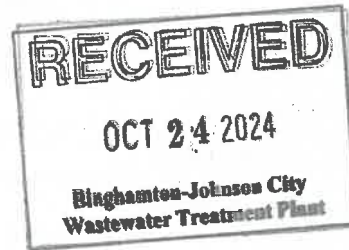


October 2024



2842 1010
ATTN: GROUP ADMINISTRATOR
BING JC JOINT SEWAGE BOARD
ATTN MICHELE CUEVAS
4480 VESTAL ROAD
VESTAL, NY 13850

REVISED NOTICE OF RENEWAL AND 2025 PREMIUM RATES

Dear Valued Customer:

Thank you for being an Excellus BlueCross BlueShield customer. Your membership is important to us. We want you to know that your group health insurance coverage is coming up for renewal. Your group policy will be automatically renewed on January 1, 2025 as long as your group continues to be eligible. Your group's members will be automatically re-enrolled unless you choose another policy. Included are changes we'll be making to your policy, the new premium for this policy, and some information about options if you wish to change policies.

Premium rate changes:

The premium rates for your health insurance policy are changing. The new rates below will take effect on January 1, 2025 and have been approved by the New York State Department of Financial Services (DFS).

To determine the approximate total new premium for your group just multiply your current enrollment by the new premium. This will provide an estimate based on the current enrollment of your group. This amount may change depending on the individuals who actually enroll in the policy.

	2024 Product Rate	2025 Product Rate
Single	\$611.20	\$662.33
Subscriber with Spouse	\$1,222.39	\$1,324.66
Subscriber with Child	\$1,039.03	\$1,125.96
Family	\$1,741.91	\$1,887.64

If you have any questions about your total premium rate, please contact your independent broker or account consultant.

You may visit the DFS website at www.dfs.ny.gov for more information regarding this rate change. You may also contact us by calling our general rate information line at 1-855-561-2836 or contact your account consultant or benefits administrator.

Other changes to your current health insurance policy (subject to deductible if applicable):

	2024 Plan Benefits - Out of Pocket	2025 Plan Benefits - Out of Pocket
Product Name	SimplyBlue Plus Bronze 4	SimplyBlue Plus Bronze 4+
Single Deductible In-Network*	\$8,000	\$8,300
Single Deductible Out of Network*	\$10,000	\$10,000
Single Out of Pocket Max. In-Network*	\$8,000	\$8,300
Single Out of Pocket Max. Out of Network*	\$10,000	\$10,000.00
Emergency Room In-Network	ded/coins	ded/coins
Ambulance In-Network	ded/coins	ded/coins
Coinsurance In-Network	0%	0%
Coinsurance Out of Network	0%	0%
PCP Visit In-Network	ded/coins	ded/coins
Specialist Visit In-Network	ded/coins	ded/coins
Inpatient Hospital In-Network	ded/coins	ded/coins
Outpatient Surgery In-Network	ded/coins	ded/coins
Diagnostic Lab and Pathology In-Network	ded/coins	ded/coins
Advanced Imaging In-Network	ded/coins	ded/coins
Drug (Rx) In-Network	ded/coins	ded/coins

* The Family deductibles and out of pocket maximums are two times the corresponding Single amount.

+ Beginning with 1/1/2025 renewals, the following additional benefit changes apply:

- In-Network diabetic insulin is now covered in full, not subject to the deductible.
- In-Network cardiac and pulmonary rehabilitation is now covered in full, subject to the deductible.
- Generic drugs for children up to age 19 are now covered in full, subject to the deductible.
- ThriveWell includes rewards up to \$200 per subscriber and \$200 per spouse, or domestic partner, for total rewards payout of \$400 per plan year.

If you have an HSA (Health Savings Account) qualified HDHP (High Deductible Health Plan), your group's members must reach their deductible first if applicable.

Change in metal level:

Plans are separated into four categories known as "metal levels" (Bronze, Silver, Gold or Platinum). The metal level is based on a plan's actuarial value. Actuarial value is the average percentage of the cost of all essential health benefits the plan pays. The metal level of the plan you choose affects the total amount you will likely spend for on out-of-pocket costs for your benefits during the year (not including premiums). For instance, if you choose a Bronze plan, you will likely pay more out-of-pocket for deductibles, co-pays and other cost sharing than if you choose a Platinum plan. Please note that actuarial value is an estimate of your expenses for the whole year, unlike coinsurance, in which you pay a specific percentage of the cost of a particular service. The actuarial values for each metal level are:

Bronze	60%
Silver	70%
Gold	80%
Platinum	90%

In order to maintain the required actuarial value for your plan's existing metal level in 2025, we are required to make changes to the cost-sharing provisions of the plan. The new cost-sharing is described above. You also have the option to choose another plan with lower cost-sharing. See "Coverage options" below.

Coverage options:

If you do not want your group's current policy to automatically renew, you have the option of choosing a different policy either from us or from another insurer. You can make a plan change by contacting your dedicated account manager, who would be happy to assist you. You may purchase a new policy from us or another insurer directly,



or with the help of a broker or agent.

You may request a NYS Small Business employer eligibility determination through the NY State of Health Small Business Marketplace (the "Marketplace") by going to www.nystateofhealth.ny.gov. If your employees enroll in a Marketplace certified policy offered through a variety of different insurance companies including Excellus BlueCross BlueShield, and if you meet all the IRS guidelines, this Marketplace eligibility determination allows employers to access the federal small business health care tax credit.

You can only get the federal small business health care tax credit if the Marketplace determines that you are an eligible employer and only if your employees enroll in a Marketplace certified insurance policy.

You generally can buy coverage for a group at any time throughout the year, but to avoid gaps in coverage, you should enroll at least 15 days before your renewal date of January 1, 2025.

Before you decide:

Call the insurer or visit the insurer's website to check which doctors, other health care providers and prescription medications are covered by the new policy. This is an important step in selecting a policy that best meets the needs of your group. If you are considering a new policy from us, contact your account consultant or benefit administrator, or visit our website at ExcellusBCBS.com.

If you have questions:

- Please call your account consultant or benefits administrator Monday through Friday 9 a.m. to 5 p.m. with any questions you may have or visit our website at ExcellusBCBS.com.
- Visit www.nystateofhealth.ny.gov to learn more about the New York State of Health Small Business Marketplace, or call Marketplace customer service at 1-855-355-5777.

Getting help in other languages:

Para obtener asistencia en Español, llame al atención al Cliente llamando al número que aparece en el reverso de su tarjeta de identificación.

Thank you for choosing Excellus BlueCross BlueShield as your trusted health insurance provider.

Best in health,



Todd Muscatello
Senior Vice President

Please communicate this information to the individual subscribers who receive coverage through this group policy. If you wish to have us notify your subscribers directly, please notify us within three (3) days of receipt of this notice. The member notification is enclosed with this mailing including a nondiscrimination notice. We recommend that you provide any additional information with this notice, such as expected changes in employee contribution levels, that may help your employees better understand their health coverage costs.



October 2024

REVISED NOTICE OF RENEWAL AND 2025 PREMIUM RATES

Dear Valued Member:

Thank you for being an Excellus BlueCross BlueShield member. Your group’s health insurance coverage is coming up for renewal. Your group policy will be automatically renewed on January 1, 2025 as long as your group continues to be eligible, and you will be automatically re-enrolled unless your group chooses another policy. Included are changes we’ll be making to your policy, the new premium for this policy, and some information about options if you wish to change policies.

Premium rate changes:

The new rates below have been approved by the New York State Department of Financial Services (DFS) and will take effect on January 1, 2025.

	2024 Product Rate	2025 Product Rate
Single	\$611.20	\$662.33
Subscriber with Spouse	\$1,222.39	\$1,324.66
Subscriber with Child	\$1,039.03	\$1,125.96
Family	\$1,741.91	\$1,887.64

To obtain your total annual premium rate, please contact your employer group’s benefit administrator, or call the phone number listed on your member card.

You may visit the DFS website at www.dfs.ny.gov for more information regarding this rate change. You may also contact us by calling our general rate information line at 1-855-561-2836 or contact your employer group’s benefit administrator, or by calling the phone number listed on your member card.

Other changes to your current health insurance policy (subject to deductible if applicable):

	2024 Plan Benefits - Out of Pocket	2025 Plan Benefits - Out of Pocket
Product Name	SimplyBlue Plus Bronze 4	SimplyBlue Plus Bronze 4+
Single Deductible In-Network*	\$8,000	\$8,300
Single Deductible Out of Network*	\$10,000	\$10,000
Single Out of Pocket Max. In-Network*	\$8,000	\$8,300
Single Out of Pocket Max. Out of Network*	\$10,000	\$10,000.00
Emergency Room In-Network	ded/coins	ded/coins
Ambulance In-Network	ded/coins	ded/coins
Coinsurance In-Network	0%	0%
Coinsurance Out of Network	0%	0%
PCP Visit In-Network	ded/coins	ded/coins
Specialist Visit In-Network	ded/coins	ded/coins
Inpatient Hospital In-Network	ded/coins	ded/coins
Outpatient Surgery In-Network	ded/coins	ded/coins
Diagnostic Lab and Pathology In-Network	ded/coins	ded/coins
Advanced Imaging In-Network	ded/coins	ded/coins
Drug (Rx) In-Network	ded/coins	ded/coins

* The Family deductibles and out of pocket maximums are two times the corresponding Single amount.

+ Beginning with 1/1/2025 renewals, the following additional benefit changes apply:

- In-Network diabetic insulin is now covered in full, not subject to the deductible.
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- Generic drugs for children up to age 19 are now covered in full, subject to the deductible.
- ThriveWell includes rewards up to \$200 per subscriber and \$200 per spouse, or domestic partner, for total rewards payout of \$400 per plan year.

If you have an HSA (Health Savings Account) qualified HDHP (High Deductible Health Plan), your group's members must reach their deductible first if applicable.

Availability of summary health information:

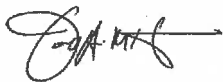
Choosing a health coverage option is an important decision. To help you make an informed choice, your plan makes available a Summary of Benefits and Coverage (SBC), which summarizes important information about any health coverage option in a standard format to help you compare across options. Excellus BlueCross BlueShield makes your SBC available on the benefit summary screen when you log into the member portal at ExcellusBCBS.com. A paper copy is also available, free of charge, from your employer or by calling the telephone number listed on your member card.

For all questions regarding claims and benefits, you can call Customer Care at the telephone number listed on your member card. We appreciate the opportunity to serve you and look forward to serving you well into the future.

Getting help in other languages:

Para obtener asistencia en Español, llame al atención al Cliente llamando al número que aparece en el reverso de su tarjeta de identificación.

Best in health,



Todd Muscatello
Senior Vice President



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 sex.

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: 1-800-662-1220
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 anvilòp 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 איך 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 libheng 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.

