BLUE ON DEMAND SHOPPING GUIDE

EXPERIENCE RATED, SMALL INDIVIDUALS & FAMILIES



Everybody Benefits

A nonprofit independent licensee of the Blue Cross Blue Shield Association





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SHOP SMALL BUSINESS

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SHOP INDIVIDUALS & FAMILIES

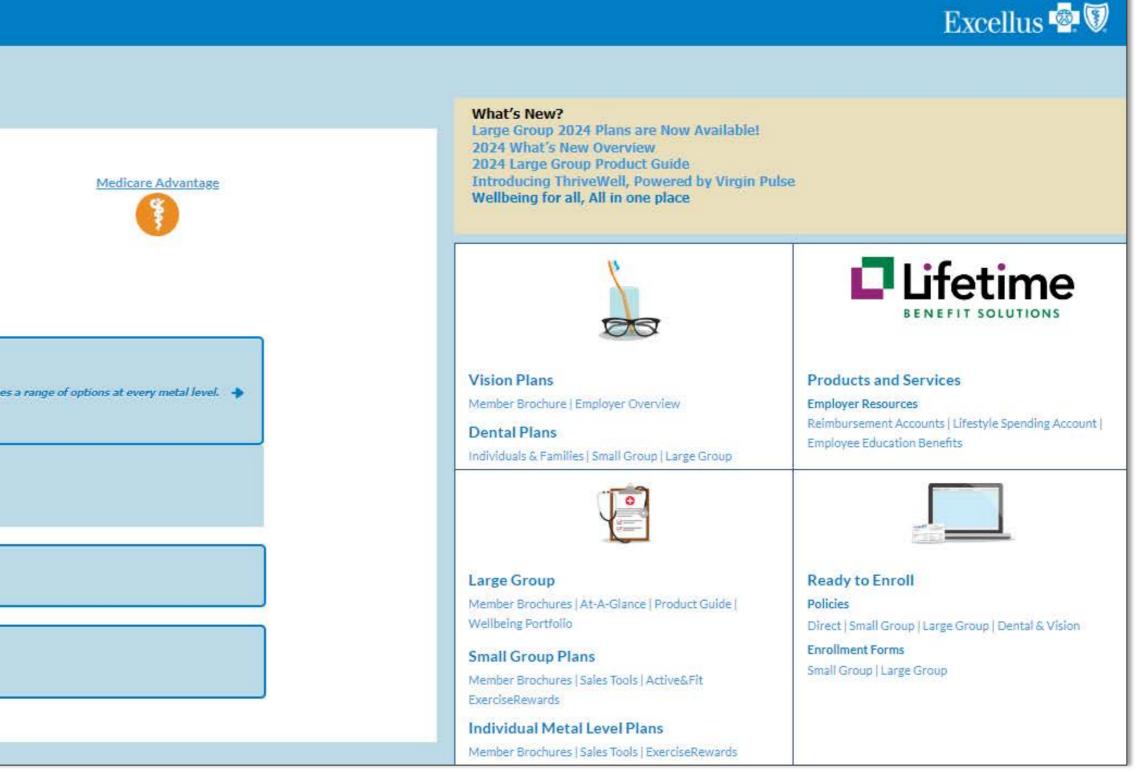
Shop by Medical Plans Blue on Demand Features

SHOP ADMINISTRATIVE SERVICES Administrative Services Lifetime Benefit Solutions



GETTING STARTED This is the Homepage. The tab you choose here drives your plan selection throughout Blue on Demand

| Blue on Dem | and | | | | |
|------------------------|--|---------------------------------------|--------------|--|--|
| Individuals & Families | Small Businesses | Experience Rated Business | Vision Plans | | |
| | | lical | De | ntal Select County ▼ – or Select Start D | |
| | Shop by Mee | lical Plans e all medical plans. 🔸 | | | Shop by Preferred Packages |
| | Recommended f Groups who wan New groups shop | to renew their current plans | | | Recommended for Renewing groups looking for a change New groups who want fast and easy shopping |
| | Get a Quick | Quote Enter Enrollment Code, | HIOS ID | | |
| | Build my Ap | Dication , Dental, and Vision. | | | |
| | | | | | |



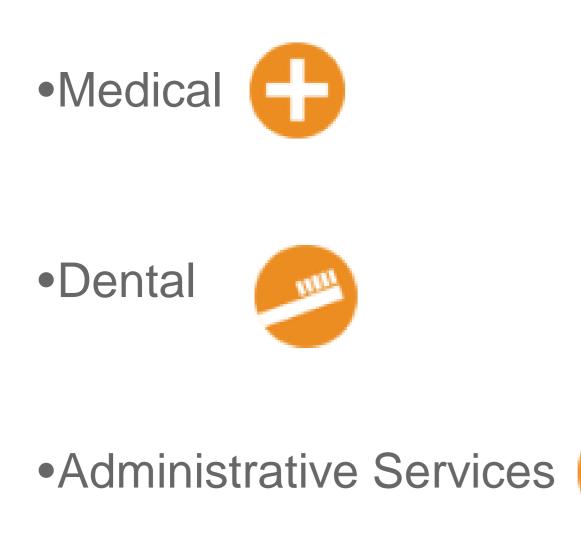
Shop Experience Rated Medical Business

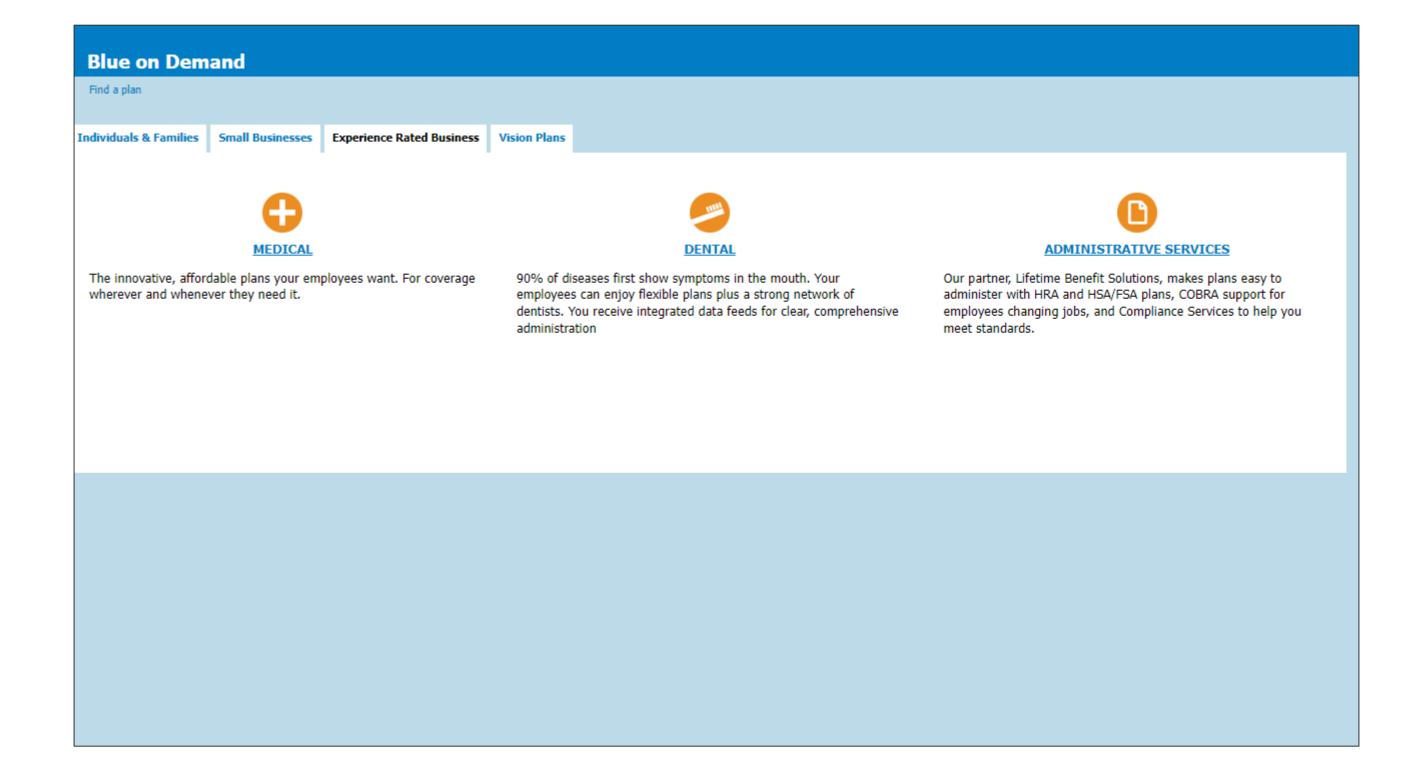
Confidential – Do Not Distribute

3

GETTING STARTED

When you select Experience Rated Business you can click to shop:









SHOP BY PRODUCT DESIGN

If you select Medical, choosing the Shop by Product Design option will allow you the ability to compare our most popular PPO designs and customize benefit options for your group:

| Blue on Deman | d | | |
|-----------------|--|---------------------------|---------------------------|
| Find a plan | | | |
| Individuals & F | amilies | Small Businesses | Experience Rated Business |
| | Shop by Product Design Compare base designs and | customize for your group. | * |
| | Recommended for • New business quotes (lookin • Existing groups that would lin • Groups looking for specific of | ke to add a plan | |
| | | | |







CUSTOMIZE YOUR PACKAGE

- 1. Choose the **Product Design**: Signature Copy, Deductible, or Hybrid; or Blue Simplicity 1 or 2
- 2. Select member **cost share**, **limits** coverage options, as well as optional package selections for the quote based on the group's request. Other options may be available. Contact your Sales Representative for more details.
- 3. Click on **Print Package Request.** A Print Package Request will generate a PDF that can be emailed to your Account Service Representative.













| Blue on Den | nand | | | |
|--------------------------------------|------------------|----------------------------|---------------------------------|--|
| | | version updated: 07/(| 01/2023) | |
| BLE | BLENDED | BALANCED | VALUE MAXIMIZING | |
| o beain the auotina | process with you | r selected package, click | Print Package Request and subr | nit the file to your sales consultant. |
| PRINT PACKAGE RE | | | | , |
| | | Signature Copay 1 | | |
| RENT SELECTION | | Signature Copay 1 | | |
| uct Design | • | Signature Copay 1 | ~ | |
| Туре | | Copay HRA & FSA Options | | |
| uct Classification | | PPO | | |
| LEVEL SUMMAR | Y | | | |
| is Do Not Apply To This | s Plan | | | |
| DETAIL SUMMA | RY | | | |
| T SHARE | | | | |
| of-Network Deductible | | Single: \$500 🗸 | Family: 2X Single 3X Single | |
| etwork Out-of-Pocket | Maximum: | Single: \$4200 | Family: 🗌 2X Single 🛃 3X Single | : |
| uctible & Out-of-Pocket regation: | t Maximum | Individual 💙 | | |
| ary Care Copay: | | \$25 🗸 | | |
| ialist Copay: | | \$40 🗸 | | 2 |
| of-Network Coinsurand | ce: | 20% | | |
| tient Copay: | | \$500 🗸 | | |
| atient Copay: | | \$250 🗸 | | |
| rgency Room Copay: | | \$250 ¥ | | |
| ent Care Copav: | | \$40 🗸 | | |

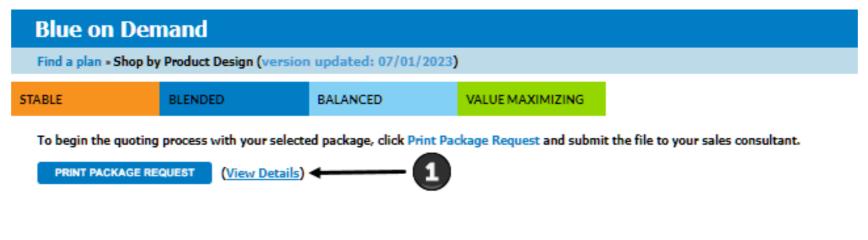




VIEW DETAILS

To see additional detail about the design and how it works:

1. Select **View Details** at the top of your current selection screen.

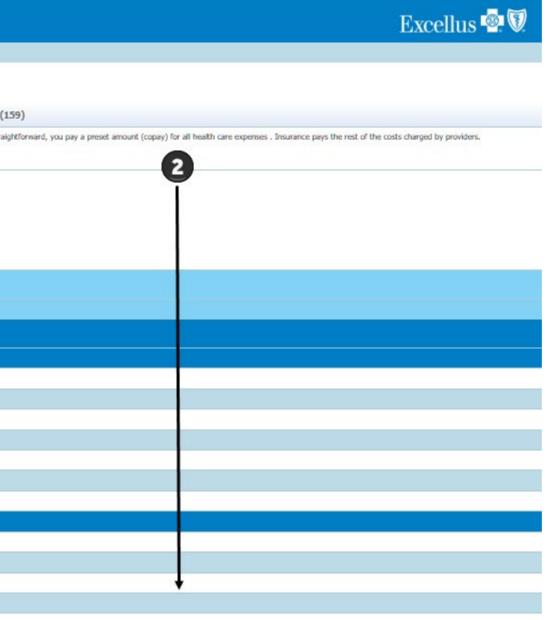


2. Then, scroll down to see more information about each design.

| Blue on Demand |
|----------------|
|----------------|

Find a plan » Shop by Product Design (version updated: 07/01/2

| Compare To: + Signature Copay 1 | Signature Copay 1 (|
|---|---|
| Product Design Description | It is a predictable plan - Stra |
| 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 |
| C LEVEL SUMMARY | |
| Levels Do Not Apply To This Plan | |
| Contract Summary | |
| Plan type | Copey |
| First Dollar Coverage | Yes |
| In-network deductible applies | No |
| Out-of-network deductible applies | Yes |
| Potential to be HSA qualified | No |
| Out of pocket maximum applies - In-network | Yes |
| Out of pocket maximum applies - Out-of-network | Yes |
| Rx is integrated with the medical deductible | No |
| Services that are subject to the deductible | Medical only |
| Inpatient care subject to the deductible | No |
| Outpatient surgery | No |
| All outpatient | No |
| Primary care subject to the deductible | No |
| Lab tests | No |







QUOTING MEDICAL

• To begin the quoting process with your package, click Print Package Request.

• Next, submit the file to your Account Sales Consultant for further action.

| Blue on | Demand | | | | |
|------------------------------------|---------------------------|-------------------------|----------------------|-------------------------|------------------------|
| Find a plan » | Shop by Product Design (| version updated: 07/0 | 1/2023) | | |
| STABLE | BLENDED | BALANCED | VALUE MAX | | |
| To begin the o | quoting process with your | selected package, click | Print Package Reques | t and submit the file t | o your sales consultar |
| | AGE REQUEST | | | | |
| | | - | | | |
| | | Signature Copay 1 | | | |
| CURRENT SELECTI | ON | | | | |
| Product Design | | Signature Copay 1 | ~ | | |
| Plan Type | | Сорау | | | |
| | | HRA & FSA Options | | | |
| Product Classificat | ion | PPO | | | |
| C LEVEL SU | MMARY | | | | |
| Levels Do Not Appl | y To This Plan | | | | |
| DETAIL S | UMMARY | | | | |
| COST SHARE | | | | | |
| Out-of-Network De | eductible | Single: \$500 🗸 | Family: 2X Single | 🗹 3X Single | |
| To-Network Out-of | -Pocket Maximum: | Single: \$4200 V | Family: 2X Single | 3X Single | |
| | | * 12.00 * | Carrier Character | | |
| Deductible & Out-o Aggregation: | of-Pocket Maximum | Individual 🗙 | | | |
| Primary Care Copa | y: | \$25 🗸 | | | |
| Specialist Copay: | | \$40 🗸 | | | |
| Out-of-Network Co | úneuroneo: | 2006 | | | |





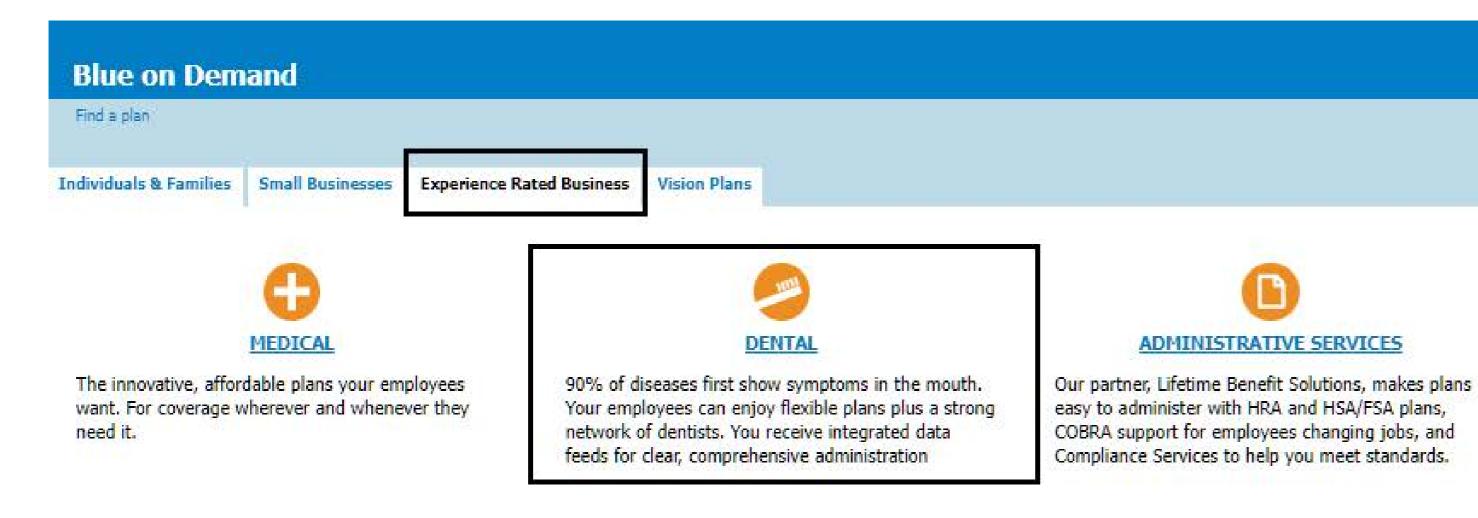
Shop by Design for Dental Experience Rated Business

Confidential – Do Not Distribute

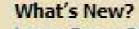


GETTING STARTED

To get started, select **Dental** under the **Experience Rated Business** tab.



Excellus 🗟 🗑



ADMINISTRATIVE SERVICES

Large Group 2024 Plans are Now Available! 2024 What's New Overview 2024 Large Group Product Guide Introducing ThriveWell, Powered by Virgin Pulse Wellbeing for all, All in one place



Vision Plans Member Brochure | Employer Overview

Dental Plans Individuals & Families | Small Group | Large Group



Products and Services

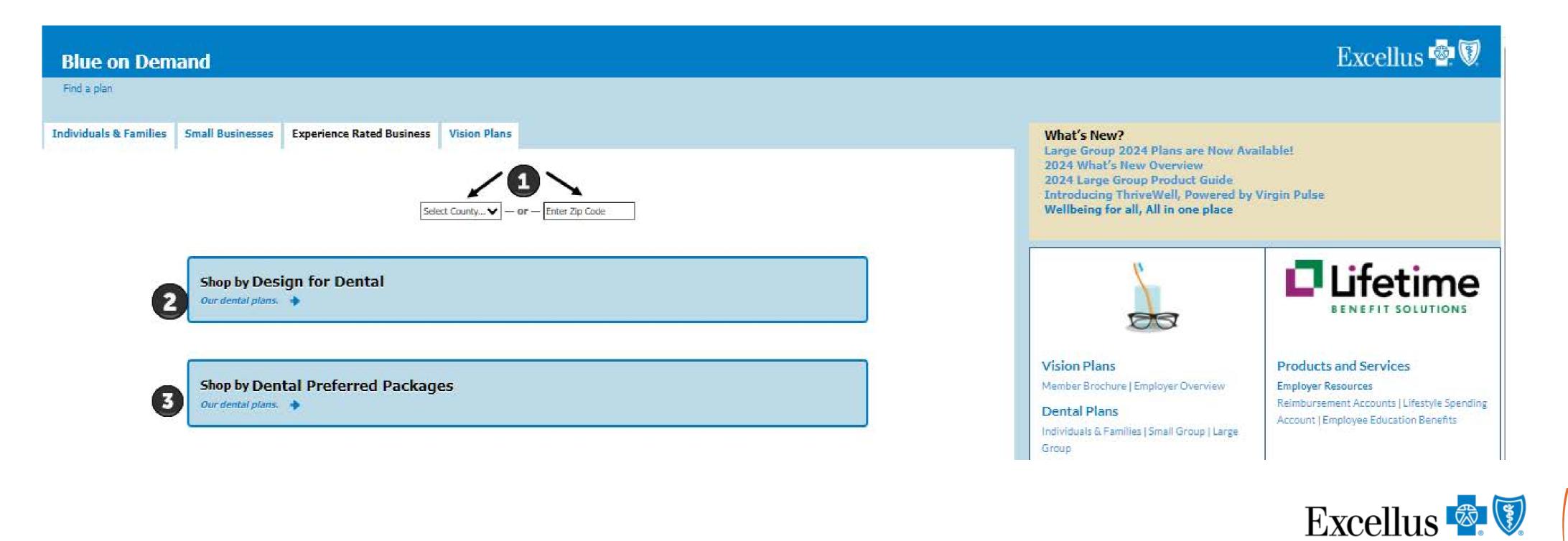
Employer Resources Reimbursement Accounts | Lifestyle Spending Account | Employee Education Benefits





DENTAL DESIGN NAVIGATION

- 1.
- **Preferred Packages**"



Use the drop down menu to select a county **OR** enter a valid zip code for the insurance region

2. Click the "Our dental plans" link under "Shop by Design for Dental" OR under "Shop by Dental



DENTAL SHOP BY DESIGN EXPERIENCE

group's needs, suggesting beneficial options you may not have considered.

Shop by Design allows you to:

- Conveniently shop with your clients on a smartphone or tablet
- Design custom plans ranging from starter setups to comprehensive designs
- Quickly identify options that will save your clients money
- Surpass expectations with a dental plan that checks all the boxes

Our Dental Shop by Design experience allows you to build a dental plan that best fits your





SHOP BY DESIGN DENTAL **CUSTOMIZE YOUR DENTAL PACKAGE**

The system will ask you to make selections from our Dental Blue options. You'll then customize your package by making selections regarding:

- Group Information Network
- Deductible & Annual Maximum
- **Benefit Information**
- Orthodontics

Blue on Demand

GROUP INFOR

Group Name

Effective Date

Number of Elig

Tier Structure

Plan Period

Domestic Partn

ependent/St

Contribution

NETWORK Plan Type In Area Provide

Out of Area Pro

DEDUCTIBLE 8

eductible ap

Annual Maximu

Add Annual Ma

Available on ca

Deductible

Find a plan » Shop by Design for Dental (version updated: 07/01/2023)

To begin the quoting process with your selected package, click Print Package Request and submit the file to your sales consultant.

The selections on this page represent our most popular selections for our most popular dental product, Dental Blue Options. Other options may be available. Contact your Sales Representative for more details PRINT PACKAGE REQUEST

| | Dental Blue Options |
|---------------------|---|
| IATION | |
| | |
| | |
| bles | 0 |
| | 2 Tier V |
| | Calendar Year 🗸 |
| er | Covered ¥ |
| dent | Age 26/26 V |
| | Contributory: Yes, Contribution over 25% of single and participation at least 50% of net eligible 🛛 🗙 |
| | In Network Out of Network |
| | Passive Plan 🗸 |
| r/Reimbursement | Blue Shield V Blue Shield V |
| vider/Reimbursement | GRID+ DenteMax V N/A V |
| ANNUAL MAXIMUM | |
| | Single \$50 / Family \$150 V |
| ies to | Deductible Applies To Class II, IIA, and III Services |
| m | \$1,000 ¥ |
| imum Rollover | Learn more about the Annual No ➤ Maximum Rollover benefit |





SHOP BY DENTAL PREFERRED PACKAGES PREFERRED DENTAL PACKAGE

Package designs include four of our most popularly selected plans:

- 1. Focused on prevention
- 3. Includes orthodontia
- 4. A comprehensive plan with a generous out of pocket max

| Find a plan » Shop by Design for Dental | | | | version updated: 07/01/2023 View Update |
|--|--|--|---|--|
| To begin the quoting process w | ith your selected a package below, click on PDF symbol and submit the file to your sa | Olif | etime HSA, HRA an | t we offer for Ind FSA Plans |
| referred Package Descriptions | | Low | | П нісн |
| reletieu raukaye vesu ipuula | A plan for groups offering dental for the first time or focused on routine, preventive care | A plan for groups looking for a little more than preventive care | A comprehensive value plan with orthodontia | A comprehensive coverage plan with a generous annual maximum |
| eductible | \$0 per person | \$50 per person | \$50 per person | \$50 per person |
| nnual Max | \$500 | \$1,000 | \$1,500 | \$2,000 |
| lass I (Preventive) | 0% | 0% | 0% | 0% |
| lass I (Basic) | 50% | 50%* | 50%* | 20%" |
| lass II (Basic Restorative) | Not Covered | 50%* | 50%* | 20%* |
| lass III (Major Care) | Not Covered | 50%* | 50%* | 50%* |
| lass IV (Orthodontia) | Not Covered | Not Covered | 50%* | 50%* |
| rtho Max | N/A | N/A | \$750 | \$1,000 |
| aiting Periods | Six-month waiting period on Basic Care | 12-month waiting period on Major Care | 12-month waiting period on Major Care and Orthodontia | 12-month waiting period on Major Care and Orthodontia |
| *Subject to plan deductible. | | | | |
| +When preventive services are not provided i | fits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are de in accordance with the comprehensive guidelines supported by USPSTF and HRSA appropriate cost share for the serv I pursuant to the Federal Patient Protection and Affordable Care Act regultements. | | | |

2. Covering more than just preventive services while maintaining low annual maximums





QUOTING DENTAL

The quoting process is the same when shopping for Dental plans.

• To begin the quoting process with your package, click **Print Package Request**.

• Next, submit the file to your Account Sales Consultant for further action.

Blue on Demand

Find a plan » Shop by Design for Dental (version updated: 07/01/2023)

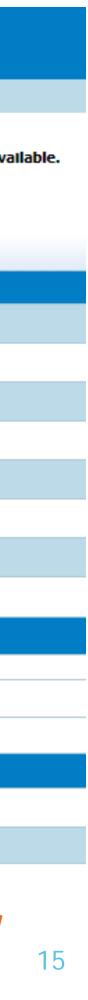
To begin the quoting process with your selected package, click Print Package Request and submit the file to your sales consultant.

The selections on this page represent our most popular selections for our most popular dental product, Dental Blue Options. Other options may be available. Contact your Sales Representative for more details

PRINT PACKAGE REQUEST

| | Dental Blue Options |
|------------------------------------|---|
| GROUP INFORMATION | |
| Group Name | |
| Effective Date | |
| Number of Eligibles | 0 |
| Tier Structure | 2 Tier 🗸 |
| Plan Period | Calendar Year 🗸 |
| Domestic Partner | Covered 🗸 |
| Dependent/Student | Age 26/26 V |
| Contribution | Contributory: Yes, Contribution over 25% of single and participation at least 50% of net eligible |
| NETWORK | In Network Out of Network |
| Plan Type | Passive Plan V |
| In Area Provider/Reimbursement | Blue Shield |
| Out of Area Provider/Reimbursement | GRID+ DenteMax ▼ N/A ▼ |
| DEDUCTIBLE & ANNUAL MAXIMUM | |
| Deductible | Single \$50 / Family \$150 ℃ |
| Deductible applies to | Deductible Applies To Class II, IIA, and III Services |
| | |





Shop by Medical Plans for Small Business



SMALL BUSINESS – GETTING STARTED

To get started shopping for small business plans, select the "Small Businesses" tab. Next, select your product type.

You can select Medical or Dental plans





| ted Business | Vision Plans |
|--------------|--|
| | Dental Image: Select County ▼ - or - Select Start Date ▼ |

SHOPPING MEDICAL

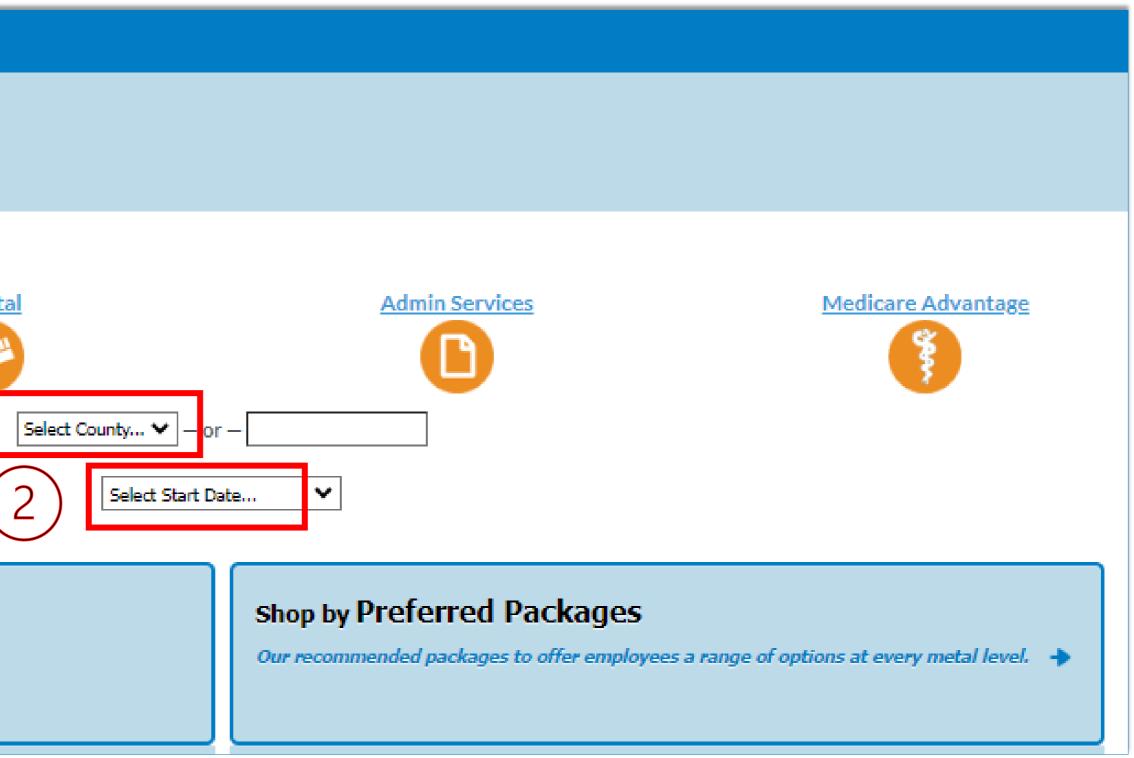
If you select **Medical**, you'll choose

- 1. Rating Region select the County or Zip Code of your business headquarters.

| Blue on Dem | and | | | |
|------------------------|--------------------------------|---------------------------|--------------|--|
| Find a plan | | | | |
| Individuals & Families | Small Businesses | Experience Rated Business | Vision Plans | |
| | 1 | | | |
| | Shop by Med View and compar | tical Plans | | |



2. Coverage Start Date – Medical plans for small businesses can be quoted quarterly.



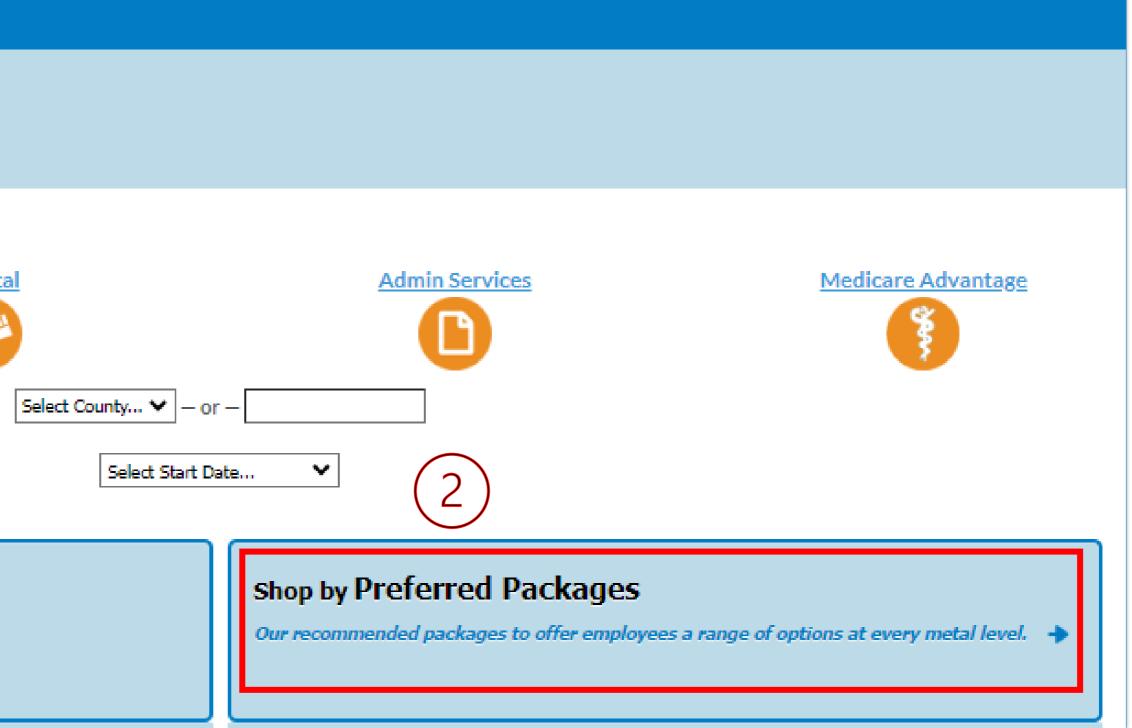
SHOPPING MEDICAL

- 1. Shop by Medical Plans
- 2. Shop by **Preferred Packages**

| Blue on Dem | and | | | | |
|------------------------|------------------|---------------------------|--------------|--|--|
| Find a plan | | | | | |
| | | | | | |
| Individuals & Families | Small Businesses | Experience Rated Business | Vision Plans | | |
| | | | | | |
| Medical | | | | | |
| | | ш | | | |
| | | | | | |
| | | | | | |
| | (1 | | | | |
| | | | | | |
| | Shop by Med | lical Plans | | | |
| | View and compar | e all medical plans. 🔸 | | | |
| | | | | | |
| | | | | | |



Once you have selected your Rating Region and Coverage Start Date, you can select either:



SHOP BY MEDICAL PLANS

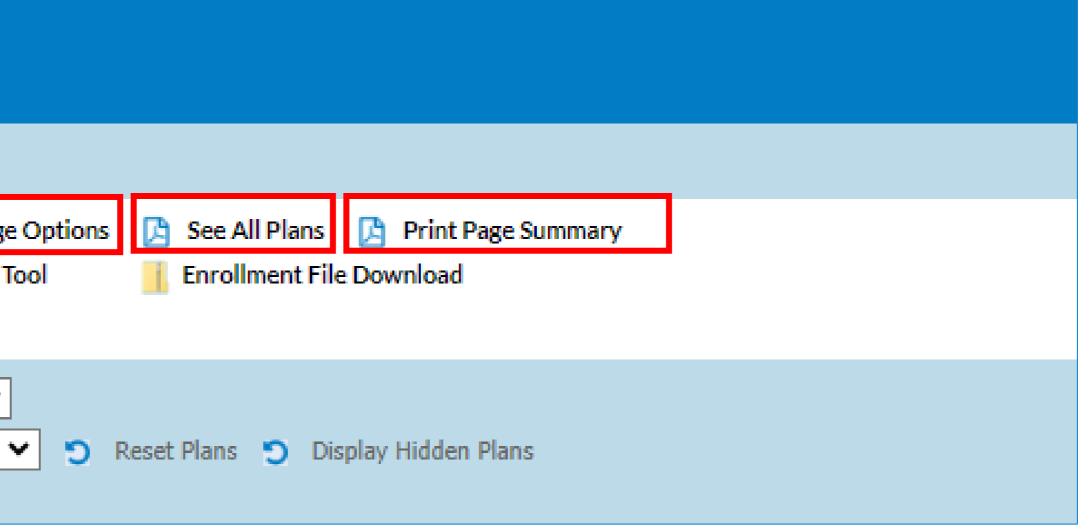
plans. You will be able to:

- Change package options
- See all plans
- Print Page Summary

| Blue on Demand | |
|---|---|
| Find a plan » Shop by All Medical Plans » Select I | Plan(s) |
| 1 Select Plan(s) Confirm Details Select up to 4 plans and click Compare. | Change Package Data Export T |
| Select Rating Period & County: 01/01/2023 - 03/31/2023 ▼ Select additional plans: Name ▼ Image: | |



If you select Shop by Medical Plans, you will then be able to view and compare all our Medical







SHOP BY PREFERRED PACKAGES

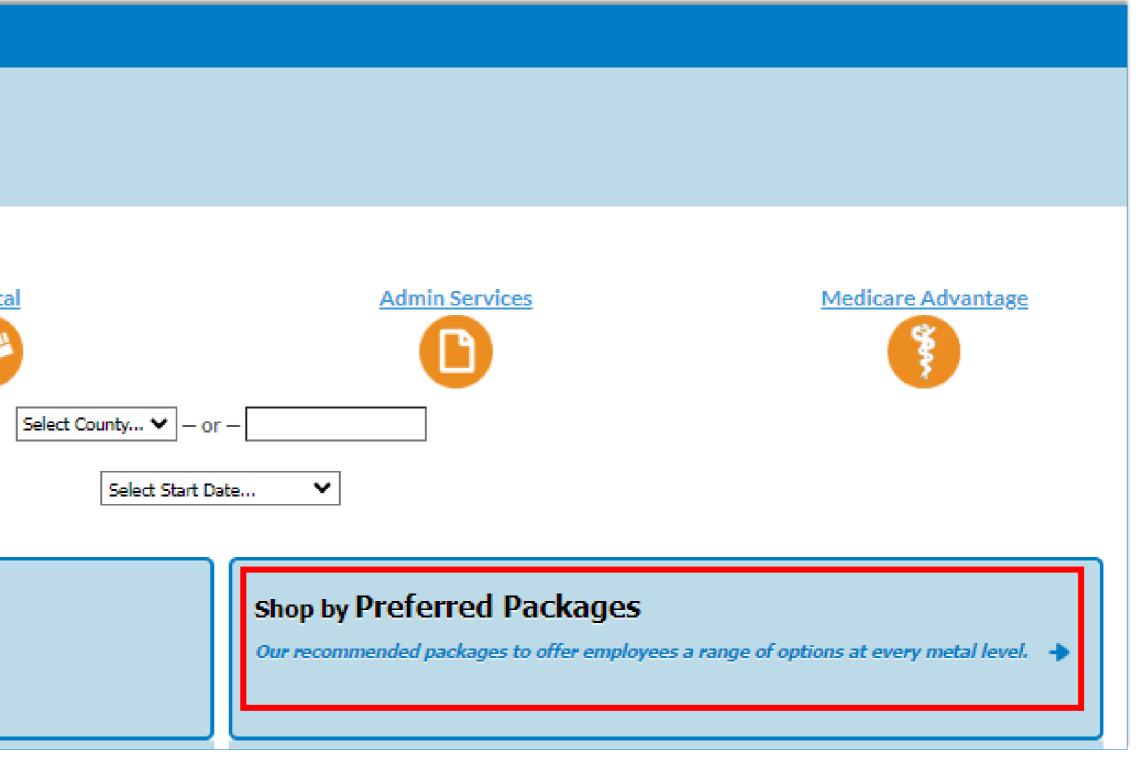
Recommended for:

- Renewing groups looking for a change
- New groups who want fast and easy shopping

| Blue on Dem | and | | | |
|------------------------|------------------|---------------------------|--------------|------|
| Find a plan | | | | |
| | | | | |
| Individuals & Families | Small Businesses | Experience Rated Business | Vision Plans | |
| | - | | | |
| | | | | |
| | Me | dical | De | enta |
| | C | | | ш |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | Shop by Mee | dical Plans | | |
| | | re all medical plans. 🔸 | | |
| | | | | |
| | | | | |
| | | | | |



ange Isy shopping



SHOPPING BY PREFERRED PACKAGES

| Blue on Der | Blue on Demand | | | | | |
|---------------------------------|---|---|--|--|--|--|
| Find a plan » Shop b | Rating Region: Utica Version up | | | | | |
| | 1 Preferred Packages Overview Confirm Details Change Package Options | | | | | |
| Preferred Packages | red Packages below to simplify your buying experience s are preselected packages within each metal level th I receive detailed Open Enrollment tools to help them | hat give your employees a range of benefits and price points to choose from. | | | | |
| CONTINUE ADD TO APP | SimplyBlue Plus Platinum 2 | SimplyBlue Plus Gold 17 | SimplyBlue Plus Silver 2 | SimplyBlue Plus Bronze 4 | | |
| DOWNLOAD | Print Package SBC | Print Package ♪ SBC | Print Package SBC | Print Package SBC | | |
| Package ID (Enrollment Code) | 78124NY0980025-00 (TMMI) | 78124NY0990249-00 (TWWZ) | 78124NY1000057-00 (TPPP) | 78124NY1000169-00 (TQQV) | | |
| Plan Type | Сорау | Hybrid | Deductible HSA | Deductible HSA | | |
| HSA Eligible | No | No | Yes | Yes | | |
| Aggregation Design | Individual Aggregation | Individual Aggregation | Family Aggregation | Family Aggregation | | |
| Plan Highlights | Predictable out-of-pocket costs without a deductible, includes Active&Fit ExerciseRewards. | A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes Active&Fit ExerciseRewards. | A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes Active&Fit ExerciseRewards. | A deductible is applied to all covered medical and prescription drug benefits. Preve covered in full. Plan includes Active&Fit ExerciseRewards. | | |
| Single | \$1,121.85 | \$901.89 | \$731.84 | \$582.23 | | |
| Family | \$3,197.27 | \$2,570.39 | \$2,085.73 | \$1,659.34 | | |
| Quote Effective | 01/01/2023 - 03/31/2023 | 01/01/2023 - 03/31/2023 | 01/01/2023 - 03/31/2023 | 01/01/2023 - 03/31/2023 | | |
| Primary Care Office Visit | \$15 copay per visit | \$40 copay per visit | Covered at 80%, subject to the deductible | Covered at 100%, subject to the deductible | | |
| Specialist Office Visit | \$25 copay per visit | \$60 copay per visit | Covered at 80%, subject to the deductible | Covered at 100%, subject to the deductible | | |
| Deductible | None | In-Network: \$1,100 Individual / \$2,200 Family | In-Network: \$3,000 Individual / \$6,000 Family | In-Network: \$7,500 Individual / \$15,000 Family | | |



• After you click on **Preferred Packages**, you will come to the screen below.

 Preferred Packages are preselected packages within each metal level that give your employees a range of benefits and price points to choose from.





BLUE ON DEMAND – COMPARE PLANS

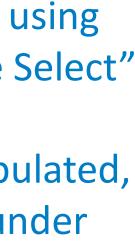
Once you have your plan selections narrowed down, select up to three plans to compare the benefits and rates in more detail.

| Blue on Demand | | | | |
|--|---|-----------------------------|-----------------------------|--|
| Find a plan . Shop by All Medical Plans . Select | Plan(s) | | Rating F | |
| 1 Select Plan(s) Confirm Details | Change Package Options 🔀 See All Plans 🔀 Print Page Summary | | | |
| Select up to 4 plans and click Compare. | | | HSA, HRA | |
| Select Rating Period & County: 04/01/2023 - 05/20/2022 ¥ | Channen Y | | STABLE | |
| Select additional plans: Name Please Select - Reset Plans Reset Plans Reset Plans Reset Plans Reset Plans | | | | |
| Filter your results: Search By Choose | e Value - 🗸 🌖 Reset Filters | | | |
| COMPARE ADD TO APP | 78124NY0990297-00 (TYYF) | 78124NY1000201-00 (TVVD) | 78124NY1000153-00 (TQQF) | |
| Download | Print Package SBC | Finit Package 58C | PTHIC Package SBC | |
| Plan Type | Hybrid | Deductible H5A | Deductible HSA | |
| HSA Eligible | No | Yes | Yes | |
| Plan Name | SemplyBlue Plus Gold 19 🧳 | SmolyBlue Plus Bronze 5 🤣 | SimplyBlue Plus Bronze 3 🕖 | |
| C LEVEL SUMMARY | | | | |
| Levels Do Not Apply To This Plan | | | | |
| DETAIL SUMMARY | | | | |



To do this:

- Select additional plans using the drop down "Please Select"
- Once the plans are populated, click the "Select" box under the Enrollment code
- Click the blue "Compare" button





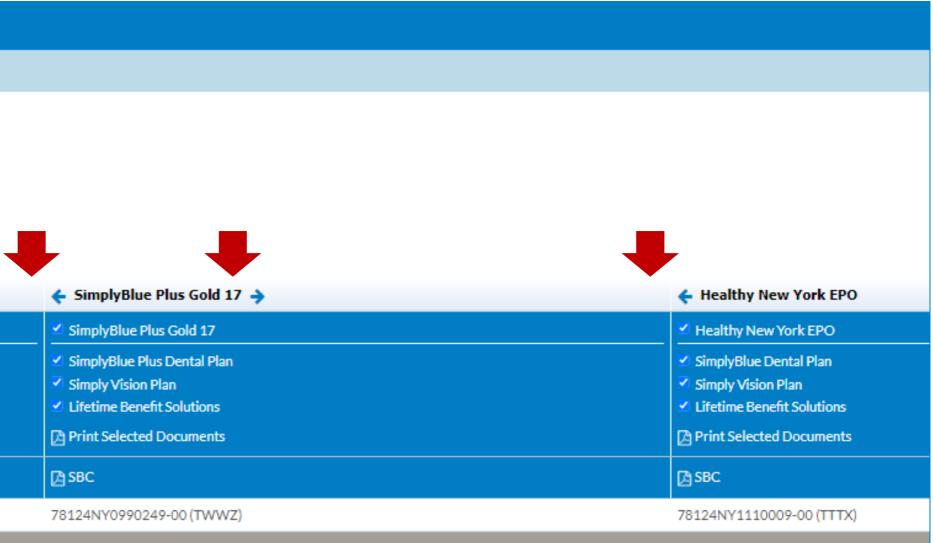


REORDER PLANS FEATURE

| Blue on Demand | | | | |
|---------------------------------|--|--|--|--|
| ind a plan » Shop by All Med | ical Plans | | | |
| 1 Select Plan(s) | Confirm Details | | | |
| PRINT FULL COMPARISON | Below is a detailed comparison view of the plans you selected. You can Print the full comparison or print a summary of each plan. | | | |
| n Name SimplyBlue Plus Gold 6 🔶 | | | | |
| | SimplyBlue Plus Gold 6 | | | |
| INT PACKAGE | SimplyBlue Plus Dental Plan | | | |
| CILLARY PRODUCTS | ✓ Simply Vision Plan ✓ Lifetime Benefit Solutions | | | |
| | Print Selected Documents | | | |
| ADD TO APP | B SBC | | | |
| n ID (Enrollment Code) | 78124NY1000025-00 (TOOZ) | | | |
| | | | | |

Once you have selected your plans, click the arrows to re-order your plans to the right or left







SHOPPING DENTAL

If you select **Dental**, you'll choose

- 2. Choose Dental Blue Options or SimplyBlue Plus dental plans.

| Blue on Dem | and | | | | | |
|------------------------|--------------------------------|---------------------------|--------------|-----------------------------------|---|-----|
| Find a plan | | | | | | |
| Individuals & Families | Small Businesses | Experience Rated Business | Vision Plans | | | |
| | | dical | | Clinton - or - Select Start Date | | Med |
| (2) | Shop Dent Our dental plan | al Blue Options | | | Build a Dental Blue Options Plan Select your plan features to build a Dental plan. | |
| | Shop Simpl Our dental plans | yBlue Plus Dental | | | | |
| | | | | | | |



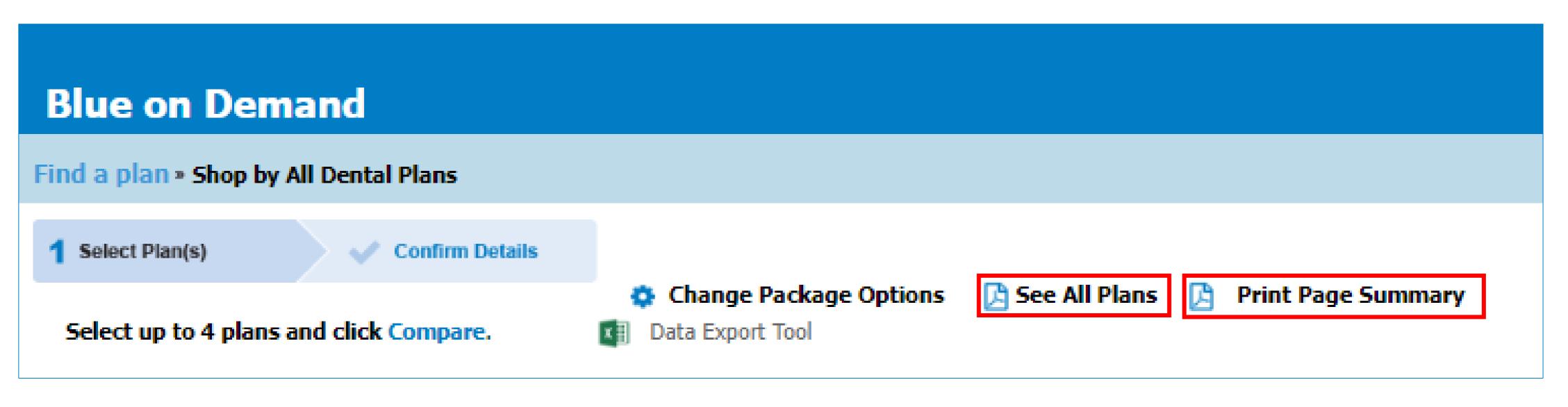
1. Rating Region – select the County or Zip Code of your business headquarters and Start Date

SHOP BY DENTAL PLANS

compare the dental plans.

Here you will be able to:

- See all plans
- Print Page Summary





If you select Dental Blue Options or SimplyBlue Plus Dental, you will then be able to view and





SHOP BY DENTAL PLANS

Compare up to 4 dental plans:

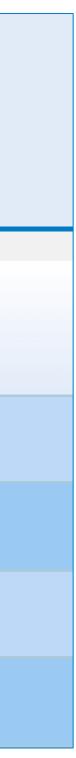
- 1. Select the dental plans you would like to compare
- 2. Click Compare

| | Select Rating Period & (Select 2023 plans) Filter your results: Sea | | Blue Plus Dental 🗙 | ✓ O Reset Plan Filters |
|----------------|--|---------------------------|--------------------|--------------------------------|
| 2 | COMPARE ADD TO APP | Plan Type | Single / Family | Preventive ! (Dental Clean |
| | Z 78124NY1180001-00 | Passive PPO ACA Qualified | 31.53 / 122.48 | Pediatric: \$0 Adult: 100% |
| $\overline{1}$ | 2 78124NY1180002-00 | Passive PPO ACA Qualified | 26.01 / 102.06 | Pediatric: 100 Adult: 100% |
| | Z 78124NY1180003-00 | Passive PPO ACA Qualified | 25.53 / 100.64 | Pediatric: 100 Adult: 100%* |
| | Z 78124NY1180004-00 | Passive PPO ACA Qualified | 19.12 / 83.67 | Pediatric: 100 Adult: 100% |



ns

| Services | Basic Services | Major Services | Medically Necessary Orthodontics |
|-----------------|-------------------------------|--------------------------------|----------------------------------|
| nings) | (Fillings & Extractions) | (Periodontics & Endodontics) | (Pediatric only) |
|) | Pediatric: \$25 Adult: 50% | Pediatric: \$100 Adult: 50% | Pediatric: \$300 |
|)0% | Pediatric: 50%* | Pediatric: 50%* | Pediatric: 50%* |
| 5 | Adult: 50%* | Adult: 50%* | |
|)0%* | Pediatric: 50%* | Pediatric: 50%* | Pediatric: 50%* |
| ;* | Adult: 50%* | Adult: 50%* | |
|)0%* | Pediatric: 50%* | Pediatric: 50%* | Pediatric: 50%* |
| ;* | Adult: 50%* | Adult: NC | |





Features for Small Business Plans

28

EXPORT FEATURES

- There are features in Blue on Demand to help you create the documents you need and save time:
- **Data Export Tool** You can export benefit and rate information into an Excel spreadsheet
- **Enrollment Documents Express Download** Save time by downloading all the rate sheets, benefit summaries and applications for the region and rating period you need



View the next few slides to see how these features work







BENEFIT AND RATE EXP

Export Benefits and Rates to make spreadshee

| FXPOR | TTOOL | Excellus |
|--|------------------------------------|-----------------------------|
| preadsheeting e | | |
| Blue on Dema | nd | |
| Find a plan » Shop by A | All Medical Plans » Select Plan(s) | |
| 1 Select Plan(s) | Confirm Details | ions 🔀 See All Plans 🔀 |
| Select up to 4 plans and cli | | |
| Select Rating Period & Count Select additional plans: Nam $ \boxdot \qquad \underbrace{ View \ SHOP \ Plan} \\ Filter your results: Search By$ | <u>15</u> | Reset Plans Display Filters |
| COMPARE ADD TO APP | 0 2022 Plan Close | 78124NY1110009- (TTTX) |
| Download | | Print Package 58C |
| Plan Type | | Hybrid |
| HSA Eligible | | No |
| Plan Name | | Healthy New York EP |
| LEVEL SUMMARY | | |

*This tool requires Microsoft Excel



30

BENEFIT & RATE EXPORT TOOL

| Blue on Demand | | | | |
|--|--|--|--|--|
| Find a plan » Export data to Excel Spreadsheet | | | | |
| EXPORT DATA TO SPREADSHEET | | | | |
| Exchange Options: On Exchange Off Exchange | | | | |
| Rider Options: | | | | |
| Dependent Coverage: ☑ To Age 26 ☐ To Age 30 Pediatric Dental Coverage: ☑ Yes ☐ No Domestic Partner Coverage: ☑ Yes ☐ No Family Planning Coverage: ☑ Yes ☐ No Spreadsheet Options: ☑ Yes ☑ No | | | | |
| Click on or drag a column label below from one list to another. Drag an item in the right list to change the order of columns. | | | | |
| Available Columns Selected Columns | | | | |
| Aggregation Design 🔨 Plan Name | | | | |
| Plan Highlights Plan Type | | | | |
| HSA Eligible | | | | |
| Quote Effective | | | | |
| Single Rate | | | | |
| Subscriber and Spouse Rate | | | | |
| Subscriber and Children Rate | | | | |



- How it works:
- Data Export Tool 1. Click
- 2. A new window will open with the spreadsheet options (as seen in image to the left)
- 3. Choose your exchange and package options 4. Configure the spreadsheet with variables – all benefit categories and rates are available for download
 - The default columns are the benefits & rates from the select plans page (a summary view)
 - You can add/remove variables by dragging them in or out of the selected column table
 - You can change the order of the selected columns by dragging them up or down

5. Click EXPORT DATA TO SPREADSHEET 31





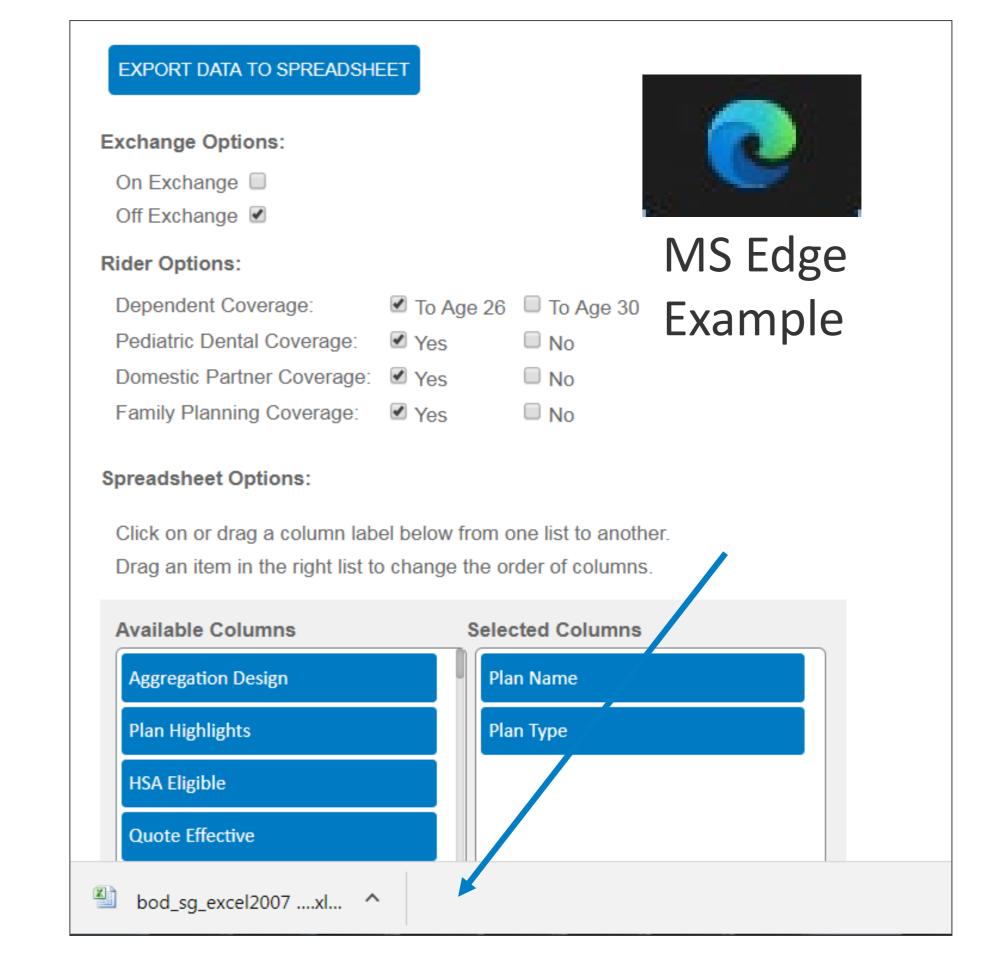
BENEFIT AND RATE EXPORT TOOL

- Next, you will get a message to open or save the data extract
- The message will look different depending on your browser – see examples
- Once open, the file works like any Excel file

| EXPORT DATA TO SPREADSHEET Exchange Options: On Exchange I Off Exchange I Off Exchange I Pependent Coverage: Image I Dependent Coverage: Image I Image I <th></th> | |
|---|--|
| Spreadsheet Options: | Chrome |
| Click on or drag a column label below from one list to another. Drag an item in the right list to change the order of columns. Available Columns Selected Columns | Example |
| Aggregation Design | |
| Plan Highlights HSA Eligible Quote Effective Single Rate Subscriber and Spouse Rate Subscriber and Children Rate | |
| Do you want to open or save bod_sg_excel2007.xlsx from of determined by the second s | excelluscompare.cyberwebgroup.com? × Open Save Cancel |







ENROLLMENT DOCUMENT DOWNLOAD

Save time by downloading all quarterly rate sheets and member applications!

| Blue on Demand | | | | | |
|---|---|--|--|--|--|
| Find a plan » Shop by All Me | dical Plans » Select Plan(s) | | | | |
| 1 Select Plan(s) | Confirm Details | | | | |
| Select up to 4 plans and click Co | mpare. | | | | |
| Select Rating Period & County: 01 Select additional plans: Name View SHOP Plans | /01/2023 - 03/31/2023 ❤ Cortland ❤ - Please Select - | Reset Plans Display Hidden Plans | | | |
| COMPARE 0 ADD TO APP 2 | 7 2022 Plan <u>Close</u> | | | | |
| Download | | | | | |
| Plan Type HSA Eligible | | Please note, there may be discontinuances and/or cost-share adjustments within | | | |





ENROLLMENT DOCUMENT DOWNLOAD

| Blue on Demand | | | | | |
|--|------------------------------|---|---|--------------------|---------|
| Find a plan » Shop by All Medi | ical Plans » Selec | t Plan(s) | | | |
| 1 Select Plan(s) | Confirm Details | Change Package Option Data Export Tool | ns 🔀 See All Plans [👖 Enrollment File D | Print Page Summary | |
| Select up to 4 plans and click Com | pare. | | _ | | |
| Select Rating Period & County: 01/0 Select additional plans: Name | 1/2023 - 03/31/2023 * | | Reset Plans 🅤 Displa | ıy Hidden Plans | |
| consurance | | | | | Chromo |
| | | | | | Chrome |
| Hospital Benefits | | / | | | - I |
| Emergency Room Care | | // | | | Example |
| Prescription Drug Coverage | | 1 | | | - |
| Out of pocket maximum | | | | | |
| Out of network benefits | | 1 | | | |
| 4 | | | | | |
| syracuse (1).zip 16.4/347 MB, 3 mins left | ^ | | | | |

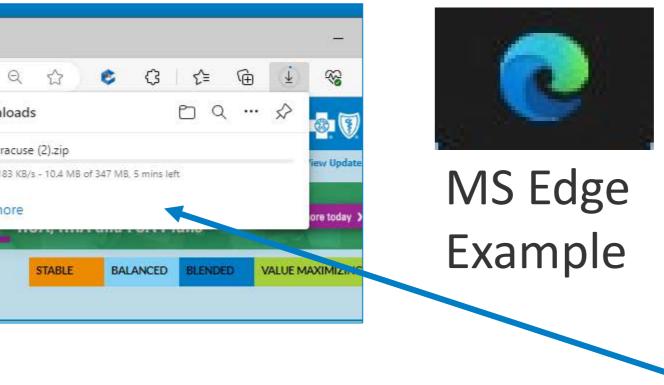
| C SG All Overview × + | |
|--|-------|
| ← C A https://compare.excellusbcbs.com/sg-all-overview/?region=Syracuse&county=Cortland&ratingperiod=60&cplan=on& | A∥ |
| | Down |
| Blue on Demand Find a plan * Shop by All Medical Plans * Select Plan(s) | 1,1 |
| 1 Select Plan(s) Confirm Details Change Package Options See All Plans Data Export Tool Enrollment File Download | See m |
| Select Rating Period & County: 01/01/2023 - 03/31/2023 Cortland Select additional plans: Name Please Select - Reset Plans Cortland Cortl | |







- 1. Click Enrollment File Download (.zip).
- 2. The next steps are dependent on your browser and may take several minutes
 - You may have to choose to open or save, choose one and wait for the download
 - You may get a message the files are downloading, wait for the download





ENROLLMENT DOCUMENT DOWNLOAD

| C > Downloads > syracuse (1).zip | | No. 10 | Search syracuse (1).zip | | | |
|-----------------------------------|------------------------|-----------------|-------------------------|--------|-------|--------------------|
| ^ Jame | Туре | Compressed size | Password Size | | Ratio | Date modified |
| TAA0_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:42 AM |
| A TAA0_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:42 AN |
| TAA1_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AN |
| TAA1_ratesheet.pdf | Adobe Acrobat Document | 424 KB | No | 480 KB | 12% | 9/11/2022 10:40 AN |
| A TAA2_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AN |
| TAA2_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:40 AN |
| TAA3_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AN |
| TAA3_ratesheet.pdf | Adobe Acrobat Document | 424 KB | No | 480 KB | 12% | 9/11/2022 10:40 AM |
| TAA4_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AM |
| TAA4_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:40 AM |
| TAA5_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AM |
| TAA5_ratesheet.pdf | Adobe Acrobat Document | 424 KB | No | 480 KB | 12% | 9/11/2022 10:40 AM |
| TAA6_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AM |
| TAA6_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:40 AM |
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| TAA7_ratesheet.pdf | Adobe Acrobat Document | 291 KB | No | 330 KB | 12% | 9/11/2022 10:40 AM |
| TAA8_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AM |
| TAA8_ratesheet.pdf | Adobe Acrobat Document | 292 KB | No | 330 KB | 12% | 9/11/2022 10:40 AM |
| A TAA9_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:40 AM |
| TAA9_ratesheet.pdf | Adobe Acrobat Document | 291 KB | No | 330 KB | 12% | 9/11/2022 10:40 AN |
| TAB0_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:42 AN |
| TAB0_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:42 AN |
| TAB1_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:42 AN |
| TAB1_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:42 AM |
| TAB2_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:42 AM |
| A TAB2_ratesheet.pdf | Adobe Acrobat Document | 425 KB | No | 480 KB | 12% | 9/11/2022 10:42 AM |
| TAB3_2023_Q1_smallgroup_applica | Adobe Acrobat Document | 510 KB | No | 657 KB | 23% | 9/11/2022 10:42 AN |

Blue on Demand

| 1 Select Plan(s) | Confirm Details | Change Package Options 🕒 See All Plans 🕒 Print Page Summary |
|------------------------|---|---|
| | | |
| elect up to 4 plans an | d click Compare. | |
| | d click Compare. County: 01/01/2023 - 03/31/2023 | 23 🗸 Cortland |



- How it works continued:
- When the download is complete, a zip file folder will be available
 - Files will include all Plan IDs doe the region and rating period you selected on the homepage
 - The Plan ID is the base of the file name
 - Remember to periodically check the "Version Updated" date to be sure you have the most up-to-date data



SHOP FOR INDIVIDUALS & FAMILIES

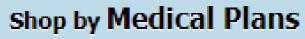
36

BLUE ON DEMAND - HOMEPAGE

If you are shopping for Individual & Family plans, choose the following:

Select County

| Blue on Dem | and | | |
|------------------------|------------------|---------------------------|--------------|
| Find a plan | | | |
| | | | |
| Individuals & Families | Small Businesses | Experience Rated Business | Vision Plans |
| | | | |



Our medical plans. 🔶

Shop by Quick Quote

Our medical plans. 🔶



| <u>Aedical Dental</u> |
|--|
| ▼ — or — Enter Zip Code /01/2023 - 12/31/2023 ▼ |
| |
| |
| |

1. Rating Region

Select the County or Zip Code of the residence of a member.

2. Coverage Start Date

Medical plans for Individuals are quoted yearly.

37

BLUE ON DEMAND - HOMEPAGE

Next, select one of the 2 ways to shop for **Individual & Family plans**:

| Blue on Dem | and | | | | |
|------------------------|---------------------------------|------------------------|-----|--------------|---------------|
| Find a plan | | | | | |
| Individuals & Families | Small Businesses | Experience Rated Busin | ess | Vision Plans | |
| | | | | | Select County |
| | Shop by Mee Our medical plan | dical Plans 🖻 🕈 | 3 | | |
| | Shop by Qui | | 4 | | |
| | ` | | | | |



| Dental | |
|---|--|
| ✓ or — Enter Zip Code /2023 - 12/31/2023 ▼ | |
| | |
| | |
| | |
| | |

3. All Medical Plans

Recommended for Individuals who want to renew or are shopping for all options

4. Quick Quote

Recommended if you know the Plan ID or Enrollment code you want to quote

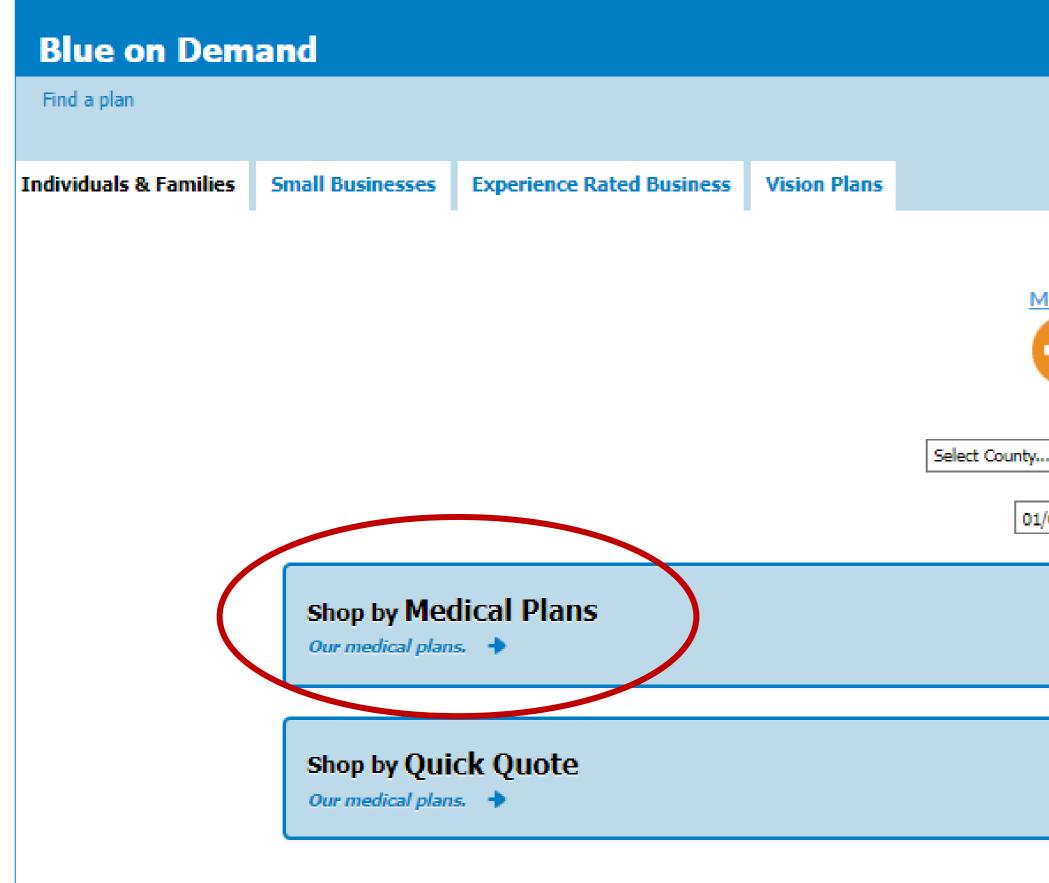






BLUE ON DEMAND - HOMEPAGE

Choose Shop Medical Plans to browse all available plans



| <u>Aedical</u> <u>Dental</u> |
|------------------------------|
| |
| |
| |
| |
| 🗙 — or — Enter Zip Code |
| |
| |
| /01/2023 - 12/31/2023 💙 |
| |
| |
| |
| |
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| |
| |
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| |
| |
| |
| |
| |



When you shop **medical** plans, you can view all plans available in the region and coverage date you selected.

Note that you will have the availability to change package options once you advance to the next page.

Package Options Include:

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









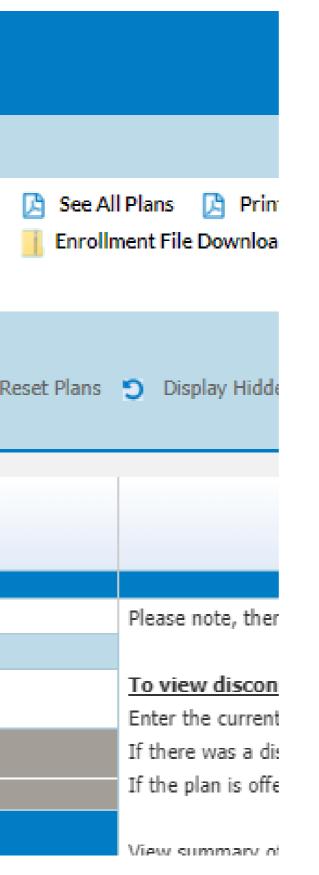


BLUE ON DEMAND – SUMMARY VIEW

If you select to **Shop by Medical Plans** you will do to the summary view page. Here you will see a snapshot of benefits, it has several features. Let's start with how to shop and compare plan options.

| Blue on Dema | nd | |
|---|-------------------------------|--|
| Find a plan » Shop by A | ll Medical Plans » Select | Plan(s) |
| 1 Select Plan(s) Select up to 4 plans and clic | Confirm Details | Change Package Options Data Export Tool |
| Select Rating Period & County Select additional plans Name | e 🗸 - Please Sele | |
| COMPARE ADD TO APP | 0 7 2022 Plan <u>Close</u> | |
| Download | | |
| Plan Type | | |
| HSA Eligible Plan Name | | |
| LEVEL SUMMARY | | |
| Levels Do Not Apply To This Plan | | |
| DETAIL SUMMARY | | |





Select Plans by:

- Name
- Dollar Range
 - Туре
- Metal Level
- Enrollment Code

•All

You may select more than one metal level, name, etc. However, you can only filter by one variable.

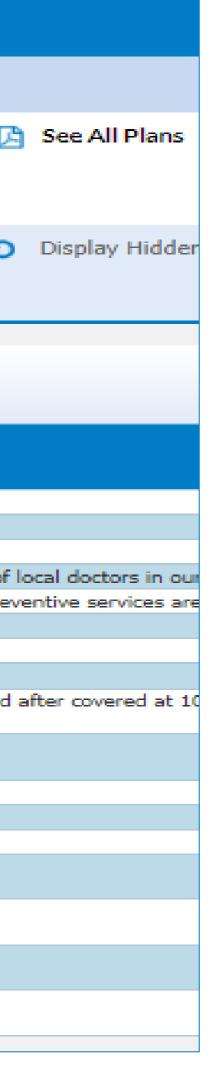
40

BLUE ON DEMAND – SUMMARY VIEW

You can use additional filters to help narrow your search; Click the drop down shown below.

| Blue on D | emand | | | | | |
|-----------------------------|---|--|--|--|--|--|
| Find a plan » S | hop by All Medical Plans » Select Plan(s) | | | | | |
| 1 Select Plan(s) | Confirm Details | | | | | |
| select up to 4 plans | s and click Compare. | | | | | |
| Select additional pla | ins: Name 🖌 +Base Y 🤉 Reset Plans 🍸 | | | | | |
| Filter your results: | Search By 👻 - Choose Value - 🌱 🌖 Roset Filters | | | | | |
| COMPARE | 78124NY0910001-00 (IAP9) Select <u>Hide</u> | | | | | |
| ownload | Rate Sheet Application SBC | | | | | |
| lan Type | Base | | | | | |
| SA Eligible | No | | | | | |
| lan Name | Base | | | | | |
| etwork Structure | This plan provides covered benefits at 100% of hospitals and more than 98% of | | | | | |
| lan Highlights | A deductible is applied to all covered medical and prescription drug benefits. Prev | | | | | |
| ingle | \$308.43 | | | | | |
| amily | \$879.02 | | | | | |
| uote Effective | 01/01/2023 - 12/31/2023 | | | | | |
| rimary Care Office isit | First 3 Primary visits covered at 100%, not subject to the deductible. Fourth and | | | | | |
| pecialist Office isit | Covered at 100%, subject to the deductible | | | | | |
| eductible | \$9,100 Individual / \$18,200 Family | | | | | |
| oinsurance | None | | | | | |
| ospital Benefits | Covered at 100% per admission for unlimited days, subject to the deductible | | | | | |
| mergency Room are | Covered at 100%, subject to the deductible | | | | | |
| rescription Drug overage | \$0, subject to the plan deductible | | | | | |
| ut of pocket naximum | \$9,100 Individual / \$18,200 Family | | | | | |
| ut of network enefits | Not Covered | | | | | |
| | | | | | | |





Filter Plans by:
Primary Care Physician Copay
Individual Deductible
Coinsurance In Network
Prescription Drug Coverage
Inpatient Copay

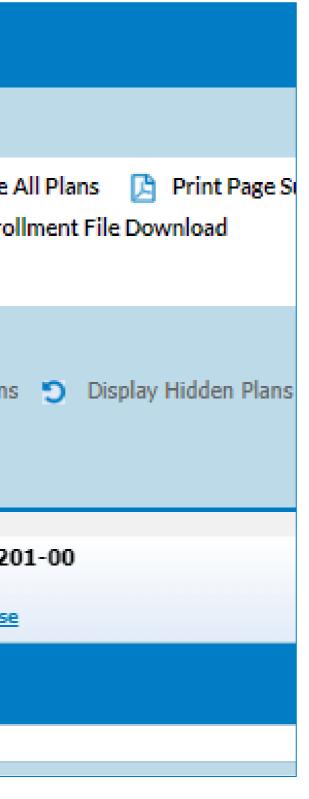
41

BLUE ON DEMAND – SUMMARY VIEW

You can also use this tool to identify the benefit changes when **comparing plans from one year to the next.** Simply select the 20XX plan ID in the drop down next to compare and the 20XY plan will display in the next column **IF** there are benefit changes. If no columns populate, there were no cost sharing changes for that year.

| Blue | on Dema | nd | | | | | |
|-----------------|--|----------------------|--------------|-------------|-------------------------|---------------------|------------------|
| Find a pl | an » Shop by A | Il Medical Plans | » Select I | Plan(s) | | | |
| 1 Select P | Plan(s) | Confirm Detail | ils | 🔅 Change | Package C Export Too | | 🔀 See. |
| Select up t | o 4 plans and clic | k Compare. | | | | | |
| Select Rati | ng Period & County | /: 01/01/2023 - 03/3 | 81/2023 🗸 | Cortland | ~ | - | |
| | itional plans: Name View SHOP Plans | | Please Selec | ct - | ~ | D R | eset Plans |
| Filter your | results: Search By | . 🗸 | Choose | e Value - 🗸 | 🤊 Res | et Filters | |
| 00 | OMPARE | 78124NY0980201- | 00 | | | | Y09802 |
| ADI | D ТО АРР | (SZG7) 🕜 | se | | | (TAD4) | Van <u>Close</u> |
|)ownload | | | | | | Print Pa | <u>ckage</u> |
| lan Type | | Сорау | | | | <u>SBC</u> Copay | |
| to a set of the | | | | | | | |





Please Note:

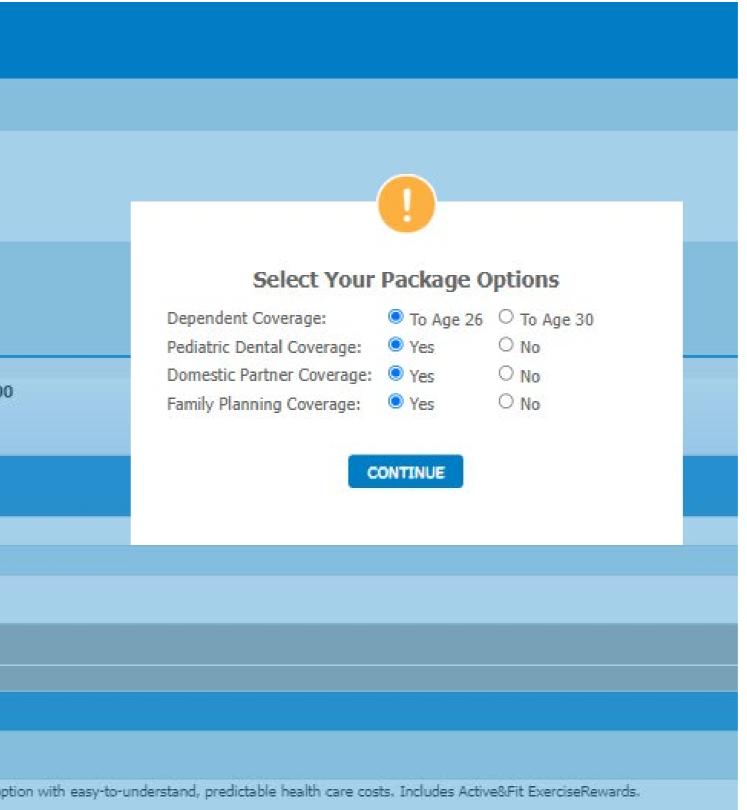
- Package items will always match (ex. Pediatric dental, domestic partner)
- You can enter any HIOS Id or Plan name into the previous year's column
- The columns may differ if you have not selected the same package options on the homepage



BLUE ON DEMAND – CHANGE PACKAGE OPTIONS

| Blue on Dema | nd | |
|---|-------------------------------------|---|
| Find a plan > Shop by A | ll Medical Plans » Select Plan(s) | |
| 1 Select Plan(s) Select up to 4 plans and clic | | lans 🔀 Print Page Summary nt File Download |
| Select Rating Period & County Select additional plans: Name Very Shop Plans | - Please Select - V S Reset Plans S | Display Hidden Plans |
| COMPARE | 78124NY0980201-00 // | 78124NY0980201-00 (TAD4) 🕜 |
| ADD TO APP Download | 2022 Plan <u>Close</u> | 2023 Plan <u>Close</u> Print Package SBC |
| Plan Type | Copay | Сорау |
| HSA Eligible | No | No |
| Plan Name | Blue Simplicity Gold | Blue Simplicity Gold |
| C LEVEL SUMMARY | | |
| Levels Do Not Apply To This Plan | | |
| DETAIL SUMMARY | | |
| Aggregation Design | Individual Aggregation | Individual Aggregation |
| Plan Highlights | New budget-friendly copay | A budget-friendly copay op |





Package Options May include:

- Dependent coverage to age 26 or age 30
- Pediatric Dental Coverage
- Domestic Partner Coverage







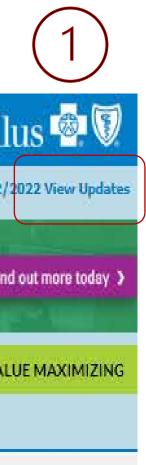
BLUE ON DEMAND FEATURES

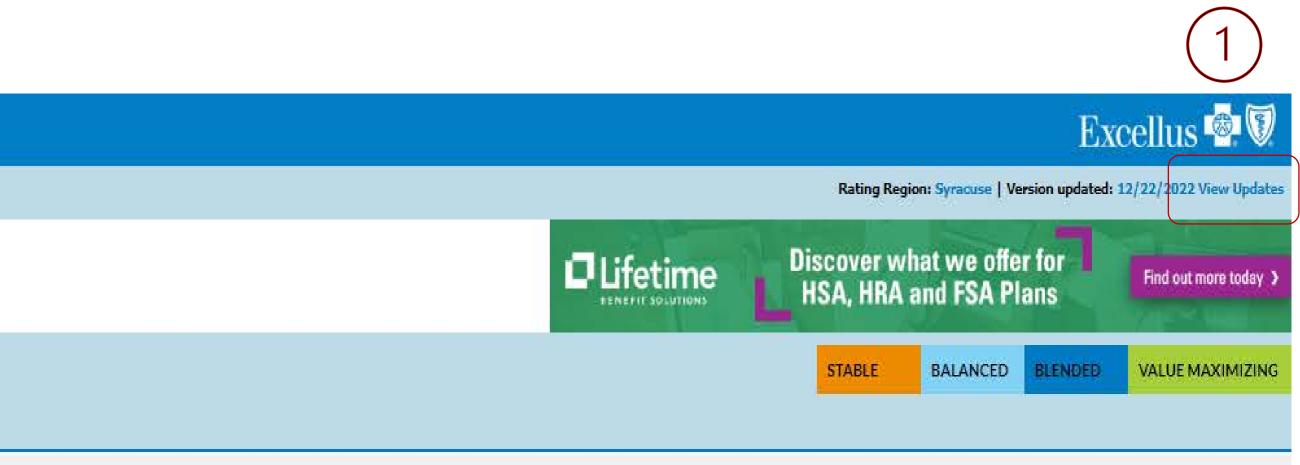
| Blue on De | mand | | \bigcirc | \bigcirc | |
|--------------------------|--|------------------------|---------------------|----------------|---|
| Find a plan • Shop | by All Medical Plans » Sele | ct Plan(s) | (3) | (2) | |
| 1 Select Plan(s) | Confirm Details | Change Package Options | See All Plans | |) |
| Select up to 4 plans an | nd click Compare. | | | | |
| Select Rating Period & (| County: 01/01/2023 - 03/31/2023 | | | | |
| Select additional plans: | terret to the second se | ielect - 🔽 🅤 Re | eset Plans 🌖 Displa | y Hidden Plans | |

Other features on the Summary view page include: **1. View Updates –** for most recent updates 2. Print Page Summary – generates a file of the plan overview on your screen **3. See All plans** - to generate a PDF of all the available plans











BLUE ON DEMAND – COMPARE PLANS

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

| Blue or | Demand | |
|------------------|---|---|
| Find a plan | » Shop by All Medical Plans » Select | Plan(s) Rating Region: Syracuse Version upda |
| 1 Select Plan(s | a) 🗸 Confirm Details | 🔅 Change Package Options 🛛 🔀 See All Plans 🔀 Print Page Summary |
| Select up to 4 p | lans and click Compare. | |
| Select additiona | | e Value - 👻 🤊 Reset Plans 🍤 Display Hidden Plans 🗆 View On-Exchange Plans |
| COMPARE | 78124NY0880003-00 (IAJ9) ✓ Select <u>Hide</u> | 78124NY0900017-00 78124NY0900023-00 (IAP5) (IAQ3) ✓ Select Hide ✓ Select Hide |
| Download | Rate Sheet Application SBC | Rate SheetRate SheetApplicationApplicationSBCSBC |
| Plan Type | Сорау | Deductible Base |
| HSA Eligible | No | No |
| Plan Name | Platinum Standard | Bronze Standard Bronze Secure Plus 3 |



To do this:

- Select additional plans using the drop down "Please Select"
- Once the plans are populated, click the "Select" box under the Enrollment code
- Click the blue "Compare" button

45

REORDER PLANS FEATURE

| Blue on Demand | | |
|----------------------------------|--|----------------------------------|
| Find a plan » Shop by All Medica | al Plans | |
| 1 Select Plan(s) | Confirm Details | |
| PRINT FULL COMPARISON | Below is a detailed comparison view of the plans you selected. You can Print the full comparison or print a summary of each plan. | _ |
| 2023 Full Benefit Grid | | |
| lan Name | Platinum Standard 🔶 | 🗲 Bronze S |
| OWNLOAD FORMS | Print Package BC | 🔁 Print Pack |
| lan ID (Enrollment Code) | 78124NY0880003-00 (IAJ9) | 78124NY090 |
| lan Highlights | Predictable out-of-pocket costs without a deductible, includes ExerciseRewards. | A deductible i covered in ful |
| letwork Structure | This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31- county network. | This plan prov county netwo |
| lan Tuno | Coppy | Doductible H |

Once you have selected your plans, click the arrows to re-order your plans to the right or left



| | Ratin |
|---|---|
| | |
| | |
| | |
| | |
| | |
| Standard HSA 🔶 | ← Bronze Select |
| ckage | Print Package SBC |
| 900003-00 (IAL7) | 78124NY0900013-00 (IAN5) |
| e is applied to all covered medical and prescription drug benefits. Preventive services are full. Plan includes ExerciseRewards. | A deductible is applied to all covered medical and prescription drug benefit includes ExerciseRewards. |
| ovides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31- vork. | This plan provides covered benefits at 100% of hospitals and more than 98 |
| | Doductible HSA |

46

BLUE ON DEMAND – DETAIL VIEW

| Blue on Demand | | | | |
|--|---|---|--|--|
| Find a plan » Shop by All Medic | Rating | | | |
| 1 Select Plan(s) | Confirm Details | | | |
| PRINT FULL COMPARISON Below is a detailed comparison view of the plans you selected. You can Print the full comparison or print a summary of each plan. 2023 Full Benefit Grid | | | | |
| Plan Name | Platinum Standard 🔶 | 🗲 Bronze Standard 🔶 | | |
| DOWNLOAD FORMS | Print Package | Print Package BC | | |
| Plan ID (Enrollment Code) | 78124NY0880003-00 (IAJ9) | 78124NY0900017-00 (IAP5) | | |
| Plan Highlights | Predictable out-of-pocket costs without a deductible, includes ExerciseRewards. | A deductible is applied to all covered medical and prescription drug benefits. Preventive services ar covered in full. Plan includes ExerciseRewards. | | |
| Network Structure | This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network. | This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in o 31-county network. | | |
| Plan Type | Сорау | Deductible | | |
| HSA Eligible | No | No | | |
| Quote Effective | 01/01/2023 - 12/31/2023 | 01/01/2023 - 12/31/2023 | | |
| | | | | |



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ng Region: Syracuse | Version updated:12/22/2022

Bronze Secure Plus 3 Print Package SBC 78124NY0900023-00 (IAQ3) A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards. This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network. Base No 01/01/2023 - 12/31/2023

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:

- Print Package
- Summary of Benefits Coverage (SBC)

*Note: Pre-populated fields in the application are plan-specific. Be sure you have selected the correct plan when printing enrollment applications.

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ADMINISTRATIVE SERVICES WITH LIFETIME BENEFIT SOLUTIONS

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ADMINISTRATIVE SERVICES

and resources.

Lifetime Benefit Solutions makes it easier to administer plans with:

- HRA and HSA/FSA plans
- COBRA support for employees changing jobs
- Compliance Services to help you meet standards



- You can shop for Administrate Services from the Small Group or Experience Rated Business Tab
- Whether your clients are fully insured or self-funded, Lifetime Benefit Solutions can help free up time

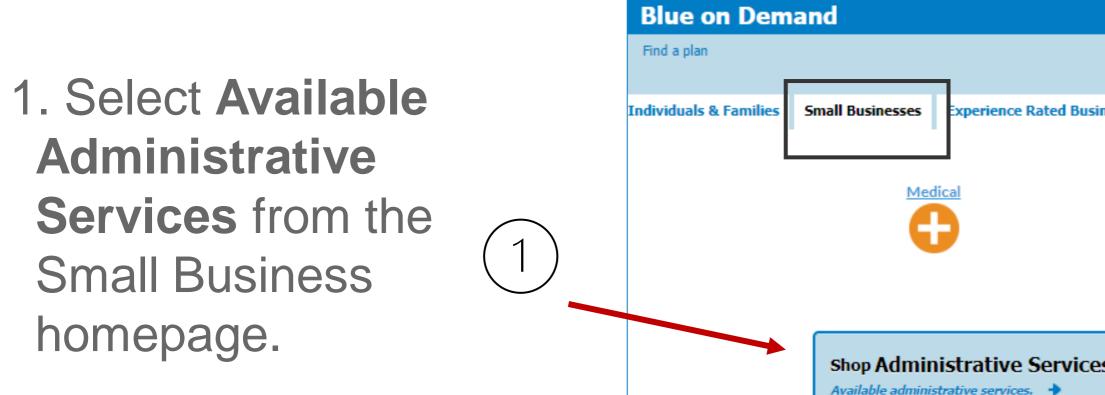


Lifetime Benefit Solutions is an independent company offering administrative services in the Excellus BCBS service area.

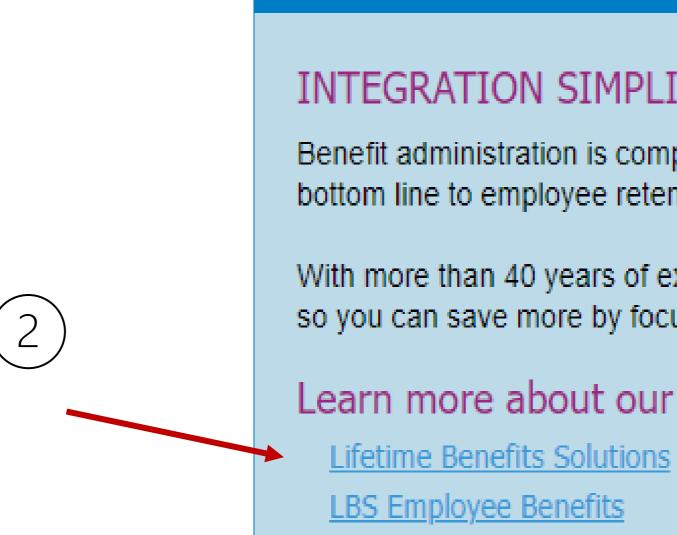




ADMINISTRATIVE SERV



2. Click the link for the section you're interested in exploring further.



| ICES OPTIONS | | | Excellu | |
|--------------------|----------------|--------------------|---------|--|
| iness Vision Plans | Admin Services | Medicare Advantage | | |
| S | | | | |

Blue on Demand

INTEGRATION SIMPLIFIES THINGS FOR EVERYONE

Benefit administration is complicated. Whether you're an employer, a broker, or a bottom line to employee retention. You need a partner, an experienced resource

With more than 40 years of experience, Lifetime Benefit Solutions, a partner of E so you can save more by focusing on other business priorities.

Learn more about our administrative services:



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ADMINISTRATIVE SERVICES OPTIONS

- 1. Select Available Administrative Services from the Experience Rated Business home screen.
- 2. Then click the link for the section you're interested in exploring further:
 - Lifetime Benefit Solutions
 - LBS Employee Benefits

Blue on Demand

INTEGRATION SIMPLIFIES THINGS FOR EVERYONE

Benefit administration is complicated. Whether you're an employer, a broker, or anyone else with a stake in employee benefits, you know that workforce wellness and benefits plans are changing at a rate faster than most can follow. Yet "getting it right" is paramount, as it affects everything from bottom line to employee retention. You need a partner, an experienced resource capable of conveying in plain language what your options are, where the future holds.

With more than 40 years of experience, Lifetime Benefit Solutions, a partner of Excellus BlueCross BlueShield, is a national leader in developing and delivering workplace management solutions. They can ensure regulatory compliance while improving both your efficiencies and bottom line. All so you can save more by focusing on other business priorities.

Learn more about our administrative services:

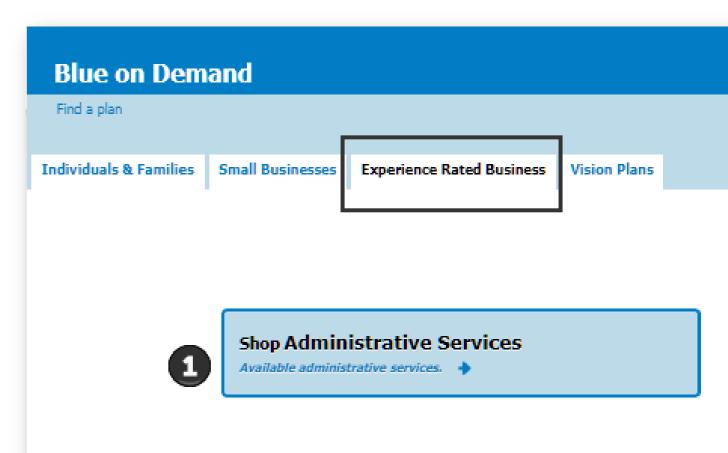
2



This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical nec nes supported by USPSTF and HRSA appropriate cost share for the service will be applied. Please refer to the United States Preventive Services Task Force list of Items vices are not provided in accordance with the compr and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements

For technical web issues please contact our Web Help Desk at 1-800-278-1247

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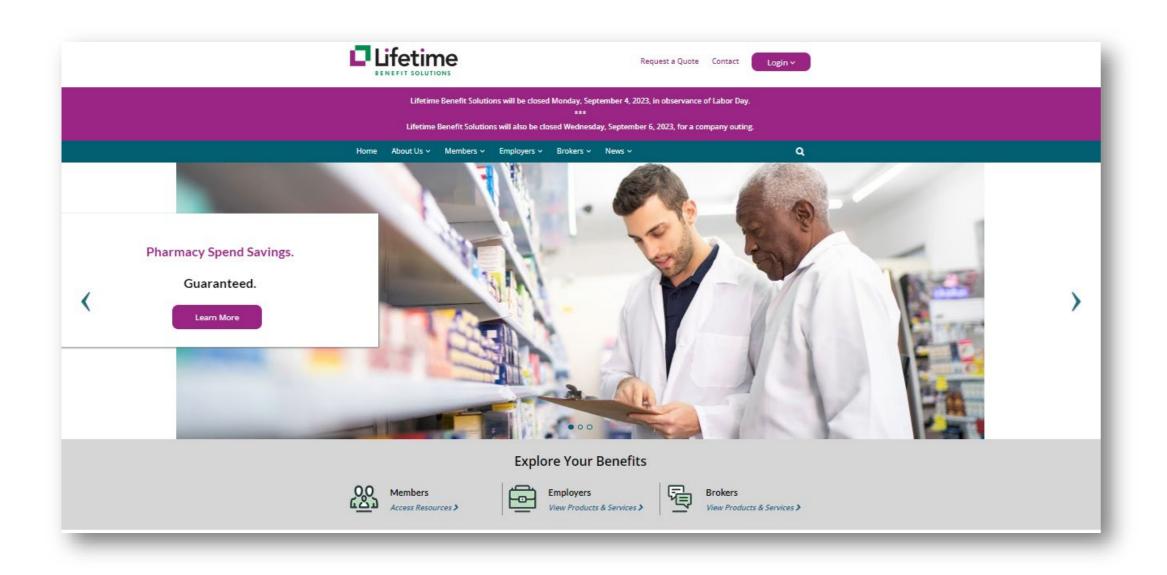
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LEARN MORE ABOUT OUR ADMINISTRATIVE SERVICES

Click to link to the Lifetime Benefits Solutions Website

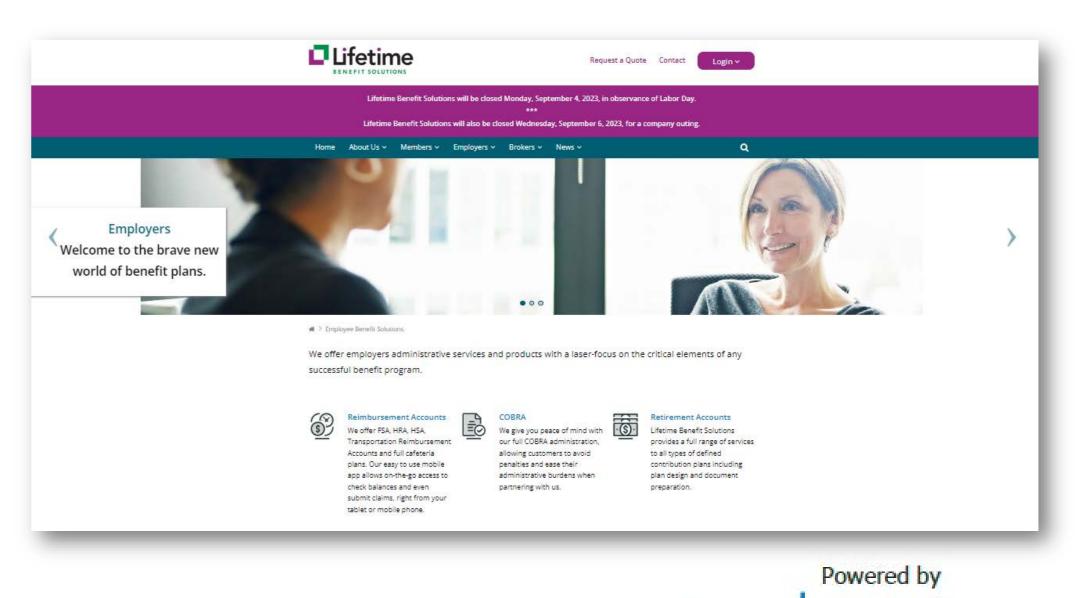
Lifetime Benefit Solutions

- Access Member Resources
- View Employer Products & Services
- View Broker Products & Services



LBS Employee Benefits

- Reimbursement Accounts (FSA, HRA, HSA)
- COBRA Administration
- Retirement Accounts (Defined Contribution Plans)





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Everybody Benefits

THANK YOU

