



**LAVORO  
GROUP**

EMPLOYEE BENEFITS  
HUMAN RESOURCES

AUTO • HOME • LIFE  
HEALTH • MEDICARE

BUSINESS  
INSURANCE



# 2020

Greater Rochester Association of Realtors  
(Syracuse Region)

01/01/2020 - 12/31/2020



# Lavoro Group Team

# Service Team

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**Patrick McCloskey\*\***  
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Benefit Consultant  
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**Responsible for the day to day account management**

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**Contact Gabrielle with service related questions**

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Client Service Director  
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**Contact Michael with service related questions**

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## Counties you must live in:

### Central New York Region:

**Cayuga**

**Cortland**

**Onondaga**

**Oswego**

**Tompkins**

### Central New York Region:

**Broom**

**Chemung**

**Chenango**

**Schuyler**

**Steuben**

**Tioga**

# FREE PREVENTIVE SERVICES



## Top 10 List of FREE Preventive Services

1. Annual Routine Checkup	2. Cholesterol Screening
3. Colonoscopy Screening (adults ages 50-75)	4. Diabetes Screening
5. High Blood Pressure Screening	6. Immunizations
7. Mammography Screening (women ages 40+)	8. Prostate Testing
9. Well-Child Visit*	10. Well-Woman Visit*

## Additional FREE Preventive Services

- Abdominal Aortic Aneurysm Screening (men)
- Alcohol Misuse Screening and Behavioral Counseling Intervention (adults ages 18 and over)
- Anemia Screening (pregnant women)
- Anemia Screening (children 6-12 months for those with a prescription drug benefit)
- Aspirin Therapy for Prevention of Cardiovascular Disease (men ages 45-79 and women ages 55-79 for those with a prescription drug benefit)
- Bacteriuria Screening (pregnant women)
- Bone Density (osteoporosis screening for women ages 65 years older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old)
- Blood Pressure Screening (adults ages 18 and over)
- Breast and Ovarian Cancer Susceptibility, Genetic Testing, BRCA Risk\*\*
- Breast Feeding Supplies, Support and Counseling
- Chlamydia Screening (women ages 24 and younger and at risk older women)
- Contraceptive Methods and Counseling
- Dental Caries in Preschool Children, Treatment - Fluoride
- Depression Screening
- Falls Prevention in Older Adults (includes Vitamins D Supplementation)
- Folic Acid - Daily Supplement (women of childbearing age)
- General Health Panel with Basic Metabolic Panel
- Gonorrhea - Prophylactic Medication for Newborns
- Gonorrhea Screening
- Healthy Diet Counseling
- Hearing Loss Screening for Newborns
- Hepatitis B and Hepatitis C Screening
- HIV Screening and Counseling
- HPV Screening
- Hypothyroidism Screening (newborns)
- Interpersonal and Domestic Counseling and Screening
- Iron Deficiency Testing and Iron Supplementation (pregnant women and child ages 6-12)
- Lead Screening
- Lipid Screening
- Lung Cancer Screening (adult current/former smokers ages 55+)
- Obesity Screening (adults and children)
- Oral Contraceptives
- Over-the-counter Contraceptive Drugs and Devices
- Pap Smear Collection and Preparation
- Phenylketonuria Screening (children)
- Prenatal Visit\* and One (1) Post-Partum Visit\*
- RH (D) Incompatibility Screening (pregnant women)
- Sexually Transmitted Infections Counseling
- Sickle Cell Disease Screening
- Smoking Cessation Intervention Pharmacotherapy and Counseling
- Syphilis Screening
- Visual Impairment Screening (children under age 5)

† A well visit or preventive service can sometimes turn into a “sick visit”, in which out-of-pocket expenses for deductible, copay and/or coinsurance may apply. There may also be other services performed in conjunction with the above preventive care services that might be subject to deductible, copay and/or coinsurance.

\*Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as an Evaluations and Management code (E&M code).

\*\*BRCA screening requires prior approval





## Health Insurance Options for 2020 Platinum & Gold MVP Plans

MVP Plan Features	Premier Platinum 1	Premier Gold 1	Premier Plus Gold 1
Primary Care Physician	\$15	\$25, subject to deductible	3 Visits at \$0, then \$15
Specialist	\$35	\$40, subject to deductible	\$50 subject to deductible
Hospital Inpatient	\$500	\$1,000, subject to deductible	\$500 subject to deductible
Outpatient Surgery	\$100	\$100, subject to deductible	\$200 subject to deductible
Emergency Room	\$100	\$150, subject to deductible	\$350
Urgent Care	\$55	\$60, subject to deductible	\$50
Adult Eye Exam/Pediatric Eye Exam	Not covered/\$45	Not Covered/ \$25 subject to deductible	Not Covered/ \$50 subject to deductible
Pediatric Eyewear	10% coinsurance	20% coinsurance	50% coinsurance
Preventative Services	No Charge	No Charge	No Charge
X-rays	PCP: \$15 copay/Spec: \$35 copay	PCP: \$25 copay/Spec: \$40 copay Subject to deductible	PCP: \$15 copay/Spec: \$60 copay subject to deductible
Laboratory	PCP: \$15 copay/Spec: \$35 copay	PCP: \$25 copay/Spec: \$40 copay Subject to deductible	PCP: \$15 copay/Spec: \$50 copay
Mental Health Inpatient	\$500	\$1,000, subject to deductible	\$500, subject to deductible
Mental Health Outpatient	\$15	\$25, subject to deductible	\$15
Diabetic Drugs and Supplies	\$15	\$25, subject to deductible	\$15
Telemedicine	\$15	\$25, subject to deductible	\$15
Prescription Drug	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$40/\$60 subject to deductible \$100 Individual/\$200 Family (Name Brand Only)
Wellness Benefit	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.
<b>In-Network:</b>			
Deductible	\$0	\$600 Individual/\$1,200 Family	\$1,200 Individual/\$2,400 Family
Coinsurance	As Noted	As Noted	None
Out-of-Pocket Maximum	\$2,000 Individual/\$4,000 Family	\$4,000 Individual/\$8,000 Family	\$5,900 Individual/\$11,800 Family
<b>Rates: 1/1/2020-12/31/2020</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>
Single	\$1,045.93	\$848.63	\$822.60
Employee & Spouse	\$2,091.86	\$1,697.26	\$1,645.20
Employee & Child(ren)	\$1,778.08	\$1,442.67	\$1,398.42
Family	\$2,980.90	\$2,418.60	\$2,344.41

❖ *This is not a benefit summary or guarantee of coverage. Please see plan documents for complete coverage information*



## Health Insurance Options for 2020 Gold MVP Plans

MVP Plan Features	Premier Plus Gold 4	Gold 2 HSA Qualified
Primary Care Physician	\$40	\$5 subject to deductible
Specialist	\$50	\$25 subject to deductible
Hospital Inpatient	\$1,000	\$400 subject to deductible
Outpatient Surgery	\$300	\$100 subject to deductible
Emergency Room	\$500	\$75 subject to deductible
Urgent Care	\$50	\$25 subject to deductible
Adult Eye Exam/Pediatric Eye Exam	Not Covered/ \$50	Not Covered/ \$25 subject to deductible
Pediatric Eyewear	50% coinsurance	50% coinsurance
Preventative Services	No Charge	No Charge
X-rays	PCP: \$40 copay/Spec: \$50 copay	PCP: \$5 copay/Spec: \$30 copay subject to deductible
Laboratory	PCP: \$40 copay/Spec: \$50 copay	PCP: \$5 copay/Spec: \$25 copay subject to deductible
Mental Health Inpatient	\$1,000	\$200, subject to deductible
Mental Health Outpatient	\$40	\$5, subject to deductible
Diabetic Drugs and Supplies	\$40	\$5, subject to deductible
Telemedicine	\$40	\$5 subject to deductible
Prescription Drug	\$10/\$40/\$60	\$5/\$15/\$25 subject to deductible Preventive Drugs No Deductible
Wellness Benefit	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, message therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, message therapy and more.
<b>In-Network:</b>		
Deductible	\$0	\$1,400 Individual/\$2,800 Family <b>Agg</b>
Coinsurance	None	None
Out-of-Pocket Maximum	\$6,750 Individual/\$13,500 Family	\$6,750 Individual/\$13,500 Family <b>Emb</b>
<b>Rates:1/1/2020-12/31/2020</b>		
Single	\$866.23	<b>Without Pediatric Dental Rider</b> \$802.47
Employee & Spouse	\$1,732.46	\$1,604.94
Employee & Child(ren)	\$1,472.59	\$1,364.20
Family	\$2,468.76	\$2,287.04

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## Health Insurance Options for 2020 Silver MVP Plans

MVP Plan Features	Premier Silver 1	Premier Plus Silver 2	Silver 3 HDHP HSA Qualified	Premier Plus Silver 11
<b>Primary Care Physician</b>	\$30, subject to deductible	3 Visits at \$0, then \$40 Copay	\$30, subject to deductible	3 visits at \$0, then \$35 no DD
<b>Specialist</b>	\$50, subject to deductible	\$70, subject to deductible	\$60, subject to deductible	3 visits at \$0, then \$55 no DD
<b>Hospital Inpatient</b>	\$1,500, subject to deductible	Covered at 80% subject to deductible	\$500, subject to deductible	\$0, subject to the deductible
<b>Outpatient Surgery</b>	\$150, subject to deductible	\$200, subject to deductible	\$200, subject to deductible	\$0, subject to the deductible
<b>Emergency Room</b>	\$250, subject to deductible	\$500	\$300, subject to deductible	\$0, subject to the deductible
<b>Urgent Care</b>	\$70, subject to deductible	\$70	\$60, subject to deductible	\$55
<b>Adult Eye Exam/Pediatric Eye Exam</b>	Not Covered/ \$30	Not Covered/\$70	Not Covered/ \$60	Not covered/\$55
<b>Pediatric Eyewear</b>	30% coinsurance	50% coinsurance	50% coinsurance	0% coinsurance
<b>Preventative Services</b>	No Charge	No Charge	No Charge	No Charge
<b>X-rays</b>	PCP: \$30 copay/Spec: \$50 copay subject to deductible	PCP: \$40 copay/Spec: \$125 copay subject to deductible	PCP: \$30 copay/Spec: \$60 copay subject to deductible	PCP: \$35 copay/Spec: \$55 copay
<b>Laboratory</b>	PCP: \$30 copay/Spec: \$50 copay subject to deductible	PCP: \$40 copay/Spec: \$70 copay	PCP: \$30 copay/Spec: \$60 copay subject to deductible	PCP: \$35 copay/Spec: \$0 copay
<b>Mental Health Inpatient</b>	\$1,500, subject to deductible	20% coinsurance, subject to deductible	\$500, subject to deductible	\$0, deductible applies
<b>Mental Health Outpatient</b>	\$30, subject to deductible	\$40	\$30, subject to deductible	\$35
<b>Diabetic Drugs and Supplies</b>	\$30, deductible applies	\$40	\$30, subject to deductible	\$35
<b>Telemedicine</b>	\$30, subject to deductible	\$40	\$30, subject to deductible	\$35
<b>Prescription Drug</b>	\$10/\$35/\$70	\$15/\$40/\$70 subject to deductible	\$10/\$45/\$90 subject to deductible (Preventive Drugs No Deductible)	\$10/\$0/\$0 subject to the deductible
<b>Wellness Benefit</b>	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.
<b>In-Network:</b>				
<b>Deductible</b>	\$1,300 Individual/\$2,600 Family	\$2,650 Individual/\$5,300 Family	\$2,500 Individual/\$5,000 Family <b>Agg</b>	\$5,850 Individual/\$11,700 Family
<b>Coinsurance</b>	As Noted	20%	Covered at 50%	None
<b>Out-of-Pocket Maximum</b>	\$7,900 Individual/\$15,800 Family	\$6,750 Individual/\$13,500 Family	\$5,700 Individual/\$11,400 Family <b>Emb</b>	\$5,850 Individual/\$11,700 Family
<b>Rates:1/1/2020-12/31/2020</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>
<b>Single</b>	\$706.20	\$682.36	\$658.99	\$706.49
<b>Employee &amp; Spouse</b>	\$1,412.40	\$1,364.72	\$1,317.98	\$1,412.98
<b>Employee &amp; Child(ren)</b>	\$1,200.54	\$1,160.01	\$1,120.28	\$1,201.03
<b>Family</b>	\$2,012.67	\$1,944.73	\$1,878.12	\$2,013.50

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## Health Insurance Options for 2020 Bronze MVP Plans

MVP Plan Features	Premier Bronze 1 HDHP	Bronze 3 HDHP HSA Qualified	Bronze 6 HDHP HSA Qualified	Bronze National HDHP**
<b>Primary Care Physician</b>	50% subject to the deductible	\$30, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Specialist</b>	50% subject to the deductible	\$50, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Hospital Inpatient</b>	50% subject to the deductible	70% subject to the deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Outpatient Surgery</b>	50% subject to the deductible	\$100, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Emergency Room</b>	50% subject to the deductible	\$500, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Urgent Care</b>	50% subject to the deductible	\$50, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Adult Eye Exam/Pediatric Eye Exam</b>	Not Covered/50% coinsurance, subject to deductible	Not Covered/\$50	Not Covered/Covered at 100% subject to the deductible	Not Covered/70% subject to the deductible
<b>Pediatric Eyewear</b>	50% coinsurance, subject to deductible	50% coinsurance, subject to deductible	Covered at 100% subject to the deductible	50% coinsurance, subject to deductible
<b>Preventative Services</b>	No Charge	No Charge	No Charge	No Charge
<b>X-rays</b>	PCP: 50% coinsurance/Spec: 50% coinsurance subject to deductible	PCP: \$30 copay/Spec: \$100 copay subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Laboratory</b>	PCP: 50% coinsurance/Spec: 50% coinsurance subject to deductible	PCP: \$30 copay/Spec: \$50 copay subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Mental Health Inpatient</b>	50% coinsurance, subject to deductible	30% coinsurance, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Mental Health Outpatient</b>	50% coinsurance, subject to deductible	\$30, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Diabetic Drugs and Supplies</b>	50% coinsurance, subject to deductible	\$30, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Telemedicine</b>	50% subject to the deductible	\$30, subject to deductible	Covered at 100% subject to the deductible	70% subject to the deductible
<b>Prescription Drug</b>	\$10/\$35/\$70, subject to the deductible	\$10/\$45/\$90, subject to the deductible (No Deductible on Preventive Drugs)	Covered at 100% subject to the deductible (No Deductible on Preventive Drugs)	\$10/\$50/\$80 subject to deductible Preventive Drugs No Deductible
<b>Wellness Benefit</b>	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.	Up to \$600 per calendar year, in reimbursement for gym/fitness club memberships, youth sports, massage therapy and more.
<b>In-Network:</b>				
<b>Deductible</b>	\$5,500 Individual / \$11,000 Family	\$5,900 Individual / \$11,800 Family	\$6,750 Individual / \$13,500 Family	\$4,200 Individual / \$8,400 Family
<b>Coinsurance</b>	50%	30%	0%	30%
<b>Out-of-Pocket Maximum</b>	\$6,550 Individual / \$13,100 Family	\$6,750 Individual / \$13,500 Family	\$6,750 Individual / \$13,500 Family	\$6,750 Individual / \$13,500 Family
<b>Rates: 1/1/2020-12/31/2020</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>	<b>Without Pediatric Dental Rider</b>
<b>Single</b>	\$480.44	\$497.59	\$514.99	\$599.57
<b>Employee &amp; Spouse</b>	\$960.88	\$995.18	\$1,029.98	\$1,199.14
<b>Employee &amp; Child(ren)</b>	\$816.75	\$845.90	\$875.48	\$1,019.27
<b>Family</b>	\$1,369.25	\$1,418.13	\$1,467.72	\$1,708.77

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# Earn up to \$600 with WellBeing Rewards.

MVP Health Care® is committed to helping our members become healthier in all aspects of life by providing even more ways to earn rewards and get reimbursed.

## Get rewarded for making healthy choices!

Earn up to \$200 by completing any of the activities listed below. Each point earned is equal to \$1.

Point-Earning Activities and Maximum Points	
Personal Health Assessment <i>(Required)</i>	50
myVisitNow® Registration <i>(One-time points earning activity)</i>	25
Biometric Screening or Health Risk Screening	100
Email/Text Sign-Up	10
ASH Connected!™ Activity Tracking	200
225,000 Steps/Movement Merits per Month	50
175,000 Steps/Movement Merits per Month	35
100,000 Steps/Movement Merits per Month	25
Online Classes (10 points per class; maximum of five)	50
Quarterly Well-Being Challenges (25 points per quarter)	100
Online Attestations (50 points for a Preventive Screening attestation; all others are 10 points each)	100

## Earn an additional \$200 with Connected! activity tracking.

Take your activity to the next level! Each quarter, track at least 750,000 steps/Movement Merits to earn an additional \$50. Reach the goal every quarter to earn the full \$200.

## Receive up to \$200 in reimbursements.

MVP will reimburse members for expenses associated with activities, tools, and apps that enhance their well-being.

See reverse side for more information about online tools.



Receive up to \$600 per contract, per calendar year. The subscriber of the health plan must redeem all points by December 31 or they will be forfeited for that calendar year. \$600 WellBeing Rewards is not available on Vermont Individual Standard plans, Vermont Small Group Standard plans, or New York Essential plans.

myVisitNow is a covered benefit on all fully insured plans and select self-funded plans.

# Online tools that help you stay on track and earn rewards.

## Know Your Numbers

Complete the online *Personal Health Assessment (PHA)*, a survey that helps you identify potential health risks to create a healthier lifestyle.

## Get Connected!®

Sync your account to a variety of popular, wearable fitness devices and apps to track your activity online, anytime.\* The more active you are, the more rewards you can earn! One step is equal to one Movement Merit. Earn 5,000 Movement Merits for every 30 minutes of activity (like biking, swimming, walking) and 10,000 Movement Merits for every workout tracked at a fitness center.

## ASHConnect™

Track your physical activity and earn points by logging workout sessions at more than 41,000 fitness centers and select YMCA locations nationwide. To participate, you will need to download the **ASHConnect App** from the App Store® or Google Play™.

MSG&DATA rates may apply.

## Challenge Yourself

Compete in quarterly well-being challenges.

## Document Your Progress

Show that you are taking steps toward improving your overall well-being by completing the online *WellBeing Rewards Attestations*.

## Be Prepared with myVisitNow®

Register for **myVisitNow** online doctor visits and be prepared for when you may need care. Please note that these points may take up to four weeks to process—make sure you register by **December 1**. Sign Up at **myvisitnow.com**.



### Get Started!

Sign In at [mvphealthcare.com](http://mvphealthcare.com) and select *Your Wellness Starts Here*.



\*The Healthyroads® program and MVP do not cover the cost of wearable fitness devices/apps. The Healthyroads program is provided by American Specialty Health Management, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Healthyroads Connected! and ASHConnect are registered trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners.

myVisitNow from MVP Health Care is powered by American Well. Regulatory restrictions may apply.

Healthyroads, a well-being program operated by American Specialty Health Management, Inc., (ASH Management), may use and/or provide your plan sponsor, or other entities that have contracted with your plan sponsor to administer your plan, with information (such as program activity points) involving your participation in our programs so that your plan sponsor or its contracted entity can administer the applicable incentive program. ASH Management may also use personal information obtained from your participation in our programs to provide you with other Healthyroads services on behalf of your plan sponsor. By participating in this program, you acknowledge that ASH Management may use and/or provide this information as stated above. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact your plan sponsor and they will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status. Incentives may be taxable income that you are responsible to report.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP Select Care, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.





## Health Insurance Options for 2020 Platinum Excellus Plans

Syracuse Excellus Benefits	Platinum Standard	Platinum Select
Primary Care Physician	\$15	\$15
Specialist	\$35	\$25
Hospital Inpatient	\$500	\$750
Outpatient Surgery	\$100	\$150
Emergency Room	\$100	\$150
Urgent Care	\$55	\$25
Preventive Services	Covered	Covered
X-rays	\$15 PCP copay; \$35 Specialist copay per visit	\$15 PCP copay; \$100 Specialist copay per visit
Laboratory	\$15 PCP copay; \$35 Specialist copay per visit	\$25 copay per visit
Mental Health Inpatient	Subject to \$500 copay per admission for unlimited days	Subject to \$750 copay per admission for unlimited days
Mental Health Outpatient	\$15 copay per visit	\$25 copay per visit
Diabetic Drugs	\$15 copay per 30 day supply	\$15 copay per 30 day supply
Pediatric Eyewear	Covered at 90% for one purchase per year	Covered at 50% for one purchase per year
Routine Vision Exam	Not Covered	Not Covered
Adult Eyewear	Not Covered	Not Covered
Prescription Drug	\$10/\$30/\$60	\$10/\$35/\$70
Wellness Benefit	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities
<b>In-Network:</b>		
Deductible	\$0	\$0
Coinsurance	None	None
Out-of-Pocket Maximum	\$2,000 Individual/\$4,000 Family	\$6,350 Individual/\$12,700 Family
<b>Rates:</b>	<b>With Pediatric Dental Rider (INNU)</b>	<b>With Pediatric Dental Rider (IOOS)</b>
Single	\$994.42	\$996.88
Employee & Spouse	\$1,988.83	\$1,993.76
Employee & Child(ren)	\$1,690.51	\$1,694.69
Family	\$2,834.09	\$2,841.11

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## Health Insurance Options for 2020 Gold Excellus Plans

Syracuse Excellus Benefits	Gold Standard Plus 3	Gold Standard	Gold Select	CNY Preferred Gold
Primary Care Physician	First 3 PCP visits at \$25, not subject to deductible, 4th and after, deductible/ \$25 copay	\$25 subject to deductible	\$25 subject to deductible	\$25 subject to deductible
Specialist	\$40 subject to deductible	\$40 subject to deductible	\$40 subject to deductible	\$40 subject to deductible
Hospital Inpatient	Subject to \$1,000 copay for unlimited days subject to deductible	\$1,000 subject to deductible	\$750 subject to deductible	Subject to \$750 copay for unlimited days subject to deductible
Outpatient Surgery	\$100 subject to deductible	\$100 subject to deductible	Covered at 100% subject to deductible	\$150 subject to deductible
Emergency Room	\$150 subject to deductible	\$150 subject to deductible	\$250 subject to deductible	\$150 subject to deductible
Urgent Care	\$60 subject to deductible	\$60 subject to deductible	\$40 subject to deductible	\$40 subject to deductible
Preventive Services	Covered	Covered	Covered	Covered
X-rays	\$25 PCP / \$40 SPC	\$25 PCP copay, \$40 Specialist copay per visit, subject to deductible	\$40 PCP / \$100 SPC	\$40 PCP / \$40 SPC
Laboratory	\$25 PCP / \$40 SPC	\$25 PCP copay, \$40 Specialist copay per visit, subject to deductible	\$40 copay per visit	\$40 copay per visit
Mental Health Inpatient	Subject to \$1000 copay per admission for unlimited days, subject to deductible	Subject to \$1000 copay per admission for unlimited days	Subject to \$750 copay per admission for unlimited days, subject to deductible	Subject to \$750 copay per admission for unlimited days, subject to deductible
Mental Health Outpatient	\$25 copay per visit, subject to deductible	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to the deductible	\$40 copay per visit, subject to the deductible
Diabetic Drugs	\$25 copay, subject to deductible per 30 day supply	\$25 copay, subject to deductible per 30 day supply	\$25 copay, subject to deductible per 30 day supply	\$25 copay, subject to deductible per 30 day supply
Pediatric Eyewear	\$25 copay per visit for one routine exam per plan year, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible for one purchase per year	Covered at 50%, subject to the deductible for one purchase per year
Routine Vision Exam	Not Covered	Not covered	Not covered	Not Covered
Adult Eyewear	Not Covered	Not covered	Not covered	Not Covered
Prescription Drug	\$10/\$40/\$80	\$10/\$35/\$70	\$10/\$35/\$70	\$5/\$35/\$70
Wellness Benefit	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities
<b>In-Network:</b>				
Deductible	\$650 Individual/\$1,300 Family	\$600 Individual/\$1,200 Family	\$750 Individual/\$1,500 Family	\$650 Individual/\$1,300 Family
Coinsurance	20%	Covered at 100%	None	None
Out-of-Pocket Maximum	\$5,000 Individual/\$10,000 Family	\$4,000 Individual/\$8,000 Family	\$7,850 Individual/\$15,700 Family	\$7,750 Individual/\$15,500 Family
<b>Rates:</b>	<b>With Pediatric Dental Rider (IMMW)</b>	<b>With Pediatric Dental Rider (IOOA)</b>	<b>With Pediatric Dental Rider (IOOW)</b>	<b>With Pediatric Dental Rider (IPPO)</b>
Single	\$838.53	\$840.07	\$844.60	\$772.88
Employee & Spouse	\$1,677.06	\$1,680.15	\$1,689.20	\$1,545.75
Employee & Child(ren)	\$1,425.51	\$1,428.12	\$1,435.82	\$1,313.89
Family	\$2,389.81	\$2,394.21	\$2,407.12	\$2,202.70

❖ This is not a benefit summary or guarantee of coverage. Please see plan documents for complete coverage information



## Health Insurance Options for 2020 Silver Excellus Plans

Syracuse Excellus Benefits	Silver Standard	Silver Standard Plus 3	Silver Select	CNY Preferred Silver
<b>Primary Care Physician</b>	\$30 subject to deductible \$50 subject to deductible	\$35 subject to deductible \$55 subject to deductible	Covered at 80% subject to deductible Covered at 80% subject to deductible	\$30 subject to deductible \$50 subject to deductible
<b>Specialist</b>	\$1,500 subject to deductible	Subject to \$1500 copay per admission for unlimited days, subject to the deductible	Covered at 80% subject to deductible	Subject to \$1250 copay per admission for unlimited days, subject to the deductible
<b>Hospital Inpatient</b>	\$100 subject to deductible \$250 subject to deductible \$70 subject to deductible	\$100 subject to deductible \$250 subject to deductible \$70 subject to deductible	Covered at 80% subject to deductible Covered at 80% subject to deductible Covered at 80% subject to deductible	\$250 subject to deductible \$250 subject to deductible \$50 subject to deductible
<b>Outpatient Surgery</b>	Covered	Covered	Covered	Covered
<b>Emergency Room</b>	\$30 PCP copay; \$50 Specialist copay per visit, subject to deductible	\$35 PCP / \$55 SPC	Covered at 80%, subject to the deductible	\$50 copay per visit, subject to the deductible
<b>Urgent Care</b>	\$30 PCP copay; \$50 Specialist copay per visit, subject to deductible	\$35 PCP / \$55 SPC	Covered at 80%, subject to the deductible	\$50 copay per visit, subject to the deductible
<b>Preventive Services</b>	Subject to \$1500 copay per admission for unlimited days, subject to the deductible	Subject to \$1500 copay per admission for unlimited days, subject to the deductible	Covered at 80% per admission for unlimited days, subject to the deductible	Subject to \$1250 copay per admission for unlimited days, subject to the deductible
<b>X-rays</b>	\$30 copay per visit, subject to the deductible	\$35 copay per visit, subject to the deductible	Covered at 80%, subject to the deductible	\$50 copay per visit, subject to the deductible
<b>Laboratory</b>	\$30 copay, subject to deductible per 30 day supply	\$35 copay, subject to deductible per 30 day supply	Covered at 80%, subject to the deductible	\$30 copay, subject to deductible per 30 day supply
<b>Mental Health Inpatient</b>	Covered at 70%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 50%, subject to the deductible for one purchase per year	Covered at 50%, subject to the deductible
<b>Mental Health Outpatient</b>	Not covered	Not covered	Not covered	Not covered
<b>Adult Eyewear</b>	Not covered	Not covered	Not covered	Not covered
<b>Prescription Drug</b>	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$45/\$90, subject to the plan deductible	\$10/\$45/\$90
<b>Wellness Benefit</b>	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities
<b>In-Network:</b>				
<b>Deductible</b>	\$1,300 Individual/\$2,600 Family	\$1,875 Individual/\$3,750 Family	\$2,400 Individual/\$4,800 Family	\$2,200 Individual/\$4,400 Family
<b>Coinsurance</b>	Covered at 100%	Covered at 70%	Covered at 80%	None
<b>Out-of-Pocket Maximum</b>	\$7,900 Individual/\$15,800 Family	\$8,150 Individual/\$16,300 Family	\$6,390 Individual/\$13,800 Family	\$8,000 Individual/\$16,000 Family
<b>Rates:</b>	<b>With Pediatric Dental Rider (IOOG)</b>	<b>With Pediatric Dental Rider (INNA)</b>	<b>With Pediatric Dental Rider (PPA)</b>	<b>With Pediatric Dental Rider (PPU)</b>
<b>Single</b>	\$769.27	\$734.11	\$661.60	\$636.46
<b>Employee &amp; Spouse</b>	\$1,538.54	\$1,468.23	\$1,323.20	\$1,272.92
<b>Employee &amp; Child(ren)</b>	\$1,307.76	\$1,247.99	\$1,124.72	\$1,081.98
<b>Family</b>	\$2,192.41	\$2,092.22	\$1,885.57	\$1,813.92

❖ This is not a benefit summary or guarantee of coverage. Please see plan documents for complete coverage information



## Health Insurance Options for 2020 Bronze Excellus Plans

Syracuse Excellus Benefit	Bronze Secure Plus 3	Bronze Standard H.S.A	Bronze Select H.S.A
Primary Care Physician	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	First 3 visits covered in full and not subject to the deductible. 4th visit & afterward deductible applies; after deductible is met, visits are covered in full	Covered at 50% subject to deductible
Specialist	Covered at 100% subject to deductible	Covered at 50% subject to deductible	Covered at 50% subject to deductible
Hospital Inpatient	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 50% subject to deductible	Covered at 50% subject to deductible
Outpatient Surgery	Covered at 100% subject to deductible	Covered at 50% subject to deductible	Covered at 50% subject to deductible
Emergency Room	Covered at 100%, subject to the deductible	Covered at 50% subject to deductible	Covered at 50% subject to deductible
Urgent Care	Covered at 100%, subject to the deductible	Covered at 50% subject to deductible	Covered at 50% subject to deductible
Preventive Services	Covered	Covered	Covered
X-rays	Covered at 100% subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Laboratory	Covered at 100% subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Mental Health Inpatient	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible
Mental Health Outpatient	Covered at 100% subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Diabetic Drugs	Covered at 100%, subject to the deductible per 30 day supply	Covered at 50%, subject to the deductible per 30 day supply	Covered at 50%, subject to the deductible per 30 day supply
Pediatric Eyewear	Covered at 100% subject to deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Routine Vision Exam	Not covered	Not covered	Not covered
Adult Eyewear	Not covered	Not covered	Not covered
Prescription Drug	\$0, subject to the plan deductible	\$10/\$35/\$70 subject to deductible	\$10/40%/50% subject to deductible
Wellness Benefit	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities	Up to \$600 a year toward qualified fitness facilities
<b>In-Network:</b>			
Deductible	\$8,150 Individual/\$16,300 Family	\$5,500 Individual/\$11,000 Family	\$5,000 Individual/\$10,000 Family
Coinsurance	Covered at 100%	Covered at 50%	Covered at 50%
Out-of-Pocket Maximum	\$8,150 Individual/\$16,300 Family	\$6,550 Individual/\$13,100 Family	\$6,550 Individual/\$13,100 Family
<b>Rates:</b>	<b>With Pediatric Dental Rider (INNE)</b>	<b>With Pediatric Dental Rider (IOOM)</b>	<b>With Pediatric Dental Rider (IPPE)</b>
Single	\$470.53	\$517.41	\$515.37
Employee & Spouse	\$941.06	\$1,034.82	\$1,030.75
Employee & Child(ren)	\$799.90	\$879.59	\$876.14
Family	\$1,341.01	\$1,474.61	\$1,468.82

❖ This is not a benefit summary or guarantee of coverage. Please see plan documents for complete coverage information

# Pediatric Dental Information

**Pediatric Dental coverage for members up to age 19 is included in all SimplyBlue Plans. With Excellus BCBS Pediatric Dental coverage you automatically receive:**

- Most convenient way to provide Affordable Care Act (ACA) mandated essential benefits
- Limited services- covers full range of diagnostic, palliative and therapeutic services, but not as robust as our stand-alone dental plans
- Cost share varies by plan, and is subject to medical deductible:
  - Standard = PCP Copay
  - Select = 100%/80%/50%/50%  
(100% preventative coverage before deductible on Hybrid plans)
- Preventative services including cleanings, fluoride treatments & sealants
- Routine exams, x-rays and fillings
- Restorative root canals, stainless steel crowns, stabilization of cleft palate
- Orthodontics to treat serious medical conditions
- The provider networks are identical for both the medical and pediatric dental, as well as stand-alone dental
- Please note the Implants are not covered under this rider
- Implants are not covered under the Pediatric Dental Rider

Pediatric dental coverage is available only when purchasing directly through Excellus BCBS.

Your child has a cleaning at a participating dentist office	Your child needs a minor medical surgical procedure done in an outpatient setting	Your child has a cavity and has a filling with a participating dentist.	Your child has an oral exam, x-rays and a filling with a participating dentist
Actual Cost: \$200	Actual Cost: \$2,500	Actual cost: \$150	Actual cost \$250
Because you must reach your child's deductible first, the Plan pays: \$0*	You must pay the child's deductible balance, which is: \$300	Fillings are "routine care" so you will pay 20% of the \$150 or \$30.	These services are "routine care," so you will pay 20% of the \$250 or \$50.
Child's deductible: \$500	For outpatient surgical care, you have a copay of \$250		
You pay out-of-pocket: \$200	You pay out-of-pocket: \$550	You pay out-of-pocket: \$30	You pay out-of-pocket: \$50
	Plan pays: \$1,950	Plan pays: \$120	Plan pays: \$200
Leaving a balance of: \$300	Your child's deductible is now met for both medical and dental care.		

The example shown is based on a plan with a \$500 single deductible.

This is not a contract. This is intended to highlight the coverage of this plan. Benefits are determined by the terms of the member contract.

\*Some plans waive the deductible on preventive pediatric dental services. Please see plan details for more information.





## On-demand access to affordable, quality health care - Anytime, Anywhere.

Why wait for the care you need now? Excellus BlueCross BlueShield (BCBS) via our partner, MDLIVE, now offers another alternative to receive care. Visit with a U.S. board certified doctor right from your home, office or on the go for non-emergency medical conditions.

### When to use telemedicine

- ▶ 24/7/365
- ▶ If your primary care doctor is not available
- ▶ Instead of going to the ER or an urgent care center (for a non-emergency issue)
- ▶ To request prescription refills\*
- ▶ If traveling and in need of medical care

### Common conditions treated

- ▶ Allergies
- ▶ Infections
- Pediatric Care\*\***
- ▶ Asthma
- ▶ Insect Bites
- ▶ Cold & Flu
- ▶ Bronchitis
- ▶ Joint Aches
- ▶ Constipation
- ▶ Cold & Flu
- ▶ Rashes
- ▶ Ear Infections
- ▶ Diarrhea
- ▶ Sinus Infections
- ▶ Nausea
- ▶ Ear Infections
- ▶ Skin Infections
- ▶ Pink Eye
- ▶ Fever
- ▶ Sore Throat
- ▶ And More!
- ▶ Headache
- ▶ And More!

### About the doctors

- ▶ On average, doctors have 15 years of experience practicing medicine and are licensed in New York state
- ▶ Specialties include primary care, pediatrics, emergency and family medicine
- ▶ You may even see your own doctor in the roster

### Cost of a telemedicine visit for insured employees

- ▶ FREE registration
- ▶ Once you've registered: Payment by credit card or your health savings card will be required depending on your plan type:

If your doctor office visit is....	Then telemedicine program benefit cost share is....
Covered with a copay	\$10 (or equal to the PCP copay if PCP copay is less than \$10)
Covered with copay/deductible	\$10 copay subject to deductible (or equal to the PCP copay if PCP copay is less than \$10)
Covered deductible/covered in full	Deductible/covered in full
Covered with deductible/co-insurance	Deductible/co-insurance
Covered with co-insurance only	Co-insurance only

- ▶ The flat rate cost of a telemedicine visit is \$40
  - If you do not indicate you are an insured member of Excellus BCBS: \$49.00 charge
- ▶ Co-payment responsibility varies by group and plan
- ▶ Our telemedicine service partner, MDLIVE, will be aware of your co-payment amount when you contact them

**ExcellusBCBS.com/Telemedicine**  
**1-866-692-5045**



\*MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. For complete terms of use visit [mdlive.com/pages/terms.html](http://mdlive.com/pages/terms.html)

\*\*Parents must be present on each call for children under age 18.

Disclaimers: MDLIVE does not replace the primary care physician. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission. For complete terms of use visit [www.mdlive.com/pages/terms.html](http://www.mdlive.com/pages/terms.html) 010113. MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area. Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association.



# Additional Resources for You...

## Excellus Blue365 Program



Blue365 includes select savings on products and services you can use to improve and maintain health every day. Leading national companies in a wide range of categories have created special offers and discounts just for Blue Cross and Blue Shield members.

**Fitness:** Save on membership, monthly fees and other services at Snap Fitness™, Polar, Reebok, Everlast, Sportline, Men's Health, and Women's Health.

**Nutrition:** Save on programs, products and consultations at Jenny Craig, eDiets, and Nutrisystem.

**Vision:** Save on vision products and services at Davis Vision, QualSight LASIK, and LasikPlus.

**Hearing:** Save on products from Beltone™, and True Hearing.

**Complementary and Alternative Medicine:** Save on products and services from Healthyroads™.

\* If you want to learn more about Blue365 visit [excellusbcb.com/blue365](http://excellusbcb.com/blue365).

## Excellus ExerciseRewards Program

With the **ExerciseRewards** program, you can enjoy the benefits of exercise and receive reimbursement for your dues. It's fun and easy to use, too! Work out at a qualifying fitness facility or exercise center 50 times per each 6-month period within your benefit plan year, and you'll be reimbursed up to \$200 of your membership dues. Plus, if your spouse works out 50 times per the same 6-month period, your spouse will be reimbursed up to \$100 of membership dues. It couldn't be easier! If you are shopping for a plan, and would like to see what fitness facilities are included in the ExerciseRewards program, visit [ExerciseRewards.com](http://ExerciseRewards.com).



### **How it Works**

To request your reimbursement:

1. Have your fitness facility complete a [Fitness Facility Member Verification Form](#) (available online at [Excellus.com](http://Excellus.com))
2. Visit your facility 50 or more times within a six-month period after your coverage begins
3. Get documentation of those visits
4. Complete a [Reimbursement Form](#)
5. Attach a copy of your receipt showing proof of payment (with your name, facility name, amount paid and dates covered) and documentation of your visits
6. **Mail to:**  
**ExerciseRewards**  
**P.O. Box 509117**  
**San Diego, CA 92150-9117**

**Please note:** Your Reimbursement Request Form/Log and required documentation must be received no later than 120 days following the end of each reimbursement period.



## Dental Coverage from Guardian

### About Your Benefits:

Taking care of your teeth can be expensive. That's why the right dental insurance is so important — it not only pays for preventive care that can keep you and your family healthy, but it also helps pay for more extensive, costly and often unexpected expenses — such as fillings, crowns and root canals. Plus, you save money and have the assurance that you are getting the right care when you use one of our contracted dentists. Guardian has been providing outstanding dental plans to millions of Americans for more than 50 years. When you enroll with Guardian, you have access to one of the nation's largest dental networks offering significant discounts so you know there's always high-quality, affordable dental care close by. From preventive checkups and cleanings, to comprehensive oral care treatments, we have you covered.

With your **PPO** plan, you can visit any dentist; but you pay less out-of-pocket when you choose a PPO dentist. Out-of-network benefits are based on a percentile of the prevailing fee data for the dentist's zip code.

<b>Your Dental Plan</b>	<b>PPO</b>	
<b>Your Network is</b>	DentalGuard Preferred	
<b>Your Monthly premium</b>	<b>\$42.32</b>	
You, spouse/domestic partner and child(ren)	\$105.22	
<b>Plan year deductible</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Individual	\$75	\$75
Family limit	3 per family	
Waived for	None	None
<b>Charges covered for you (co-insurance)</b>	<i>In-Network</i>	<i>Out-of-Network</i>
Preventive Care	100%	100%
Basic Care	50%	50%
Major Care	50%	50%
Orthodontia	Not Covered (applies to all levels)	
<b>Annual Maximum Benefit</b>	\$1000	\$1000
<b>Lifetime Orthodontia Maximum</b>	Not Applicable	
<b>Dependent Age Limits(Non-Student/Student)</b>	26/26	



## Voluntary Vision Insurance from Guardian

### About Your Benefits:

Eye care is a vital component of a healthy lifestyle. With vision insurance, having regular exams and purchasing contacts or glasses is simple and affordable. The coverage is inexpensive, yet the benefits can be significant! Guardian provides rich, flexible plans that allow you to safeguard your health while saving you money. Review your plan options and see why vision insurance may be a great benefit for you.

Visit any doctor with your **Full Feature** plan, but save by visiting any of the 50,000+ locations in the nation's largest vision network.

<b>Your Vision Plan</b>	<b>Full Feature</b>	
<b>Your Network is</b>	VSP Network Signature Plan	
<b>Your Monthly premium</b>	<b>\$ 10.09</b>	
You, spouse/domestic partner and child(ren)	\$ 21.71	
<b>Copay</b>		
Exams Copay	\$ 20	
Materials Copay ( <i>waived for elective contact lenses</i> )	\$ 20	
<b>Sample of Covered Services</b>	<i>You pay (after copay if applicable):</i>	
	<i>In-network</i>	<i>Out-of-network</i>
Eye Exams	\$0	Amount over \$46
Single Vision Lenses	\$0	Amount over \$47
Lined Bifocal Lenses	\$0	Amount over \$66
Lined Trifocal Lenses	\$0	Amount over \$85
Lenticular Lenses	\$0	Amount over \$125
Frames	80% of amount over \$120 <sup>1</sup>	Amount over \$47
Contact Lenses ( <i>Elective</i> )	Amount over \$120	Amount over \$120
Contact Lenses ( <i>Medically Necessary</i> )	\$0	Amount over \$210
Cosmetic Extras	Avg. 30% off retail price	No discounts
Glasses ( <i>Additional pair of frames and lenses</i> )	20% off retail price <sup>^</sup>	No discounts
Laser Correction Surgery Discount	Up to 15% off the usual charge or 5% off promotional price	No discounts
<b>Service Frequencies</b>		
Exams	Every 12 months	
Lenses ( <i>for glasses or contact lenses</i> ) <sup>‡‡</sup>	Every 12 months	
Frames	Every 12 months	
Network discounts ( <i>glasses and contact lens professional service</i> )	Limitless within 12 months of exam.	
<b>Dependent Age Limits</b> (Non-Student/ Student)	26/26	

Visit [www.GuardianAnytime.com](http://www.GuardianAnytime.com) and click on "Find a Provider"

## Excellus 24/7 Nurse Call Line



*The 24/7 Nurse Call Line is a service provided to Excellus members to support their relationship with their health care providers. You can contact a nurse by phone anytime – 24 hours a day, seven days a week. Our specially trained registered nurses can provide support and education for members with chronic or complex health conditions or answers to more general health questions.*

### **Key Features:**

1. Decision making support and education when you need it most
2. Triage to appropriate level of care
3. Information regarding diagnoses, medications, and treatment options
4. Assistance with finding providers
5. Nutritional information
6. Referrals, as appropriate, into the Member Care Management program for enhanced care management

**Ask a Nurse Today! Call 1-800-348-9786 (TDD/TTY 1-800-421-1220)**



Drug prices vary wildly between pharmacies. Every week **GoodRx.com** collects millions of prices and discounts from pharmacies, drug manufacturers and other sources. **GoodRx** is free for consumers, and we require no personal information to search drugs and receive discounts.

### **Here's how you can use GoodRx.com to save:**

1. Use **GoodRx.com**'s drug price search to compare prices (just like you do for travel or electronics on other sites) for your prescription at pharmacies near you. We don't sell the medications, we tell you where you can get the best deal on them.
2. **GoodRx.com** will show you prices, coupons, discounts and savings tips for your prescription at pharmacies near you.
3. Download **GoodRx.com**'s iPhone or Android app to get drug prices and coupons on the go.
4. If you prefer, **GoodRx.com** can send you a discount savings card which you can keep in your wallet or purse.

**Please Note that if you use the Good Rx benefit, the money you pay for your prescription Rx will not be applied toward your deductible.**

## **FAIR Health** – [fairhealthconsumer.org](http://fairhealthconsumer.org)



Fair Health is a national independent, not-for-profit corporation whose mission is to bring transparency to healthcare costs and health insurance information through comprehensive data products and consumer resources. FAIR Health uses its database of billions of billed medical and dental services to power a free website that enables consumers to estimate and plan their

medical and dental expenditures. The website also offers clear, unbiased educational articles and videos about the healthcare insurance reimbursement system.



# KNOW YOUR BENEFITS



## HSA Examples of Eligible Expenses

Your health savings account (HSA) may reimburse:

- Qualified medical expenses incurred by the account beneficiary and his or her spouse and dependents;
- COBRA premiums;
- Health insurance premiums while receiving unemployment benefits;
- Qualified long-term care premiums\*;
- Any health insurance premiums paid, other than for a Medicare supplemental policy, by individuals age 65 or older.

Distributions made from an HSA to reimburse the account beneficiary for eligible expenses are excluded from gross income.

### **Qualified Medical Expenses**

The Internal Revenue Services (IRS) defines qualified medical care expenses as amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

The products and services listed below are examples of medical expenses eligible for payment under your HSA, when such services are not covered by your high deductible health plan. To be an expense for medical care, the expense has to be primarily for the prevention or alleviation of a physical or mental defect or illness.

Under a rule that went into effect Jan. 1, 2011, claims for over-the-counter medicine or drug expenses (other than insulin) cannot be reimbursed without a prescription. This rule does not apply to items for medical care that are not medicines or drugs.

Contribution and Out-of-Pocket Limits for Health Savings Accounts and High-Deductible Health Plans			
	2020	2019	Change
<b>HSA contribution limit</b> (employer + employee)	Self-only: \$3,550 Family: \$7,100	Self-only: \$3,500 Family: \$7,000	Self-only: +\$50 Family: +\$100
<b>HSA catch-up contributions</b> (age 55 or older)	\$1,000	\$1,000	No change
<b>HDHP minimum deductibles</b>	Self-only: \$1,400 Family: \$2,800	Self-only: \$1,350 Family: \$2,700	Self-only: +\$50 Family: +\$100
<b>HDHP maximum out-of-pocket amounts</b> (deductibles, co-payments and other amounts, but not premiums)	Self-only: \$6,900 Family: \$13,800	Self-only: \$6,750 Family: \$13,500	Self-only: +\$150 Family: +\$300



**LavoroGroup**

Employee Benefits • Payroll Solutions  
HR Consulting • Business Insurance



## Examples of Eligible HSA Expenses

Qualified medical care expenses are amounts paid for the diagnosis, cure or treatment of a disease, and for treatments affecting any part or function of the body.

This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulation. For more information or clarification on individual list items, refer to Publication 502 or consult a tax professional.

Acupuncture	Dental services and procedures	Medical monitoring and testing devices	Psychiatric care
Alcoholism treatment	Dentures and denture adhesives	Medical records charges	Reading glasses
Allergy Shots & Testing	Diabetic supplies	Midwife	Rehydration solution
Ambulance	Diagnostic testing	Motion sickness wristbands	Radial keratotomy
Arthritis gloves	Doctor fees	Norplant insertion or removal	Schools (special, relief, or handicapped)
Artificial limbs	Drug addiction treatment	Nursing Services	Screening tests
Artificial teeth	Durable medical equipment	Obstetrical expenses	Sexual dysfunction treatment
Bandages	Eye examinations, eyeglasses, equipment, and materials	Occlusal guards to prevent teeth grinding	Smoking-cessation programs
Blind services and equipment	First aid kits	Operations and surgeries (legal)	Sleep-deprivation treatment
Blood-pressure monitoring devices	Flu shots	Optometrist	Speech therapy
Blood-sugar test kits and test strips	Fluoridation services	Organ donors	Sleep-deprivation treatment
Body scans	Gauze pads	Orthodontia	Sterilization procedures
Breast pumps	Glucose-monitoring equipment	Orthopedic services	Supplies to treat medical condition
Breast reconstruction surgery following mastectomy	Guide dog	Orthopedic shoe inserts	Surgical fees
Cancer screenings	Hearing aids	Osteopaths	Telephone equipment or television for hearing impaired persons
Carpal tunnel wrist supports	Hospital services	Ovulation monitor	Thermometers
Chiropractor services	Immunizations	Oxygen/oxygen equipment	Transplants
Co-insurance amounts	Insulin	Physical Exams	Transportation expenses for person to receive medical care
Contact lenses, materials, and equipment	Laboratory fees	Physical therapy	Usual and customary charges, excess
Crutches, wheelchairs, walkers	LASIK eye surgery	Pregnancy test kits	Vaccines
Deaf services (hearing aid/ batteries)	Medical alert bracelet or necklace	Prescription Drugs	X-rays

Plans that do not allow reimbursement of all eligible medical expenses as defined by the IRS and Department of Treasury must customize this brochure prior to use.

*\* For purposes of reimbursement of qualified long-term care premiums from an HSA, reimbursement in excess of the amount which may be deducted on an individual's personal tax return is not an eligible expense. IRS 213(d)(10) establishes the tax deduction allowed for qualified long-term care premiums on individual tax returns. If the HSA reimburses long-term care premiums for an amount greater than set forth in IRC 213(d) (10), the amount greater than allowed is included in the account holder's taxable income and is subject to a 20 percent penalty.*

### Penalties for Nonqualified Expenses

Those under age 65 (unless totally and permanently disabled) who use HSA funds for non-qualified medical expenses face a penalty of 20 percent of the funds used for such expenses. Funds spent for non-qualified purposes are also subject to income tax.



## H.S.A. Account Information

An HSA is an account that accumulates funds to cover your health care expenses. It comes with a high-deductible health plan that protects you from large health care expenses. For 2020, the limit has been increased to \$3,550 for individual and is \$7,100 for Family. The catch -up for those 55 or older is \$1,000.

HSA offers you the following advantages:

- **Tax Savings.** You contribute pre-tax dollars to the HSA. Your employer may also make an annual contribution to your HSA. Interest accumulates tax-free and funds are tax-free to withdraw for medical expenses.
- **Reduce your out-of-pocket costs.** You can use the money in your HSA to pay for eligible medical expenses and prescriptions. The HSA funds you use can help you satisfy your plan’s annual deductible.
- **Invest the funds and take them with you.** Unused account dollars are yours to keep even if you retire or leave the company. Additionally, you can invest your HSA funds, so your available health care dollars can grow over time.
- **The benefits of preventive care, without the cost.** Receive 100 percent coverage for nationally recommended preventive care, with no deduction from your HSA or out-of-pocket costs for you when you see an in-network provider.

## Rochester-Area Health Savings Accounts Vendors

<b>Key Bank</b>	Rikki L. Kelley “Key@Work” Manager 1700 Bausch and Lomb Place Rochester, NY 14604 Work- 585-238-4114 Work Cell- 585-967-7761 Email- <a href="mailto:Rikki.L.Kelley@keybank.com">Rikki.L.Kelley@keybank.com</a>	Rikki L. Kelley is available to discuss and set-up H.S.A.s with anyone who needs assistance. He or a member of his team can come in person to your business to set up employees’ H.S.A. accounts. He is easy to reach and very knowledgeable. After the employee is enrolled, Key Bank can then provide HR staff with the account information for payroll purposes.
<b>ESL Federal Credit Union</b>	General phone number: 585-336-1000 Website- <a href="http://www.esl.org">www.esl.org</a>	H.S.A.s can be opened by phone for existing members. For new members, ESL recommends going to any ESL branch location for assistance.
<b>Genesee Regional Bank</b>	Linda Makowiecki Work- 585-663-4041 Email- <a href="mailto:lmakowiecki@grbbank.com">lmakowiecki@grbbank.com</a>	H.S.A.s can be set up by completing the H.S.A. application or by visiting the Greece or Pittsford locations. Applications should be scanned and emailed to <a href="mailto:lmakowiecki@grbbank.com">lmakowiecki@grbbank.com</a> .
<b>5-Star Bank</b>	Jennifer Abbott Area Sales Manager 2833 Ridge Road West Rochester, NY 14626 Work- 585-723-5555 Fax- 585-225-2517 Email: <a href="mailto:jaabbott@five-starbank.com">jaabbott@five-starbank.com</a>	To set up your H.S.A. through 5-Star simply fax the H.S.A. enrollment form to Jennifer Abbott. Accounts may also be opened at any branch location. Jennifer can be your contact person at 5-Star for an H.S.A. or 5-Star banking questions. Be sure to provide your administrator with the H.S.A. account number.

# Affordable Auto & Homeowner & Life Insurance Policies .... the Easy Way! Switch to Save Through Lavoro Group

Being a responsible adult means making sure loved ones who depend on you are financially safeguarded if you unexpectedly leave them behind. The way you provide that protection is with life insurance.

But a frightening reality persists. Three out of 10 Americans don't feel they have enough life insurance coverage, according to LIMRA, a financial services research and consulting firm.

Need to purchase term life insurance or start an investment strategy but don't think you can squeeze it into your budget? You may also be surprised to know that you could be over-paying for your auto & homeowner's insurance coverage by hundreds of dollars each year!

You can save a lot of money by shopping around, but who has time? Lavoro Group offers an easy-to-use auto & homeowner's insurance program that gives you quotes from multiple top-rated carriers. You can save money and get the coverage you need.

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Call today to discuss your Auto, Home, Boat, RV, or Life Insurance needs today.

**Michael Hall**

[mhall@lavorogroup.com](mailto:mhall@lavorogroup.com)

585-427-0054 ext. 122



# Lavoro Means Medicare

Whether you are just turning 65 and are new to Medicare, or you have had Medicare before, this can be a confusing time. Lavoro Group is here to help you transition from employer based health insurance to the best options available through Medicare.



### Medicare Advantage

Enhance the value of your original Medicare Coverage with a Medicare Advantage Plan.



### Medicare Supplements

Stabalize your cost of care with a Medicare Supplement.



### Medicare Prescription Drug Plans

Medicare Prescription Drug Plan helps you fight the high cost of medications

## Medicare Consultation Process



Contact our Medicare Team to learn more

Call (585) 427-0054

## Why Choose Us?

You have earned your Medicare benefits and we want to help you take full advantage of what is available to you. Now is the right time to learn about the different parts of Medicare. We offer the different carriers offering Medicare plans, and learn how to select a plan that best suits your needs.

## About Us

Lavoro Group offers the broadest range of Medicare products including Medicare Advantage, Medicare Supplement, and Prescription Drug plans. Our team of Medicare experts are available to you individually or through contacting your HR Department.







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**GROUP**

**EMPLOYEE BENEFITS**  
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**AUTO • HOME • LIFE**  
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