

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 retirees, surviving spouses and those on LTD and requires continued eligibility and is subject to the terms and conditions of the Plan Documents.

Medicare details are based on information as of the printing date and may be different for the upcoming year.

GENERAL INFORMATION	3
Contacting the Carrier	3
Deductible Carry Over	3
Deductible Co-Insurance, Annual Out of Pocket Maximum	4
HOSPITAL INPATIENT SERVICES	5
Hospital Services	5
Skilled Nursing Facility	6
Hospice	6
Diagnostic X-Ray	7
Diagnostic Laboratory and Pathology	7
Chemotherapy	8
Radiation Therapy	8
Surgical Care	9
Pre-admission Testing	9
EMERGENCY SERVICES	10
Emergency and Urgent Care	10
Out of Area Coverage	10
Travel Benefit	11
PHYSICIAN SERVICES: HOSPITAL INPATIENT	12
Physician Visits	12
Surgery	12
Anesthesia	13
PHYSICIAN'S OFFICE	13
Diagnostic Office Visits	13
Routine Preventive Services	14
Allergy Tests & Injections	14
Eye Exams and Eyewear	15
Hearing Evaluations & Hearing Aids.....	16
Chemotherapy.....	17
Radiation Therapy	17

Diagnostic Laboratory & Pathology	18
Diagnostic X-ray	18
Podiatry	18
PSYCHIATRIC AND CHEMICAL DEPENDENCE	19
INPATIENT	19
Acute Psychiatric	19
Chemical Dependence	19
OUTPATIENT	20
Acute Psychiatric	20
Chemical Dependence	21
OTHER SERVICES	22
Acupuncture	22
Ambulance	22
Chiropractic Services	23
Dental	23
Durable Medical Equipment (DME)	24
Health and Wellness	24
Home Care	25
Occupational Therapy	26
Physical Therapy	27
Prescription Drugs Covered Under Medical Plan	29
Private Duty Nursing	31
Prosthetics (External) and Orthopedic Braces and Supports	31
Prosthetics (Internal)	32
Respiratory Therapy	32
Speech Therapy	33
Notice to Plan Participants - Post-Mastectomy Benefits	34

General Information

Contacting the Carrier

Medicare Blue Choice	Voice: (877) 883-9577 TTY: (585) 454-2845 Website: www.excellusbcbcs.com
Preferred Care Gold	Voice: (800) 665-7924 (585) 327-2480 TTY: (585) 325-2629 Website: www.preferredcare.org
Blue PPO	Voice: (877) 668-7636 TTY: (585) 454-2845 Website: www.excellusbcbcs.com
BCBS Comprehensive	Voice: (877) 668-7636 TTY: (585) 454-2845 Website: www.excellusbcbcs.com
Medicare	Voice: (800) 772-1213 TTY: (800) 325-0778 Website: www.medicare.gov

Deductible Carry Over

Medicare Blue Choice	None.
Preferred Care Gold	None.
Blue PPO	Yes; if you have not met your deductible during the calendar year and have claims for expenses during the last calendar quarter (October-December), the last quarter's expenses will be applied toward the next calendar year's deductible.
BCBS Comprehensive	None.
Medicare	Amounts applied to Part A deductible in December are carried over to January of the next year. No carryover for Part B deductible.

Deductible Co-Insurance, Annual Out of Pocket Maximum

Medicare Blue Choice	No annual deductible or annual out of pocket maximum. Coinsurance only applies to benefits noted.
Preferred Care Gold	No annual deductible or annual out of pocket maximum. Coinsurance only applies to benefits noted.
Blue PPO	<p>Annual deductible of \$500 per member per calendar year (applies to both participating and non-participating providers). After the deductible has been paid, the plan pays:</p> <ul style="list-style-type: none"> • 80% of covered services for <u>participating providers</u>, and • 70% of covered services for <u>non-participating providers</u>. <p>You pay the remaining portion of co-insurance for covered services, until you reach the Annual Out-of-Pocket Maximum (see below); then the plan pays 100% of most covered services for the remainder of the calendar year.</p> <p>Your annual out-of-pocket maximum is \$1,250 per member (\$500 deductible plus \$750 co-insurance; (applies to both participating and non-participating providers). After this annual out of pocket maximum has been reached, the plan pays 100% of most covered services for the remainder of the calendar year.</p>
BCBS Comprehensive	Annual deductible of \$350 per member per calendar year. After the deductible has been paid, the Plan pays 80% of covered services, you pay 20% of covered services, until you reach the Annual Out of Pocket Maximum of \$1,000; then plan pays 100% of most covered services for the remainder of the calendar year.
Medicare	Part A deductible is \$992 per spell of illness. Part B deductible is \$131 per calendar year. Co-insurance is a 20% of the Medicare allowance.

Hospital Inpatient Services

Hospital Services

Medicare Blue Choice	\$250 copay per admission (limit 2 copays per calendar year or \$500).
Preferred Care Gold	\$100 copay per admission (limit 3 copays per calendar year, or \$300).
Blue PPO	Participating: Covered at 80% subject to deductible Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Unlimited days for semi-private room and all services for acute care covered at 80%, subject to the deductible, less Medicare payment, if any. Private room covered when medically necessary.
Medicare	Covers all regular services in semi-private accommodations. Days 1-60 covered in full, subject to the deductible of \$992. Days 61-90 covered with a coinsurance of \$248 per day. Days 91-150 covered with a coinsurance of \$496. Over 150 days covered in full.

Skilled Nursing Facility

Medicare Blue Choice	Days 1-20: Covered in full. Days 21-100: Covered at 50%.
Preferred Care Gold	Up to 100 days covered per benefit period in a semi-private room and all medically necessary services. The first 15 days covered in full. Days 16-100 covered with a \$65 copayment.
Blue PPO	<p>Participating: Covered at 80%, subject to deductible for up to 120 days per admission in semi-private accommodations and all medically necessary services. 360 lifetime maximum. Custodial care is not covered</p> <p>Not Participating: Covered at 70% subject to deductible for up to 120 days per admission in semi-private accommodations and all medically necessary services. 360 lifetime maximum. Custodial care is not covered.</p>
BCBS Comprehensive	Unlimited inpatient days for semi-private room and all services covered at 80%, subject to the deductible, less Medicare payment, if any. Custodial care is not covered.
Medicare	Covers the first 20 days in full. Days 21-100 covered with a coinsurance of \$124 per day, per benefit period following a medically necessary 3-day hospital stay.

Hospice

Medicare Blue Choice	Covered in full for the same number of approved Medicare days.
-----------------------------	--

Preferred Care Gold	Covered in full for the same number of approved Medicare days.
Blue PPO	Participating: Covered at 80% for unlimited visits Not Participating: Covered at 70%, subject to deductible for unlimited visits
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered in full for as long as the physician certifies there is a need. (There are co-payments related to drugs and inpatient respite care.)

Diagnostic X-Ray

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	\$20 co-payment per visit.
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Diagnostic Laboratory and Pathology

Medicare Blue Choice	Covered in full.
-----------------------------	------------------

Preferred Care Gold	Covered in full.
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered in full.

Chemotherapy

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	\$20 co-payment per visit (professionally administered)
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Radiation Therapy

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	Covered in full.

Blue PPO	Participating: Covered at 80% subject to deductible Not Participating: Covered at 70%, subject to deductible
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Surgical Care

Medicare Blue Choice	\$20 facility co-payment, no charge for the facility.
Preferred Care Gold	Inpatient and outpatient surgery is covered in full.
Blue PPO	Participating: Covered at 80% subject to deductible Not Participating: Covered at 70%, subject to deductible
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Pre-admission Testing

Medicare Blue Choice	Covered in full.
Preferred Care Gold	Covered in full.
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Emergency Services

Emergency and Urgent Care

Medicare Blue Choice	\$50 co-payment; waived if admitted for Emergency Care, and \$20 co-payment for Urgent Care.
Preferred Care Gold	\$50 co-payment medical emergencies; waived if admitted. \$20 co-payment for urgent care center.
Blue PPO	Participating: Emergency Room - \$50 per visit unless admitted within 24 hours. After Hours in physician's office - \$15 co-payment per visit. Freestanding Urgent Care Center - \$25 co-payment per visit. Not Participating: Emergency Room - \$50 per visit unless admitted within 24 hours. After Hours in physician's office - covered at 70%, subject to deductible. Freestanding Urgent Care Center - covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Out of Area Coverage

Medicare Blue Choice	Coverage provided worldwide when life-threatening or authorized by your Primary Care Physician; travel benefit covers routine care outside service area (see Travel Benefit in next section).
Preferred Care Gold	Worldwide urgent or emergency care covered as in-network; travel benefit covers routine care outside service area (see Travel Benefit in next section).
Blue PPO	Coverage provided worldwide.
BCBS Comprehensive	Coverage provided worldwide.
Medicare	Coverage provided in the United States, its Commonwealth and Territories and in Mexico and Canada in certain situations.

Travel Benefit

Medicare Blue Choice	<p>This benefit covers you when you for routine care when you are traveling outside the plan service area for up to six months.</p> <p>There is no deductible, 20% coinsurance up to \$5,000 annual maximum.</p> <p><u>Medical Services Covered</u> by the Travel Benefits include, but are not limited to, office visits, lab and x-rays, mammograms, chiropractic care, durable medical equipment, physical, speech and occupational therapies.</p> <p>With Medicare Blue Choice prior authorization, the following services are covered: hospitalization, home health care and outpatient surgery.</p> <p><u>Medical Services NOT covered</u> by the Travel Benefit include skilled nursing facility, mental health services, substance abuse, and prescription drug (Rx covered only in emergencies).</p> <p>Coverage for Urgent care is Nationwide and emergent care worldwide.</p>
-----------------------------	--

Preferred Care Gold	<p>The Travel Benefit covers you when you are traveling outside of the Preferred Care service area for up to 6 months at a time. There is 30% coinsurance and \$5,000 annual maximum.</p> <p><u>Medical Services Covered</u> by the Travel Benefit include office visits, lab and x-ray, mammograms, chiropractic care, durable medical equipment, physical, speech and occupational therapies, hospitalization (prior authorization required), home health care (prior authorization required), outpatient surgery (prior authorization required)</p> <p><u>Medical Services NOT covered</u> by the Travel Benefit include skilled nursing facility, mental health services, substance abuse services, diabetic supplies (these should be obtained from a participating pharmacy)</p> <p>Urgent and emergency care is covered worldwide; it is not subject to the Travel Benefit coinsurance or maximum.</p>
----------------------------	---

Blue PPO	Not Applicable.
-----------------	-----------------

BCBS Comprehensive	Not Applicable.
---------------------------	-----------------

Medicare	Not Applicable.
-----------------	-----------------

Physician Services: Hospital Inpatient

Physician Visits

Medicare Blue Choice	Covered in full.
Preferred Care Gold	Covered in full.
Blue PPO	Participating: Covered at 80% subject to deductible Not Participating: Covered at 70%, subject to deductible
BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Surgery

Medicare Blue Choice	Covered in full.
Preferred Care Gold	Covered in full.
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Anesthesia

Medicare Blue Choice	Covered in full.
Preferred Care Gold	Covered in full.
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Physician's Office

Diagnostic Office Visits

Medicare Blue Choice	\$20 co-pay for Primary Care Physician and \$20 co-pay for Specialist visit.
Preferred Care Gold	\$15 co-payment per Primary Care Physician visit. \$20 co-payment per specialist visit.
Blue PPO	Participating: \$15 per visit Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Routine Preventive Services

Medicare Blue Choice	Periodic routine physicals, annual pelvic exam, Pap Smear, periodic routine mammograms and bone mass covered in full.
Preferred Care Gold	Periodic routine physicals covered with a \$15 copayment per visit for PCP. Annual pelvic exam and Pap Smear covered with a \$15 copayment. Periodic routine mammograms covered in full. Pneumococcal, Influenza and Hepatitis B vaccinations or immunizations covered in full. Mammograms covered in full.
Blue PPO	<p>Participating: Periodic routine physicals covered, \$15 co-payment per visit, according to National Medical Specialty recommended schedule. Annual pelvic exams, Pap Smears for women aged 18 and older covered in full. Routine mammograms are covered in full.</p> <p>Not Participating: Periodic routine physicals covered at 70%, subject to the deductible, according to National Medical Specialty recommended schedule. Annual pelvic exams, Pap Smears for women aged 18 and older covered at 70%, subject to the deductible. Routine mammograms covered at 70%, subject to the deductible.</p>
BCBS Comprehensive	<p>No coverage for routine physical exams.</p> <p>Periodic routine pap smears covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any. Periodic routine mammograms covered at 80% of the Schedule of allowances, subject to the deductible, less Medicare payment, if any.</p>
Medicare	<p>No coverage for routine physical exams. Hepatitis B vaccinations covered at 80% of the Medicare allowance, subject to deductible. Pneumococcal and Influenza vaccinations covered in full.</p> <p>Annual routine pap smears covered 80% of the Medicare allowance, subject to deductible. Annual routine mammograms covered at 80% of the Medicare allowance.</p>

Allergy Tests & Injections

Medicare Blue Choice	\$20 co-payment per visit. Serum covered in full.
-----------------------------	---

Preferred Care Gold	\$15 co-payment per Primary Care Physician visit. \$20 co-payment per Specialist visit. Serum covered in full.
Blue PPO	<u>Tests:</u> Participating: \$15 per visit Not Participating: Covered at 70%, subject to deductible. <u>Injections:</u> Participating: Covered in full Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible. Does not include serum.

Eye Exams and Eyewear

Medicare Blue Choice	\$20 co-payment for routine eye exams, once every year. \$60 material allowance for eyeglasses and contact lenses every year. 20% coinsurance after cataract surgery. 25% discount at participating network providers.
-----------------------------	--

Preferred Care Gold	<p>\$15 co-payment for routine and diagnostic eye exams, once every year to Primary Care Physician \$20 co-payment per Specialist visit.</p> <p><i>Eyeglasses after cataract surgery:</i> Covered at 80% at network providers.</p> <p><i>Routine purchase of eyeglasses:</i> Covered with a 20% to 60% discount and an \$100 annual eyewear allowance at network providers.</p>
----------------------------	---

Blue PPO	<p><u>Exams:</u> Participating: \$15 co-payment for routine eye exams, once every 2 years. \$15 co-payment for eye exams associated with disease or injury. Not Participating: Covered at 70%, subject to deductible.</p> <p><u>Eyewear:</u> Participating: \$60 allowance toward the purchase of one pair of eyeglasses or contact lenses through a participating provider once every 2 years. One pair of corrective lenses after cataract surgery covered in full. Not Participating: \$60 allowance toward the purchase of one pair of eyeglasses or contact lenses through a participating provider once every 2 years. One pair of corrective lenses after cataract surgery covered at 70%, subject to the deductible.</p>
-----------------	--

BCBS Comprehensive	<p>No coverage for routine exams or refractions. Diagnostic exams covered at 80%, subject to the deductible, less Medicare payment, if any. One pair of Eyeglasses/Contact lenses covered at 80%, subject to the deductible, only after cataract surgery, less Medicare payment, if any.</p>
---------------------------	--

Medicare	<p>No coverage for routine Eye Exams. Diagnostic exams covered at 80% of the Medicare allowance, subject to deductible. Eyeglasses covered at 80% of the Medicare allowance, subject to deductible, only for prosthetic lenses following cataract surgery.</p>
-----------------	--

Hearing Evaluations & Hearing Aids

Medicare Blue Choice	<p>\$20 co-payment per visit for exam, and \$300 Hearing Aid allowance every 3 years.</p>
-----------------------------	---

Preferred Care Gold	<p>Routine Hearing Evaluations covered with a \$20 co-payment. \$600 Hearing Aid allowance every 3 years.</p>
----------------------------	---

Blue PPO	<p>Participating: Routine evaluations and hearing aids not covered. Diagnostic exams covered at 80% subject to deductible.</p> <p>Not Participating: Routine evaluations and hearing aids not covered. Diagnostic exams covered at 70% subject to deductible.</p>
-----------------	---

BCBS Comprehensive	No coverage for routine care. Diagnostic exams covered at 80%, subject to the deductible, less Medicare payment, if any. Hearing aids are covered at 80% of the reasonable charge, subject to the deductible. Allowance is 2 per lifetime, \$700 maximum each.
---------------------------	--

Medicare	No coverage for routine Hearing Evaluations. Diagnostic evaluations covered at 80% of the Medicare allowance, subject to deductible. Hearing Aids are not covered.
-----------------	--

Chemotherapy

Medicare Blue Choice	\$20 co-payment per visit.
-----------------------------	----------------------------

Preferred Care Gold	\$20 copay, per visit for professionally administered injectables.
----------------------------	--

Blue PPO	<p>Participating: Covered at 80% subject to deductible.</p> <p>Not Participating: Covered at 70%, subject to deductible.</p>
-----------------	--

BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
---------------------------	---

Medicare	Covered at 80% of the Medicare allowance, subject to deductible.
-----------------	--

Radiation Therapy

Medicare Blue Choice	\$20 co-payment per visit.
-----------------------------	----------------------------

Preferred Care Gold	Covered in full.
----------------------------	------------------

Blue PPO	<p>Participating: Covered at 80% subject to deductible.</p> <p>Not Participating: Covered at 70%, subject to deductible.</p>
-----------------	--

BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
---------------------------	---

Medicare	Covered at 80% of the Medicare allowance, subject to deductible.
-----------------	--

Diagnostic Laboratory & Pathology

Medicare Blue Choice	Covered in full.
-----------------------------	------------------

Preferred Care Gold	Covered in full.
----------------------------	------------------

Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
-----------------	---

BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
---------------------------	---

Medicare	Covered in full.
-----------------	------------------

Diagnostic X-ray

Medicare Blue Choice	\$20 co-payment per visit.
-----------------------------	----------------------------

Preferred Care Gold	\$20 co-payment per visit.
----------------------------	----------------------------

Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
-----------------	---

BCBS Comprehensive	Covered at 80% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any.
---------------------------	---

Medicare	Covered at 80% of the Medicare allowance, subject to deductible.
-----------------	--

Podiatry

Medicare Blue Choice	\$20 co-payment per visit. No coverage for routine foot care.
-----------------------------	---

Preferred Care Gold	\$20 co-payment per visit.
----------------------------	----------------------------

Blue PPO	Participating: \$15 co-payment per visit. No coverage for routine foot care.
-----------------	--

BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any. No coverage for routine foot care.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible. No coverage for routine foot care.

Psychiatric and Chemical Dependence

Inpatient

Acute Psychiatric

Medicare Blue Choice	Covered with a \$250 copayment, maximum of two visit per year. Up to 190 days of non-renewable coverage per lifetime in psychiatric hospital.
Preferred Care Gold	Unlimited days of acute hospital and physician care subject to the inpatient copay of \$100. Up to 190 days of non-renewable coverage per lifetime in a psychiatric hospital.
Blue PPO	Participating: Covered at 80%, subject to deductible for up to 30 days of hospital and physician care per member per calendar year. Not Participating: Covered at 70%, subject to deductible for up to 30 days of hospital and physician care per member per calendar year.
BCBS Comprehensive	45 days of hospital and physician care covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Included in Acute Hospital Services coverage. All deductibles and co-insurance apply. Lifetime maximum of 190 days of non-renewable coverage per lifetime in a psychiatric hospital.

Chemical Dependence

Medicare Blue Choice	\$250 facility co-payment, unlimited days of hospital and physician care.
Preferred Care Gold	Unlimited days of hospital and physician care subject to the inpatient copay of \$100.

Blue PPO	<p>Participating: Covered at 80%, subject to deductible for up to 7 days of hospital and physician care per member per calendar year for detoxification only. Two admissions per lifetime.</p> <p>Not Participating: Covered at 70%, subject to deductible for up to 7 days of hospital and physician care per member per calendar year for detoxification only. Two admissions per lifetime.</p>
BCBS Comprehensive	<p>Admissions for detoxification are covered under the In-Hospital medical benefit. Admissions for rehabilitation are covered at 80%, subject to the deductible, less Medicare payment, if any, for up to 45 days per member per calendar year. Two occurrences per lifetime.</p>
Medicare	<p>Included in Acute Hospital Services coverage. All deductibles and co-insurances apply.</p>

Outpatient

Acute Psychiatric

Medicare Blue Choice	<p>50% co-payment per visit. No maximum number of visits.</p>
Preferred Care Gold	<p>Covered with a \$20 co-payment. No maximum number of visits.</p>

Blue PPO	<p>Participating: Covered with a \$15 copay for up to 20 visits per member per calendar year.</p> <p>Not Participating: Covered at 75%, subject to the deductible for up to 20 visits per member per calendar year.</p>
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any, up to 25 visits per member per year.
Medicare	Covered at 50% of the Medicare allowance, subject to deductible. Under certain circumstances, covered at 80% of the Medicare allowance, subject to deductible.

Chemical Dependence

Medicare Blue Choice	50% co-insurance per visit.
Preferred Care Gold	Covered with a copayment of \$20.
Blue PPO	<p>Participating: Covered at 80%, subject to deductible for up to 60 visits per calendar year, 20 of which can be used for family therapy.</p> <p>Not Participating: Covered at 70%, subject to deductible for up to 60 visits per calendar year, 20 of which can be used for family therapy.</p>

BCBS Comprehensive	60 outpatient facility visits per member per calendar year, covered at 80%, subject to the deductible, less Medicare payment. Professional charges and outpatient facility visits beyond the initial 60 visits are covered at 80%, subject to the deductible, less Medicare payment, if any, up to the 25 visit psychiatric maximum.
Medicare	Covered at 50% of the Medicare allowance, subject to deductible. Under certain circumstances, covered at 80% of the Medicare allowance, subject to deductible.

Other Services

Acupuncture

Medicare Blue Choice	Not covered.
Preferred Care Gold	Covered at 50% for up to 10 visits per member per calendar year.
Blue PPO	Participating: Covered at 50% for up to 10 visits per member per calendar year. (combined total) Not Participating: Covered at 50%, subject to deductible, for up to 10 visits per member per calendar year. (combined total)
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any, when medically necessary.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Ambulance

Medicare Blue Choice	\$50 co-payment.
Preferred Care Gold	\$50 co-payment per service when medical treatment is required during transport.
Blue PPO	Participating: \$50 copay Not Participating: \$50 copay
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any, when medically necessary.

Medicare	Covered at 80% of the Medicare allowance, subject to deductible.
-----------------	--

Chiropractic Services

Medicare Blue Choice	\$20 co-payment per visit, for manual manipulation of the spine only, according to Medicare guidelines.
-----------------------------	---

Preferred Care Gold	\$20 co-payment per visit; per Medicare guidelines.
----------------------------	---

Blue PPO	Participating: \$15 co-payment per visit Not Participating: Covered at 70%, subject to deductible.
-----------------	---

BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any, up to \$800 per member per calendar year.
---------------------------	---

Medicare	Covered at 80% of the Medicare allowance, subject to deductible. Only manual manipulation of the spine to correct subluxation demonstrated by x-rays is covered.
-----------------	--

Dental

Medicare Blue Choice	Covered when related to an accidental injury to sound, natural teeth.
-----------------------------	---

Preferred Care Gold	Covered when related to an accidental injury to sound, natural teeth.
----------------------------	---

Blue PPO	Covered when related to an accidental injury to sound, natural teeth.
-----------------	---

BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any, for treatment of an accidental injury to sound and natural teeth, within 12 months of the accident. Limited to \$500 per injury. Select oral surgery procedures included.
---------------------------	---

Medicare	Covered, under special circumstances, at 80% of the Medicare allowance, subject to deductible.
-----------------	--

Durable Medical Equipment (DME)

Medicare Blue Choice	Covered at 80% with no deductible at network providers.
-----------------------------	---

Preferred Care Gold	Covered at 80% with no deductible at network providers.
----------------------------	---

Blue PPO	Participating: Standard equipment covered at 80%, subject to deductible. Not Participating: Standard equipment covered at 70%, subject to deductible.
-----------------	--

BCBS Comprehensive	Covered at 100% of the Schedule of Allowances, subject to the deductible, less Medicare payment, if any, when ordered by your physician and obtained from a Participating Provider. If DME is obtained from a Non-Participating Provider, it will be covered at 50% of the charge, subject to the deductible, less Medicare payment, if any.
---------------------------	--

Medicare	Medicare approved items covered at 80% of the Medicare allowance, subject to deductible. Medicare generally pays only for the rental of Durable Medical Equipment.
-----------------	--

Health and Wellness

Medicare Blue Choice	Go Getters Flexible Fitness benefit of \$650. With Go Getters, you'll have a \$650 annual benefit to use for fitness and weight loss programs, with the freedom to go wherever and whenever you want, accepted nationwide.
-----------------------------	--

Preferred Care Gold	Up to \$100 annually in HealthDollars to use toward health programs such as weight loss and smoking cessation (any unused portion of this benefit cannot be carried over from one calendar year to the next.). The SilverSneakers® Fitness Program provides free fitness center membership benefits at a participating fitness center near you, including use of equipment and other amenities, at no charge. You're in Charge! provides free health education programs and support services to help you improve or maintain your health and independence, including classes on exercise and fitness, healthier eating, improving memory, preventing falls and improving balance, skills for living with diabetes, grief support, living with a chronic condition, and more.
Blue PPO	Not applicable.
BCBS Comprehensive	Not applicable.
Medicare	Not applicable.

Home Care

Medicare Blue Choice	Covered in full.
Preferred Care Gold	Covered in full for visits 1-20, excluding custodial care. \$20 co-pay per day visits 21+. (There are restrictions on hours of skilled nursing and home health aid services and patient must be homebound.)

Blue PPO	<p>Participating: Covered at 80%, subject to \$50 deductible for unlimited days</p> <p>Not Participating: Covered at 75%, subject to \$50 deductible for unlimited days</p>
BCBS Comprehensive	Services covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered in full for unlimited visits, excluding custodial care. (There are restrictions on hours of skilled nursing and home health aid services and patient must be homebound.)

Occupational Therapy

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	\$20 co-payment per visit. The plan will pay a maximum of \$1,810 per calendar year for physical therapy and speech therapy, combined.

Blue PPO	<p>Participating: Covered at 80%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined.</p> <p>Not Participating: Covered at 70%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined.</p> <p>.</p>
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any. No coverage for supplies.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible. There is a maximum of \$750 payable services received directly from an independently practicing, Medicare approved physical or occupational therapist.

Physical Therapy

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	\$20 co-payment per visit. The plan will pay a maximum of \$1,810 per calendar year for physical therapy and speech therapy, combined.

Blue PPO	<p>Participating: Covered at 80%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined.</p> <p>Not Participating: Covered at 70%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined.</p>
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible. There is a maximum of \$750 payable services received directly from an independently practicing, Medicare approved physical or occupational therapist.

Prescription Drugs Covered Under Medical Plan

**Medicare Blue Choice
Blue PPO
BCBS Comprehensive**

Local Pharmacy: Short-term and maintenance medication can be purchased at the local pharmacy with the co-payment amounts as follows.

Mail Order Maintenance: Certain types of medications can be purchased by mail order in up to a 90-day supply for the co-payments shown below. If you purchase a 90-day supply at the local retail pharmacy, the co-payment will be 3 times the 30-day supply co-payment amount. The Excellus mail order pharmacy is with Express Scripts.

There are three categories of prescription medication with different co-payment amounts.

	RETAIL <u>30-day supply</u>	MAIL ORDER <u>90-day supply</u>
<u>Tier 1:</u>		
generic drugs	\$10	\$30
<u>Tier 2:</u>		
Excellus' formulary brand name drugs	\$25	\$75
<u>Tier 3:</u>		
non-formulary brand name drugs	\$40	\$120

Medicare Part B drugs and diabetic supplies covered at 80%.

NOTE about catastrophic protection: If your total copays during a calendar year exceed \$3,850, then for the rest of the calendar year, you will pay reduced copays as follows:

- Generic – the greater of 5% of the drug's cost or \$2.15
- Brand Name – the greater of 5% of the drug's cost or \$5.35

This provision applies to drugs purchased at both retail and mail order pharmacies.

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.

Preferred Care Gold

Local Pharmacy: Short-term and maintenance medication can be purchased at the local pharmacy with the co-payment amounts as follows.

Mail Order Maintenance: Certain types of medications can be purchased by mail order in up to a 90-day supply for the co-payments shown below. The 90-day co-payment amounts are available only by mail order. If you purchase a 90-day supply at the local retail pharmacy, the co-payment will be 3 times the 30-day supply co-payment amount.

There are three categories of prescription medication with different co-payment amounts. **NOTE:** the 90-day supply co-payments are for Mail Order only. The Preferred Care Gold mail order pharmacy is with Medco.

	<u>RETAIL</u> <u>30-day supply</u>	<u>MAIL ORDER</u> <u>90-day supply</u>
<u>Tier 1:</u> generic drugs	\$10	\$20
<u>Tier 2:</u> brand name drugs not in Tier 3	\$25	\$50
<u>Tier 3:</u> high cost drugs (costing over \$500) and specialty drugs	\$40	\$80

Diabetic supplies covered at 80%.

NOTE about catastrophic protection: If your total copays during a calendar year exceed \$3,850, then for the rest of the calendar year, you will pay reduced copays as follows:

- Generic – the greater of 5% of the drug’s cost or \$2.15
- Brand Name – the greater of 5% of the drug’s cost or \$5.35

This provision applies to drugs purchased at both retail and mail order pharmacies.

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.

Medicare	No coverage without enrollment in Part D. However, if you enroll, CMS will cancel your RIT Medicare Blue Choice or Preferred Care Gold and may cancel your Blue PPO or BCBS Comprehensive.
-----------------	--

Private Duty Nursing

Medicare Blue Choice	Covered in full when medically necessary and approved in advance by the Primary Care Physician.
-----------------------------	---

Preferred Care Gold	Covered in full when medically necessary and approved in advance by the Primary Care Physician.
----------------------------	---

Blue PPO	No coverage
-----------------	-------------

BCBS Comprehensive	Covered at 80%, subject to the deductible, up to \$3,000 per member per calendar year.
---------------------------	--

Medicare	No coverage.
-----------------	--------------

Prosthetics (External) and Orthopedic Braces and Supports

Medicare Blue Choice	Covered at 80% with no deductible at network providers.
-----------------------------	---

Preferred Care Gold	Covered at 80% with no deductible at network providers.
----------------------------	---

Blue PPO	<p>Participating: Standard equipment covered at 80%, subject to the deductible, up to \$15,000 per member per calendar year</p> <p>Not Participating: Standard equipment covered at 70%, subject to the deductible, up to \$15,000 per member per calendar year</p>
-----------------	---

BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any, up to \$15,000 per member per calendar year.
---------------------------	--

Medicare	Covered at 80% of the Medicare allowance, subject to deductible.
-----------------	--

Prosthetics (Internal)

Medicare Blue Choice	Covered at 80% with no deductible at network providers.
Preferred Care Gold	Covered in full with no deductible at network providers.
Blue PPO	Participating: Covered at 80% subject to deductible. Not Participating: Covered at 70%, subject to deductible.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

Respiratory Therapy

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	\$20 co-payment per visit.
Blue PPO	Participating: Covered at 80%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined. Not Participating: Covered at 70%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible. There is a maximum of \$750 payable services received directly from an independently practicing, Medicare approved physical or occupational therapist.

Speech Therapy

Medicare Blue Choice	\$20 co-payment per visit.
Preferred Care Gold	\$20 co-payment per visit. The plan will pay a maximum of \$1,810 per calendar year for physical therapy and speech therapy, combined.
Blue PPO	Participating: Covered at 80%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined. Not Participating: Covered at 70%, subject to the deductible for a combined 45 visit maximum on occupational, physical, respiratory, and speech therapy per member per calendar year in and out of network combined.
BCBS Comprehensive	Covered at 80%, subject to the deductible, less Medicare payment, if any.
Medicare	Covered at 80% of the Medicare allowance, subject to deductible.

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 new 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.