

Welcome to Blue on Demand



Blue on Demand

This presentation will provide a tutorial on the following features in Blue on Demand:

- What plans are available
- How to shop for plans
- Where to find tools for selling and
- Where to find forms to enroll groups and members:
 - Plan-specific enrollment applications
 - Required Underwriting documentation
 - Product & Wellness brochures

Let's start at the Homepage

Blue on Demand – Homepage

Blue On Demand

Find a Plan

Plan Options For:

☐ Individuals & Families
 ☒ Small Businesses
 ☐ Experience Rated Business

Product Type:

☒ Medical
 ☐ Dental

Select County: Cortland **Enter Zip Code:**

Coverage Start Date:
 01/01/2016 - 03/31/2016

Ways to Shop:

☐ Quick Quote
 ☒ Shop & Compare

Package Options:

Dependent Coverage ☒ To Age 26 ☐ To Age 30
 Pediatric Dental Coverage ☒ Yes ☐ No
 Domestic Partner Coverage ☒ Yes ☐ No
 Family Planning Coverage ☒ Yes ☐ No

[Continue](#)

What's New

Update: October 15, 2015

2016 rates for Individual Direct pay plans are now available.

2016 dental rates for small groups are also available.

Explore the new 'Shop by Product Design' feature for experience rated business.

Medical

- [SimplyBlue Plus Product Brochures](#)
- [Individual Metal Level Product Brochures](#)
- [ExerciseRewards Brochures and Resources](#)
- [Mid Sized Business Package Sell Sheets](#)

Dental

- [Dental Blue Options Brochure \(all group sizes\)](#)
- [Learn About Dental Options for Small Groups](#)
- [How do Pediatric Benefits Work?](#)
- [More Dental Resources](#)

Ready to Enroll

- [Small Group Policy Guidelines](#)
- [Mid Sized Group Policy Guidelines](#)
- [Mid Sized Group Enrollment Forms](#)
- [Other Enrollment Forms](#)

- Blue on Demand is available @ Excellusbcbs.com for employer groups and Brokers. (Employer Group & Brokers access may differ)
- Find out the latest updates in the **'What's New'** section of the homepage.

Blue on Demand - Homepage

The homepage is the starting point for all activity in Blue on Demand. What you choose here drives your plan selection through the tool.

Blue On Demand

Find a Plan

Plan Options For:

☐ Individuals & Families
 ☒ Small Businesses

☐ Experience Rated Business

Product Type:

☒ Medical
 ☐ Dental

Select County: Cortland - or - Enter Zip Code:

Coverage Start Date: 01/01/2016 - 03/31/2016

Ways to Shop:

☐ Quick Quote

☒ Shop & Compare

Package Options:

Dependent Coverage: ☒ To Age 26 ☐ To Age 30

Pediatric Dental Coverage: ☒ Yes ☐ No

Domestic Partner Coverage: ☒ Yes ☐ No

Family Planning Coverage: ☒ Yes ☐ No

[Continue](#)

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First you need to select the group size and product type you are shopping for including:

- **Individuals & Families**
- **Small Businesses**
- **Experience Rated groups**
- **Medical Plans and Dental Plans**

Blue on Demand - Homepage

If you are shopping for Experience rated business, there are two ways:

Blue On Demand

Find a Plan

Plan Options For:

☐ Individuals & Families
 ☐ Small Businesses
 ☒ Experience Rated Business

Product Type:

☒ Medical
 ☐ Dental

Ways to Shop:

☒ Shop by Product Design
 Recommended for...
 - New business quotes
 - Existing groups that would like to add a plan

☐ Shop by Mid-segment Package
 Recommended for...
 - Straight renewals
 - Benefit changes for existing group

Continue

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1. Shop by Product Design

Recommended for new business & existing groups adding a plan. Go to slide 28 to see how.

2. Shop by Mid-segment Package

Recommended for straight renewals in an MSP or benefit changes for existing groups. See the following slides to see how.

Blue on Demand - Homepage

Blue On Demand Find a Plan

Plan Options For:

- ☐ Individuals & Families
 ☒ Small Businesses
 ☐ Experience Rated Business

Product Type:

- ☒ Medical
 ☐ Dental

Select County:

Cortland ▼

- or -

Enter Zip Code:

Coverage Start Date:

01/01/2016 - 03/31/2016 ▼

Ways to Shop:

- ☐ Quick Quote
 ☒ Shop & Compare

Package Options:

- Dependent Coverage ☒ To Age 26 ☐ To Age 30
 Pediatric Dental Coverage ☒ Yes ☐ No
 Domestic Partner Coverage ☒ Yes ☐ No
 Family Planning Coverage ☒ Yes ☐ No

Continue



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Dental

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Next, select the **County or Zip Code** of your business headquarters or residence of an Individual member.

Blue on Demand - Homepage

Be sure to note the standardized rating regions when you are making your county or zip code selections on the homepage.

This will drive plan availability and rate display through your shopping experience.

New York State Standardized Rating Regions

Region 5 (Rochester Area)	Region 6 (Syracuse Area)	Region 7 (Utica Watertown Area)	Region 3 (Mid-Hudson Area)	Region 1 (Albany Area)
Livingston Monroe Ontario Seneca Wayne Yates	Broome Cayuga Chemung Cortland Onondaga Schuyler Steuben Tioga Tompkins	Chenango Clinton Essex Franklin Hamilton Herkimer Jefferson Lewis Madison Oneida Oswego Otsego St. Lawrence	Delaware	Fulton Montgomery



Rates are not included for Experienced Rated Business.

Blue on Demand - Homepage

Blue On Demand

Find a Plan

Plan Options For:

☐ Individuals & Families
 ☒ Small Businesses
 ☐ Experience Rated Business

Product Type:

☒ Medical
 ☐ Dental

Select County: Cortland **- or -** **Enter Zip Code:**

Coverage Start Date:

01/01/2016 - 03/31/2016

Ways to Shop:

☐ Quick Quote
 ☒ Shop & Compare

Package Options:

Dependent Coverage ☒ To Age 26 ☐ To Age 30
 Pediatric Dental Coverage ☒ Yes ☐ No
 Domestic Partner Coverage ☒ Yes ☐ No
 Family Planning Coverage ☒ Yes ☐ No

[Continue](#)

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Coverage start date selection is next:

- Plans for Individuals & Families have annual rates.
- Medical plans for small businesses can be quoted quarterly.



Coverage Start Date is not required for Experienced Rated Business.

Blue on Demand - Homepage

For Individuals & Families and Small Groups choose '**Shop & Compare**' to display available plans. You will have a few more choices for package options or simply click continue if you do not wish to change any options.

Blue On Demand

Find a Plan

Plan Options For:

☐ Individuals & Families
 ☒ Small Businesses

☐ Experience Rated Business

Product Type:

☒ Medical
 ☐ Dental

Select County: Cortland - or - Enter Zip Code:

Coverage Start Date: 01/01/2016 - 03/31/2016

Ways to Shop:

☐ Quick Quote
 ☒ Shop & Compare

Package Options:

Dependent Coverage
 ☒ To Age 26
 ☐ To Age 30

Pediatric Dental Coverage
 ☒ Yes
 ☐ No

Domestic Partner Coverage
 ☒ Yes
 ☐ No

Family Planning Coverage
 ☒ Yes
 ☐ No

Continue

What's New

Update: October 15, 2015

2016 rates for Individual Direct pay plans are now available.

2016 dental rates for small groups are also available.

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Package Options May Include:

- Dependent coverage to age 26 or 30
- Pediatric Dental Coverage*
- Domestic Partner Coverage
- Family Planning Services Coverage*

*Mandated benefits that required documentation to exclude coverage - Please note the attestation to exclude pediatric dental coverage and the exemption form to exclude family planning services exception form is located in Resource Center on the homepage.

Blue on Demand - Homepage

For Individuals & Families and Small Groups there is also a **'Quick Quote'** feature. Use this if you know the Plan ID or Enrollment Code you are shopping for. This skips steps to get the information you need faster.

The screenshot shows the Blue On Demand homepage. A modal window titled "Plan Quick View" is open, allowing users to "Select below to view associated plan details" by either "Select a Plan ID" or "Select an Enrollment Code". The background page includes sections for "Plan Options For:" (Individuals & Families, Small Businesses, Experience Rated Business), "Product Type:" (Medical, Dental), "Select County:" (Cortland), "Coverage Start Date:" (01/01/2016 - 03/31/2016), "Ways to Shop:" (Quick Quote, Shop & Compare), "Package Options:" (Dependent Coverage, Pediatric Dental Coverage, Domestic Partner Coverage, Family Planning Coverage), "What's New" (Update: October 15, 2015), "Dental" resources, and "Ready to Enroll" resources. A red box highlights the "Ways to Shop:" section, and a red box highlights the "Plan Quick View" modal title.

- Plans for Individuals & Families will populate the plan you selected in the summary view.
- Plans for Small Groups will populate a enrollment packet for the plan you select.

Moving to the Summary View page

Blue on Demand – Summary view

The summary view page allows you to see a snap shot of benefits, it has several features. Let's start with how to shop and compare plan options.

Blue On Demand
Rating Region: Syracuse
Version Updated: 10/16/2015 [View Updates](#)

1. Fill in your current plan details below (optional)

2. Select Plan(s) By:
☐ Name ☐ Dollar Range
☐ Type ☒ Metal Level ☐ All
 +Platinum
 - Please Select -
 Bronze
 Gold
 +Platinum
 Silver

Filter By:
 - Please Select -
 - Choose Value -
[Q-Rates Filter](#)
[Choose Package Options](#)

3. Select up to 3 plans and click compare
[See All Plans](#) [Compare](#)

Plan Variables
[Download & Print Options](#)

Plan ID	75124NY0980005-00	75124NY0980008-00	75124NY0980025-00	75124NY0980041-00	75124NY0980073-00
Enrollment Code	SAAI	SPUJ	SPCJ	SPD1	SPD6
Plan Type	Copay	Copay	Copay	Copay	Copay
HSA Eligible	No	No	No	No	No
Plan Name	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 1	SimplyBlue Plus Platinum
Plan Highlights	Predictable out-of-pocket costs without a deductible. Includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible. Includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible. Includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible. Includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible. Includes ExerciseRewards.
Single	\$597.08	\$685.02	\$685.05	\$664.14	\$669.84
Family	\$1,701.69	\$1,895.31	\$1,904.01	\$1,892.80	\$1,908.47

Select Plans by:

- Plan Name
- Plan Type
- Metal Level
- Dollar Range
- All plans

Blue on Demand – Summary view

You can use additional filters to help narrow your search.

Blue On Demand
Product Selector Summary View

Rating Region: Syracuse
Version Updated: 10/16/2015 [View Updates](#) [Print to PDF](#)

1. Fill in your current plan details below (optional)

2. Select Plan(s) By
☐ Name ☐ Dollar Range
☐ Type ☒ Metal Level ☐ All
 +Platinum
[Reset Plans](#)

Filter By
 - Please Select -
 - Please Select -
 Primary Care Physical Copay
 Individual Deductible
 Coinsurance In Network
 Prescription Drug Coverage
 Inpatient Copay

3. Select up to 3 plans and click compare
[See All Plans](#) [Compare](#)

Plan Variables	2015 Plan	Select plan	2015 Plan	Select plan	2015 Plan	Select plan
Download & Print Options	Application SBC	Application SBC	Application SBC	Application SBC	Application SBC	Application SBC
Plan ID	78124NY0980009-00	78124NY0980009-00	78124NY0980025-00	78124NY0980041-00	78124NY0980073	
Enrollment Code	SAAI	SFU3	SFC3	SFD1	SFD9	
Plan Type	Copay	Copay	Copay	Copay	Copay	
HSA Eligible	No	No	No	No	No	
Plan Name	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Standard Platinum	SimplyBlue Plus Platinum 2	SimplyBlue Plus Platinum 1	SimplyBlue Plus Pl	
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes Exercise	

- **Filters Plans by:**
 - PCP Copay
 - Single Deductible
 - Coinsurance
 - Prescription Drug Coverage
 - Inpatient Copay

Blue on Demand – Summary view

You can also use this tool to identify the benefit changes when **comparing plans from 2015 to 2016**. Simply type the group's current Plan ID in the 2015 plan column and 2016 plan will display in the next column IF there are benefit changes.

Blue On Demand
[Product Selector](#) [Summary View](#) [Feedback Page](#)
 Rating Region: Syracuse
 Version Updated: 10/16/2015 [View Updates](#)

1. Fill in your current plan details below (optional)

2. Select Plan(s) By
☒ Name ☐ Dollar Range
☐ Type ☐ Metal Level ☐ All
 - Please Select -
[Reset Plans](#)

Filter By
 - Please Select -
 - Choose Value -
[Reset Filter](#)
[Change Package Options](#)

3. Select up to 3 plans and click compare
[See All Plans](#) [Compare](#)

Plan Variables	2015 Plan Close	2016 Plan Close
Plan ID	78124NY1000025-00	78124NY1000025-00
Enrollment Code	SGGM	SDC5
Plan Type	Deductible HSA	Deductible HSA
HSA Eligible	Yes	Yes
Plan Name	SimplyBlue Plus Gold 6	SimplyBlue Plus Gold 6
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.
Single	\$499.65	\$534.61
Family/Quote Effective	\$1,395.50 01/01/2015 - 03/31/2015	\$1,523.64 01/01/2016 - 03/31/2016
Primary Care Office Visit	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible
Specialist Office Visit	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible

Note that:

- The 2015 and 2016 columns will always match package options (ex. Pediatric dental, domestic partner coverage).
- You can enter any 2015 plan in that column, it does not follow the package options you selected on the homepage.
- The 2015 & 2016 plan columns may differ from the other plans you have displayed if you have not selected the same package options on the homepage.

Blue on Demand – Summary view

A few other noteworthy items on this page:

Blue On Demand Rating Region: **Syracuse** Version Updated: 10/16/2015 [View Updates](#) [Print to PDF](#)

[Product Selector](#) Summary View

1. Fill in your current plan details below (optional)

2. Select Plan(s) By

☐ Name ☐ Dollar Range

☐ Type ☐ Metal Level ☐ All

+Bronze

[Reset Plans](#)

Filter By

- Please Select -

- Choose Value -



[Reset Filter](#)

[Change Package Options](#)

3. Select up to 3 plans and click compare

[See All Plans](#)

[Compare](#)

Plan Variables	2015 Plan Close	2016 Close	Select plan Hide	Select plan Hide	Select plan Hide
Download & Print Options	Application SBC	Application SBC	Application SBC	Application SBC	Application SBC
Plan ID	78124NY1000025-00	78124NY1000025-00	78124NY1000009-00	78124NY1000121-00	78124NY1000137-00
Enrollment Code	SGGM	SDC5	SDA9	SDM1	SDN7
Plan Type	Deductible HSA	Deductible HSA	Deductible HSA	Deductible HSA	Deductible HSA
HSA Eligible	Yes	Yes	Yes	Yes	Yes
Plan Name	SimplyBlue Plus Gold 6	SimplyBlue Plus Gold 6	SimplyBlue Plus Standard Bronze HSA 	SimplyBlue Plus Bronze 1	SimplyBlue Plus B 
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.
Single	\$489.65	\$534.81	\$351.51	\$343.85	\$326.88

- You can **'change package options'** from this page (ex. Dependent age or pediatric dental coverage)

- Note the **'I'** icon, this signifies the plan is also available through the NYSOH marketplace.

Blue on Demand – Summary view

Other features to note on the Summary view page include:

- To generate a PDF of all of the available plans click **'See All Plan'**
- The **'Print to PDF'** icon generates a file of the plans on your screen
 - For details on updates that have been made in Blue on Demand click **'View Updates'**

Blue On Demand

Product Selector Summary View

Rating Region: Syracuse
Version Updated: 10/16/2015 [View Updates](#) [Print to PDF](#)

1. Fill in your current plan details below (optional)

2. Select Plan(s) By

Filter By

3. Select up to 3 plans and click compare [See All Plans](#) [Compare](#)

[Reset Plans](#) [Reset Filter](#) [Change Package Options](#)

Plan Variables	2015 Plan	2016 Plan	Select plan	Select plan	Select plan
Download & Print Options	Application	Application	Application	Application	Application
Plan ID	78124NY1000025-00	78124NY1000025-00	78124NY1000009-00	78124NY1000121-00	78124NY1000137-00
Enrollment Code	SGGM	SDC5	SDA9	SDM1	SDN7
Plan Type	Deductible HSA	Deductible HSA	Deductible HSA	Deductible HSA	Deductible HSA
HSA Eligible	Yes	Yes	Yes	Yes	Yes
Plan Name	SimplyBlue Plus Gold 6	SimplyBlue Plus Gold 6	SimplyBlue Plus Standard Bronze HSA	SimplyBlue Plus Bronze 1	SimplyBlue Plus B
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.
Single	\$489.65	\$534.81	\$351.51	\$343.85	\$326.88

Blue on Demand – Summary view

When you have your plan selections narrowed down, select up to three plans to compare the benefits and rates in more detail.

Blue On Demand

Rating Region: Syracuse
Version Updated: 10/16/2015 [View Updates](#) [Print to PDF](#)

[Product Selector](#) Summary View

1. Fill in your current plan details below (optional)

2. Select Plan(s) By

☐ Name ☐ Dollar Range

☐ Type ☒ Metal Level ☐ All

+Bronze

[Reset Plans](#)

Filter By

- Please Select -

- Choose Value -

[Reset Filter](#)

[Change Package Options](#)

3. Select up to 3 plans and click compare

[See All Plans](#)

[Compare](#)

Plan Variables	2015 Plan Close	2016 Close	Select plan Hide	Select plan Hide	Select plan Hide
Download & Print Options	Application SBC	Application SBC	Application SBC	Application SBC	Application SBC
Plan ID	78124NY1000004-00	78124NY1000004-00	78124NY1000009-00	78124NY1000121-00	78124NY1000137-00
Enrollment Code	SFFR	SDA4	SDA9	SDM1	SDN7
Plan Type	Deductible HSA	Deductible HSA	Deductible HSA	Deductible HSA	Deductible HSA
HSA Eligible	Yes	Yes	Yes	Yes	Yes
Plan Name	SimplyBlue Plus Standard Bronze	SimplyBlue Plus Standard Bronze HSA	SimplyBlue Plus Standard Bronze HSA	SimplyBlue Plus Bronze 1	SimplyBlue Plus B
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.
Single	\$355.15	\$357.30	\$351.51	\$343.85	\$326.88

To do this:

- Select your plans in the blue Plan Variable row
- Click '**Compare**' to advance to the detail view page

Now let's look at the Detail view page

Blue on Demand – Detail view

The **detail view** page allows you to view more benefit detail & rate information on selected plans.

On this page you can also click the corresponding links to generate:

Blue On Demand

Product Selector Summary View Detailed View

Rating Region: Syracuse
Version Updated: 10/16/2015

Select Print Summary or select the [Print to PDF](#) icon to print this detailed comparison view.

Plan Variables	Print Summary	Print Summary	Print Summary
Plan ID	78124NY1000153-00 SBC - Summary of Benefits Coverage Application	78124NY1000189-00 SBC - Summary of Benefits Coverage Application	78124NY1000201-00 SBC - Summary of Benefits Coverage Application
Enrollment Code	SDP3	SDQ9	SDX3
Plan Name	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 4	SimplyBlue Plus Bronze 5
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. It does not apply to preventive services or preventive drug fills. Plan includes ExerciseRewards.
Plan Type	Deductible HSA	Deductible HSA	Deductible HSA
HSA Eligible	Yes	Yes	Yes
Quote Effective	01/01/2016 - 03/31/2016	01/01/2016 - 03/31/2016	01/01/2016 - 03/31/2016
Rate (\$)	Small Group	Small Group	Small Group
Subscriber Spouse/Subscriber Child(ren)/Family			
Single	\$338.19	\$320.78	\$361.37

- Print Summary: Rate sheet & a detailed benefit summary
- Summary of Benefits Coverage (SBC)
- Pre-populated Application

Note: Pre-populated fields in the application are plan-specific, be sure you have selected the correct plan when printing enrollment applications. Not applicable to Experience Rated quotes.

Rate sheet


Benefit Summary

We recommend
you always
access these
documents
directly from
Blue on
Demand.

Blue on Demand – Detail view

More Samples:

Enrollment Application

Excelsus  A member of the UnitedHealth Group of Companies

FOR INTERNAL USE ONLY

Policy ID: **FF-00000000000000000000**
 EIC: **EA00**

Group Health Insurance Application/Change Form

- Please print clearly and complete all sections that apply to you.
- Additional instructions are included.
- This application cannot be processed without this information and a signature.

Section 1: Employer Group Information
 This section should be completed by the Group Benefits Administrator.

Medical Group Number (8 digits) _____ Medical Subgroup Number (4 digits) _____ Medical Class Number (4 digits) _____
 Dental Group Number _____ Dental Subgroup Number _____

Employer Name _____ Association/Chapter Name (if applicable) _____

Group Administrator Signature _____ Date _____

Subscriber Status:
☐ New Hire - Date of Hire: ____/____/____
☐ Retiree - Date of Retirement: ____/____/____
☐ COBRA - Effective Date: ____/____/____
☐ Retired - Effective Date: ____/____/____
☐ Cancelled - Effective Date: ____/____/____

Please indicate reason for COBRA if applicable:
☐ Left Employment/Retired ☐ Divorce/Legal Separation ☐ Loss of Student Status ☐ Death of Subscriber
☐ Dependent Reached Max Age ☐ Other: _____

Section 2: Your Information
 This section should be completed by the Subscriber.

Last Name _____ First Name _____ MI _____ Social Security #*** _____
 Birthdate: ____/____/____ Sex: Male ☐ Female ☐

Street Address _____ City _____ State _____ Zip _____
 Mailing Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Email _____

Would you like to receive emails about health & wellness? ☐ Yes ☒ No

Marital Status: ☐ Single ☐ Married ☐ Legally Separated ☐ Divorced/Marital Status Event Date: ____/____/____

Section 3: Subscriber Medical Plan Selection
 Enroll/Re-enroll in the following plan(s):

If enrolling in a Medical plan, who do you need coverage for?
☐ Self Only ☐ Self & Child (ren)
☐ Self & Spouse/Domestic Partner ☐ Family

Effective Date: ____/____/____

APP-2550X (3/1/14) Page 1: Subscriber Initials _____

Summary of Benefits Coverage (SBC)

Excelsus BCBS Healthy Blue HDHP
 A nonprofit independent licensee of the Blue Cross Blue Shield Association

Coverage Period: 10/01/2013-09/30/2014
 Coverage for: Ind/Family Plan Type: HDHP

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at excelsusblue.com or by calling 1-800-499-1275.

Important Questions	Answers	Why this matters
What is the overall deductible?	\$1000 Individual / \$5000 Family Does not apply to Therapeutic Care.	You must pay all the costs up to the deductible amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the deductible starts over (usually, but not always, January 1st). See the chart starting on page 2 for how much you pay for covered services after you meet the deductible.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes, \$5500 Individual / \$11000 Family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for eligible covered services, such as office visits.
Does this plan use a network of providers?	Yes. See www.excelsusblue.com or call 1-800-499-1275 for a list of participating providers.	If you use an in-network doctor or other health care provider, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred, or participating for providers in their network. See the chart starting on page 2 for how this plan pays different kinds of providers.
Do I need a referral to see a specialist?	No. You don't need a referral to see a specialist.	You can see the specialist you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 4 or 5. See your policy or plan document for additional information about excluded services.

Questions: Call 1-800-499-1275 or visit us at excelsusblue.com
 If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the glossary at www.excelsusblue.com or call 1-800-499-1275 to request a copy.

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We recommend you always access these documents directly from Blue on Demand.



See what's in the Resource Center

Blue on Demand – Resource Center

One remaining feature to cover is the **Resource Center** located on the homepage. Here you can access many useful tools to help guide clients and enroll groups and members.

Blue On Demand

Find a Plan

Plan Options For:

☐ Individuals & Families
 ☒ Small Businesses

☐ Experience Rated Business

Product Type:

☒ Medical
 ☐ Dental

Select County: Cortland **- or -** **Enter Zip Code:**

Coverage Start Date: 01/01/2016 - 03/31/2016

Ways to Shop:

☐ Quick Quote
 ☒ Shop & Compare

Package Options:

Dependent Coverage ☒ To Age 26 ☐ To Age 30
 Pediatric Dental Coverage ☒ Yes ☐ No
 Domestic Partner Coverage ☒ Yes ☐ No
 Family Planning Coverage ☒ Yes ☐ No

[Continue](#)

What's New

Update: October 15, 2015

2016 rates for Individual Direct pay plans are now available.

2016 dental rates for small groups are also available.

Explore the new 'Shop by Product Design' feature for experience rated business.

Medical

- [SimplyBlue Plus Product Brochures](#)
- [Individual Metal Level Product Brochures](#)
- [ExerciseRewards Brochures and Resources](#)
- [Mid Sized Business Package Sell Sheets](#)

Dental

- [Dental Blue Options Brochure \(all group sizes\)](#)
- [Learn About Dental Options for Small Groups](#)
- [How do Pediatric Benefits Work?](#)
- [More Dental Resources](#)

Ready to Enroll

- [Small Group Policy Guidelines](#)
- [Mid Sized Group Policy Guidelines](#)
- [Mid Sized Group Enrollment Forms](#)
- [Other Enrollment Forms](#)

Find the resources you need by section:

- **Medical**
- **Dental**
- **Ready to Enroll**

Blue on Demand – Resource Center

Access Small Group & Individual plan brochures by plan design in the **Medical** Section. Here are some examples

SimplyBlue Plus Copay Plan



A copay plan is a type of health insurance plan that offers you predictable out-of-pocket costs for most covered health care services. The plan is designed to meet the needs of individuals and families. You'll have coverage for things like:

- ▶ Hospitalization
- ▶ Maternity and newborn care
- ▶ Urgent care visits
- ▶ Free preventive care
- ▶ Doctor visits
- ▶ Specialty care
- ▶ Prescription drug
- ▶ Laboratory coverage
- ▶ Choice of doctors and hospitals

To help you understand your plan, this brochure provides explanations and examples.

Preventive care can help you avoid getting sick and improve your health. With a copay plan, preventive services such as routine physicals, screenings and vaccinations are covered in full.

For services other than preventive care, you are responsible for paying a flat dollar amount for most medical services, like going to the doctor when you're sick or getting a prescription filled. And since you don't have to meet a deductible first, you pay a copay for most covered services on the first day your coverage begins.

To help with your costs, there is an out-of-pocket maximum that limits how much you have to pay out of your own pocket for health care services each year, not including monthly premiums. If you reach that maximum out-of-pocket amount, your care is covered in full.

Excellus  **National strength. Local focus. Individual care.**

Standard, Non-Standard A & B

Hybrid Plan



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SimplyBlue Plus Deductible Health Plan



Copay,
Coinsurance +
Deductible



Health Savings
Account (HSA)
Eligible Plan



Excellus  **National strength. Local focus. Individual care.**

Excellus  **National strength. Local focus. Individual care.**

Blue on Demand – Resource Center

Access to **ExerciseRewards** brochures and forms in the Medical Section



We all know that regular exercise is important for your provides so many benefits—managing your weight, improving flexibility, and relieving everyday stress. It can also for serious health conditions, such as diabetes and high

With the ExerciseRewards™ program, you can enjoy the and receive reimbursement for your dues. It's fun and easy to Work out at a qualifying fitness facility or exercise center 6-month period within your benefit plan year,² and you'll to \$200 of your membership dues. Plus, if your spouse per the same 6-month period, your spouse will be reimbursed membership dues. It couldn't be easier!



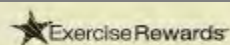
Here's how to get started!

1 Find a facility:

- Choose one from the ExerciseRewards network by going to www.excellusbcbsh.com/exerciserewards or call 877.810.2746 Monday through Friday, 8 a.m. to 6 p.m. Eastern time, OR
- Select a qualified fitness facility not in the network. Qualifying facilities must offer regular cardiovascular, flexibility, and/or resistance training exercise programs, and/or may include instructor-led classes (such as Zumba®, Pilates, "step" classes, yoga, aqua, etc.), must offer a membership agreement, and must have staff oversight. Staff oversight means that during normal hours of operations, the fitness facility has employees that oversee the operations of the facility and attend to members. Fitness facilities within an apartment or hotel that do not have staff oversight are examples of facilities that do not meet this definition.

2 Have your fitness facility complete a Fitness Facility Member Verification Form once each benefit year. This form only needs to be submitted once for each fitness facility.

3 Obtain a copy of your proof of payment showing your name, your fitness facility's name, the payment amount, and the dates for which payment is being applied.



Fitness Facility Member Verification Form

Fill in your full name below, and then have your fitness facility complete the rest of the form. Submit this form with your ExerciseRewards™ Reimbursement Request Form and proof of payment to:

ExerciseRewards, P.O. Box 509117, San Diego, CA 92150-9117

Please be advised that a copy of your fitness facility agreement may be requested.

Last Name First Name M.I.

Fitness Facility Information

Facility Name

Facility Address (Number, Street, Suite)

City County

State ZIP+4

Type of Arrangement

☐ Fitness Facility Agreement

☐ Signed Application

☐ Other - Please Explain

Membership

☐ Individual membership ☐ Family membership - If family membership, list names below

Membership Term

Amount Paid for Membership \$

☐ Month-to-Month Start Date End Date

☐ Annual Membership Start Date End Date

☐ Other Start Date End Date

Fitness Facility Attestation:

I, (fitness facility representative name), confirm that as part of the membership agreement/arrangement with the member listed above, member has accepted liability and risk for use of the fitness facility.

Fitness facility representative signature

Date

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Blue on Demand – Resource Center

Go to the **Ready to Enroll** section to access group enrollment guidelines, Underwriting Documentation and more.....



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Group Implementation Documents

For Group Size 100-300 (group size effective 1/1/2016)

Resources

1. [New & Existing Group Implementation Check List](#)

Required

2. Signed Rate Sheet
 - [Supplemental Address Information Form](#)
3. [Annual Group Information Form \(AGIF\)](#)
 - [Instructions for AGIF](#)
4. [Annual Group Information Form for Medicare Eligible Products](#)
 - [Instructions for Medicare Eligible Products Annual Group Information Form](#)
5. [COBRA Administrative Agreement](#)
6. Group Enrollment Forms – See below, include all that apply
7. FSA Administrator
8. [Eligibility Policy for New Hires](#)
9. [Employer Online Enrollment Fax Back Form](#)
10. [Updated Broker of Record Letter](#)

Recommended

1. [Employer Online Enrollment Fax Back form](#)
2. Certificate of Coverage Run List

Reference Documents

[Commercial Underwriting Guidelines](#) – 2016 Guidelines are Coming Soon.
Contact your account manager with immediate questions.



A nonprofit independent licensee of the Blue Cross Blue Shield Association

Eligibility Policy and Underwriting Documents

For Group Size 2 – 100 (group size effective 1/1/2016)

[Commercial Underwriting Guidelines](#) – 2016 Guidelines are Coming Soon.
Contact your account manager with immediate questions

- [Quick Guide for Small Group Product Eligibility](#)
- [Small Group Enrollment Checklist](#)
- [New Business Underwriting Packet](#)
 - [Instructions for Group Information Form](#)
- [Annual Group Information Form](#)
 - [Instructions for Annual Group Information Form](#)
- [Frequently Asked Questions for Annual Group Information Form](#)
- [Waiver of Group Coverage](#)
- [Employer Religious Exempt Form](#)





Shop by Design
For Experience rated groups

Shop by design

Select "Experience rated" and then "Shop by Design"

Blue On Demand

Find a Plan

Plan Options For:

- ☐ Individuals & Families
 ☐ Small Businesses
 ☒ Experience Rated Business

Product Type:

- ☒ Medical
 ☐ Dental

Ways to Shop:

- ☒ Shop by Product Design
 Recommended for...
 - New business quotes
 - Existing groups that would like to add a plan
- ☐ Shop by Mid-segment Package
 Recommended for...
 - Straight renewals
 - Benefit changes for existing group

Continue

What's New

Update: October 15, 2015

2016 rates for Individual Direct pay plans are now available.

2016 dental rates for small groups are also available.

Explore the new 'Shop by Product Design' feature for experience rated business.

Medical

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- [Individual Metal Level Product Brochures](#)
- [ExerciseRewards Brochures and Resources](#)
- [Mid Sized Business Package Sell Sheets](#)

Dental

- [Dental Blue Options Brochure \(all group sizes\)](#)
- [Learn About Dental Options for Small Groups](#)
- [How do Pediatric Benefits Work?](#)
- [More Dental Resources](#)

Ready to Enroll

- [Small Group Policy Guidelines](#)
- [Mid Sized Group Policy Guidelines](#)
- [Mid Sized Group Enrollment Forms](#)
- [Other Enrollment Forms](#)

Shop by design

There are four easy steps to follow in order to get a quote....

Blue On Demand

[Product Selector](#) > **Experience Rated** Version Updated: 10/14/2015
[\(View Updates\)](#)

Make selections below to begin the quoting process
 1) Save and/or print page as a PDF to confirm selections
 2) Finalize your selections & get a benefit summary pdf file

Step 1: Select Base Design(s) Step 2: Compare Design Details Step 3: Select & Adjust Options Step 4: Confirm & Prepare

*General benefit categories are outlined - see design details for more information

Choose 1 or more designs to compare **Compare**

<input type="checkbox"/> Select All Plans	<input type="checkbox"/> Signature Copay 1	<input type="checkbox"/> Signature Hybrid 1	<input type="checkbox"/> Signature Hybrid 2	<input type="checkbox"/> Sig
Product Design Description	Member pays copays when using the plan for in-network services.*	Practically a traditional copay plans with only inpatient care and outpatient surgery counting toward the deductible. Everything else is covered in-network at a copay.*	All services but primary care and prescription count toward the deductible.	All services apply to the deductible.
High level categories that are subject to the deductible.	None No - Inpatient care No - Outpatient surgery No - Other outpatient No - Primary care No - Labs test No - X-rays No - All other services	Inpatient and Outpatient surgery only Yes - Inpatient care Yes - Outpatient surgery No - Other outpatient No - Primary care No - Labs test/ x-rays No - All other services No - Rx	Inpatient, Outpatient Surgery and other outpatient Yes - Inpatient care Yes - Outpatient care No - Primary care Yes - Labs test Yes - X-rays Yes - All other services No - Rx	All services Yes - Inpatient care Yes - Outpatient surgery Yes - Other outpatient Yes - Primary care Yes - Labs test Yes - X-rays Yes - All other services No - Rx

1. Select a base design
2. Compare designs
3. Select & adjust
4. Confirm and prepare in order to get a quote.

Shop by design – 1. Select base design

Check the boxes to see more details on each designs then hit “Compare”.

Blue On Demand
[Product Selector](#) > **Experience Rated** Version Updated: 10/14/2015
([View Updates](#))

Step 1: Select Base Design(s) Step 2: Compare Design Details Step 3: Select & Adjust Options Step 4: Confirm & Prepare

*General benefit categories are outlined - see design details for more information

Choose 1 or more designs to compare **Compare**

<input type="checkbox"/> Select All Plans	<input checked="" type="checkbox"/> Signature Copay 1	<input checked="" type="checkbox"/> Signature Hybrid 1	<input type="checkbox"/> Signature Hybrid 2	<input type="checkbox"/> Signature Hybrid 3
Product Design Description	Member pays copays when using the plan for in-network services.*	Practically a traditional copay plans with only inpatient care and outpatient surgery counting toward the deductible. Everything else is covered in-network at a copay.*	All services but primary care and prescription count toward the deductible.	All services but primary care and prescription count toward the deductible.
High level categories that are subject to the deductible.	None No - Inpatient care No - Outpatient surgery No - Other outpatient No - Primary care No - Labs test No - X-rays No - All other services	Inpatient and Outpatient surgery only Yes - Inpatient care Yes - Outpatient surgery No - Other outpatient No - Primary care No - Labs test/ x-rays No - All other services No - Rx	Inpatient, Outpatient Surgery and other outpatient Yes - Inpatient care Yes - Outpatient care No - Primary care Yes - Labs test Yes - X-rays Yes - All other services No - Rx	All services but primary care and prescription count toward the deductible.

Shop by Design – 2. Compare Designs

Step 1: Select Base Design(s)

Step 2: Compare Design Details

Step 3: Select & Adjust Options

Step 4: Confirm & Prepare

Select a Plan →

☐ Signature Copay 1

☐ Signature Hybrid 1

**Product Design
Description**

Member pays copays
when using the plan for in-
network services.*

Practically a traditional
copay plans with only
inpatient care and
outpatient surgery counting
toward the deductible.
Everything else is covered
in-network at a copay.*

**High level categories that
are subject to the
deductible.**

None
No - Inpatient care
No - Outpatient surgery
No - Other outpatient
No - Primary care
No - Labs test
No - X-rays
No - All other services

Inpatient and Outpatient
surgery only
Yes - Inpatient care
Yes - Outpatient surgery
No - Other outpatient
No - Primary care
No - Labs test/ x-rays
No - All other services
No - Rx

+ Plan type	Copay	Hybrid
First Dollar Coverage	Yes	Yes
In-network deductible applies	No	Yes
Out-of-network deductible applies	Yes	Yes
Potential to be HSA qualified	No	No
Out of pocket maximum applies - In-network	Yes	Yes
Out of pocket maximum applies - Out-of-network	Yes	Yes
Rx is integrated with the	No	No

Click on the
accordion to
see more
information
about each
design.

Shop by Design – Select & Adjust

Blue On Demand
[Product Selector](#) > [Experience Rated](#) Version Updated: 10/14/2015
[\(View Updates\)](#)

Step 1: Select Base Design(s) Step 2: Compare Design Details **Step 3: Select & Adjust Options** Step 4: Confirm & Prepare

CURRENT SELECTION

Product Design	Signature Copay 1	Plan Type	Copay
Design ID	159		
Product Classification	PPO		

COST SHARE

Out-of-Network Deductible:	\$500
Out-of-Pocket Maximum:	\$4200
Primary Care Copay:	\$25
Specialist Copay:	\$40
In-Network Coinsurance:	0%
Out-of-Network Coinsurance:	20%
Inpatient Copay:	\$500
Outpatient Copay:	\$250
Emergency Room Copay:	\$250
Urgent Care Copay:	\$40

IN-NETWORK PRESCRIPTION DRUG COVERAGE

RX	\$5/\$35/\$70
----	---------------

OPTIONAL PACKAGE SELECTIONS

Acupuncture	Not Covered
Eye Exam	Not Covered
Eye Wear	Not Covered

WELLNESS

Incentive	None
-----------	------

Confirm

- Select the drop-down to select and adjust the options as desired.
- Select confirm once final benefit selections have been made.

Shop by Design – Confirm & Prepare

Blue On Demand

[Product Selector](#) > **Experience Rated**

Version Updated: 10/14/2015

[\(View Updates\)](#)

Make selections below to begin the quoting process

1) Save and/or print page as a PDF to confirm selections

2) Finalize your selections & get a benefit summary pdf file


Step 1: Select Base Design(s)

Step 2: Compare Design Details


Step 3: Select & Adjust Options

[Step 4: Confirm & Prepare](#)

Product Design Plan Type	Signature Copay 1 Copay	Design ID	159
		Product Classification	PPO
Out-of-Network Deductible	\$500	Prescription Drug Coverage	\$5/\$35/\$70
Out-of-Pocket Maximum	\$4200	Acupuncture	Not Covered
Primary Care Copay	\$25	Eye Exam	Not Covered
Specialist Copay	\$40	Eye Wear	Not Covered
In-Network Coinsurance	0%	Incentive	None
Out-of-Network Coinsurance	20%		
Inpatient Copay	\$500		
Outpatient Copay	\$250		
Emergency Room Copay	\$250		
Urgent Care Copay	\$40		
Covered therapies	45 visits per contract year		
Skilled nursing	45 days per contract year		
Domestic Partner	Covered		

 [Print Package Request](#)

To begin the quoting process with the selection made above, please Print Package Request and submit the file to your sales consultant.


 [Print Benefit Confirmation](#)

You can also print a Benefit Confirmation for your records.

- Select “Print Package Request” to print a PDF that can be emailed to you Account Consultant.
- Select “Print Benefit Confirmation” to print highlights of the design selected and the option selected.

Shop by Design – Printable documents

Example Print Package Request PDF




Version Updated: 10/14/2015

Product Design Plan Type	Signature Copy 1 Copay	Design ID	Product Classification
Out-of-Network Deductible	\$500	159	PPO
Out-of-Pocket Maximum	\$4200		
Primary Care Copay	\$25		
Specialist Copay	\$40		
In-Network Coinsurance	0%		
Out-of-Network Coinsurance	20%		
Inpatient Copay	\$500		
Outpatient Copay	\$250		
Emergency Room Copay	\$250		
Urgent Care Copay	\$40		
Covered therapies	45 visits per contract year		
Skilled nursing	45 days per contract year		
Domestic Partner	Covered		

Prescription Drug Coverage	Acupuncture	Eye Exam	Eye Wear	Incentive
\$5/\$35/\$70	Not Covered	Not Covered	Not Covered	None

This document is submitted to your Account Service Representative get a quote.

Example Benefit Confirmation PDF



Version Updated: 10/14/2015

Signature Copay Design

Member pays copays when using the plan for in-network services.

Package Selection	Primary Care Physician Services	Specialist Physician Services	Urgent Care Services	Emergency Room Services	Outpatient Surgery	Inpatient Services	Skilled Nursing	Home Health	Prescription Drug	Other Package Selections
Covered in Full - No copay	•	•	•	•	•	•	•	•	•	45 visits per contract year
Subject to Deductible	•	•	•	•	•	•	•	•	•	45 visits per contract year
PCP Copayment	\$25	•	•	•	•	•	•	•	•	45 visits per contract year
Specialist Copayment	\$40	•	•	•	•	•	•	•	•	45 visits per contract year
Coinurance Applies	0% / 20%	•	•	•	•	•	•	•	•	45 visits per contract year
Out-of-Pocket Maximum	\$4200	•	•	•	•	•	•	•	•	45 visits per contract year
Urgent care Copayment	\$40	•	•	•	•	•	•	•	•	45 visits per contract year
Emergency Room Copayment	\$250	•	•	•	•	•	•	•	•	45 visits per contract year
Inpatient Copayment	\$500	•	•	•	•	•	•	•	•	45 visits per contract year
Outpatient surgery copayment	\$250	•	•	•	•	•	•	•	•	45 visits per contract year
Prescription drug cost share	\$5/\$35/\$70	•	•	•	•	•	•	•	•	45 visits per contract year

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity.

Services performed by a Primary Care Physician. Services can include Office Surgery, Diagnostic Office Visits, Office & Outpatient Consultations, Allergy Testing, Allergy Treatment, Treatment of Diabetes (Insulin & Supplies, Diabetic Education, and Diabetic Equipment).

For covered Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act refer to the United States Preventive Services Task Force list of items and services titled "A" or "B".

The following services apply unique cost shares that are not represented in the chart, please refer to your full benefit summary for details. Including: Urgent Care for Standard plans, Emergency Services including Ambulance, outpatient surgery services, covered therapies for Standard plans and prescription drug fills.

Other Package Selections	45 visits per contract year
Covered Therapies	45 visits per contract year
Skilled Nursing	45 visits per contract year
Dep to Age 20	Not Covered
Acupuncture	Not Covered
Eye Exams	Not Covered
Eye wear	None
Incentive	None

This document can be kept for your/your clients records that show the high level benefits and cost share selected for each.

Thank you. We hope you found this guide helpful.

Please contact your Broker or an Account Service representative for further assistance.



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