

	Classic Blue Indemnity Plan		BluePPO J		Simply Blue HDHP	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$200/600	\$200/600	None	\$750/2250	\$5,500/\$11,000	\$5,500/\$11,000
4th Quarter carry Over	Yes	Yes	n/a	n/a	n/a	n/a
Coinsurance	20%	20%	None	30%	0%	0%
Maximum Coinsurance – member cost	\$200/600 (max coins)	\$200/600 (max coins)	None	\$2000/6000	None	None
Lifetime Maximum	None	None	None	None	None	None
Network	BCBS Indemnity		BluePPO		Blue	
Maximum Out of pocket	n/a	n/a	\$5,250/\$9,600	\$6,350/\$12,700	\$5,500/\$11,000	\$5,500/\$11,000
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)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Maternity	CIF after \$200 copay	\$200 copay by member then 80% of charges	CIF after \$100 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Routine Newborn Nursery Care	CIF	80% of charges	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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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	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient – Hospital						
Emergency Room	CIF	CIF	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Surgery	CIF	80% of charges	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Pre -Admission Testing	CIF	80% of charges	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Routine Mammography Services	CIF	80% of charges	CIF	Ded/Coins, BB	CIF	Subject to Deductible and Coinsurance
Routine Cervical Cancer Screening	CIF	80% of charges	CIF	Ded/Coins, BB	CIF	Subject to Deductible and Coinsurance

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Radiation Therapy	CIF	80% of charges	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Hospice	CIF	80% of charges	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Home Health Care	CIF (60 days)	80% of charges	CIF	\$50 Ded/25% Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
OP Treatment of Alcohol & Substance Abuse	CIF	80% of charges	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Professional Services (Physician)						
Surgery	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Assistance at Surgery	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Voluntary Second Opinion	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Maternity Care	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Anesthesia Services	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Doctor Visits in a hospital	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Well Child Care	CIF	CIF to allowed amount and BB	CIF	CIF	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)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Routine Mammography Services	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	CIF	Subject to Deductible and Coinsurance
Routine Cervical Cancer Screening	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	CIF	Subject to Deductible and Coinsurance
Laboratory Tests	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Radiation Therapy	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Physician Office Visits	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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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)	Subject to Deductible and Coinsurance -45 combined visits per year	Subject to Deductible and Coinsurance -45 combined visits per year
Cardiac Rehabilitation	CIF 1 program per lifetime	80% of charges 1 program per lifetime	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Chiropractic Care	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Chemotherapy	CIF	Ded/Coins, BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Immunizations - Adult	CIF	Ded/Coins, BB	CIF	Ded/Coins, BB	CIF	Subject to Deductible and Coinsurance
Diabetic Supplies & Equipment	CIF	Ded/Coins, BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Home Care	Ded/Coins	Ded/Coins, BB	CIF	\$50 Ded/25% Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Durable Medical Equipment / Prosthetics / Medical Supplies	Ded/Coins	Ded/Coins, BB	20% coins (**Subject to Pre Auth)	Ded/Coins, BB (**Subject to Pre Auth)	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Outpatient Mental Health	CIF	CIF to allowed amount, BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Allergy Testing	Ded/Coins	Ded/Coins, BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Allergy Treatments	Ded/Coins	Ded/Coins, BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
					Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Kidney Dialysis	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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.)	Subject to Deductible and Coinsurance -45 combined visits per year	Subject to Deductible and Coinsurance -45 combined visits per year
Free Standing Urgent Care	CIF	CIF to allowed amount and BB	\$25 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Routine Adult Physicals	CIF	CIF to allowed amount and BB	CIF	Ded/Coins, BB	CIF	Subject to Deductible and Coinsurance
Ambulance – Ground	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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Ambulance – Air	CIF	CIF to allowed amount and BB	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
Pulmonary Rehabilitation	CIF	CIF	\$20 copay	Ded/Coins, BB	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance
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	Subject to Deductible and Coinsurance at ER- accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Subject to Deductible and Coinsurance at ER- accidental injury to sound, natural teeth and for care due to congenital disease or anomaly
Pre-Existing Conditions	Covered	Covered	Covered	Covered	Covered	Covered
Prescription Rx Coverage	Not Covered under Excellus, covered under ESI.	Not Covered under Excellus, covered under ESI.	Not Covered under Excellus, covered under ESI.	Not Covered under Excellus, covered under ESI.	Subject to Deductible and Coinsurance	Subject to Deductible and Coinsurance

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