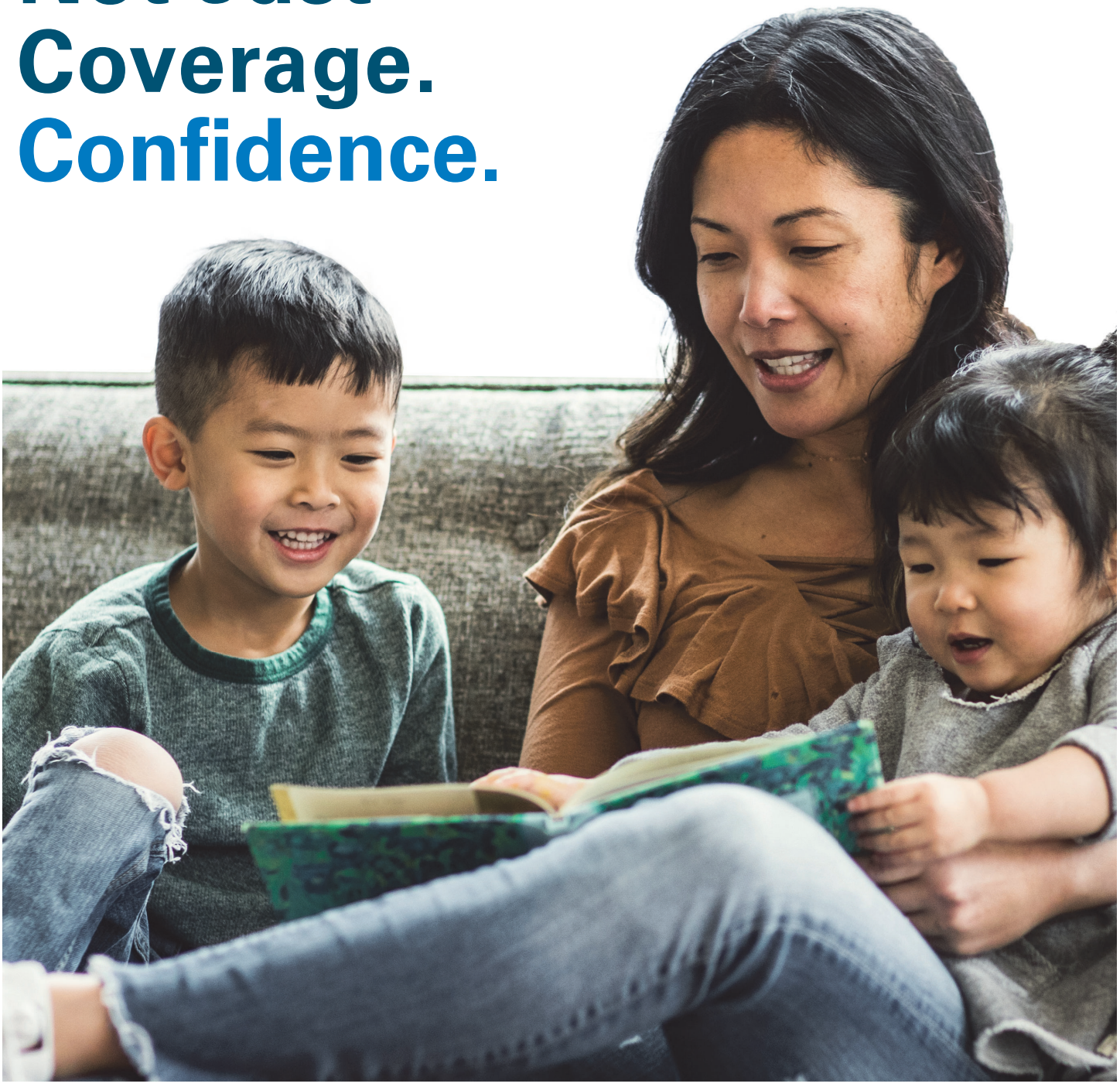
Not Just Coverage. Confidence.



Your Benefit Plan Details

Group Name
Genesee Area Healthcare Plan (GAHP)

Plan Type
Signature HDHP

Excellus

Everybody Benefits

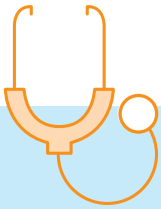
Welcome to Excellus BlueCross BlueShield!

Getting the most from your health plan is more important than ever. Excellus BCBS is here to bring together the coverage, programs and resources you need to be on your way to total physical, emotional and financial wellbeing.

You can count on your Excellus BCBS plan for care when and where you need it:



The area's **largest network of doctors and hospitals,** with greater access close to home and in all 50 states



$0 copays for most preventive services such as an annual routine physical exam*, select vaccines, and important health screenings



Free digital support tools for answers anytime, anywhere, such as:

- Online member account
- Mobile app
- Estimate out-of-pocket medical costs
- Find a doctor, specialist or facility that accepts your plan

Find more answers and support at **ExcellusBCBS.com**

In this booklet you will find:

- A chart that summarizes this plan's unique benefits and coverage**
- Helpful information to help you get the most from your plan
- A glossary of terms to help you understand your coverage and options

* Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.
**This benefit summary is not a contract or binding agreement; it is a summary of benefits and services.

Genesee Area Healthcare Plan (GAHP)

Signature HDHP

Plan Features

Primary Care Physician (PCP)	Not Required
Out of network benefits	Covered
Domestic Partner	Not Covered
Coverage Period	07/01/26-12/31/26

Questions? For assistance call ,
Call our TTYphone at 1 (800) 421-1220,

Excellus

Excellus

Excellus BluePPO Signature Deduct 3

$5/$35/$70, $0 Gen For Kids Integrated Rx
Benefit Time Period: 07/01/2026 - 12/31/2026

GAHP

General Information

Cost Sharing Expenses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Deductible - Single	$1,700	$1,870	
Deductible - Family	$3,400	$3,740	
Deductible Aggregation - Single and Family			The entire family annual deductible must be met before copay or coinsurance is applied for any individual family member. If the family deductible amount exceeds the out of pocket maximum per person cap, the individual cannot contribute more than the out of pocket maximum per person cap amount for the calendar year. Family
Coinsurance	20%	40%	
Annual Out of Pocket Maximum - Single	$3,400	$3,740	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum - Family	$6,800	$7,480	Out-of-pocket maximums accumulate coinsurance, copays and the deductible. Out-of-pocket maximums exclude balances over allowable expense and non-covered services.
Annual Out of Pocket Maximum Aggregation - Single and Family			The entire Family Annual Out-of-Pocket Maximum must be met before family members receive covered services processed at 100% of the allowable amount for the remainder of the plan year. An individual member covered under a family plan may not exceed the Out-of-Pocket Maximum per person cap amount for that calendar year, should the family Out-of-Pocket Maximum level exceed the Out-of-Pocket Maximum Per Person Cap. Family

Office Visit Cost Shares

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cost Share - Primary Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Cost Share - Specialist	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Plan Limits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Plan/Calendar Year			Calendar Year Benefits
Diabetic Preauthorization and Step Therapy			Yes

Who is Covered

Benefit Name	In Network	Out of Network	Limits and Additional Information
Domestic Partner Coverage			Not Covered

Inpatient Services

Inpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Services	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Substance Use Detoxification	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Skilled Nursing Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Days per calendar year Limits are combined INN and OON.
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	60 Days per calendar year Limits are combined INN and OON.
Maternity Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Inpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Inpatient Hospital Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Anesthesia	PCP/Specialist - 20% Coinsurance Subject to Deductible	20% Coinsurance Subject to $1,700 Deductible	Includes anesthesia rendered for Inpatient, Outpatient, Office Visit, and Maternity services. Anesthesia does not require a preauth or referral.

Outpatient Facility Services

Outpatient Facility Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
SurgiCenters and Freestanding Ambulatory Centers Surgical Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy Outpatient	Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization
Substance Use Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes Partial Hospitalization

Home and Hospice Care

Home Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Home Care	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Home Infusion Therapy	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Services must be ordered by a Physician/ authorized Health Care Professional and provided by an agency or office licensed/ certified to provide infusion therapy as part of a primary service (such as chemotherapy, radiation therapy and home health care).

Hospice Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Hospice Care Inpatient	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Outpatient and Office Professional Services

Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Office Surgery	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic X-ray	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Diagnostic Laboratory and Pathology	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Radiation Therapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Chemotherapy	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Infusion Therapy Services	PCP/Specialist - Inclusive of Primary Service	Inclusive of Primary Service	Is inclusive in the Home Care benefit and not covered as a separate benefit.
Dialysis	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Mental Health Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Maternity Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Telehealth	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
TeleMedicine Program	PCP/Specialist - 20% Coinsurance Subject to Deductible	Not Covered	Covers online internet consultations between the member and the providers who participate in our TeleMedicine MDLive Program for medical and behavioral health conditions that are not emergency conditions.
Chiropractic Care	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Allergy Testing	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Allergy Testing includes injections and scratch and prick tests.
Allergy Treatment Including Serum	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Includes desensitization treatments (injections & serums).
Hearing Evaluations Routine	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per calendar year Limits are combined INN and OON.

Rehab and Habilitation

Outpatient Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Outpatient Professional Services

Benefit Name	In Network	Out of Network	Limits and Additional Information
Physical Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Occupational Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.
Speech Rehabilitation	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	45 Visits per calendar year Includes aggregate of visits for INN and OON and professional and facility covered services for physical, speech, and occupational therapy.

Preventive Services

Preventive Professional Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Adult Physical Examination	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	1 Exam per calendar year
Adult Immunizations	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Well Child Visits and Immunizations	PCP/Specialist - Covered in Full	Covered in Full	
Routine GYN Visit	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Pre/Post-Natal Care	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Preventive Facility Services Meeting Federal Guidelines*

Benefit Name	In Network	Out of Network	Limits and Additional Information
Cervical Cytology Preventative	Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Professional

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prostate Cancer Screening	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Mammography Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Professional	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Professional	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Preventive services in addition to those required under Federal Guidelines - Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Mammography Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Colonoscopy Screening Facility	Covered in Full	40% Coinsurance Subject to Deductible	
Bone Density Screening Facility	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Other Benefits

Additional Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Treatment of Diabetes Preventive	N/A	N/A	
Treatment of Diabetes - Non-Insulin Drugs and Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	Limited to a 90 day supply for retail pharmacy or a 90 day supply for mail order pharmacy. Limited to no more than $100 member cost-share (including before the Deductible) for a 30-day supply of insulin.
Treatment of Diabetes - Insulin	PCP/Specialist - Covered in Full	40% Coinsurance Subject to Deductible	

Benefit Name	In Network	Out of Network	Limits and Additional Information
Diabetic Equipment	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Durable Medical Equipment (DME)	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Medical Supplies	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	
Acupuncture	PCP/Specialist - 20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	10 Visits per calendar year Limits are combined INN and OON.
Private Duty Nursing	PCP/Specialist - Not Covered	Not Covered	Not Covered

Diagnoses

Benefit Name	In Network	Out of Network	Limits and Additional Information
Reimbursement for Travel and Lodging Expenses	PCP/Specialist - Not Covered	Not Covered	Not Covered

Emergency Services

ER Facility

Benefit Name	In Network	Out of Network	Limits and Additional Information
Facility Emergency Room Visit	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to $1,700 Deductible	Prior Authorization may not apply to any emergency care services. Emergency services are covered worldwide if provided by a hospital facility.

Transportation

Benefit Name	In Network	Out of Network	Limits and Additional Information
Prehospital Emergency and Transportation - Ground or Water	20% Coinsurance Subject to Deductible	20% Coinsurance Subject to $1,700 Deductible	

Urgent Care

Benefit Name	In Network	Out of Network	Limits and Additional Information
Urgent Care Center Facility Visit	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	

Ancillary Benefits

Vision

Benefit Name	In Network	Out of Network	Limits and Additional Information
Pediatric Eye Exams - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per year Limits combined INN and OON.
Pediatric Eyewear - Routine	Not Covered	Not Covered	Not Covered
Adult Eye Exams - Routine	20% Coinsurance Subject to Deductible	40% Coinsurance Subject to Deductible	1 Exam per year Limits combined INN and OON.
Adult Eyewear - Routine	Not Covered	Not Covered	Not Covered

Rx Benefits

Rx Plan

Benefit Name	In Network	Out of Network	Limits and Additional Information
Rx Plan	$5/$35/$70, $0 Gen For Kids Integrated Rx	N/A	Deductible will apply then copay.

Rx Benefits

Benefit Name	In Network	Out of Network	Limits and Additional Information
Days Supply Per Retail Order	30		
Days Supply Per Mail Order	90		
Copays Per Mail Order Supply	2		

This document is not a contract. It is only intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. Any inconsistencies between this document and the contract shall be resolved in favor of the contract in effect at the time services are rendered. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefits.

* For non-grandfathered groups, Preventive Services coverage required by the Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force (USPSTF) list of items and services rated "A" or "B", the guidelines supported by the Health Resources and Services Administration (HRSA) and the list of immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) for a complete list of services that are covered pursuant to the Patient Protection and Affordable Care Act requirements.

GENERAL PROVISIONS OF YOUR CONTRACT

Group Contract year: July 1 - June 30

Open Enrollment Period

Open enrollment is held annually during the month of June for an effective date of July 1.

Other than qualifying events (new hire, marriage, birth, etc.) all changes to your policy must be made during this time period.

Participants are required to **remain in a rider for a minimum of one year**, as long as they continue with the Genesee Area Healthcare Plan.

Identification Card

As the subscriber, you will receive two member ID cards which lists your name and subscriber identification number. Each dependent will receive their own member ID card mailed in its own envelope, regardless of their age (including newborns). The dependent's ID card will include the subscriber's name and the subscriber's identification number.

Carry your card at all times. Present it to hospitals, physicians and other healthcare providers when you receive care.

If you lose your card, contact Excellus BCBS Customer Service at 1-877-253-4797 to request a replacement.

ELIGIBILITY

Eligible subscribers must be US citizens, permanent residents, or non-immigrants whose authorization status permits employment.

New Hires/Rehires

You are eligible to enroll in the group health plan of a participating school district if:

1. You are an eligible employee; AND
2. You are performing the essential job duties according to your job description pursuant to the collective bargaining agreement or other contractual obligations of your position; AND
3. You are receiving your contractual salary if a salaried employee or your hourly rate if an hourly employee; AND
4. You are working a minimum of 20 hours per week if hired as a full-time employee or averaging a minimum of 17.5 hours per week if hired as a part-time employee; AND
5. You are meeting any additional eligibility requirements of your school district.

When all of these criteria are met, you may be considered an active and eligible participant of the health plan. However, if a participant is not actively working on the effective date of coverage, coverage will be delayed for the participant and his/her dependents until the participant begins work as a new hire or returns to work as a rehire. All required enrollment forms must be submitted within 30 days of becoming an eligible employee.

Active Employees

An eligible employee who is currently enrolled in the District's health plan may choose to elect other coverage options offered by the school district (if applicable) during the open enrollment period with an effective date of July 1; OR

An eligible employee who is currently NOT enrolled in the District's health plan may choose to elect coverage from the options offered by the school district during the open enrollment period with an effective date of July 1.

See "How to Enroll" section for other enrollment eligibility.

Ineligible Subscribers Include:

- Employees working fewer than the required hours listed in the New Hire / Re-hire section above;
- An employee in the employer's probationary period (if applicable);
- Individuals paid for periodic services, such as consultants;
- Temporary employees;
- Volunteers;
- Subcontractors.

Retired Participants

The retired participant may select any package of coverages for Medical, Dental or Vision as long as the coverages are offered to all participants in his/her bargaining unit. Rx coverage is only available with Medical coverage.

The following parameters apply to retired participants:

1. A retired participant may elect to continue coverage in the plan on or before his/her effective date of retirement.
2. The participant must have had Genesee Area Healthcare coverage with his/her employing district for no less than 12 full months before retirement in order to continue coverage.
3. An employee of a participating district, who has Genesee Area Healthcare coverage at or after retirement and drops his/her coverage, may only return if the retiree experiences one of the following changes in family status/qualifying events:
    - Divorce of participant;
    - Death of participant's spouse;
    - Taking of an unpaid leave of absence by spouse;
    - Involuntary termination of health insurance benefits.

    The retired employee must notify the plan of his/her desire to re-enter the plan within 30 days of the qualifying event.
4. If a retired participant should die, a surviving spouse will have 30 days from the date of the death to elect continuing coverage under the plan. Non-election by the surviving spouse will render him/her ineligible to remain on or re-enter the plan at a later date.

Dependent

1. Wife or husband. There is **no coverage** for Domestic Partnership.
2. Dependent Children Covered to Age 26. This Rider applies to coverage of children as follows:
    A. If you select a policy other than individual coverage, your children who are under the age of 26 may be covered under the Health Plan. Coverage lasts until the end of the month in which the child turns 26 years of age. Your children need not be financially dependent upon you for support or claimed as dependents on your tax return; residents of your household; enrolled as students; or unmarried. Children-in-law (spouses of children) and grandchildren are not covered under this Rider.
    B. "Children" include your natural children, a legally adopted child; a step child; and a child for whom you are the proposed adoptive parent and who is dependent upon you during the waiting period prior to the adoption period. Coverage lasts until the end of the month in which the child turns 26 years of age.
    C. A child chiefly dependent upon you for support and for whom you have been appointed the legal guardian by court order is covered. Coverage lasts until the end of the month in which the child turns 26 years of age.
    D. The provisions of any Rider to the Health Plan that extends coverage for young adults through age 29 (for example, the provision requiring that the child be unmarried) shall remain in effect for children ages 26 through 29 and are not changed by provisions set forth above in Paragraphs 2A through 2C that apply to children under the age of 26.
3. A child who is mentally or physically incapable of earning his/her own living could be continued as a dependent beyond age 26, provided proof of the child's incapacity is submitted on the Adult Disabled Dependent Form for medical review and approved by Excellus BCBS.

The term "children" shall include step-children, legally pre-adopted/adopted children, or foster children permanently residing in the participant's household and principally dependent upon the participant for maintenance and support. All grandchildren or non-related children require documentation showing proof of legal custody or guardianship.

If a participant should die, a surviving dependent will have 30 days from the date of the death to elect continuing coverage under the plan. Non-election by the surviving dependent will render him/her ineligible to remain on or re-enter the plan at a later date.

How to Enroll

You elect coverage by completing an enrollment form provided by your employer. You are eligible to enroll only:

- during open enrollment or your initial enrollment period based on start date;
- due to divorce or legal separation;
- if spouse involuntarily loses coverage through his/her employer;
- due to death of the participant.

Check with your district to find out when your coverage begins.

Changing your Coverage

If you need to add a spouse or child to your coverage, you must complete and return to your district an enrollment form and any requested documentation. The addition of a spouse or child will be effective as of the date of marriage, birth or adoption (or beginning of adoption proceedings) or other event making the child eligible for coverage, **as long as you return a completed enrollment form and requested documents to your district within 30 days of the marriage, birth or adoption or other event.**

When Coverage Ends

Your coverage will end on the earliest of the following:

- The date your eligibility ends, as determined by your employer;
- When you are no longer an eligible employee;
- When you stop making contributions (if applicable);
- When your employer cancels their group coverage.

When you are no longer an active employee, you may choose to purchase alternative coverage on an individual basis.

Coverage for all your dependents ends when your coverage ends, or when you stop making contributions, (if applicable), whichever happens first. See section on COBRA.

Removing a Dependent

You may voluntarily remove a dependent at any time during the year as you do not need to wait until open enrollment. Voluntary terminations must be submitted 30 days in advance. Once terminated, you must wait until open enrollment to add dependents back to your coverage.

Removing a Spouse Due to Divorce

Removing a spouse due to divorce requires a copy of the divorce decree provided to you by the court when your divorce is finalized. You must provide a copy of the divorce decree to the GAHP office within 30 days of the final judgment of the divorce so we may remove your ex-spouse from your insurance policy. Ex-spouses are ineligible dependents on our policies. Your ex-spouse will be removed as of the file date provided on the divorce decree.

Disability

Your employer may continue coverage when you are away from work because of a disability. The limits will be determined by your employer. If you become Medicare eligible because of a disability, see section on Medicare.

Temporary Layoff or Leave of Absence

Your employer may continue coverage if you are away from work due to a temporary layoff or leave of absence. The limits will be determined by your employer.

Medicare

Medicare provides a baseline level of healthcare coverage and your GAHP coverage is intended to supplement Medicare. Medicare benefits are for retired participants age 65 or older, or you may be eligible for Medicare earlier if you have a qualifying disability, End-Stage Renal Disease, or ALS (also called Lou Gehrig's disease).

Individuals eligible for Medicare are responsible for ensuring they enroll in Medicare Part A and Part B and notifying their district. Contact your local Social Security office or go online to Medicare.gov to **enroll in Medicare 2 to 3 months prior** to reaching age 65. By enrolling prior to reaching age 65, it ensures your coverage begins on the first day of the month you turn 65, preventing any potential coverage gaps. Once you receive your Medicare card, provide your district with a copy of it along with the Medicare Eligibility form you receive from Excellus BCBS.

Failure to enroll in Medicare Part A and Part B when eligible, and no longer actively working, will result in higher costs for the participant as the GAHP plan will not cover the cost of medical services that would have been covered by Medicare had the participant been enrolled. See Medicare Coordination of Benefits for more information.

Under the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), you can delay enrolling in Medicare, if you are an eligible employee still working at age 65 or older, or a dependent age 65 or older of a subscriber who is still working. See TEFRA/DEFRA section on page 19 for more information.

COBRA Initial Notice

Your school district will assist you in determining if and when you are eligible for COBRA and will provide any required COBRA notices when a qualifying event occurs.

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), requires employers with 20 or more employees to offer continuation of group health coverage to "qualified beneficiaries" when coverage would otherwise end because of a "qualifying event". After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." Under the Plan, qualified beneficiaries who elect COBRA will be responsible to pay for their COBRA coverage.

You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the following qualifying events:

- Termination of employment for any reason other than gross misconduct (36 months);
- Reduction in hours causing loss in coverage (36 months);
- Death of the employee (36 months);
- Divorce or legal separation (36 months) employee is required to notify their school district;
- Dependent children who become ineligible for coverage due to age limitation (36 months) employee is required to notify their school district;
- Employee becomes entitled to Medicare benefits (under Part A, Part B or both) employee is required to notify their school district;
- Qualified beneficiaries with a disability (36 months) employee is required to notify their school district.

Sometimes, filing a proceeding in bankruptcy under Title 11 of the United States Code can be a qualifying event. If a proceeding in bankruptcy is filed with respect to GAHP, and that bankruptcy results in the loss of coverage of any retired employee, retired employee's spouse, surviving spouse, and dependent children covered under the Plan, they will become a qualified beneficiary.

Qualified beneficiaries are required to complete the enrollment form provided to them by their school district in order to be enrolled for any COBRA qualifying event. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children. At the end of the COBRA continuation period, a qualified beneficiary may choose to purchase alternative coverage on an individual basis.

Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, Children's Health Insurance Program (CHIP), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the Benefits Department at your school district.

GAHP Annual Disclosure Notices

GAHP HIPAA Special Enrollment Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within **30 days** after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent, as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within **30 days** after the marriage, birth, adoption, or placement for adoption.

A special enrollment right also arises for employees and their dependents who lose coverage under a state Children's Health Insurance Program (CHIP) or Medicaid or who are eligible to receive premium assistance under those programs. The employee or dependent must request enrollment within **60 days** of the loss of coverage or the determination of eligibility for premium assistance.

To request special enrollment or obtain more information, contact your school district's designated Benefits Administrator. Any additional questions, contact the GAHP office at 585-344-7566 or 585-344-7564.

Patient Protection Disclosure Notice

Genesee Area Healthcare Plan (GAHP) generally allows the designation of a primary care provider, but IS NOT a plan requirement. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact Excellus BCBS at 877-253-4797 or visit Find Care - Blue Cross Blue Shield Association (https://www.excellusbcbs.com/find-a-doctor/provider) and make sure to use prefix: GAH.

For children, you may designate a pediatrician as the primary care provider, but IS NOT a plan requirement.

Please note: you do not need prior authorization from Excellus BlueCross BlueShield or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact Excellus BCBS at 877-253-4797 or visit Find Care - Blue Cross Blue Shield Association (https://www.excellusbcbs.com/find-a-doctor/provider) and make sure to use prefix: GAH.

WHCRA Annual Disclosure Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Contact Excellus BCBS at 877-253-4797 for more information.

Newborns' and Mothers' Health Protection Act Notice

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Excellus BCBS Member Contracts

For more information about your member contract please go to: Excellus BCBS/GAHP or contact Excellus BCBS at 877-253-4797 to request a printed copy.

HIPAA Notice of Privacy Practices

Excellus Privacy Notice: https://news.excellusbcbs.com/documents/d/global/exc-privacy-policy

GAHP Privacy Notice: https://www.gvboces.org/o/gvb/page/hippa-privacy-and-disclosure-notice

Excellus | Blue365

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HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives you access to savings across all aspects of your life– including 20 percent off on Fitbit devices and over $800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and much more!

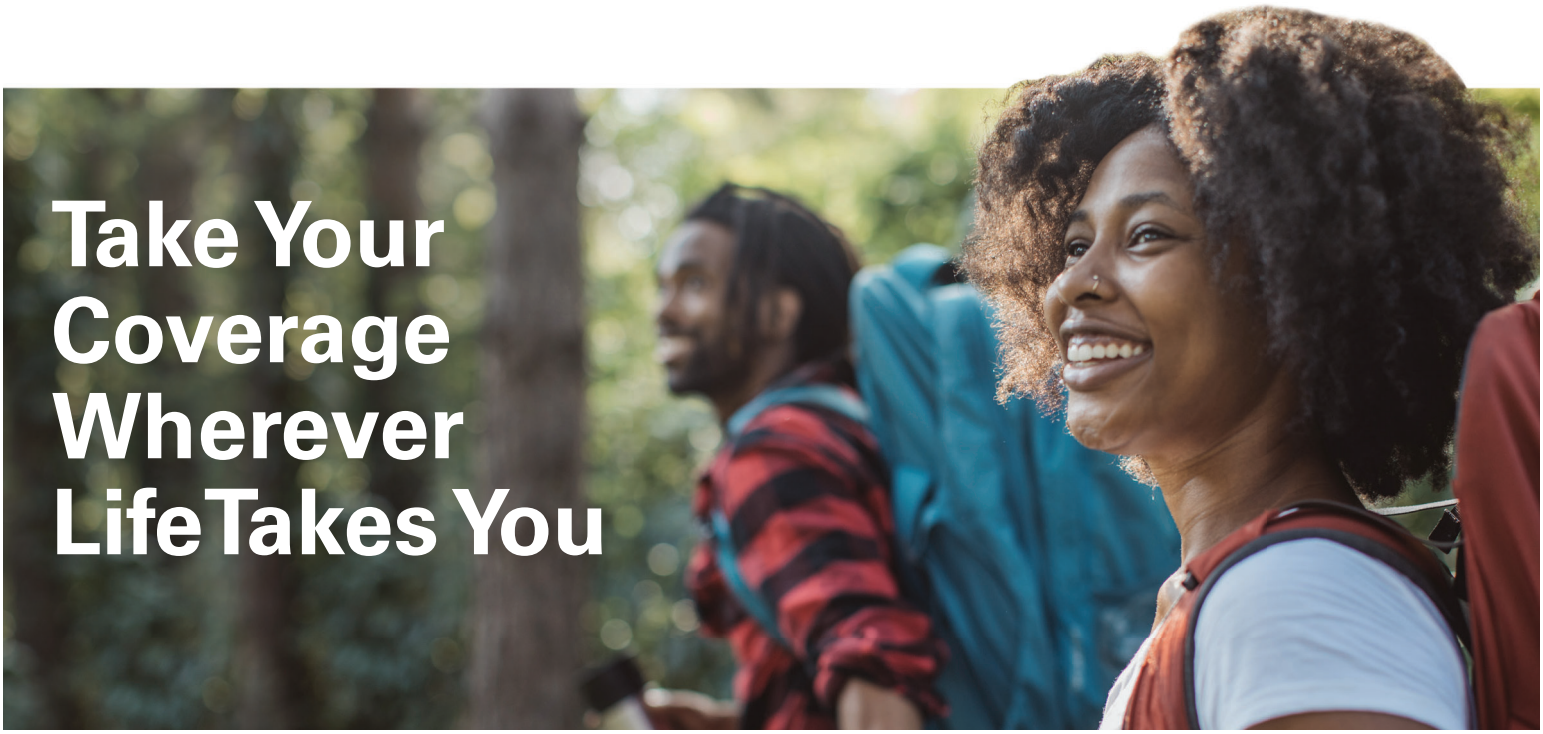
Register now for free to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Excellus BlueCross BlueShield member card to get started.

Get started today at
www.Blue365Deals.com/register

Exclusive savings from

fitbit
GARMIN
SKECHERS
Hotels.com
American HEARING BENEFITS
SUN BASKET
KIND
eyeMed

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Take Your Coverage Wherever Life Takes You

With access to the largest provider network in the world, your Excellus BlueCross BlueShield plan offers a world of options. Our members have access to medical assistance services, doctors, and hospitals in all 50 states and more than 200 countries and territories around the world. Whether you live, work or travel across the country or across the globe, you can have confidence knowing that quality care can be accessed wherever and whenever you need it. And in most cases, you can take advantage of savings the local BCBS company has negotiated with its doctors and hospitals.

BlueCard® for Coverage in the United States

- Always carry your current member ID card.
- Visit **ExcellusBCBS.com/FindaDoctor** or download the **Excellus BCBS mobile app** to find a provider or medical facility near you. You'll be able to narrow your search by ZIP code, county, specialty, or even doctor's name. For personalized results based on your plan, sign into the tool as a member.
- If you're a PPO member, always use a BlueCard PPO doctor or hospital to ensure you receive the highest level of benefits.
- Call us for precertification or prior authorization, if necessary. Refer to the phone number on the back of your member card.
- When you arrive at the participating doctor's office or hospital, show the provider your member card so they can identify your benefit level.

After you receive care in the U.S., you should:

1. Not have to complete any claim forms.
2. Not have to pay upfront for medical services, except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay.
3. Receive an explanation of benefits from Excellus BCBS.

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Blue Cross Blue Shield Global® Core for International Coverage

- Always carry your current member ID card.
- Before you travel, contact Excellus BCBS for coverage details. Coverage outside the United States may be different.
- If you need medical assistance, call the Blue Cross Blue Shield Global Core Service Center (see number below) or use the Global Core mobile app to locate providers. An assistance coordinator, in conjunction with a medical professional, can arrange a physician appointment or hospitalization, if necessary. **If it's an emergency, go directly to the nearest hospital**.

Inpatient claims: Call the Blue Cross Blue Shield Global Core Service Center if you need inpatient care to arrange direct billing.

- In most cases, you should not need to pay upfront for inpatient care at Blue Cross Blue Shield Global Core hospitals except for the out-of-pocket expenses (non-covered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting Blue Cross Blue Shield Global Core, call Excellus BCBS for precertification or preauthorization. Refer to the phone number on the back of your member card.

Professional claims: You may need to pay upfront for outpatient and doctor care, or inpatient care not arranged through the Service Center. Visit **BCBSGlobalCore.com/claims** to file an eClaim or to download a blank international claim form.

Contact Blue Cross Blue Shield Global Core

If you have questions about Blue Cross Blue Shield Global Core or need medical care while abroad, call **+1.800.810.BLUE (2583)** or collect at **+1.804.673.1177**.

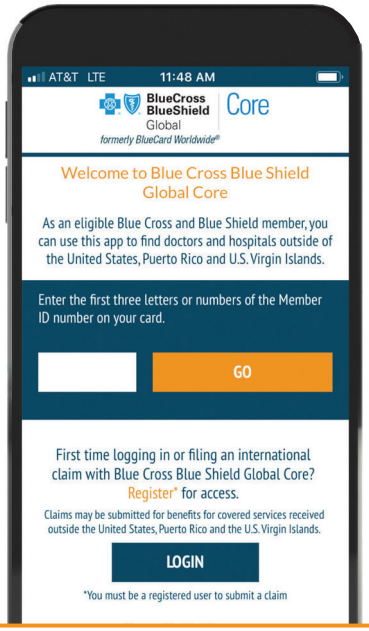
Download

The Excellus BCBS and Blue Cross Blue Shield Global Core mobile apps are available for Apple and Android devices. Visit the appropriate app store to download the latest apps for your device.

Download on the App Store | GET IT ON Google Play

The Global Core app allows you to:

- Search providers for medical, dental, or mental health care **and map them using GPS technology.**
- Find a medication's **availability, generic name, and local brand name**.
- Access embassy information including location, contact, and GPS technology.
- Translate medical terms and phrases **for many symptoms and situations; use the audio feature to play the translation**.
- File International Claims conveniently and securely.



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Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

B-7410 / 17458-23M

Excellus

MAKING CONFIDENT DECISIONS JUST GOT EASIER

Our search tool helps employees quickly estimate medical costs and connect with local and national providers using a desktop or mobile device.

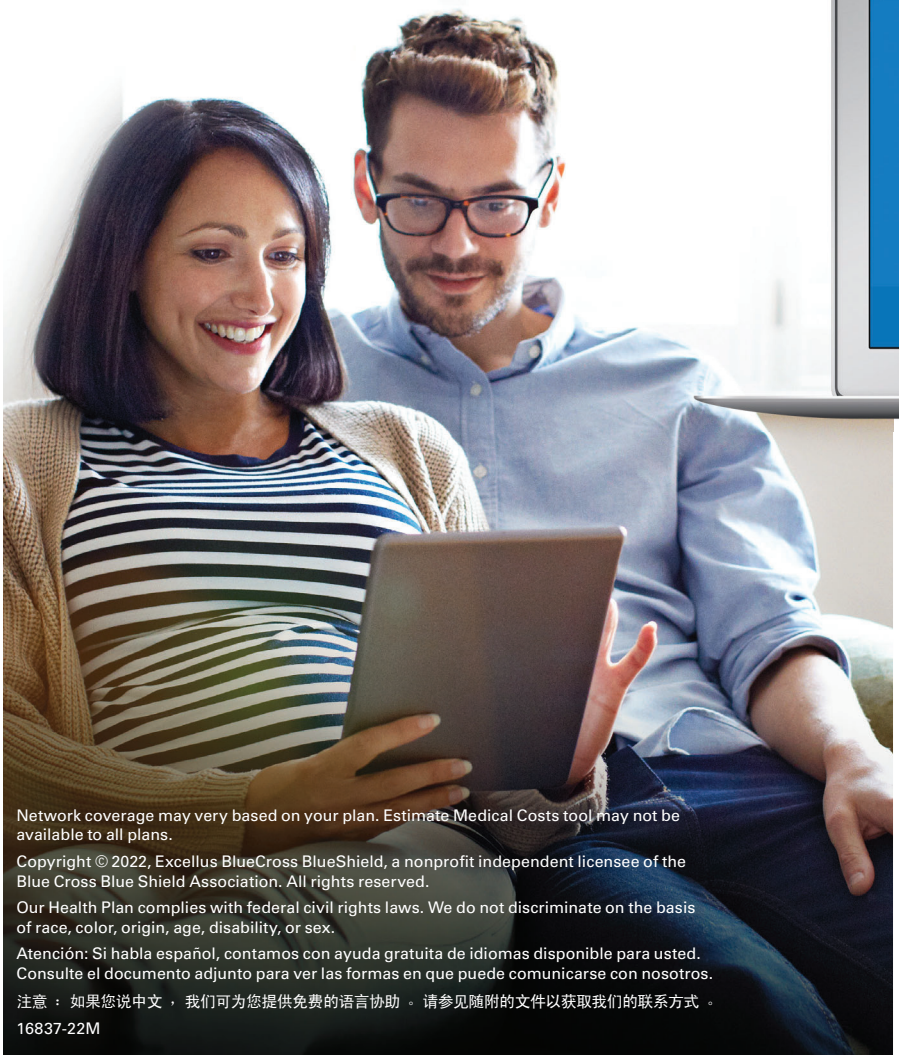
Plus, results are personalized to their plan and coverage when they log in to their online account.

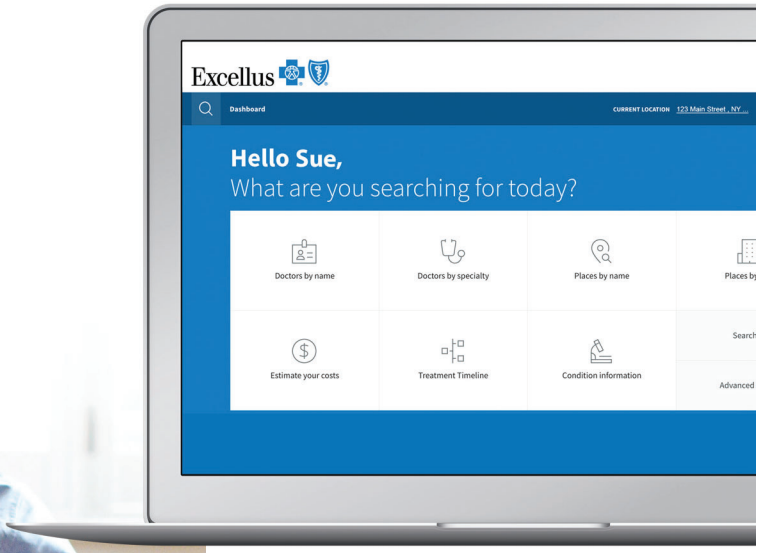
A new level of transparency and control is here.
Learn more at ExcellusBCBS.com

Excellus | Everybody Benefits

Download on the App Store

GET IT ON Google Play





EVERYTHING EMPLOYEES NEED IN A SINGLE ONLINE SEARCH:

FIND A DOCTOR

- Search doctors, specialists, urgent care, hospitals, and more in our local and national networks
- Filter results by specialty, languages spoken, if accepting new patients, provider tier, and more
- See side-by-side comparisons and create a PDF of results to save, share, or print
- Share experiences by reading and leaving reviews

ESTIMATE COSTS

- Log in for average estimated out-of-pocket medical costs based on your year-to-date spending and deductible
- Research estimated medical costs across more than 1,600 treatment categories and 400+ procedures
- Filter results by cost, treatments provided, location, and more
- Access treatment timelines to understand the entire process, stages of care, and cost breakdown throughout

Network coverage may very based on your plan. Estimate Medical Costs tool may not be available to all plans.

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Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意 ： 如果您说中文 ， 我们可为您提供免费的语言协助 。 请参见随附的文件以获取我们的联系方式 。

16837-22M

Understanding Your
HIGH DEDUCTIBLE HEALTH PLAN

A high deductible health plan or "HDHP" is designed to help keep premium costs low for you and your family. You'll have coverage for things like:

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

Let's start with the basics:

Preventive care can help you avoid getting sick and improve your health. With a HDHP, preventive services such as routine physicals, screenings and vaccinations are covered in full.* The deductible does not apply to preventive services; they are covered in full from day one.

For services other than preventive care, you are responsible for paying out of your pocket until you meet your **deductible**. The deductible amount will vary based on your plan, so make sure you know what that amount is. Once you reach your deductible, you will pay a percentage of cost, called coinsurance. **Coinsurance** is your share of the costs of a covered health care service, calculated as a percent. You will have to pay a percentage of that service and the health insurance company will pay the rest.

THE DIAGRAM ILLUSTRATES HOW THIS WORKS:**

<table>
<tr><th rowspan="2">Preventive Services</th><th colspan="3">Other Services</th></tr>
<tr><th>Until deductible amount is reached</th><th colspan="2">After deductible amount is reached</th></tr>
<tr><td>Health Insurance Company Pays
100%</td><td>You pay
100%</td><td>You pay
20%</td><td>Health Insurance Company Pays
80%</td></tr>
<tr><td>Insurance company provides full coverage</td><td>You pay a deductible up to a certain amount</td><td colspan="2">Once the deductible amount is reached, you pay a percentage called coinsurance</td></tr>
</table>

You can use a tax-free account called a Health Savings Account (HSA) to help pay for your portion of the costs. Talk to your HR or benefits representative about the account options that might be available to you.

*In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

**note: for illustrative purposes only- plan options vary

Here's how it works:

Let's say your deductible is **$2,000.**





You go to your doctor for low back pain. **You pay $100 for the visit.**

You still have to pay **$1900** more to reach your deductible.



Your doctor orders an MRI of your lower back. **You pay $1,000 for the MRI.**

You still have to pay **$900** more to reach your deductible.



After a series of visits to your doctor and a chiropractor, you have **$0** left to reach your deductible. Now you will pay a percentage of cost, **called coinsurance**.

If your coinsurance is **20%**, and the next time you visit your doctor your bill is **$100**, then **you'll pay $20 and we will pay $80.**

To help you with your costs, there is an **out-of-pocket maximum** which is an annual limit on the amount of money that you would have to pay for health care services, not including your monthly premiums. Remember, preventive care is covered in full and is not subject to the deductible.

To determine your deductible, out-of-pocket maximum and coinsurance amounts, check your Summary of Benefits and Coverage (SBC), your online member account at Member.ExcellusBCBS.com, or your monthly health statements.

How much will you pay?

A lot goes into that. First, is how much your provider charges for a service. At Excellus BCBS, we've negotiated with providers so our members pay less than if you went to your doctor uninsured.

There are a few other things you can do to help figure out how much you're going to pay when you need care:

1. Use our **Estimate Medical Costs** tool at ExcellusBCBS.com/EstimateCosts. This tool provides an estimate of what a procedure might cost among different providers. For personalized results based on your benefits, use the tool while logged in to your member account.
2. **Call your doctor or specialist** ahead of time and ask how much the anticipated service will cost.
3. Log into your member account at **Member.ExcellusBCBS.com** to check your benefits or call our Customer Care Advocates at the number listed on the back of your member card.



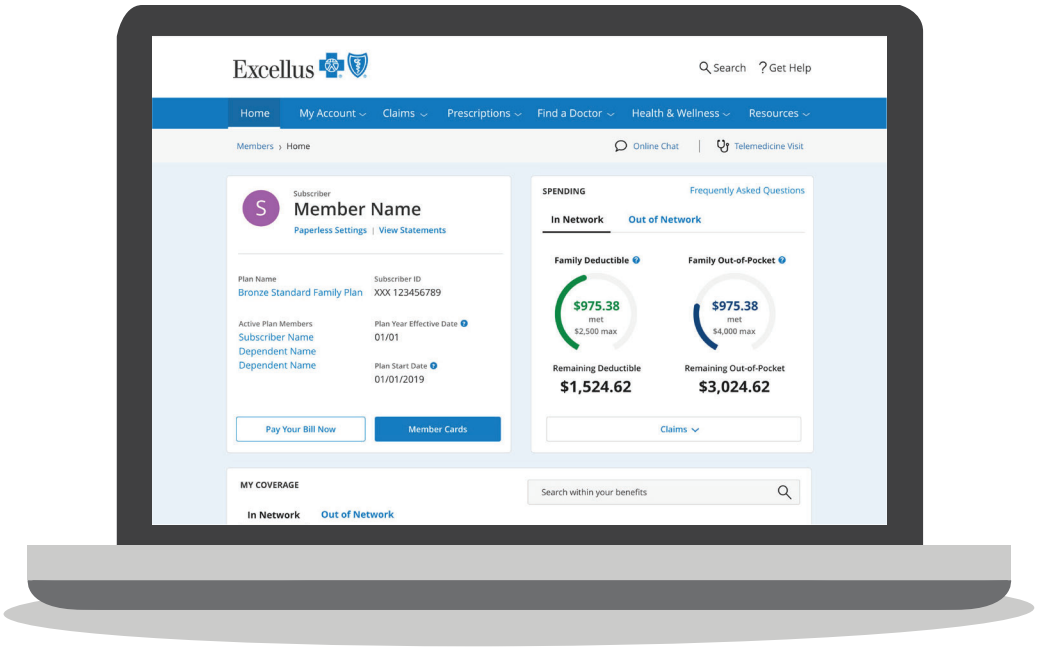
Visit our website at **ExcellusBCBS.com/HighDeductible** for more information and easy-to-use tools and cost calculators.

B-7401 / 15926-22M

IT'S YOUR PLAN. GET MORE OUT OF IT ONLINE.

Excellus

Making the most of your plan shouldn't be complicated. When you sign up for an Excellus BlueCross BlueShield online member account, you get instant access to a variety of tools and other resources to make living healthy a little easier.



1 My Account

Create an online account to access your member card, view a summary of benefits and coverage, claims, go paperless, and more.

2 Find a Doctor/Dentist

Easily find access to care locally, nationally, and globally.

3 Spending

Gives a breakdown of your health spending.

4 Coverage & Benefits

Shows a summary of your plan details.

5 Claims

Allows you to submit and view claims.

6 Get Rewards

Provides quick access to spending and rewards programs.

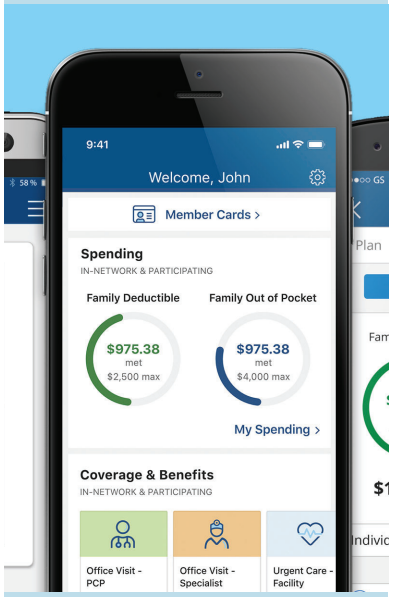
7 Estimate Medical Costs

Research and get a personalized estimate of out-of-pocket medical costs for over 1,600 treatments and over 400 procedures.*

Visit ExcellusBCBS.com to register today.

DOWNLOAD THE EXCELLUS BCBS APP.

Take your health plan with you for on-the-go access 24/7.



View your member card.

•

Track deductibles and out-of-pocket spending.

•

Find a provider or medical facility.

•

Access your benefits and claims information.

Download on the App Store

GET IT ON Google Play

MORE BENEFITS, ACCESS, AND CONTROL IN 5 EASY STEPS

If you have a few minutes, you have plenty of time to create your online member account. Make sure you're getting the most value out of your health plan with a breakdown of how you're using your benefits, the ability to see and submit claims, go paperless, and more.

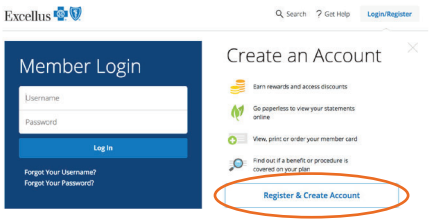
1 In Your Browser, Type ExcellusBCBS.com/login

This will take you directly to the registration screen.



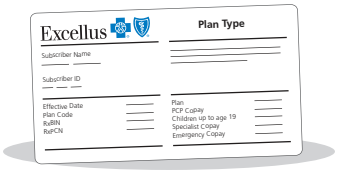
2 Create a New Account

Select the Register & Create Account button on the right side of the screen.



3 Complete the Form

You'll need your Subscriber ID, so be sure you have your Member Card handy.



4 Choose a Username and Password

You'll also choose a pair of security questions in case you forget either of these.

Username*

5 Verify Your Email Address

We'll send you an email to verify your new account. Sign in and you're ready to go!



DON'T FORGET TO DOWNLOAD THE APP

Log in to more features, tools, and resources online.

- View a Summary of Benefits and Coverage
- Find a Doctor or Dentist
- Track Deductible and Out-of-Pocket Spending
- Submit and View Claims
- Estimate Medical Costs*
- View Online Member Cards
- Download Statements and Forms

Create your account at ExcellusBCBS.com today for anytime, anywhere access to your health plan.

* Network coverage may vary based on your plan. Estimate Medical Costs tool may not be available to all plans.

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注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

B-7184/14008-20M B-7184

Excellus



Telemedicine for Medical and Behavioral Health Care

THE DOCTOR WILL SEE YOU NOW. WHEREVER. WHENEVER.

If your doctor isn't available, telemedicine may be an option for you. Telemedicine gives you fast access to medical and behavioral health care 24/7/365, from the comfort of your home, desk, or hotel room. **All you need to do is activate it through your online member account and download the MDLIVE app.**

Rest assured, our health care professionals deliver the same quality of care you receive from your own doctor, via your phone, tablet, or computer.

When do you use telemedicine?

- Instead of going to urgent care or the emergency room for minor and non-life-threatening conditions
- Whenever your primary care doctor is not available
- If you live in a rural area and don't have access to nearby care
- When you're traveling for work or on vacation

Here are some of the common medical conditions treated with telemedicine:

Adults

- Allergies
- Cold and Flu
- Ear Infections
- Fever
- Headache
- Joint Aches and Pains
- Nausea and Vomiting
- Pink Eye
- Rashes
- Sinus Infections
- Sunburn
- Urinary Tract Infections*

Children

- Cold and Flu
- Constipation
- Earache*
- Fever*
- Nausea and Vomiting
- Pink Eye

Excellus

*MDLIVE does not provide support for urinary tract infections in males; does not provide support for earache conditions for children under 12 years old; does not provide support for fever-related conditions for children under 3 years old.

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Excellus

A nonprofit independent licensee of the BlueCross BlueShield Association

Important Facts Regarding Your Authorization to Share Protected Health Information

- In order to comply with Federal HIPAA regulations health plans must obtain a member's permission to share his/her protected health information with any other person. There are limited exceptions to this.

- As permitted by law, we will continue to communicate to providers of care involved in your treatment: (1) our payment activities in connection with your claims, (2) your enrollment in our health plan and (3) your eligibility for benefits.

- Until a child reaches age 18, parents may access most of their child's health information without first obtaining the child's permission. However, regardless of the child's age, parents do not have access to diagnosis or treatment information for sexually transmitted diseases, abortion, and drug or alcohol abuse unless the child specifically authorizes the release of such information.

- This form is used to authorize us to share your protected health information. Each person you identify will have the same access to your information. If you would like each person to access *different* information or to have access to your information for a *different* period of time, you'll need to complete separate forms for each individual or time period.

- We will NOT disclose information relating to genetic testing, substance use disorder, mental health, abortion, and sexually transmitted disease information unless you initial the corresponding condition in Part D. If you would like to authorize us to release information regarding HIV/AIDS, New York State requires that a different form be completed. To obtain a copy of this form, please contact our office at the telephone number listed on your identification card, or access the form at the following website: http://www.health.state.ny.us/diseases/aids/forms/informedconsent.htm.

- If you need additional forms, you may copy this form, contact our office at the telephone number listed on your identification card or visit our Web site at https://www.excellusbcbs.com and search for "Manage Your Privacy".

- Please ensure you have fully completed the form so that we may honor your request.

RETAIN A COPY FOR YOUR RECORDS

AUTHORIZATION TO EXCELLUS HEALTH PLAN, INC. ("HEALTH PLAN") TO DISCLOSE PROTECTED HEALTH INFORMATION (PHI)

☐ **Check here only if you are authorizing access to psychotherapy notes. If checked, this form cannot be used for any other purpose. You must complete a separate form for authorizing access to any other information. If this box is checked, skip Part D.**

PLEASE PRINT

PART A: MEMBER/INDIVIDUAL WHO IS THE SUBJECT OF THE INFORMATION TO BE DISCLOSED

LAST NAME	FIRST NAME	MI	DATE OF BIRTH	IDENTIFICATION # - located on ID card(s)

CURRENT ADDRESS	CITY	STATE/ZIP CODE

PART B: HEALTH PLAN CAN SHARE MY INFORMATION WITH THE FOLLOWING PERSON(S)

NAME OF PERSON/ORGANIZATION	ADDRESS
NAME OF PERSON/ORGANIZATION	ADDRESS

PART C: REASON FOR MEMBER/INDIVIDUAL (PART A) AUTHORIZING DISCLOSURE

☐ At my request ☐ Other: _____

PART D: HEALTH PLAN CAN SHARE THE FOLLOWING INFORMATION *(select D-1 **or** D-2 and if applicable, D-3)*

NOTE: Skip this section if psychotherapy was checked at the top of this form

D-1. ☐ I would like you to disclose any information requested by the person or entity named in Part B. This includes information in Part D-3 (below) only if I placed my initials next to the condition. If my initials do not appear in D-3, information related to those conditions will not be disclosed.

- OR –

D-2. I would like to limit the disclosure of information to a specific type of information, provider, condition or date(s). If this area is blank I do not wish to limit the disclosure of my information.

☐ Enrollment *(e.g. eligibility, address, dependents, birth date)*
☐ Benefit *(e.g. benefit coverage, usage, limits)*
☐ Claim *(e.g. status, provider, dates, payment, diagnosis)*
☐ Clinical records *(e.g. doctor/facility, case management)*
☐ Other limitation: _____
☐ Date Range _____ to _____

- AND, IF APPLICABLE -

D-3. Unless specifically indicated below, information will not be disclosed related to the following conditions. If I have placed my initials next to one or more of these conditions, the Health Plan is authorized to disclose information related to those conditions.

____ Genetic testing
____ Substance use disorder
____ Mental health *(excluding psychotherapy notes)*
____ Sexually transmitted diseases
____ Abortion

Note: A separate form must be completed in order to authorize release of information related to HIV/AIDS. The NYS approved form can be found at http://www.health.ny.gov/diseases/aids/providers/forms/informedconsent.htm

CONTINUED ON THE NEXT PAGE

PART E: ACKNOWLEDGEMENT (PLEASE READ AND SIGN)

I understand that:

- I can revoke this authorization at any time by writing to the Health Plan at the address listed below except this revocation would not affect any action taken by the Health Plan in reliance on this authorization before my written revocation is received.
- Information disclosed as a result of this authorization may be re-disclosed by the recipient. Federal and state privacy laws may no longer protect my PHI.
- Health Plan will not condition my enrollment in a health plan, eligibility for benefits or payment of claims on my giving this authorization.
- Unless you receive revocation in writing, this authorization will be valid until the date specified here: _____

IMPORTANT: I have read and understand the terms of this authorization. I hereby authorize the use and disclosure of my protected health information in the manner described in this form.

Signature: _____ Date: _____

If this request is from a personal representative on behalf of the member, complete the following:

Personal Representative's Name: _____

Personal Representative Signature _____

Description of Authority: ☐ Parent ☐ Legal Guardian* ☐ Power of Attorney* ☐ Other * _____

** You must provide documentation supporting your legal authority to act on behalf of the member*

RETURN TO:

Excellus Health Plan
P.O. Box 21146
Eagan, MN 55121

or Fax: 315-671-7079

Please keep a copy for your records

Notice of Nondiscrimination

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability, or sex. The Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

The Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)

- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please refer to the enclosed document for ways to reach us.

If you believe that the Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Advocacy Department
Attn: Civil Rights Coordinator
PO Box 4717
Syracuse, NY 13221
Telephone number: 1-800-614-6575
TTY number: 1-800-421-1220
Fax: 1-315-671-6656

You can file a grievance in person or by mail or fax. If you need help filing a grievance, the Health Plan's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Attention: If you speak English free language help is available to you. Please refer to the enclosed document for ways to reach us.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。
请参见随附的文件以获取我们的联系方式。

Внимание! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. В приложенном документе содержится информация о том, как ими воспользоваться.

Atansyon: Si ou pale Kreyòl Ayisyen gen èd gratis nan lang ki disponib pou ou. Tanpri gade dokiman ki nan anvlòp la pou jwenn fason pou kontakte nou.

주목해 주세요: 한국어를 사용하시는 경우, 무료 언어 지원을 받으실 수 있습니다. 연락 방법은 동봉된 문서를 참조하시기 바랍니다.

Attenzione: Se la vostra lingua parlata è l'italiano, potete usufruire di assistenza linguistica gratuita. Per sapere come ottenerla, consultate il documento allegato.

אויפמערקזאם: אויב איר רעדט אידיש, איז אומזיסטע שפראך הילף אוועילעבל פאר אייך ביטע רעפערירט צום בייגעלייגטן דאקומענט צו זען אופנים זיך צו פארבינדן מיט אונז.

নজর দিন: যদি আপনি বাংলা ভাষায় কথা বলেন তাহলে আপনার জন্য সহায়তা উপলভ্য রয়েছে। আমাদের সঙ্গে যোগাযোগ করার জন্য অনুগ্রহ করে সংযুক্ত নথি পড়ুন।

Uwaga: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Patrz załączony dokument w celu uzyskania informacji na temat sposobów kontaktu z nami.

تنبيه: إذا كنت تتحدث اللغة العربية، فإن المساعدة اللغوية المجانية متاحة لك. يرجى الرجوع إلى الوثيقة المرفقة لمعرفة كيفية الوصول إلينا.

Remarque : si vous parlez français, une assistance linguistique gratuite vous est proposée. Consultez le document ci-joint pour savoir comment nous joindre.

نوٹ: اگر آپ اردو بولتے ہیں تو آپ کے لیے زبان کی مفت مدد دستیاب ہے۔ ہم سے رابطہ کرنے کے طریقوں کے لیے منسلک دستاویز ملاحظہ کریں۔

Paunawa: Kung nagsasalita ka ng Tagalog, may maaari kang kuning libreng tulong sa wika. Mangyaring sumangguni sa nakalakip na dokumento para sa mga paraan ng pakikipag-ugnayan sa amin.

Προσοχή: Αν μιλάτε Ελληνικά μπορούμε να σας προσφέρουμε βοήθεια στη γλώσσα σας δωρεάν. Δείτε το έγγραφο που εσωκλείεται για πληροφορίες σχετικά με τους διαθέσιμους τρόπους επικοινωνίας μαζί μας.

Kujdes: Nëse flisni shqip, ju ofrohet ndihmë gjuhësore falas. Drejtojuni dokumentit bashkëlidhur për mënyra se si të na kontaktoni.

B-5495

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