

# Bassett Preferred Silver

2027 Health Plan



Bassett Healthcare Network

Excellus 

Everybody  
Benefits

# Understanding the plan

As a Bassett Preferred Silver member, you will pay less out of your pocket when you see a doctor or go to a hospital in our preferred Tier 1 network. **To take advantage of this savings, you will want to see a Bassett Healthcare Network doctor or go to a Bassett Healthcare facility.**

Bassett Preferred Silver is designed to meet the needs of individuals and families. You will have coverage for things like:

- Hospitalization
- Maternity and newborn care
- Urgent care visits
- No-cost preventive care
- Doctor visits
- Specialty care
- Prescription drugs
- Laboratory coverage
- Choice of doctors and hospitals
- ThriveWell<sup>SM</sup> health and wellbeing benefit, in partnership with Personify Health
- Virtual care visits
- Pediatric vision and dental
- Adult eye exams and dental (preventive and routine)

This health plan is called a hybrid plan and may work a little differently than other health insurance plans you've had in the past. To help you understand your plan, this brochure provides explanations and examples.

## Let's start with the basics

Your plan is hybrid because it is a blend of two types of plans which include:

- A deductible that has to be paid first for all medical care, including diabetic drugs and supplies.
- A copay for medical care such as when you go to your doctor when you are sick.

## About the plan:



**Preventive care** can help you avoid getting sick and improve your health. Preventive services such as routine physicals, screenings and vaccinations are covered in full. The deductible does not apply to preventive services. They are covered at no cost to you, from the first day your coverage begins.



**Your plan includes a deductible.** The deductible is the amount you have to reach first for all medical services, like going to the doctor when you are sick or if you have to go to the hospital. Your deductible amount may vary and is based on the type of plan you have. The deductible does not apply to preventive services. They are covered in full from the first day your coverage begins.

**The deductible does apply to diabetic drugs and supplies (excluding insulin).**



**You can get a prescription filled** at the copay level on the first day your coverage begins. You do not need to meet the deductible first.



**Once you reach your deductible,** you will pay a copay for some services and coinsurance for others. Coinsurance is your share of the costs of a covered health service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.



**To help protect you from high costs,** there is an out-of-pocket maximum. This is a specific dollar amount that limits how much you have to pay out of your own pocket for healthcare services during a particular time period.

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



## Top 5 things to know

### 1. How can I save money on this plan?

- You will want to use a provider in the Tier 1, “preferred” provider network. These include Bassett Healthcare Network doctors or Bassett Healthcare facilities. Be sure to verify that your doctor is in the Tier 1 network by visiting [ExcellusBCBS.com](https://www.excellusbcbs.com) and using the **Find A Doctor** tool.

### 2. What benefits are free?

- Preventive care for you and your family is covered in full on the first day your coverage begins.

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

- Yes, this plan has a deductible.
- There is one deductible for care when you see a Tier 1 doctor and a separate deductible if you see a Tier 2 doctor.
- The deductible will apply to all medical care and to diabetic drugs and supplies (except insulin).
- The deductible does NOT apply to prescription drugs.

### 4. 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.

### 5. How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?

- All of our plans have a maximum amount that any one person will pay called an Out-of-Pocket Maximum (OOPM).
- Just like with the deductible, each person will only have to pay his or her own OOPM amount. Once that amount is reached, care is covered in full for that person.
- When covering more than one person, care is covered in full for everyone once any combination of members reaches the family OOPM.





## How does it work?

Bassett Preferred Silver is a “tiered network” plan which combines doctors, hospitals and facilities within the Bassett Healthcare Network. These are known in your plan as Tier 1. Your costs are the lowest when you use providers in Tier 1.

If you use a doctor or hospital outside of the Tier 1 Bassett Healthcare Network, you will still have access to the full Excellus BCBS EPO network (known as Tier 2) of doctors and hospitals, but your costs will be higher. And no matter what tier the provider or hospital is in, they all meet our quality standards of care. **If you seek non-emergency medical, dental, or vision care outside of the Tier 1 or Tier 2 network, your services will not be covered.**

To make sure your doctor is in the Tier 1 network, visit our online **Find a Doctor** tool, where you can select the Bassett Preferred Silver Tier 1 or Bassett Preferred Silver Tier 2 networks to see which one your doctor is in.

| Member out-of-pocket costs when you use a:                                                                                                                                       |                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Tier 1 Network<br>Bassett Healthcare Network<br>doctor or facility                                                                                                               | Tier 2 Network<br>Excellus BCBS EPO Network<br>doctor or facility                  |
| \$3,500 single deductible /<br>\$7,000 family deductible                                                                                                                         | \$7,000 single deductible /<br>\$14,000 family deductible                          |
| Deductible, \$30 primary care<br>copays / \$50 specialist copays                                                                                                                 | Deductible, 30% of the<br>cost of the visit                                        |
| Deductible, \$350<br>outpatient copays /<br>\$1,250 inpatient copays                                                                                                             | Deductible, 30% of the<br>cost of the visit                                        |
| 0% coinsurance for<br>most benefits                                                                                                                                              | 30% coinsurance for most<br>benefits                                               |
| The maximum amount you will pay out-of-pocket for all<br>of your care: \$10,500 single / \$21,000 family (regardless<br>if Bassett Network or Excellus BCBS EPO Network is used) |                                                                                    |
| \$10 / \$45 / \$90<br>prescription drug copay<br>(GLP-1 drug coverage<br>may vary)                                                                                               | \$10 / \$45 / \$90<br>prescription drug copay<br>(GLP-1 drug coverage<br>may vary) |

### Using your dental benefits

All in-network dental providers are in the Tier 2 network, and the Tier 2 network costs apply. Dental care received outside of the Tier 2 network will not be covered.

To find a participating dentist, visit

**[ExcellusBCBS.com/FindADentist](https://ExcellusBCBS.com/FindADentist)**

**Below is an example of how this hybrid plan works  
when you use the Tier 1 Bassett Healthcare Network:**

| <b>Let's say you need to visit your primary physician for your annual physical</b> | <b>Next, your spouse needs a minor surgical procedure done in an outpatient setting</b>                                                                                                                                             | <b>After that, your spouse needs an antibiotic prescription filled</b>                 | <b>Then your spouse is admitted to the hospital for an emergency procedure</b>                                                              |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Cost: \$200                                                                        | Cost: \$4,000                                                                                                                                                                                                                       | Cost: \$40                                                                             | Cost: \$10,000                                                                                                                              |
| <b>Your deductible:</b><br>Does not apply                                          | <b>Spouse's deductible: \$3,500</b><br>Leaving a balance of: \$500                                                                                                                                                                  | <b>Spouse's deductible:</b><br>Does not apply                                          | <b>Spouse's deductible: Met</b>                                                                                                             |
| Plan pays: \$200                                                                   | <b>Spouse's copay: \$350</b><br>Plan pays: \$150                                                                                                                                                                                    | <b>Spouse's copay: \$10</b><br>Plan pays: \$30                                         | <b>Spouse's copay: \$1,250</b><br>Plan pays: \$8,750                                                                                        |
| You pay out-of-pocket: \$0                                                         | Spouse pays out-of-pocket: \$3,850                                                                                                                                                                                                  | Spouse pays out-of-pocket: \$10                                                        | Spouse pays out-of-pocket: \$1,250                                                                                                          |
|                                                                                    | After this out-of-pocket payment, your spouse will have \$6,650 remaining to pay before reaching the single out-of-pocket maximum, which is \$10,500 for this plan. Once it is met, all remaining benefits will be covered in full. |                                                                                        | The out-of-pocket maximum for your spouse is now reduced to \$5,390.                                                                        |
| Preventive services are covered in full                                            | Most hospital-related services are subject to the deductible and copay, but always protected by the out-of-pocket maximum.                                                                                                          | Prescription drug copays apply toward the out-of-pocket maximum, which is now \$6,640. | Inpatient stays are subject to the deductible, but your spouse has met the individual deductible so he only had to pay the inpatient copay. |

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the member contract.

# See what is new for 2027 and rediscover great programs and services already available



## Wellbeing and incentive programs

**ThriveWell<sup>SM</sup>** — Our health and wellbeing benefit, in partnership with Personify Health, allows you to focus on what matters to you most. Centered on the whole person, you can work on improving your eating and sleeping habits and physical activity. Earn Rewards Cash for completing a Health Risk Assessment and by earning reward points through healthy activities.

**Blue365<sup>®</sup>** — Enjoy exclusive discounts on health and wellness products and services from fitness to healthy eating to personal care, including vision and dental discounts.



## Care management

**New! Ovia Health by Labcorp** — We have partnered with Ovia Health, a leading digital family health solution, to offer 24/7 support for reproductive health, family planning, pregnancy, parenthood and menopause transition — all in one platform.<sup>1</sup>

**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. Available to members aged 12 and up.

**24/7 Nurse Call Line** — Get answers to your healthcare questions anytime day or night.



## Virtual care and digital resources

**New! Deductible removed for telemedicine** — Our deductible plans now offer access to telemedicine 24/7 before the deductible, improving access to timely, personalized care that is more convenient and affordable.

### MD Live<sup>®</sup> virtual care: medical and behavioral health

- **Urgent care (\$0 before deductible)** — Care for common conditions like colds, flu, sinus infections, cough, allergies, and more.
- **Behavioral health support (\$0 before deductible)** — Access to mental health therapy and psychiatry.
- **Dermatology (specialist cost share before deductible)** — Connect with board-certified dermatologists for thousands of skin, hair and nail conditions, including acne, rashes and eczema.

### Vori Health: Virtual physical therapy and musculoskeletal care

- **Personalized care for back, neck, and joint pain (\$0 before deductible)** — Our partnership with Vori Health makes physical therapy and back, neck and joint care available remotely (available with our Qualified Health Plans).

<sup>1</sup> Subject to final contract terms.

Personify Health is a separate company and offers a digital wellbeing service on behalf of Excellus BCBS.

Ovia Health by Labcorp is an independent company offering digital women's health solutions to Excellus BCBS members.

MDLIVE Medical Group (DE), P.A., MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live.

MD Live is an independent company providing virtual care services to Excellus BCBS members.

Vori Health is an independent company that offers virtual physical therapy and back, neck and joint healthcare for eligible Excellus BCBS members.

# Important terms to know

**Premium** - The monthly amount you pay for your healthcare coverage.

**Deductible** - The amount you pay out of your own pocket before your insurance pays for anything. The deductible is in addition to your monthly premium. Once you have met your deductible, your insurance will contribute to covered healthcare services.

**Copay** - This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. For example, if your prescription drug coverage includes a \$20 copay, you pay \$20 for each prescription and your insurance pays the balance.

**Coinsurance** - Your share of the costs of a covered healthcare service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. Let's say a visit to your doctor is \$100. If your plan's coinsurance is 20%, then your payment is \$20. We cover 80%, which means we pay the rest or \$80.

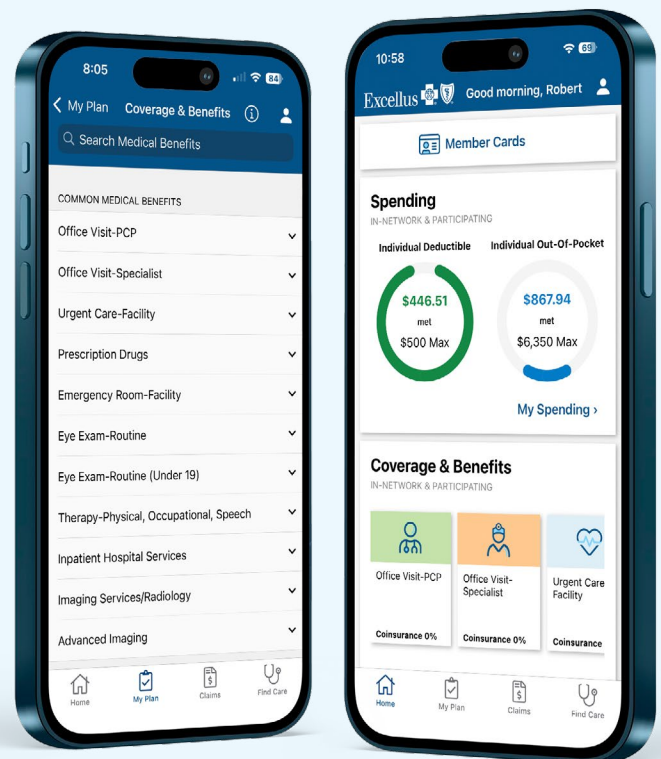
**Covered in full** - 100% of the total cost is covered by us and you do not have to pay anything.

**Out-of-pocket maximum** - The most you will pay for covered healthcare costs in a year. Once you reach that amount, your plan pays 100% of covered expenses for the rest of the year.

## Members can take their health plan with them 24/7

With the Excellus BCBS app, members can easily connect to care anytime, anywhere, making it simple to find support and manage their health in one convenient place.

Access 24/7 telemedicine, check benefits and deductible status, view claims, use digital ID cards, find a doctor, pay your bill and more.



## Enroll today!

Visit **ChooseExcellus.com** or call **1-888-669-3913** (TTY 711)



Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out-of-pocket maximums.

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-800-650-4359 (TTY 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-800-650-4359 (TTY 711). 请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-800-650-4359 (TTY 711)。