

# Bronze Secure Plus 3

2023 High Deductible Health Plan



# Understanding the Bronze Secure Plus 3 plan

The Bronze Secure Plus 3 Plan may work a little differently than other health plans that you've had in the past. Your plan includes free coverage for preventive screenings to keep you healthy and a high deductible to help keep your premium costs low. You'll have coverage for things like:

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

## Let's start with the basics

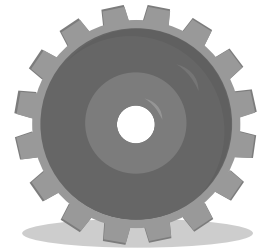
Under the Bronze Secure Plus 3 plan, you have free coverage for:

- Preventive screenings, such as routine physicals and vaccinations, are covered if services are received from a participating or in-network doctor.\*
- Your first 3 visits to your primary care doctor are covered at no charge. This can include visits for mental health care, substance use treatments, telemedicine and telehealth.

For all other services, such as your 4th visit to your primary care doctor, care provided by a specialist or emergency care, you are responsible for paying out of your pocket until you meet your deductible. Once you reach your deductible, your care is covered in full for the remainder of the year.

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

\*In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.



## How this works:

**Preventive Services and first 3 services provided by your primary care doctor**

**WE PAY  
100%**

Preventive care and your first 3 visits to your primary care doctor are covered in full, so we provide full coverage. You do not need to meet your deductible first.

## Other Services

**UNTIL DEDUCTIBLE AMOUNT  
IS REACHED**

**YOU PAY  
100%**

You pay a deductible up to a certain amount.

**AFTER DEDUCTIBLE AMOUNT  
IS REACHED**

**WE PAY  
100%**

Once the deductible amount is reached your care is covered in full.

Note: for illustrative purposes only - plan options vary.

# The top 3 things to know

## 1 What benefits are free?

- Preventive care for you and your family is covered in full on the first day your coverage begins.
- Your first 3 visits to your primary care doctor are covered in full.

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

- Yes, this plan has a deductible.
- The deductible will apply to all medical care and prescription drugs.
- It does not apply to your first 3 visits to your primary care doctor.

## 3 How does the money I pay toward my deductible add up (or aggregate)?

- Each person only has to pay their own individual deductible. Once an individual meets their deductible, the plan begins paying on their claims.
- When covering more than one person, the family deductible is met for everyone on the plan once any combination of members reaches the family deductible amount.



## Important terms to know

**Deductible** - The amount of money you have to pay before your care is covered in full

**Covered in full** - 100% of the total cost is covered by the health insurance company and you do not have to pay anything.

## For example:

Let's say your deductible is **\$9,100.**



You go to your primary care doctor because you are not feeling well.

Because your first 3 visits are covered, **you pay \$0 for the visit.**



You have an accident and have to have surgery.

**Your hospital bill is \$12,000.**  
You have to pay the first **\$9,100.**  
We will pay the rest or **\$2,900.**



Your doctor orders an MRI of your lower back.

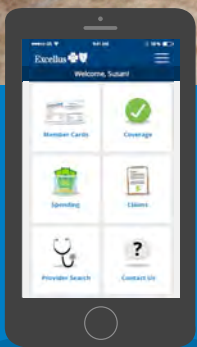
**The cost of the MRI is \$1,000.**

Because you have already paid your deductible, **you pay \$0.**



You also have a series of visits to a physical therapist. The cost of these visits is also **covered.**

Remember preventive care is covered in full and is not subject to the deductible. So you have free coverage for things like your annual physical.



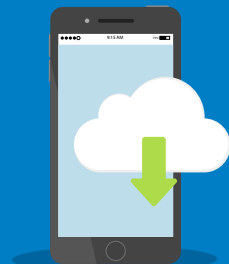
## You can manage your health plan online

- View and order member cards
- Access your benefits and claims information
- Track deductibles and out-of-pocket spending
- Find a health care provider
- Estimate medical costs
- Pay your premium bill

### DOWNLOAD OUR MOBILE APP

24/7 access to your member card, claims, account information, pay your bill, and more.

[Member.ExcellusBCBS.com](http://Member.ExcellusBCBS.com)





# Live healthier + Save money

Our plans come with access to programs and online resources to help you stay healthy and get the most value for your dollar.

## Member benefits and healthy perks:

**NEW! Calm<sup>®††</sup>** - All plans will now include Calm Stress Management program to help members manage stress and support better emotional wellbeing.

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

**BlueCard<sup>®</sup>** - Access to care when you travel in the United States, Canada, Mexico, Puerto Rico, the U.S. Virgin Islands, Guam, and the Mariana Islands.

**Preventive Care** - Free preventive care screenings, immunizations and more to help keep you healthy.

**Telemedicine with MDLIVE<sup>®\*\*\*</sup>** - Our partnership with MDLIVE<sup>®</sup> gives you convenient access to medical and behavioral health care 24/7/365 from the comfort of your home — and the visits are covered in full after your deductible is met.

**Wellframe<sup>®</sup> App** - Text with health professionals for advice and guidance, create medication reminders, make daily “to-do” lists, access educational materials, and more.

**ExerciseRewards<sup>™</sup> Program<sup>†</sup>** - You and your spouse can earn a maximum total of \$600 annually just for working out at a qualifying fitness center. Simply complete at least 50 workouts each 6-month reward period to earn your rewards. Utilize the Active&Fit Enterprise<sup>™</sup> network of thousands of fitness centers for a monthly fee of \$25 to have your workouts tracked automatically towards your rewards. Online fitness and wellness tools are also available at no additional cost.

**24/7 Nurse Call Line** - Get answers to your health care questions anytime day or night.

**Pharmacy Home Delivery** - Save time and money by having your prescriptions delivered to your home.\*

**Health Risk Assessment** - Our secure online health assessment will help you identify potential health risk factors and identify areas for improvement.

**Blue365<sup>®</sup>** - Receive exclusive member discounts on fitness gear, gym memberships, healthy eating options and more.

**Enroll Today! Visit [ChooseExcellus.com](https://www.ChooseExcellus.com) or call 1-888-669-3913**

† The ExerciseRewards and Active&Fit Enterprise programs are provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of ASH. Members are not required to participate at an ASH-contracted fitness center to be eligible for their reward, however exclusions apply. The ExerciseRewards and Active&Fit Enterprise programs are health improvement and education programs that are not insurance. The ExerciseRewards program is offered under the Active&Fit Enterprise brand. The ExerciseRewards program and the Active&Fit Enterprise programs are offered on behalf of Excellus BlueCross BlueShield. ExerciseRewards, the ExerciseRewards logo, Active&Fit Enterprise, the Active&Fit Enterprise logos, It Pays to be Active, and ASHConnect are trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners.

†† Calm is an independent company that provides a mobile app for sleep, meditation and relaxation to Excellus BCBS.

\* Certain Prescription Drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.

\*\* MDLIVE<sup>®</sup> is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

## 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: 1-800-662-1220  
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>.

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 anvilòp 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.

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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.

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Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.



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