

dba BlueCross BlueShield of Western New York and BlueShield of Northeastern New York
ATTACHMENT 35



Offeror Name:

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	
		Contract/ COC	Rider Number					Individual	Family
Office Visit	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	\$10; \$0 for children age 19 and under	unlimited	No	\$675.35	\$1,704.20
Specialty Office Visit	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Chiropractic Care	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Inpatient Hospital Care	Covered as required by Federal and NYS law and/or regulation, not subject to deductibles, copays or coinsurance	Section XI Inpatient Services, Page 57 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Surgery (include all settings - Physician-Inpatient, Physician-Outpatient (at a hospital, facility or surgery center), Physician's Office, Outpatient Surgery Facility)		Section XI, Inpatient Services, Page 56, Section XXVII, Schedule of Benefits, Page 126	N/A	Pending Approval from DFS	Inpatient Hospital Surgery - \$0 Outpatient Surgery Hospital - \$100 Physician's Office - \$18 Outpatient Surg Facility - \$100	unlimited	No	\$675.35	\$1,704.20
Skilled Nursing Facilities		Section XI, Inpatient Services, Page 58 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Hospice Benefits	210 Days	Section X, Additional Benefits, Equipment and Devices, Page 53 Section XXVII, Schedule of Benefits, Page 127	N/A	Pending Approval from DFS	\$0	210 days per year	No	\$675.35	\$1,704.20
Emergency Room	Covered as required by ACA	Section VIII, Emergency Services and Urgent Care, Page 37 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$100	unlimited	No	\$675.35	\$1,704.20

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Urgent Care Facility		Section VIII, Emergency Services and Urgent Care, Page 37 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$25	unlimited	No	\$675.35	\$1,704.20
Ambulance indicate both Non-airborne & Airborne		Section VII, Ambulance and Pre-Hospital Emergency Medical Services, Page 34 Section XXVII, Schedule of Benefits, Page 121	N/A	Pending Approval from DFS	\$100	unlimited	No	\$675.35	\$1,704.20
Diagnostic/Therapeutic Services: Cite both Hospital and Medical/Surgical Settings									
Radiology	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 125	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Lab Tests	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Pathology	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
EKG/EEG	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Radiation/ Chemotherapy	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 39 Section XXVII, Schedule of Benefits, Page 122	N/A	Pending Approval from DFS	\$18	unlimited	No	675.35	1704.2

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No									
<u>All Members</u> - 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	Section VI, Preventive Care, Page 30 Section XXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20
<u>Women's Health</u> - 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	Section VI, Preventive Care, Page 31 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20
<u>Men's Health</u> - including but not limited to: prostate cancer screening, abdominal aortic aneurysm screening	Covered as required by Federal and NYS law and/or regulation	Section VI, Preventive Care, Page 33 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20

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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	Section VI, Preventive Care, Page 30 Section XXVII, Schedule of Benefits, Page 119	N/A	Pending Approval from DFS	Covered in Full	unlimited	No	\$675.35	\$1,704.20
Women's Health Care/OB GYN									
Pre- and Post Natal Visits	Covered as required by Federal and NYS law and/or regulation	Section IX, Outpatient and Professional Services, Page 43 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$10 for initial visit	unlimited	No	\$675.35	\$1,704.20
Family Planning	Routine examinations; laboratory tests; birth control counseling; pregnancy testing; genetic counseling	Section VI, Preventive Care, Page 32 Section XXVII, Schedule of Benefits, Page 124	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Infertility Services	Covered as required by Federal and NYS law and/or regulation and the infertility mandates of 2002 and 2019	Section IX, Outpatient and Professional Services, Page 41 Section XXVII, Schedule of Benefits, Page 123	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Contraceptive Drugs and Devices	Covered as required by ACA and NYS law and/or regulation whichever provides the higher level of benefit	Section VI, Preventive Care, Page 32 Section XIII, Prescription Drug Coverage, Page 64 Section XXVII, Schedule of Benefits, Page 120	N/A	Pending Approval from DFS	Applicable Drug or Surgery Copayment	unlimited	No	\$675.35	\$1,704.20
Rehabilitative Care, Physical, Speech & Occupational Therapy									
Inpatient Rehabilitative Care		Section XI, Inpatient Services, Page 57 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$0	45 days per year, aggregate PT/OT/ST	No	\$675.35	\$1,704.20
Outpatient Rehabilitative Care		Section IX, Outpatient and Professional Services, Page 44 Section XXVII, Schedule of Benefits, Page 126	N/A	Pending Approval from DFS	\$18	20 days per year, aggregate PT/OT/ST	No	\$675.35	\$1,704.20

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Mental Health/Substance Abuse									
Outpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 60 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$10	unlimited	No	\$675.35	\$1,704.20
Inpatient Mental Health	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 60 Section XXVII, Schedule of Benefits, Page 129	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Coverage for Autism Spectrum Disorder	In compliance with NYS Autism legislation including Habilitative Services, Applied Behavior Analysis (ABA)	Section X, Additional Benefits, Equipment and Devices, Page 48 Section XXVII, Schedule of Benefits, Page 127	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Alcohol and Substance Abuse Detoxification	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
Outpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$18	unlimited	No	\$675.35	\$1,704.20
Inpatient Alcoholism and Substance Abuse Rehabilitation	Covered as required by Federal and NYS laws and/or regulation.	Section XII, Mental Health Care and Substance Use Services, Page 61 Section XXVII, Schedule of Benefits, Page 130	N/A	Pending Approval from DFS	\$0	unlimited	No	\$675.35	\$1,704.20
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		Section XIII, Prescription Drug Coverage, Page 63 Section XXVII, Schedule of Benefits, Page 129	N/A	Pending Approval from DFS	\$5/\$30/\$60; \$0 Preventive Drugs Mail Order = 2.5 copays	N/A	New benefit - Brand and generic preventive drug list	\$675.35	\$1,704.20

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Other									
Diabetic Supplies	Covered as required by Federal and NYS law and/or regulation	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$10	unlimited	No	\$675.35	\$1,704.20
Oral Agents and Insulin	Covered as required by Federal and NYS law and/or regulation	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	\$10	unlimited	No	\$675.35	\$1,704.20
Diabetic Shoes		Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	Not covered	Not Covered	No	\$675.35	\$1,704.20
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.	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	50%	unlimited	No	\$675.35	\$1,704.20
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	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	20%	unlimited	No	\$675.35	\$1,704.20

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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.	Section X, Additional Benefits, Equipment and Devices, Page 50 Section XXVII, Schedule of Benefits, Page 128	N/A	Pending Approval from DFS	20%	unlimited	No	\$675.35	\$1,704.20
Additional Benefits		Section XIV, Wellness Benefits, Page 73 Section XXVII, Schedule of Benefits, Page 131	N/A	Pending Approval from DFS	\$500 allowance for Individual, \$600 allowance for Family	unlimited	Yes, change, \$600 allowance for family.	\$675.35	\$1,704.20