

HMOBlue - Commercial

Character count: 4202 out of 4250

Commercial

Office Visits	\$25 per visit
Annual Adult Routine Physicals	No copayment
Well Child Care	No copayment
Specialty Office Visits	\$40 per visit

Diagnostic/Therapeutic Services

Radiology	\$40 per visit
Lab Tests	No copayment
Pathology	No copayment
EKG/EEG	No copayment
Radiation	\$25 per visit
Chemotherapy	\$25 per visit
Dialysis	No copayment

Women's Health Care/Reproductive Health

Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits ¹	No copayment
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment, must be purchased from a participating Durable Medical Equipment provider
External Mastectomy Prosthesis	No copayment

Family Planning Services	\$25 PCP, \$40 specialist per visit
Infertility Services	Applicable physician/facility copayment
Contraceptive Drugs	Applicable Rx copayment ²
Contraceptive Devices	Applicable Rx copayment ²
Inpatient Hospital Surgery	
Physician	\$200 copayment or 20% coinsurance, whichever is less
Facility	No copayment
Outpatient Surgery	
Hospital	\$40 physician copayment per visit
Physician's Office	\$50 copayment or 20% coinsurance, whichever is less
Outpatient Surgery Facility	\$50 per visit
Emergency Department	\$100 per visit (waived if admitted)
Urgent Care Facility	\$35 per visit
Ambulance	\$100 per trip
Telemedicine	No copayment
Outpatient Mental Health	
Individual	\$25 per visit (\$5 for children to age 26), unlimited
Group	\$25 per visit (\$5 for children to age 26), unlimited
Inpatient Mental Health	No copayment, unlimited
Outpatient Drug/Alcohol Rehab	\$25 per visit (\$5 for children to age 26), unlimited
Inpatient Drug/Alcohol Rehab	No copayment, unlimited
Durable Medical Equipment	50% coinsurance

Prosthetics	50% coinsurance
Orthotics	50% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, 60 days max
Outpatient Physical or Occupational Therapy	\$40 per visit , 30 visits max for all outpatient services combined
Outpatient Speech Therapy	\$40 per visit , 30 visits max for all outpatient services combined
Diabetic Supplies	\$25 per item, 30-day supply
Retail	
Mail Order	
Insulin and Oral Agents	\$25 per item, 30-day supply
Retail	
Mail Order	
Diabetic Shoes	50% coinsurance , three pairs per year when medically necessary
Weight Loss/Bariatric Surgery	Applicable copayment applies
Hospice	No copayment, 210 days max
Skilled Nursing Facility	No copayment, 45 days max per calendar year
Prescription Drugs	
Retail	\$10 Tier 1, \$30 Tier 2, \$50 Tier 3, 30-day supply ³
Mail Order	\$20 Tier 1, \$60 Tier 2, \$100 Tier 3, 90-day supply ³
Additional Prescription Drug Related Information	Coverage includes injectable and self-injectable medications, fertility drugs and enteral formulas.

Specialty Drugs	Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies. A current list of specialty medications and pharmacies is available on our website.
Additional Benefits	
Annual Out-of-Pocket Maximum (In-Network Benefits)	\$6,350 Individual, \$12,700 Family per year
Dental	Not covered
Vision	\$40 per visit for eye exams associated with disease or injury
Hearing Aids	Children to age 19: Covered in full for up to two hearing aids every three years; \$40 copayment per visit for fittings
Out of Area	The BlueCard and Away From Home Care Programs provide routine and urgent care coverage while traveling, for students away at college, members on extended out-of-town business and families living apart

Additional Benefits HMOs (as applicable)

Hearing Exam	\$40 per visit for routine (once every 12 months) and diagnostic
Maternity (Physician charge for delivery)	\$200 copayment or 20% coinsurance, whichever is less
Plan Highlights for 2021	Laboratory and pathology services are covered in full. Excellus BCBS, via our partner MD Live®, now allows visits with a U.S. board-certified doctor right from your own home, office or on the go for non-emergency medical and behavioral health conditions at no cost to you.
Participating Physicians	HMOBlue is affiliated with more than 4,700 physicians and health care professionals.
Affiliated Hospitals	All hospitals within our designated service area participate with HMOBlue. Members may be directed to other hospitals to meet special needs when medically necessary.

**Pharmacies and
Prescriptions**

Fill prescriptions at any of our more than 60,000 participating pharmacies nationwide. HMOBlue offers convenient mail-order services for select maintenance drugs.

We offer an incented formulary.

Medicare Coverage

Medicare-primary NYSHIP enrollees must enroll in Medicare Blue Choice HMO, our Medicare Advantage Plan. To qualify, you must be enrolled in Medicare Parts A and B and live in the service area. Some copayments will vary.

Plan Mailing Address

Name: Excellus BlueCross BlueShield

Address: HMOBlue 072
333 Butternut Drive

Address:

City: Syracuse

State: NY

Zip: 13214-1803

Additional Addresses

Name: Excellus BlueCross BlueShield

Address: HMOBlue 160
12 Rhoads Drive

Address:

City: Utica

State: NY

Zip: 13502

Information Numbers

HMOBlue Customer Service: 1-800-499-1275

TTY: 1-800-662-1220

Website

www.excellusbcbs.com

Important Note: Only participating providers in the counties listed below are part of this HMO's network within NYSHIP. Please be sure to check before receiving care that your provider participates with this HMO's NYSHIP network.

NYSHIP Code number 072

A IPA HMO serving individuals living or working in the following select counties:

Broome, Cayuga, Chemung, Cortland, Onondaga, Oswego, Schuyler, Steuben, Tioga and Tompkins

NYSHIP Code number 160

A IPA HMO serving individuals living or working in the following select counties:

Chenango, Clinton, Delaware, Essex, Franklin, Fulton, Hamilton, Herkimer, Jefferson, Lewis, Madison, Montgomery, Oneida, Otsego and St. Lawrence

Comments for DCS

Enter Comments

Footnotes:

1. <p>\$200 physician charge for delivery or 20% coinsurance, whichever is less.</p>
2. Generic oral contraceptives and certain OTC contraceptive devices covered in full in accordance with the Affordable Care Act.
3. If a doctor selects a brand-name drug (Tier 2 or Tier 3) when an FDA-approved generic equivalent is available, the benefit will be based on the generic drug's cost, and the member will have to pay the difference, plus any applicable copayments. If your prescription has no approved generic available, your benefit will not be affected.