



August 18, 2020

Ms. Mary Bowe  
Regional Vice President of Sales  
Excellus BlueCross BlueShield  
165 Court Street  
Rochester, New York 14647

**VIA U.S. POSTAL MAIL & ELECTRONIC MAIL:**

[Mary.Bowe@excellusbcs.com](mailto:Mary.Bowe@excellusbcs.com)

**RE:** Clarification Request #1 - Solicitation entitled: "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

Dear Ms. Bowe:

On July 24, 2020, Excellus BlueCross BlueShield (dba Blue Choice) submitted a proposal in response to the Department of Civil Service's above solicitation. Upon review, the Joint Labor Management Committee (JLMC) identified the following sections of your proposal that require clarification:

**Administrative Proposal:**

1. **Exhibit III - Attachment 9 - Subcontractors:** Please confirm BlueChoice will notify the JLMC of any changes to subcontractors that occur after the submission of its proposal and prior to the end of the contract with the Department. We note several contracts that are listed as "ongoing" in BlueChoice's submission.

**Technical Proposal:**

1. **Page 2, Question 4:** Did Excellus file a separate Schedule M for Blue Choice? If so, please provide the respective Schedule M.
2. **Page 2, Question 5:** Please provide additional information regarding network adequacy amongst specialists, hospitals, and other facilities. Also, Blue Choice provides overall statistics regarding specialists. Please provide breakouts by specific specialties.
3. **Page 7, Question 13:**

- a. Please provide upheld and denied appeals statistics for both internal and external appeals. Blue Choice's response in these tables claim that modified appeals are "Not Reportable." Please explain why this is not a reportable metric.
  - b. The list of total appeals filed on behalf of NYSHIP members in the previous year are the same numbers provided for HMO Blue. Please provide the breakdown for each HMO if you track them separately.
4. **Page 8, Question 17:** The Excellus BlueCross BlueShield (BCBS) Medicare Advantage Plan (MAP) (Medicare Blue Choice) maintained a 4.5 Star CMS rating in 2018 and 2019. That rating has fallen to 4.0 Stars for 2020. Please explain what caused this decline and what steps you are taking to improve this rating.
5. **Page 9, Question 18:** Blue Choice implies it will be sending a Medicare enrollment file monthly on a monthly basis. Please confirm that Blue Choice will be submitting a Medicare enrollment file on a weekly basis, as required in Section 3.4.1.b of the solicitation.
6. **Page 11, Question 24:** Blue Choice's gender reassignment surgical criteria appears to be more stringent than other plans in the marketplace. Please provide justification.
7. **Page 15, Question 1.b:** Can Blue Choice please provide dummy login credentials so the JLMC may review the member portal?
8. **Page 228, Exhibit VII Medicare Evidence of Coverage:** Does coinsurance apply to the Medicare allowed amount or is it based on billed charges?
9. **Exhibit XIII, 2021 Medicare Advantage Schedule of Benefits:** How does Blue Choice justify 20% coinsurance for outpatient Mental Health and Substance Abuse services under its proposed MAP, while a medical office visit is a \$20 copay under the same plan? Please explain how this is compliant with The Mental Health Parity and Addiction Equity Act (MHPAEA).
10. **Exhibit XIII, Summary of Benefits and Coverage (SBC):** Both SBCs indicate a 30-day limit for Habilitation Services. Please confirm if day limits exist for each type of therapy (e.g. physical, occupational, and speech), or if the limitation is placed on total therapy combined, as it is described on pg. 6 of the Schedule of Benefits. Provide corrected SBCs if necessary.
11. **Exhibit XIII, SBC:** The SBC with prescription drug coverage does not provide the cost breakdown by tier for specialty drugs, it currently only cites a \$50 copay.

Please update the document to note the cost by tier for specialty drugs and submit corrected copy.

**12. Exhibit XIII, The 2021 NYSHIP Side-by-Side Benefit Comparison Blue Choice \$25 Copay Option and Medicare Blue HMO-Medicare Advantage:**

- a. The Blue Choice \$25 Copay Option indicates 360 days per lifetime maximum for Skilled Nursing. This does not appear in the contract or other documents. Please advise if there is a maximum and if so, add to the other documents where appropriate. Please submit corrected documents.
- b. Please explain benefit limitations and coinsurance amounts for Diabetic Shoes for both the Commercial and Medicare Advantage plans.

**13. Exhibit XVI, 2021 Blue Choice 25 Benefit Summary – Commercial:**

- a. Please confirm bone density testing is covered at a \$0 copay as it is under the MAP. If not, please provide the applicable copay.
- b. Please confirm routine exams and diagnostic testing for hearing for children under age 19 is provided with a \$40 copay. Also, please confirm children under age 19 are eligible for two hearing aids every three years.

**14. Exhibit XVII, *Choices*:** The Commercial *Choices* page lists the cost sharing for Telemedicine as “No Copayment.” Please confirm this is accurate. The MAP *Choices* page lists the cost sharing for Telemedicine as “\$20 copay for consult, and 20% coinsurance for mental health. Please explain how this is consistent with MHPAEA.

**15. Exhibit XVII, *Choices*, MAP:** Regarding Inpatient Mental Health for MAP, there is a 190-day lifetime limit in a psychiatric facility. Please explain how this is consistent with MHPAEA. Are lifetime limits for this benefit allowed under the Patient Protection and Affordable Care Act (PPACA)?

**16. Exhibit XVII, *Choices*, MAP:** The current submission does not list the out-of-pocket maximum and does not list acupuncture as a benefit. Please update the *Choices* page to note these benefits.

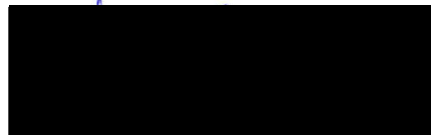
**17. Exhibit XVII, *Choices*, MAP:** For chiropractic visits, which copay listed on the MAP *Choices* would be applicable? As a comparison, the MAP Schedule of Benefits lists chiropractic visits at a \$5 copay. Please clarify the copay for chiropractic visits under the MAP.

- 18. Exhibit XVIII, The Side-by-Side Comparison - Commercial:** The current submission lists Outpatient Mental Health visits having a \$40 copay while the *Choices* page lists a \$25 copay. Also, the diabetic shoes benefit lists the benefit as one pair per year while the *Choices* page lists the benefit as up to three paid per year. Please clarify which document is accurate and submit a new version of the incorrect document.
- 19. Exhibit XVIII, Side-by-Side Comparison- Commercial:** Please confirm the Telemedicine benefit of a \$20 copay for a consult, and a 20% coinsurance for mental health was newly added to the MAP *Choices* page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.
- 20. Exhibit XVIII, Side-by-Side Comparison - MAP:** Please confirm that charging 20% coinsurance for Medicare Part B Drugs is new to the MAP *Choices* page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.
- 21. Exhibit XVIII, Side-by-Side Comparison - MAP:** This document lists diabetic supplies having a \$20 copay. However, the MAP *Choices* page shows diabetic supplies having a \$5 copay. Please clarify the benefit and submit corrected documents
- 22. Exhibit XVIII, Side-by-Side Comparison - MAP:** This document shows contraceptive drugs are not covered. However, the MAP *Choices* page shows that contraceptive drugs are covered at the “applicable copay.” Please clarify the benefit and submit corrected documents.
- 23. Exhibit XVIII, The Side-by-Side Comparison - MAP:** The current submission lists the Skilled Nursing Facility benefit as having a \$25 copay per day for days 1-100. The *Choices* page lists Skilled Nursing Facility coverage as \$0 copay for days 1-20 and \$25 per day copay for days 21-100. Please clarify which document is accurate and submit a new version of the document.
- 24. Exhibit XIX, Attachment 30:** Attachment 30 was provided twice in Blue Choice’s submission, the second of which indicates approval for a certificate of coverage, chiropractic coverage and an eligibility rider that does not apply to this proposal. Please identify and resubmit the correct copy.
- 25. Certificate of Coverage, Schedule of Benefits and NYSHIP Eligibility Rider:** Please confirm that finalized versions of all submitted “Draft” and “Pending” documents will be distributed to the Department and all JLMC members as soon as they are available.

26. Blue Choice did not include any Optional Marketing Materials in their submission. Please confirm if Blue Choice does not intend to send any Optional Marketing Materials to NYSHIP members for the 2021 Plan Year. If not confirmed, please submit Optional Marketing Materials.
27. Please confirm whether, under the MAP, diabetic medications (including injectable insulin) are processed as part of the Medicare Part D formulary, or through Medicare Part B coverage. Please also confirm this for diabetic supplies (lancets, syringes, testing kits and other supplies, etc.)
28. Please confirm the outpatient mental health copay for 2021 for both the Commercial Plan and MAP and resubmit any documents that need to be corrected.

A response to this request is due no later than August 25, 2020. Please email your response to [DCSPurchase@cs.ny.gov](mailto:DCSPurchase@cs.ny.gov). We look forward to your timely response and advancing to the next stage of the solicitation process.

Sincerely,



James DeWan  
Director  
Employee Benefits Division

**RE: Clarification Request Response #1- Solicitation entitled "Health Maintenance Organizations Specifications for the New York Health Insurance Program" Blue Choice**

Administrative Proposal:

- 1. Exhibit III - Attachment 9 - Subcontractors:** Please confirm BlueChoice will notify the JLMC of any changes to subcontractors that occur after the submission of its proposal and prior to the end of the contract with the Department. We note several contracts that that are listed as "ongoing" in BlueChoice's submission.

**Confirmed.**

Technical Proposal:

- 1. Page 2, Question 4:** Did Excellus file a separate Schedule M for Blue Choice? If so, please provide the respective Schedule **M**.

**Excellus BlueCross BlueShield (BCBS) does not file a separate Schedule M for Blue Choice.**

- 2. Page 2, Question 5:** Please provide additional information regarding network adequacy amongst specialists, hospitals, and other facilities. Also, Blue Choice provides overall statistics regarding specialists. Please provide breakouts by specific specialties.

**A broken out specialty access report is provided as Exhibit A.**

**3. Page 7, Question 13:**

- a. Please provide upheld and denied appeals statistics for both internal and external appeals. Blue Choice's response in these tables claim that modified appeals are "Not Reportable." Please explain why this is not a reportable metric.

**The Modified Metric was listed as not reportable due to a specific data field that would have to be implemented into our current working database. At this time, it is a manual process that would require each case to be reviewed and then determine if a case was reopened and a modified final decision was made.**

- b. The list of total appeals filed on behalf of NYSHIP members in the previous year are the same numbers provided for HMO Blue. Please provide the breakdown for each HMO if you track them separately.

**Blue Choice**

Internal			
2019	Filed	Upheld	Modified
Administrative	76	44	Not Reportable
Clinical	49	30	Not Reportable

External			
2019	Filed	Upheld	Modified
Administrative	0	0	Not Reportable
Clinical	3	2	Not Reportable

- 4. Page 8, Question 17:** The Excellus BlueCross BlueShield (BCBS) Medicare Advantage Plan (MAP) (Medicare Blue Choice) maintained a 4.5 Star CMS rating in 2018 and 2019. That rating has fallen to 4.0 Stars for 2020. Please explain what caused this decline and what steps you are taking to improve this rating.

**Excellus BCBS's 2020 STAR rating fell to 4 STARS due to a number of reasons.**

- **Decrease in 4 CAHPS (Member Experience) scores: Scores fell for "Getting Needed Care", "Customer Service", "Rating of Health Plan", and "Care Coordination".**
- **Decrease in STARS "reward Factor". A low "reward factor" indicates higher variance amongst a plan's individual STAR rating measure scores)**
- **Increase in National STAR level cut-points**

**A primary focus over the past year has been on improving member & patient experience.**

- Excellus BCBS has implemented a “closed loop” process for responding to member feedback, complaints, and barriers to care addressed via surveys.
- Addition of patient experience measures as a quality measure within our value-based payment arrangements we have with provider systems.
- Predictive and visual analytics program to identify members with specific pain-points in accessing care or interacting with the health plan system.
- Enhanced outreach to members determined as high-risk for needing assistance.

5. **Page 9, Question 18:** Blue Choice implies it will be sending a Medicare enrollment file monthly on a monthly basis. Please confirm that Blue Choice will be submitting a Medicare enrollment file on a weekly basis, as required in Section 3.4.1.b of the solicitation.

**Confirmed. Excellus BCBS will submit a Blue Choice Medicare enrollment file on a weekly basis, as required in Section 3.4.1.b of the solicitation.**

6. **Page 11, Question 24:** Blue Choice's gender reassignment surgical criteria appears to be more stringent than other plans in the marketplace. Please provide justification.

**Excellus BCBS feels our policy is consistent with the marketplace and have based our criteria on the “World Professional Association for Transgender Health” Standards of Care. We carefully review competitive intelligence during our criteria review and evidenced based literature. We are happy to provide additional information however, without understanding which components are “more stringent than other health plans in the marketplace” it is difficult to provide any additional justification needed.**

7. **Page 15, Question 1.b:** Can Blue Choice please provide dummy login credentials so the JLMC may review the member portal?

**Excellus BCBS would be pleased to provide the JLMC members with a clickable prototype demonstrating key features and functions of our member portal.**

**Unfortunately, our internal information security policy prohibits us from supplying generic accounts or temporary ID's. These requirements demonstrate compliance with external regulatory requirements for Health and Human Services (HHS) for HIPAA Security/Privacy and NYS Department of Financial Services Cybersecurity.**

8. **Page 228, Exhibit VII Medicare Evidence of Coverage:** Does coinsurance apply to the Medicare allowed amount or is it based on billed charges?

**Co-insurance applies to the Medicare Allowed Amount.**



- 9. Exhibit XIII, 2021 Medicare Advantage Schedule of Benefits:** How does Blue Choice justify 20% coinsurance for outpatient Mental Health and Substance Abuse services under its proposed MAP, while a medical office visit is a \$20 copay under the same plan? Please explain how this is compliant with The Mental Health Parity and Addiction Equity Act (MHPAEA).

**Medicare – The 20% coinsurance for outpatient mental health applies to the Medicare Advantage Plan benefit structure The Mental Health Parity and Addiction Equity Act (MHPAEA) does not apply to the Medicare Advantage Plan. (see Below excerpt):**

**The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage.**

**[https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea\\_factsheet](https://www.cms.gov/CCIIO/Programs-and-Initiatives/Other-Insurance-Protections/mhpaea_factsheet)**

- 10. Exhibit XIII, Summary of Benefits and Coverage (SBC):** Both SBCs indicate a 30-day limit for Habilitation Services. Please confirm if day limits exist for each type of therapy (e.g. physical, occupational, and speech), or if the limitation is placed on total therapy combined, as it is described on pg. 6 of the Schedule of Benefits. Provide corrected SBCs if necessary.

**Therapy visit limitations are placed on the total combined therapy visits as described on the Schedule of Benefits, Blue Choice Benefit Summary and Blue Choice Choices Page. Please refer to Exhibit XIII for a copy of the updated Summary of Benefits and Coverage (SBC's) with and without Rx.**

- 11. Exhibit XIII, SBC:** The SBC with prescription drug coverage does not provide the cost breakdown by tier for specialty drugs, it currently only cites a \$50 copay. Please update the document to note the cost by tier for specialty drugs and submit corrected copy.

**Please refer to Exhibit XIII for a copy of the updated SBC's with and without Rx.**

**12. Exhibit XIII, The 2021 NYSHIP Side-by-Side Benefit Comparison Blue Choice \$25 Copay Option and Medicare Blue HMO-Medicare Advantage:**

- a. The Blue Choice \$25 Copay Option indicates 360 days per lifetime maximum for Skilled Nursing. This does not appear in the contract or other documents. Please advise if there is a maximum and if so, add to the other documents where appropriate. Please submit corrected documents.

**The 360 day per lifetime maximum is noted in the contract submitted with the Technical Proposal under Exhibit II NYSHIP Blue Choice with Rx Drug, Page 124 of 146, section XVI "Blue Choice \$25 Schedule of Benefits", Exhibit XVIII. The Side-by-Side Comparison and Exhibit XVII, Choices note the 360-day maximum. Please refer to the revised Exhibit XVI NYSHIP Blue Choice Benefit Summaries with and without Rx that note the 360-day maximum.**

- b. Please explain benefit limitations and coinsurance amounts for Diabetic Shoes for both the Commercial and Medicare Advantage plans.

**Diabetic Shoes are covered at 50% under the Commercial Blue Choice and 80% under the Medicare Blue Choice (MAP) plan. Both the Commercial and Medicare plans cover 1 pair annually.**

**13. Exhibit XVI, 2021 Blue Choice 25 Benefit Summary- Commercial:**

- a. Please confirm bone density testing is covered at a \$0 copay as it is under the MAP. If not, please provide the applicable copay.

**This benefit is covered at a \$0 copay when provided in accordance with the comprehensive guidelines supported by Heath Resources & Service Administration and items or services with an "A" or "B" rating from USPSTF.**

- b. Please confirm routine exams and diagnostic testing for hearing for children under age 19 is provided with a \$40 copay. Also, please confirm children under age 19 are eligible for two hearing aids every three years.

**This is to confirm that routine exams and diagnostic testing for hearing for children under age 19 is provided with a \$40 copay. Also, children under age 19 are eligible for two hearing aids every three years.**

- 14. Exhibit XVII, Choices:** The Commercial *Choices* page lists the cost sharing for Telemedicine as "No Copayment." Please confirm this is accurate. The MAP *Choices* page lists the cost sharing for Telemedicine as "\$20 copay for consult, and 20% coinsurance for mental health. Please explain how this is consistent with MHPAEA.

**The cost sharing for Telemedicine medical and behavioral health visits via MDLive is "No Copayment".**

**Medicare – The 20% coinsurance for mental health applies to the Medicare Advantage Plan benefit structure. The Mental Health Parity and Addiction Equity Act (MHPAEA) does not apply to the Medicare Advantage Plan.**

**The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage.**

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- 15. Exhibit XVII, Choices, MAP:** Regarding Inpatient Mental Health for MAP, there is a 190-day lifetime limit in a psychiatric facility. Please explain how this is consistent with MHPAEA. Are lifetime limits for this benefit allowed under the Patient Protection and Affordable Care Act (PPACA)?

**Medicare – The 190-day limit for inpatient mental health applies to the Medicare Advantage Plan benefit structure. The Mental Health Parity and Addiction Equity Act (MHPAEA) does not apply to the Medicare Advantage Plan.**

**The final regulation applies to non-Federal governmental plans with more than 50 employees, and to group health plans of private employers with more than 50 employees. It also applies to health insurance coverage in the individual health insurance market. Medicare, Medicaid, and the Children's Health Insurance Program (CHIP) are not group health plans or issuers of health insurance. They are public health plans through which individuals obtain health coverage.**

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- 16. Exhibit XVII, Choices, MAP:** The current submission does not list the out-of-pocket maximum and does not list acupuncture as a benefit. Please update the *Choices* page to note these benefits.

**Please refer to the updated Exhibit XVII 2021 HMO e-Page Medicare Advantage with out-of-pocket maximum and acupuncture added.**

- 17. Exhibit XVII, Choices, MAP:** For chiropractic visits, which copay listed on the MAP *Choices* would be applicable? As a comparison, the MAP Schedule of Benefits lists chiropractic visits at a \$5 copay. Please clarify the copay for chiropractic visits under the MAP.

**Please refer to the updated Exhibit XVII 2021 HMO e-Page Medicare Advantage with the Chiropractic benefit \$5 copay added.**

- 18. Exhibit XVIII, The Side-by-Side Comparison - Commercial:** The current submission lists Outpatient Mental Health visits having a \$40 copay while the Choices page lists a \$25 copay. Also, the diabetic shoes benefit lists the benefit as one pair per year while the Choices page lists the benefit as up to three paid per year. Please clarify which document is accurate and submit a new version of the incorrect document.

**Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC" which notes the \$25 copay under the Commercial Outpatient Mental Health benefit. Please see the updated "Exhibit XVII 2021 HMO e-Page Commercial Blue Choice" that notes the diabetic shoes benefit as one per year.**

- 19. Exhibit XVIII, Side-by-Side Comparison- Commercial:** Please confirm the Telemedicine benefit of a \$20 copay for a consult, and a 20% coinsurance for mental health was newly added to the MAP Choices page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.

**Confirming the Telemedicine benefit of a \$20 copay for a consult, and a 20% coinsurance for mental health was newly added to the MAP Choices page for Plan Year 2021 and not a new benefit change, therefore it was not noted in Exhibit XVIII Side by Side MAP. Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC" with Telemedicine added**

- 20. Exhibit XVIII, Side-by-Side Comparison - MAP:** Please confirm that charging 20% coinsurance for Medicare Part B Drugs is new to the MAP Choices page for Plan Year 2021. This information was not noted in the MAP Side by Side. Please update the document and resubmit.

**Confirming that adding the 20% coinsurance for Medicare Part B Drugs is new to the MAP Choices page and not a new benefit change, therefore it was not noted in Exhibit XVIII Side by Side MAP. Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC" with the benefits listed under "Outpatient Medicare Part B Prescription Drug".**

- 21. Exhibit XVIII, Side-by-Side Comparison - MAP:** This document lists diabetic supplies having a \$20 copay. However, the MAP Choices page shows diabetic supplies having a \$5 copay. Please clarify the benefit and submit corrected documents.

**Please refer to the updated "Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC" which reflects the \$5 copay per 30 day supply benefit for diabetic supplies.**

- 22. Exhibit XVIII, Side-by-Side Comparison - MAP:** This document shows contraceptive drugs are not covered. However, the MAP Choices page shows that contraceptive drugs are covered at the "applicable copay." Please clarify the benefit and submit corrected documents.

**Please refer to the updated Exhibit XVII 2021 HMO e-Page Medicare Advantage and Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC". Contraceptive drugs and devices prescribed by a physician are covered under the applicable copay of coinsurance level under the MAP.**

- 23. Exhibit XVIII, The Side-by-Side Comparison - MAP:** The current submission lists the Skilled Nursing Facility benefit as having a \$25 copay per day for days 1-100. The Choices page lists Skilled Nursing Facility coverage as \$0 copay for days 1-20 and \$25 per day copay for days 21-100. Please clarify which document is accurate and submit a new version of the document.

**Please refer to the updated Exhibit XIII 2021 NYSHIP Benefit Comparison BC25 vs MCR BC". Skilled Nursing Facility is coverage at \$0 copay for days 1-20 and \$25 per day copay for days 21-100.**

- 24. Exhibit XIX, Attachment 30:** Attachment 30 was provided twice in Blue Choice's submission, the second of which indicates approval for a certificate of coverage, chiropractic coverage and an eligibility rider that does not apply to this proposal. Please identify and resubmit the correct copy.

**Please refer to the updated Exhibit XIX Attachment 30, Medicare Advantage (Mcr. Blue Choice) Contract Rider and Summary - "Health Maintenance Organizations Specifications for the New York State Health Insurance Program".**

- 25. Certificate of Coverage, Schedule of Benefits and NYSHIP Eligibility Rider:** Please confirm that finalized versions of all submitted "Draft" and "Pending" documents will be distributed to the Department and all JLMC members as soon as they are available.

**Confirmed.**

- 26.** Blue Choice did not include any Optional Marketing Materials in their submission. Please confirm if Blue Choice does not intend to send any Optional Marketing Materials to NYSHIP members for the 2021 Plan Year. If not confirmed, please submit Optional Marketing Materials.

**Excellus BCBS will provide copies of Optional Marketing Material to all JLMC Contact Members when available and prior to the deadline of November 5, 2020 per attachment 26 of the Health Maintenance Organizations Specifications.**

- 27.** Please confirm whether, under the MAP, diabetic medications (including injectable insulin) are processed as part of the Medicare Part D formulary, or through Medicare Part B coverage. Please also confirm this for diabetic supplies (lancets, syringes, testing kits and other supplies, etc.)
- **Covered under Part B: Test strips, lancets, insulin pump & meter.**
  - **Covered under Part D: Syringes/pen needles**
  - **Covered under Part D or Part B: For most members, insulin is covered under Part D. If the member is using insulin in conjunction with an insulin pump, the benefit is covered under Part B.**
- 28.** Please confirm the outpatient mental health copay for 2021 for both the Commercial Plan and MAP and resubmit any documents that need to be corrected.

**Outpatient mental health is covered at a \$25 copay under the Commercial Blue Choice and a 20% coinsurance under the Blue Choice MAP. All attached exhibits reflect these benefits.**

# Adequacy Detail By County SSA

August 27, 2020

Beneficiary Group  
 Medicare Sample Beneficiaries 2020  
 Service Area  
 Blue Choice  
 Provider Group  
 Blue Choice

<sup>1</sup> Access standards are based on the values indicated in the MA Reference table from CMS.  
<sup>2</sup> The average driving distance in miles to the first closest provider to each beneficiary.  
<sup>3</sup> The number of servicing providers (Svc'g) must be greater or equal to the number of required providers (Req'd), beds (Acute Care) to pass.

Generated using 'Medicare Part C (2020)' template.

All Beneficiaries															
County Class	County	County SSA	Specialty		Access Requirements <sup>1</sup>				Provider Requirements <sup>3</sup>			Met Overall			
			Code	Description	With %	W/o %	Avg Dist <sup>2</sup>	Met	Req'd	Svc'g	Met				
Metro	Genesee, NY	33290	S03	Primary Care	100.0	0.0	3.0	Y	3	91	Y	Y			
			007	Allergy and Immunology	100.0	0.0	7.7	Y	1	52	Y	Y			
			008	Cardiology	99.7	0.3	7.4	Y	1	179	Y	Y			
			010	Chiropractor	100.0	0.0	4.5	Y	1	215	Y	Y			
			011	Dermatology	100.0	0.0	7.5	Y	1	72	Y	Y			
			012	Endocrinology	100.0	0.0	9.2	Y	1	10	Y	Y			
			013	ENT/Otolaryngology	100.0	0.0	7.8	Y	1	53	Y	Y			
			014	Gastroenterology	100.0	0.0	7.6	Y	1	92	Y	Y			
			015	General Surgery	99.7	0.3	7.2	Y	1	103	Y	Y			
			016	Gynecology, OB/GYN	100.0	0.0	6.7	Y	1	381	Y	Y			
			017	Infectious Diseases	87.9	12.1	29.9	N	1	54	Y	N			
			018	Nephrology	100.0	0.0	7.8	Y	1	74	Y	Y			
			019	Neurology	100.0	0.0	7.4	Y	1	331	Y	Y			
			020	Neurosurgery	100.0	0.0	7.6	Y	1	44	Y	Y			
			021	Oncology - Medical, Surgical	100.0	0.0	7.5	Y	1	146	Y	Y			
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	7.7	Y	1	77	Y	Y			
			023	Ophthalmology	99.7	0.3	7.1	Y	1	105	Y	Y			
			025	Orthopedic Surgery	99.5	0.5	5.7	Y	1	215	Y	Y			
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	7.3	Y	1	80	Y	Y			
			027	Plastic Surgery	100.0	0.0	7.5	Y	1	67	Y	Y			
			028	Podiatry	100.0	0.0	6.5	Y	1	111	Y	Y			
			029	Psychiatry	95.4	4.6	18.9	Y	1	178	Y	Y			
			030	Pulmonology	100.0	0.0	7.3	Y	1	121	Y	Y			
			031	Rheumatology	87.9	12.1	29.9	N	1	48	Y	N			
			033	Urology	100.0	0.0	7.3	Y	1	101	Y	Y			
			034	Vascular Surgery	100.0	0.0	7.8	Y	1	50	Y	Y			
			035	Cardiothoracic Surgery	85.9	14.1	32.5	N	1	24	Y	N			
				Livingston, NY	33350	S03	Primary Care	99.8	0.2	2.9	Y	3	68	Y	Y
						007	Allergy and Immunology	100.0	0.0	25.2	Y	1	56	Y	Y
						008	Cardiology	100.0	0.0	7.6	Y	1	271	Y	Y
						010	Chiropractor	100.0	0.0	4.4	Y	1	243	Y	Y
						011	Dermatology	100.0	0.0	12.0	Y	1	85	Y	Y
						012	Endocrinology	100.0	0.0	26.2	Y	1	10	Y	Y
						013	ENT/Otolaryngology	100.0	0.0	8.0	Y	1	70	Y	Y
						014	Gastroenterology	100.0	0.0	14.0	Y	1	106	Y	Y
015	General Surgery	98.0				2.0	13.2	Y	1	184	Y	Y			
016	Gynecology, OB/GYN	100.0				0.0	7.7	Y	1	397	Y	Y			
017	Infectious Diseases	99.3				0.7	25.9	Y	1	55	Y	Y			
018	Nephrology	100.0				0.0	11.2	Y	1	86	Y	Y			
019	Neurology	100.0				0.0	17.5	Y	1	341	Y	Y			

# Adequacy Detail By County SSA

August 27, 2020

Beneficiary Group  
 Medicare Sample Beneficiaries 2020  
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 Provider Group  
 Blue Choice

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Generated using 'Medicare Part C (2020)' template.

All Beneficiaries														
County Class	County	County SSA	Specialty		Access Requirements <sup>1</sup>				Provider Requirements <sup>3</sup>			Met Overall		
			Code	Description	With %	W/o %	Avg Dist <sup>2</sup>	Met	Req'd	Svc'g	Met			
Metro	Livingston, NY	33350	020	Neurosurgery	100.0	0.0	8.1	Y	1	50	Y	Y		
			021	Oncology - Medical, Surgical	100.0	0.0	14.3	Y	1	170	Y	Y		
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	14.3	Y	1	84	Y	Y		
			023	Ophthalmology	100.0	0.0	7.5	Y	1	151	Y	Y		
			025	Orthopedic Surgery	100.0	0.0	7.3	Y	1	314	Y	Y		
			026	Physiatry, Rehabilitative Medicine	82.7	17.3	25.0	N	1	81	Y	N		
			027	Plastic Surgery	100.0	0.0	21.3	Y	1	67	Y	Y		
			028	Podiatry	100.0	0.0	5.5	Y	1	126	Y	Y		
			029	Psychiatry	100.0	0.0	12.7	Y	1	195	Y	Y		
			030	Pulmonology	100.0	0.0	11.5	Y	1	152	Y	Y		
			031	Rheumatology	100.0	0.0	22.1	Y	1	49	Y	Y		
			033	Urology	100.0	0.0	8.0	Y	1	117	Y	Y		
			034	Vascular Surgery	99.3	0.7	25.1	Y	1	63	Y	Y		
			035	Cardiothoracic Surgery	95.3	4.7	29.7	Y	1	24	Y	Y		
			Monroe, NY	33370	S03	Primary Care	100.0	0.0	1.3	Y	29	757	Y	Y
					007	Allergy and Immunology	100.0	0.0	4.0	Y	1	56	Y	Y
					008	Cardiology	100.0	0.0	3.8	Y	5	303	Y	Y
	010	Chiropractor			100.0	0.0	1.4	Y	2	246	Y	Y		
	011	Dermatology			100.0	0.0	3.3	Y	3	87	Y	Y		
	012	Endocrinology			100.0	0.0	8.3	Y	1	10	Y	Y		
	013	ENT/Otolaryngology			100.0	0.0	4.2	Y	2	70	Y	Y		
	014	Gastroenterology			100.0	0.0	4.0	Y	3	105	Y	Y		
	015	General Surgery			100.0	0.0	3.7	Y	5	188	Y	Y		
	016	Gynecology, OB/GYN			100.0	0.0	2.4	Y	1	415	Y	Y		
	017	Infectious Diseases			100.0	0.0	5.0	Y	1	55	Y	Y		
	018	Nephrology			100.0	0.0	5.1	Y	2	90	Y	Y		
	019	Neurology			100.0	0.0	3.8	Y	3	342	Y	Y		
	020	Neurosurgery			100.0	0.0	4.6	Y	1	45	Y	Y		
	021	Oncology - Medical, Surgical			100.0	0.0	4.1	Y	4	167	Y	Y		
	022	Oncology - Radiation/Radiation Onc...			100.0	0.0	4.7	Y	2	84	Y	Y		
	023	Ophthalmology			100.0	0.0	2.7	Y	5	148	Y	Y		
	025	Orthopedic Surgery	100.0	0.0	3.0	Y	4	321	Y	Y				
	026	Physiatry, Rehabilitative Medicine	100.0	0.0	3.7	Y	1	81	Y	Y				
	027	Plastic Surgery	100.0	0.0	4.0	Y	1	67	Y	Y				
028	Podiatry	100.0	0.0	2.4	Y	4	132	Y	Y					
029	Psychiatry	100.0	0.0	2.9	Y	3	197	Y	Y					
030	Pulmonology	100.0	0.0	3.0	Y	3	151	Y	Y					
031	Rheumatology	100.0	0.0	4.3	Y	2	48	Y	Y					
033	Urology	100.0	0.0	4.2	Y	3	117	Y	Y					
034	Vascular Surgery	100.0	0.0	4.5	Y	1	63	Y	Y					



# Adequacy Detail By County SSA

August 27, 2020

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All Beneficiaries														
County Class	County	County SSA	Specialty		Access Requirements <sup>1</sup>				Provider Requirements <sup>3</sup>			Met Overall		
			Code	Description	With %	W/o %	Avg Dist <sup>2</sup>	Met	Req'd	Svc'g	Met			
Metro	Monroe, NY	33370	035	Cardiothoracic Surgery	100.0	0.0	5.8	Y	1	24	Y	Y		
			Ontario, NY	33530	S03	Primary Care	100.0	0.0	2.4	Y	5	275	Y	Y
				007	Allergy and Immunology	100.0	0.0	9.6	Y	1	53	Y	Y	
				008	Cardiology	100.0	0.0	6.4	Y	1	305	Y	Y	
				010	Chiropractor	100.0	0.0	2.8	Y	1	254	Y	Y	
				011	Dermatology	100.0	0.0	5.6	Y	1	83	Y	Y	
				012	Endocrinology	84.0	16.0	28.7	N	1	10	Y	N	
				013	ENT/Otolaryngology	100.0	0.0	5.9	Y	1	70	Y	Y	
				014	Gastroenterology	100.0	0.0	5.1	Y	1	104	Y	Y	
				015	General Surgery	99.5	0.5	5.8	Y	1	165	Y	Y	
				016	Gynecology, OB/GYN	100.0	0.0	4.5	Y	1	405	Y	Y	
				017	Infectious Diseases	100.0	0.0	18.3	Y	1	55	Y	Y	
				018	Nephrology	100.0	0.0	5.2	Y	1	87	Y	Y	
				019	Neurology	100.0	0.0	6.3	Y	1	340	Y	Y	
				020	Neurosurgery	100.0	0.0	7.9	Y	1	52	Y	Y	
				021	Oncology - Medical, Surgical	100.0	0.0	6.7	Y	1	153	Y	Y	
				022	Oncology - Radiation/Radiation Onc...	100.0	0.0	8.6	Y	1	84	Y	Y	
				023	Ophthalmology	99.9	0.1	4.7	Y	1	143	Y	Y	
				025	Orthopedic Surgery	99.9	0.1	5.1	Y	1	302	Y	Y	
				026	Physiatry, Rehabilitative Medicine	97.1	2.9	13.8	Y	1	76	Y	Y	
				027	Plastic Surgery	100.0	0.0	8.6	Y	1	67	Y	Y	
				028	Podiatry	100.0	0.0	4.9	Y	1	122	Y	Y	
				029	Psychiatry	100.0	0.0	4.4	Y	1	199	Y	Y	
				030	Pulmonology	100.0	0.0	8.3	Y	1	149	Y	Y	
				031	Rheumatology	100.0	0.0	9.7	Y	1	49	Y	Y	
				033	Urology	100.0	0.0	5.0	Y	1	103	Y	Y	
				034	Vascular Surgery	100.0	0.0	6.9	Y	1	63	Y	Y	
		Wayne, NY	33770	035	Cardiothoracic Surgery	98.4	1.6	30.7	Y	1	24	Y	Y	
				S03	Primary Care	100.0	0.0	2.7	Y	5	707	Y	Y	
					007	Allergy and Immunology	100.0	0.0	12.2	Y	1	55	Y	Y
					008	Cardiology	99.8	0.2	10.2	Y	1	320	Y	Y
					010	Chiropractor	100.0	0.0	4.6	Y	1	246	Y	Y
					011	Dermatology	100.0	0.0	7.6	Y	1	86	Y	Y
					012	Endocrinology	89.5	10.5	27.2	N	1	10	Y	N
				013	ENT/Otolaryngology	99.5	0.5	11.1	Y	1	61	Y	Y	
				014	Gastroenterology	100.0	0.0	10.3	Y	1	105	Y	Y	
				015	General Surgery	96.1	3.9	11.0	Y	1	185	Y	Y	
				016	Gynecology, OB/GYN	99.7	0.3	10.2	Y	1	402	Y	Y	
				017	Infectious Diseases	100.0	0.0	11.7	Y	1	55	Y	Y	
				018	Nephrology	98.9	1.1	11.6	Y	1	84	Y	Y	

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August 27, 2020

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All Beneficiaries												
County Class	County	County SSA	Specialty		Access Requirements <sup>1</sup>				Provider Requirements <sup>3</sup>			Met Overall
			Code	Description	With %	W/o %	Avg Dist <sup>2</sup>	Met	Req'd	Svc'g	Met	
Metro	Wayne, NY	33770	019	Neurology	97.6	2.4	11.5	Y	1	339	Y	Y
			020	Neurosurgery	100.0	0.0	15.2	Y	1	44	Y	Y
			021	Oncology - Medical, Surgical	98.9	1.1	11.5	Y	1	157	Y	Y
			022	Oncology - Radiation/Radiation Onc...	99.8	0.2	16.1	Y	1	75	Y	Y
			023	Ophthalmology	97.4	2.6	9.8	Y	1	147	Y	Y
			025	Orthopedic Surgery	99.5	0.5	10.4	Y	1	318	Y	Y
			026	Physiatry, Rehabilitative Medicine	99.1	0.9	16.9	Y	1	78	Y	Y
			027	Plastic Surgery	96.4	3.6	20.8	Y	1	64	Y	Y
			028	Podiatry	100.0	0.0	7.3	Y	1	117	Y	Y
			029	Psychiatry	99.7	0.3	9.9	Y	1	198	Y	Y
			030	Pulmonology	99.7	0.3	11.3	Y	1	147	Y	Y
			031	Rheumatology	97.1	2.9	20.6	Y	1	48	Y	Y
			033	Urology	98.9	1.1	11.1	Y	1	100	Y	Y
			034	Vascular Surgery	100.0	0.0	11.5	Y	1	62	Y	Y
			035	Cardiothoracic Surgery	93.0	7.0	26.2	Y	1	24	Y	Y
Micro	Orleans, NY	33550	S03	Primary Care	100.0	0.0	3.1	Y	2	233	Y	Y
			007	Allergy and Immunology	100.0	0.0	16.4	Y	1	56	Y	Y
			008	Cardiology	100.0	0.0	8.0	Y	1	267	Y	Y
			010	Chiropractor	100.0	0.0	8.3	Y	1	245	Y	Y
			011	Dermatology	100.0	0.0	16.5	Y	1	72	Y	Y
			012	Endocrinology	100.0	0.0	24.3	Y	1	10	Y	Y
			013	ENT/Otolaryngology	100.0	0.0	20.8	Y	1	70	Y	Y
			014	Gastroenterology	100.0	0.0	16.3	Y	1	92	Y	Y
			015	General Surgery	100.0	0.0	7.9	Y	1	176	Y	Y
			016	Gynecology, OB/GYN	100.0	0.0	8.6	Y	1	415	Y	Y
			017	Infectious Diseases	100.0	0.0	28.8	Y	1	55	Y	Y
			018	Nephrology	100.0	0.0	21.1	Y	1	90	Y	Y
			019	Neurology	100.0	0.0	16.4	Y	1	331	Y	Y
			020	Neurosurgery	100.0	0.0	21.1	Y	1	50	Y	Y
			021	Oncology - Medical, Surgical	100.0	0.0	16.3	Y	1	146	Y	Y
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	20.9	Y	1	84	Y	Y
			023	Ophthalmology	100.0	0.0	8.7	Y	1	148	Y	Y
			025	Orthopedic Surgery	100.0	0.0	8.3	Y	1	319	Y	Y
026	Physiatry, Rehabilitative Medicine	100.0	0.0	16.3	Y	1	81	Y	Y			
027	Plastic Surgery	100.0	0.0	16.3	Y	1	67	Y	Y			
028	Podiatry	100.0	0.0	7.9	Y	1	113	Y	Y			
029	Psychiatry	100.0	0.0	8.4	Y	1	179	Y	Y			
030	Pulmonology	100.0	0.0	16.5	Y	1	121	Y	Y			
031	Rheumatology	100.0	0.0	28.8	Y	1	49	Y	Y			

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All Beneficiaries												
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			Code	Description	With %	W/o %	Avg Dist <sup>2</sup>	Met	Req'd	Svc'g	Met	
Micro	Orleans, NY	33550	033	Urology	100.0	0.0	16.3	Y	1	101	Y	Y
			034	Vascular Surgery	100.0	0.0	21.3	Y	1	63	Y	Y
			035	Cardiothoracic Surgery	100.0	0.0	28.9	Y	1	24	Y	Y
			S03	Primary Care	100.0	0.0	3.8	Y	2	122	Y	Y
			007	Allergy and Immunology	100.0	0.0	18.9	Y	1	55	Y	Y
			008	Cardiology	100.0	0.0	6.4	Y	1	137	Y	Y
			010	Chiropractor	100.0	0.0	6.1	Y	1	257	Y	Y
			011	Dermatology	100.0	0.0	13.2	Y	1	82	Y	Y
			012	Endocrinology	100.0	0.0	49.7	Y	1	10	Y	Y
			013	ENT/Otolaryngology	100.0	0.0	12.0	Y	1	71	Y	Y
	Seneca, NY	33680	014	Gastroenterology	100.0	0.0	8.2	Y	1	100	Y	Y
			015	General Surgery	100.0	0.0	7.1	Y	1	38	Y	Y
			016	Gynecology, OB/GYN	100.0	0.0	11.4	Y	1	409	Y	Y
			017	Infectious Diseases	100.0	0.0	27.3	Y	1	55	Y	Y
			018	Nephrology	100.0	0.0	11.5	Y	1	87	Y	Y
			019	Neurology	100.0	0.0	12.3	Y	1	339	Y	Y
			020	Neurosurgery	100.0	0.0	18.7	Y	1	52	Y	Y
			021	Oncology - Medical, Surgical	100.0	0.0	13.5	Y	1	151	Y	Y
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	22.9	Y	1	84	Y	Y
			023	Ophthalmology	98.7	1.3	13.5	Y	1	26	Y	Y
			025	Orthopedic Surgery	100.0	0.0	13.2	Y	1	93	Y	Y
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	13.6	Y	1	78	Y	Y
			027	Plastic Surgery	100.0	0.0	27.3	Y	1	67	Y	Y
			028	Podiatry	100.0	0.0	9.3	Y	1	112	Y	Y
			029	Psychiatry	100.0	0.0	7.2	Y	1	199	Y	Y
	Wyoming, NY	33900	030	Pulmonology	100.0	0.0	15.5	Y	1	145	Y	Y
			031	Rheumatology	100.0	0.0	27.6	Y	1	49	Y	Y
			033	Urology	100.0	0.0	12.0	Y	1	100	Y	Y
			034	Vascular Surgery	100.0	0.0	13.7	Y	1	63	Y	Y
			035	Cardiothoracic Surgery	100.0	0.0	51.5	Y	1	24	Y	Y
			S03	Primary Care	100.0	0.0	4.5	Y	2	87	Y	Y
			007	Allergy and Immunology	100.0	0.0	24.9	Y	1	56	Y	Y
			008	Cardiology	100.0	0.0	11.7	Y	1	137	Y	Y
			010	Chiropractor	100.0	0.0	9.9	Y	1	251	Y	Y
			011	Dermatology	100.0	0.0	22.1	Y	1	74	Y	Y
			012	Endocrinology	100.0	0.0	24.4	Y	1	10	Y	Y
			013	ENT/Otolaryngology	100.0	0.0	12.4	Y	1	75	Y	Y
			014	Gastroenterology	100.0	0.0	12.4	Y	1	99	Y	Y
			015	General Surgery	100.0	0.0	12.4	Y	1	85	Y	Y
			016	Gynecology, OB/GYN	100.0	0.0	11.6	Y	1	420	Y	Y

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County Class	County	County SSA	Specialty		Access Requirements <sup>1</sup>				Provider Requirements <sup>3</sup>			Met Overall		
			Code	Description	With %	W/o %	Avg Dist <sup>2</sup>	Met	Req'd	Svc'g	Met			
Micro	Wyoming, NY	33900	017	Infectious Diseases	100.0	0.0	47.0	Y	1	55	Y	Y		
			018	Nephrology	100.0	0.0	22.6	Y	1	93	Y	Y		
			019	Neurology	100.0	0.0	12.4	Y	1	339	Y	Y		
			020	Neurosurgery	100.0	0.0	21.6	Y	1	52	Y	Y		
			021	Oncology - Medical, Surgical	100.0	0.0	23.7	Y	1	157	Y	Y		
			022	Oncology - Radiation/Radiation Onc...	100.0	0.0	23.7	Y	1	84	Y	Y		
			023	Ophthalmology	100.0	0.0	11.2	Y	1	69	Y	Y		
			025	Orthopedic Surgery	100.0	0.0	10.7	Y	1	180	Y	Y		
			026	Physiatry, Rehabilitative Medicine	100.0	0.0	24.3	Y	1	81	Y	Y		
			027	Plastic Surgery	100.0	0.0	12.5	Y	1	67	Y	Y		
			028	Podiatry	100.0	0.0	12.2	Y	1	117	Y	Y		
			029	Psychiatry	100.0	0.0	29.1	Y	1	186	Y	Y		
			030	Pulmonology	100.0	0.0	12.4	Y	1	135	Y	Y		
			031	Rheumatology	100.0	0.0	43.2	Y	1	49	Y	Y		
			033	Urology	100.0	0.0	12.4	Y	1	113	Y	Y		
			034	Vascular Surgery	100.0	0.0	24.5	Y	1	63	Y	Y		
			035	Cardiothoracic Surgery	100.0	0.0	50.1	Y	1	24	Y	Y		
			Yates, NY	33910	S03	Primary Care	100.0	0.0	3.8	Y	2	114	Y	Y
					007	Allergy and Immunology	100.0	0.0	25.6	Y	1	57	Y	Y
					008	Cardiology	100.0	0.0	7.5	Y	1	167	Y	Y
					010	Chiropractor	100.0	0.0	6.5	Y	1	268	Y	Y
					011	Dermatology	100.0	0.0	19.3	Y	1	83	Y	Y
					012	Endocrinology	100.0	0.0	51.5	Y	1	10	Y	Y
					013	ENT/Otolaryngology	100.0	0.0	18.4	Y	1	80	Y	Y
					014	Gastroenterology	100.0	0.0	17.8	Y	1	104	Y	Y
					015	General Surgery	100.0	0.0	7.5	Y	1	47	Y	Y
					016	Gynecology, OB/GYN	100.0	0.0	7.1	Y	1	421	Y	Y
					017	Infectious Diseases	100.0	0.0	31.4	Y	1	55	Y	Y
					018	Nephrology	100.0	0.0	7.2	Y	1	93	Y	Y
					019	Neurology	100.0	0.0	18.8	Y	1	341	Y	Y
					020	Neurosurgery	100.0	0.0	24.5	Y	1	52	Y	Y
					021	Oncology - Medical, Surgical	100.0	0.0	17.8	Y	1	153	Y	Y
					022	Oncology - Radiation/Radiation Onc...	100.0	0.0	24.1	Y	1	84	Y	Y
					023	Ophthalmology	100.0	0.0	17.8	Y	1	40	Y	Y
					025	Orthopedic Surgery	100.0	0.0	17.6	Y	1	117	Y	Y
026	Physiatry, Rehabilitative Medicine	100.0			0.0	20.6	Y	1	81	Y	Y			
027	Plastic Surgery	100.0			0.0	25.6	Y	1	67	Y	Y			
028	Podiatry	100.0	0.0	17.6	Y	1	118	Y	Y					
029	Psychiatry	100.0	0.0	7.5	Y	1	200	Y	Y					
030	Pulmonology	100.0	0.0	7.5	Y	1	146	Y	Y					





The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately.**

**This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at [www.excellusbcs.com](http://www.excellusbcs.com). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at [www.cciio.cms.gov](http://www.cciio.cms.gov) or [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-800-499-1275 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$0	See the Common Medical Events chart below for your costs for services this <a href="#">plan</a> covers.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes, <a href="#">Preventive Care</a>	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	In-Network: \$6,350 Individual/\$12,700 Family; Out-of-Network: Not Applicable	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Costs for <a href="#">premiums</a> , <a href="#">balance billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.excellusbcs.com">www.excellusbcs.com</a> or call 1-800-499-1275 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <a href="#">Copay</a> /visit \$5 Copayment for Members to age 26	Not Covered	None
	<a href="#">Specialist</a> visit	\$40 <a href="#">Copay</a> /visit	Not Covered	
	<a href="#">Preventive care/screening/immunization</a>	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge	Adult Physical: Not Covered Adult Immunizations: Not Covered Well Child Visit: Not Covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. 1 Exam per year
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-Ray: \$40 <a href="#">Copay</a> /visit Blood Work: No Charge	X-Ray: Not Covered Blood Work: Not Covered	None
	Imaging (CT/PET scans, MRIs)	\$40 <a href="#">Copay</a> /visit	Not Covered	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.excellusbcb.com/rxlist">www.excellusbcb.com/rxlist</a>	Tier 1 (Generic drugs)	\$10/prescription retail, \$20/prescription mail order	Not Covered	Covers up to a 30-day supply (retail); 90-day supply (mail order)/prescription <a href="#">Preauthorization</a> required for certain <a href="#">prescription drugs</a> . If you don't get a <a href="#">preauthorization</a> , you must pay the entire cost of the drug. <a href="#">Specialty drugs</a> must be filled by a Designated Pharmacy. Specialty drugs are not eligible for mail order.
	Tier 2 (Preferred brand drugs)	\$30/prescription retail, \$60/prescription mail order	Not Covered	
	Tier 3 (Non-preferred brand drugs)	\$50/prescription retail, \$100/prescription mail order	Not Covered	
	<a href="#">Specialty drugs</a>	\$10/30/50/prescription retail	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$50 <a href="#">Copay</a>	Not Covered	None
	Physician/surgeon fees	\$40/surgery <a href="#">Copay</a>	Not Covered	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$100 <a href="#">Copay</a> /visit	\$100 <a href="#">Copay</a> /visit	None
	<a href="#">Emergency medical transportation</a>	\$100 <a href="#">Copay</a> /visit	\$100 <a href="#">Copay</a> /visit	None
	<a href="#">Urgent care</a>	\$35 <a href="#">Copay</a> /visit	Not Covered	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	

\* For more information about limitations and exceptions, see [plan](#) or policy document at [www.excellusbcb.com](http://www.excellusbcb.com)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$25 <a href="#">Copay</a> /visit	Not Covered	None
	Inpatient services	No Charge	Not Covered	
<b>If you are pregnant</b>	Office visits	No Charge	Not Covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .
	Childbirth/delivery professional services	\$50/delivery <a href="#">Copay</a>	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply.
	Childbirth/delivery facility services	No Charge	Not Covered	None
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge	Not Covered	40 Visits per plan year limit
	<a href="#">Rehabilitation services</a>	\$40 <a href="#">Copay</a> /visit	Not Covered	30 Visits combined with habilitation Per Plan Year limit
	<a href="#">Habilitation services</a>	\$40 <a href="#">Copay</a> /visit	Not Covered	30 Visits combined with rehabilitation Per plan year limit
	<a href="#">Skilled nursing care</a>	No Charge	Not Covered	45 Days per Plan Year limit
	<a href="#">Durable medical equipment</a>	50% <a href="#">Coinsurance</a>	Not Covered	None
	<a href="#">Hospice services</a>	No Charge	Not Covered	210 Days per Plan Year limit Family bereavement counseling limited to 5 Visits per Plan Year
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

### Excluded Services & Other Covered Services:

**Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- |                            |                            |                        |
|----------------------------|----------------------------|------------------------|
| • Acupuncture              | • Dental care (Adult)      | • Dental care (Child)  |
| • Hearing aids             | • Long-term care           | • Private-duty nursing |
| • Routine eye care (Adult) | • Routine eye care (Child) | • Weight loss programs |



**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Bariatric surgery
- Chiropractic care
- Infertility treatment

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the phone number on Your ID card or [www.excellusbcs.com](http://www.excellusbcs.com); Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); New York State Department of Financial Services Consumer Assistance Unit at 1-800-342-3736 or [www.dfs.ny.gov](http://www.dfs.ny.gov). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Consumer Assistance Program at 1-888-614-5400, or e-mail [cha@cssny.org](mailto:cha@cssny.org) or [www.communityhealthadvocates.org](http://www.communityhealthadvocates.org). A list of states with Consumer Assistance Programs is available at: [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and [www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants](http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*-----

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$0</b>
■ <b><a href="#">Specialist</a> <a href="#">copayment</a></b>	<b>\$40</b>
■ <b>Hospital (facility) <a href="#">copayment</a></b>	<b>\$0</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>50%</b>

**This EXAMPLE event includes services like:**

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,820</b>
---------------------------	-----------------

**In this example, Peg would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$180
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$240</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$0</b>
■ <b><a href="#">Specialist</a> <a href="#">copayment</a></b>	<b>\$40</b>
■ <b>Hospital (facility) <a href="#">copayment</a></b>	<b>\$0</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>50%</b>

**This EXAMPLE event includes services like:**

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,460</b>
---------------------------	----------------

**In this example, Joe would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$1,470
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$1,530</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$0</b>
■ <b><a href="#">Specialist</a> <a href="#">copayment</a></b>	<b>\$40</b>
■ <b>Hospital (facility) <a href="#">copayment</a></b>	<b>\$0</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>50%</b>

**This EXAMPLE event includes services like:**

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,970</b>
---------------------------	----------------

**In this example, Mia would pay:**

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$400
<a href="#">Coinsurance</a>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$500</b>

## **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:
  - 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: 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, 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, contámos 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 anviyòp 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 saperne come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אדיש, איך אומזיסטע שפראך הילף אונערלעבל פאר אייך ביטע רעפערירט צום בייגלעייגטן דאקומענט צו זען אופנים זיך צו פארבריינדן מיט אונז.

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

تنبیه: 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 مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalalip 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. Drejtojuini dokumentit bashkëlidhur për mënyra se si të na kontaktoni.



Excellus BCBS: Blue Choice 25

Coverage Period: 01/01/2021 - 12/31/2021

A nonprofit independent licensee of the BlueCross BlueShield Association

Coverage for: Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately.

This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-499-1275 or visit Our website at www.excellusbcs.com. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cciio.cms.gov or www.healthcare.gov/sbc-glossary or call 1-800-499-1275 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your deductible?	Yes, Preventive Care	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/.
Are there other deductibles for specific services?	No	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-Network: \$6,350 Individual/\$12,700 Family; Out-of-Network: Not Applicable	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.
What is not included in the out-of-pocket limit?	Costs for premiums, balance billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Will you pay less if you use a network provider?	Yes. See www.excellusbcs.com or call 1-800-499-1275 for a list of network providers.	This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No	You can see the specialist you choose without a referral.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you visit a health care provider's office or clinic</b>	Primary care visit to treat an injury or illness	\$25 <a href="#">Copay</a> /visit \$5 Copayment for Members to age 26	Not Covered	None
	<a href="#">Specialist</a> visit	\$40 <a href="#">Copay</a> /visit	Not Covered	
	<a href="#">Preventive care/screening/immunization</a>	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge	Adult Physical: Not Covered Adult Immunizations: Not Covered Well Child Visit: Not Covered	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. 1 Exam per year
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-Ray: \$40 <a href="#">Copay</a> /visit Blood Work: No Charge	X-Ray: Not Covered Blood Work: Not Covered	None
	Imaging (CT/PET scans, MRIs)	\$40 <a href="#">Copay</a> /visit	Not Covered	
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.excellusbcs.com/rxlist">www.excellusbcs.com/rxlist</a>	Tier 1 (Generic drugs)	Not Covered	Not Covered	None <a href="#">Preauthorization</a> required for certain <a href="#">prescription drugs</a> . If you don't get a <a href="#">preauthorization</a> , you must pay the entire cost of the drug.
	Tier 2 (Preferred brand drugs)	Not Covered	Not Covered	
	Tier 3 (Non-preferred brand drugs)	Not Covered	Not Covered	
<b>If you have outpatient surgery</b>	Facility fee (e.g., ambulatory surgery center)	\$50 <a href="#">Copay</a>	Not Covered	None
	Physician/surgeon fees	\$40/surgery <a href="#">Copay</a>	Not Covered	
<b>If you need immediate medical attention</b>	<a href="#">Emergency room care</a>	\$100 <a href="#">Copay</a> /visit	\$100 <a href="#">Copay</a> /visit	None
	<a href="#">Emergency medical transportation</a>	\$100 <a href="#">Copay</a> /visit	\$100 <a href="#">Copay</a> /visit	None
	<a href="#">Urgent care</a>	\$35 <a href="#">Copay</a> /visit	Not Covered	None
<b>If you have a hospital stay</b>	Facility fee (e.g., hospital room)	No Charge	Not Covered	None
	Physician/surgeon fees	No Charge	Not Covered	
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	\$25 <a href="#">Copay</a> /visit	Not Covered	None
	Inpatient services	No Charge	Not Covered	

\* For more information about limitations and exceptions, see [plan](#) or policy document at [www.excellusbcs.com](http://www.excellusbcs.com)

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<b>If you are pregnant</b>	Office visits	No Charge	Not Covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .
	Childbirth/delivery professional services	\$50/delivery <a href="#">Copay</a>	Not Covered	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply.
	Childbirth/delivery facility services	No Charge	Not Covered	None
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	No Charge	Not Covered	40 Visits per plan year limit
	<a href="#">Rehabilitation services</a>	\$40 <a href="#">Copay</a> /visit	Not Covered	30 Visits combined with habilitation Per Plan Year limit
	<a href="#">Habilitation services</a>	\$40 <a href="#">Copay</a> /visit	Not Covered	30 Visits combined with rehabilitation per Plan Year limit
	<a href="#">Skilled nursing care</a>	No Charge	Not Covered	45 Days per Plan Year limit
	<a href="#">Durable medical equipment</a>	50% <a href="#">Coinsurance</a>	Not Covered	None
	<a href="#">Hospice services</a>	Not Covered	Not Covered	
<b>If your child needs dental or eye care</b>	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

### Excluded Services & Other Covered Services:

**Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)**

- |                                    |                            |                            |
|------------------------------------|----------------------------|----------------------------|
| • Acupuncture                      | • Dental care (Adult)      | • Dental care (Child)      |
| • <a href="#">Hospice services</a> | • Long-term care           | • Prescription Drugs       |
| • Private-duty nursing             | • Routine eye care (Adult) | • Routine eye care (Child) |
| • Weight loss programs             |                            |                            |

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- |                         |                     |                |
|-------------------------|---------------------|----------------|
| • Bariatric surgery     | • Chiropractic care | • Hearing aids |
| • Infertility treatment |                     |                |



**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: the phone number on Your ID card or [www.excellusbcs.com](http://www.excellusbcs.com); Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform); New York State Department of Financial Services Consumer Assistance Unit at 1-800-342-3736 or [www.dfs.ny.gov](http://www.dfs.ny.gov). Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Consumer Assistance Program at 1-888-614-5400, or e-mail [cha@cssny.org](mailto:cha@cssny.org) or [www.communityhealthadvocates.org](http://www.communityhealthadvocates.org). A list of states with Consumer Assistance Programs is available at: [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform) and [www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants](http://www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants).

**Does this plan provide Minimum Essential Coverage? Yes**

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the Minimum Value Standards? Yes**

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

-----*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*-----

## About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$0</b>
■ <b><a href="#">Specialist</a> <a href="#">copayment</a></b>	<b>\$40</b>
■ <b>Hospital (facility) <a href="#">copayment</a></b>	<b>\$0</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>50%</b>

#### This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
 Diagnostic tests (*ultrasounds and blood work*)  
 Specialist visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,820</b>
---------------------------	-----------------

#### In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$180
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$80
<b>The total Peg would pay is</b>	<b>\$260</b>

### Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$0</b>
■ <b><a href="#">Specialist</a> <a href="#">copayment</a></b>	<b>\$40</b>
■ <b>Hospital (facility) <a href="#">copayment</a></b>	<b>\$0</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>50%</b>

#### This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)  
 Diagnostic tests (*blood work*)  
 Prescription drugs  
 Durable medical equipment (*glucose meter*)

<b>Total Example Cost</b>	<b>\$7,460</b>
---------------------------	----------------

#### In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$1,470
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$370
<b>The total Joe would pay is</b>	<b>\$1,840</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ <b>The <a href="#">plan's</a> overall <a href="#">deductible</a></b>	<b>\$0</b>
■ <b><a href="#">Specialist</a> <a href="#">copayment</a></b>	<b>\$40</b>
■ <b>Hospital (facility) <a href="#">copayment</a></b>	<b>\$0</b>
■ <b>Other <a href="#">coinsurance</a></b>	<b>50%</b>

#### This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)  
 Diagnostic test (*x-ray*)  
 Durable medical equipment (*crutches*)  
 Rehabilitation services (*physical therapy*)

<b>Total Example Cost</b>	<b>\$1,970</b>
---------------------------	----------------

#### In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$400
<a href="#">Coinsurance</a>	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$500</b>

## **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:
  - 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: 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, 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 anvlop la pou jwenn fason pou kontakte nou.

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

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

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





A nonprofit independent licensee of the BlueCross BlueShield Association

### 2021 NYSHIP

## Side-by-Side Benefit Comparison for Blue Choice \$25 Copay Option and Medicare Blue Choice-Medicare Advantage

<b>Benefit</b>	<b>Blue Choice \$25 Copay Option</b>	<b>Medicare Blue Choice Medicare Advantage</b>
Plan Type	HMO	HMO-POS
Annual out-of-pocket Maximum	Single \$6,350 Family \$12,700	\$3,400 in-network
Primary Care Office Visit	\$25 copay	\$5 copay
Specialist Office Visit	\$40 copay	\$20 copay
Diagnostic Lab & Path	Covered in full	Covered in full
Diagnostic Imaging	\$40 copay	\$20 copay
Outpatient Surgery	\$50 copay (facility); \$40 copay (physician)	\$50 copay (facility); \$20 copay (physician)
Outpatient Medicare Part B Prescription Drug	\$50 copay (facility); \$40 copay (physician)	20% coinsurance
Hearing Aid Allowance	Covered in Full for up to 2 hearing aids every 3 years for children to age 19	\$699 or \$999 copay per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered
Chiropractic	\$40 copay	\$5 copay
Outpatient Mental Health	\$25 copay	20% coinsurance
Outpatient Chemical Dependence	\$25 copay	20% coinsurance
Emergency Room	\$100 copay	\$50 copay
Ambulance	\$100 copay	\$35 copay
Dental	No coverage	Coverage for preventative services only (up to 2 cleanings, 2 x-rays, 2 exams)
Prescription Drug	\$10/\$30/\$50 per 30-day supply; \$20/\$60/\$100 per 90-day supply through mail order only; coverage for contraceptive drugs included	\$10/\$25/\$40 per 30-day supply; \$20/\$50/\$80 per 90-day supply through mail order and retail pharmacy; coverage for contraceptive drugs included
Prescription Drug Catastrophic Coverage	No catastrophic coverage	When your total out of pocket for prescriptions reaches \$6500, you will pay \$3.70 for generic and \$9.20 for brand or 5%, whichever is greater

Diabetic Shoes	50% coinsurance, 1 pair per year	20% coinsurance, 1 pair per year
Diabetic Supplies	\$25 copay for up to a 30 day supply	\$5 copay per item for a 30 day supply from preferred supplier
Routine Eye Exam	Not covered	\$20 copay
Routine Eyewear Allowance	Not covered	\$120 annual allowance
Skilled Nursing Facility	Covered in Full for up to 45 days per admission; 360 per lifetime	\$0 copay per day, days 1-20 \$25 copay per day, days 21-100. Not covered, days 100 and beyond
Smoking Cessation	Not covered	Covered in Full
Medical Nutritional Therapy	Not covered	Covered in Full
Out-of-Network Coverage	Emergency Care only	20% coinsurance up to \$5,000 coverage
Dental Benefit	Not covered	Coverage for preventative services (cleanings, x-rays, exams) only
Health and Wellness	Discounts available through Blue365 Program	Silver&Fit® membership to participating fitness facilities and \$150 annual allowance to use at nonparticipating fitness facilities
Acupuncture	Not covered	50% coinsurance for 20 visits with a diagnosis of chronic low back pain, 10 visits for all other diagnosis
Contraceptive Devices	Applicable Rx copay applies	Applicable Rx copay or coinsurance applies
Telemedicine Medical – MD Live	Covered in Full	\$20 copay
Telemedicine Behavioral Health – MD Live	Covered in Full	20% coinsurance
Travel Benefits	Benefits available through BlueCard and Away from Home Care	20% co-insurance, up to \$5,000 dollar max for covered services.

**2021 Blue Choice 25**  
**Benefit Summary-Commercial Plan**  
**New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Plan Features</b>	
<b>Primary Care Physician (PCP)</b>	Required
<b>Referrals</b>	Not Required
<b>Out-of-network benefits</b>	Not covered
<b>Out-of-area benefits</b>	Emergency coverage provided worldwide through the BlueCard® program
<b>Dependent coverage</b>	Qualified dependents covered to 26 (last day of the month following 26 <sup>th</sup> birthday)
<b>Waiting Periods for Pre-Existing Conditions</b>	Does not apply
<b>Plan Cost-Sharing Highlights</b>	
<b>Office visit copay (PCP)</b>	\$25 (\$5 for children to age 26)
<b>Office visit copay (Specialist)</b>	\$40
<b>Coinsurance</b>	None, unless noted
<b>Deductible</b>	None
<b>Out-of-pocket maximum</b>	Single \$6,350 / Family \$12,700
<b>Lifetime maximum</b>	None
<b>Plan Benefits</b>	
<b>Preventive Health Care Services</b>	
<b>Well child visits</b>	Covered in full
<b>Adult routine physical exams</b>	Covered in full
<b>Adult immunizations</b>	Covered in full
<b>Routine mammography</b>	Covered in full
<b>Routine Pap smear</b>	Covered in full
<b>Routine GYN exam</b>	Covered in full
<b>Prostate cancer screening</b>	Covered in full
<b>Routine vision exam</b>	No benefit Discount available through Blue365®
<b>Physician Services</b>	
<b>Diagnostic office visits</b>	\$25 PCP copay \$40 Specialist copay



**2021 Blue Choice 25**  
**Benefit Summary-Commercial Plan**  
**New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Diagnostic imaging (X-rays, CAT scans, MRI, MRA)</b>	\$40 copay
<b>Diagnostic laboratory and pathology including EKG/EEG</b>	Covered in full
<b>Surgery - office</b>	Physician: lesser of \$50 copay or 20% coinsurance
<b>Chiropractic care</b>	\$40 copay
<b>Allergy tests</b>	\$25 PCP copay \$40 Specialist copay
<b>Allergy injections</b>	\$25 PCP copay \$40 Specialist copay
<b>Chemotherapy</b>	\$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit.
<b>Radiation therapy</b>	\$25 copay
<b><u>Maternity Services</u></b>	
<b>Prenatal and postpartum care</b>	Covered in full
<b>Hospital care for mom (including delivery)</b>	Facility: Covered in full Physician: \$50 copay
<b>Newborn nursery care</b>	Covered in full
<b><u>Prescription Drug</u></b> Short-term, maintenance and specialty drugs are covered under the following copayments: <b>Retail:</b> Limit – 30-day supply. 1 copay per 30-day supply. <b>Mail Order:</b> Limit – 90-day supply. 2 copays per 90-day supply. Mail Order is available through Express Scripts. Contraceptive coverage included. Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies.	Retail per 30-day supply: 3-Tier Option Tier 1: \$10 copay Tier 2*: \$30 copay Tier 3*: \$50 copay Mail Order up to a 90-day supply: 3-Tier Option Tier 1: \$20 copay Tier 2*: \$60 copay Tier 3*: \$100 copay *Tier 2 and tier 3 prescriptions are subject to Maximum Allowable Cost (MAC)

**2021 Blue Choice 25**  
**Benefit Summary-Commercial Plan**  
**New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b><u>Inpatient Hospital Benefits</u></b>	
<b>Hospital benefits</b>	Covered in full
<b>Physician visits in the hospital</b>	Covered in full
<b>Inpatient Physical Rehabilitation</b>	Covered in full for up to 60 days per calendar year
<b>Surgery</b>	Covered in full
<b>Anesthesia</b>	Covered in full
<b><u>Emergency Care</u></b>	
<b>Emergency room care</b>	\$100 copay per visit (Copay waived if admitted inpatient)
<b>Freestanding urgent care center</b>	\$35 copay
<b>Ambulance (Medically necessary ground and air ambulance transportation)</b>	\$100 copay for emergency transportation
<b><u>Outpatient Hospital Benefits</u></b>	
<b>Diagnostic imaging (X-rays, CAT scans, MRI, MRA)</b>	\$40 copay
<b>Diagnostic laboratory and pathology</b>	Covered in full
<b>Surgical care</b>	Facility: \$50 copay Physician: \$40 copay
<b><u>Mental Health, Chemical Dependence and Substance Abuse Benefits</u></b>	
<b>Inpatient mental health care</b>	Covered in full
<b>Outpatient mental health care</b>	\$25 (\$5 for children to age 26)
<b>Inpatient chemical dependence care</b>	Covered in full (includes detoxification and rehabilitation)
<b>Outpatient chemical dependence care</b>	\$25 (\$5 for children to age 26)
<b>Inpatient substance abuse rehabilitation</b>	Covered in full
<b><u>Other Services</u></b>	
<b>Diabetic insulin &amp; supplies</b>	\$25 copay for a 30-day supply
<b>Skilled nursing facility</b>	Covered in full for up to 45 days per calendar year, 360 day lifetime max

**2021 Blue Choice 25  
Benefit Summary-Commercial Plan  
New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Home care</b>	Covered in full for up to 40 visits per calendar year
<b>Hospice</b>	Covered in full for up to 210 days
<b>Outpatient therapy – Physical, Speech and Occupational</b>	\$40 copay Limit: 30 visits per calendar, combined benefit
<b>Durable medical equipment &amp; medical supplies</b>	Covered at 50%
<b>External prosthetics/orthotics</b>	Covered at 50%
<b>Internal prosthetics</b>	Covered in full
<b>Hearing exams (routine and diagnostic)</b>	\$40 copay for diagnostic hearing exams \$40 copay for routine exam (Limit: once every 12 months)
<b>Hearing aids</b>	Covered in full for up to 2 hearing aids every 3 years for children to age 19 only
<b>Dental</b>	\$40 copay for accidental injury to sound natural teeth only
<b>Telemedicine-MD Live®</b>	Covered in full
<b>Telemedicine via PCP</b>	Covered in full

Note: This is not a contract or binding agreement; it is a summary of benefits and services only. For complete benefits and conditions of coverage, please refer to your Blue Choice Member Certificate.

Note: Your Eligibility guidelines may be different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil service's Web site at <http://www.cs.ny.gov>

Visit our website at [ExcellusBCBS.com](http://ExcellusBCBS.com) for our most up-to-date Provider Listing, Prescription Drug Listing and Member Discount programs.

**2021 Blue Choice 25**  
**Benefit Summary-Commercial Plan**  
**New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Plan Features</b>	
<b>Primary Care Physician (PCP)</b>	Required
<b>Referrals</b>	Not Required
<b>Out-of-network benefits</b>	Not covered
<b>Out-of-area benefits</b>	Emergency coverage provided worldwide through the BlueCard® program
<b>Dependent coverage</b>	Qualified dependents covered to 26 (last day of the month following 26 <sup>th</sup> birthday)
<b>Waiting Periods for Pre-Existing Conditions</b>	Does not apply
<b>Plan Cost-Sharing Highlights</b>	
<b>Office visit copay (PCP)</b>	\$25 (\$5 for children to age 26)
<b>Office visit copay (Specialist)</b>	\$40
<b>Coinsurance</b>	None, unless noted
<b>Deductible</b>	None
<b>Out-of-pocket maximum</b>	Single \$6,350 / Family \$12,700
<b>Lifetime maximum</b>	None
<b>Plan Benefits</b>	
<b>Preventive Health Care Services</b>	
<b>Well child visits</b>	Covered in full
<b>Adult routine physical exams</b>	Covered in full
<b>Adult immunizations</b>	Covered in full
<b>Routine mammography</b>	Covered in full
<b>Routine Pap smear</b>	Covered in full
<b>Routine GYN exam</b>	Covered in full
<b>Prostate cancer screening</b>	Covered in full
<b>Routine vision exam</b>	No benefit Discount available through Blue365®
<b>Physician Services</b>	
<b>Diagnostic office visits</b>	\$25 PCP copay \$40 Specialist copay

**2021 Blue Choice 25  
Benefit Summary-Commercial Plan  
New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Diagnostic imaging (X-rays, CAT scans, MRI, MRA)</b>	\$40 copay
<b>Diagnostic laboratory and pathology including EKG/EEG</b>	Covered in full
<b>Surgery - office</b>	Physician: lesser of \$50 copay or 20% coinsurance
<b>Chiropractic care</b>	\$40 copay
<b>Allergy tests</b>	\$25 PCP copay \$40 Specialist copay
<b>Allergy injections</b>	\$25 PCP copay \$40 Specialist copay
<b>Chemotherapy</b>	\$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit.
<b>Radiation therapy</b>	\$25 copay
<b><u>Maternity Services</u></b>	
<b>Prenatal and postpartum care</b>	Covered in full
<b>Hospital care for mom (including delivery)</b>	Facility: Covered in full Physician: \$50 copay
<b>Newborn nursery care</b>	Covered in full
<b><u>Prescription Drug</u></b> <b>Retail:</b> Limit – 30-day supply. 1 copay per 30-day supply. <b>Mail Order:</b> Limit – 90-day supply. 3 copays per 90-day supply. Mail Order is available through Express Scripts. Contraceptive coverage included.	Not Covered, except Diabetic Drugs \$25 copay per 30-day supply Oral Contraceptives \$0 copay for Generic and Single Source Brands
<b><u>Inpatient Hospital Benefits</u></b>	
<b>Hospital benefits</b>	Covered in full
<b>Physician visits in the hospital</b>	Covered in full
<b>Inpatient Physical Rehabilitation</b>	Covered in full for up to 60 days per calendar year

**2021 Blue Choice 25  
Benefit Summary-Commercial Plan  
New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Surgery</b>	Covered in full
<b>Anesthesia</b>	Covered in full
<b><u>Emergency Care</u></b>	
<b>Emergency room care</b>	\$100 copay per visit (Copay waived if admitted inpatient)
<b>Freestanding urgent care center</b>	\$35 copay
<b>Ambulance (Medically necessary ground and air ambulance transportation)</b>	\$100 copay for emergency transportation
<b><u>Outpatient Hospital Benefits</u></b>	
<b>Diagnostic imaging (X-rays, CAT scans, MRI, MRA)</b>	\$40 copay
<b>Diagnostic laboratory and pathology</b>	Covered in full
<b>Surgical care</b>	Facility: \$50 copay Physician: \$40 copay
<b><u>Mental Health, Chemical Dependence and Substance Abuse Benefits</u></b>	
<b>Inpatient mental health care</b>	Covered in full
<b>Outpatient mental health care</b>	\$25 (\$5 for children to age 26)
<b>Inpatient chemical dependence care</b>	Covered in full (includes detoxification and rehabilitation)
<b>Outpatient chemical dependence care</b>	\$25 (\$5 for children to age 26)
<b>Inpatient substance abuse rehabilitation</b>	Covered in full
<b><u>Other Services</u></b>	
<b>Diabetic insulin &amp; supplies</b>	\$25 copay for a 30-day supply
<b>Skilled nursing facility</b>	Covered in full for up to 45 days per calendar year, 360 day lifetime max
<b>Home care</b>	Covered in full for up to 40 visits per calendar year
<b>Hospice</b>	Covered in full for up to 210 days
<b>Outpatient therapy – Physical, Speech and Occupational</b>	\$40 copay Limit: 30 visits per calendar, combined benefit

**2021 Blue Choice 25  
Benefit Summary-Commercial Plan  
New York State Active Employees/ Under 65 Retirees**

	<b>In-Network Benefits</b>
<b>Durable medical equipment &amp; medical supplies</b>	Covered at 50%
<b>External prosthetics/orthotics</b>	Covered at 50%
<b>Internal prosthetics</b>	Covered in full
<b>Hearing exams (routine and diagnostic)</b>	\$40 copay for diagnostic hearing exams \$40 copay for routine exam (Limit: once every 12 months)
<b>Hearing aids</b>	Covered in full for up to 2 hearing aids every 3 years for children to age 19 only
<b>Dental</b>	\$40 copay for accidental injury to sound natural teeth only
<b>Telemedicine-MD Live®</b>	Covered in Full
<b>Telemedicine via PCP</b>	Covered in Full

Note: This is not a contract or binding agreement; it is a summary of benefits and services only. For complete benefits and conditions of coverage, please refer to your Blue Choice Member Certificate.

Note: Your Eligibility guidelines may be different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil service's Web site at <http://www.cs.ny.gov>

Visit our website at [ExcellusBCBS.com](http://ExcellusBCBS.com) for our most up-to-date Provider Listing, Prescription Drug Listing and Member Discount programs.

## Blue Choice - Medicare Advantage

Character count: 4347 out of 4250

### Medicare Advantage

Office Visits	\$5 per visit
Annual Adult Routine Physicals	No copayment
Specialty Office Visits	\$20 per visit

### Diagnostic/Therapeutic Services

Radiology	\$20 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	No copayment

### Women's Health Care/Reproductive Health

Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$5 PCP, \$20 specialist per visit
Postnatal Visits	\$5 PCP, \$20 specialist per visit
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	Not covered
External Mastectomy Prosthesis	No copayment



Family Planning Services	Not covered
Infertility Services	Not covered
Contraceptive Drugs	Applicable Rx copayment
Contraceptive Devices	Applicable cost share applies
Inpatient Hospital Surgery	No copayment
Physician	
Facility	
Outpatient Surgery	
Hospital	\$50 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$50 per visit
Emergency Department <sup>1</sup>	\$50 per visit (waived if admitted within 23 hours)
Urgent Care Facility	\$50 per visit <sup>2</sup>
Ambulance	\$35 per trip
Telemedicine	\$20 copayment for consult, 20% coinsurance for mental health
Outpatient Mental Health	
Individual	20% coinsurance, unlimited
Group	20% coinsurance, unlimited
Inpatient Mental Health	No copayment, 190 days max per lifetime <sup>3</sup>
Outpatient Drug/Alcohol Rehab	20% coinsurance, unlimited
Inpatient Drug/Alcohol Rehab	No copayment, unlimited

Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics <sup>4</sup>	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, unlimited
Outpatient Physical or Occupational Therapy	\$20 per visit, unlimited
Outpatient Speech Therapy	\$20 per visit, unlimited
Diabetic Supplies	\$5 per item for a 30-day supply from a preferred supplier
Retail	
Mail Order	
Insulin and Oral Agents	Applicable Rx copayment
Retail	
Mail Order	
Diabetic Shoes	20% coinsurance , one pair per year when medically necessary
Weight Loss/Bariatric Surgery	Applicable copayment applies
Hospice	Covered by Medicare
Skilled Nursing Facility	\$0 copayment per day (days 1-20), \$25 copayment per day (days 21-100) , 100 days max
Prescription Drugs	
Retail	\$10 Tier 1, \$25 Tier 2, \$40 Tier 3, 30-day supply
Mail Order	\$20 Tier 1, \$50 Tier 2, \$80 Tier 3, 90-day supply <sup>5</sup>

**Additional Prescription Drug Related Information**

You can order up to a 90-day supply through Express Scripts or Wegmans Mail Order Pharmacies and pay only two copayments. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.

**Specialty Drugs**

Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days' supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at [www.excellusbcb.com](http://www.excellusbcb.com).

**Additional Benefits**

**Dental**

Coverage for preventive services only

**Vision**

\$120 annual eyewear allowance

**Hearing Aids**

\$699 or \$999 copayment per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered.

**Out of Area**

20% coinsurance up to the annual maximum of \$5,000 for covered services outside the Medicare Blue Choice service area

**Additional Benefits HMOs (as applicable)**

**Routine Eye Exam**

\$20 per visit

**Health and Wellness**

Silver & Fit Program

**Medicare Part B Drugs**

20% coinsurance

**Annual Out-of-Pocket Maximum**

In Network Benefits \$3400

**Chiropractic**

\$5 copayment per visit  
, for manual manipulation of the spine to correct subluxation

**Acupuncture <sup>6</sup>**

50% coinsurance, 10 visits max

## Plan Highlights for 2021

With Medicare Blue Choice, count on us to deliver high-quality coverage. Take advantage of our Silver & Fit Program, designed to help you get in shape. Pay a low \$5 copayment for PCP visits and no copayment for routine physicals. Save by paying only 2 copayments for up to a 90-day supply of prescription drugs through Express Scripts or Wegmans Mail Order Pharmacies.

## Participating Physicians

With more than 3,200 providers available, Medicare Blue Choice offers you more choice of doctors than any other area HMO. Talk to your doctor about whether Medicare Blue Choice is the right plan for you.

## Affiliated Hospitals

All hospitals in the Blue Choice service area are available to you. Others outside the service area are also available. Please call the number provided for a directory or check our website at [www.excellusbcs.com](http://www.excellusbcs.com).

## Pharmacies and Prescriptions

Medicare Blue Choice members may have their prescriptions filled at any of our more than 60,000 participating pharmacies nationwide. Simply show the pharmacist your ID card.

We offer an incented formulary.

## Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice, our Medicare Advantage Plan. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary from the copayments of NYSHIP-primary enrollees. Please call 1-877-883-9577 for details.

## Plan Mailing Address

**Name:** Blue Choice

**Address:** 165 Court Street

**City:** Rochester

**State:** NY

**Zip:** 14647

## Additional Addresses

## Information Numbers

Medicare Blue Choice: 1-877-883-9577

TTY: 1-800-662-1220

## Website

[www.excellusbcbcs.com](http://www.excellusbcbcs.com)

**Important Note:** Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

## NYSHIP Code number 066

A Network HMO serving individuals living or working in the following select counties:

Livingston, Monroe, Ontario, Seneca, Wayne and Yates

## Comments for DCS

Enter Comments

## Footnotes:

1. Worldwide coverage.
2. You pay a \$50 copayment for covered services at a medical facility or urgent care center (other than a physician's office). If urgent care is rendered at a physician's office, you pay a \$20 copayment.
3. In a psychiatric facility.
4. Covered when there is an underlying medical condition. Requires preauthorization.
5. Copayments shown apply for a 90-day supply dispensed via mail order or retail.
6. No coverage, out of network. Acupuncture coinsurance does not count toward your in network out of pocket out of pocket maximum.

## Blue Choice - Commercial

Character count: 4238 out of 4250

### Commercial

Office Visits \$25 per visit (\$5 for children to age 26)

Annual Adult  
Routine Physicals No copayment

Well Child Care No copayment

Specialty Office Visits \$40 per visit

### Diagnostic/Therapeutic Services

Radiology \$40 per visit

Lab Tests No copayment

Pathology No copayment

EKG/EEG No copayment

Radiation \$25 per visit

Chemotherapy \$25 for Rx injection and \$25 office copayment (max two copayments per day)

Dialysis No copayment

### Women's Health Care/Reproductive Health

Pap Tests No copayment

Mammograms No copayment

Prenatal Visits No copayment

Postnatal Visits No copayment

Bone Density Tests No copayment (routine), \$40 copayment (diagnostic)

Breastfeeding Services and Equipment No copayment. Must be purchased from a participating Durable Medical Equipment provider

<b>External Mastectomy Prosthesis</b>	No copayment
<b>Family Planning Services</b>	\$25 PCP, \$40 specialist per visit
<b>Infertility Services</b>	Applicable physician/facility copayment
<b>Contraceptive Drugs</b>	Applicable Rx copayment <sup>1</sup>
<b>Contraceptive Devices</b>	Applicable Rx copayment <sup>1</sup>
<b>Inpatient Hospital Surgery</b>	
<b>Physician</b>	No copayment
<b>Facility</b>	No copayment
<b>Outpatient Surgery</b>	
<b>Hospital</b>	\$50 per visit
<b>Physician's Office</b>	\$50 copayment or 20% coinsurance, whichever is less
<b>Outpatient Surgery Facility</b>	\$40 physician and \$50 facility per visit
<b>Emergency Department</b>	\$100 per visit (waived if admitted within 24 hours)
<b>Urgent Care Facility</b>	\$35 per visit
<b>Ambulance</b>	\$100 per trip
<b>Telemedicine</b>	No copayment
<b>Outpatient Mental Health</b>	
<b>Individual</b>	\$25 per visit (\$5 for children to age 26)
<b>Group</b>	\$25 per visit (\$5 for children to age 26)
<b>Inpatient Mental Health</b>	No copayment, unlimited
<b>Outpatient Drug/Alcohol Rehab</b>	\$25 per visit (\$5 for children to age 26)

<b>Inpatient Drug/Alcohol Rehab</b>	No copayment, unlimited
<b>Durable Medical Equipment</b>	50% coinsurance
<b>Prosthetics</b>	50% coinsurance
<b>Orthotics</b>	50% coinsurance
<b>Rehabilitative Care, Physical, Speech and Occupational Therapy</b>	
<b>Inpatient</b>	No copayment, 60 days max
<b>Outpatient Physical or Occupational Therapy</b>	\$40 per visit , 30 visits max for all outpatient services combined
<b>Outpatient Speech Therapy</b>	\$40 per visit , 30 visits max for all outpatient services combined
<b>Diabetic Supplies</b>	\$25 per item, up to a 30-day supply
<b>Retail</b>	
<b>Mail Order</b>	
<b>Insulin and Oral Agents</b>	\$25 per prescription, up to a 30-day supply
<b>Retail</b>	
<b>Mail Order</b>	
<b>Diabetic Shoes</b>	50% coinsurance , one pair per year when medically necessary
<b>Weight Loss/Bariatric Surgery</b>	Applicable copayment applies
<b>Hospice</b>	No copayment, 210 days max
<b>Skilled Nursing Facility</b>	No copayment , 45 days max per admission, 360-day lifetime max
<b>Prescription Drugs</b>	
<b>Retail</b>	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3, 30-day supply <sup>2</sup>
<b>Mail Order</b>	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3, up to 90-day supply <sup>2</sup>



**Additional Prescription Drug Related Information**

You can purchase a 90-day supply of a maintenance medication at a retail pharmacy for a \$30, \$90 or \$150 copayment. You are limited to a 30-day supply for the first fill. Coverage includes fertility drugs, injectable and self-injectable medications and enteral formulas.

**Specialty Drugs**

Designated specialty drugs are covered only at a network specialty pharmacy, subject to the same days' supply and cost-sharing requirements as the retail benefit, and cannot be filled via mail order. A current list of specialty medications and pharmacies is available at [www.excellusbcb.com](http://www.excellusbcb.com).

**Additional Benefits**

**Annual Out-of-Pocket Maximum (In-Network Benefits)**

\$6,350 Individual, \$12,700 Family per year

**Dental <sup>3</sup>**

\$40 per visit

**Vision <sup>4</sup>**

\$40 per visit

**Hearing Aids**

Children to age 19: Covered in full for up to two hearing aids every three years

**Out of Area**

Our BlueCard and Away From Home Care Programs cover routine and urgent care while traveling, for students away at school, members on extended out-of-town business and for families living apart

**Additional Benefits HMOs (as applicable)**

**Maternity (Physician's charge for delivery)**

\$50 copayment

**Plan Highlights for 2021**

Laboratory and pathology services are covered in full. \$5 PCP copayments for kids. Excellus BCBS, via our partner MD Live®, now allows visits with a U.S. board-certified doctor right from your own home, office or on-the-go for non-emergency medical and behavioral health conditions at no cost to you.

**Participating Physicians**

With more than 3,200 providers available, Blue Choice offers you more choice of doctors than any other area HMO.

**Affiliated Hospitals**

All hospitals in the Blue Choice service area are available to you, plus some outside the service area. Please call for a directory, or visit [www.excellusbcb.com](http://www.excellusbcb.com).

**Pharmacies and Prescriptions**

Fill prescriptions at any of our more than 60,000 participating pharmacies nationwide. Blue Choice offers convenient mail-order services for select maintenance drugs.

We offer an incented formulary.

**Medicare Coverage**

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice, our Medicare Advantage Plan. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary.

## Plan Mailing Address

**Name:** Blue Choice

**Address:** 165 Court Street

**City:** Rochester

**State:** NY

**Zip:** 14647

## Additional Addresses

### Information Numbers

Blue Choice: 1-800-499-1275

TTY: 1-800-662-1220

Medicare Blue Choice: 1-877-883-9577

### Website

[www.excellusbcbs.com](http://www.excellusbcbs.com)

**Important Note:** Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

### NYSHIP Code number 066

A Network HMO serving individuals living or working in the following select counties:

Livingston, Monroe, Ontario, Seneca, Wayne and Yates

### Comments for DCS

Enter Comments

### Footnotes:

1. Generic oral contraceptives and certain OTC contraceptive devices are covered in full in accordance with the Affordable Care Act.
2. If your doctor prescribes a brand-name drug when an FDA-approved generic equivalent is available, you pay the difference between the cost of the generic and the brand-name drug, plus any applicable copayments.
3. Coverage for accidental injury to sound and natural teeth and for care due to congenital disease or anomaly; routine care not covered.
4. Coverage for exams to treat a disease or injury; routine care not covered.

ATTACHMENT 30



Department of Civil Service

“Medicare Advantage (Mc. Blue Choice) Contract Rider and Summary - “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”

**Certificate/Group Contract/Rider and/or Amendment Summary**

**NOTE: Include both Commercial HMO and Medicare Advantage Plan documents**

<u>Document Name</u>	<u>Document Number</u>	<u>Status</u> <i>Approved-Final/Pending/Draft</i>	<u>Applicable Plan</u> <i>Commercial HMO/Medicare Advantage</i>	<u>Brief Summary of Purpose</u>
Medicare Advantage with Prescription Drug Evidence of Coverage (WITH DRUG_Mcc-92Y19)	Mcc-92Y20	Pending-Draft CY2021 document not available yet	Medicare Advantage	CMS required description of services and benefits
Medicare Advantage without Prescription Drug Evidence of Coverage (NO DRUG_Mcc-92ZY19)	Mcc-92ZY20	Pending-Draft CY2021 document not available yet	Medicare Advantage	CMS required description of services and benefits

Excellus BlueCross BlueShield, Rochester Region  
July 27, 2020



**Department of  
Civil Service**

**ANDREW M. CUOMO**  
Governor  
**LOLA W. BRABHAM**  
Commissioner

September 21, 2020

**VIA ELECTRONIC MAIL & US POSTAL MAIL**

Mary Bowe  
Regional Vice President of Sales  
Excellus BlueCross BlueShield  
165 Court Street  
Rochester, New York 14647  
[Mary.Bowe@excellusbcbs.com](mailto:Mary.Bowe@excellusbcbs.com)

RE: RE: Communications Clarification Request  
Solicitation entitled "Health Maintenance Organizations Specifications for the New York State  
Health Insurance Program"

Dear Ms. Bowe:

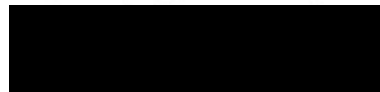
On July 24, 2020, Excellus BlueCross BlueShield (dba Blue Choice) submitted a proposal in response to the Department of Civil Service's above solicitation. Upon review, the Department identified the following sections of your proposal that require clarification:

**2021 NYSHIP Choices Publication:**

1. **Choices, Commercial and MAP:** Logo files - While the logo files previously submitted for the Blue Choice *Choices* pages meet the outlined specifications, we would prefer to include color versions of all HMO logos in the 2021 books. Please provide color versions of the files.

A response to this request is due no later than September 25, 2020.

Sincerely,



Daniel Yanulavich  
Director, Employee Insurance Programs  
Employee Benefits Division

**From:** Nicholas Carbone <Nicholas.Carbone@excellus.com>  
**Sent:** Friday, October 2, 2020 11:03 AM  
**To:** Johnson, Seth R (CS) <Seth.Johnson@cs.ny.gov>  
**Cc:** Casella-Evans, Tricia (CS) <Tricia.Casella-Evans@cs.ny.gov>; Anderson, Erik J (CS) <Erik.Anderson@cs.ny.gov>; Mongerard, Andrise (CS) <Andrise.Mongerard@cs.ny.gov>  
**Subject:** RE: HMOBlue and Blue Choice - 2021 Submission Choices Question letters

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Will these work?

These are older products and we rarely use product logos on our book of business anymore.

Nick

Nicholas Carbone  
Account Manager, National Accounts  
Ph 585-399-6650  
Cell 585-506-6217  
Fx 585-238-4348



A product of Excellus BlueCross BlueShield

An Independent Licensee of the BlueCross BlueShield Association

**From:** Johnson, Seth R (CS) <[Seth.Johnson@cs.ny.gov](mailto:Seth.Johnson@cs.ny.gov)>  
**Sent:** Friday, October 2, 2020 10:16 AM  
**To:** Nicholas Carbone <[Nicholas.Carbone@excellus.com](mailto:Nicholas.Carbone@excellus.com)>  
**Cc:** Casella-Evans, Tricia (CS) <[Tricia.Casella-Evans@cs.ny.gov](mailto:Tricia.Casella-Evans@cs.ny.gov)>; Anderson, Erik J (CS) <[Erik.Anderson@cs.ny.gov](mailto:Erik.Anderson@cs.ny.gov)>; Mongerard, Andrise (CS) <[Andrise.Mongerard@cs.ny.gov](mailto:Andrise.Mongerard@cs.ny.gov)>  
**Subject:** [EXT] RE: HMOBlue and Blue Choice - 2021 Submission Choices Question letters

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Hi Nick,

Please provide an update on the logos – do you have an estimate on when we may be receiving them?

- Seth

**From:** Nicholas Carbone <[Nicholas.Carbone@excellus.com](mailto:Nicholas.Carbone@excellus.com)>  
**Sent:** Wednesday, September 30, 2020 4:58 PM  
**To:** Johnson, Seth R (CS) <[Seth.Johnson@cs.ny.gov](mailto:Seth.Johnson@cs.ny.gov)>  
**Cc:** Casella-Evans, Tricia (CS) <[Tricia.Casella-Evans@cs.ny.gov](mailto:Tricia.Casella-Evans@cs.ny.gov)>; Anderson, Erik J (CS) <[Erik.Anderson@cs.ny.gov](mailto:Erik.Anderson@cs.ny.gov)>; Mongerard, Andrise (CS) <[Andrise.Mongerard@cs.ny.gov](mailto:Andrise.Mongerard@cs.ny.gov)>  
**Subject:** RE: HMOBlue and Blue Choice - 2021 Submission Choices Question letters

**ATTENTION:** This email came from an external source. Do not open attachments or click on links from unknown senders or unexpected emails.

Sorry Seth, The correct e-mail address for Mary Bowe is [Mary.Bowe@excellus.com](mailto:Mary.Bowe@excellus.com)

Let me see if I can get color versions of the logos ASAP

Nick

Nicholas Carbone  
Account Manager, National Accounts  
Ph 585-399-6650  
Cell 585-506-6217  
Fx 585-238-4348

**From:** Johnson, Seth R (CS) <[Seth.Johnson@cs.ny.gov](mailto:Seth.Johnson@cs.ny.gov)>  
**Sent:** Wednesday, September 30, 2020 4:34 PM  
**To:** Nicholas Carbone <[Nicholas.Carbone@excellus.com](mailto:Nicholas.Carbone@excellus.com)>  
**Cc:** Casella-Evans, Tricia (CS) <[Tricia.Casella-Evans@cs.ny.gov](mailto:Tricia.Casella-Evans@cs.ny.gov)>; Anderson, Erik J (CS) <[Erik.Anderson@cs.ny.gov](mailto:Erik.Anderson@cs.ny.gov)>; Mongerard, Andrise (CS) <[Andrise.Mongerard@cs.ny.gov](mailto:Andrise.Mongerard@cs.ny.gov)>  
**Subject:** [EXT] HMOBlue and Blue Choice - 2021 Submission Choices Question letters  
**Importance:** High

**CAUTION:** This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good Afternoon,

I'm following up on the attached letters that were sent to Mary Bowe last week with a requested response date of September 25<sup>th</sup>. Unfortunately, we did not receive an "undeliverable email" error on

this until this afternoon. I've attached the original letters for reference. Please advise when you expect Blue Choice and HMOBlue to provide a response.

- Seth

## **Seth Johnson**

Contract Management

### **Department of Civil Service**

Empire State Plaza, Swan Street Building Core 1, Albany, NY 12239

(518) 402-0364 | [Seth.Johnson@cs.ny.gov](mailto:Seth.Johnson@cs.ny.gov)

[www.cs.ny.gov](http://www.cs.ny.gov)