



Excellus BlueCross BlueShield

Important Information About Our System Upgrade



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Your Guide to the System Upgrade

As a valued customer, your company will soon experience the many benefits of our system upgrade. This booklet will help you understand the changes that will take place and ensure an effective and smooth transition to the new system.

The system upgrade will provide you with a higher level of service, including faster and more accurate claims processing, increased flexibility, and enhanced self-service tools that will improve your overall experience with Excellus BlueCross BlueShield.

Please take a few moments to read through this booklet and familiarize yourself with the benefits of our system upgrade.

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Timeline for System Upgrade

The grid below shows the timing of events that are relative to your group moving to the new claims processing and membership system. This timeline applies to community and experience-rated groups.

General Timeline of Events	
3 weeks prior to Effective Date	Group and member enrollment information moved to the new claims processing system
2 - 3 weeks prior	Letter mailed to subscribers, explaining that they will receive new member ID cards with new ID numbers
1 - 2 weeks prior	New ID cards mailed to subscribers; invoices from new system mailed to groups
Effective Date	Effective date of new member ID numbers - new system live
1 month after	Employees with claims activity receive first Monthly Health Summary

For the latest news regarding the system upgrade, please go to:

Brokers: excellusbcbs.com/broker/systemupgrade

Employers: excellusbcbs.com/employer/systemupgrade

System Upgrade Changes

1. New Group and Subgroup Number

One of the first items that will be different in the new system is the new schematic - your **group number will be eight digits long** instead of up to seven digits long as it currently is. Your group number will appear on your premium bills, and you'll use it for electronic and Web enrollment activity.

- Subgroup numbers will be four digits long.
- Our goal is to have a majority of enrollment activities submitted through the standard electronic format (ANSI 834), a "lite" version of ANSI 834, or the Web by January 2011.

For more information about Web-based enrollment tools, please e-mail our eOutreach team at eoutreach@excellus.com or contact your Account Consultant.

2. New Class/Plan Concept

In order for your group to be set up effectively in the new system, we may ask you to provide a higher level of information than was required in the past. Your Account Consultant may contact you for this specific information if necessary. The information required will include:

Group information = Legal name of organization

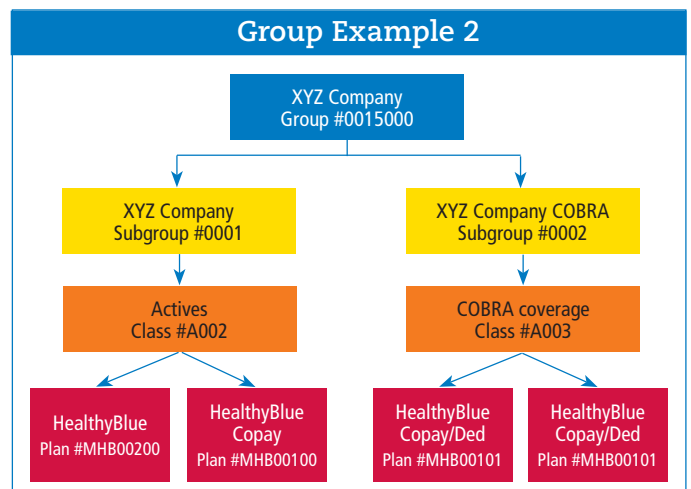
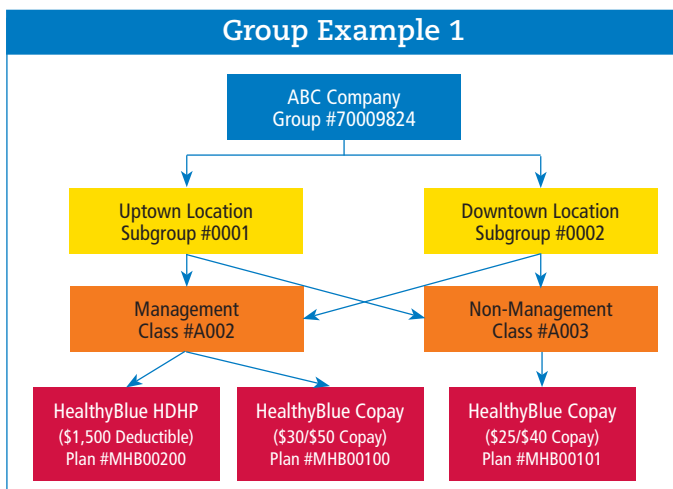
Subgroup information = Location or division (most of the same information collected at the group level will be collected at the subgroup level, e.g., address, phone, e-mail, contacts, etc.)

***Class information** = Method or classification regarding how benefits are offered or administered.

* Examples of standard classes: all active employees, hourly/salary, management/non-management, union/non-union, full-time/part-time, retiree non-Medicare eligible, retiree Medicare eligible

Group Structure on the New System - Overview

Group	Legal name for the employer	Will ensure compliance
Subgroup	Reflects location and/or division differences (may have more than one)	Billing will be based at the subgroup level for ease of use and reporting and will also be used to distinguish COBRA
Class	A unique population that is offered a set of benefit options	This new feature will allow maximum flexibility in how your group is structured
Plans	Reflects products (plans) selected	The health products (plans) offered to employees




New Look for Premium Bills

Premium bills will include the additional information collected during the enrollment process. You will see your group number, the product identifiers, and subscriber identification numbers.

Below is an example of an employer group premium bill.

Important: If your company offers multiple products in addition to the products listed in the letter accompanying this booklet, you will temporarily receive separate bills - one bill for the plans on the new system and one bill for any other plan. If you have dental coverage with Excellus BCBS, you will continue to receive a separate bill. As more products move to the new system consolidated billing will be possible. There may be slight differences in the bills generated from the new system since it accommodates fluctuations in the number of days in the months (whereas the current system is based on a 30-day billing month).

 <p>165 Court Street Rochester, NY 14617</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc;">Group ID - Subgroup ID</td> <td style="background-color: #cccccc;">Date Billed</td> </tr> <tr> <td>00004000 - 0001</td> <td>09/29/2009</td> </tr> <tr> <td style="background-color: #cccccc;">Billing Period</td> <td style="background-color: #cccccc;">Date Payment Due</td> </tr> <tr> <td>10/05/2009 - 11/04/2009</td> <td>10/05/2009</td> </tr> <tr> <td colspan="2" style="text-align: right; background-color: #cccccc;">Invoice #</td> </tr> <tr> <td colspan="2" style="text-align: right;">000000003116</td> </tr> </table>	Group ID - Subgroup ID	Date Billed	00004000 - 0001	09/29/2009	Billing Period	Date Payment Due	10/05/2009 - 11/04/2009	10/05/2009	Invoice #		000000003116					
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<p>This bill includes all payments and subscriber additions, changes and terminations processed as of 09/29/2009. Please pay as billed.</p>																	
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<p>Reminder: Adjustments to refund premiums will be made retroactively no more than 30 days from the current billing cycle.</p>																	
<p>DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT</p> <p>Do not send any correspondence with your payment</p> <p>Please include all remittance stubs when submitting payment</p>																	
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00004000	0001	10/05/2009	\$XXX	10/05/2009 - 11/04/2009													
<p>Make Check Payable To:</p> <p>Excellus Health Plan - Group P.O. Box 4724 Syracuse, NY 13321-4724</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #cccccc; text-align: center;">Amount Enclosed</td> </tr> <tr> <td style="text-align: center; font-size: 24px;">\$</td> </tr> </table>	Amount Enclosed	\$														
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Changes Your Employees Can Expect

1. New ID Numbers/Cards for Medical and Drug Coverage



Your employees will receive new member identification numbers (with a new prefix) and new plastic ID cards. The new member ID numbers will provide an enhanced level of security, and the plastic ID cards will be more durable than paper ID cards.


Shortly after enrollment, each subscriber will receive a letter of eligibility containing his/her new member ID number and the effective date. The actual member ID cards will be mailed separately; subscribers are asked to keep their letter of eligibility with them until their membership ID cards arrive in the mail. See below for a sample of the member ID card.

Members must present their new ID card every time they receive health care services, including pharmacy services.

Members who use online pharmacies, online medical/drug profiles and/or have automatic refills must inform their pharmacy of their new ID number in order to avoid any disruptions in service.

New Member ID Card Sample

		HealthyBlue	
Member Name LAST NAME, FIRST NAME		You are enrolled in a PPO product. Dependents are not listed on PPO ID cards.	
Member ID VYI <9-digit ID#>		No referrals are required.	
BIN	610475	Plan	PPO
PCN	FLRX	PCP Copay	\$XX
Effective Date	xx/xx/xx	Specialist Copay	\$XX
Plan Code	302/802	Emergency	\$XXX
00017001234			

www.excellusbcbs.com Customer Service: 1-800-499-1275 Pharmacy Benefit: 1-800-724-5033 Prior Authorization: 1-800-363-4658	Excelsus BlueCross BlueShield PO Box 22999 Rochester, NY 14692 A nonprofit independent licensee of the BlueCross BlueShield Association
Prior Authorization Requirements Certain services require prior authorization. Please visit our Web site or call the number at the right to confirm if a service requires prior authorization.	
Hospital or physicians: file claims with local BlueCross and/or BlueShield Plan.	
 Pharmacy benefits administrator	

Single and family subscribers will receive two ID cards. Members who would like additional cards can go to “My Account” in the “For Members” section of our Web site excellusbcbs.com, or use the Web chat feature, or call Customer Service at the number listed on the back of their ID card.

2. New Monthly Health Summary for Members

For easier record-keeping on claims and services, we are pleased to introduce a new Monthly Health Summary for members on the new system. The Monthly Health Summary will be an easy-to-read record of the claims processed for each member of the subscriber’s family during the respective month and will replace most Explanations of Benefits (EOBs) that are currently sent every time a medical service claim is processed. See the sample Monthly Health Summary on page 6.

Please Note:

- As an additional service, all Explanations of Benefits will be available for subscribers, including custodial parents, to print from the Web site by using the “View Electronic Documents” feature.
- EOBs for all claims will still be available to subscribers upon request and Excellus BCBS will continue to send EOBs for some claims (for example, when the subscriber receives a check).
- If a claim is adjusted within the same month as the original claim, only the final outcome will show on the Monthly Health Summary. If the adjustment crosses several months, the original and the adjustment will show on the summary.

The summary will provide a snapshot of the family’s claims and information to help members better manage health care resources. For any situation where there’s an alternate address on file, the health summaries will be redirected to the Customer Advocate Unit, which will print the Explanations of Benefits for each claim and send them to the appropriate address.

Health Summary Sample



4
JOHN Q. MEMBER
 123 MAIN ST.
 SYRACUSE, NY 13219

STATEMENT PERIOD

January 1, 2010 - January 31, 2010

THIS IS NOT A BILL

This summary information is for claims processed for all members covered under the Member ID indicated.

YOUR PROFILE

Member John Q. Member

Member ID 200000003

Members Covered

John Q. Member



My Benefits for In-Network Services

Benefit Period January 1, 2010 - December 31, 2010

Copayments and Coinsurance

Office Visit - PCP \$15.00

Office Visit - Specialist \$25.00

Definitions

Here are a few definitions of frequently used health care terms for your convenience.

Copay - A dollar amount due at the time you receive certain services. A typical example would be an office visit copay due when visiting your physician's office for treatment.

Allowed Amount - The maximum amount your health plan will pay for a specific service. In-network providers agree to accept the allowed amount as payment in full.

Coinsurance - A cost-sharing method that requires you pay a portion of the allowed amount for certain medical services.

Deductible - A set dollar amount you pay for covered services you receive before your insurer will make a payment.

Out-of-pocket Maximum - The maximum amount of deductible and coinsurance payments that you will pay for health services each calendar year.

Online Services

Check out these services that are available through our website below.

Blue 365
 Exclusive discounts on health-related products and services, with trusted brands like Gold's Gym®, Jenny Craig® and Curves®.

Find an Urgent Care Center
 When a non-emergency medical issue doesn't require an Emergency Room visit or if you can't get in to see your physician, you can visit an Urgent Care Center and get the care you need.

stepUP
 Free fitness and nutrition program with StepUp that makes it easy and fun to track your health goals.

Search
 6,000+ Health Topics
Your Online Health Resource
 Answers to your health questions online with info on 6,000 health topics such as lower back pain, questions to ask your Doctor, how to treat a bee sting, and more.

excellusbcs.com

1 of 2

HSUMFIN3



Year To Date Claim Activity for John Q. Member

Relationship to Subscriber: Policyholder

MEMBER RESPONSIBILITY

Totals - Claims Processed during:	Provider Charged	Allowed	Other Insurance	Paid	Not Covered	Deductible	Copay	Coinsurance
January	\$457.16	\$167.19	\$0.00	\$167.19	\$0.00	\$0.00	\$0.00	\$0.00
2010	\$457.16	\$167.19	\$0.00	\$167.19	\$0.00	\$0.00	\$0.00	\$0.00

Medical Services Claim Activity for John Q. Member

Relationship to Subscriber: Policyholder

Claim Number E00003496900

Provider May Bill You: \$0.00

Provider (Network) Lab Alliance of CNY (In-network)

Claim Level Explanation

MEMBER RESPONSIBILITY

Date(s) of Service	Description of Service	Provider Charged	Allowed	Other Insurance	Paid	Not Covered	Deductible	Copay	Coinsurance	Remarks
12/22/2009 - 12/22/2009	Laboratory	\$33.41	\$12.55	\$0.00	\$12.55	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$35.63	\$15.91	\$0.00	\$15.91	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$45.61	\$16.18	\$0.00	\$16.18	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$40.93	\$16.02	\$0.00	\$16.02	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$32.74	\$10.38	\$0.00	\$10.38	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$21.05	\$7.69	\$0.00	\$7.69	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$40.93	\$17.45	\$0.00	\$17.45	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$100.78	\$34.48	\$0.00	\$34.48	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$39.45	\$17.32	\$0.00	\$17.32	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$31.58	\$11.53	\$0.00	\$11.53	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$23.39	\$7.68	\$0.00	\$7.68	\$0.00	\$0.00	\$0.00	\$0.00	PDC
12/22/2009 - 12/22/2009	Laboratory	\$11.66	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Total	\$457.16	\$167.19	\$0.00	\$167.19	\$0.00	\$0.00	\$0.00	\$0.00	

Remarks

Explanation
 PDC The charge exceeds the allowable amount for this service

Suspect Claims Fraud?

Join the fight against health care fraud. If you suspect fraud is occurring, such as false or altered claims being submitted or services being billed which were not provided, call the Special Investigations Unit Hotline at 1 (800) 378-8024. All calls will be kept confidential.

Questions & Answers

Q. Will all of our employees move to the new system at the same time?

- A. Only those employees who choose the products listed in the letter will move to the new system. If your company only offers one or a combination of these products, then your employees will move to the new system at the same time. However, if your company offers one of our other health insurance products, such as Blue Choice or Excellus BluePPO, those members will remain on our current system.

Over the next two to three years, our entire product portfolio will move to the new system; you will be notified in advance when that happens.

Q. How is our billing affected if we offer other products in addition to the products listed on the letter?

- A. Until we move all products to the new system, you will receive two invoices for your medical products. If you have dental coverage with Excellus BCBS, you will continue to receive a separate invoice.

Q. We use Web enrollment services for member enrollments. Will this be affected by the move to the new system?

- A. You will be able to continue using Web enrollment to manage your member enrollments. To ensure the accuracy of the information, you will be asked to provide the new group number, the new subgroup number, and the "class" of employee. See page 3 of this document for more details.

Q. Will our employees' access to HealthyRewards® be disrupted?

- A. The Web site may occasionally be inaccessible for a short period of time for maintenance, but this will take place during non-peak hours. There will be no effect on dividends during these maintenance periods.

Q. Will retirees on Medicare be moved to the new system?

- A. Retirees over age 65 who have Medicare as their primary medical insurance coverage will not move to the new system at this time, but we expect to start moving Medicare business to the new system in 2011.

Q. Will there be any differences in how the new system calculates the amount we're billed?

- A. Yes. It accommodates fluctuations in the number of days in each month, whereas our current systems calculate bills based on a standard 30-day month. As a result, you may see slight differences in the amount your group is billed.

Q. Where can we go for the latest news on the system upgrade?

- A. A Web page has been created for updates.

If you are a broker, go to excellusbcbs.com/broker/systemupgrade

If you are an employer, go to excellusbcbs.com/employer/systemupgrade

What Will NOT Change

Service You Can Rely On

The same great service you receive today will be available as we move to the new system. With our system upgrade, we will provide additional capabilities, such as online bill reviews to enhance your experience.

Benefits That Meet Your Needs

The benefits you choose for your employees will remain the same, with all of the same great features, such as coverage wherever you go, more doctors and hospitals to choose from, exclusive discounts on health-related products and services through Blue365, and many other resources for a healthy workforce.



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