

Everybody benefits

with simple, affordable and accessible health care.

A guide to your Medicare options



Group Name
Lewis County

Plan Type
PPO Plan 1



With Excellus BlueCross BlueShield, you get

- Many doctors, specialists, and hospitals to choose from
- FitOn Health for access to fitness facilities, online digital fitness classes, and home fitness accessories and equipment.
- A broad provider network for both HMO and PPO plans, plus worldwide urgent and emergency care coverage
- Access to our Member Care Management team to assist with everything from answering little questions to supporting members with chronic condition management, and complex condition management
- Local customer service
- Coverage for routine hearing exams and TruHearing® hearing aids
- 24/7 access to doctors and telehealth
- \$0 copays for most preventive services such as a routine physical exam each year, select vaccines, mammography, prostate, and colorectal screenings.

In this booklet you will find:

- A chart that summarizes this plan's unique benefits and coverage
- A glossary of terms to help you understand your coverage and options

Lewis County

PPO Plan 1

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	01/01/25-12/31/25
Office visit copay (Primary Care Physician)	\$0
Office visit copay (Specialist)	\$0
Out of pocket maximum	\$0
Lifetime maximum	None

Questions? For assistance call (800) 872-4570,
Call our TTYphone at 1 (800) 421-1220,



Medicare Blue PPO Copay Plan

Prepared for Lewis County

Effective: 01/01/2025

PPO Plan 1

Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Annual deductible	None	\$0
Annual out-of-pocket maximum (medical services only, does not include prescription drugs)	\$0 combined in network and out-of-network	\$0 combined in network and out-of-network
Out-of-network benefits	N/A	Benefits are available, but additional costs may apply
Lifetime maximum	None	
Physician office services		
Office visit copay (PCP)	\$0 copay	\$0 copay
Office visit copay (Specialist)	\$0 copay	\$0 copay
Chiropractor office visit (manual manipulation to correct subluxation)	\$0 copay	\$0 copay
Podiatrist office visit (for medically necessary foot care)	\$0 copay	\$0 copay
Allergy tests/injections	\$0 copay if performed in PCP office, \$0 copay if performed in a specialist office	\$0 copay if performed in PCP office, \$0 copay if performed in specialist office
Lifestyle and wellness benefits		
Ways to help you and your family live healthier every day	FitOn® is an Exercise Program that offers the following at no cost (\$0 copayment): - Membership in a participating fitness facility - Access to online digital fitness classes - Home fitness accessories and equipment - Access to nonparticipating fitness facilities if needed. Blue365: Exclusive discounts on health-related products and services	
Preventive health care services (office visit copay may apply)		
Annual wellness exam	Covered in full, limited to one per year	Covered in full, limited to one per year
Immunizations (flu, pneumonia, COVID, Hepatitis B, and other vaccines if patient is at risk)	Covered in full	Covered in full

This is not a contract. It is intended to highlight the coverage of this plan. Benefits are determined by the terms of the Evidence of Coverage (contract). All benefits are subject to medical necessity.

Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Preventive mammography	Covered in full for preventive mammography, limited to one per year	Covered in full for preventive mammography, limited to one per year
Pap smear/pelvic exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	Covered in full, limited to one every 24 months, if high risk covered once every 12 months
Routine GYN exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	Covered in full, limited to one every 24 months, if high risk covered once every 12 months
Prostate cancer screening	Covered in full, limited to one per year	Covered in full, limited to one per year
Bone density screening	Covered in full, limited to one every 24 months	Covered in full, limited to one every 24 months
Colorectal screening	Covered in full for preventive colonoscopies, limited to one every 24 months	Covered in full for preventive colonoscopies, limited to one every 24 months
Smoking cessation	Covered in full	Covered in full
Routine hearing exam	Covered in full, limited to one exam per year. Must use a TruHearing Provider.	Not covered
Hearing Aid(s)	\$499 Copay for Advanced Hearing Aids or \$799 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Out of Pocket Maximum.	Not covered
Routine vision exam	Covered in full per visit, limited to one exam per year	Covered in full, limited to one exam per year
Eyewear allowance	\$100 allowance available once every calendar year.	
Inpatient hospital benefits		
Hospital benefits	\$0 copay per admission for unlimited days	\$0 copay per admission, unlimited days
In-Hospital Physician Visits	\$0 copay	\$0 copay
Anesthesia	\$0 copay	\$0 copay
Inpatient chemical dependence	\$0 copay per admission	\$0 copay per admission

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Inpatient mental health care	\$0 copay per admission	\$0 copay per admission
Skilled nursing facility		
Skilled nursing facility (3 day inpatient stay is not required)	\$0 copay per day, days 1-100 Not covered, days 101 and beyond	\$0 copay per day, days 1-100 Not covered, days 101 and beyond
Emergency care		
Emergency room care (covered worldwide)	\$0 copay per visit; unless admitted within 23 hours	\$0 copay per visit; unless admitted within 23 hours
Urgent care (covered worldwide)	\$0 copay	\$0 copay
Ambulance	\$0 copay	\$0 copay
Outpatient benefits		
Surgical care	\$0 copay	\$0 copay
Ambulatory surgical center	\$0 copay	\$0 copay
Hospital Observation Stay	\$0 copay	\$0 copay
Office surgery	\$0 copay if performed in PCP office, \$0 copay if performed in specialist office	\$0 copay if performed in PCP office, \$0 copay if performed in specialist office
Diagnostic tests and laboratory services	\$0 copay	\$0 copay
X-rays (film) and radiation therapy	\$0 copay	\$0 copay
Advanced Diagnostic Imaging (MRI, MRA, CT, PET, etc)	\$0 copay	\$0 copay
Chemotherapy	\$0 copay	\$0 copay
Outpatient mental health care	\$0 copay, unlimited visits	\$0 copay, unlimited visits
Partial hospitalization	\$0 copay, unlimited visits	\$0 copay, unlimited visits
Outpatient chemical dependence care	\$0 copay, unlimited visits	\$0 copay, unlimited visits
Other services		
Rehabilitative therapy (physical, occupational and speech)	\$0 copay	\$0 copay
Cardiac rehabilitation	\$0 copay	\$0 copay
Telehealth	MDLive Provider: \$0 copay	Not Covered
	Behavioral Health Provider:\$0 copay	
	Additional Telehealth Services: follows in-person copay	Additional Telehealth Services: follows in-person copay

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Acupuncture	\$0 copay, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	\$0 copay, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis
Medicare Part B drugs including chemotherapy drugs	\$0 copay	\$0 copay
Diabetic education	\$0 copay	\$0 copay
Diabetic supplies	Meters and test strips: \$0 copay per 30 day supply, from a preferred manufacturer	\$0 copay
Insulin used in a traditional insulin pump	\$0 copay	\$0 copay
Durable medical equipment	\$0 copay	\$0 copay
Prosthetic devices	\$0 copay	\$0 copay
Home care	\$0 copay	\$0 copay
Hospice	Covered by Original Medicare	Covered by Original Medicare
Kidney dialysis	\$0 copay	\$0 copay

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Plan Feature Highlights	Medicare Blue PPO Copay Plan	
Type of Care/Plan Benefits	In-Network	Out-of-Network
Prescription drugs		
Prescription drug coverage	<p>Prior Authorization and Step Therapy apply. Quantity Limits apply.</p> <p><u>Deductible:</u> \$0</p> <p><u>Initial Coverage:</u></p> <p>30 day supply: \$0/\$5/\$20</p> <p>90 day supply: Subject to 1 times the copay</p> <p>Annual out-of-pocket costs will be capped at \$2,000 for Medicare Part D drugs.</p> <p><u>Catastrophic Coverage:</u></p> <p>The member pays \$0 copay for all drugs.</p> <p><u>Out of Network:</u></p> <p>Covered at in network cost sharing in emergency situations only.</p>	<p>Covered at in-network cost sharing in emergency situations only.</p>

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How do you find providers in your area?



Excellus BlueCross BlueShield Group PPO plans have a nationwide network. This means with any Group Medicare Blue PPO plan you can live permanently anywhere in the United States.

This depends on where you live

The local **Excellus BCBS** network is shaded in blue on the map on the back.

To find a provider, visit [Medicare.ExcellusBCBS.com/FindADoctor](https://www.Medicare.ExcellusBCBS.com/FindADoctor) to use our Find a Doctor tool or visit [ExcellusMedicare.com/Providers](https://www.ExcellusMedicare.com/Providers) for a printed directory. You can also call Customer Care at **1-877-883-9577 (TTY 711)**, Monday – Friday, 8 a.m. – 8 p.m. From October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week.

If your provider participates in our local Excellus BCBS network, you will be responsible for in-network copayments for your plan. If you see an out-of-network provider your costs may be higher.

Please see the map on the back. **States where only some counties participate in the network** are shaded in light blue. For a complete list of participating Blue Medicare Advantage PPO counties, please see Chapter 1, Section 3.2 of the Evidence of Coverage or contact Customer Care. States where all counties participate in the network are shaded in orange.

To find a provider in a participating county, call **1-800-810-BLUE** or go to the “Blue National Doctor and Hospital Finder” website at [Provider.BCBS.com](https://www.Provider.BCBS.com). Please have your member number available.

The **Blue Medicare Advantage PPO** network covers 48 states, DC and one territory (Puerto Rico). In some of the states listed, the network only is available in portions of the state. Network counties can change from year to year.

If your provider participates in the Blue Medicare Advantage PPO network, you will be responsible for in-network copayments for your plan. If you see an out-of-network provider your costs may be higher.

For providers in areas in white or in counties that do not participate, call a provider directly when you need care. Share the information on your member card.

- Ask:**
- Do you participate with Original Medicare (i.e., accept Medicare assignment)?
 - Do you accept Medicare patients and will you accept me as a new patient?

If the provider answers these questions with a yes, you will be responsible for in-network copayments for your plan. If you see a provider who does not participate with Original Medicare your costs may be higher.

Urgent and Emergency Coverage

We offer worldwide coverage if you ever need urgent care or emergency care whenever and wherever you travel.

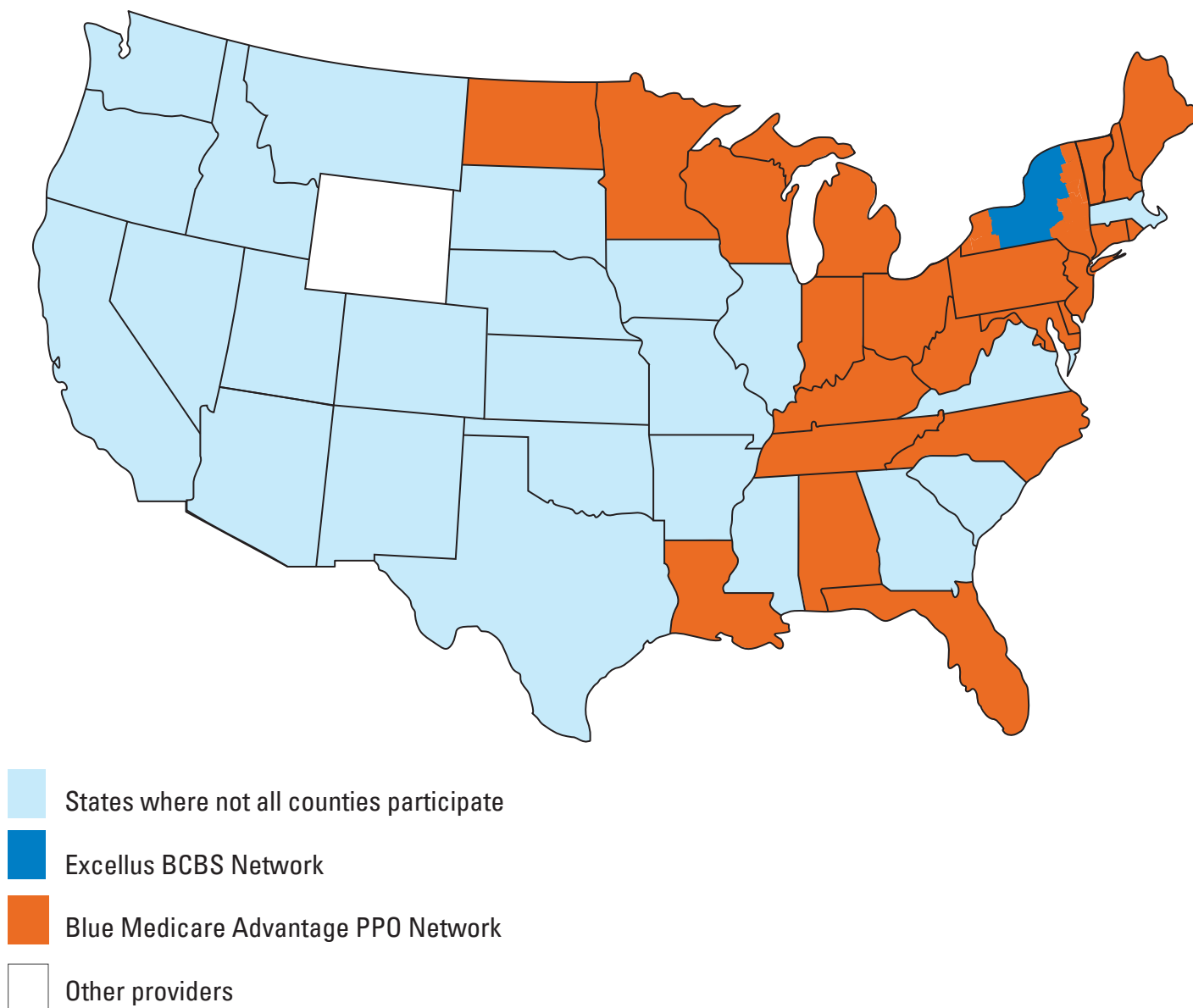
Find a Pharmacy

To find a pharmacy, visit our website at [ExcellusMedicare.com/Pharmacy](https://www.ExcellusMedicare.com/Pharmacy) or call Customer Care at **1-877-883-9577 (TTY 711)**, Monday – Friday, 8 a.m. – 8 p.m. From October 1 – March 31, 8 a.m. to 8 p.m., 7 days a week.

Please see your Evidence of Coverage for plan details.

This information is not a complete description of benefits. Call **1-877-883-9577** for more information.

Out-of-network/non-contracted providers are under no obligation to treat Excellus BCBS members, except in emergency situations. Please call our Customer Care number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.





Talking to your doctor



Before the visit

Bring a list of questions. Also make a list of medications you are currently taking or bring the medicines with you on your appointment.



During the visit

- Offer information. Don't wait to be asked.
- Ask anything. There's nothing your doctor hasn't already heard.
- Bring a pad and pen to take notes
- Talk to your doctor about ways to improve the quality of your life. Some important questions and topics to start the conversation are listed below:
 - » **Depression and Anxiety.** Ask how you can keep feelings of sadness from hampering your daily activities.
 - » **High Blood Pressure.** Know your numbers.
 - » **Trouble with Bladder Control.** Do you suffer from urinary leakage when you cough or sneeze? It's not the easiest subject to bring up. But treatments that can help are available. Tell your doctor, "It's harder for me to hold it: What can I do?"
 - » **Physical Health.** If you are bothered by stress, poor sleep or alcohol and tobacco use, ask your doctor to help you find solutions.
 - » **Exercise and Physical Fitness.** Ask if you can begin a program, or change your current program. Ask about the best choices for you. Even a small increase in exercise can make a big difference in your physical and mental well-being.
 - » **Falls, Balance and Walking.** Check your risk for bone diseases and your need for a bone density test. Ask your doctor about any fall, even ones where you weren't hurt. If you've fallen, ask for a full evaluation including vision, balance, walking, muscle strength, heart function, and blood pressure.
 - » **Managing Diabetes.** Talk to your doctor about watching your glucose level and having annual exams for your eyes, kidneys, and cholesterol level, plus, other regular checkups for your feet, blood pressure and more.
 - » **Smoking Cessation.** Ask your doctor for help to quit smoking.
 - » **Sleep.** If you aren't getting enough sleep, or a full night's sleep, let your doctor know and ask, "Why do I feel tired all the time?"
 - » **Drug Interactions.** They can be serious. If you take more than one medicine, or even over the counter drugs, make a list and talk to your doctor about risks of interactions.



After the visit

- Follow your doctor's advice.
- Schedule another appointment if needed.
- Remember if you're not happy with your doctor, be direct. Work out the problem or find a new doctor.

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

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



Better hearing, Better health



Your Excellus BlueCross BlueShield hearing aid benefit provides you with high-quality hearing aids and local professional care at a fraction of the cost. Most health plans – including traditional Medicare – don't offer a hearing aid benefit, leaving you to pay \$3,000 - 4,000 per hearing aid on the retail market.

Excellus BlueCross BlueShield's in-network hearing aid benefit is offered through TruHearing, Inc., an independent company offering a network of audiologists and hearing aid providers.

Hearing aid coverage

Your plan covers up to two hearing aids per year. (provided by an in-network TruHearing provider)

Routine hearing exam Scheduled by TruHearing and performed by a TruHearing provider.	\$0 Exam Copayment	 Call TruHearing to learn more and schedule an appointment 1-855-205-5519 For TTY, dial 711 Hours: 8am - 9pm, Monday - Friday
TruHearing advanced* Advanced Features 32 channels/6 programs/8 styles Retail Price: \$2,720	\$499 Copayment per aid	
TruHearing premium* Premium Features 48 channels/6 programs/11 styles Retail Price: \$3,250	\$799 Copayment per aid	

*Rechargeable battery option is available on select styles for an additional \$50 per hearing aid.

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How to take advantage of your hearing benefit

1

Call
TruHearing

2

Schedule a
hearing exam

3

Order your
hearing aid

4

Return
for fitting

Your TruHearing Purchase Includes:

- A comprehensive hearing exam with 1-year of follow up visits*
 - Extended 3-year manufacturer warranty for repairs and one-time loss and damage replacement
 - 60-day trial period*
 - 80 batteries per aid for non-rechargeable models
- * Follow-up visits must be used within one year after the date of initial purchase. Sixty-day trial and hearing aid returns, repairs, and replacements subject to provider and manufacturer fees. For questions regarding fees, contact TruHearing customer service.

All TruHearing Hearing Aid Models Feature:

- Smartphone compatibility**
 - Latest technology for a more natural hearing experience
 - High performance in noisy situations
 - 2.4 GHz wireless connectivity
 - 6 programs
 - Up to 11 styles in a variety of colors
- ** Smartphone-compatible hearing aids connect directly to iPhone®, iPad®, and iPod® Touch devices. Some TruHearing models connect to Android® phones directly. Connectivity also available to many Android phones with use of an accessory. TV streaming available through most TVs with use of an accessory.



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Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal. The provider network may change at any time. You will receive notice when necessary.

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TruHearing® is a registered trademark of TruHearing, Inc. All other trademarks, product names, and company names are the property of their respective owners. Retail pricing average based on a survey of national retail hearing aid prices.

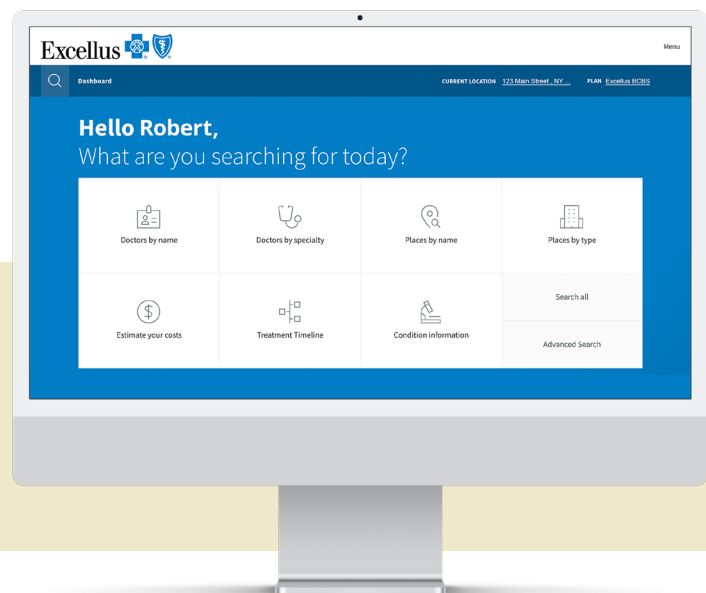
Everything you need in a single online search

For Medicare members





Find doctors. Compare costs. Connect with confidence.

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



**Log in for results
personalized to
your plan, spending,
and deductible.**



Find a doctor who fits all your needs

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

Estimate costs to help budget for expenses

-  Log in for estimated out-of-pocket medical costs
-  Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures
-  Filter results by cost, treatments provided, location, and more
-  Access treatment timelines to understand the stages of care and costs

Get started at
Medicare.ExcellusBCBS.com



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

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Medicare Part D Prescription Drug Benefit



Looking for some highlights about your prescription drug benefit? We got you covered! Check out the information below.

Drug List

The Drug List or Formulary explains which drugs are covered for you. Our Drug List was developed to help you select lower cost options that can save you money. It lists which drugs are covered for you under your benefit. If you need a copy of the Drug List, call Customer Service or visit our website.¹

For certain prescription drugs, we have additional requirements for coverage or limits on our coverage. These requirements and limits ensure that our members use these drugs in the safest, most effective way and also help us control drug plan costs. Drugs that require Prior Authorization, Step Therapy or Quantity Limits are indicated on our drug list.

- **Prior Authorization:** This means we must give our approval before you fill your prescriptions. If you don't get approval, the drug may not be covered.
- **Step Therapy:** In some cases, we require you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.
- **Quantity Limits:** For certain drugs, we limit the amount of the drug that we will cover. For example, we provide 60 tablets per 30-day supply for Entresto. The same Quantity Limits requirements apply to both mail-order and retail pharmacies.

Your cost sharing is based on the tier placement of your prescription drug. The Drug List tells you the cost sharing tier for each drug.

- | | |
|---------------|---|
| Tier 1 | Generic drugs that have the lowest copayment amount. |
| Tier 2 | Preferred-brand drugs that have unique, significant clinical advantages and offer greater overall value than the other products in the same drug class. |
| Tier 3 | Non-preferred drugs. They have the highest copayment amount. |

Our Pharmacy Network²

Thousands of pharmacies participate in our nationwide network. Additionally, our network has contracts with pharmacies that equal or exceed the CMS requirements for pharmacy access in your area. Our pharmacy network includes retail, mail order, long-term care, home infusion and Indian/Tribal/Urban pharmacies.

In general, you must use network pharmacies to access your prescription drug benefit, except in non-routine circumstances, and quantity limitations and restrictions may apply.

Medication Therapy Management

Talk personally with a licensed pharmacist to get answers to all your medication questions. Call 1-800-559-8426 and leave a message. Your call will be returned the next business day.

Extra Help from Medicare

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for Extra Help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week; the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or your State Medicaid Office.

Elderly Pharmaceutical Insurance Coverage (EPIC)

You may qualify for the EPIC Program, a New York State sponsored prescription plan for those over 65 who need help paying for their prescriptions. For more information visit health.ny.gov/health_care/epic or call 1-800-332-3742 (TTY/TDD 1-800-290-9138) Monday - Friday 8:30 a.m. to 5 p.m.

Consider a 90 day supply

If you are taking a maintenance medication, we have two options that provide convenience and save you time. Choose from one of these options:

- **Retail Pharmacy:** Most retail pharmacies can fill a 90 day supply. Check with the pharmacist at your local pharmacy.
- **Home Delivery Pharmacy:** Have medications shipped directly to your home from our home delivery pharmacies: Wegmans or Express Scripts.



Prescription Mail Order Pharmacies for Medicare Members:

Express Scripts Pharmacy

Call: 1-855-315-5220

TTY/TDD: 1-800-716-3231

Hours: 24 hours a day,
7 days per week

Website: [Express-Scripts.com](https://www.express-scripts.com)

Wegmans Home Delivery

Call: 1-800-586-6910

TTY/TDD: 1-877-409-8711

Hours: Monday - Friday, 8:30 a.m. - 9 p.m.;
Saturday, 8:30 a.m. - 6 p.m.;
Sunday, 8:30 a.m. - 5 p.m.

Website: [Wegmans.com/Pharmacy](https://www.wegmans.com/Pharmacy)

Typically, you should expect to receive your prescription drugs 5 to 8 business days from the time that the mail order pharmacy receives the order. If you do not receive your prescription drug(s) within this time, please contact the mail order pharmacy.

¹ Customer Care Advocates are available at 1-877-883-9577 (TTY 711), Monday - Friday from 8 a.m. - 8 p.m. ET. From Oct. 1 to Mar. 31, representatives will be available seven days a week from 8 a.m. - 8 p.m. ET. Our website is [medicare.excellusbcbs.com](https://www.medicare.excellusbcbs.com).

² The Formulary and pharmacy network may change at any time. You will receive notice when necessary.



24/7 Nurse Call Line

**The support you need
whenever you need it.**

You can contact a nurse by phone anytime - 24 hours a day, seven days a week with general health questions. Nurses can provide support on the phone or through follow-up educational mailings.

Key features:

- Decision making support and education anytime you need it most
- Triage to appropriate level of care
- Information regarding diagnoses, medications, and treatment options
- Assistance with finding providers
- Nutrition information
- Referrals, as appropriate, into the larger Care Management program for enhanced care management by a dedicated care manager

The 24/7 nurse line is a service provided to our members to support their relationship with their health care providers. The information provided is intended to help educate members, not to replace the advice of a medical professional. If you are experiencing severe symptoms such as sharp pains, fever, loss of bodily function control, vomiting or any other immediate medical concern, dial 911 or contact a physician directly.

Ask a Nurse today.
Call 1-877-222-1240 (TTY: 711)

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

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The doctor will see you now. Wherever. Whenever.



If your doctor isn't available, Telehealth may be an option for you. Telehealth gives you fast access to medical care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE app.**

Rest assured, MDLIVE's health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

When do you use Telehealth?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling

Here are some of the common medical conditions treated with Telehealth:

- Allergies
- Cold and flu
- Ear infections
- Fever
- Headache
- Joint aches and pains
- Nausea and vomiting
- Pink eye
- Rashes
- Sinus infections
- Sunburn
- Urinary tract infections* (women only)

*MDLIVE does not provide support for urinary tract infections in males.
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Telehealth is good for the mind as well as the body.

In addition to whenever, wherever access to medical doctors, you can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of your own home. You can even schedule recurring appointments to establish an ongoing relationship with one therapist.

Here are some conditions people rely on behavioral health Telehealth for:

- Addiction
- Eating disorders
- Panic disorders
- Bipolar disorders
- Grief and loss
- Stress
- Depression
- LGBTQ support
- Trauma and PTSD

Telehealth is covered just like a trip to the doctor.

Don't wait until you need it.

There are several ways to activate Telehealth:

WEB: mdlive.com/excellusmedicare

APP: Download the MDLIVE app

TEXT: EXCELLUS to 635483

(Message and data rates may apply.)

VOICE: Call 1-888-670-6351 / TTY: 1-800-770-5531

MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use and privacy policy, please visit www.mdlive.com/terms-of-use and www.mdlive.com/privacy-policy. MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year. Other providers are available in our network. The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary. Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal. Our Health Plan does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-692-5045 (TTY 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-866-692-5045 (TTY 711)

B-8404 / 19229-24MEDM 6/24

Did you know?



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



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



of emergency room visits can potentially be prevented with Telehealth.

Courtesy of MDLIVE

Excellus 
MEDICARE

Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.
- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.
- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, and drug or alcohol abuse unless the child specifically authorizes the release of such information.
- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.
- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: <http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm>.
- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at <https://www.excellusbcbs.com> and search for "Manage Your Privacy".
- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

**AUTHORIZATION TO EXCELLUS HEALTH PLAN, INC. ("HEALTH PLAN")
TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)**

☐ **Check here only if you are authorizing access to psychotherapy notes.** If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED				
LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)
CURRENT ADDRESS			CITY	STATE/ZIP CODE
PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)				
NAME OF PERSON/ORGANIZATION			ADDRESS	
NAME OF PERSON/ORGANIZATION			ADDRESS	
PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE				
<div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> At my request</div><div><input type="checkbox"/> Other: _____</div></div>				
PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION <i>(select D-1 <u>or</u> D-2 and if applicable, D-3)</i> NOTE: Skip this section if psychotherapy was checked at the top of this form				
<p>D-1. <input type="checkbox"/> I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.</p> <p style="text-align: center;">- OR -</p> <p>D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><input type="checkbox"/> Enrollment (e.g. eligibility, address, dependents, birth date)</div><div style="width: 50%;"><input type="checkbox"/> Benefit (e.g. benefit coverage, usage, limits)</div><div style="width: 50%;"><input type="checkbox"/> Claim (e.g. status, provider, dates, payment, diagnosis)</div><div style="width: 50%;"><input type="checkbox"/> Clinical records (e.g. doctor/facility, case management)</div><div style="width: 50%;"><input type="checkbox"/> Other limitation: _____</div><div style="width: 50%;"><input type="checkbox"/> Date Range _____ to _____</div></div> <p style="text-align: center;">- AND, IF APPLICABLE -</p> <p>D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.</p> <div style="display: flex; flex-wrap: wrap;"><div style="width: 33%;"><input type="checkbox"/> Genetic testing</div><div style="width: 33%;"><input type="checkbox"/> Substance use disorder</div><div style="width: 33%;"><input type="checkbox"/> Mental health (excluding psychotherapy notes)</div><div style="width: 33%;"><input type="checkbox"/> Sexually transmitted diseases</div><div style="width: 33%;"><input type="checkbox"/> Abortion</div></div> <p>Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm</p>				
CONTINUED ON THE NEXT PAGE				

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: _____

IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.

Signature: _____ **Date:** _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative's Name: _____

Personal Representative Signature _____

Description of Authority: ☐ Parent ☐ Legal Guardian* ☐ Power of Attorney* ☐ Other * _____

** You must provide documentation supporting your legal authority to act on behalf of the member*

RETURN TO:

**Excellus Health Plan
P.O. Box 21146
Eagan, MN 55121**

or Fax: 315-671-7079

Please keep a copy for your records

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, sexual orientation, gender identity, or sex (consistent with the scope of sex discrimination as described at 45CFR section 92.10(a)(2)). The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sexual orientation, gender identity, 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, sexual orientation, gender identity, or sex; you can file a grievance with the Health Plan's Section 1557 Coordinator at:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Email: Advocacy.Department@excellus.com
Telephone number: 1-800-614-6575
TTY number: 1-800-662-1220
Fax: 1-315-671-6656

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

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

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

<p>ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. To access these services, please call us at 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>ATENCIÓN: Si habla español, tiene disponible servicios gratuitos de asistencia lingüística. También hay disponible de manera gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Para acceder a estos servicios, llámenos al 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>انتباه: إذا كنت تتحدث العربية فإن خدمات مساعدة اللغة المجانية مُناحة لك. تتوفر أيضًا المساعدات والخدمات المساعدة المناسبة لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. للوصول إلى هذه الخدمات، يُرجى الاتصال بنا على الرقم 1-877-626-9298 (الهاتف النصي: 1-800-662-1220).</p>
<p>注意：如果您說中文，我們可以為您提供免費的語言幫助。我們也可以為您免費提供適當的輔助工具和服務，以無障礙格式提供資訊。要獲得這些服務，請撥打 1-877-626-9298 (TTY : 1-800-662-1220) 。</p>
<p>ATTENTION : Si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services supplémentaires appropriés pour fournir des informations dans des formats accessibles sont aussi disponibles gratuitement. Pour accéder à ces services, veuillez nous appeler au 1 877 626 9298 (TTY [ATS] : 1 800 662 1220).</p>
<p>দৃষ্টি আকর্ষণ: আপনি যদি বাংলাতে কথা বলেন, তাহলে বিনামূল্যে ভাষা সহায়তা পরিষেবা আপনার জন্য উপলব্ধ। অ্যাক্সেসযোগ্য ফরম্যাটে তথ্য প্রদানের জন্য উপযুক্ত সহায়ক সাহায্য এবং পরিষেবাগুলি ও বিনামূল্যে উপলব্ধ। এই পরিষেবাগুলি অ্যাক্সেস করার জন্য, অনুগ্রহ করে আমাদের 1-877-626-9298 (TTY: 1-800-662-1220) নম্বরে কল করুন।</p>
<p>ВНИМАНИЕ: Если Вы говорите на русском языке, Вам доступны бесплатные услуги языковой поддержки. Также бесплатно доступны соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах. Чтобы воспользоваться этими услугами, позвоните нам по номеру 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने, निःशुल्क भाषा सहायता सेवाहरू तपाईंका लागि उपलब्ध छन्। सुलभ ढाँचाहरूमा जानकारी प्रदान गर्न उपयुक्त सहायक सहायताहरू र सेवाहरू पनि निःशुल्क उपलब्ध छन्। यी सेवाहरू उपयाेग गर्न, कृपया हामीलाई 1-877-626-9298 (TTY: 1-800-662-1220) मा फोन गर्नुहोस्।</p>
<p>УВАГА: Якщо Ви говорите українською, Вам доступні безкоштовні послуги мовної підтримки. Відповідні допоміжні засоби та послуги для надання інформації в доступних форматах також надаються безкоштовно. Щоб скористатися цими послугами, зателефонуйте нам за номером: 1-877-626-9298 (TTY [Телетайп]: 1-800-662-1220).</p>

<p>FIIRO-GAAR AH: Haddii aad ku hadashid Soomaali, adeeggyada caawimaada luuqadda oo bilaashka ah ayaad helayso. Agabka caawimaada naafada iyo adeeggyo ku habboon oo lagu bixinaayo macluumaadka qaabab la helo karo ayaa sidoo kale lagu heli karaa bilaa lacag. Si loo helo adeegyadaan, fadlan naga soo wac 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>ဟံသုဂ်ဟံသု:- နမူကတိအဲကလံးကျိန်နု, တၢ်တိစၢၤမၤစၢၤကျိန် တၢ်မၤစၢၤတၢ်မၤ အကလီအိၣ်လၢနဂီၢ် လၢနမၤန့ၢ်အီၤသ့လီၤ. တၢ်မၤစၢၤတၢ်န့ၢ်ဟူပီးလီၤ ဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအဘၣ်ဘျီးဘၣ်ဒါတဖၣ် ကဟ့ၣ်လီၤ တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢကျိၤကျဲလၢတၢ်န့ၢ်လီၤမၤန့ၢ်အီၤသ့တဖၣ် စ့ၢ်ကီး အိၣ်လၢနမၤန့ၢ်အီၤသ့ လၢတလိာ်ဟ့ၣ်အပူၤဘၣ်န့ၢ်လီၤ. လၢကမၤန့ၢ်တၢ်မၤစၢၤတၢ်မၤတဖၣ်အံၤအဂီၢ်, ဝံသးစူၤ ကိးပုၤဖဲ 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>သတိပြုရန်- သင် မြန်မာ ပြောဆိုလျှင် ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများကို သင့်အတွက် အခမဲ့ရရှိနိုင်သည်။ မသန်စွမ်းသူများ အသုံးပြုနိုင်သည့် ဖောမတ်များဖြင့် အချက်အလက်များ ပံ့ပိုးပေးနိုင်သည့် သင့်လျော်သော ထောက်ပံ့ပစ္စည်းများနှင့် ဝန်ဆောင်မှုများကိုလည်း အခမဲ့ရရှိနိုင်ပါသည်။ ဤဝန်ဆောင်မှုများကို ရရှိရန် ကျွန်ုပ်တို့ကို 1-877-626-9298 (TTY- 1-800-662-1220) သို့ ဖုန်းခေါ်ဆိုပါ။</p>
<p>CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Các dịch vụ và hỗ trợ bổ sung thích hợp để cung cấp thông tin ở các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Để sử dụng các dịch vụ này, vui lòng gọi cho chúng tôi theo số 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>ATANSYON: Si ou pale Kreyòl Ayisyen, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòm aksesib yo disponib tou gratis. Pou jwenn aksè nan sèvis sa yo, tanpri rele nou nan 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>توجه: اگر به زبان دری صحبت می کنید، خدمات کمک زبان رایگان برای شما قابل دسترس است. کمک امدادی مناسب و خدمات برای دسترسی به معلومات در فرمت میسر بصورت مجانی ارائه می شود. برای دسترسی به این خدمات، با این شماره ها تماس حاصل کنید 1-877-626-9298 (TTY: 1-800-662-1220).</p>
<p>TAHADHARI: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha bila malipo zinapatikana kwa ajili yako. Misaada ya ziada inayofaa na huduma za kutoa habari katika miundo inayofikika zinapatikana pia bila malipo Ili kupata huduma hizi, tafadhali tupigie simu kwa 1-877-626-9298 (TTY: 1-800-662-1220).</p>

Discrimination is Against the Law

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

Our 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, contact our dedicated Medicare Customer Care representatives at 1-877-883-9577, (TTY: 1-800-421-1220). Monday - Friday, 8 a.m. - 8 p.m.
From October 1 - February 14, 8 a.m. - 8 p.m., 7 days a week.

If you believe that our 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: 1-800-421-1220)
Fax Number: 315-671-6656

You can file a grievance in person, or by mail or fax. If you need help filing a grievance, our 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>.



A nonprofit independent licensee of the Blue Cross Blue Shield Association

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-877-883-9577 (TTY: 1-800-421-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-883-9577 (TTY: 1-800-421-1220).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-883-9577 (TTY : 1-800-421-1220)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-883-9577 (телетайп: 1-800-421-1220).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-877-883-9577 (TTY: 1-800-421-1220).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-883-9577 (TTY: 1-800-421-1220)번으로 전화해 주십시오.

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-883-9577 (TTY: 1-800-421-1220).

אויפמערקזאם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-877-883-9577 (TTY: 1-800-421-1220).

লক্ষ্য করুন: যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৭৭-৮৮৩-৯৫৭৭ (TTY: ১-৮০০-৪২১-১২২০)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-883-9577 (TTY: 1-800-421-1220).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-883-9577 (رقم هاتف الصم والبكم: 1-800-421-1220).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-883-9577 (ATS : 1-800-421-1220).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-877-883-9577 (TTY: 1-800-421-1220)۔

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-883-9577 (TTY: 1-800-421-1220).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-883-9577 (TTY: 1-800-421-1220).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-883-9577 (TTY: 1-800-421-1220).

FitOn Health gives members access to the best digital fitness & wellness content, fitness studios, gyms, nutrition and meal planning, challenges and more. This benefit is provided by Excellus BlueCross BlueShield at no additional cost. You will be able to continue your current fitness routine while having access to a variety of new activities.

How Does FitOn Health Work?

At the beginning of each month, credits are added to your FitOn Health account. You can use your credits at any fitness experience in our network.

Plus so much more...



Visit the page below and log in to your Excellus BlueCross BlueShield account to get started:



MyExcellusMedicare.com

Have Questions?

fitonhealth.com/help/medicare

help@fitonhealth.com

(855) 952-6423, TTY 711

M-F 8am-9pm EST

After signing in, click the **Digital** tab to access unlimited on-demand workouts or tap on the **In-Person** tab to find and book at your favorite gym or studio.

For Classes or Day Passes

Choose the Date & Time for your class, select "Reserve Class" and then confirm.

For Memberships

Sign up for a membership by selecting "Purchase Membership," then confirm.

After purchase check your inbox for a receipt and any additional instructions.

For Digital

Browse by genre, length or difficulty to find exactly what you're in the mood for.

A nonprofit independent licensee of the Blue Cross Blue Shield Association. Excellus BlueCross BlueShield is an HMO plan and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal. FitOn Health is an independent company offering Excellus BCBS members a fitness benefit. Our Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855 378-6683 (TTY 711). 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855 378-6683 (TTY 711)。

Credits User Guide

What are Credits?

Credits are tokens that can be used for gym memberships, fitness classes, or other services offered by FitOn Health. Credits are paid for by Excellus BlueCross BlueShield at no additional cost.



The Breakdown on Credits:



Who pays for Credits?

You are provided 36 credits per month.



Where can they be used?

Use your credits on the FitOn Health website to reserve a fitness experience for any location or activity in the FitOn Health network.



Each month you 36 credits are deposited into your account which you'll use to pay for any fitness experience in our network.

For example:

- 1 class at your local yoga studio might cost 8 credits
- 1 monthly membership at your local gym with unlimited visits might cost 24 credits
- 1 FitKit might cost 20 credits



When they refill:

You get a new set of credits on the 1st of every month.

Included with your FitOn Health account is unlimited access to our digital platform including fitness & wellness classes, personalized programs, meal plans with recipes, challenges, and expert-led health courses.

Learn more at MyExcellusMedicare.com

Health plan terms

To help you better understand our plans and your coverage, here are a few definitions* for frequently used health care terms. Find more definitions at MyExcellusMedicare.com/Glossary



Primary Care Physician (PCP) — A doctor who serves as your health care manager and coordinates virtually all of the health care services you routinely receive. Some plans do not require you to choose a PCP.

Referral — Instructions provided by a PCP for specialty care. Most plans do not require referrals.

In-network coverage — The coverage available when you receive services from a provider who participates in your health plan.

Out-of-network coverage — The coverage available when you receive services from a provider who does not participate in your health plan. Some plans may not include out-of-network coverage.

Out-of-area — Describes when you receive services while outside the geographic service area of your health plan. Your plan benefits may differ if you live or work beyond the geographic service area.

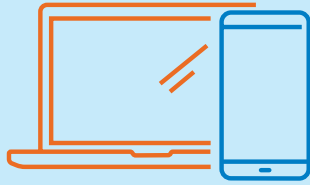
Copayment — A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

Coinsurance — A cost-sharing method that requires you pay a portion of the allowed amount for certain medical services.

Deductible — A set dollar amount you pay for covered services you receive before your insurer will make a payment.

Out-of-pocket maximum — The maximum amount of deductible, coinsurance and copayments that you will pay for health services each calendar year.

* Some definitions may vary slightly by plan. In case of a conflict between your legal plan documents and this information, the plan documents will govern.



Create your member account at **MyExcellusMedicare.com**

With your online account you can see how you're using your benefits, track your claims, look up member discounts, find a doctor and more.

Meet the Excellus BlueCross BlueShield mobile app

- Manage your health plan right from your phone.
- Download on the App Store or get it on Google Play.



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

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits may change on January 1 of each year.

The formulary, pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

FitOn Health is an independent company offering members a fitness benefit.

Excellus BlueCross BlueShield contracts with the Federal Government and is an HMO and PPO plan with a Medicare contract. Enrollment in Excellus BlueCross BlueShield depends on contract renewal.