



Choosing and using your plan

Your guide to open enrollment and making the most of your benefits

HA PPO / Blue View Vision

Dutchess Educational Health Insurance Consortium

Effective July 1, 2023



An Anthem Company

Time to review your plan

Your trusted health partner

Empire is committed to being your trusted healthcare partner. We're developing technology, solutions, programs, and services that give you greater access to care. We are also working with healthcare professionals to make sure you get affordable quality healthcare.



Time to review your plan

A great way to start is to focus on what’s important to you

Open enrollment is the time to explore your benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand your plan. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Save it to help you make the most of your benefits throughout the year.

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How to enroll

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

Explore your plan

Review the health plan below to find the right fit for your needs.

PPO

With a preferred provider organization (PPO) plan, you can go to almost any doctor or hospital — giving you more choices and flexibility.

- You can choose a primary care doctor from the plan's network for preventive care such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- Choosing doctors and facilities in your plan's network — instead of those outside your plan's network — helps lower your costs.



Vision benefits

When you choose Blue View VisionSM, you will be covered for routine eye exams and receive annual allowances for eyeglasses or contact lenses. You will also have other plan benefits, such as discounts on lens upgrades and extra pairs of glasses.

Blue View Vision gives you access to more than 40,000 eye doctors at more than 30,000 locations¹ across the country. You can go to an independent eye doctor in your plan's network or to national and regional stores, such as **LensCrafters®**, **Pearle Vision®**, and **Target Optical®**. Many of these stores have evening and weekend hours to make it easier to find eye care when and where you need it. You can also order glasses and contacts online through **Glasses.com®**, **ContactsDirect®** or **1-800 CONTACTS®**.

Remember, you can save time and money if you use an independent eye doctor, retail store, or online option that's in your plan's network.

If you choose eyeglasses, your plan includes:

- A frame allowance.
- A discount off the balance if you buy eyeglass frames that cost more than your benefit allowance.
- Savings on lens options and upgrades, such as Transitions® and specialty lenses.
- Enhanced benefits at no extra cost:
 - UV-blocking Transitions lenses and impact-resistant polycarbonate coating for children up to age 19.
 - Factory scratch coating on new lenses.
- Up to 40% off unlimited extra pairs of glasses, including prescription sunglasses.
- 20% off other noncovered items, such as upgrades, accessories, and nonprescription sunglasses.

If you choose contact lenses, your plan includes:

- A contact lens allowance.
- A discount off the balance if you buy conventional contact lenses that cost more than your benefit allowance.

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.²
- Receive 24/7 phone support, with translation services in 160 languages.
- If you lose or break your glasses, you can receive temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations, at no extra cost.

Your medical plan includes one eye exam each year through the Blue View Vision network at no extra cost. This is a complete eye exam that includes dilation and a vision test.

Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health issues early, such as diabetes, high blood pressure, high cholesterol, and rheumatoid arthritis.³

¹ Netminder data, February 2022.

² Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, Spain, Switzerland, and the United States.

³ American Optometric Association, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed May 2021): aoa.org.

Using your plan



How to use your plan

This guide shows you ways to make using your plan easier. You will also discover tools and resources that can help you reach your health and wellness goals.



How to use your plan

Register for online tools and resources

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services that may come at no extra cost. For detailed information, use the **Sydney Health** mobile app or register at empireblue.com.

Sydney Health mobile app

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall health with the **Sydney Health** app. The app works with you by guiding you to better overall health — and brings your benefits and health information together in one convenient place. **Sydney Health** has everything you need to know about your benefits to make the most of them while taking care of your health.

Working with you:

- Reminding you about important preventive care needs.
- Planning and tracking your health goals, fitness, and rewards.
- Guiding you with insights based on your history and changing health needs.
- Empowering you with personalized resources to find and compare doctors and check costs.

Working for you:

- **Virtual chat visits** — **Sydney Health** can link you directly to doctors for virtual chat visits at low to no additional-cost.* During your appointment; the doctor will evaluate your symptoms; discuss your treatment options, and order prescriptions, if you need them.
- **Virtual video visits** — You can also use **Sydney Health** to connect with a doctor through video visits.
- **Virtual primary care** — When you need preventive care, such as wellness check-ins, lab work referrals, specialist referrals, or help with a long-term condition such as asthma, you can use Sydney Health to have a video visit with a doctor.

* Pricing based on \$0 copay benefit eligibility offered through your plan.

How to use your plan

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **empireblue.com**. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

Find a doctor in your plan

The right doctor can make all the difference. Choosing a doctor who is in your plan's network can save you money. Your plan includes a broad selection of high-quality doctors. If you decide to receive care from doctors outside the plan's network, it will cost you more and your care might not be covered.

To find a healthcare professional or facility in your plan's network, use the **Find Care** tool on the **Sydney Health** mobile app or at **empireblue.com**. You can search for doctors, hospitals, pharmacies, and high-quality labs such as Quest Diagnostics and Labcorp.

Schedule a checkup

Preventive care, such as regular checkups and screenings, can help you avoid health issues in the future. Your plan covers these services at little or no extra cost when you see a doctor in your plan's network:

- Yearly physical
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Vision plans cover annual checkups if you see an eye doctor in your plan's network. Typically, plans cover one vision checkup each year. Check your plan details on the **Sydney Health** mobile app or **empireblue.com** to confirm what preventive care is covered.

Receive the COVID-19 vaccine or booster shot at no extra cost

A COVID-19 vaccine can help keep you, your family, and your community safe. You and your covered family members will not have to pay out-of-pocket costs for COVID-19 vaccine or booster doses. Your Empire plan covers them.

You can visit any healthcare professional for your vaccine or booster shot, including those outside your plan's network.

Go to [vaccines.gov](https://www.vaccines.gov) to find COVID-19 vaccine locations near you.

How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard program gives you access to services across the country. This includes 1.7 million doctors and hospitals with Blue Cross Blue Shield companies.¹ If you're traveling out of the country, you can receive care through the Blue Cross Blue Shield Global Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.²

If you need care in the U.S., go to [empireblue.com](https://www.empireblue.com). When you're outside the U.S., visit [bcbsglobalcore.com](https://www.bcbsglobalcore.com) or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect by dialing 0170 and telling the operator you want to call 011-804-673-1177.

If you have questions about travel benefits, call the Member Services number on your ID card before you leave home.

Access care from home in a way that works for you

- **Assess your symptoms online at no cost.** Answer questions through the **Sydney Health** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- **Chat with a doctor at low to no additional-cost.**³ **Sydney Health** can link you directly to doctors for virtual chat visits. During your appointment, the doctor can evaluate your symptoms; discuss your treatment options; and order prescriptions; if you need them.
- **Have a video visit with a doctor.** You can also use **Sydney Health** to connect with a doctor through video visits.
- **Schedule a virtual primary care appointment** for routine care and prescription refills, if needed. You can also receive a personalized care plan for chronic conditions, such as heart disease.

Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room. If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.

¹ Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2022); [bcbs.com](https://www.bcbs.com).

² GeoBlue, More than 20 years as a leader in international healthcare (accessed May 2021); [about-geo-blue.com](https://www.about-geo-blue.com).

³ If you have a high-deductible health plan and have not met your deductible, the price of a visit will be \$39, starting on the date in 2022 your plan renews.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield

Plan extras that support your health

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Call 800-337-4770.

Empire Health Guides — Highly trained Empire associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach a health guide by calling the number on your member ID card. You also can go to **empireblue.com** to send a secure email or chat with them online.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health.

Diabetes Prevention Program — This 16-week program can help you lose weight and help reduce your risk of developing diabetes. You can choose from a variety of support services such as WW® (Weight Watchers) and HealthSlate. This program may come with a health coach, meal planner, scale, weekly lessons, and small group support. For information, go to **empireblue.com** and select Dashboard under the My Health Dashboard tab.

Future Moms — This program can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You will also have access to dietitians and social workers, as needed.

Healthy living

MyHealth Advantage — There is no cost for this service, and it can help you stay healthy and save money. You will receive reminders when you need to refill a prescription or have a checkup, test, or exam. You will also receive a personalized and confidential MyHealth Note in the mail or on the **Sydney Health** mobile app if we see something that might help you.

SpecialOffersSM — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.

Understanding healthcare terms

Deductible:

A set amount you pay each year for covered services before your plan starts to pay for covered healthcare costs.

Copay:

A flat fee you pay for covered services, such as doctor visits.

Coinsurance:

Once you've met your deductible, you and your health plan share the cost of covered healthcare services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you will pay.

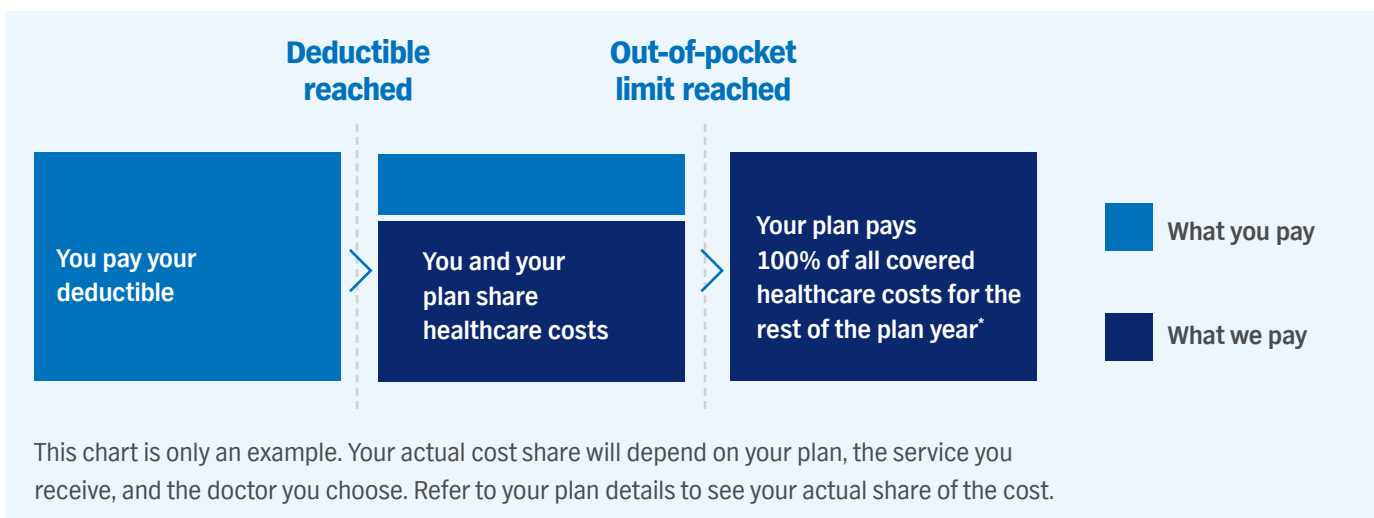
Out-of-pocket limit:

This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.

Premium:

The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.

What you pay and what your plan pays



* There are plans that require you to pay a copay at the time of service.

Your Summary of Benefits

Healthy Advantage PPO (HA PPO)



DEHIC
7/1/2023

Benefit	In-Network ¹	Out-of-Network ^{2,3}
Deductible	\$0/\$0	\$500/\$1,250
Coinsurance	10%	30%
Coinsurance Stop Loss	\$2,500/\$6,250 (\$250/\$625 out-of-pocket)	\$3,000/\$7,500 (\$900/\$2,250 out-of-pocket)
Out-of-Pocket Maximum	\$5,080 individual / \$12,700 family (All In-Network Medical & RX Cost Shares)	\$1,400 individual / \$3,500 family
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care ⁸	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0 copayment	Deductible and Coinsurance
Annual Physical Exam	\$0 copayment	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copayment	Deductible and Coinsurance
Preventive Well-Woman Care	\$0 copayment	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits/Online Visits ¹	\$30 copayment	Deductible and Coinsurance
Urgent Care Center	\$30 copayment	\$30 copayment
Emergency Room (initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)	\$50 copayment (Waived if admitted within 24 hours)
Routine Maternity Care	\$30 copay first visit, Coinsurance all other visits/services	Deductible and Coinsurance
Allergy Care		
- Office Visit	\$30 copayment	Deductible and Coinsurance
- Routine Testing	Coinsurance	Deductible and Coinsurance
- Allergy Injections/Immunotherapy	\$0	Deductible and Coinsurance
Home Healthcare (Up to 365 visits per calendar year)	Coinsurance	Coinsurance (no deductible)
Home Infusion Therapy	Coinsurance	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	Coinsurance	Covered in-network only
Surgery ⁴ , Presurgical Testing, Anesthesia		Deductible and Coinsurance
Chemotherapy, Radiation Therapy		Deductible and Coinsurance
Infertility Care		Deductible and Coinsurance
Laboratory Tests, X-rays		Deductible and Coinsurance
Vision Therapy		Covered in-network only
MRI ⁶ , MRA ⁶ , CAT Scan ⁶ , PET ⁶ & Nuclear Cardiology ⁶	\$30 copayment applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Deductible and Coinsurance
Chiropractic Care ⁶		Deductible and Coinsurance
Cardiac Rehabilitation (Unlimited visits per calendar year)		Deductible and Coinsurance
Second Surgical Opinion		Deductible and Coinsurance
Kidney Dialysis		Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network ¹	Member Pays Out-of-Network ^{2,3}
Physical Therapy ⁴ (Unlimited visits per calendar year combined in home, office or outpatient facility)		Covered in-network only
Other Short-Term Rehabilitative Therapies — Speech/Language ⁴ , Occupational ⁴ (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$30 copayment applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Covered in-network only
Medical Chats and Virtual Visits for Primary Care (From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Empire-enabled device)*	\$0 Copayment	Covered in-network only

*Empire-enabled device refers to laptops/tablets/other devices where our app can be downloaded

Services provided by Empire HealthChoice Assurance, Inc.,

licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Your Summary of Benefits

Healthy Advantage PPO (HA PPO)



Inpatient Care⁹		
Inpatient Hospital (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Physical Therapy, Physical Medicine, Or Rehabilitation (Unlimited inpatient days per calendar year)	Coinsurance	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	Coinsurance	Deductible and Coinsurance
Skilled Nursing Facility (Up to 365 days per calendar year)	Coinsurance	Covered in-network only
Birth Centers	Coinsurance	Covered in-network only
Mental Health		
Outpatient Visits in Office	\$30 copay will apply to visit services (examinations and evaluations) in an office;; other services performed will be subject to In- Network coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance ⁷	Deductible and Coinsurance
Inpatient Care ^{7,9} (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Alcohol/Substance Abuse		
Outpatient Visits in Office	\$30 copay will apply to visit services (examinations and evaluations) in an office;; other services performed will be subject to In- Network coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance ⁷	Deductible and Coinsurance
Inpatient Detoxification ^{7,9} (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Inpatient Rehabilitation ^{7,9}	Coinsurance	Deductible and Coinsurance
Other		
Medical Supplies	Coinsurance	Difference between the allowed amount and the total charge (deductible and coinsurance do not apply)
Durable Medical Equipment ⁵	Coinsurance	Covered in-network only
Prosthetics & Orthotics ⁵	Coinsurance	Covered in-network only
Ambulance (Land/Air ambulance)	Coinsurance	In-network benefits apply
Prescription Drugs ¹⁰ Retail Program – One copayment required for up to a 30-day supply	\$50 Deductible per person per calendar year Deductible does not apply to Tier 1 Generic drugs Tier 1/Tier 2/Tier 3 \$10/\$20/\$40 copayment Includes Contraceptives (Retail & Mail-Order)	Covered in-network only
Mail-Order Program ¹¹ – Only two copayments required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above. If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.	
Qualified Mail Order Service Options (Maintenance Medications)		
Routine Vision Care - Please see separate Blue View Vision benefit summary for additional detail	\$5 copay for 1 exam every 12 months \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts	\$30 exam allowance \$64 frame allowance \$25-\$45 eyeglass lense allowance

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Your Summary of Benefits

Healthy Advantage PPO (HA PPO)



- (1) Network provider delivers care. The in-network office copayment applies to examinations and evaluations only. Other services performed at the office setting may be subject to in-network coinsurance. Empire's network provider must precertify in-network services; Empire's network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (7) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Empire's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Empire or with another Blue Cross and Blue Shield Plan, may balance bill over Empire's allowed amount. Precertification is not required for out-of-network services, nor from out-of-area in-network BlueCard® PPO provider service.
- (4) You are responsible for obtaining precertification from Empire's Medical Management Program for these services provided in-area and out-of-area, in-network and out-of-network. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly what outpatient services require pre-certification.
- (5) For services received from an Empire network provider, the provider must precertify in-network services; Empire's PPO network providers cannot bill members beyond the co-payment, deductible, or coinsurance for covered services. Outside Empire's network area, you or your provider must obtain precertification from Empire's Medical Management Program for services from in-network BlueCard® PPO providers.
- (6) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Empire PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Empire's network area or out-of-network providers.
- (7) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (8) Preventive Care benefits not subject to copayment and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (9) Network providers must obtain precertification from Empire's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider. Network providers must obtain precertification from Empire's Medical Management Program for these services received from an out-of-area BlueCard PPO Provider.
- (10) This prescription drug coverage meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (11) To receive a 90-day supply of prescription drugs through Empire's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

IMPORTANT NOTE: This is a benefits summary only and is subject to the terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased. Be sure to consult your benefit Contract or Certificate for full details about your coverage. To the extent that there is a conflict between this Summary and your benefit Contract or Certificate, the terms of the Contract or Certificate will control. Failure to comply with Empire's Medical Management or Behavioral Healthcare Management Program requirements could result in benefit reductions.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

PPO Rev February 2016

Prepared on 2.12.2020 NRG

WELCOME TO BLUE VIEW VISION!

Good news—your vision plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered, your discounts, and much more!



Dutchess Educational Health Insurance Consortium For Medical Plans: HA PPO & EPO Select 20 Effective: 7/1/2023 Blue View VisionSM

Your Blue View Vision network

Empire Blue Cross vision members have access to one of the nation's largest vision networks. Blue View Vision is the only vision plan that gives members the ability to use their in-network benefits at 1-800 CONTACTS, or choose a private practice eye doctor, or go in store to LensCrafters®, Sears OpticalSM, Target Optical®, JCPenney® Optical, most Pearle Vision® locations, and New York based Empire Vision and Davis Vision Centers.

Out-of-network: If you choose to, you may receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement of your out-of-network allowance. In-network benefits and discounts will not apply.



YOUR BLUE VIEW VISION PLAN AT-A-GLANCE

VISION PLAN BENEFITS

Routine eye exam once every 12 months

Eyeglass frames

Once every 12 months you may select an eyeglass frame and receive an allowance toward the purchase price

Eyeglass lenses (Standard)

Once every 12 months you may receive any one of the following lens options:

- Standard plastic single vision lenses (1 pair)
- Standard plastic bifocal lenses (1 pair)
- Standard plastic trifocal lenses (1 pair)

Eyeglass lens enhancements

When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.

- Transitions® Lenses (for a child under age 19)
- Standard Polycarbonate (for a child under age 19)

Contact lenses – once every 12 months

Prefer contact lenses over glasses? You may choose contact lenses instead of eyeglass lenses and receive an allowance toward the cost of a supply of contact lenses.

- Elective Conventional Lenses; or
- Elective Disposable Lenses; or
- Non-Elective Contact Lenses

Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

BLUE VIEW VISION MEMBER EXCLUSIVE!

You may use your **in-network** benefit to order your contact lenses from **1-800 CONTACTS**. 1-800 CONTACTS offers a huge in-stock inventory, unbeatable prices, outstanding customer service and free shipping. Just call 1-800 CONTACTS or go to 1800contacts.com for fast and easy ordering of your contact lenses.

EXCLUSIONS & LIMITATIONS (not a comprehensive list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.


Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

Transitions and the swirl are registered trademarks of Transitions Optical, Inc.

IN-NETWORK	OUT-OF-NETWORK
\$5 copay	\$30 allowance
\$115 allowance, then 20% off any remaining balance	\$64 allowance
\$10 copay	\$25 allowance
\$10 copay	\$35 allowance
\$10 copay	\$45 allowance
\$0 copay	No allowance on lens enhancements when obtained out-of-network
\$0 copay	
\$75 allowance, then 15% off any remaining balance	\$75 allowance
\$75 allowance (no additional discount)	\$75 allowance
Covered in full	Covered in full

OPTIONAL SAVINGS AVAILABLE FROM IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> Transitions[®] lenses (Adults) \$75 Standard Polycarbonate (Adults) \$40 Tint (Solid and Gradient) \$15 Factory Scratch Coating \$15 UV Coating \$15 Progressive Lenses¹ <ul style="list-style-type: none"> Standard \$65 Premium Tier 1 \$85 Premium Tier 2 \$95 Premium Tier 3 \$110 Anti-Reflective Coating² <ul style="list-style-type: none"> Standard \$45 Premium Tier 1 \$57 Premium Tier 2 \$68 Polarized Lenses \$75 Intermediate Lenses \$30 High Index Lenses \$55 Blended Bifocal Invisible Covered as Progressives Post Cataract Lenses Covered as Contact Lenses Other Add-ons and Services 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> Complete Pair 40% off retail price Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> Standard contact lens fitting³ Up to \$55 Premium contact lens fitting⁴ 10% off retail price 	
Conventional Contact Lenses	<ul style="list-style-type: none"> Discount applies to materials only 15% off retail price 	
SOME OF THE ADDITIONAL SAVINGS AVAILABLE THROUGH OUR SPECIAL OFFERS PROGRAM		
 After your benefits for the coverage period have been used, you can save on contact lenses with this offer. ⁵	<ul style="list-style-type: none"> For this and other great offers, login to member services, select discounts, then Vision, Hearing & Dental 	Save \$20 on orders of \$100 or more and get free shipping
Laser vision correction surgery LASIK refractive surgery.	<ul style="list-style-type: none"> For this offer and more like it, login to member services, select discounts, then Vision, Hearing & Dental 	Discount per eye

¹ Please ask your provider for his/her recommendation as well as the progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the coating brands by tier.

³ A standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ A premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

⁵ Discount cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose an out-of-network provider, please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. When visiting an out-of-network provider, discounts do not apply and you are responsible for payment of services and/or eyewear materials at the time of service.

To Fax: 877-635-6403
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care physician from your medical network. If you have questions about your benefits or need help finding a provider, visit empireblue.com or call us at 1-866-723-0515.

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. Discounts referenced are not covered benefits under this vision plan and therefore are not included in the member's policy. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Frame discounts may not apply to some frames where the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Discounts are subject to change without notice. This benefit overview is only one piece of your entire enrollment package.

Services provided by Empire HealthChoice HMO, Inc. and/or Empire HealthChoice Assurance, Inc., licensees of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. 10/13

Blue View VisionSM

How to Find a Doctor Online



STEP 1

Visit empireblue.com/findadoctor (or visit empireblue.com, click menu and then click Find a Doctor)

- Search as a Guest: click on search by selecting a plan/network

STEP 2

If searching as guest, complete the following fields:

- How do you get insurance? Select Employer
- What state do you want to search in? Select a state
- What type of care are you searching for? Select Vision
- Select a plan/network – Select Blue View Vision.

STEP 3

Select your search criteria and click Search.

STEP 4

View your search results.

Stay on top of your health

Use your preventive care benefits

Regular preventive care can help you stay healthy and catch problems early, when they are easier to treat. Our health plans offer all the preventive care services and immunizations below at no cost to you.¹

If you are not sure which exams, tests, or shots make sense for you, talk to your doctor.

Preventive care vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you receive services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)^{2, 3}
- Depression screening
- Diabetes screening (type 2)⁴
- Eye chart test for vision⁵
- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Hepatitis C virus (HCV) screening
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for those ages 50 to 80 who have a history of smoking 20 packs or more per year and still smoke, or who have quit within the past 15 years²
- Obesity: related screening and counseling⁴
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:⁶

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁷
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{8, 9, 10}
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening⁹
- Interpersonal and domestic violence: screening and counseling
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV, and depression⁹
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Empire BlueCross BlueShield. If there is any difference between this sheet and the group policy, the group policy provisions will rule. Please see your combined *Evidence of Coverage and Disclosure Form* or *Certificate* for exclusions and limitations.

Child preventive care

Preventive physical exams, screenings, and tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure screening
- Cervical dysplasia screening
- Cholesterol and lipid (fat) levels screening
- Depression screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Tobacco use: related screening and behavioral counseling

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Rotavirus
- Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (COVID-19)
- Whooping cough

If you'd like more help understanding your preventive care benefits, call Member Services at the number on your ID card.

- 1 The range of preventive care services covered at 100% when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your *Certificate of Coverage* or call the Member Services number on your ID card.
- 2 You may be required to receive preapproval for these services.
- 3 The follow-up colonoscopy after a positive stool-based or direct visualization (such as a CT colonography or flexible sigmoidoscopy) colorectal cancer screening is considered a screening colonoscopy, meaning it is paid at 100% (so you pay no share of the cost) when provided by a doctor in the plan's network.
- 4 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.
- 5 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.
- 6 Keep in mind, these recommendations are categorized by "men" and "women," and are driven by biological sex (male and female) rather than gender identity. Meet with your doctor to determine which recommendations best apply to you based on individual factors, such as your sex assigned at birth and current anatomy.
- 7 Check your medical policy for details.
- 8 Breast pumps and supplies must be purchased from suppliers or retailers in your plan's network for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.
- 9 This benefit also applies to those younger than age 19.
- 10 Counseling services for breastfeeding (lactation) can be provided or supported by a doctor or facility in your plan's network, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.
- 11 You may pay a share of the cost for other prescription contraceptives, based on your drug benefits. Your share of the cost may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

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LiveHealth Online

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Talk to a doctor today, tonight, anytime - 365 days a year. Just enroll at livehealthonline.com or on the free, mobile app.



Now you can get the health care you need without all the hassle.

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. In fact, you don't even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.*

With LiveHealth Online, you get:

- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at a cost of a \$15, \$20, or \$30 copay depending on your DEHIC plan.
- Private, secure and convenient online visits.

Who are the doctors who use LiveHealth Online?

- U.S. board-certified.
- Average 15 years practicing medicine.
- Mostly primary care physicians.
- Specially trained for online visits.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

Start a conversation now.

Just enroll for free at livehealthonline.com or on the app, and you're ready to see a doctor.

*As legally permitted in certain states

Download the app now!

apple.com



play.google.com/store



LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Empire BlueCross.

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Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our SydneySM Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find no- or low-cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
 - Urgent care support for health issues, such as allergies, a cold, or the flu.
 - New prescriptions for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
 - Routine care, including wellness check-ins and prescription refills.
 - Personalized care plans for chronic conditions, such as asthma or diabetes.

Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at no or low cost.

▶ Download our Sydney Health mobile app today.



Set up your account right away and it will be ready to use when you need it.




85% of virtual visits **resolve** the person's need.*

* K Health analysis of Q4 2020 visit dispositions.

Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Empire BlueCross BlueShield. ©2021-2022.

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<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<p>Mail this form to:</p>  <p>CarelonRx Mail PO BOX 659541 SAN ANTONIO, TX 78265-9541</p>																				
<p>Member ID # (if not shown or if different from above)</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> <td style="width: 20px; height: 30px;"></td> </tr> </table>																					<p>-----</p> <p>Prescription Plan Sponsor or Company Name</p>

Instructions:

Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form.

Number of **New** prescriptions:

Refills - Order by web, phone, or write in Rx number(s) below.

Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name															First Name					MI		Suffix (JR, SR)		
<input type="text"/>															<input type="text"/>					<input type="text"/>		<input type="text"/>		
Street Address															Apt./Suite #					<input type="radio"/> Use shipping address for this order only.				
<input type="text"/>															<input type="text"/>									
City															State		ZIP Code							
<input type="text"/>															<input type="text"/>		<input type="text"/>							
Daytime Phone #:															Evening Phone #:									
<input type="text"/>															<input type="text"/>									

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Services provided by CarelonRx Inc.

We may package all of these prescriptions together unless you tell us not to.



We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的ID卡片上的會員服務電話號碼。若您視障人士，還可索取本文件的其他格式版本。

Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਆਪਣਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣਾ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



Protecting your privacy

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your healthcare. To understand how we protect your privacy, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to [empireblue.com/privacy](https://www.empireblue.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay, or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you receive the best treatments for certain health conditions. They review the information your doctor sends us before, during, or after your treatment. We also use case managers. They're licensed healthcare professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

For additional information about how we help manage your care, go to [empireblue.com/memberrights](https://www.empireblue.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled.** If you, your dependents, or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health

plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event, such as marriage, birth, adoption, or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you marry, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible.
 - You (or eligible dependents) become eligible to receive help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

For full details, read your plan document, which has all the details about your plan. You can find on [empireblue.com](https://www.empireblue.com).



Have any questions about your plan?

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

If you have questions, please contact:

Please call us at 855-220-3341,
Monday to Friday, 8:30 a.m. to 5 p.m., Eastern time.

Your plan is here for you to use

If you would like extra help

Empire Health Guides are here to help you make the most out of your medical plan. These highly trained Empire associates will help you with all your health care needs.

Reach a health guide by calling the number on your member ID card. You also can go to empireblue.com to send a secure email or chat with them online.



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