

## **Excellus BCBS Release**

- I am applying to enroll myself and my eligible dependents, if any, under the medical and/or dental contract or certificate.
- In the event that a premium contribution is required of me, I agree to pay the premium amounts applicable to the contract or certificate under which I am covered. I authorize my employer to deduct from my payroll such applicable amounts and to remit them to Excellus BCBS
- If this application is made on behalf of a minor, the responsible party must complete the application.
- By accepting this contract or certificate, I grant permission to Excellus BlueCross BlueShield to submit charges to and/or recover payment from any other insurance carrier acting as my primary insurer.
- I authorize Excellus BlueCross BlueShield to request and receive medical or dental information regarding me or my covered dependents from my healthcare practitioner or healthcare institution either orally or in writing and to use this information for providing coverage. Providing coverage includes: processing claims, reviewing grievances or complaints involving care and quality assurance reviews of care, whether based on a specific complaint or a routine audit of randomly selected cases. In the use of data for these purposes, we may transmit personal information to third parties with which Excellus BlueCross BlueShield contracts, including pharmacy benefit managers, disease management vendors or surveyors.
- I hereby represent that all information furnished by me hereon is true and complete to the best of my knowledge.

## **Preferred Provider Organization (PPO)**

- I understand that the Preferred Provider Organization (PPO) coverage is comprised on an in-network benefit that is dependent on the utilization of medical providers who participate with the PPO and an out-of-network benefit that provides coverage for services of medical providers who do not participate with the PPO. I understand that the in-network benefit provides the highest level of coverage under the plan.
- The certificate or contract for which application is being made may impose a waiting period of up to twelve (12) months for preexisting conditions, subject to the provisions of applicable law including creditable coverage requirements. The certificate or contract document will describe any applicable waiting periods.