

LIFE HAS A PLAN



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



Your Benefit
Plan Details



Group Name
Hamilton College

Excellus BlueCross BlueShield makes finding the information and support you need easier—resources, savings, and tools are available online 24/7.

- Find a doctor or specialist online while you're home or far away.
- Research over 6,000 health topics.
- Get great member discounts and valuable information you can use all year long with Blue365®



excellusbcb.com

Welcome

With Excellus BlueCross BlueShield, you get what you expect from Blue plus a whole lot more such as:

- More doctors, specialists, and hospitals to choose from
- Exclusive discounts on health-related products and services with Blue365®
- Answers to your health questions online
- Local customer service

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

We have many valuable benefits and we provide a tremendous amount of choice. Whichever plan you pick, we're ready to meet your health care needs.

Visit us at excellusbcb.com

*This benefit summary is not a contract or binding agreement; it is a summary of benefits and services.

Privacy Policy Notice. We know how important your privacy is and we're committed to protecting it. Our policies and practices regarding the collection, use, and disclosure of personal health information are available at excellusbcb.com and Member Services.

Hamilton College

BluePPO

Plan Features

Primary Care Physician (PCP)	Not Required
Referrals	Not Required
Out of network benefits	Covered
Student / Dependent Coverage	Covered to age 26
Domestic Partner	Covered
Office visit copay (Primary Care Physician)	\$25
Office visit copay (Specialist)	\$40

Questions? Call member services at ,
Call our TTYphone at 1 (315) 448-6764,

Hamilton College

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	\$275	\$1,100	
Deductible - Family	\$825	\$2,750	Each individual does not exceed the single deductible.
Coinsurance	10%	30%	
Annual Out of Pocket Maximum - Single	\$1,750	\$3,500	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	\$5,250	\$8,750	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	\$25 Copayment	30% Coinsurance Subject to Deductible	
Cost Share - Specialist	\$40 Copayment	30% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Calendar Year Benefits

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Mental Health Care	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Substance Use Detoxification	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Skilled Nursing Facility	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	60 Days per year Limits are combined INN and OON.
Physical Rehabilitation	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	60 Days per year Limits are combined INN and OON.
Maternity Care	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP / Specialist - 10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Anesthesia	PCP / Specialist - 10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Diagnostic X-ray	\$40 Copayment	30% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	Covered in Full	30% Coinsurance Subject to Deductible	
Infusion Therapy	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Mental Health Care	\$40 Copayment	30% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	\$40 Copayment	30% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	10% Coinsurance Subject to \$50 Deductible	25% Coinsurance Subject to \$50 Deductible	

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	Covered in Full	30% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP - \$25 Copayment Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	
Infusion Therapy	PCP / Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP / Specialist - 10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Mental Health Care	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	
Maternity Care	PCP / Specialist - 10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Chiropractic Care	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	
Allergy Testing	PCP - \$25 Copayment Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP / Specialist - Not Covered	Not Covered	Not Covered

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	\$40 Copayment	30% Coinsurance Subject to Deductible	45 Visits per year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	\$40 Copayment	30% Coinsurance Subject to Deductible	45 Visits per year
Speech Rehabilitation	\$40 Copayment	30% Coinsurance Subject to Deductible	45 Visits per year

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	45 Visits per year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	45 Visits per year
Speech Rehabilitation	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	45 Visits per year

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	1 Exam per year
Adult Immunizations	PCP / Specialist - Covered in Full	Not Covered	
Well Child Visits and Immunizations	PCP / Specialist - Covered in Full	Covered in Full	
Routine GYN Visit	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	30% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	30% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	30% Coinsurance Subject to Deductible	
Bone Density Screening Facility	\$40 Copayment	30% Coinsurance Subject to Deductible	

Preventive Professional Services Not Meeting Federal Guidelines

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP / Specialist - Covered in Full	30% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP / Specialist - 10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP / Specialist - \$40 Copayment	30% Coinsurance Subject to Deductible	

Preventive Facility Services Not Meeting Federal Guidelines

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	\$40 Copayment	30% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	10% Coinsurance Subject to Deductible	30% Coinsurance Subject to Deductible	
Bone Density Screening Facility	\$40 Copayment	30% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Insulin and Supplies	PCP / Specialist - N/A	N/A	Limited to a 30 day supply for retail pharmacy or a 90 day supply for mail order pharmacy.
Diabetic Equipment	PCP / Specialist - N/A	N/A	
Durable Medical Equipment (DME)	PCP / Specialist - 20% Coinsurance	30% Coinsurance Subject to Deductible	
Medical Supplies	PCP / Specialist - 20% Coinsurance	30% Coinsurance Subject to Deductible	
Acupuncture	PCP / Specialist - Not Covered	Not Covered	Not Covered
Private Duty Nursing	PCP / Specialist - Not Covered	Not Covered	Not Covered

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
OP Facility Emergency Room Visit	\$200 Copayment	\$200 Copayment	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	\$200 Copayment	\$200 Copayment	

Urgent Care Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	\$25 Copayment	30% Coinsurance Subject to Deductible	

Vision and Dental

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Eye Exams - Routine	Not Covered	Not Covered	Not Covered
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered
Pediatric Eye Exams - Routine	Not Covered	Not Covered	Not Covered
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan			Contraceptives Only

Rx Benefits

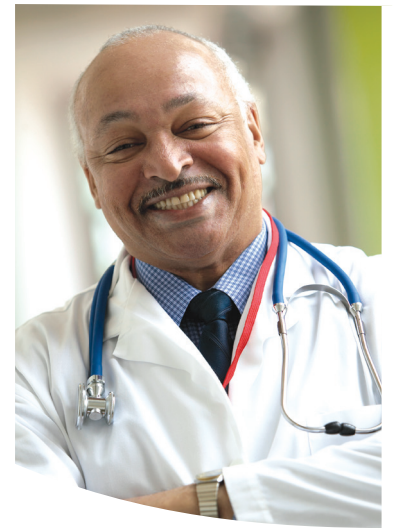
Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	NA		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Patient Protection and Affordable Care Act requirements.

Find a Doctor or Specialist

Excellus BlueCross BlueShield is part of a network of BlueCross BlueShield Plans that make up the largest group of Participation Doctors and Specialists in the world. With that you get cost effective quality health care whenever you need it.



Our online provider directory makes it easy to search for providers by:

- Name
- Zip code
- Gender
- Languages spoken
- Accepting new patients
- Hospital affiliation

Results include:

- Office hours
- Locations
- Phone numbers
- Map & Directions
- Handicap Accessibility

Just look over our alphabetical listing online at ExcellusBCBS.com/FindProvider

The screenshot shows the Excellus website interface. At the top, there is a navigation bar with the Excellus logo and a search bar. Below the navigation bar, there are several tabs: 'Find a Plan', 'Learn', 'Programs & Discounts', 'Find a Doctor or Hospital' (highlighted with an arrow), and 'Member Tools'. A 'Login or Register' button is also visible. On the left side, there is a dropdown menu titled 'Are You a...' with options: 'Member or Guest', 'Medicare Member', 'Broker', 'Employer', and 'Provider'. The main content area features a 'LIFE HAS SHARING' banner with a 'Share to Win' button. Below the banner, there are sections for 'Looking for Coverage?' with sub-sections for 'Medicare', 'Individuals & Families', and 'Businesses'. At the bottom, there is a 'For Members' section with a 'Quick Links' sidebar and a 'Participating Hospitals, Urgent Care Centers & Other Providers' section. The 'Quick Links' sidebar includes: 'Find a Doctor', 'Find an Urgent Care Center', 'Find a Hospital', 'Find a Dentist', 'Find Other Providers', 'BlueCard® Coverage Wherever You Go', 'Away From Home Care® for HMO Members', and 'Quality & Safety'. The 'Participating Hospitals...' section includes a 'Please select the network you'd like to search:' dropdown with options: 'Upstate New York Provider Network', 'Nationwide BlueCard® Providers', 'International BlueCard Worldwide® Providers', and 'Federal Employee Network'. A 'Blue Distinction' logo is also present with the tagline 'Because smart decisions save lives.™' and a 'Learn more' button. At the bottom of the page, there is a note: 'If you have a question about your health plan's provider network, please call the telephone number on the back of your member ID card.'

ExcellusBCBS.com/FindProvider

Welcome to Blue365

Where taking care of yourself is an everyday thing.

Take advantage of healthy deals and discounts* on fitness, healthy eating, personal care and more that you can use all year long. Explore all the healthy choices at ExcellusBCBS.com/Blue365



Blue365® is here for you.

We understand that helping you live a healthy life means more than regular doctor visits - it's helping you find time for the things that matter most.

That's why we created Blue365, an online destination featuring healthy deals and discounts exclusively for our members. These "Blue365 Deals" which complement your health care coverage, can help you maintain a healthy lifestyle, while spending less at some of your favorite Blue365 vendors nationwide.

Because of the Blues' buying power, Blue365 can offer access to great savings on a wide range of exciting health and wellness products and experiences.

Blue365 makes it easy for you to find out about weekly "Featured Deals" by sending the news right to your email. Our email service is free to members of participating local Blue Companies.

All you have to do is register on the website, and you are all set to enjoy our great health and wellness deals.

You'll see weekly "Featured Deals" and long term "Ongoing Deals" on health products, along with discounts on health and fitness clubs, weight-loss programs, healthy travel experiences and so much more.

Blue365

Blue365 includes offers from selected companies based on feedback from Blue365 members and independent researchers on the Blue365 team. Examples include:

Fitness: Save on membership, monthly fees and other services at Healthways, Snap Fitness™, Reebok®, and Polar®.

Healthy Eating: Save on programs, products and consultations at Jenny Craig®, Dole® and Nutrisystems®.

Living: Save on services from Quicken Loans®.

Personal Care: Save on products and services from TruHearing, Beltone®, LasikPlus®, Davis Vision® and Dental Solutions.



* Discounts are available through independent companies that do not provide Blue Cross and/or Blue Shield products or services and are solely responsible for the services provided. See our website for more information at: ExcellusBCS.com/Blue365. The content, tools and discounted offers available through Blue365 are subject to change. Please visit ExcellusBCS.com/Blue365 for the most current program details.

Healthcare Coverage Wherever You Go

As a BlueSM member, you have more freedom to choose the doctors and hospitals that best suit you and your family. Your membership gives you a world of choices.

Within the United States, you're covered whether you need care in urban or rural areas. Outside of the United States, you have access to doctors and hospitals in more than 200 countries and territories around the world through the BlueCard Worldwide[®] Program.



With the BlueCard Program, you can locate doctors and hospitals quickly and easily. With your Blue Plan ID card handy, follow these steps:

- Visit the Blue National Doctor & Hospital Finder at www.BCBS.com to locate doctors and hospitals, along with maps and directions to find them.
- Blue Cross and Blue Shield Association launched a Blue National Doctor and Hospital Finder app for iPhone, iPad and iPod Touch, allowing you to quickly search for healthcare providers nationwide. There is no charge to download the app from the App Store, but rates from your wireless provider may apply.
- BlueCard Access at 1.800.810.BLUE (2583) for the names and addresses of doctors and hospitals in the area where you or a covered dependent need care.

If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.

Designed to save you money.

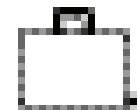
In most cases, when you travel or live outside your Blue Plan's service area, you can take advantage of savings the local Blue Plan has negotiated with its doctors and hospitals. For covered services, you should not have to pay any amount above these negotiated rates and any applicable out-of-pocket expenses.

Take charge of your health, wherever you are.

Within the United States

1. Always carry your current Blue ID card.
2. To find nearby doctors and hospitals, call BlueCard Access at 1.800.810.BLUE (2583) or visit the Blue National Doctor & Hospital Finder at www.BCBS.com.
3. Call your Blue Plan for precertification or prior authorization, if necessary. Refer to the phone number located on your Blue ID card. Note: This phone number is different from the BlueCard Access number mentioned above.

4. When you arrive at the participating doctor's office or hospital, show the provider your ID card. The provider will identify your benefit level through one of these symbols:



Traditional/
Indemnity/
Benefits



PPO
Benefits

After you receive care, you should:

- Not have to complete any claim forms.
- Not have to pay upfront for medical services, except for the usual out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance).
- Receive an explanation of benefits from your Blue Plan.

In an emergency, go directly to the nearest hospital.

BlueCard Program

Around the world

1. Verify your international benefits with your Blue Plan before leaving the United States as coverage may be different outside the country.
2. Always carry your current Blue ID card.
3. If you need to locate a doctor or hospital, or need medical assistance services, call the BlueCard Worldwide Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week. An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization, if necessary.

4. Please see below for the steps that should be taken for inpatient and professional services.

Inpatient claim: Call the BlueCard Worldwide Service Center at 1.800.810.2583 or collect at 1.804.673.1177 when you need inpatient care. In most cases, you should not need to pay upfront for inpatient care at participating BlueCard Worldwide hospitals except for the out-of-pocket expenses (non covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf. In addition to contacting the BlueCard Worldwide Service Center, call your Blue

Plan for precertification or preauthorization. Refer to the phone number on your Blue ID card. Note: this number is different from the phone number listed above.

Professional claim: You pay upfront for care received from a doctor and/or non-participating hospital. Complete a BlueCard Worldwide International claim form and send it with the bill(s) to the BlueCard Worldwide Service Center (the address is on the form). The claim form is available from your Blue Plan, the BlueCard Worldwide Service Center, or online at [BCBS.com/bluecardworldwide](https://www.bcbs.com/bluecardworldwide).

24/7 Nurse Call Line the support you need, whenever you need it

Our Member Care Management program provides support and education for members with chronic or complex health conditions, other targeted conditions and general health issues in multiple ways, including access to our 24/7 Nurse Call Line.



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

If you need ongoing support, you may be referred to a member care manager so you will have the support that best fits your needs.

Key features:

- 24/7 Nurse Call Line available for all individuals
- Decision making support and education when you need it most
- Triage to appropriate level of care
- Assistance with finding participating providers
- Nutritional information
- Information regarding medications and diagnoses
- Referrals, as appropriate, into the larger Member Care Management program for enhanced care management by a dedicated care manager
- Welcome mailing sent to all households newly eligible for the program

All Excellus BlueCross BlueShield members are able to access these programs.

Ask a Nurse Today! Call 1-800-348-9786. [ExcellusBCBS.com](https://www.excellusbcbs.com)

The 24/7 Nurse Call 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.

Prevention is the best medicine

Preventive health can help you and your family stay healthy and prevent disease. Preventive care includes immunizations, also known as vaccines. They are safe and effective.



The following vaccines are especially important to consider. The information is based on recommendations from the Centers for Disease Control and Prevention. For more information and a complete listing of recommended vaccines visit the CDC website at [cdc.gov/vaccines](https://www.cdc.gov/vaccines).



Tdap:

This vaccine protects against tetanus, diphtheria and pertussis (whooping cough). Immunity to whooping cough wears off over time, so one dose of Tdap to replace one TD booster is recommended for those ages 11 and older, including adults age 65 and older

In response to a recent spike in the number of Pertussis cases, the CDC and the American Academy of Pediatrics recommend that women get a booster dose of Tdap vaccine during each pregnancy, ideally between 27 and 36 weeks, regardless of previous Tdap history. If not administered during pregnancy, Tdap should be administered immediately postpartum.

Varicella (chicken pox), MMR (measles, mumps and rubella), Hepatitis A and Hepatitis B vaccines:

These vaccines are needed for adults who did not have these diseases or vaccines when they were children. Talk to your health care provider to determine if you need updates.



HPV:

HPV (human papillomavirus) vaccine is important because it can help prevent cases of cervical cancer in females if given before exposure to the virus. It may be given to males and females. It is recommended to be given starting at approximately age 11 years, and can be administered up to age 26 years. Talk to your child's doctor about your child having the HPV vaccine.



Meningococcal:

Meningococcal disease is a serious bacterial illness. Meningitis is an infection of the covering of the brain and the spinal cord. Adolescents and those with certain health conditions should be routinely immunized with the meningitis vaccine. Speak with your health care provider to learn more about this important vaccine.



Flu:

Flu vaccine is recommended for everyone older than 6 months. The best results for children ages 6 months through 8 years are two doses given four weeks apart if receiving the flu vaccine for the first time.



Pneumonia:

Infants, very young children and older persons are at highest risk for complications from pneumonia. It is recommended that those with chronic health conditions receive a pneumonia vaccine. Talk to your doctor about the benefit of a pneumonia vaccine.

Visit [ExcellusBCBS.com/StayHealthy](https://www.ExcellusBCBS.com/StayHealthy) for more information on immunizations, age-appropriate health screenings and more.

When to go to an Urgent Care



Urgent Care is convenient care.

When a medical issue doesn't require an Emergency Room visit, or if you can't get in to see your physician, you can visit an Urgent Care Center and get the care you need.

- Shorter wait times
- Licensed professionals
- Convenient locations
- Extended and weekend hours

If you are not sure where to go to get the care you need, contact your doctor.

He or she will be able to help you decide where to go. Remember to contact your doctor after getting urgent or emergency services for any follow-up care you may need

Keep the number of your doctor and your nearest Urgent Care Center in an easy-access place, like your cell phone

ExcellusBCBS.com/FindProvider

The screenshot shows the Excellus website interface for members. At the top, there are links for 'Login', 'Register', 'Forgot Username', and 'Forgot Password'. Below that is a search bar and a 'Search' button. A navigation menu includes 'Member Home', 'Your Account', 'For Your Health', 'Health Plans', 'Prescription Drugs', 'Find a Doctor or Hospital', and 'Contact Us'. The main content area features a 'Quick Links' sidebar with options like 'Find a Doctor', 'Find an Urgent Care Center', 'Find a Hospital', 'Find a Dentist', 'Find Other Providers', 'BlueCard® Coverage Wherever You Go', 'Away From Home Care® for HMO Members', and 'Quality & Safety'. The main heading is 'Urgent Care is Convenient Care', followed by a paragraph explaining when to use urgent care. A bulleted list highlights: 'Shorter wait times', 'Convenient locations', 'Licensed professionals', and 'Extended and weekend hours'. Below this is a photo of a doctor examining a child. A bolded instruction states: 'If you are not sure where to go to get the care you need, contact your doctor. He or she will be able to help you decide where to go. Remember to contact your doctor after getting urgent or emergency services for any follow-up care you may need. Keep phone numbers for your doctor and nearest Urgent Care Center in a handy place, like your cell phone.' Further down, it notes that urgently needed care may be furnished by in-network or out-of-network providers. At the bottom, there is a 'Find an Urgent Care Center' section with a search button and a link for 'Not located in upstate New York? Search our Nationwide Network - BlueCard®'.

Health plan terms

To help you better understand our plans and your coverage, here are a few definitions* for frequently used health care terms.

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

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

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

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

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

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

Allowed Amount—The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

Coinsurance—A cost-sharing method that requires you pay a 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 and coinsurance payments that you will pay for health services each calendar year.

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

Excellus  