

Medical Benefit Comparison

This information provides a comparison of the major provisions of each medical 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.

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2012 Medical Coverage Contribution Amounts-Employees

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 chart below for contribution amounts.

Retiree contributions for coverage are made monthly by check to RIT's administrator. There is a separate monthly contribution amount schedule for retirees.

Published amounts include both medical and prescription drug contribution amounts combined (no prescription drug coverage with POS B No Drug)

Plan	Coverage	(24 Deductions)	(26 Deductions)	(24 Deductions)	(26 Deductions)	(24 Deductions)	(26 Deductions)	(24 Deductions)	(26 Deductions)	(24 Deductions)	(26 Deductions)
Blue Point2 POS A	Individual	\$47.15	\$43.53	\$66.89	\$61.74	\$76.73	\$70.83	\$86.00	\$79.38	\$110.38	\$101.89
	2 Person	\$112.36	\$103.72	\$145.56	\$134.36	\$161.41	\$148.99	\$178.31	\$164.59	\$243.81	\$225.05
	Family	\$158.57	\$146.37	\$204.97	\$189.20	\$224.38	\$207.12	\$245.32	\$226.45	\$309.88	\$286.04
	One-Parent Fam	\$129.60	\$119.63	\$169.46	\$156.42	\$187.45	\$173.03	\$206.38	\$190.51	\$269.22	\$248.51
Blue Point2 POS B	Individual	\$40.49	\$37.37	\$58.29	\$53.80	\$67.55	\$62.35	\$76.28	\$70.41	\$102.36	\$94.49
	2 Person	\$94.13	\$86.89	\$125.20	\$115.56	\$139.54	\$128.80	\$155.11	\$143.18	\$224.90	\$207.60
	Family	\$137.30	\$126.74	\$181.29	\$167.35	\$198.94	\$183.64	\$218.32	\$201.53	\$287.95	\$265.80
	One-Parent Fam	\$102.13	\$94.27	\$131.40	\$121.29	\$144.87	\$133.72	\$160.99	\$148.61	\$236.72	\$218.51
Blue Point2 POS B No Drug	Individual	\$0.00	\$0.00	\$14.40	\$13.29	\$20.86	\$19.25	\$26.80	\$24.74	\$58.94	\$54.40
	2 Person	\$23.51	\$21.70	\$34.31	\$31.67	\$42.76	\$39.47	\$52.52	\$48.48	\$134.94	\$124.56
	Family	\$51.26	\$47.32	\$68.90	\$63.60	\$81.89	\$75.59	\$94.20	\$86.95	\$176.91	\$163.30
	One-Parent Fam	\$25.13	\$23.20	\$39.16	\$36.15	\$47.77	\$44.10	\$58.15	\$53.68	\$148.42	\$137.01
Blue Point2 POS D	Individual	\$2.61	\$2.41	\$16.66	\$15.38	\$22.98	\$21.21	\$28.82	\$26.60	\$61.17	\$56.47
	2 Person	\$28.57	\$26.37	\$39.38	\$36.35	\$47.73	\$44.06	\$57.36	\$52.95	\$139.72	\$128.97
	Family	\$56.19	\$51.87	\$73.68	\$68.01	\$86.46	\$79.81	\$98.60	\$91.02	\$181.82	\$167.83
	One-Parent Fam	\$30.67	\$28.31	\$44.63	\$41.20	\$53.16	\$49.07	\$63.41	\$58.53	\$153.02	\$141.25

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

For retirees, multiply the Exempt amount for the appropriate Salary Level (the Level you were in when you retired) by 2 to obtain the monthly amount.

General Information

Contacting the Carrier

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

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	<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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Termination of Coverage

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	<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 Excellus BlueCross BlueShield. Refer to the Medical Care Section of the Employee Benefits Handbook or in the Plan Summary on the HR website for more details.</p>
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Referrals to Specialists

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	<p>Your Primary Care Physician (PCP) must complete a referral for the following specialties:</p> <ul style="list-style-type: none">• Dermatology• Occupational Therapy• Physical Therapy• Podiatry• Speech Therapy <p>If there is no referral for these specialties, the benefits will be covered as an Out of Network service.</p>
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Deductible, Coinsurance, Out-of-Pocket Maximum-Medical Plan (Excellus BCBS)

Plan	In-Network	Out of Network
Blue Point2 POS A	None.	<p>Annual deductible of \$300 for individual, \$300 per person for two person and \$750 per family per calendar year.</p> <p>Once the deductible has been paid, you will pay 20% for most covered services (the Plan will pay 80%).</p> <p>The annual out-of pocket maximum is \$3,000 for individual, \$6,000 for two person and, and \$7,500 per family. 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 out-of-network will be paid in full for the remainder of the calendar year.</p>
Blue Point2 POS B Blue Point2 POS B No Drug	None.	<p>Annual deductible of \$500 for individual, \$500 per person for two person and \$1,250 per family per calendar year.</p> <p>Once the deductible has been paid, you will pay 25% for most covered services (the Plan will pay 75%).</p> <p>The annual out-of pocket maximum is \$5,000 for individual, \$10,000 for two person and, and \$12,500 per family. 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 out-of-network will be paid in full for the remainder of the calendar year.</p>
Blue Point2 POS D	None.	<p>Annual deductible of \$700 for individual, \$700 per person for two person and \$1,750 per family per calendar year.</p> <p>Once the deductible has been paid, you will pay 30% for most covered services (the Plan will pay 70%).</p> <p>The annual out-of pocket maximum is \$7,000 for individual, \$14,000 for two person and, and \$17,500 per family. 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 out-of-network will be paid in full for the remainder of the calendar year.</p>

Deductible, Coinsurance, Out-of-Pocket Maximum-Prescription Drug Plan (Medco)

Plan	In-Network	Out of Network
Blue Point2 POS A	None.	None
Blue Point2 POS B Blue Point2 POS B No Drug	None.	None
Blue Point2 POS D	Annual prescription drug deductible of \$1,000 per person (retail and mail combined; in and out of network combined).	Annual prescription drug deductible of \$1,000 per person (retail and mail combined; in and out of network combined).

Services (sorted alphabetically)

Acupuncture

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

Allergy Tests & Injections

Plan	In-Network	Out of Network
Blue Point2 POS A	\$20 PCP / \$25 Specialist per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%
Blue Point2 POS B Blue Point2 POS B No Drug	\$25 PCP / \$30 Specialist per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$30 PCP / \$35 Specialist per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Ambulance

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Bone Density Testing-Routine Preventive

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for certain ages, according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (http://www.healthcare.gov/center/regulations/prevention/taskforce.html).	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug		After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D		After you pay the deductible, you pay 30% and the Plan pays 70%.

Cardiac Rehabilitation

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Chemical Dependence-Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	\$100 copay per visit to detoxify.	After you pay the deductible, you pay 20% and the Plan pays 80% to detoxify. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	\$250 copay per visit to detoxify.	After you pay the deductible, you pay 25% and the Plan pays 75% to detoxify. Precertification required.
Blue Point2 POS D	\$350 copay per visit to detoxify.	After you pay the deductible, you pay 30% and the Plan pays 70% to detoxify. Precertification required.

Chemical Dependence-Outpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%. Precertification required.
Blue Point2 POS D	\$35 copay per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%. Precertification required.

Chemotherapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Chiropractic Services

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Cochlear Implants

Plan	In-Network	Out of Network
Blue Point2 POS A	Must be medically necessary and prior authorization is required. \$100 hospital copay (covered under hospital inpatient and internal prosthetic).	Must be medically necessary and prior authorization is required. After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Must be medically necessary and prior authorization is required. \$250 hospital copay (covered under hospital inpatient and internal prosthetic).	Must be medically necessary and prior authorization is required. After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Must be medically necessary and prior authorization is required. \$350 hospital copay (covered under hospital inpatient and internal prosthetic).	Must be medically necessary and prior authorization is required. After you pay the deductible, you pay 30% and the Plan pays 70%.

Cochlear Implants-Replacement of Properly Functioning Processor

Plan	In-Network	Out of Network
Blue Point2 POS A	You pay 20% and the plan pays 80%. The Plan pays up to \$6,000 in total every six years.	You pay 20% and the plan pays 80%. The Plan pays up to \$6,000 in total every six years.
Blue Point2 POS B Blue Point2 POS B No Drug	Replacement of properly functioning processor is not covered.	Replacement of properly functioning processor is not covered.
Blue Point2 POS D	Replacement of properly functioning processor is not covered.	Replacement of properly functioning processor is not covered.

Colonoscopy-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	Depends on where service is performed. Refer to Surgery categories.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Depends on where service is performed. Refer to Surgery categories.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Depends on where service is performed. Refer to Surgery categories.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Colonoscopy-Routine

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for certain ages, according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (http://www.healthcare.gov/center/regulations/prevention/taskforce.html).	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug		After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D		After you pay the deductible, you pay 30% and the Plan pays 70%.

Dental-Accidental Injury

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit for services related to accidental injury to sound natural teeth; services must be within twelve months of injury.	After you pay the deductible, you pay 20% and the Plan pays 80% 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 copay per visit for services related to accidental injury to sound natural teeth; services must be within twelve months of injury.	After you pay the deductible, you pay 25% and the Plan pays 75% for services related to accidental injury to sound natural teeth; services must be within twelve months of injury.
Blue Point2 POS D	\$35 copay per visit for services related to accidental injury to sound natural teeth; services must be within twelve months of injury.	After you pay the deductible, you pay 30% and the Plan pays 70% for services related to accidental injury to sound natural teeth; services must be within twelve months of injury.

Durable Medical Equipment (DME)

Plan	In-Network	Out of Network
Blue Point2 POS A	You pay 20% and the plan pays 80% for standard equipment when purchased from a participating provider.	After you pay the deductible, you pay 20% and the Plan pays 80% for standard equipment.
Blue Point2 POS B Blue Point2 POS B No Drug	You pay 20% and the plan pays 80% for standard equipment when purchased from a participating provider.	After you pay the deductible, you pay 25% and the Plan pays 75% for standard equipment.
Blue Point2 POS D	You pay 20% and the Plan pays 80% for standard equipment when purchased from a participating provider.	After you pay the deductible, you pay 30% and the Plan pays 70% for standard equipment.

Emergency Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Emergency Room care for Emergency Medical Conditions - \$75 copay per visit unless admitted within 24 hours	Emergency Room care for Emergency Medical Conditions - \$75 copay 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 copay per visit unless admitted within 24 hours	Emergency Room care for Emergency Medical Conditions - \$100 copay per visit unless admitted within 24 hours.
Blue Point2 POS D	Emergency Room care for Emergency Medical Conditions - \$125 copay per visit unless admitted within 24 hours	Emergency Room care for Emergency Medical Conditions - \$125 copay per visit unless admitted within 24 hours.

Eye Exams-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Eye Exams-Routine

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay for routine eye exams, once every 2 years. Children under age 19, once every year. There is also coverage for routine eye exams under RIT's separate Vision Care Plan. Refer to that Plan Summary for details.	Not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay for routine eye exams, once every 2 years. Children under age 19, once every year. There is also coverage for eye exams under RIT's separate Vision Care Plan. Refer to that Plan Summary for details.	Not covered.
Blue Point2 POS D	\$35 copay for routine eye exams, once every 2 years. Children under age 19, once every year. There is also coverage for eye exams under RIT's separate Vision Care Plan. Refer to that Plan Summary for details.	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 BluePoint2 Preferred and Participating providers. One pair of corrective lenses after cataract surgery covered in full. There is coverage under RIT's separate Vision Care Plan. Refer to that Plan Summary for details.	One pair of corrective lenses after cataract surgery. After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	No coverage through medical plan, but 20-50% discount available on eye wear through BluePoint2 Preferred and Participating providers. One pair of corrective lenses after cataract surgery covered in full. There is coverage under RIT's separate Vision Care Plan. Refer to that Plan Summary for details.	One pair of corrective lenses after cataract surgery. After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	No coverage through medical plan, but 20-50% discount available on eye wear through BluePoint2 Preferred and Participating providers. One pair of corrective lenses after cataract surgery covered in full. There is coverage under RIT's separate Vision Care Plan. Refer to that Plan Summary for details.	One pair of corrective lenses after cataract surgery. After you pay the deductible, you pay 30% and the Plan pays 70%.

Health and Wellness Programs

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Find over 6,000 topics on the Excellus website in their Healthwise [®] Knowledgebase. Blue 365 is a national program that gives you exclusive access to information, discounts and savings, making it easier and more affordable to make healthy choices. Explore all the choices at www.excellusbcbs.com/Blue365 for more details.
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Hearing Evaluations-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay.	After you pay the deductible, you pay 25% and the Plan pays 75% .
Blue Point2 POS D	\$35 copay.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Hearing Evaluations-Routine

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	No coverage for routine care.	No coverage for routine care.

Hearing Aids

Plan	In-Network	Out of Network
Blue Point2 POS A	You pay 20% and the Plan pays 80%, one per ear every three years; plan pays a maximum of \$3,000 per ear.	Not covered.
Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Not covered.	Not covered.

Home Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%. Precertification required.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%. Precertification required.

Hospice

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for unlimited visits.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full for unlimited visits.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full for unlimited visits.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Hospital Services-Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	\$100 copay per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care. Precertification required. Private room covered when medically necessary and authorized in advance by the Blue Point2 Medical Director. Services include physician visits, anesthesia and surgery.	After you pay the deductible, you pay 20% and the Plan pays 80% for unlimited days of semi-private accommodations and all medically necessary services for acute care. Precertification required. Private room covered when medically necessary.
Blue Point2 POS B Blue Point2 POS B No Drug	\$250 copay per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care. Precertification required. Private room covered when medically necessary and authorized in advance by the Blue Point2 Medical Director. Services include physician visits, anesthesia and surgery.	After you pay the deductible, you pay 25% and the Plan pays 75% for unlimited days of semi-private accommodations and all medically necessary services for acute care. Precertification required. Private room covered when medically necessary.
Blue Point2 POS D	\$350 copay per admission for unlimited days of semi-private accommodations and all medically necessary services for acute care. Precertification required. Private room covered when medically necessary and authorized in advance by the Blue Point2 Medical Director. Services include physician visits, anesthesia and surgery.	After you pay the deductible, you pay 30% and the Plan pays 70% for unlimited days of semi-private accommodations and all medically necessary services for acute care. Precertification required. Private room covered when medically necessary.

Hospital Pre-Admission Testing

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Immunizations-Routine

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Covered in full according to American Medical Association guidelines.	Adult immunizations are not covered.

Laboratory & Pathology

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Mammogram-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Mammogram-Preventive

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Maternity-Hospital Charges for Mother (including Delivery Room)

Plan	In-Network	Out of Network
Blue Point2 POS A	\$100 copay per admission.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$250 copay per admission.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$350 copay per admission.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Maternity-Newborn Nursery Care-Routine

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full, including physician charges.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full, including physician charges.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full, including physician charges.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Maternity-Prenatal and Postpartum Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$5 copay per visit for the first 10 visits, remainder covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$5 copay per visit for the first 10 visits, remainder covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Medical Supplies

Plan	In-Network	Out of Network
Blue Point2 POS A	You pay 20% and the plan pays 80% when purchased from a participating provider.	After you pay the deductible, you pay 20% and the Plan pays 80% for standard equipment.
Blue Point2 POS B Blue Point2 POS B No Drug	You pay 20% and the plan pays 80% when purchased from a participating provider.	After you pay the deductible, you pay 25% and the Plan pays 75% for standard equipment.
Blue Point2 POS D	You pay 20% and the plan pays 80% when purchased from a participating provider.	After you pay the deductible, you pay 30% and the Plan pays 70% for standard equipment.

Mental Health-Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	\$100 copay per admission.	After you pay the deductible, you pay 20% and the Plan pays 80%. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	\$250 copay per admission.	After you pay the deductible, you pay 25% and the Plan pays 75%. Precertification required.
Blue Point2 POS D	\$350 copay per admission.	After you pay the deductible, you pay 30% and the Plan pays 70%. Precertification required.

Mental Health-Outpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%. Precertification required.
Blue Point2 POS D	\$35 copay per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%. Precertification required.

Occupational Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 20% and the Plan pays 80% 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 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 25% and the Plan pays 75% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	\$35 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 30% and the Plan pays 70% 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		

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> care is covered as In Network. 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> After you pay the deductible, you pay 20% and the Plan pays 80% for eligible services.</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> care is covered as In Network. 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> After you pay the deductible, you pay 25% and the Plan pays 75% for eligible services.</p>
Blue Point2 POS D	<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, so 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> care is covered as In Network. 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> After you pay the deductible, you pay 30% and the Plan pays 70% for eligible services.</p>

Pap Smear-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	\$20 copay, includes office visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$25 copay, includes office visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$30 copay, includes office visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Pap Smear-Preventive

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (http://www.healthcare.gov/center/regulations/prevention/taskforce.html).	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug		After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D		After you pay the deductible, you pay 30% and the Plan pays 70%.

Physician Visit-In Office, Diagnostic (ill or injured)

Plan	In-Network	Out of Network
Blue Point2 POS A	\$20 PCP / \$25 Specialist per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$25 PCP / \$30 Specialist per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$30 PCP / \$35 Specialist per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Physician Visit-In Office, Routine Preventive Services

Plan	In-Network	Out of Network
Blue Point2 POS A	Adult routine physicals covered in full once per calendar year. Routine semi-annual GYN visits, including Pap Smear covered in full. Routine mammograms, prostate cancer screenings, and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. 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. For Pap Smears, periodic mammograms, prostate cancer screening and bone density testing, after you pay the deductible, you pay 20% and the Plan pays 80%. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit 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	Adult routine physicals covered in full once per calendar year. Routine semi-annual GYN visits, including Pap Smear covered in full. Routine mammograms, prostate cancer screenings, and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. 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. For Pap Smears, periodic mammograms, prostate cancer screening and bone density testing, after you pay the deductible, you pay 25% and the Plan pays 75%. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 75%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS D	Adult routine physicals covered in full once per calendar year. Routine semi-annual GYN visits, including Pap Smear covered in full. Routine mammograms, prostate cancer screenings, and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. 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. For Pap Smears, periodic mammograms, prostate cancer screening and bone density testing, after you pay the deductible, you pay 30% and the Plan pays 70%. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 70%, subject to the deductible, according to the American Academy of Pediatrics guidelines.

Precertification Requirements

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Precertification is required for all inpatient admissions including organ transplants (not needed for normal pregnancy and hospice). Also required for cochlear implants, physical therapy, speech therapy, occupational therapy. If precertification not obtained, there is a penalty of 50% or \$500, whichever is less.	Precertification is required for all inpatient admissions including the following: mental health, chemical dependence, organ transplant services, inpatient acute facility and skilled nursing facility admissions and inpatient physical rehabilitation. Also required for cochlear implants, home care, air ambulance, outpatient mental health, outpatient chemical dependence. Also required for Durable Medical Equipment (DME) over \$200, external prosthetics over \$200, and orthotics over \$200. If precertification not obtained, there is a penalty of 50% or \$500, whichever is less.

Physical Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 20% and the Plan pays 80% 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 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 25% and the Plan pays 75% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	\$35 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 30% and the Plan pays 70% 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 (Excellus BCBS)

<p>Blue Point2 POS A</p>	<p><u>Injectible Drugs</u>: \$20 copay for all physician-administered injectible drugs including, but not limited to, chemotherapy agents and injectible contraceptives. The copay is on the injectible agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums. Prescription drugs administered while in the doctor's office are covered under the medical plan.</p>
<p>Blue Point2 POS B Blue Point2 POS B No Drug</p>	<p><u>Injectible Drugs</u>: \$30 copay for all physician-administered injectible drugs including, but not limited to, chemotherapy agents and injectible contraceptives. The copay is on the injectible agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums. Prescription drugs administered while in the doctor's office are covered under the medical plan.</p>
<p>Blue Point2 POS D</p>	<p><u>Injectible Drugs</u>: \$35 copay for all physician-administered injectible drugs including, but not limited to, chemotherapy agents and injectible contraceptives. The copay is on the injectible agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums. Prescription drugs administered while in the doctor's office are covered under the medical plan.</p>

Prescription Drug Coverage under RIT Prescription Drug Plan (Medco)

<p>Blue Point2 POS A Blue Point2 POS B</p>	<p>Local Retail Pharmacy: Short-term medications can be purchased at the local pharmacy with the 30-day applicable copay as show below. You will not have coverage for a quantity greater than a 30-day supply at the retail pharmacy. If you take maintenance medications, you will have lower copays if you purchase them through the mail order program.</p> <p>Mail Order Maintenance: Most maintenance medications can be purchased by mail order in up to a 90-day supply for the copays shown below. There are three categories of prescription medication with different copay amounts. NOTE: the 90-day supply copays are for mail order program only.</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">RETAIL 30-day supply**</th> <th style="text-align: center;">MAIL ORDER 90-day supply</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>**IMPORTANT NOTE: if you fill your maintenance medications at the retail pharmacy, you will pay the 90-day mail order copay for a 30-day supply beginning with the 4th fill (but no more than the cost of the medication). This higher copay 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>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 copays. If your prescription does not have an approved generic substitute, your benefit will not be affected. Prescription drugs administered while in the hospital or doctor's office will be covered under the medical plan.</p>		RETAIL 30-day supply**	MAIL ORDER 90-day supply	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
	RETAIL 30-day supply**	MAIL ORDER 90-day supply											
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											
<p>Blue Point2 POS B No Drug</p>	<p>No coverage except that prescription drugs administered while in the hospital or doctor's office will be covered under the medical plan.</p>												

Prescription Drug Coverage under RIT Prescription Drug Plan (Medco) (cont'd)

Blue Point2 POS D	<p>You must first meet the \$1,000 annual prescription drug deductible before the copay schedule is used. The deductible can be met with retail (up to a 30-day supply only) and/or mail order medications.</p> <p>Local Retail Pharmacy: Short-term medications can be purchased at the local pharmacy with the 30-day applicable copay as show below. You will not have coverage for a quantity greater than a 30-day supply at the retail pharmacy. If you take maintenance medications, you will have lower copays if you purchase them through the mail order program.</p> <p>Mail Order Maintenance: After you have met your annual deductible, you can purchase most maintenance medications by mail order in up to a 90-day supply for the copays shown below. There are three categories of prescription medication with different copay amounts. NOTE: the 90-day supply copays are for mail order program only. If the cost of the medication is lower than the copay amount, you will pay the lower, actual cost of the medication.</p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th></th> <th style="text-align: center;">RETAIL <u>30-day supply**</u></th> <th style="text-align: center;">MAIL ORDER <u>90-day supply</u></th> </tr> </thead> <tbody> <tr> <td>Tier 1: generic drugs</td> <td style="text-align: center;">\$20</td> <td style="text-align: center;">\$50</td> </tr> <tr> <td>Tier 2: brand name preferred or formulary drugs</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$150</td> </tr> <tr> <td>Tier 3: brand name non-preferred or non-formulary drugs</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$300</td> </tr> </tbody> </table> <p>**IMPORTANT NOTE: if you fill your maintenance medications at the retail pharmacy, you will pay the 90-day mail order copay for a 30-day supply beginning with the 4th fill (but no more than the cost of the medication). This higher copay 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>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 copays. If your prescription does not have an approved generic substitute, your benefit will not be affected. Prescription drugs administered while in the hospital or doctor's office will be covered under the medical plan. Prescription drugs administered while in the hospital or doctor's office will be covered under the medical plan.</p>		RETAIL <u>30-day supply**</u>	MAIL ORDER <u>90-day supply</u>	Tier 1: generic drugs	\$20	\$50	Tier 2: brand name preferred or formulary drugs	\$60	\$150	Tier 3: brand name non-preferred or non-formulary drugs	\$120	\$300
	RETAIL <u>30-day supply**</u>	MAIL ORDER <u>90-day supply</u>											
Tier 1: generic drugs	\$20	\$50											
Tier 2: brand name preferred or formulary drugs	\$60	\$150											
Tier 3: brand name non-preferred or non-formulary drugs	\$120	\$300											

Preventive Care

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	<p>Routine health care that includes screenings, check-ups, and counseling to prevent illnesses, disease, or other health problems are covered in full, according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (http://www.healthcare.gov/center/regulations/prevention/taskforce.html).</p> <p>Refer to Physician Visit-In Office, Routine Preventive Services and other specific services for more details.</p>	<p>Some preventive care services are not covered Out of Network. Refer to Physician Visit-In Office, Routine Preventive Services and other specific services for more details.</p>

Private Duty Nursing

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

Prostate Testing-Routine Preventive

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (http://www.healthcare.gov/center/regulations/prevention/taskforce.html).	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug		After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D		After you pay the deductible, you pay 30% and the Plan pays 70%.

Prosthetics & Orthopedic Braces & Supports (External)

Plan	In-Network	Out of Network
Blue Point2 POS A	For standard equipment, you pay 20% and the Plan pays 80%.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	For standard equipment, you pay 20% and the Plan pays 80%.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	For standard equipment, you pay 20% and the Plan pays 80%.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Prosthetics (Internal)

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Radiology (MRI, CAT, X-Ray)

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Radiation Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Second Medical Opinion

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full. If copay charged, contact Excellus Member Services to have claim adjusted.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full. If copay charged, contact Excellus Member Services to have claim adjusted.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Covered in full. If copay charged, contact Excellus Member Services to have claim adjusted.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Skilled Nursing Facility

Plan	In-Network	Out of Network
Blue Point2 POS A	\$100 copay per admission for up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	After you pay the deductible, you pay 20% and the Plan pays 80% for up to 45 days per admission in semi-private accommodations and all medically necessary services. Precertification required. Custodial care is not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	\$250 copay per admission for up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	After you pay the deductible, you pay 25% and the Plan pays 75% for up to 45 days per admission in semi-private accommodations and all medically necessary services. Precertification required. Custodial care is not covered.
Blue Point2 POS D	\$350 copay per admission for up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	After you pay the deductible, you pay 30% and the Plan pays 70% for up to 45 days per admission in semi-private accommodations and all medically necessary services. Precertification required. Custodial care is not covered.
NOTE: maximum coverage is combined in and out of network		

Speech Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 20% and the Plan pays 80% 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 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 25% and the Plan pays 75% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	\$35 copay per visit for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 30% and the Plan pays 70% 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		

Surgery-Hospital Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Refer to Hospital Services-Inpatient	Refer to Hospital Services-Inpatient

Surgery-Hospital Outpatient or Ambulatory Surgical Center

Plan	In-Network	Out of Network
Blue Point2 POS A	Facility: Covered in full Physician: \$25 copay per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Facility: \$50 copay per visit. Physician: \$30 copay per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	Facility: \$75 copay per visit. Physician: \$35 copay per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Surgery-Physician's Office

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Urgent Care

Plan	In-Network	Out of Network
Blue Point2 POS A	\$35 copay at an urgent care center.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$40 copay at an urgent care center.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$45 copay at an urgent care center.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Well Child Visits

Plan	In-Network	Out of Network
Blue Point2 POS A	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.	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit 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	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.	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 75%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS D	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.	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 70%, subject to the deductible, according to the American Academy of Pediatrics guidelines.

X-Ray-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	\$25 copay per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$30 copay per visit.	After you pay the deductible, you pay 25% and the Plan pays 75%.
Blue Point2 POS D	\$35 copay per visit.	After you pay the deductible, you pay 30% and the Plan pays 70%.

Notice to Plan Participants-Women's Health and Cancer Rights Act of 1998

Under this Federal law, group health plans that provide medical and surgical benefits for mastectomies must provide coverage in connection with the mastectomy, in the manner determined by the attending physician and the patient for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and treatment of physical complications at all stages of mastectomy, including lymphedema.

Group health plans and health insurers may not deny eligibility to enroll, renew or continue group health plan coverage to avoid providing coverage for breast reconstruction or mastectomy complications. Further, the law prohibits:

- Penalizing or otherwise reducing or limiting the reimbursement of an attending physician for the required care;
- Providing any incentive (monetary or otherwise) to induce the attending physician to provide care that would be inconsistent with the law.

The above-described coverage required by the law may only be subject to the annual deductibles, copays, and coinsurance provisions that apply to similar benefits.