

2020 Tompkins County Medical and Rx Plan Comparison Charts for Non-Medicare-Eligible Plan Coverage

Please note: The following charts are summaries of common expenses. Please contact Excellus BCBS (medical), or ProAct/CanaRx (pharmacy) to inquire about specifics not listed on these charts.

Excellus BCBS Medical Coverage

Cost-Sharing	Platinum In-Network	PPO In-Network	Classic Blue In-Network
Deductible	\$0.00	\$0.00	\$100 Individual \$200 Family
Out-of-Pocket Maximum (Retiree)	\$2,000 Ind./ \$6,000 Fam. (Med. and Rx combined)	\$1,000 Ind. \$3,000 Fam. Med/ \$2,000 Ind. \$6,000 Fam. Rx	\$200 Ind. \$400 Fam. Med/ \$2,000 Ind. \$6,000 Fam. Rx
Annual/Lifetime Maximum Expense Coverage (Plan)	Unlimited	Unlimited	Unlimited
Preventative Care <i>(Adult Annual Exams, Well Child Visits, Immunizations, Cancer Screenings, Pre/Post Natal Care, etc.)</i>	Covered in Full	Covered in Full	Covered in Full
Office Visit – Primary Care (Including Telemedicine) <i>(Including routine lab and pathology)</i>	\$15.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Office Visit – Specialist (Including Telemedicine) <i>(ex/ Cardiology, Pulmonology, Neurology, Dermatology)</i>	\$25.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Office Visit – Mental Health/Substance Abuse	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Urgent Care	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Diagnostic and Routine X-Rays	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Advanced Imaging Services (MRI, etc.)	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Ambulance	\$150.00 Co-pay	\$10.00 Co-Pay	Covered in Full
Emergency Room (Fee Waived if Admitted)	\$150.00 Co-pay	\$35.00 Co-pay	Covered in Full
Inpatient Hospitalization – Including Surgery, Anesthesiology, Physician Visits, X-Rays, MRIs, Medications, etc. <i>(Surgery, Injury, Physical/Mental Illness, Substance Abuse)</i>	\$250.00 Co-pay	Covered in Full	Covered in Full
Maternity/Routine Newborn Nursery Care	Covered in Full	Covered in Full	Covered in Full
Skilled Nursing Facility	\$250.00 Co-pay (45 Days)	Covered in Full (120 Days)	Covered in Full (Unlimited)
Inpatient Physical Rehabilitation (60 Days per Year)	\$250.00 Co-pay	Covered in Full	Covered in Full
Outpatient Physical Rehabilitation (45 Visits per Year)	\$25.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Chemotherapy	\$15.00 Co-pay	Covered in Full	Covered in Full

Radiation Therapy	\$25.00 Co-pay	Covered in Full	Covered in Full
Dialysis	Covered in Full	Covered in Full	Covered in Full
Chiropractic	\$15.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Acupuncture (10 Visits per Year)	\$25.00 Co-pay	50% Coinsurance	Not Covered
Orthotics	20% Coinsurance	20% Coinsurance	20% Coinsurance/ Deductible
Routine Vision Exam	\$25.00 Co-pay	\$10.00 Co-pay	Not Covered
Routine Hearing Exam	\$25.00 Co-pay	Not Covered	Not Covered
Allergy Testing	\$15.00 PCP/ \$25.00 Spec.	\$10.00 Co-Pay	20% Coinsurance/ Deductible
Allergy Treatment	Covered in Full	Covered in Full	20% Coinsurance/ Deductible
Blue 365 Discount Programs	Included	Included	Included
Blue 4 U Wellness Program (Including Labs)	Included	Not Included	Not Included

ProAct/CanaRx Pharmacy Coverage

Prescription Co-pay	Platinum	PPO	Classic Blue
Retail Pharmacy (30 Day Supply)	Tier 1: \$5.00 Co-pay	Tier 1: \$5.00 Co-pay	Tier 1: \$5.00 Co-pay
	Tier 2: \$35.00 Co-pay	Tier 2: \$20.00 Co-pay	Tier 2: \$20.00 Co-pay
	Tier 3: \$70.00 Co-pay	Tier 3: \$35.00 Co-pay	Tier 3: \$35.00 Co-pay
Mail-Order Pharmacy (90 Day Supply)	Tier 1: \$10.00 Co-pay	Tier 1: \$10.00 Co-pay	Tier 1: \$10.00 Co-pay
	Tier 2: \$70.00 Co-pay	Tier 2: \$40.00 Co-pay	Tier 2: \$40.00 Co-pay
	Tier 3: \$140.00 Co-pay	Tier 3: \$70.00 Co-pay	Tier 3: \$70.00 Co-pay
CanaRx Mail-Order Pharmacy (90 Day Mail-Order Supply) (Approved Brand Name Medications)	Covered in Full	Covered in Full	Covered in Full