Excellus

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2021 NYSHIP
Side-by-Side Benefit Comparison for HMO Blue $25 Copay Option and Medicare Blue HMO-Medicare Advantage

Benefit	HMO Blue $25 Copay Option	Medicare Blue Choice HMO Medicare Advantage
Plan Type	HMO	HMO-POS
Annual out-of-pocket Maximum	Single $6,350 Family $12,700	$3,400 in-network
Primary Care Office Visit	$25 copay	$5 copay
Specialist Office Visit	$40 copay	$20 copay
Diagnostic Lab & Path	Covered in full	Covered in full
Diagnostic Imaging	$40 copay	$20 copay
Inpatient Surgery - Hospital	Covered in full	Covered in full
Inpatient Surgery - Physician	20% coinsurance or $200 copay	Covered in full
Outpatient Surgery	$50 copay (facility); $40 copay (physician)	$50 copay (facility); $20 copay (physician)
Outpatient Medicare Part B Prescription Drug	$50 copay (facility); $40 copay (physician)	20% coinsurance
Hearing Aid Allowance	Covered in Full for up to 2 hearing aids every 3 years for children to age 19	$699 or $999 copay per hearing aid. Covers one per ear per year and must be purchased through TruHearing. Aids purchased through any other vendor will not be covered
Chiropractic	$40 copay	$20 copay
Outpatient Mental Health	$40 copay	$20 copay
Outpatient Chemical Dependence	$25 copay	$20 copay
Emergency Room	$100 copay	$50 copay
Ambulance	$100 copay	$35 copay
Dental	No coverage	Coverage for preventative services only (up to 2 cleanings, 2 x-rays, 2 exams)
Prescription Drug	$10/$30/$50 per 30-day supply; $20/$60/$100 per 90-day supply through mail order only; coverage for contraceptive drugs included	$10/$25/$40 per 30-day supply; $20/$50/$80 per 90-day supply through mail order and retail pharmacy; coverage for contraceptive drugs not included

Prescription Drug Catastrophic Coverage	No catastrophic coverage	When your total out of pocket for prescriptions reaches $6500, you will pay $3.70 for generic and $9.20 for brand or 5%, whichever is greater
Diabetic Shoes	50% coinsurance, 1 pair per year	20% coinsurance, 1 pair per year
Diabetic Supplies	$25 copay for up to a 30 day supply	$20 copay per item
Routine Eye Exam	Not covered	$20 copay
Routine Eyewear Allowance	Not covered	$120 annual allowance
Skilled Nursing Facility	Covered in Full for up to 45 days per admission; 360 per lifetime	$25 per day, Days 1 - 100
Smoking Cessation	Not covered	Covered in Full
Medical Nutritional Therapy	Not covered	Covered in Full
Out-of-Network Coverage	Emergency Care only	20% coinsurance up to $5,000 coverage
Dental Benefit	Not covered	Coverage for preventative services (cleanings, x-rays, exams) only
Health and Wellness	Discounts available through Blue365 Program	Silver&Fit® membership to participating fitness facilities and $150 annual allowance to use at nonparticipating fitness facilities
Acupuncture	Not covered	50% coinsurance for 20 visits with a diagnosis of chronic low back pain, 10 visits for all other diagnosis
Contraceptive Devices	Applicable Rx copay applies	No coverage
Travel Benefits	Benefits available through BlueCard and Away from Home Care	20% co-insurance, up to $5,000 dollar max for covered services.