Excellus

Comparison of benefits for RCSD

2022

type of care/plan features	Core Plan Coverage*	Enhanced Plan Coverage*
Plan features		
• Primary Care Physician (PCP)	• Not required	• Not required
• Referrals	• Not required	• Not required
• Out of network benefits	• Not covered	• Not covered
• Out of area benefits	• Coverage provided worldwide through the BlueCard® program.	• Coverage provided worldwide through the BlueCard® program.
• Student/Dependent coverage	• Qualified dependents and students are covered to age 26.	• Qualified dependents and students are covered to age 26.
Plan cost-sharing highlights		
• Office visit copay (Primary Care Physician)	• $20 copay	• $15 copay
• Office visit copay (Specialist)	• $40 copay	• $15 copay
• Coinsurance	• 20%; Coinsurance Maximum: $750 individual/$2250 family	• None
• Deductible	• $250 individual/$750 family	• None
• Out of pocket maximum	• $6350 individual/$12700 family	• $6350 individual/$12700 family
• Lifetime maximum	• None	• None
Preventive Health Care Services		
• Well child visits	• Covered in full	• Covered in full
• Adult routine physical exams	• Covered in full for 1 exam per year according to national guidelines	• Covered in full for 1 exam per year according to national guidelines
• Adult immunizations	• Covered in full	• Covered in full
• Mammography	• Covered in full	• Covered in full
• Pap smear	• Covered in full	• Covered in full
• Routine GYN exam	• Covered in full	• Covered in full
• Prostate cancer screening	• $20 copay per visit with PCP, $40 copay with specialist	• $15 copay
• Routine vision	• $20 copay for one routine eye exam every year. $60 eyewear allowance every year.	• $15 copay for one routine exam per year; $100 eyewear allowance available per year
• Colonoscopy	• Preventive covered in full	• Preventive covered in full
Physician Office Services		
• Diagnostic office visits	• $20 copay per visit with PCP, $40 copay per visits with specialist	• $15 copay per visit, $0 for children to age 19 for PCP
• Diagnostic x-rays	• $40 copay per visit. Precertification applies to MRI, PET and CAT scans.	• $15 copay. Precertification applies to MRI, PET and CAT scans.
• Diagnostic laboratory and pathology	• $20 copay per visit	• Covered in full
• Allergy tests	• $20 copay per visit	• $15 copay per visit

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• Allergy injections	• $20 copay per visit	• $15 copay per visit
• Chemotherapy	• $40 copay per visit	• Covered in full
• Radiation therapy	• $40 copay per visit	• Covered in full
• Second Medical Opinion	• $40 copay per visit	• $15 copay per visit
• Sick Child Visits	• $20 copay per visit with PCP, $40 copay with specialist	• $0 to age 19
Maternity Services		
• Prenatal care	• Covered in full	• Covered in full
• Hospital care for mom (including delivery)	• Covered at 80%, subject to the deductible	• Covered in full
• Newborn nursery care	• Covered at 80%, subject to the deductible	• Covered in full
Prescription Drug		
• Short-term and maintenance drugs	• $10/$30/$50 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 2 copays for 90 day supply	• $5/$20/$35 for retail and mail order. Retail 1 copay for 30 day supply or 3 copay for 90 day supply. Mail order 1 copay for 90 day supply
Inpatient Hospital Benefits		
• Hospital benefits	• Covered at 80%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days. Precertification applies.
• Physician visits in the hospital	• Covered at 80%, subject to the deductible	• Covered in full
• Inpatient physical rehabilitation	• Covered at 80%, subject to the deductible for up to 60 days per year. Precertification applies.	• Covered in full for up to 60 days per year
• Surgery	• Covered at 80%, subject to the deductible or $100 copay	• Covered in full
• Anesthesia	• Covered at 80%, subject to the deductible	• Covered in full
Emergency Care		
• Emergency room care	• $50 copay per visit, unless admitted within 24 hours	• $50 copay per visit, unless admitted within 24 hours
• Freestanding urgent care center	• $25 copay per visit	• $25 copay per visit
• Ambulance	• $50 copay	• $15 copay
Outpatient Hospital Benefits		
• Diagnostic x-rays	• $40 copay per visit. Precertification applies to MRI, PET and CAT scans.	• $15 copay per visit. Precertification applies to MRI, PET and CAT scans.
• Diagnostic laboratory and pathology	• $20 copay per visit	• Covered in full
• Surgical care	• Covered at 80%, subject to the deductible	• $15 copay
• Chemotherapy	• $40 copay per visit	• Covered in full

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• Pulmonary Rehabilitation	• $40 copay per visit	• $15 copay per visit
• Hemodialysis	• Covered at 80%, subject to the deductible	• Covered in full
• Radiation therapy	• $40 copay per visit	• Covered in full
Mental Health and Chemical Dependence		
• Inpatient mental health care	• Covered at 80%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days. Precertification applies.
• Outpatient mental health care	• $40 copay. Services can be provided in an outpatient facility or in a provider office.	• $15 copay. Services can be provided in an outpatient facility or in a provider office.
• Inpatient chemical dependence	• Covered at 80%, subject to the deductible. Precertification applies.	• Covered in full for unlimited days. Precertification applies.
• Outpatient chemical dependence	• $40 copay	• $15 copay per visit
Other Services		
• Diabetic insulin and supplies	• $20 copay for up to a 30 day supply	• $15 Copay
• Skilled nursing facility	• Covered at 80%, subject to the deductible for up to 120 days per year, 360 day lifetime max. Precertification applies.	• Covered in full for up to 120 days per year, 360 day lifetime max. Precertification applies.
• Home Care	• $20 per day, 40 visits per year. Precertification applies.	• Covered in full for unlimited visits. Precertification applies.
• Hospice	• Covered in full for unlimited days.	• Covered in full for unlimited days
• Outpatient therapy	• $40 copay per visit for a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy	• $15 copay for up to a combined total of 45 visits per year for physical, speech, occupational and respiratory therapy
• Durable medical equipment and supplies	• Covered at 50%. Precertification applies.	• Covered at 80%. Precertification applies.
• External prosthetics and orthotics	• Covered at 50%, subject to the deductible	• Covered at 80%
• Chiropractic	• $20 copay per visit	• $15 copay per visit
• Acupuncture	• Covered at 50% for up to 10 visits per year	• Covered at 50% for up to 10 visits per year
• Dental	• Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	• Covered same as similar service for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
• Hearing	• $20 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to $2,000 per year	• $15 copay for diagnostic exam, no coverage for routine exams. Hearing Aids covered up to $2,000 per year
• Private Duty Nursing	• Not Covered	• Not Covered
• Pre-admission testing	• Covered in full	• Covered in full