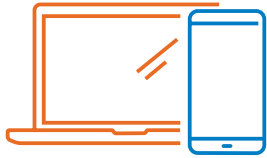


Enrolling is easy

To enroll, you must meet certain eligibility requirements. Please call us at **1-888-247-4641** (TTY 711). We will help determine if you are eligible and help you with the application process.



ExcellusBCBS.com



To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit nystateofhealth.ny.gov or call **1-855-355-5777**.

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-650-4359 (TTY 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-650-4359 (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 1-800-650-4359 (TTY 711).

Everyone deserves quality health care coverage.



Complete health care coverage. Really.



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Everybody Benefits

Blue Choice Option is a health plan for those who currently have Medicaid. It's also known as Medicaid Managed Care.

Coverage and service from the local name you know and trust

With **Blue Choice Option**, you get these and other services:

- Large network of doctors, specialists and hospitals
- Inpatient hospital care
- Emergency services
- Laboratory and X-ray services
- Doctor's office visits
- Telehealth and telemedicine visits
- Routine physical exams
- Well-child doctor visits
- Monthly premium \$0

Check the benefit summary for more.

Real value every day

- Health and wellness programs
- Disease management
- Pregnancy programs
- Preventive care

Blue Choice Option covers many who:

- Are uninsured
- Are unemployed
- Have no insurance through their employer

Note: All care must be medically appropriate. Specialty care requires a referral.

*This is a summary of benefits, not limited to the above, including Residential, Rehabilitation, Comprehensive Psychiatric Emergency Program, Community Oriented Recovery and Empowerment Services, Personalized Recovery Oriented Services, Home and Community-Based Services, and more, as outlined fully in the member handbook

**Benefits subject to New York State mandates

Benefit summary*

| Type of care | Benefit | Coverage** |
|--|---|--|
| Doctor's care | Office visits and treatment by your primary care provider | Covered in full |
| | Office visits and treatment by a specialist | Covered in full |
| | Immunizations, allergy tests and allergy injections | Covered in full |
| Preventive care | Cervical cytology screening (Pap smear) | Covered in full |
| | Mammography screening | Covered in full |
| | Prostate cancer screening | Covered in full |
| | Well-child visits up to age 19 | Covered in full |
| | Adult routine physicals | Covered in full |
| Hospital inpatient | Inpatient hospital stays | Covered in full |
| | Inpatient surgical care by a physician | Covered in full |
| | Physician visits | Covered in full |
| Outpatient services | Outpatient surgery | Covered in full |
| Emergency care | Emergency room care for emergency medical conditions | Covered in full |
| | After hours in primary care provider's office | Covered in full |
| | Freestanding urgent care center | Covered in full |
| Maternity care | Office visits – prenatal and postnatal | Covered in full |
| | Hospital care for mother | Covered in full |
| | Newborn nursery care in the hospital | Covered in full |
| Mental health and substance use disorder services | Inpatient services* (Residential, Rehabilitation, CPEP) | Covered in full |
| | Outpatient services* (CORE, PROS, HCBS, Rehabilitation) | Covered in full |
| Health related social needs services | Housing and utilities support | At no-cost to you if you or your child qualify |
| | Nutrition support | |
| | Transportation services | |
| | Care management services | |
| Other services | Dental | Covered in full |
| | X-ray (including MRA, MRI, CAT, and PET scans) | Covered in full |
| | Laboratory and pathology | Covered in full |
| | Chemotherapy and radiation therapy | Covered in full |
| | Home health care visits based on medical necessity | Covered in full |
| | Kidney dialysis | Covered in full |
| | Eye exams and eye glasses (restrictions may apply) | Covered in full |