



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](http://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**

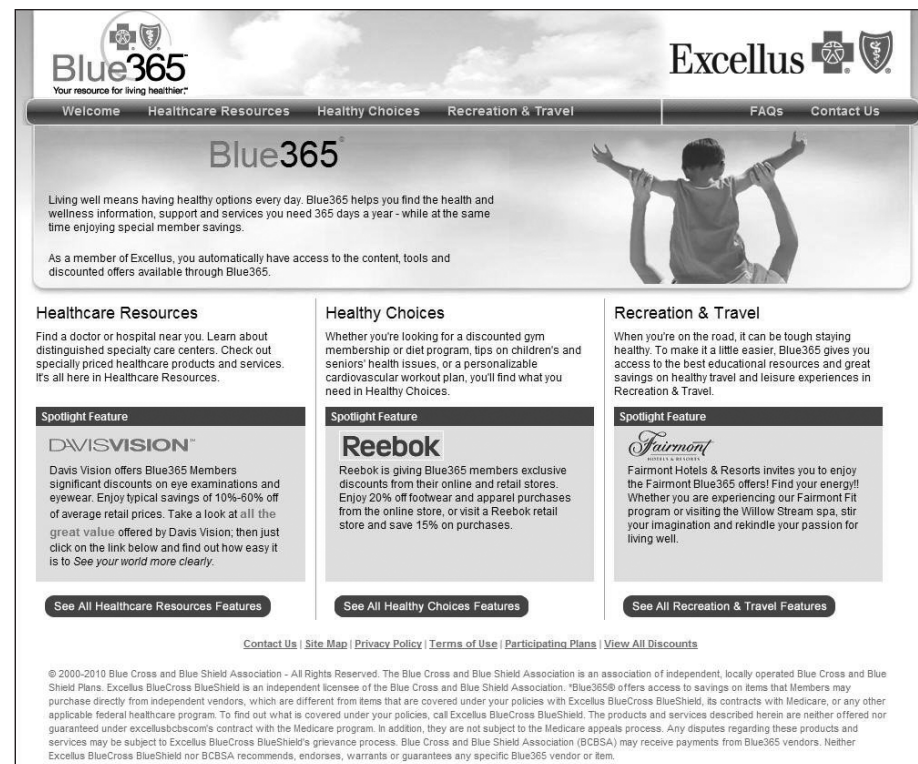
Blue365 offers exclusive travel savings for healthy spa vacations and wellness getaways from companies like Westin® Hotels & Resorts and Fairmont Hotels & Resorts.

**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](http://www.excellusbcb.com/Blue365). The content, tools and discounted offers available through Blue365 are subject to change. Please visit [excellusbcb.com/Blue365](http://excellusbcb.com/Blue365) for the most current program details.

**Plan Type:  
Copay Option**

ROCHESTER BUSINESS ALLIANCE

**Plan features**

Primary Care Physician (PCP)	Not required
Referrals	Not required
Out of network benefits	Covered at 80%, subject to the deductible
Out of area benefits	Coverage provided worldwide through the BlueCard® program.
Student/Dependent coverage	Qualified dependents and students are covered to age 26.
Domestic partner	Covered

**Earn cash back with HealthyRewards**  
You can earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year.

**Office visit copay (Primary Care Physician)**  
Adult: \$30 Copay per visit; Children to age 19: \$0 Copay per visit

**Office visit copay (Specialist)**  
\$50 copay per visit

**Coinsurance**  
In-network: None; Out-of-network: 20%

**Deductible**  
In-network: None Out of Network \$500 individual /\$1,500 family

**Out of pocket maximum**  
In-network: None; Out of Network \$1,500 individual /\$4,500 family

**Lifetime maximum**  
None

**Questions?** Call Member Services at 1 (800) 499-1275, call our TTY phone at 1 (315) 448-6764, or visit us at [excellusbcb.com](http://excellusbcb.com) or [excellusbcb.com/national](http://excellusbcb.com/national)



# HealthyBlue benefits summary

Type of care	Plan benefits	In-Network	Out Of Network
<b>HealthyRewards</b>	<ul style="list-style-type: none"> <li>Earn cash back with HealthyRewards</li> </ul>	<ul style="list-style-type: none"> <li>You can earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
<b>Preventive Health Care Services</b>	<ul style="list-style-type: none"> <li>Well child visits</li> <li>Adult routine physical exams</li> <li>Adult immunizations</li> <li>Mammography</li> <li>Pap smear</li> <li>Routine GYN exam</li> <li>Prostate cancer screening</li> <li>Routine vision</li> <li>Colonoscopy</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full for 1 exam per year</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$50 copay for one routine exam every year; \$60 eyewear allowance available per year</li> <li>Preventive covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered at 80%, subject to the deductible for one routine exam per year</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible for one routine exam per year. \$60 eyewear allowance available per year</li> <li>Covered at 80%, subject to the deductible</li> </ul>
<b>Physician Office Services</b>	<ul style="list-style-type: none"> <li>Diagnostic office visits</li> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> <li>Allergy tests</li> <li>Allergy injections</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>Adult: \$30 copay per visit to your PCP; \$50 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$50 copay per visit to a specialist.</li> <li>\$50 copay per visit</li> <li>Covered in full</li> <li>Adult: \$30 copay per visit to your PCP; \$50 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$50 copay per visit to a specialist.</li> <li>Adult: \$30 copay per visit to your PCP; \$50 copay per visit to a specialist. Child: \$0 copay per visit to your PCP; \$50 copay per visit to a specialist.</li> <li>\$30 copay per visit</li> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>
<b>Maternity Services</b>	<ul style="list-style-type: none"> <li>Prenatal and postpartum care</li> <li>Hospital care for mom (including delivery)</li> <li>Newborn nursery care</li> </ul>	<ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>
<b>Prescription Drug</b>	<ul style="list-style-type: none"> <li>Short-term and maintenance drugs</li> </ul>	<ul style="list-style-type: none"> <li>\$5/\$35/\$70; \$0 copay for generics for children to age 19.</li> </ul>	<ul style="list-style-type: none"> <li>Not covered</li> </ul>
<b>Inpatient Hospital Benefits</b>	<ul style="list-style-type: none"> <li>Hospital benefits</li> <li>Physician visits in the hospital</li> <li>Inpatient physical rehabilitation</li> <li>Surgery</li> <li>Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per admission for unlimited days</li> <li>Covered in full</li> <li>Subject to \$500 copay per admission for up to 60 days per year</li> <li>Covered in full</li> <li>Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible.</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible for up to 60 days per year.</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered in full</li> </ul>
<b>Emergency Care</b>	<ul style="list-style-type: none"> <li>Emergency room care</li> <li>Freestanding urgent care center</li> <li>Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>\$50 copay per visit</li> <li>\$250 copay</li> </ul>	<ul style="list-style-type: none"> <li>\$250 copay per visit, unless admitted within 24 hours</li> <li>Covered at 80%, subject to the deductible</li> <li>\$250 copay</li> </ul>
<b>Outpatient Hospital Benefits</b>	<ul style="list-style-type: none"> <li>Diagnostic x-rays</li> <li>Diagnostic laboratory and pathology</li> <li>Surgical care</li> <li>Chemotherapy</li> <li>Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>\$50 copay per visit</li> <li>Covered in full</li> <li>\$250 copay</li> <li>\$30 copay per visit</li> <li>\$50 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> </ul>
<b>Mental Health and Chemical Dependence</b>	<ul style="list-style-type: none"> <li>Inpatient mental health care</li> <li>Outpatient mental health care</li> <li>Inpatient chemical dependence</li> <li>Outpatient chemical dependence</li> </ul>	<ul style="list-style-type: none"> <li>Subject to \$500 copay per admission for up to 30 days per year</li> <li>\$50 copay for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.</li> <li>Subject to \$500 copay per admission for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime.</li> <li>\$50 copay per visit for up to 60 visits per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to 30 days per year</li> <li>Covered at 80%, subject to the deductible, for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider office.</li> <li>Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime.</li> <li>Covered at 80%, subject to the deductible for up to 60 visits per year</li> </ul>
<b>Other Services</b>	<ul style="list-style-type: none"> <li>Diabetic insulin and supplies</li> <li>Skilled nursing facility</li> <li>Home care</li> <li>Hospice</li> <li>Outpatient therapy</li> <li>Durable medical equipment</li> <li>External prosthetics</li> <li>Chiropractic</li> <li>Acupuncture</li> <li>Dental</li> <li>Hearing</li> </ul>	<ul style="list-style-type: none"> <li>\$30 copay for up to a 30 day supply</li> <li>Subject to \$500 copay per admission for up to 45 days per year</li> <li>Covered in full for up to 40 visits per year</li> <li>Covered in full for unlimited visits</li> <li>\$50 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy</li> <li>Covered at 50%</li> <li>Covered at 50%</li> <li>\$50 copay per visit</li> <li>\$50 copay for up to 10 visits per year</li> <li>\$50 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>\$50 copay for one routine hearing exam per year</li> </ul>	<ul style="list-style-type: none"> <li>Covered at 80%, subject to the deductible for up to a 30 day supply</li> <li>Covered at 80%, subject to the deductible for up to 45 days per year</li> <li>Covered at 80%, subject to a \$50 deductible for up to 40 visits per year.</li> <li>Covered at 80%, subject to the deductible for unlimited visits per year</li> <li>Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy</li> <li>Covered at 50%, subject to the deductible</li> <li>Covered at 50%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible</li> <li>Covered at 80%, subject to the deductible, for up to 10 visits per year</li> <li>Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>Covered at 80%, subject to the deductible, for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.</li> </ul>

Earn up to \$500 individually, or a combined \$1,000 cash back for you and an eligible adult member. 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.