

ATTACHMENT 35



**Department of
Civil Service**

Commercial Benefits Chart “Health Maintenance Organizations Specifications for the New York State Health Insurance Program”

Offeror Name: Excellus BlueCross BlueShield- HMO BLUE

HMO BENEFITS FOR 2021 -- Commercial Plan

Covered Service	HMO Benefits	Source Document: Enter Article, Section, etc. and Page Number of Contract/ Certificate of Coverage (COC), Rider Number		NYS DFS Status: Approved (include date) or Filed/ Pending	Member Cost: Enter copay/coinsurance amount, e.g., \$25/visit, 20% coinsurance	Benefit Limitations: e.g., 20 visits/calendar year, 60 consecutive days Indicate "unlimited" if no limitations	Change from 2020 Enter: Yes/No and change, e.g., \$5 copay increase, new benefit	Projected Monthly Premium for 2021	
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Office Visit	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg.35/ EXES-102 (Rev. 2) Cover page		2021 Certificate Pending submission to DFS	\$25 Copay Adults	Unlimited	No	(072) Med \$638.70 RX 183.80	(072) Med \$1,588.30 RX \$456.20
Specialty Office Visit	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg.35/ EXES-102 (Rev. 2) Cover page		2021 Certificate Pending submission to DFS	\$40 Copayment	Unlimited	No	(160) Med \$539.20 RX \$158.50	(160) Med \$1403.00 RX \$412.40
Chiropractic Care	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg.31/ EXES-102 (Rev. 2) pg. 5		2021 Certificate Pending submission to DFS	\$40 Copayment	Unlimited	No		
Inpatient Hospital Care	Covered as required by Federal and NYS law and/or regulation, not subject to deductibles, copays or coinsurance	EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg.47/ EXES-102 (Rev. 2) pg. 14		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Surgery (include all settings - Physician-Inpatient, Physician-Outpatient (at a hospital, facility or surgery center), Physician's Office, Outpatient Surgery Facility)		EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 37/ EXES-102 (Rev. 2) pgs 9-11		2021 Certificate Pending submission to DFS	Inpatient- Covered in full; Facility Outpatient- \$50 Copayment ; Physician Office- lesser of \$50 Copayment or 20% Coinsurance; Physician Outpatient- \$40 Copayment	Unlimited	No		
Skilled Nursing Facilities		Inpatient Services pg.49/ EXES-102 (Rev. 2) pg. 14		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Hospice Benefits	210 Days	EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg.45/ EXES-102 (Rev. 2)		2021 Certificate Pending submission to DFS	Covered in Full	210 Days	No		
Emergency Room	Covered as required by ACA	Emergency Services and Urgent Care pg.28/ EXES-102 (Rev. 2) pg. 3		2021 Certificate Pending submission to DFS	\$100 Copayment	Unlimited	No		

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Urgent Care Facility		EXEC-102 (Rev. 2) SECTION VIII. Emergency Services and Urgent Care pg.29/ EXES-102 (Rev. 2) pg. 3		2021 Certificate Pending submission to DFS	\$35 Copayment	Unlimited	No		
Ambulance indicate both Non-airborne & Airborne		EXEC-102 (Rev. 2) SECTION VII. Ambulance and Pre-Hospital Emergency Medical Services pg. 26 / EXES-102 (Rev. 2) pg. 3		2021 Certificate Pending submission to DFS	\$100 Copayment Land and Air Ambulance	Unlimited	No		
Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings									
Radiology	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 35/ EXES-102 (Rev. 2) pg.4		2021 Certificate Pending submission to DFS	Hospital- \$40 Copayment; Physician- \$40 Copayment	Unlimited	No		
Lab Tests	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 35/ EXES-102 (Rev. 2) pg.8		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Pathology	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 35/ EXES-102 (Rev. 2) pg.8		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
EKG/EEG	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 35/ EXES-102 (Rev. 2) pg.4		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Radiation/ Chemotherapy	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 31/ EXES-102 (Rev. 2) pg.5		2021 Certificate Pending submission to DFS	Hospital- \$25 Copayment; Physician- \$25 Copayment	Aggregate maximum of 52 Copayments per Calendar Year for Chemotherapy	No		
Preventive Services									
All Members - including but not limited to: annual wellness visit/ physical, standard immunizations (recommended by ACIP), colonoscopy, screening for STDs, HIV. Alcohol/ substance abuse, tobacco use, cholesterol, diabetes and high blood pressure	Covered as required by Federal and NYS law and/or regulation, and ACA	EXEC-102 (Rev. 2) SECTION VI. Preventive Care pg. 22/ EXES-102 (Rev. 2) Cover Page - pg.2		2021 Certificate Pending submission to DFS	Covered in Full	Covered as required by ACA	No		
Women's Health - including but not limited to: mammograms, bone density, pap tests, anemia, iron deficiency, etc. for pregnant women	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION VI. Preventive Care pg. 23/ EXES-102 (Rev. 2) Cover Page - pg.2		2021 Certificate Pending submission to DFS	Covered in Full	Covered as required by ACA	No		

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Men's Health - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION VI. Preventive Care pg. 24/ EXES-102 (Rev. 2) Cover Page - pg.2		2021 Certificate Pending submission to DFS	Covered in Full	Covered as required by ACA	No		
Children's Health - including but not limited to: certain newborn screenings, metabolic screenings, vision, autism, lead and TB screenings, obesity counseling	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION VI. Preventive Care pg. 22/ EXES-102 (Rev. 2) Cover Page - pg.2		2021 Certificate Pending submission to DFS	Covered in Full	Covered as required by ACA	No		
Women's Health Care/OB GYN									
Pre- and Post Natal Visits	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 35/ EXES-102 (Rev. 2) pg.8		2021 Certificate Pending submission to DFS	Covered in Full	Covered as required by ACA	No		
Family Planning	Routine examinations; laboratory tests; birth control	EXEC-102 (Rev. 2) SECTION VI. Preventive Care pg. 24		2021 Certificate Pending submission to DFS	Copayment applicable according to similar	Covered as required by ACA	No		
Infertility Services	Covered as required by Federal and NYS law and/or regulation and the infertility mandates of 2002 and 2019	EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 33/ EXES-102 (Rev. 2) pg.7		2021 Certificate Pending submission to DFS	Copayment applicable according to similar services	Covered as required by ACA	No		
Contraceptive Drugs and Devices	Covered as required by ACA and NYS law and/or regulation whichever provides the higher level of benefit	EXEC-102 (Rev. 2) SECTION XIII. Prescription Drug Coverage pg. 54		2021 Certificate Pending submission to DFS	\$0 Copayment for Generic Drug	Covered as required by ACA	No		
Rehabilitative Care, Physical, Speech & Occupational Therapy									
Inpatient Rehabilitative Care		EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg. 48 / EXES-102 (Rev. 2) pg. 14		2021 Certificate Pending submission to DFS	Covered in Full	60 days per calendar year	No		
Outpatient Rehabilitative Care		EXEC-102 (Rev. 2) SECTION IX. Outpatient and Professional Services pg. 36/ EXES-102 (Rev. 2) pg.11		2021 Certificate Pending submission to DFS	\$40 Copayment	30 visits per calendar year	No		

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Mental Health/Substance Abuse									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg. 50 / EXES-102 (Rev. 2) pg. 15		2021 Certificate Pending submission to DFS	\$40 Copayment	Unlimited	No		
Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg. 50 / EXES-102 (Rev. 2) pg. 15		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)	EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg. 40-41/ EXES-102 (Rev. 2) pg.12		2021 Certificate Pending submission to DFS	\$40 Copayment	Unlimited	No		
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation	EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg. 51 / EXES-102 (Rev. 2) pg. 15		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation	EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg. 51 / EXES-102 (Rev. 2) pg. 15		2021 Certificate Pending submission to DFS	\$25 Copayment	Unlimited	No		
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.	EXEC-102 (Rev. 2) SECTION XI. Inpatient Services pg. 51 / EXES-102 (Rev. 2) pg. 15		2021 Certificate Pending submission to DFS	Covered in Full	Unlimited	No		
Prescription Drugs: Medically necessary federal legend and state restricted drugs, compounded medications and injectable insulin. Coverage must include contraceptive drugs and devices, fertility drugs and enteral formulas. (The copayment for injectable drugs, including fertility drugs, must be the same as the copayment for other covered drugs except drugs limited to 30 days supply at dispensing.) No annual or lifetime maximum permitted.									
Prescription Drugs		EXEC-102 (Rev. 2) SECTION XIII. Prescription Drug Coverage pg. 53-59/ EXES-102 (Rev. 2) pg. 16		2021 Certificate Pending submission to DFS	Tier 1 -\$10 Copay Tier 2 -\$30 Copay Tier 3- \$50 Copay	30 day supply retail, 1 copay per 30 day supply 90 day supply mail order, 2 copays per 90 days supply	No		
Other									
Diabetic Supplies	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION XI. Additional Benefits, Equipment and Devices pg 42./ EXES-102 (Rev. 2) pg. 12		2021 Certificate Pending submission to DFS	\$25 Copayment	Covered as required by NYS law	No		
Oral Agents and Insulin	Covered as required by Federal and NYS law and/or regulation	EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg 42./ EXES-102 (Rev. 2) pg. 12		2021 Certificate Pending submission to DFS	\$25 Copayment	Covered as required by NYS law	No		
Diabetic Shoes		EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg 46		2021 Certificate Pending submission to DFS	50% Coinsurance	Three pairs per Member	No		

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Durable Medical Equipment (DME)	Medically necessary DME which can with- stand repeated use & primarily used to serve a medical purpose must be covered. Examples include but not limited to: wheelchairs, walkers, respiratory equip, oxygen supplies, replacements, repairs & maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary.	EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg. 44/ EXES-102 (Rev. 2) pg. 13		2021 Certificate Pending submission to DFS	50% Coinsurance	Unlimited	No		
Prosthetic Devices	Medically necessary prosthetic devices that aid body functioning or replace a limb or body part in order to correct a defect of body form or function must be covered. Examples of prosthetic devices include but are not limited to: artificial limbs, pacemakers, heart valve replacements, artificial joints, external breast prostheses & Ostomy Supplies. Replacements, repairs and maintenance, not provided for under manufacturer's warranty or purchase agreement must be covered when functionally necessary	EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg. 46/ EXES-102 (Rev. 2) pg. 14		2021 Certificate Pending submission to DFS	50% Coinsurance	Unlimited	No		

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Orthotic Devices	Medically Necessary custom-made orthotic devices used to support, align, prevent or correct deformities or to improve the function of the foot must be covered. Orthopedic shoes and other supportive devices for treatment of weak, strained, flat, unstable or unbalanced feet should not be included for coverage. Replacements, repairs and maintenance, not provided for under a manufacturer's warranty or purchase agreement, must be covered when functionally necessary.	EXEC-102 (Rev. 2) SECTION X. Additional Benefits, Equipment and Devices pg. 46/ EXES-102 (Rev. 2) pg. 14		2021 Certificate Pending submission to DFS	50% Coinsurance	Unlimited	No		
Additional Benefits									