

	Classic Blue Indemnity Plan		BluePPO J	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$200/600	\$200/600	None	\$750/2250
4th Quarter carry Over	Yes	Yes	n/a	n/a
Coinsurance	20%	20%	None	30%
Maximum Coinsurance/ Max Out of Pocket	\$200/600 (max coins)	\$200/600 (max coins)	None	\$2000/6000 (max out of pocket)
Lifetime Maximum	None	None	None	None
Network	BCBS Indemnity		BluePPO	
Inpatient – Hospital				
Inpatient Stay	CIF after \$200 copay	\$200 copay by member then 80% of charges	CIF after \$100 copay (**Subject to Pre Auth)	Ded/Coins, BB* (**Subject to Pre Auth)
Maternity	CIF after \$200 copay	\$200 copay by member then 80% of charges	CIF after \$100 copay	Ded/Coins, BB
Routine Newborn Nursery Care	CIF	80% of charges	CIF	Ded/Coins, BB
IP Mental Health	CIF after \$200 copay	\$200 copay by member then 80% of charges	CIF after \$100 copay (**Subject to Pre Auth)	Ded/Coins, BB (**Subject to Pre Auth)
IP Detox & Rehabilitation	CIF after \$200 copay	\$200 copay by member then 80% of charges	CIF after \$100 copay (**Subject to Pre Auth)	Ded/Coins, BB (**Subject to Pre Auth)

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IP Physical Rehabilitation	CIF after \$200 copay (30 days)	\$200 copay by member then 80% of charges (30 days)	CIF after \$100 copay (60 days per calendar year) (**Subject to Pre Auth)	Not Covered
Skilled Nursing	CIF after \$200 copay (100 days)	\$200 copay by member then 80% of charges (100 days)	CIF after \$100 copay (120 days per calendar year) (**Subject to Pre Auth)	Ded/Coins, BB (120 days per calendar year) (**Subject to Pre Auth)
Outpatient – Hospital				
Emergency Room	CIF	CIF	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Outpatient Surgery	CIF	80% of charges	\$20 copay	Ded/Coins, BB
Pre -Admission Testing	CIF	80% of charges	CIF	Ded/Coins, BB
X-Rays & other radiology services	CIF	80% of charges	\$20 copay (Pre-Authorization MRI, CAT, PET scans)	Ded/Coins, BB (Pre-Authorization MRI, CAT, PET scans)
Routine Mammography Services	CIF	80% of charges	CIF	Ded/Coins, BB
Routine Cervical Cancer Screening	CIF	80% of charges	CIF	Ded/Coins, BB
Radiation Therapy	CIF	80% of charges	CIF	Ded/Coins, BB
Hospice	CIF	80% of charges	CIF	Ded/Coins, BB

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Home Health Care	CIF (60 days)	80% of charges	CIF	\$50 Ded/25% Coins, BB
OP Treatment of Alcohol & Substance Abuse	CIF	80% of charges	\$20 copay	Ded/Coins, BB
Professional Services (Physician)				
Surgery	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Assistance at Surgery	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Voluntary Second Opinion	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB
Maternity Care	CIF	CIF to allowed amount and BB	CIF after initial \$20 copay	Ded/Coins, BB
Anesthesia Services	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Doctor Visits in a hospital	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Well Child Care	CIF	CIF to allowed amount and BB	CIF	CIF
X-Rays & Radiology Services	CIF	CIF to allowed amount and BB	\$20 copay (Pre-Authorization MRI, CAT, PET scans)	Ded/Coins, BB (Pre-Authorization MRI, CAT, PET scans)
Routine Mammography Services	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Routine Cervical Cancer Screening	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB

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Laboratory Tests	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Radiation Therapy	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Physician Office Visits	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Speech Therapy	CIF	CIF to allowed amount and BB	\$20 copay (Combined ST, PT, OT, RT – 45 combined visits per year)	Ded/Coins, BB (Combined ST, PT, OT, RT – 45 combined visits per year)
Cardiac Rehabilitation	CIF 1 program per lifetime	80% of charges 1 program per lifetime	\$20 copay	Ded/Coins, BB
Chiropractic Care	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Chemotherapy	CIF	Ded/Coins, BB	CIF	Ded/Coins, BB
Immunizations - Adult	CIF	Ded/Coins, BB	CIF	Ded/Coins, BB
Diabetic Treatment	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Home Care	Ded/Coins	Ded/Coins, BB	CIF	\$50 Ded/25% Coins, BB
Durable Medical Equipment / Prosthetics / Medical Supplies	Ded/Coins	Ded/Coins, BB	20% coins (*Subject to Pre Auth)	Ded/Coins, BB (*Subject to Pre Auth)
Outpatient Mental Health	CIF	CIF to allowed amount, BB	\$20 copay	Ded/Coins, BB

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Allergy Testing	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB
Allergy Treatments	Ded/Coins	Ded/Coins, BB	CIF	Ded/Coins, BB
Kidney Dialysis	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Physical & Occupational Therapy	CIF (unlimited)	Ded/Coins, BB	\$20 copay (Combined ST, PT, OT, RT 45 combined visits/ year.)	Ded/Coins, BB (Combined ST, PT, OT, RT 45 combined visits/ year.)
Free Standing Urgent Care	CIF	CIF to allowed amount and BB	\$25 copay	Ded/Coins, BB
Routine Adult Physicals	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB
Ambulance – Ground	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB
Ambulance – Air	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB
Pulmonary Rehabilitation	CIF	CIF	\$20 copay	Ded/Coins, BB
Dental Coverage	Accidental injury to sound and natural teeth only, covered based on type of service provided.	Accidental injury to sound and natural teeth only, covered based on type of service provided, BB may apply.	\$20 copay for OV, \$50 at ER, accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Ded/Coins, BB for OV, \$50 at ER, accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
Pre-Existing Conditions	Covered	Covered	Covered	Covered

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	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescription Rx Coverage	Not Covered under Excellus, covered under Caremark.	Not Covered under Excellus, covered under Caremark.	Not Covered under Excellus, covered under Caremark.	Not Covered under Excellus, covered under Caremark.

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