

CNY PREFERRED GOLD

HEALTH PLAN



UNDERSTANDING THE PLAN

As a CNY Preferred Gold member, you'll pay less out of your pocket when you see a doctor or go to a hospital in our preferred network. To take advantage of this savings, you'll want to use a provider in the Tier 1, preferred provider network. These include doctors, providers and hospital services at Crouse, St. Joseph's and Lewis County General hospitals.

CNY Preferred Gold is designed to meet the needs of individuals and families. You'll have coverage for things like:

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

This health plan is called a hybrid plan and may work a little differently than other health insurance plans you've had in the past. To help you understand your plan, this brochure provides explanations and examples.

LET'S START WITH THE BASICS

Your plan is hybrid because it is a blend of two types of plans which include:

- A deductible that has to be paid first for all medical care, including diabetic drugs and supplies.
- A copay for medical care such as when you go to your doctor when you are sick.

ABOUT THE PLAN:



Preventive care can help you avoid getting sick and improve your health.

Preventive services such as routine physicals, screenings and vaccinations are covered in full. The deductible does not apply to preventive services. They are covered at no cost to you, from the first day your coverage begins.



Your plan includes a deductible. Your deductible will be lowest if you choose care within the Crouse, St. Joseph's and Lewis County General Hospital network of doctors, providers and hospitals. The deductible is the amount you have to reach first for all medical services, like going to the doctor when you are sick 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. **The deductible does apply to diabetic drugs and supplies.**



You can get a prescription filled at the copay level on the first day your coverage begins. You do not need to meet the deductible first.



Once you reach your deductible, you will pay a copay for some services and coinsurance for others. Coinsurance is your share of the costs of a covered health service, calculated as a percent. You will have to pay a percentage of that service and we will pay the rest.



To help protect you from high costs, there is an out-of-pocket maximum. This is a specific dollar amount that limits how much you have to pay out of your own pocket for health care services during a particular time period.

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

THE TOP 5 THINGS TO KNOW

1

How can I save money on this plan?

- You'll want to use a provider in the Tier 1, "preferred" provider network. These include Crouse, St. Joseph's and Lewis County General Hospital network doctors and hospitals. Be sure to verify that your doctor is in the Tier 1 network by visiting [ExcellusBCBS.com](https://www.excellusbcbs.com) and using the **Find A Doctor** tool.

2

What benefits are free?

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

3

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

- Yes, this plan has a deductible.
- There is one deductible for care when you see a Tier 1 doctor and a separate deductible if you see a Tier 2 doctor.
- The deductible will apply to all medical care and to diabetic drugs and supplies.
- The deductible does NOT apply to prescription drugs.

4

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.

5

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).
- 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.

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 the type of plan you have.

Copay - This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. **For example**, if your prescription drug coverage includes a \$20 copay, you pay \$20 for each prescription and your insurance pays the balance.

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.

HOW DOES IT WORK?

CNY Preferred Gold is a “tiered network” plan which combines doctors, hospitals and facilities within the Crouse, St. Joseph’s and Lewis County General Hospital network. These are known in your plan as Tier 1. Your costs are the lowest when you use providers in Tier 1.

If you use a doctor or hospital outside of the Tier 1 Crouse, St. Joseph’s and Lewis County General Hospital network, you will still have access to the full Excellus BCBS EPO network (known as Tier 2) of doctors and hospitals, but your costs will be higher. And no matter what tier the provider or hospital is in, they all meet our quality standards of care. **If you seek non-emergency medical, dental, or vision care outside of the Tier 1 or Tier 2 network, your services will not be covered.**

To make sure your doctor is in the Tier 1 network, visit our online [Find a Doctor](#) tool, where you can select the CNY Preferred Gold Tier 1 or CNY Preferred Gold Tier 2 networks to see which one your doctor is in.

Member Out-of-Pocket Costs when you use a:

Tier 1 Network Crouse, St. Joseph’s and Lewis County General Hospital doctor or facility

\$750 single deductible /
\$1,500 family deductible

Deductible, \$25 primary
care copays / \$40 specialist
copays

Deductible, \$150 outpatient
copays / \$750 inpatient
copays

0% coinsurance for
most benefits

Tier 2 Network Excellus BCBS EPO Network doctor or facility

\$2,000 single deductible /
\$4,000 family deductible

Deductible, 20% of the
cost of the visit

Deductible, 20% of the
cost of the visit

20% coinsurance for
most benefits

The maximum amount you will pay out-of-pocket for all of your care: \$8,000 single / \$16,000 family (regardless if CNY Preferred Gold or Excellus EPO Network is used)

\$5/\$35/\$70
prescription drug copay

\$5/\$35/\$70
prescription drug copay

Using Your Dental Benefits

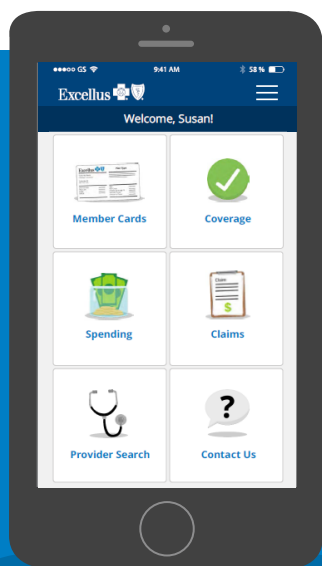
All in-network dental providers are in the Tier 2 network, and the Tier 2 network costs apply. Dental care received outside of the Tier 2 network will not be covered.

To find a participating dentist, visit
[ExcellusBCBS.com/FindaDentist](https://www.excellusbcbs.com/FindaDentist)

**BELOW ARE A FEW EXAMPLES OF HOW THIS PLAN WORKS WHEN
YOU USE THE TIER 1 CNY PREFERRED GOLD NETWORK:**

You visit your primary physician for your Annual Physical	Your spouse needs a minor surgical procedure done in an outpatient setting	Your spouse needs an antibiotic prescription filled	Your spouse is admitted to the hospital for an emergency procedure
Cost: \$200	Cost: \$2,500	Cost: \$40	Cost: \$10,000
Your deductible: Does not apply	Spouse's deductible: \$750 Leaving a balance of: \$1,750	Spouse's deductible: Does not apply	Spouse's deductible: Met
Plan pays: \$200	Spouse's copay: \$150 Plan pays: \$1,600	Spouse's copay: \$5 Plan pays: \$35	Spouse's copay: \$750 Plan pays: \$9,250
You pay out-of-pocket: \$0	Spouse pays out-of-pocket: \$900	Spouse pays out-of-pocket: \$5	Spouse pays out-of-pocket: \$750
	After this out-of-pocket payment, your spouse will have \$7,100 remaining to pay before reaching the individual out-of-pocket maximum, which is \$8,000 for this product for 2022. Once it's met, all remaining benefits will be covered in full.		The out-of-pocket maximum for your spouse is now reduced to \$6,345.
Preventive services are covered in full	Most hospital-related services are subject to the deductible and copay, but always protected by the out-of-pocket maximum.	Prescription drug copays apply toward the out-of-pocket maximum, which is now \$7,095.	Inpatient stays are subject to the deductible, but your spouse has met the individual deductible so he only had to pay the inpatient copay.

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the member contract.

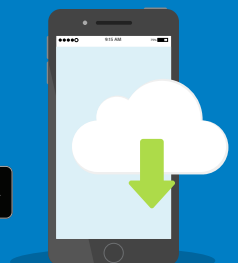


YOU CAN MANAGE YOUR HEALTH PLAN ONLINE

- 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



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 & Healthy Perks:

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

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 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 gender.

The Health Plan:

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

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

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

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

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

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

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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

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

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

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

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan 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.

B-5495



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out-of-pocket maximums.

B-5136Y22/15396-21M
A11y IH 09/07/2021