Excellus

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	Select Plan		Value Plan		Signature HDHP	
	In-Network	Out of Network	In-Network	Out of Network	In-Network	Out of Network
PLAN FEATURES						
Primary Care Physician (PCP)	Required		Required		Not required	
Referrals	Not required		Not required		Not required	
Out of network benefits	Covered		Covered		Covered	
Out of area benefits	Coverage provided worldwide through the BlueCard® program.		Coverage provided worldwide through the BlueCard® program.		Coverage provided worldwide through the BlueCard® program.	
Student/Dependent coverage	Qualified dependents and students are covered to age 26		Qualified dependents and students are covered to age 26		Qualified dependents and students are covered to age 26	
Coverage period	January 1st - December 31st		January 1st - December 31st		January 1st - December 31st	
PLAN COVERAGE FEATURES						
Office visit copay (Primary Care Physician)	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Office visit copay (Specialist)	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Telemedicine copay	$10 copay per visit	Covered at 80%, subject to deductible	$10 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Coinsurance	None	Covered at 80%, subject to deductible	None	Covered at 80%, subject to deductible	10%	20%
Deductible	None	$500 Single $1,500 Family	None	$750 Single $2,250 Family	$1,800 Single/ $3,600 Family (In-Network); $7,200 Single/ $14,400 Family (Out of Network)*	
Out of pocket maximum	$4,200 Single $12,600 Family		$4,200 Single $12,600 Family		$3,600 Single/ $7,200 Family (In-Network); $7,200 Single/ $14,400 Family (Out of Network)*	
Lifetime maximum	None		None		None	
					*In-Network and Out-of-Network Deductible and Out of Pocket Maximum accumulate separately.	

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PREVENTIVE HEALTH CARE SERVICES						
Well child visits	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible
Adult routine physical exams	Covered in full	Not covered	Covered in full	Not covered	Covered in full	Covered at 80% subject to deductible,
Adult immunizations	Covered in full	Not covered	Covered in full	Not covered	Covered in full	Covered at 80% subject to deductible
Mammography	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible
Pap smear	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible
Routine GYN exam	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible
Prostate cancer screening	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible
Routine vision	$15 copay for one routine exam every 2 years; every year for children to age 19. $60 eyewear allowance available once every 2 years; every year for children to age 19.	Not covered	$20 copay for one routine exam every 2 years; every year for children to age 19. $60 eyewear allowance available once every 2 years; every year for children to age 19.	Not covered	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Colonoscopy	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible

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PHYSICIAN OFFICE SERVICES						
Diagnostic office visits	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Diagnostic x-rays	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Diagnostic laboratory and pathology	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Allergy tests	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Allergy injections	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Chemotherapy	$15 copay per visit; $15 copay for IV/Injectable chemotherapy	Covered at 80%, subject to deductible	$20 copay per visit; $20 copay for IV/injectable chemotherapy	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Radiation therapy	Covered in full	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible

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MATERNITY SERVICES						
Prenatal care	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible
Hospital care for mom (including delivery)	Covered in full	Covered at 80%, subject to deductible	Hospital - Subject to $100 copay per admission; Delivery - Subject to 20% coinsurance or $100 copay, whichever is less	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Newborn nursery care	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80% subject to deductible

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PRESCRIPTION DRUGS						
Short-term and maintenance drugs	$5/$20/$35	Not covered	$10/$25/$40	Not covered	$5/$35/$70, subject to deductible $0 generics for kids up to age 19	
INPATIENT HOSPITAL BENEFITS						
Hospital benefits	Covered in full for unlimited days	Covered at 80%, subject to deductible	Subject to $100 copay per admission for unlimited days	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Physician visits in the hospital	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Inpatient physical rehabilitation	Covered at 100% for up to 60 days per year	Covered at 80%, subject to deductible for up to 60 days per year	Subject to $100 copay per admission for 60 days per year	Covered at 80%, subject to deductible for up to 60 days per year	Covered at 90%, subject to deductible for up to 60 days per year	Covered at 80% subject to deductible for up to 60 days per year
Surgery	Covered in full	Covered at 80%, subject to deductible	Subject to 20% coinsurance or $100 copay, whichever is less	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Anesthesia	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
EMERGENCY SERVICES						
Emergency room care	$50 copay per visit unless admitted within 24 hours	$50 copay per visit unless admitted within 24 hours	$50 copay per visit unless admitted within 24 hours	$50 copay per visit unless admitted within 24 hours	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Freestanding urgent care center	$25 copay per visit	$25 copay per visit	$25 copay per visit	$25 copay per visit	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Ambulance	$25 copay	$25 copay	$50 copay	$50 copay	Covered at 90%, subject to deductible	Covered at 80% subject to deductible

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OUTPATIENT HOSPITAL BENEFITS						
Diagnostic x-rays	$15 copay per visit	Covered at 80% subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Diagnostic laboratory and pathology	Covered in full	Covered at 80% subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Surgical care	Facility: Covered in full Physician: $15 copay	Covered at 80% subject to deductible	Facility: $50 copay Physician: $20 copay	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Chemotherapy	$15 copay per visit; $15 copay for IV/Injectable chemotherapy	Covered at 80% subject to deductible	$20 copay per visit; $20 copay for IV/injectable chemotherapy	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Radiation therapy	Covered in full	Covered at 80% subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
MENTAL HEALTH AND CHEMICAL DEPENDENCE						
Inpatient mental health care	Covered in full for unlimited days	Covered at 80%, subject to deductible	Subject to $100 copay per admission	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Outpatient mental health care	$15 copay per visit	Covered at 80%	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Inpatient chemical dependence	Covered in full for unlimited days	Covered at 80%, subject to deductible	Subject to $100 copay per admission	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Outpatient chemical dependence	$15 copay per visit	Covered at 80%, subject to deductible	$20 copay per visit	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible

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OTHER SERVICES						
Diabetic insulin and supplies	$15 copay for up to a 30 day supply	Covered at 80%, subject to deductible	$20 copay for up to a 30 day supply	Covered at 80%, subject to deductible for up to a 30 day supply	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Skilled nursing facility	Covered in full	Covered at 80%, subject to deductible	Subject to $100 copay per admission	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Home care	Covered in full	Covered at 80%, subject to a $50 deductible	Covered in full	Covered at 80%, subject to a $50 deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Hospice	Covered in full	Covered at 80%, subject to deductible	Covered in full	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Outpatient therapy	$15 copay for up to a combined total of 30 visits per year for physical, speech and occupational therapy	Covered at 80%, subject to deductible for up to a combined total of 30 visits per year for physical, speech and occupational therapy	$20 copay for up to a combined total of 30 visits per year for physical, speech, and occupational therapy	Covered at 80%, subject to deductible for up to a combined total of 30 visits per year for physical, speech and occupational therapy	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Durable medical equipment	Covered at 80%	Not covered, with the exception of diabetic equipment covered at 80% subject to the deductible	Covered at 80%	Not covered, with the exception of diabetic equipment covered at 80% subject to the deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
External prosthetics	Covered at 80%	Covered at 80%, subject to deductible	Covered at 80%	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Chiropractic	$15	Covered at 80%, subject to deductible	$20	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible
Acupuncture	Covered at 50% for up to 10 visits per year	Covered at 50%, subject to deductible for up to 10 visits per year	Covered at 50% for up to 10 visits per year	Covered at 50%, subject to deductible for up to 10 visits per year	Covered at 50% for up to 10 visits per year	Covered at 50%, subject to deductible for up to 10 visits per year

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Dental	$15 copay for accidental injury to sound, natural teeth and for care due to congentical disease or anomaly	Covered at 80% for accidental injury to sound, natural teeth and for care due to congentical disease or anomaly, subject to deductible	$20 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Covered at 80% for accidental injury to sound, natural teeth and for care due to congenital disease of anomaly, subject to deductible	Covered at 90% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to deductible	Covered at 80% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to deductible
Hearing	$15 copay for one routine hearing exam. Diagnostic hearing exam $10 copay. Two hearing aids covered every 3 years for children to age 19.	Covered at 80%, subject to deductible	$20 copay for one routine hearing exam. Diagnostic hearing exam $10 copay. Two hearing aids covered every 3 years for children to age 19.	Covered at 80%, subject to deductible	Covered at 90%, subject to deductible	Covered at 80% subject to deductible

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. 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.