

COMPREHENSIVE MAJOR MEDICAL PLAN

BENEFIT	COMPREHENSIVE MAJOR MEDICAL PLAN
Deductible and Co-insurance	All benefits subject to meeting calendar year DEDUCTIBLE and CO-INSURANCE. Individuals: \$250 deductible, 20% of first \$2000 of allowed amounts; \$500, \$1000 or \$2500 deductible, 20% of first \$5000 of allowed amounts. Families: 2 times the individual deductible and co-insurance. After co-pay, program pays 100% of allowed amounts.
Eligible Dependents Well Child Care / Immunizations (up to age 19) Routine Gynecological Exam (1/yr) Routine Pap Smear (1/yr) Routine Mammography (1/yr)	unmarried dependent children to age 19; full-time college students to age 23 covered in full subject to deductible and co-insurance (office visit chg not covered) subject to deductible and co-insurance subject to deductible and co-insurance (1/yr over age 50)
Allergy Injections Routine Physical Exam (1/yr) Diabetic Education, Equipment and Supplies Office Visits Chiropractic Services	covered benefit, subject to deductible and co-insurance not covered covered in full subject to deductible and co-insurance subject to deductible, co-insurance and medical necessity
Second Surgical Opinion Gynecological Visits (non-routine) Allergy Testing Emergency Room Visit	subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance covered benefit within 72 hours of injury or within 12 hours of symptoms, \$25 penalty for non-emergency charges.
After Hours Urgent Care Routine Newborn Nursery Care Hospice Care Inpatient physical rehabilitation * Short-Term Therapy (outpatient)	subject to deductible and co-insurance subject to deductible and co-insurance life expectancy less than 6 months and pallative care is considered most appropriate not covered subject to deductible and co-insurance
Primary Care Physician Office Surgery Specialist Office Surgery Unlimited days semi-private room and board * In-Hospital/In-Facility - Physician Services Anesthesia	subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance
Ambulatory Surgery Maternity care - pre & post natal * Mastectomy Administration of Blood and Blood Products Autologous Blood Donation *	subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance subject to deductible and co-insurance and medical necessity subject to deductible and co-insurance and medical necessity
Magnetic Resonance Imaging (MRI/MRA) * Ambulance Service (Air & Ground) Pre-Admission Testing Laboratory, Radiology and other Diagnostic Testing Radiation Therapy and Chemotherapy	subject to deductible and co-insurance subject to deductible and co-insurance, and medical necessity subject to deductible and co-insurance (within 7 days of surgery) subject to deductible and co-insurance subject to deductible and co-insurance
Oxygen Durable Medical Equipment/Prosthetic Devices * Organ & Bone Marrow Transplants Home Infusion Therapy * Kidney Dialysis	subject to deductible, co-insurance and medical necessity subject to deductible and co-insurance subject to deductible and co-insurance; \$2,000,000 lifetime max. subject to deductible and co-insurance subject to deductible and co-insurance
Outpatient Mental Health Home Health Care * Outpatient Alcohol and Substance Abuse Inpatient Detox * Inpatient Alcohol and Substance Abuse *	\$50 or actual charge, whichever is less (30 visits/year) subject to deductible and co-insurance (40 visits/year) subject to deductible and co-insurance (60 visits/20 family therapy) not covered not covered
Inpatient Mental Health * Vasectomy & Tubal Ligation, Elective Abortion Skilled Nursing Facility * Vision Exam Private Duty Nursing Pre-authorization Penalty	up to 30 days, subject to deductible and co-insurance; pre-authorization required one elective sterilization per lifetime allowed not covered subject to deductible and co-insurance, fee schedule applies. subject to medical necessity (max 750 hrs/year) not applicable
Prescription Drugs ** Mail Order Service available for 30-90 day supply	\$10 Tier 1 (generic) drugs, \$25 Tier 2 (preferred) drugs, \$40 Tier 3 (non-preferred) drugs co-pays as described above; two co-pays per 90-day supply

* Pre-authorization required

** Subject to MAC differential.

Both plans underwritten by Excellus BCBS of Central NY

Please refer to your contract booklet for a complete description of each benefit.

Co-payments are per visit / drug