

**Essex County  
Excellus Detailed Plan Comparison**

	<b>Excellus BCBS PPO J</b>	<b>Excellus BCBS Simply Blue 40-0</b>
<b>Outpatient Hospital</b>		
Outpatient Surgery	\$20 Copay	\$250 Copay
Chemotherapy	Covered in Full	\$60 Facility, \$60 Injection
Radiation Therapy	Covered in Full	\$60 Copay
Cardiac Rehabilitation	\$20 Copay	\$60 Copay
Preadmission Testing	Covered in Full	Covered in Full
<b>Inpatient Medical Care</b>		
Semi-Private Room	Covered in Full	\$500 Copay
Physical Rehabilitation	Covered in Full	\$500 Copay
Skilled Nursing	Covered in Full	\$500 Copay
Maternity Admissions	Covered in Full	Covered in Full
<b>Emergency Care</b>		
Emergency Room	\$150 Copay	\$250 Copay
Emergency Ambulance	\$20 Copay	\$250 Copay
<b>Mental Health Care</b>		
Inpatient Care	Covered in Full	\$500 Copay
Outpatient Care	\$20 Copay	\$60 Copay
<b>Substance Abuse</b>		
Inpatient Care	Covered in Full	\$500 Copay
Outpatient Care	\$20 Copay	\$60 Copay
<b>Other Services</b>		
Hospice	Covered in Full	Covered in Full
Home Health Care	Covered in Full	Covered in Full
Durable Medical Equipment	20% Copay	20% Copay
External Prosthetics	20% Copay	20% Copay
Acupuncture	Not Covered	\$60 Copay (10visits)
Vision Exam	\$20 Copay (annual)	\$60 Copay (annual)
Vision Hardware	\$100 Eyewear Allowance (annual)	\$60 Eyewear Allowance (annual)
<b>Out of Network Benefits</b>		
Deductible	\$750/\$2250	\$500/\$1500
Coinsurance	30%	20%
Out of Pocket Maximum	\$3000/\$9000	\$3000/\$9000
	Balance Billing May Apply	Balance Billing May Apply

*Please note the above information is not a complete description of benefits and is provided for comparative purposes only*

**Essex County  
Excelsus Detailed Plan Comparison**

	Excelsus BCBS PPO J	Excelsus BCBS Simply Blue 40-0
<b>General (In-network)</b>		
Deductible	None	None
Coinsurance	None	None
Out of Pocket Maximum	\$3000 Per Member	\$3000 Per Member
Maximum Lifetime Benefit	Unlimited	Unlimited
Vermont Access	Yes, Via Blue Card	Yes, Via Blue Card
National BCBS Network	Yes, Via Blue Card	Yes, Via Blue Card
Dependent Coverage	To Age 26	To Age 26
<b>Office Visits</b>		
Primary Care	\$20 Copay	\$40 Copay
Specialist	\$20 Copay	\$60 Copay
Pediatrics	\$20 Copay	Covered in Full
Routine Physical	Covered in Full	Covered in Full
Well Child Care Visits	Covered in Full	Covered in Full
Allergy Test	\$20 Copay	\$40 PCP/\$60 Specialist
Allergy Injections	Covered in Full	\$40 PCP/\$60 Specialist
<b>Women's Services</b>		
Routine OB/GYN	Covered in Full	Covered in Full
Mammograms	Covered in Full	Covered in Full
Maternity Care	\$20 Copay for initial visits	Covered in Full
	Additional visits covered in full	
<b>Medical Care</b>		
Physical Therapy	\$20 Copay	\$60 Copay
Speech Therapy	\$20 Copay	\$60 Copay
Occupational Therapy	\$20 Copay	\$60 Copay
Diagnostic X-Ray	\$20 Copay	\$60 Copay
MRI, PET, CAT	\$20 Copay	\$60 Copay
Laboratory Testing	Covered in Full	Covered in Full
Chiropractic Care	\$20 Copay	\$60 Copay

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