

# BRONZE STANDARD

HIGH DEDUCTIBLE HEALTH PLAN





# UNDERSTANDING THE HIGH DEDUCTIBLE HEALTH PLAN

A high deductible health plan may work a little differently than other health insurance plans you've had in the past. A high deductible health plan or "HDHP" is designed to help keep premium costs lower for you and your family. You'll have coverage for things like:

- Choice of doctors and hospitals
- Doctor visits
- No-cost preventive care
- Hospitalization
- Laboratory coverage
- Maternity and newborn care
- Prescription drugs
- Specialty care
- Telemedicine and telehealth visits
- Urgent care visits
- Pediatric vision and dental
- ExerciseRewards® & Active&Fit Direct® fitness benefits

## Let's start with the basics

**Your first three visits** to a primary care (PCP) or specialist doctor (SPC) are covered ahead of the deductible (you just pay a copay).

**FREE preventive care** - Preventive care can help you avoid getting sick and improve your health. With an HDHP, preventive services such as routine physicals, screenings and vaccinations are covered in full.\*

**Deductible applies** - The deductible is the amount you have to reach first for all other medical services, like going to the doctor when you are sick (after your first 3 PCP or SPC visits) or if you have to go to the hospital. Your deductible amount may vary and is based on the type of plan you have. The deductible does not apply to preventive services. They are covered in full from the first day your coverage begins. Once you reach your deductible, you pay a fixed copay depending on the service, and we pay the rest.

Please refer to "Important terms to know" for definitions.

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

## HOW THIS WORKS:

### Preventive Services

**WE PAY  
100%**

Preventive care is covered in full, so we provide full coverage. You do not need to meet your deductible first.

### Other Services

**YOUR FIRST 3 SERVICES  
PROVIDED BY YOUR PCP OR SPC**

**YOU PAY  
A COPAY** | **WE PAY  
THE REST**

Your first 3 PCP or SPC services are not subject to the deductible, so you just pay a copay.

**UNTIL DEDUCTIBLE AMOUNT  
IS REACHED**

**YOU PAY  
100%**

For all other services, you pay a deductible up to a certain amount.

**AFTER DEDUCTIBLE AMOUNT  
IS REACHED**

**YOU PAY  
A COPAY** | **WE PAY  
THE REST**

Once the deductible amount is reached you pay a fixed copay depending on the service, and we pay the rest.

Note: for illustrative purposes only - plan options vary.

# THE TOP 4 THINGS TO KNOW

## 1 What benefits are free?

- Preventive care for you (and your family) is covered in full on the first day your coverage begins.

## 2 Does my plan have a deductible? If so, when does it apply?

- Yes, this plan has a deductible.
- The deductible will apply to all medical care and prescription drugs, including diabetic drugs and supplies.
- It does not apply to your first 3 visits to your PCP or SPC (copay will apply).

## 3 How does the money I pay toward my deductible add up (or aggregate)?

- Each person only has to pay their own individual deductible. Once an individual meets their deductible, the plan begins paying on their claims.
- When covering more than one person, the family deductible is met for everyone on the plan once any combination of members reaches the family deductible amount.

## 4 How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?

- All of our plans have a maximum amount that any one person will pay called an Out-of-Pocket Maximum (OOPM).
- This amount varies, depending on which of these plans you have. You will want to know what that amount is.
- Just like with the deductible, each person will only have to pay his or her own OOPM amount. Once that amount is reached, care is covered in full for that person.
- When covering more than one person, care is covered in full for everyone once any combination of members reaches the family OOPM.

### FOR EXAMPLE:

Let's say your deductible is **\$4,700.**



You go to your primary care doctor because you are not feeling well.

Because your first 3 visits are covered ahead of the deductible, **you pay your \$50 primary care copay.**



Your doctor orders an MRI of your lower back.

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

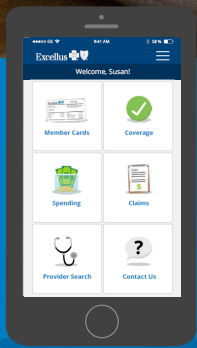
You still have to pay **\$3,700** more to reach your deductible.



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

If your specialist copay is **\$75**, and the next time you visit your doctor **your bill is \$200**, then **you'll pay \$75** and **we will pay the rest (\$125).**

Remember preventive care is covered in full and is not subject to the deductible.



## YOU CAN MANAGE YOUR HEALTH PLAN ONLINE

- View and order member cards
- Access your benefits and claims information
- Track deductibles and out-of-pocket spending
- Find a health care provider
- Estimate medical costs
- Pay your premium bill

### DOWNLOAD OUR MOBILE APP

24/7 access to your member card, claims, account information, pay your bill, and more.



**Member.ExcellusBCBS.com**





# IMPORTANT TERMS TO KNOW

**Deductible** - The amount of money you have to pay before we will make any payments toward health care services. Your deductible amount varies and is based on which of these plans you have.

**Copay** - This is a fixed dollar amount you pay for covered health care services. We cover the rest. **For example**, your doctor visit costs \$100. You pay \$20 for the visit. We cover the remaining \$80. If you haven't met your deductible: You pay the full \$100.

**Please note:** Copay amounts can vary for different services depending on your plan.

**Coinsurance** - Your share of the costs of a covered health care service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. **For example**, if your daughter's eyeglasses are \$100 and you've met your deductible, your coinsurance payment of 50% would be \$50. We would pay the rest, or \$50.

**Covered in full** - 100% of the total cost is covered by us and you do not have to pay anything.

**Out-of-pocket maximum** - An annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums.







# LIVE HEALTHIER + SAVE MONEY

Our plans come with access to programs and online resources to help you stay healthy and get the most value for your dollar.

## MEMBER BENEFITS AND HEALTHY PERKS:

**Our Network** - Access more top-quality doctors, hospitals and pharmacies, locally and nationwide.

**BlueCard®** - Access to care when you travel in the United States, Canada, Mexico, Puerto Rico, the U.S. Virgin Islands, Guam, and the Mariana Islands.

**Preventive Care** - Free preventive care screenings, immunizations and more to help keep you healthy.

**Telehealth and Telemedicine** - See a doctor by phone or video from the comfort of your home. Telehealth services through your in-network provider, as well as 24/7 telemedicine through MDLIVE, are covered in full after deductible.

**Wellframe® App** - Text with health professionals for advice and guidance, create medication reminders, make daily "to-do" lists, access educational materials, and more.

**ExerciseRewards® Program†** - You and your spouse can earn a maximum total of \$600 annually just for working out at a qualifying fitness facility. Simply complete at least 50 workouts each 6-month reward period to earn your rewards. Online fitness and wellness tools are also available at no additional cost.

**Active&Fit Direct® Program†** - Offers fitness center memberships to 13,000+ fitness centers nationwide for just \$25 a month (plus a \$25 enrollment fee and tax, where applicable).

**24/7 Nurse Call Line** - Get answers to your health care questions anytime day or night.

**Pharmacy Home Delivery** - Save time and money by having your prescriptions delivered to your home.\*

**Health Risk Assessment** - Our secure online health assessment will help you identify potential health risk factors and identify areas for improvement.

**Blue365®** - Receive exclusive member discounts on fitness gear, gym memberships, healthy eating options and more.



**Enroll Today! Visit [ChooseExcellus.com](https://ChooseExcellus.com) or call 1-888-669-3913**

† The ExerciseRewards Program and the Active&Fit Direct Program are provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). ExerciseRewards and the Active&Fit Direct Program are trademarks of ASH and used with permission herein. Consult a physician before beginning or changing your exercise or fitness routine.

\*Certain Prescription Drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.



## Notice of Nondiscrimination

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

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - o Qualified sign language interpreters
  - o Written information in other formats (large print, audio, accessible electronic formats, other formats) .
- Provides free language services to people whose primary language is not English, such as:
  - o Qualified interpreters
  - o Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department  
Attn: Civil Rights Coordinator  
PO Box 4717 Syracuse, NY 13221  
Telephone number: 1-800-614-6575  
TTY number: 1-800-421-1220  
Fax: 1-315-671-6656

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

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

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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



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

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

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

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

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

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

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

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

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

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

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

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

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

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

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.



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