



## Comparison of benefits for Brockport Auxillary Service Corp

type of care/plan features	Blue Choice Select Coverage	Blue Choice Value Coverage	Blue Choice \$25 Copay Option Coverage
<p><b>Plan features</b></p> <ul style="list-style-type: none"> <li>Primary Care Physician (PCP)</li> <li>Referrals</li> <li>Out of network benefits</li> <li>Out of area benefits</li> </ul> <p>Student/Dependent coverage</p> <ul style="list-style-type: none"> <li>Domestic partner</li> </ul> <p><b>Plan cost-sharing highlights</b></p> <ul style="list-style-type: none"> <li>Office visit copay (Primary Care Physician)</li> <li>Office visit copay (Specialist)</li> <li>Coinsurance</li> <li>Deductible</li> <li>Out of pocket maximum</li> <li>Lifetime maximum</li> </ul> <p><b>Preventive Health Care Services</b></p> <ul style="list-style-type: none"> <li>Well child visits</li> <li>Adult routine physical exams</li> <li>Adult immunizations</li> <li>Mammography</li> <li>Pap smear</li> <li>Routine GYN exam</li> <li>Prostate cancer screening</li> <li>Routine vision</li> </ul> <p>Colonoscopy</p> <p><b>Physician Office Services</b></p> <ul style="list-style-type: none"> <li>Diagnostic office visits</li> <li>Diagnostic x-rays</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> <li>Not required</li> <li>Not covered</li> <li>Emergency coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul> <ul style="list-style-type: none"> <li>\$15 copay</li> <li>\$15 copay</li> <li>None</li> <li>None</li> <li>None</li> <li>None</li> </ul> <ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$15 copay</li> <li>\$15 copay for 1 routine exam every 2 years; every year for children to age 19. \$60 eyewear allowance available every 2 years; every year for children to age 19.</li> <li>Preventive covered in full</li> </ul> <ul style="list-style-type: none"> <li>\$15 copay per visit; \$5 copay for sick children to age 5.</li> <li>\$15 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> <li>Not required</li> <li>Not covered</li> <li>Emergency coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul> <ul style="list-style-type: none"> <li>\$20 copay</li> <li>\$20 copay</li> <li>None</li> <li>None</li> <li>None</li> <li>None</li> </ul> <ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$20 copay per visit</li> <li>\$20 copay for one routine exam every 2 years; every year for children to age 19. \$60 eyewear allowance available every 2 years; every year for children to age 19.</li> <li>Preventive covered in full</li> </ul> <ul style="list-style-type: none"> <li>\$20 copay per visit</li> <li>\$20 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>Required</li> <li>Not required</li> <li>Not covered</li> <li>Emergency coverage provided worldwide through the BlueCard® program.</li> <li>Qualified dependents and students are covered to age 26.</li> <li>Covered</li> </ul> <ul style="list-style-type: none"> <li>\$25 copay</li> <li>\$40 copay</li> <li>None</li> <li>None</li> <li>None</li> <li>None</li> </ul> <ul style="list-style-type: none"> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>Covered in full</li> <li>\$25 copay</li> <li>Not covered</li> </ul> <ul style="list-style-type: none"> <li>Preventive covered in full</li> </ul> <ul style="list-style-type: none"> <li>\$25 copay per visit</li> <li>\$40 copay per visit</li> </ul>

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<ul style="list-style-type: none"> <li>• Diagnostic laboratory and pathology</li> <li>• Allergy tests</li> <li>• Allergy injections</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• \$15 copay per visit</li> <li>• \$15 copay per visit</li> <li>• \$15 copay for IV/injectable chemotherapy, in addition to a \$15 copay for the office visit</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• \$20 copay per visit</li> <li>• \$20 copay per visit</li> <li>• \$20 copay for IV/injectable chemotherapy, in addition to a \$20 copay for the office visit</li> <li>• \$20 copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• \$25 copay per visit</li> <li>• \$25 copay per visit to your PCP; \$40 copay per visit to a specialist</li> <li>• \$25 copay per visit to your PCP; \$40 copay per visit to a specialist</li> <li>• \$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit</li> <li>• \$25 copay per visit</li> </ul>
<p><b>Maternity Services</b></p> <ul style="list-style-type: none"> <li>• Prenatal and postpartum care</li> <li>• Hospital care for mom (including delivery)</li> <li>• Newborn nursery care</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 copay per visit for first 10 visits, remainder of visits are covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 copay per visit for first 10 visits, remainder of visits are covered in full</li> <li>• Hospital-Subject to \$100 copay per admission; Delivery-Subject to 20% coinsurance or \$100 copay, whichever is less</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• \$5 copay per visit for first 10 visits, remainder of visits are covered in full</li> <li>• Facility: Subject to \$100 copay per admission. Physician: Subject to 20% coinsurance or \$200 copay, whichever is less</li> <li>• Covered in full</li> </ul>
<p><b>Prescription Drug</b></p> <ul style="list-style-type: none"> <li>• Short-term and maintenance drugs</li> </ul>	<ul style="list-style-type: none"> <li>• \$5/\$20/\$35</li> </ul>	<ul style="list-style-type: none"> <li>• \$10/\$25/\$40</li> </ul>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>
<p><b>Inpatient Hospital Benefits</b></p> <ul style="list-style-type: none"> <li>• Hospital benefits</li> <li>• Physician visits in the hospital</li> <li>• Inpatient physical rehabilitation</li> <li>• Surgery</li> <li>• Anesthesia</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full for unlimited days</li> <li>• Covered in full</li> <li>• Covered at 100% for up to 60 days per calendar year</li> <li>• Covered in full</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to \$100 copay per admission for unlimited days</li> <li>• Covered in full</li> <li>• Subject to \$100 copay per admission for 60 days per calendar year</li> <li>• Facility: Subject to \$100 copay; Physician: Subject to 20% coinsurance or \$100 copay, whichever is less</li> <li>• Covered in full</li> </ul>	<ul style="list-style-type: none"> <li>• Subject to \$100 copay per admission for unlimited days</li> <li>• Covered in full</li> <li>• Not covered</li> <li>• Facility: Subject to \$100 copay; Physician: Subject to 20% coinsurance or \$200 copay, whichever is less</li> <li>• Covered in full</li> </ul>
<p><b>Emergency Care</b></p> <ul style="list-style-type: none"> <li>• Emergency room care</li> <li>• Freestanding urgent care center</li> <li>• Ambulance</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 copay per visit, unless admitted within 24 hours</li> <li>• \$25 copay per visit</li> <li>• \$25 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$50 copay per visit, unless admitted within 24 hours</li> <li>• \$25 copay per visit</li> <li>• \$50 copay</li> </ul>	<ul style="list-style-type: none"> <li>• \$100 copay per visit, unless admitted within 24 hours</li> <li>• \$35 copay per visit</li> <li>• \$100 copay</li> </ul>
<p><b>Outpatient Hospital Benefits</b></p>			



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type of careplan features	Blue Choice Select Coverage	Blue Choice Value Coverage	Blue Choice \$25 Copay Option Coverage
<ul style="list-style-type: none"> <li>• Diagnostic x-rays</li> <li>• Diagnostic laboratory and pathology</li> <li>• Surgical care</li> <li>• Chemotherapy</li> <li>• Radiation therapy</li> </ul> <p><b>Mental Health and Chemical Dependence</b></p> <ul style="list-style-type: none"> <li>• Inpatient mental health care</li> <li>• Outpatient mental health care</li> <li>• Inpatient chemical dependence</li> <li>• Outpatient chemical dependence</li> </ul> <p><b>Other Services</b></p> <ul style="list-style-type: none"> <li>• Diabetic insulin and supplies</li> <li>• Skilled nursing facility</li> <li>• Home care</li> <li>• Hospice</li> <li>• Outpatient therapy</li> <li>• Durable medical equipment</li> <li>• External prosthetics</li> <li>• Chiropractic</li> <li>• Acupuncture</li> <li>• Dental</li> <li>• Hearing</li> </ul>	<ul style="list-style-type: none"> <li>• \$15 copay per visit</li> <li>• Covered in full</li> <li>• \$15 copay</li> <li>• \$15 copay for IV/injectable chemotherapy, in addition to a \$15 copay for the office visit</li> <li>• Covered in full</li> <li>• Covered in full for unlimited days</li> <li>• \$15 copay. Services can be provided in an outpatient facility or in a provider office.</li> <li>• Covered in full for unlimited days</li> <li>• \$15 copay per visit</li> <li>• \$15 copay for up to a 30 day supply</li> <li>• Covered in full for up to 120 days per calendar year; 360 days per lifetime</li> <li>• Covered in full for unlimited visits</li> <li>• Covered in full for unlimited days</li> <li>• \$15 copay per visit for up to a combined total of 30 visits per calendar year for physical, speech, respiratory and occupational therapy</li> <li>• Covered at 80%</li> <li>• Covered at 80%</li> <li>• \$15 copay per visit</li> <li>• Covered at 50% for up to 10 visits per calendar year</li> <li>• \$15 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>• Hearing aids covered for up to 2 hearing aids every 3 years for children to age 19</li> </ul>	<ul style="list-style-type: none"> <li>• \$20 copay per visit</li> <li>• Covered in full</li> <li>• Facility: \$50 copay; Physician: \$20 copay</li> <li>• \$20 copay for IV/injectable chemotherapy, in addition to a \$20 copay for the office visit</li> <li>• \$20 copay per visit</li> <li>• Subject to \$100 copay per admission for unlimited days</li> <li>• \$20 copay. Services can be provided in an outpatient facility or in a provider office.</li> <li>• Subject to \$100 copay per admission for unlimited days</li> <li>• \$20 copay per visit</li> <li>• \$20 copay for up to a 30 day supply</li> <li>• Covered in full for up to 120 days per calendar year; 360 days per lifetime</li> <li>• Covered in full for unlimited visits</li> <li>• Covered in full for unlimited days</li> <li>• \$20 copay per visit for up to a combined total of 30 visits per calendar year for physical, speech, respiratory and occupational therapy</li> <li>• Covered at 50%</li> <li>• Covered at 50%</li> <li>• \$20 copay per visit</li> <li>• Covered at 50% for up to 10 visits per calendar year</li> <li>• \$20 copay for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>• Hearing aids covered for up to 2 hearing aids every 3 years for children to age 19</li> </ul>	<ul style="list-style-type: none"> <li>• \$40 copay per visit</li> <li>• \$25 copay per visit</li> <li>• Facility: \$75 copay; Physician: Subject to 20% or \$200 copay, whichever is less</li> <li>• \$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit</li> <li>• \$25 copay per visit</li> <li>• Subject to \$100 copay per admission for unlimited days</li> <li>• \$40 copay. Services can be provided in an outpatient facility or in a provider office.</li> <li>• Subject to \$100 copay per admission for unlimited days</li> <li>• \$25 copay per visit</li> <li>• \$25 copay for up to a 30 day supply</li> <li>• Subject to \$100 copay per admission for up to 45 days per admission; 360 days per lifetime</li> <li>• Covered in full for up to 40 visits per calendar year</li> <li>• Not covered</li> <li>• \$40 copay per visit for up to a combined total of 30 visits per calendar year for physical, speech, occupational and respiratory therapy</li> <li>• Not covered</li> <li>• Not covered</li> <li>• \$40 copay per visit</li> <li>• Not covered</li> <li>• \$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly</li> <li>• Hearing aids covered for up to 2 hearing aids every 3 years for children to age 19</li> </ul>