

Medical Benefit Comparison

This information provides a comparison of the major provisions of each medical insurance plan -- it is not a contract. It is intended to highlight the coverage of the various plans; benefits are determined by the terms of the contract. If there is any confusion or conflict regarding plan features, the governing plan document/contract will be the final authority. The University intends to continue these benefit plans indefinitely, but reserves the right to modify or terminate such plans at any time with or without notice. Participation in these plans is provided to eligible employees and does not constitute a guarantee of employment, requires continued employment and eligibility and is subject to the terms and conditions of the Plan Documents.

2009 MEDICAL INSURANCE RATES-EMPLOYEES	3
GENERAL INFORMATION	4
Contacting the Carrier	4
Coverage Effective Dates	4
Premium Payments	4
Dependent Coverage	4
Termination of Coverage	4
Deductible and Co-Insurance.....	5
Annual Out-of-Pocket Maximum	5
HOSPITAL INPATIENT SERVICES	6
Hospital Services	6
Skilled Nursing Facility	6
Hospice	6
Physician Visits	6
Surgery	7
Anesthesia.....	7
HOSPITAL OUTPATIENT SERVICES.....	7
Diagnostic X-Ray	7
Diagnostic Laboratory & Pathology	7
Chemotherapy.....	7
Radiation Therapy	7
Surgical Care.....	8
Pre-admission Testing.....	8
EMERGENCY AND OUT OF AREA COVERAGE	8
Emergency Care	8
Urgent Care	8
Out-of-Area Coverage	9
PHYSICIAN'S SERVICES.....	10
Diagnostic Office Visit.....	10
Routine Preventive Services.....	10
Allergy Tests & Injections	10
Eye Exams	11
Eyewear	11
Hearing Evaluations	11
Hearing Aids	11
Chemotherapy.....	12

Radiation Therapy	12
Diagnostic Laboratory & Pathology	12
Diagnostic X-ray	12
MATERNITY	13
HOSPITAL SERVICES	13
Hospital Charges for Mother (including Delivery Room)	13
Newborn Nursery Care	13
PHYSICIAN SERVICES	13
Prenatal and Postpartum Care	13
PSYCHIATRIC & CHEMICAL DEPENDENCE	14
INPATIENT	14
Acute Psychiatric	14
Chemical Dependence.....	14
OUTPATIENT	14
Acute Psychiatric	14
Chemical Dependence.....	14
OTHER SERVICES	15
Acupuncture	15
Ambulance	15
Chiropractic Services	15
Dental.....	15
Durable Medical Equipment	15
Health and Wellness Programs.....	16
Home Care	16
Occupational Therapy.....	16
Physical Therapy	16
Prescription Drug Coverage under Medical Plan	17
Prescription Drug Coverage under RIT Rx Prescription Drug Plan	17
Private Duty Nursing.....	18
Prosthetics & Orthopedic Braces & Supports (External)	18
Prosthetics (Internal).....	18
Speech Therapy	18
NOTICE TO PLAN PARTICIPANTS - POST-MASTECTOMY BENEFITS.....	19

2009 Medical Insurance Rates-Employees

Medical Plan	Level of Coverage	Per Pay Period Employee Contribution									
		FULL-TIME SALARY LEVEL 1 (1/1/09 salary < \$35,000)		FULL-TIME SALARY LEVEL 2 (1/1/09 salary < \$74,000)		FULL-TIME SALARY LEVEL 3 (1/1/09 salary < \$111,000)		FULL-TIME SALARY LEVEL 4 (1/1/09 salary => \$111,000)		EXTENDED PART-TIME ALL SALARIES	
		Exempt (24 Deductions)	Non-Exempt (26 Deductions)	Exempt (24 Deductions)	Non-Exempt (26 Deductions)	Exempt (24 Deductions)	Non-Exempt (26 Deductions)	Exempt (24 Deductions)	Non-Exempt (26 Deductions)	Exempt (24 Deductions)	Non-Exempt (26 Deductions)
Blue Point2 POS A	Individual	\$41.53	\$38.34	\$52.96	\$48.88	\$58.03	\$53.57	\$62.18	\$57.39	\$84.95	\$78.42
	2 Person	\$98.97	\$91.36	\$115.25	\$106.38	\$122.07	\$112.68	\$128.92	\$119.00	\$186.86	\$172.49
	Family	\$139.67	\$128.92	\$162.28	\$149.80	\$169.70	\$156.65	\$177.37	\$163.72	\$239.64	\$221.21
	One-Parent Fam	\$114.15	\$105.37	\$134.17	\$123.84	\$141.77	\$130.86	\$149.21	\$137.74	\$196.02	\$180.94
Blue Point2 POS B	Individual	\$35.66	\$32.92	\$46.15	\$42.60	\$51.09	\$47.16	\$55.15	\$50.91	\$79.24	\$73.15
	2 Person	\$82.91	\$76.53	\$99.12	\$91.50	\$105.53	\$97.42	\$112.14	\$103.52	\$173.67	\$160.31
	Family	\$120.93	\$111.63	\$143.54	\$132.49	\$150.46	\$138.89	\$157.85	\$145.70	\$224.50	\$207.23
	One-Parent Fam	\$89.96	\$83.04	\$104.03	\$96.03	\$109.56	\$101.14	\$116.39	\$107.44	\$181.63	\$167.66
Blue Point2 POS B No Drug	Individual	\$0.00	\$0.00	\$11.23	\$10.37	\$15.54	\$14.34	\$19.09	\$17.63	\$43.98	\$40.59
	2 Person	\$20.16	\$18.61	\$26.75	\$24.69	\$31.86	\$29.41	\$37.42	\$34.54	\$100.74	\$92.99
	Family	\$43.95	\$40.56	\$53.73	\$49.59	\$61.01	\$56.32	\$67.11	\$61.95	\$132.80	\$122.58
	One-Parent Fam	\$21.54	\$19.89	\$30.54	\$28.19	\$35.59	\$32.85	\$41.43	\$38.24	\$110.84	\$102.32

For employees, contributions are made on a before-tax basis -- they are not subject to federal, FICA (Medicare and Social Security) and state taxes.

General Information

Contacting the Carrier

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug	Voice: (877) 668-7636 TTY (585) 454-2845 Website: www.excellusbcb.com
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Coverage Effective Dates

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug	<p>New employees: Coverage is effective the first of the month after date of hire; if date of hire is the first of the month, coverage will be effective on date of hire.</p> <p>Retirees: Coverage is effective on your retirement date.</p> <p>Current employees: Coverage changes will be effective the date of the event (e.g., marriage - coverage effective date of marriage).</p> <p>Open Enrollment changes are effective January 1.</p>
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Premium Payments

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug	<p>Employee contributions for coverage are made 24 times per year for exempt employees (paid semi-monthly) and 26 times per year for non-exempt employees (paid bi-weekly). Contributions are made on a before-tax basis - they are not subject to federal, FICA (Medicare and Social Security), and state taxes. See the Medical Insurance Rates for contribution amounts.</p> <p>Retiree contributions for coverage are made monthly by check to RIT's administrator.</p> <p>Published amounts include both medical and RIT Rx contribution amounts combined (no RIT Rx with POS B No Drug)</p>
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Dependent Coverage

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug	Qualified dependents are covered to age 26.
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Termination of Coverage

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug	<p>At termination of employment coverage ends the last day of the month in which the employee terminates. At retirement, coverage may continue in one of the retiree plans.</p> <p>When coverage ends, an individual may elect to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) for up to 18 months. In such cases, individuals are responsible for paying the full monthly premium plus a 2% administrative fee, as allowed under federal law. At the end of the COBRA coverage period, an individual may elect to convert coverage to an individual policy directly with the insurance company.</p> <p>Refer to the Medical Care Section of the Employee Benefits Handbook for more details.</p>
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Deductible and Co-Insurance

Plan	In-Network	Out of Network
Blue Point2 POS A	None.	Annual deductible of \$300 for single, \$600 for two person and \$750 per family per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	None.	Annual deductible of \$500 for single, \$1,000 for two person and \$1,250 Family maximum per calendar year.

Annual Out-of-Pocket Maximum

Plan	In Network	Out of Network
Blue Point2 POS A	None.	\$3,000 for single, \$6,000 two person and \$7,500 family maximum. Out of pocket maximums will accrue for out-of-network services only. Once the out-of-network out of pocket maximum is met, covered services in-network and out-of-network will be paid in full for the remainder of the calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	None.	\$5,000 single, \$10,000 two person and \$12,500 family maximum. Out of pocket maximums will accrue for out-of-network services only. Once the out-of-network out of pocket maximum is met, covered services in-network and out-of-network will be paid in full for the remainder of the calendar year.

Hospital Inpatient Services

Hospital Services

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary and authorized in advance by the Blue Point2 Medical Director.	Covered at 80%, subject to the deductible for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary.
Blue Point2 POS B Blue Point2 POS B No Drug	\$200 co-payment per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary and authorized in advance by the Blue Point2 Medical Director.	Covered at 75%, subject to the deductible for unlimited days of semi-private accommodations and all medically necessary services for acute care. Private room covered when medically necessary.

Skilled Nursing Facility

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	Covered at 80%, subject to the deductible for up to 45 days per admission in semi-private accommodations and all medically necessary services. Custodial care is not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	\$200 co-payment per admission for up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	Covered at 75%, subject to the deductible for up to 45 days per admission in semi-private accommodations and all medically necessary services. Custodial care is not covered.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Hospice

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for unlimited visits.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full for unlimited visits.	Covered at 75%, subject to the deductible.

Physician Visits

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Surgery

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Anesthesia

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Hospital Outpatient Services

Diagnostic X-Ray

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Diagnostic Laboratory & Pathology

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Chemotherapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Radiation Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Surgical Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Facility: Covered in full Physician: \$25 co-payment per visit.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Facility: \$50 co-payment per visit. Physician: \$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Pre-admission Testing

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Emergency and Out of Area Coverage

Emergency Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Emergency Room care for Emergency Medical Conditions - \$75 co-payment per visit unless admitted within 24 hours	Emergency Room care for Emergency Medical Conditions - \$75 co-payment per visit unless admitted within 24 hours.
Blue Point2 POS B Blue Point2 POS B No Drug	Emergency Room care for Emergency Medical Conditions - \$100 co-payment per visit unless admitted within 24 hours	Emergency Room care for Emergency Medical Conditions - \$100 co-payment per visit unless admitted within 24 hours.

Urgent Care

Plan	In-Network	Out of Network
Blue Point2 POS A	\$35 co-payment at an urgent care center.	Urgent care covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$40 co-payment at an urgent care center.	Urgent care covered at 75%, subject to the deductible.

Out-of-Area Coverage

Plan	In-Network	Out of Network
Blue Point2 POS A	<p><u>Emergency/Urgent Need:</u> Coverage provided worldwide as in-network when life threatening or urgent <u>and</u> PCP completes necessary referral as soon as possible. You have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE.</p> <p><u>Referred out of the Area:</u> Coverage provided as in-network if authorized by your Primary Care Physician <u>and</u> the Blue Point2 Medical Director.</p>	<p><u>If you have an emergency or urgent need,</u> refer to the In-Network column to the left.</p> <p><u>If you seek services outside the network and do not have a PCP referral and BCBS Approval:</u> Eligible services covered at 80%, subject to the deductible.</p>
Blue Point2 POS B Blue Point2 POS B No Drug	<p><u>Emergency/Urgent Need:</u> Coverage provided worldwide as in-network when life threatening or urgent <u>and</u> PCP completes necessary referral as soon as possible. You have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE.</p> <p><u>Referred out of the Area:</u> Coverage provided as in-network if authorized by your Primary Care Physician <u>and</u> the Blue Point2 Medical Director.</p>	<p><u>If you have an emergency or urgent need,</u> refer to the In-Network column to the left.</p> <p><u>If you seek services outside the network and do not have a PCP referral and BCBS Approval :</u> Eligible services covered at 75%, subject to the deductible.</p>

PHYSICIAN'S SERVICES

Diagnostic Office Visit

Plan	In-Network	Out of Network
Blue Point2 POS A	\$20 PCP / \$25 Specialist per visit.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$25 PCP / \$30 Specialist per visit.	Covered at 75%, subject to the deductible.

Routine Preventive Services

Plan	In-Network	Out of Network
Blue Point2 POS A	Periodic routine physicals covered with a \$20 co-payment per visit, according to National Medical Specialty guidelines. Semi-annual GYN visits, including Pap Smear covered in full. Periodic mammograms, prostate cancer screenings, and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. Periodic well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Adult routine physicals and adult immunizations not covered. Pap Smears, periodic mammograms, prostate cancer screening and bone density testing covered at 80%, subject to the deductible. Periodic well child visits, including immunizations, laboratory and other services ordered at the time of the visits covered at 80%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS B Blue Point2 POS B No Drug	Periodic routine physicals and semi-annual GYN visits, including Pap Smear, covered with a \$25 co-payment per visit, according to National Medical Specialty guidelines. Periodic mammograms and bone density testing covered with a \$30 copayment. Prostate cancer screening covered with a \$25 PCP or \$30 Specialist copayment. Adult immunizations covered in full, according to American Medical Association guidelines. Periodic well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Adult routine physicals and adult immunizations not covered. Pap smears and periodic mammograms covered at 75%, subject to the deductible. Periodic well child visits, including immunizations, laboratory and other services ordered at the time of the visits covered at 75%, subject to the deductible, according to the American Academy of Pediatrics guidelines.

Allergy Tests & Injections

Plan	In-Network	Out of Network
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Blue Point2 POS A	\$20 PCP / \$25 Specialist per visit.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$25 PCP / \$30 Specialist per visit.	Covered at 75%, subject to the deductible.

Eye Exams

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copayment for routine eye exams, once every 2 years. Children under age 19, once every year.	Not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copayment for routine eye exams, once every 2 years. Children under age 19, once every year.	Not covered.

Eyewear

Plan	In-Network	Out of Network
Blue Point2 POS A	No coverage through medical plan, but 20-50% discount available on eye wear through BluePoint 2 Preferred and Participating providers. One pair of corrective lenses after cataract surgery covered in full. Employee can join RIT Vision Care Plan through VSP (see separate details).	One pair of corrective lenses after cataract surgery covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	No coverage through medical plan, but 20-50% discount available on eye wear through BluePoint 2 Preferred and Participating providers. One pair of corrective lenses after cataract surgery covered in full. Employee can join RIT Vision Care Plan through VSP (see separate details).	One pair of corrective lenses after cataract surgery, covered at 75%, subject to the deductible.

Hearing Evaluations

Plan	In-Network	Out of Network
Blue Point2 POS A	No coverage for routine care. \$25 copay.	No coverage for routine care. Covered at 80% subject to deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	No coverage for routine care. \$30 copay.	No coverage for routine care. Covered at 75% subject to deductible.

Hearing Aids

Plan	In-Network	Out of Network
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Blue Point2 POS A	Covered at 80%, one per ear every three years, maximum of \$3,000 per ear.	Not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	Not covered.	Not covered.

Chemotherapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Radiation Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Diagnostic Laboratory & Pathology

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Diagnostic X-ray

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Maternity

HOSPITAL SERVICES

Hospital Charges for Mother (including Delivery Room)

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$200 co-payment per admission.	Covered at 75%, subject to the deductible.

Newborn Nursery Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full, including physician charges.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full, including physician charges.	Covered at 75%, subject to the deductible.

PHYSICIAN SERVICES

Prenatal and Postpartum Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$5 copayment per visit for the first 10 visits, remainder covered in full.	Covered at 75%, subject to the deductible.

Psychiatric & Chemical Dependence

INPATIENT

Acute Psychiatric

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for up to 30 days of hospital and physician care per member per calendar year.	Covered at 80%, subject to the deductible, for up to 30 days of hospital and physician care per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$200 co-payment per admission for up to 30 days of hospital and physician care per member per calendar year.	Covered at 75%, subject to the deductible, for up to 30 days of hospital and physician care per member per calendar year.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Chemical Dependence

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for 14 days per calendar year to detoxify.	Covered at 80%, subject to the deductible for up to 14 days per calendar year to detoxify.
Blue Point2 POS B Blue Point2 POS B No Drug	\$200 co-payment for 14 days per calendar year to detoxify.	Covered at 75%, subject to the deductible for 14 days per calendar year to detoxify.
<i>NOTE: maximum coverage is combined in and out of network</i>		

OUTPATIENT

Acute Psychiatric

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit for up to 20 visits per member per calendar year. Coverage includes evaluation and short-term treatment.	Covered at 80%, subject to the deductible for up to 20 visits per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit for up to 20 visits per member per calendar year. Coverage includes evaluation and short-term treatment.	Covered at 75%, subject to the deductible for up to 20 visits per member per calendar year.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Chemical Dependence

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit for up to 60 visits per member per calendar year.	Covered at 80%, subject to the deductible, for up to 60 outpatient visits per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit for up to 60 visits per member per calendar year.	Covered at 75%, subject to the deductible, for up to 60 outpatient visits per member per calendar year.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Other Services

Acupuncture

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered at 50% for up to 10 visits per member per calendar year.	Covered at 50% for up to 10 visits per member per calendar year, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered at 50% for up to 10 visits per member per calendar year.	Covered at 50% for up to 10 visits per member per calendar year, subject to the deductible.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Ambulance

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Chiropractic Services

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit.	Covered at 75%, subject to the deductible.

Dental

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit for services related to accidental injury to sound natural teeth, services must be within twelve months of injury.	Covered at 80%, subject to the deductible for services related to accidental injury to sound natural teeth, services must be within twelve months of injury.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit for services related to accidental injury to sound natural teeth, services must be within twelve months of injury.	Covered at 75%, subject to the deductible for services related to accidental injury to sound natural teeth, services must be within twelve months of injury.

Durable Medical Equipment

Plan	In-Network	Out of Network
Blue Point2 POS A	Standard equipment covered at 80% when purchased from a participating provider. No coverage if purchased from a non-participating provider.	Standard equipment covered at 50%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Standard equipment covered at 80% when purchased from a participating provider. No coverage if purchased from a non-participating provider.	Standard equipment covered at 50%, subject to the deductible.

Health and Wellness Programs

Blue Point2 POS A	Member Rewards is your connection to local health resources. Programs featuring massage therapy, biofeedback, nutrition and much more are available, and very affordable. The way you live your life today has a profound effect on your quality of life tomorrow - check out our ever expanding programs and services.
Blue Point2 POS B	
Blue Point2 POS B No Drug	

Home Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Occupational Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.	Covered at 80%, subject to the deductible, for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.	Covered at 75%, subject to the deductible, for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.

NOTE: maximum coverage is combined in and out of network

Physical Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.	Covered at 80%, subject to the deductible, for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.	Covered at 75%, subject to the deductible, for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.

NOTE: maximum coverage is combined in and out of network

Prescription Drug Coverage under Medical Plan

<p>Blue Point2 POS A</p>	<p>Coverage for insulin and diabetic supplies only as follows:</p> <p><u>Oral agents/insulin/diabetic supplies</u></p> <ul style="list-style-type: none"> • 30-day supply retail - \$20 per prescription • Up to a 90-day supply mail order(excludes supplies) - \$60 per prescription <p><u>Injectible Drugs</u></p> <ul style="list-style-type: none"> • \$20 co-payment for all physician administered injectible drugs including, but not limited to, chemotherapy agents and injectible contraceptives. The co-payment is on the injectible agent and is in addition to any other co-payment. <p>Copay does not apply to immunizations, vaccinations and allergy serums.</p>
<p>Blue Point2 POS B Blue Point2 POS B No Drug</p>	<p>Coverage for insulin and diabetic supplies only as follows:</p> <p><u>Oral agents/insulin/diabetic supplies</u></p> <ul style="list-style-type: none"> • 30-day supply retail - \$25 per prescription • Up to a 90-day supply mail order(excludes supplies) - \$75 per prescription <p><u>Injectible Drugs</u></p> <ul style="list-style-type: none"> • \$30 co-payment for all physician administered injectible drugs including, but not limited to, chemotherapy agents and injectible contraceptives. The co-payment is on the injectible agent and is in addition to any other co-payment. <p>Copay does not apply to immunizations, vaccinations and allergy serums.</p>

Prescription Drug Coverage under RIT Rx Prescription Drug Plan

<p>Blue Point2 POS A Blue Point2 POS B</p>	<p><u>Local Retail Pharmacy:</u> Short-term medications can be purchased at the local pharmacy with the 30-day applicable co-payment as show below. You cannot purchase a quantity greater than a 30-day supply at the retail pharmacy. If you take maintenance medications, you will save money if you purchase them through the mail order program.</p> <p>Under the Retail Refill Allowance (RRA) program, if you fill your maintenance medications at the retail pharmacy, you will pay the 90-day mail order copayment for a 30-day supply beginning with the 4th fill (but no more than the cost of the medication). RRA does not apply to acute medications (e.g., antibiotics) or medications that cannot be filled through mail order (e.g., certain controlled substances).</p> <p><u>Mail Order Maintenance:</u> Certain types or categories of medications can be purchased by mail order in up to a 90-day supply for the co-payments shown below. There are three categories of prescription medication with different co-payment amounts. NOTE: the 90-day supply co-payments are for mail order program only.</p> <table data-bbox="618 1518 1507 1749"> <thead> <tr> <th></th> <th style="text-align: center;"><u>RETAIL</u> <u>30-day supply</u></th> <th style="text-align: center;"><u>MAIL ORDER</u> <u>90-day supply</u></th> </tr> </thead> <tbody> <tr> <td>Tier 1: generic drugs</td> <td style="text-align: center;">\$10</td> <td style="text-align: center;">\$25</td> </tr> <tr> <td>Tier 2: brand name preferred or formulary drugs</td> <td style="text-align: center;">\$25</td> <td style="text-align: center;">\$62.50</td> </tr> <tr> <td>Tier 3: brand name non-preferred or non-formulary drugs</td> <td style="text-align: center;">\$40</td> <td style="text-align: center;">\$100</td> </tr> </tbody> </table> <p>In cases of selected brand name drugs where an FDA-approved generic is available, your benefit will be based on the generic drug's cost. If you or your doctor choose the brand-name drug, you will have to pay the difference, plus any applicable co-payments. If your prescription does not have an approved generic substitute, your benefit will not be affected.</p>		<u>RETAIL</u> <u>30-day supply</u>	<u>MAIL ORDER</u> <u>90-day supply</u>	Tier 1: generic drugs	\$10	\$25	Tier 2: brand name preferred or formulary drugs	\$25	\$62.50	Tier 3: brand name non-preferred or non-formulary drugs	\$40	\$100
	<u>RETAIL</u> <u>30-day supply</u>	<u>MAIL ORDER</u> <u>90-day supply</u>											
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Tier 2: brand name preferred or formulary drugs	\$25	\$62.50											
Tier 3: brand name non-preferred or non-formulary drugs	\$40	\$100											

Blue Point2 POS B No Drug	No Coverage
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Private Duty Nursing

Plan	In-Network	Out of Network
Blue Point2 POS A	Not covered.	Not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	Not covered.	Not covered.

Prosthetics & Orthopedic Braces & Supports (External)

Plan	In-Network	Out of Network
Blue Point2 POS A	Standard equipment covered at 80%, up to \$15,000 per member per calendar year.	Standard equipment covered at 50%, subject to the deductible, up to \$15,000 per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	Standard equipment covered at 80%, up to \$15,000 per member per calendar year.	Standard equipment covered at 50%, subject to the deductible, up to \$15,000 per member per calendar year.

Prosthetics (Internal)

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	Covered at 80%, subject to the deductible.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	Covered at 75%, subject to the deductible.

Speech Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 co-payment per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.	Covered at 80%, subject to the deductible, for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 co-payment per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.	Covered at 75%, subject to the deductible, for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Notice to Plan Participants - Post-Mastectomy Benefits

On October 21, 1998, a new federal law entitled the "Women's Health and Cancer Rights Act" became effective. It requires group health plans sponsored by public and private employers to provide coverage for certain reconstructive surgery following a mastectomy. It's effective for group plans as of the first plan year beginning on or after October 21, 1998 (the date it was signed). There is no delayed effective date for collectively bargained plans. (The law also applies to individual insurance products, for which the effective date is October 21, 1998.)

This law also requires that we (or the insurer carrier) send you this notice explaining the required benefits annually at each open enrollment. You may receive a notice from the insurance carrier as well as from us.

The specific requirements of the new law are that a plan which provides medical and surgical benefits for mastectomies must cover the following benefits for a member who undergoes a medically necessary mastectomy and who elects breast reconstruction after surgery:

- reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to achieve a symmetrical appearance, and
- prostheses and treatment of physical complications of all stages of the mastectomy, including lymphedemas.

This coverage will be provided as determined by the attending physician in consultation with the patient, and will be provided in a manner consistent with that applicable to other benefits (e.g., same annual deductibles and cost-sharing provisions that apply for other benefits).

If you have any questions about this plan's coverage of mastectomies and reconstructive surgery, please call the Member Services phone number listed in this booklet or on the back of your medical insurance ID card.