Excellus

Comparison of Benefits for Monroe Community College

1/1/2013

type of care/plan features	BluePoint 2 Standard		BluePoint 2 Enhanced		Excellus BluePPO A	
	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	• Required		• 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.	
• Domestic partner	• Covered		• Covered		• Covered	
• Coverage Period					• January 1st - December 31st	
Plan cost-sharing highlights						
• Office visit copay (Primary Care Physician)	• $20 copay		• $15 copay		• $10 copay	
• Office visit copay (Specialist)	• $20 copay		• $15 copay		• $10 copay	
• Coinsurance	• In-Network: None; Out-of-Network: 25%		• In-network: None; Out-of-network: 20%		• In-network: 10% Out-of-network: 30%	
• Deductible	• In-Network: None; Out-of-Network: $500 individual/$1,000 2-person/$1,250 family		• In-Network: None; Out-of-Network: $300 individual/$600 2-person/$750 family		• Combined in and out of network: $250 individual/$750 family	
• Out of pocket maximum	• In-Network: None; Out-of-Network: $5,000 individual/$10,000 2-person/$12,500 family		• In-Network: None; Out-of-Network: $3,000 individual/$6,000 2-person/$7,500 family		• Combined in and out of network: $1,000 individual/$3,000 family	
• Lifetime maximum	• None		• None		• None	
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.	• 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.	• 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	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered in full	• Covered in full

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• 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	• Covered at 80%, subject to the deductible	• Covered in full for 1 exam per year according to national guidelines	• Covered at 70%, subject to the deductible for one routine exam per year
• Adult immunizations	• Covered in full	• Not covered	• Covered in full	• Not covered	• Covered in full	• Covered at 70%, subject to the deductible
• Mammography	• 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 70%, subject to the deductible
• Pap smear	• 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 70%, subject to the deductible
• Routine GYN exam	• 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 70%, subject to the deductible
• Prostate cancer screening	• $20 copay	• Covered at 75%, subject to the deductible	• $15 copay	• Covered at 80%, subject to the deductible	• $10 copay	• Covered at 70%, subject to the deductible
• Routine vision	• $20 copay for one routine exam every 2 years; every year for children to age 19. $60 eyewear allowance available every 12 months	• Routine eye exams are not covered. $60 eyewear allowance per member in any 12-month period.	• $15 copay for one routine exam every 2 years; every year for children to age 19. $60 eyewear allowance available every 12 months	• Routine eye exams are not covered. $60 eyewear allowance per member in any 12-month period.	• $10 copay for one routine exam every 2 years; $60 eyewear allowance available every 2 years	• Covered at 70%, subject to the deductible for one routine exam every 2 years. $60 eyewear allowance available every 2 years
• Colonoscopy	• Preventive covered in full	• Covered at 75%, subject to the deductible	• Preventive covered in full	• Covered at 80%, subject to the deductible	• Preventive and diagnostic covered according to the surgical benefit	• Covered at 70%, subject to the deductible
Physician Office Services						
• Diagnostic office visits	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• $10 copay per visit	• Covered at 70%, subject to the deductible
• Diagnostic x-rays	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible. Precertification applies to MRI, PET and CAT scans.	• Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans.
• Diagnostic laboratory and pathology	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible

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• Allergy tests	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• $10 copay per visit	• Covered at 70%, subject to the deductible
• Allergy injections	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• Covered in full	• Covered at 70%, subject to the deductible
• Chemotherapy	• $20 copay per visit	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Radiation therapy	• $20 copay per visit	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
Maternity Services						
• Prenatal Care	• 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 70%, subject to the deductible
• Hospital care for mom (including delivery)	• Hospital-Subject to $100 copay per admission; Delivery-Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Newborn nursery care	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%	• Covered at 70%, subject to the deductible
Prescription Drug						
• Short-term and maintenance drugs	• $10/$25/$40	• Not covered	• $5/$20/$35	• Not covered	• $10/$25/$40	• Not covered
Inpatient Hospital Benefits						
• Hospital benefits	• Subject to $100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.
• Physician visits in the hospital	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Inpatient physical rehabilitation	• Subject to $100 copay per admission for 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 80%, 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 70%, subject to the deductible for up to 60 days per year. Precertification applies.

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• Surgery	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Anesthesia	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
Emergency Care						
• Emergency room care	• $100 copay per visit, unless admitted within 24 hours	• $100 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	• $50 copay per visit, unless admitted within 24 hours	• $50 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 80%, subject to the deductible	• $25 copay per visit	• Covered at 70%, subject to the deductible
• Ambulance	• $20 copay	• $20 copay	• Covered in full	• Covered in full	• $50 copay	• $50 copay
Outpatient Hospital Benefits						
• Diagnostic x-rays	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible. Precertification applies to MRI, PET and CAT scans	• Covered at 70%, subject to the deductible. Precertification applies to MRI, PET and CAT scans
• Diagnostic laboratory and pathology	• Covered in full	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Surgical care	• Facility: $50 copay; Physician: $20 copay	• Covered at 75%, subject to the deductible	• Facility: Covered in full; Physician: $15 copay	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Chemotherapy	• $20 copay per visit	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Radiation therapy	• $20 copay per visit	• Covered at 75%, subject to the deductible	• Covered in full	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
Mental Health and Chemical Dependence						

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• Inpatient mental health care	• Subject to $100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.
• Outpatient mental health care	• $20 copay oer visit. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible	• $15 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 80%, subject to the deductible	• $10 copay. Services can be provided in an outpatient facility or in a provider office.	• Covered at 70%, subject to the deductible. Services can be provided in an outpatient facility or in a provider office.
• Inpatient chemical dependence	• Subject to $100 copay per admission for unlimited days	• Covered at 75%, subject to the deductible	• Covered in full for unlimited days	• Covered at 80%, subject to the deductible. Precertification applies.	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.
• Outpatient chemical dependence	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• Covered at 90%, subject to the deductible for up to 60 visits per year	• Covered at 70%, subject to the deductible for up to 60 visits per year
Other Services						
• Diabetic insulin and supplies	• $20 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	• $10 copay for up to a 30 day supply	• Covered at 70%, subject to the deductible for up to a 30 day supply
• Skilled nursing facility	• Covered in full for up to 45 days per year	• Covered at 75%, subject to the deductible for up to 45 days per year. Precertification applies.	• Covered in full for up to 45 days per year	• Covered at 80%, subject to the deductible for up to 45 days per year. Precertification applies.	• Covered at 90%, subject to the deductible for up to 120 days per year. Precertification applies.	• Covered at 70%, subject to the deductible for up to 120 days per year. Precertification applies.
• 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 80%, subject to a $50 deductible for unlimited visits per year. Precertification applies.	• Covered at 90%, subject to a $50 deductible for unlimited visits per year. Precertification applies.	• Covered at 75%, subject to a $50 deductible for unlimited visits per year. Precertification applies.
• 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 80%, subject to the deductible for unlimited visits per year	• Covered at 90% for unlimited visits per year.	• Covered at 70% for unlimited visits per year.

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• Outpatient therapy	• $20 copay per visit for up to a combined 45 visits for physical, speech and occupational therapy	• Covered at 75%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy	• $15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 80%, subject to the deductible for a combined total of 45 visits per year for physical, speech, and occupational therapy	• Covered at 90%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• Covered at 70%, subject to the deductible for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy
• Durable medical equipment	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 90%, subject to the deductible. Precertification applies.	• Covered at 70%, subject to the deductible. Precertification applies.
• External prosthetics	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 80%	• Covered at 50%, subject to the deductible	• Covered at 90%, subject to the deductible	• Covered at 70%, subject to the deductible
• Chiropractic	• $20 copay per visit	• Covered at 75%, subject to the deductible	• $15 copay per visit	• Covered at 80%, subject to the deductible	• $10 copay per visit	• Covered at 70%, subject to the deductible
• 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	• Not covered	• Not covered
• Dental	• $20 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 80%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 90%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered at 70%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
• Hearing	• $20 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	• Routine exams not covered	• Routine exams not covered