultz, January 9, 2010.

[2] Based on MDLIVE data, 2016.

[3] Based on New York State Department of Health data, 2016.

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 and privacy policy, please visit www.mdlive.com/terms-of-use and www.mdlive.com/privacy-policy. MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

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

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

Excellus

B-8288 / 21033-25M A11Y_CRG_06302025

BRIGHT BEGINNINGS PROGRAM

PROVIDING PERSONAL SUPPORT DURING PREGNANCY AND BEYOND.

When an employee's family is growing, you want to be there for them any way you can. The Bright Beginnings program provides one-on-one support for soon-to-be parents who choose to participate, focusing on early intervention and ongoing education.

What can expecting moms expect from Bright Beginnings?

Single point of contact

A dedicated on-staff Care Manager experienced in maternity provides personal support through the pregnancy and postpartum period.

Coordination with mom's providers

Your employee's Care Manager works closely with their primary care doctor and obstetrician to ensure everyone is working toward the same goals.

Communication and education

In addition to regular outreach determined by risk level, employees also receive educational materials highlighting baby's progress and what they can expect each trimester.

Postpartum support

The new mother receives depression screenings, postpartum education, and stays in touch with her Care Manager for up to 12 weeks after delivery.

Enhanced Bright Beginnings

This version of the program is offered to pregnant women with a history of, or active substance use. The goal is to increase support, promote abstinence and avoid relapse during pregnancy.

Peace of mind for employers, too.

Eligible groups receive detailed reporting on engagement, program completion, and annual cost savings.

Excellus

WITH WELLFRAME®, GUIDANCE IS ALWAYS THERE WHEN EMPLOYEES NEED IT.

Bright Beginnings participants can use the free Wellframe® app to keep in touch with their Registered Nurse Care Manager, access self-management tools, and find answers to their questions.

- Text with their Care Manager
- Create personalized to-do lists
- Set medication and appointment reminders
- Access educational resources

The Wellframe® app also provides access to behavioral health programs, so both parents can address everything from maternity issues and general wellness to anxiety and depression.

Discover more ways we're working for you and your employees at ExcellusForBusiness.com

Download on the App Store | GET IT ON Google Play

[1] New York State Office of Mental Health
[2] 2019 Health of America Report, Blue Cross Blue Shield Association
[3] BCBSA. Health of America – Maternal Health Data. 2020
[4] AJMC "Racial Disparities Persist in Maternal Morbidity, Mortality and Infant Health," 2020

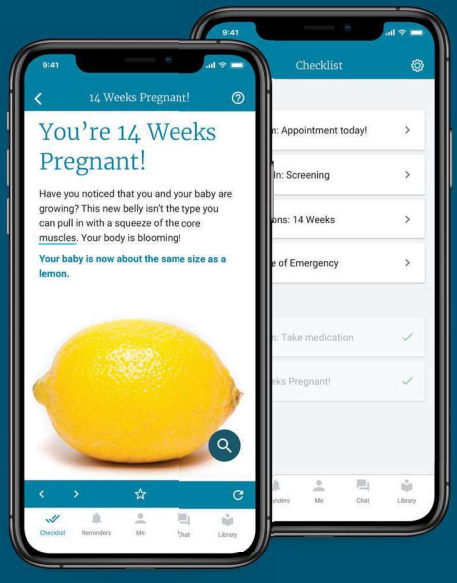
B-7723 / 16219-22M

15-20%
OF WOMEN EXPERIENCE SOME FORM OF PREGNANCY-RELATED DEPRESSION [1]

31.5%
INCREASE IN COMPLICATIONS DURING PREGNANCY AND CHILDBIRTH IN RECENT YEARS [2]

AMONG BLACK MOTHERS COMPARED TO WHITE MOTHERS PREVALENCE OF DELIVERY COMPLICATIONS IS
46% HIGHER [3]
MATERNAL MORTALITY IS 3X HIGHER [4]

49 TEXTS
AVERAGE EMPLOYEE INTERACTION WITH CARE MANAGERS ON WELLFRAME®, VS JUST 4.5 INTERACTIONS OVER THE PHONE



Excellus

Excellus
A nonprofit independent licensee of the Blue Cross Blue Shield Association

OCM BOCES

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

OCM BOCES — Employer Name

COOP HEALTH INS FUND — Association/Chamber Name (if applicable)

Check Desired Action
☐ Add ☐ Cancel ☐ Change

_____ Group Administrator's Signature (required) _____ Date

_____ Employee Number

_____ Department Number

Medical Information

00063240
Medical Group Number (8 digits)

_____
Medical Subgroup Number (4 digits)

_____
Medical Class Number (e.g. A001)

If enrolling in a Medical plan, who do you need coverage for?
☐Self Only
☐Self & Child(ren)
☐Self & Spouse, or Self & Domestic Partner
☐Family

_____ , _____ , _____
Medical Effective Date

Subscriber Status:
☐Actively Working
☐Retired
☐Disabled
☐Canceled
☐COBRA

Dental Information

_____
Dental Group Number

_____
Dental Subgroup Number

_____
Dental Class

If enrolling in a Dental plan, who do you need coverage for?
☐Self Only
☐Self & Child(ren)
☐Self & Spouse, or Self & Domestic Partner
☐Family

_____ . _____ . _____
Dental Effective Date

Medical Plan Selection

☐ YY Classic Blue
☐ ZK Classic Blue
☐ ZP Classic Blue
☐ DKC Classic Blue
☐ DBH Bronze Plan
☐ DPS Classic Blue

Dental Plan Selection

☐
☐
☐
☐
☐
☐

Section 2: Subscriber's Information

_____
Last Name

_____
First Name

_____ _____
Middle Initial **Title (e.g., Jr, Sr, III, etc.)**

_____
Street Address

_____ _____
City **State**

_____ _____
Zip Code **Phone**

Birthdate: _____ , _____ , _____

Gender assigned at birth:
☐Male
☐Female

Gender identity (optional):
☐Transgender Male
☐Transgender Female
☐Prefer to self-describe: _____
☐Prefer not to say
☐Non-binary

Social Security Number** _____

Date of Hire/Rehire: _____ , _____ , _____

Retirement Date: _____ , _____ , _____

☐Age 65+ ☐Disability
☐End Stage Renal *

_____
Subscriber's Medicare Number (if applicable)

_____ , _____ , _____
Medicare Part A Effective Date

_____ , _____ , _____
Medicare Part B Effective Date

Section 3: Reason for enrollment or change

To be completed by the Group Administrator Not required for cancelations

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:

Cancel Codes:
SB02-Left Employment SB05-Per Group Request SB06-Subscriber Request (voluntary) SB07-Deceased SB09-Enrolled in Error

Dependent(s)

Dependent Name:	Cancel Code:	Medical Cancel Date:	Dental Cancel Date:

Cancel Codes:
M001-Per Group Request M004-Enrolled in Error M008-Moved Out of Area M013-Ineligible
M002-Deceased M005-Divorced M010-Overage Dependent M014-YAO Ineligible
M003-Per Subscriber Request M007-Per Member Request (voluntary) M011-No Longer a Student M040-Mx Same Group

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 assigned at birth: ☐Male ☐Female **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 assigned at birth: ☐Male ☐Female **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)

Subscriber's Last Name: _____

☐Dependent Child ☐Disabled Dependent Child (Separate application form required) ☐Other_____

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

Gender assigned at birth: ☐Male ☐Female **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 acknowledgment 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

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

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.

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