Health Plan Comparison Chart: Faculty and Administrators

Empire Blue Cross Plan	**Preferred Provider Organization (PPO)**	**Exclusive Provider Organization (EPO)**
Features	Network plus freedom of choice	Network only
Primary Care Provider Required	NO	
Dependent Children Covered Until…	December 31 of the year the child turns 26 (whether or not s/he is a student)	
Deductible (Individual/Family)	In Network: $0 Out of Network: $500/$1,250	Not Applicable
Coinsurance: the % you pay after deductible	In Network: None Out of Network: 20%	Not Applicable
Maximum Out of Pocket (Individual/Family)	In Network: None Out of Network (Deductible plus coinsurance): $1,500/$3,750	None
Emergency Room	$50-waived if admitted inpatient within 24 hrs	
Home/Office Visit	In Network: $15 copay Out of Network: Deductible & Coinsurance	$20 copay
Lab & Testing	In Network: $0 Out of Network: Deductible & Coinsurance	$20 copay
Annual Physical	In Network: $0 copay. Out of Network: Not Covered	$0 copay
Well-Woman Care (Annual gyn/pap, mammogram and bone density at certain age thresholds)	In Network: $0 Out of Network: Deductible & Coinsurance	$0 copay
Well Child Care (To age 19, including necessary immunizations)	In Network: $0 copay Out of Network: Deductible & Coinsurance	$ 0 copay
Inpatient Hospitalization	In Network: $250 copay. Out of Network: Deductible & Coinsurance	$250 copay
Vision Care: Exam …………… *Glasses / Contact Lenses*	In Network: $10 copay; one visit every 2 years. Out of network: $40 allowance ………………….. In Network: $130 allowance then 15% off balance of cost. Out of Network: $25 - $55 allowance	
Prescriptions	$10 copay for Generic $20 for Formulary Brand $40 for Non-Formulary Brand	$10 copay for Generic $25 copay for Formulary Brand $50 for Non-formulary Brand
Mental Health Care / Alcohol or Substance Abuse Treatment: Hospital And Inpatient Physician …………………….. *Outpatient Physician*	In-network: $250 copay. Out-of-network: Deductible & Coinsurance (Inpatient Alcohol/Substance rehabilitation limited to 30 days/year) ….. .... In-network: $15 copay/visit Out of network: Deductible & Coinsurance (no Out of pocket cap)	$250 copay ….. $20 copay/visit
Physical Therapy	$15 per visit up to 90 visits per year (Covered In-network only)	$20 per visit up to 60 visits per year
Chiropractor	In Network: $15 copay Out of Network: Deductible & Coinsurance	$20 copay

October10