



Healthy. Every day.

Take advantage of great discounts* and valuable information you can use all year long. Explore all the healthy choices at excellusbcb.com/Blue365

Blue365® is here for you.

We understand that helping you live a healthy life means more than regular doctor visits - it's helping you find time for the things that matter most.

Blue365 is a national program that's part of your Excellus BlueCross BlueShield membership. It gives you exclusive access to information, discounts, and savings, making it easier and more affordable to make healthy choices.

Members can access Blue365 online, and purchase directly from the vendors online, and/or show their Excellus BlueCross BlueShield ID card to receive special discounts on products and services for healthy lifestyles.

Blue365 is backed by the buying power of 39 independent Blue Cross Blue Shield companies and their members.

Blue365 includes best in class discounts from select local companies and industry-leading, national brands in four main categories:

Healthy Choices

Exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition and elective procedures. Choose from Snap Fitness™, Polar®, Sportline®,

Everlast®, Reebok®, Men's Health, Women's Health, Jenny Craig®, eDiets®, Nutrisystem®, Davis Vision®, QualSight LASIK®, and LasikPlus®. You can also save on hearing aids from Beltone™, and TruHearing.

Blue365 provides decision support tools for family care, including how to choose a caregiver or a long-term care insurance provider. Members can also access emotional support to deal with care of a family member from companies like Seniorlink Care™.

Recreation and Travel

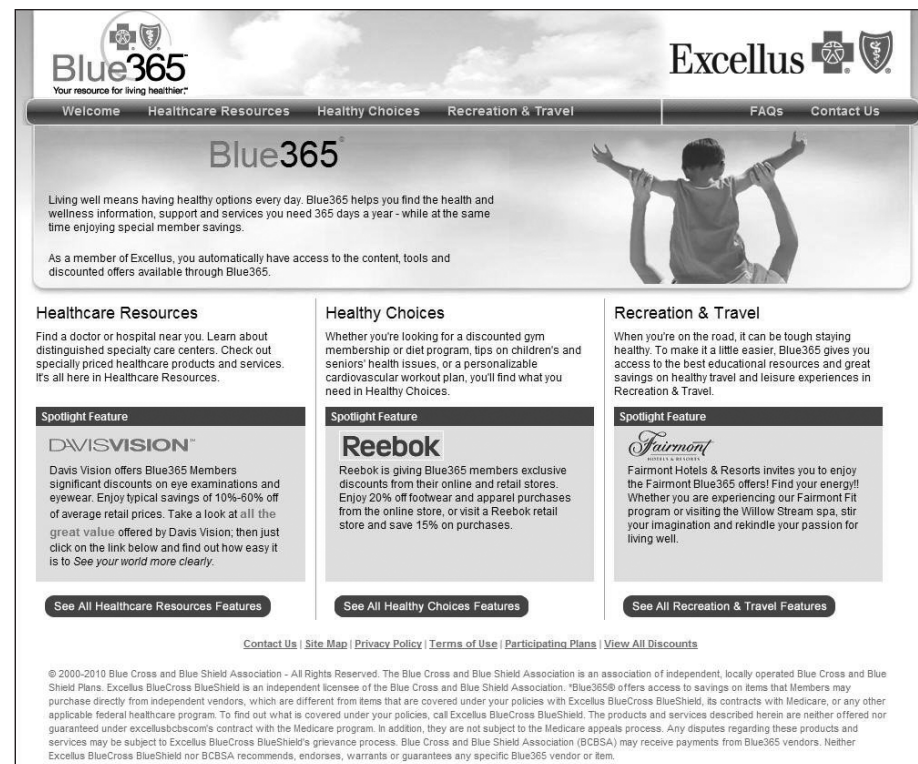
Blue365 offers exclusive travel savings for healthy spa vacations and wellness getaways from companies like Westin® Hotels & Resorts and Fairmont Hotels & Resorts.

Healthcare Resources

Blue365 includes information to help plan for healthcare in retirement and learn about Medicare and long-term care insurance.

Complimentary and Alternative Medicine

Find exclusive discounts with Healthyroads.



*Discounts are available through independent companies that do not provide Blue Cross and/or Blue Shield products or services and are solely responsible for the services provided. See our website for more information at: www.excellusbcb.com/Blue365. The content, tools and discounted offers available through Blue365 are subject to change. Please visit excellusbcb.com/Blue365 for the most current program details.

Blue Choice® \$25 Copay Option

ROCHESTER BUSINESS ALLIANCE

Looking for some peace of mind, great coverage, and a small price tag? Our low-priced HMO is just what you need.

Plan features

Primary Care Physician (PCP)	Required
Referrals	Required
Out of network benefits	Not covered
Out of area benefits	Emergency coverage provided worldwide through the BlueCard® program.
Student/Dependent coverage	Qualified dependents and students are covered to age 26.
Domestic partner	Covered

Plan cost-sharing highlights

Office visit copay (Primary Care Physician)	\$25 copay
Office visit copay (Specialist)	\$40 copay
Coinsurance	None
Deductible	None
Out of pocket maximum	None
Lifetime maximum	None

Questions? Call Member Services at 1 (800) 462-0108, call our TTY phone at 1 (877) 398-2282, or visit us at excellusbcb.com or excellusbcb.com/national



Blue Choice benefits summary

Type of care	Plan benefits	Coverage
Preventive Health Care Services	<ul style="list-style-type: none"> Well child visits Adult routine physical exams Adult immunizations Mammography Pap smear Routine GYN exam Prostate cancer screening Routine vision Colonoscopy 	<ul style="list-style-type: none"> Covered in full Covered in full Covered in full \$25 copay \$25 copay \$25 copay \$25 copay \$40 copay for one routine exam every 2 years; every year for children to age 19. Eyewear \$60 allowance every 2 years; every year for children to age 19. Preventive covered in full
Physician Office Services	<ul style="list-style-type: none"> Diagnostic office visits Diagnostic x-rays Diagnostic laboratory and pathology Allergy tests Allergy injections Chemotherapy Radiation therapy 	<ul style="list-style-type: none"> \$25 copay per visit \$40 copay per visit \$25 copay per visit \$25 copay per visit to your PCP; \$40 copay per visit to a specialist \$25 copay per visit to your PCP; \$40 copay per visit to a specialist \$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit \$25 copay per visit
Maternity Services	<ul style="list-style-type: none"> Prenatal and postpartum care Hospital care for mom (including delivery) Newborn nursery care 	<ul style="list-style-type: none"> \$5 copay per visit for first 10 visits, remainder of visits are covered in full Facility: Subject to \$500 copay per admission; Physician: Subject to \$200 copay or 20% coinsurance, whichever is less Covered in full
Prescription Drug	<ul style="list-style-type: none"> Short-term and maintenance drugs 	<ul style="list-style-type: none"> \$7 copay for generics only
Inpatient Hospital Benefits	<ul style="list-style-type: none"> Hospital benefits Physician visits in the hospital Inpatient physical rehabilitation Surgery Anesthesia 	<ul style="list-style-type: none"> Subject to \$500 copay per admission for unlimited days Covered in full Subject to \$500 copay per admission for up to 60 days per calendar year Facility: Subject to \$500 copay; Physician: Subject to 20% coinsurance or \$200 copay, whichever is less Covered in full
Emergency Care	<ul style="list-style-type: none"> Emergency room care Freestanding urgent care center Ambulance 	<ul style="list-style-type: none"> \$100 copay per visit, unless admitted within 24 hours \$35 copay per visit \$100 copay
Outpatient Hospital Benefits	<ul style="list-style-type: none"> Diagnostic x-rays Diagnostic laboratory and pathology Surgical care Chemotherapy Radiation therapy 	<ul style="list-style-type: none"> \$40 copay per visit \$25 copay per visit Facility: \$75 copay; Physician: Subject to 20% or \$200 copay, whichever is less \$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit \$25 copay per visit
Mental Health and Chemical Dependence	<ul style="list-style-type: none"> Inpatient mental health care Outpatient mental health care Inpatient chemical dependence Outpatient chemical dependence 	<ul style="list-style-type: none"> Subject to \$500 copay per admission for up to 30 days per calendar year \$40 copay for up to 20 visits per calendar year. Services can be provided in an outpatient facility or in a provider office. Not covered \$25 copay per visit for up to 60 visits per calendar year
Other Services	<ul style="list-style-type: none"> Diabetic insulin and supplies Skilled nursing facility Home care Hospice Outpatient therapy Durable medical equipment External prosthetics Chiropractic Acupuncture Dental Hearing 	<ul style="list-style-type: none"> \$25 copay for up to a 30 day supply Subject to \$500 copay per admission for up to 45 days per admission, 360 days per lifetime Covered in full for up to 40 visits per calendar year Subject to \$500 copay per admission for up to 210 days per lifetime \$40 copay per visit for up to a combined total of 30 visits per calendar year for physical, speech, occupational and respiratory therapy Covered at 50% up to \$5,000 per calendar year Covered at 50% up to \$15,000 per calendar year \$40 copay per visit Not covered \$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly Hearing aids covered up to \$600 for up to 2 hearing aids every 3 years for children to age 19

Benefits herein are subject to change as a result of efforts to implement federal health care reform and mental health and substance abuse care parity initiative. There may be additional coverage for biologically-based mental illness and for children with serious emotional disturbances as defined by Timothy's Law. These benefits should not be interpreted as pre-approval of services. Certain services may be subject to additional requirements described in the member's insurance policy. Payment of claims related to these benefits are subject to the member's eligibility on the date of service and the resolution of any other outstanding claims. The member is responsible for payment of a copay, deductible, coinsurance or any combination based on plan design.