

This is a New York State sponsored health insurance program.

Your child can have health insurance

Free or low cost health insurance for your children! Child Health Plus is a New York State sponsored health insurance program, administered by Excellus BlueCross BlueShield, that offers coverage to children up to age 19. And because it's through Excellus BlueCross BlueShield, you can rest easy knowing your children will be well taken care of.

Coverage and value

Your child will receive health care at a low premium cost, or no cost at all, depending on your income level, for these and other services:

- Regular well child doctor check-ups and immunizations
- Inpatient hospital care
- Prescription drugs and over-the-counter drugs
- Dental care (does not include braces)

For more coverage, check out the benefit summary on the back.

With Child Health Plus, you and your family will receive services from your primary care provider (PCP). If, in some cases your PCP cannot provide the health care you need, he/she will refer you to see another doctor. Child Health Plus network also gives you access to over 13,000 quality doctors and specialist.

Enrolling in Child Health Plus

There are some eligibility requirements that need to be met in order to enroll. Just give us a call at the number listed below to find out more. Here's a quick look at the requirements.

Your child is eligible for Child Health Plus if:

- ✓ your child is a New York State resident
- ✓ your child is less than 19 years of age
- ✓ your child is not eligible for Medicaid
- ✓ your child has little or no other health insurance

For more information or to apply:

Call: 1-800-234-4781, TTY: 1-800-662-1220

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



Excellus BlueCross BlueShield is a nonprofit independent licensee of the BlueCross BlueShield Association

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

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。

Real value every day

- Our provider network give you quality choices of doctors, specialists and hospitals convenient for you.
- BlueCross BlueShield is recognized nationwide, so you are even covered while traveling away from home.
- Use our website resources at excellusbcbs.com to learn more about health conditions, help you determine your health risk factors, or help you keep track of your medical history in a secure and private environment.
- We offer a broad range of programs to satisfy your needs.
 - Case management
 - Disease management
 - Pregnancy programs
 - Health promotion activities

BENEFIT SUMMARY*

Type of Care	Covered Benefit	Cost to Member**
Doctor's Care	Office visits and treatment by your Primary Care Physician	Covered in full
	Office visits and treatment by a specialist (authorized by your PCP)	Covered in full
	Allergy tests	Covered in full
	Allergy injections	Covered in full
Preventive Care	Cervical cytology screening (Pap smear)	Covered in full
	Well-child visits up to age 19	Covered in full
Hospital Inpatient	365 days coverage, including ancillary charges	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
	Ambulance (non-air borne)	Covered in full
	After hours in PCP's office	Covered in full
	Freestanding urgent care center	Covered in full
Inpatient Mental Health and Alcohol and Substance Abuse Services	Services to be provided in a facility operated by OMH under sect. 7.17 of the Mental Hygiene Law, or a facility issued an operating certificate pursuant to Article 23 Or Article 31 of the Mental Hygiene Law or a general hospital as defined in Article 28 of the Public Health law. No limitations for inpatient mental health services, inpatient detoxification and inpatient rehabilitation.	Covered in full
Other Services	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 in lieu of hospitalization – maximum of 40 visits per calendar year	Covered in full
	Diabetic supplies	Covered in full
	Dental care (does not include braces)	Covered in full
	Eye exams and eye glasses (1 per calendar year)	Covered in full
	Chiropractic services	No Coverage
	Prescription drugs	Covered in full

Note: All care must be medically necessary and where appropriate; referrals are required for specialty care.

*This is a summary of benefits. The member contract or handbook governs what is covered.

**Benefits subject to New York State mandates.