Excellus

Comparison of benefits for FLASHP ~ North Rose Wolcott CSD

7/1/2014

type of care/plan features	BluePoint 2 $5/$10		BluePoint 2 $15		HealthyBlue $15/$25 Copay Option		HealthyBlue $30/$50 Copay Option	
	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
	Blue Point 2 Extended		Blue Point 2 Select		Healthy Blue 15		Healthy Blue 30	
Plan features								
• Primary Care Physician (PCP)	• Required		• Required		• Not required		• Not required	
• Referrals	• Not required		• Not required		• Not required		• Not required	
• Out of network benefits	• Covered		• Covered		• Covered at 80%, subject to the deductible		• Covered at 80%, subject to the deductible	
• 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.		• 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.		• Qualified dependents and students are covered to age 26.	
• Domestic partner	• Not covered		• Not covered		• Not covered		• Not covered	
• Coverage Period					• January 1st - December 31st		• January 1st - December 31st	
Plan cost-sharing highlights								
• Office visit copay (Primary Care Physician)	• $5 copay		• $15 copay		• Adult: $15 Copay per visit; Children to age 19: $0 Copay per visit		• Adult: $30 Copay per visit; Children to age 19: $0 Copay per visit	
• Office visit copay (Specialist)	• $10 copay		• $15 copay		• $25 copay per visit		• $50 copay per visit	
• Coinsurance	• In-network: None; Out-of-network: 25%		• In-network: None; Out-of-network: 25%		• In-network: None; Out-of-network: 20%		• In-network: None; Out-of-network: 20%	
• Deductible	• In-Network: None; Out-of-Network: $300 individual/$600 2-person/$750 family		• In-Network: None; Out-of-Network: $300 individual/$600 2-person/$750 family		• In-network: None Out of Network $500 individual /$1,500 family		• In-network: None Out of Network $500 individual /$1,500 family	
• Out of pocket maximum	• Combined in and out of network: $6,350 individual/$12,700 family		• Combined in and out of network: $6,350 individual/$12,700 family		• Combined in and out of network: $4,200 individual/$12,600 family		• Combined in and out of network: $4,200 individual/$12,600 family	
• Lifetime maximum	• None		• None		• None		• None	
Wellness Incentive								

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Stay healthy with great programs and incentives!	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.	• Blue365 - Take advantage of exclusive discounts on health and wellness products and services, including fitness, exercise, nutrition, elective procedures and hearing aids.	• HealthyRewards - Earn up to $500 individually, or a combined $1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year.	• HealthyRewards - Earn up to $500 individually, or a combined $1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year	• HealthyRewards - Earn up to $500 individually, or a combined $1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year.	• HealthyRewards - Earn up to $500 individually, or a combined $1,000 cash back for you and an eligible adult member just for doing healthy stuff that fits into your day. Then get paid anytime throughout the year
Preventive Health Care Services								
• Well child visits	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered in full	• Covered in full	• Covered in full
• Adult routine physical exams	• Covered in full for 1 exam per year according to national guidelines	• Not covered	• Covered in full for 1 exam per year according to national guidelines	• Not covered	• Covered in full for 1 exam per year	• Covered at 80%, subject to the deductible for one routine exam per year	• Covered in full for 1 exam per year	• Covered at 80%, subject to the deductible for one routine exam per year
• Adult immunizations	• Covered in full	• Not covered	• Covered in full; non routine $15 copay	• Not covered	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Mammography	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full; non routine $15 copay	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Pap smear	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full; non routine $15 copay	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Routine GYN exam	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full; non routine $15 copay	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Prostate cancer screening	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full; non routine $15 copay	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Routine vision	• $10 copay for one routine exam every 2 years; every year for children to age 19. $60 eyewear allowance available every 2 years; every year for children to age 19	• Routine eye exams are not covered. Eyewear covered at 75%, subject to deductible, every 2 years; every year for children to age 19.	• $15 copay for one routine exam every 2 years; every year for children to age 19. Eyewear $60 allowance every 2 years; every year for children to age 19.	• Not covered	• $25 copay for one routine exam every year; $60 eyewear allowance available per year	• Covered at 80%, subject to the deductible for one routine exam per year. $60 eyewear allowance available per year	• $50 copay for one routine exam every year; $60 eyewear allowance available per year	• Covered at 80%, subject to the deductible for one routine exam per year. $60 eyewear allowance available per year
• Colonoscopy	• Preventive covered in full	• Covered at 75%, subject to the deductible	• Preventive covered in full	• Covered at 75%, subject to the deductible	• Preventive covered in full	• Covered at 80%, subject to the deductible	• Preventive covered in full	• Covered at 80%, subject to the deductible
Physician Office Services								
• Diagnostic office visits	• $5 copay per visit to your PCP. $10 copay per visit to a specialist.	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• Adult: $15 copay per visit to your PCP; $25 copay per visit to a specialist. Child: $0 copay per visit to your PCP; $25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• Adult: $30 copay per visit to your PCP; $50 copay per visit to a specialist. Child: $0 copay per visit to your PCP; $50 copay per visit to a specialist.	• Covered at 80%, subject to the deductible
• Diagnostic x-rays	• $10 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible
• Diagnostic laboratory and pathology	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Allergy tests	• $5 copay per visit to your PCP. $10 copay per visit to a specialist.	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• Adult: $15 copay per visit to your PCP; $25 copay per visit to a specialist. Child: $0 copay per visit to your PCP; $25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• Adult: $30 copay per visit to your PCP; $50 copay per visit to a specialist. Child: $0 copay per visit to your PCP; $50 copay per visit to a specialist.	• Covered at 80%, subject to the deductible

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Allergy injections	• $5 copay per visit to your PCP. $10 copay per visit to a specialist.	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• Adult: $15 copay per visit to your PCP; $25 copay per visit to a specialist. Child: $0 copay per visit to your PCP; $25 copay per visit to a specialist.	• Covered at 80%, subject to the deductible	• Adult: $30 copay per visit to your PCP; $50 copay per visit to a specialist. Child: $0 copay per visit to your PCP; $50 copay per visit to a specialist.	• Covered at 80%, subject to the deductible
• Chemotherapy	• $5 PCP/$10 Specialist copay for IV/injectable chemotherapy, in addition to $5 PCP/$10 Specialist copay for the office visit	• Covered at 75%, subject to the deductible	• $15 copay for IV/Injectable chemotherapy in addition to $15 copay for the office visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• $30 copay per visit	• Covered at 80%, subject to the deductible
• Radiation therapy	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible
Maternity Services								
• Prenatal Care	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Hospital care for mom (including delivery)	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Newborn nursery care	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
Prescription Drug								
• Short-term and maintenance drugs					• $5/$25/$50; $0 copay for generics for children to age 19.	• Not covered	• $5/$35/$70; $0 copay for generics for children to age 19.	• Not covered
• Short-term and maintenance drugs	• $5/$20/$35	• Not covered	• $5/$20/$35	• Not covered				

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
Inpatient Hospital Benefits								
• Hospital benefits	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible. Precertification applies.	• Subject to $150 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to $500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.
• Physician visits in the hospital	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Inpatient physical rehabilitation	• Covered at 100% for up to 60 days per year	• Covered at 75%, subject to the deductible for up to 60 days per year. Precertification applies.	• Covered at 100% for up to 60 days per year	• Covered at 75%, subject to the deductible. Precertification applies.	• Subject to $150 copay per admission for up to 60 days per year	• Covered at 80%, subject to the deductible for up to 60 days per year.	• Subject to $500 copay per admission for up to 60 days per year	• Covered at 80%, subject to the deductible for up to 60 days per year.
• Surgery	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible
• Anesthesia	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered in full	• Covered in full	• Covered in full
Emergency Care								
• Emergency room care	• $50 copay per visit	• $50 copay per visit	• $50 copay per visit, unless admitted within 24 hours	• $50 copay per visit, unless admitted within 24 hours	• $75 copay per visit, unless admitted within 24 hours	• $75 copay per visit, unless admitted within 24 hours	• $250 copay per visit, unless admitted within 24 hours	• $250 copay per visit, unless admitted within 24 hours
• Freestanding urgent care center	• $25 copay per visit	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible
• Ambulance	• $25 copay	• $25 copay	• $25 copay	• $25 copay	• $75 copay	• $75 copay	• $250 copay	• $250 copay
Outpatient Hospital Benefits								
• Diagnostic x-rays	• $10 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible
• Diagnostic laboratory and pathology	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Surgical care	• Facility: $10 copay; Physician: $10 copay	• Covered at 75%, subject to the deductible	• Facility: Covered in full; Physician: $15 copay	• Covered at 75%, subject to the deductible	• $75 copay	• Covered at 80%, subject to the deductible	• $250 copay	• Covered at 80%, subject to the deductible
• Chemotherapy	• $5 PCP/$10 Specialist copay for IV/injectable chemotherapy, in addition to $5 PCP/$10 Specialist copay for the office visit	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• $30 copay per visit	• Covered at 80%, subject to the deductible
• Radiation therapy	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible
Mental Health and Chemical Dependence								
• Inpatient mental health care	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible. Precertification applies.	• Subject to $150 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to $500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.
• Outpatient mental health care	• $10 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 75%, subject to the deductible	• $15 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 75%, subject to the deductible	• $25 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.	• $50 copay. Services can be provided in an outpatient facility or in a provider's office.	• Covered at 80%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.
• Inpatient chemical dependence	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible. Precertification applies.	• Subject to $150 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.	• Subject to $500 copay per admission for unlimited days	• Covered at 80%, subject to the deductible.
• Outpatient chemical dependence	• $10 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible
Other Services								

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Diabetic insulin and supplies	• $10 copay for up to a 30 day supply	• Covered at 75%, subject to the deductible for up to a 30 day supply	• $15 copay for up to a 30 day supply	• Covered at 75%, subject to the deductible for up to a 30 day supply	• $15 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply	• $30 copay for up to a 30 day supply	• Covered at 80%, subject to the deductible for up to a 30 day supply
• Skilled nursing facility	• Covered in full for up to 120 days per year	• Covered at 75%, subject to the deductible for up to 120 days per year. Precertification applies.	• Covered in full for up to 120 days per year	• Covered at 75%, subject to the deductible for up to 120 days per year. Precertification applies.	• Subject to $150 copay per admission for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year	• Subject to $500 copay per admission for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year
• Home care	• Covered in full for unlimited visits	• Covered at 75%, subject to a $50 deductible for unlimited visits per year. Precertification applies.	• Covered in full for unlimited visits	• Covered at 75%, subject to a $50 deductible for unlimited visits per year. Precertification applies.	• Covered in full for up to 40 visits per year	• Covered at 80%, subject to a $50 deductible for up to 40 visits per year.	• Covered in full for up to 40 visits per year	• Covered at 80%, subject to a $50 deductible for up to 40 visits per year.
• Hospice	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited days	• Covered at 75%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per year	• Covered in full for unlimited visits	• Covered at 80%, subject to the deductible for unlimited visits per year
• Outpatient therapy	• $10 copay for up to a combined total of 30 visits per year for physical, speech and occupational therapy	• Covered at 75%, subject to the deductible for a combined total of 30 visits per year for physical, speech, and occupational therapy	• $15 copay for up to a combined total of 30 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 75%, subject to the deductible for a combined total of 30 visits per year for physical, speech, and occupational therapy	• $25 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy	• $50 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy
• Durable medical equipment	• Covered at 80%	• Covered at 75%, subject to the deductible	• Covered at 80%	• Covered at 75%, subject to the deductible	• Covered at 80%	• Covered at 80%, subject to the deductible	• Covered at 80%	• Covered at 80%, subject to the deductible
• External prosthetics	• Covered at 80%	• Covered at 75%, subject to the deductible	• Covered at 80%	• Covered at 75%, subject to the deductible	• Covered at 80%	• Covered at 80%, subject to the deductible	• Covered at 80%	• Covered at 80%, subject to the deductible
• Chiropractic	• $10 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 75%, subject to the deductible	• $25 copay per visit	• Covered at 80%, subject to the deductible	• $50 copay per visit	• Covered at 80%, subject to the deductible

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	In Network	Out Of Network	In Network	Out Of Network	In-Network	Out Of Network	In-Network	Out Of Network
• Acupuncture	• Covered at 50% for up to 10 visits per year	• Covered at 50%, subject to the deductible, for up to 10 visits per year	• Covered at 50% for up to 10 visits per year	• Covered at 50%, subject to the deductible, for up to 10 visits per year	• $25 copay for up to 10 visits per year	• Covered at 80%, subject to the deductible, for up to 10 visits per year	• $50 copay for up to 10 visits per year	• Covered at 80%, subject to the deductible, for up to 10 visits per year
• Dental	• $10 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 75%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• $15 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 75%, subject to the deductiblefor accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• $25 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• $50 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
• Hearing	• $10 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Routine exams not covered	• $15 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Routine exams not covered	• $25 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Covered at 80%, subject to the deductible, for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• $50 copay for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.	• Covered at 80%, subject to the deductible, for one routine hearing exam per year. Hearing aid(s) covered to age 19 once every three years.