Excellus

Type of Care/Plan Benefits	Coverage
Plan features	
• Primary Care Physician (PCP)	• No copay, office visit covered subject to deductible and coinsurance
• Referrals	• Not required
• Out of network benefits	• Covered
• Out of area benefits	• Coverage provided worldwide through the BlueCard® program.
• Student/Dependent coverage	• Qualified dependents and students are covered to age 26.
• Domestic partner	• Not covered
Plan cost-sharing highlights	
• Office visit copay (Primary Care Physician)	• No copay, office visit covered subject to deductible and coinsurance
• Office visit copay (Specialist)	• No copay, office visit covered subject to deductible and coinsurance
• Coinsurance	• 20%
• Deductible	• Varies - Refer to your Contract
• Out of pocket maximum	• $400 individual / $1200 family
• Lifetime maximum	• $500,000 on Non Essential Services

Type of Care/Plan Benefits	Coverage
Wellness Incentive	
• 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.
Preventive Health Care Services	
• Well child visits	• Covered in full
• Adult routine physical exams	• Covered in full for 1 exam per year
• Adult immunizations	• Covered in full
• Mammography	• Covered in full
• Pap smear	• Covered in full
• Routine GYN exam	• Covered in full
• Prostate cancer screening	• Covered in full
• Routine vision	• Not covered
• Colonoscopy	• Covered in full
Physician Office Services	
• Diagnostic office visits	• Subject to deductible and coinsurance
• Diagnostic x-rays	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Diagnostic laboratory and pathology	• Par Provider Cov in Full - Non Par Ded & Coinsurance
• Allergy tests	• Subject to deductible and coinsurance
• Allergy injections	• Subject to deductible and coinsurance
• Chemotherapy	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Radiation therapy	• Par Provider Cov in full - Non Par Ded & Coinsurance
Maternity Services	
• Prenatal and postpartum care	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Hospital care for mom (including delivery)	• Covered in full
• Newborn nursery care	• Covered in full
Prescription Drug	
• Short-term and maintenance drugs	• Not Covered under Excellus Plan. Coverage with Express Scripts

continued

Excellus

Type of Care/Plan Benefits	Coverage
Inpatient Hospital Benefits	
• Hospital benefits	• Covered in full
• Physician visits in the hospital	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Surgery	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Anesthesia	• Par Provider Cov in full - Non Par Ded & Coinsurance
Emergency Care	
• Emergency room care	• Covered in full
• Freestanding urgent care center	• Subject to Deductible & Coinsurance
• Ambulance	• First $50 Paid in Full - Balance - Ded & Coinsurance
Outpatient Hospital Benefits	
• Diagnostic x-rays	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Diagnostic laboratory and pathology	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Surgical care	• Covered in full
• Chemotherapy	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Radiation therapy	• Par Provider Cov in full - Non Par Ded & Coinsurance
Mental Health and Chemical Dependence	
• Inpatient mental health care & Chemical Dep	• Covered in Full - 120 days per member per calendar year
• Inpatient mental health care - Physician	• Par Provider Cov in full - Non Par Ded & Coinsurance
• Outpatient mental health care	• Covered same as Office Visit - Ded & Coinsurance
• Outpatient chemical dependence	• Covered in full - 60 Visits per calendar year
Other Services	
• Diabetic insulin and supplies	• Subject to Deductible & Coinsurance
• Skilled nursing facility	• Covered in Full.
• Home care	• Covered in full for up to 40 visits per year.
• Hospice	• Covered in full for unlimited days
• Outpatient Physical & Occupational Therapy	• Par Provider Cov in full - Non Par Ded & Coinsurance - 40 Visits each
• Durable medical equipment	• Subject to deductible and 20% coinsurance
• External prosthetics	• Subject to deductible and 20% coinsurance
• Chiropractic	• Subject to deductible and 20% coinsurance
• Acupuncture	• Not covered
• Dental	• Not Covered
• Hearing	• Not covered
• Speech Therapy	• Subject to deductible and 20% coinsurance - 40 visits

Please Note: This is an outline of benefits only.