

Medical Benefits Comparison Book 2025

Employees and Pre-Medicare Retirees

Medical Benefit Comparison

This information provides a comparison of the major provisions of each medical plan -- it is not a contract. It is intended to highlight the coverage of the various plans; benefits are determined by the terms of the contract. If there is any confusion or conflict regarding plan features, the governing plan document/contract will be the final authority. The University intends to continue these benefit plans indefinitely, but reserves the right to modify or terminate such plans at any time with or without notice. Participation in these plans is provided to eligible employees and pre-Medicare retirees. For employees, it does not constitute a guarantee of employment, requires continued employment and eligibility and is subject to the terms and conditions of the Plan Documents.

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General Information

Contacting the Carriers

<p>Medical Coverage Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p>Excellus BlueCross BlueShield Voice: 877-253-4797 TTY 800-421-1220 Website: www.excellusbcbs.com/rit</p>
<p>Prescription Drug Coverage Blue Point2 POS A Blue Point2 POS B Blue Point2 POS D</p>	<p>OptumRx Voice: 855-209-1300 TTY: Use a relay service Website: www.optumrx.com</p>

Coverage Effective Dates

<p>Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p>New employees: Coverage is effective the first of the month after date of hire; if date of hire is the first of the month, coverage will be effective on date of hire.</p> <p>Retirees: Coverage is effective the first of the month after your retirement date; employee coverage continues through the end of the month in which you retire.</p> <p>Current employees: Coverage changes will be effective the date of the event (e.g., marriage - coverage effective date is the date of the marriage).</p> <p>Open Enrollment changes are effective January 1.</p>
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Termination of Coverage

<p>Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p>At termination of employment coverage ends the last day of the month in which the employee terminates. If eligible for RIT retirement, coverage may continue in one of the retiree plans.</p> <p>When coverage ends, an individual may elect to continue coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) for up to 18 months. In such cases, individuals are responsible for paying the full monthly premium plus a 2% administrative fee, as allowed under federal law. At the end of the COBRA coverage period, an individual may elect to convert coverage to an individual policy directly with Excellus BlueCross BlueShield. Refer to the Medical Care and Prescription Drug Plan Summary on the HR website for more details.</p>
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Out of Network Allowances

<p>Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p>Out of Network providers may charge more than the allowed amount; the allowed amount is based on Excellus' contracts with network providers and is the most the plan pays for a specific covered service or supply. If an out of network provider charges more than the allowed amount, you will be responsible for the portion of a charge for a service or supply that exceeds the allowed amount for such service or supply. In addition, only the amount you pay up to the allowed amount will be applied toward the deductible and out-of-pocket maximum; any amount you pay in excess of the allowed amount will not count toward the out-of-pocket maximum.</p>
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Moving/Living Outside the POS Service Area

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	If you move outside the 31-county POS service area, you should change to the Blue PPO plan; plan details are found on the HR website. You must submit the plan change paperwork within 31 days of the move or you will need to wait until the next Open Enrollment period for a January 1 effective date. While there are some out-of-area POS providers, most would be considered out-of-network, subject to the deductible and coinsurance.
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Pre-Authorizations and Exclusions

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Some covered services require pre-authorization in order to be covered (e.g., hospitalization). If you are uncertain about the requirement for a particular service, contact Excellus BlueCross BlueShield directly. Refer to the Medical Care and Prescription Drug Plan Summary on the HR website for specific Plan exclusions.
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Primary Care Physician (PCP)

Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Each covered person should have a Primary Care Physician (PCP) listed at Excellus. The specialist copay will apply for any visit to a primary care physician who is not listed as the PCP. You can change your PCP at any time. Call or login to your account at Excellus BlueCross BlueShield: Voice: 877-253-4797 TTY 800-421-1220 Website: www.excellusbcbs.com/rit
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Rochester Regional Health Copay Option and Medical Practice

Blue Point2 POS A
Blue Point2 POS B
Blue Point2 POS B No Drug
Blue Point2 POS D

In support of the strategic alliance between RIT and Rochester Regional Health (RRH), there are two ways for medical plan participants to save money on their medical care:

1. You will have a \$20 copay at the Rochester Regional Family Medicine at RIT. The practice is in the Clinical Health Sciences Center located at the north end of Louise Slaughter Hall. The hours of operation are Monday through Friday, 8:00AM to 5:00 PM.
2. There is an “RRH Copay Option” within our point of service medical plans. Under this option, there is a slightly lower copay when you obtain the following medical services from RRH providers:
 - office visit to primary care physician (PCP)
 - office visit to specialists
 - emergency room visits

Under POS A only, there is a lower copay for Inpatient Hospitalization and Outpatient Services.


The lower copays do not apply to tests, treatments or any other services (e.g., allergy shots, chiropractic services, physical therapy, x-rays, etc.).

These lower copays are outlined in each applicable section of this booklet.

If you use an RRH provider and believe you are not being charged the proper copay, you can request that the provider verify the copay with Excellus.

Find an RRH Physician

To help employees and pre-Medicare retirees locate a physician within the RRH network, use the [Find a Doctor](#) search tool found at www.rochesterregional.org. If you have any questions, you can call the RRH-dedicated help line for RIT at (585)-922-7480/V.

In addition, there is a listing of participating providers (provided by RRH) on the RIT Human Resources page (www.rit.edu/benefits) in the Medical and Prescription Drug section. Since the list is very long you can search for any of the fields in the file (name, specialty, etc.) instead of printing it. Simply hold down the Ctrl key (the  Command key for Macs) and press the F key, then enter the text you are searching for and click Next.

Deductible, Coinsurance, Out-of-Pocket Maximum Information-Medical (Excellus BCBS)

Plan	In-Network	Out of Network
<p>Blue Point2 POS A</p>	<p>There is no deductible or coinsurance for Inpatient Hospitalization, Outpatient Services, or Advanced Imaging.</p> <p>Most services have a copay but some services (e.g., acupuncture) have coinsurance. Refer to specific services listed for details.</p> <p>Once the in-network out-of-pocket maximum is met, covered services in-network will be paid in full for the remainder of the calendar year.</p> <p>Prescription drugs covered under the separate OptumRx coverage do not count toward the medical out-of-pocket maximum.</p> <p>The In-Network and Out of Network Out-of-pocket maximums accrue separately.</p>	<p>There is an annual deductible. Once the deductible has been met, you will pay coinsurance for most covered services. You will continue to pay coinsurance until you reach the annual out-of-pocket maximum.</p> <p>Once the out-of-network out-of-pocket maximum is met, covered services out-of-network will be paid in full for the remainder of the calendar year.</p> <p>Prescription drugs covered under the separate OptumRx coverage do not count toward this out-of-pocket maximum.</p> <p>The In-Network and Out of Network Out-of-pocket maximums accrue separately.</p>

<p>Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p>The following services have an annual deductible. Once the deductible has been met, you will pay coinsurance for these services.</p> <p>You will continue to pay coinsurance for these services until you reach the annual out-of-pocket maximum. The following services are subject to the deductible and coinsurance:</p> <ul style="list-style-type: none"> • Inpatient Hospitalization • Outpatient Services (hospital, surgical center, or doctor’s office) • Advanced Imaging (e.g., CT, MRI, PET) <p>Refer to details in each section.</p> <p>Most other services have a copay but some services (e.g., acupuncture) have coinsurance. Refer to specific services listed for details.</p> <p>The copays do not count toward the deductible but they do count toward the out-of-pocket maximum.</p> <p>Once the in-network out-of-pocket maximum is met, covered services in-network will be paid in full for the remainder of the calendar year.</p> <p>Prescription drugs covered under the separate OptumRx coverage do not count toward the medical out-of-pocket maximum (does not apply to POS B No Drug).</p> <p>The In-Network and Out of Network Out-of-pocket maximums accrue separately.</p>	<p>There is an annual deductible. Once the deductible has been met, you will pay coinsurance for most covered services. You will continue to pay coinsurance until you reach the annual out-of-pocket maximum.</p> <p>Once the out-of-network out-of-pocket maximum is met, covered services out-of-network will be paid in full for the remainder of the calendar year.</p> <p>Prescription drugs covered under the separate OptumRx coverage do not count toward this out-of-pocket maximum (excludes POS B No Drug).</p> <p>The In-Network and Out of Network Out-of-pocket maximums accrue separately.</p>
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Laboratory & Pathology

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Mammogram-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Mammogram-Preventive

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Maternity-Hospital Charges for Mother (including Delivery Room)

Plan	In-Network	Out of Network
Blue Point2 POS A	RRH Copay Option: \$150 copay per admission Other providers: \$200 copay per admission	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Maternity-Newborn Nursery Care-Routine

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full, including physician charges.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full, including physician charges.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full, including physician charges.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Maternity-Prenatal and Postpartum Care

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Medical Supplies

Plan	In-Network	Out of Network
Blue Point2 POS A	You pay 20% and the plan pays 80% when purchased from a participating provider.	After you pay the deductible, you pay 20% and the Plan pays 80% for standard equipment.
Blue Point2 POS B Blue Point2 POS B No Drug	You pay 20% and the plan pays 80% when purchased from a participating provider.	After you pay the deductible, you pay 40% and the Plan pays 60% for standard equipment.
Blue Point2 POS D	You pay 20% and the plan pays 80% when purchased from a participating provider.	After you pay the deductible, you pay 40% and the Plan pays 60% for standard equipment.

Mental Health-Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	RRH Copay Option: \$150 copay per admission Other providers: \$200 copay per admission	After you pay the deductible, you pay 20% and the Plan pays 80%. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	Deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%. Precertification required.
Blue Point2 POS D	Deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%. Precertification required.

Mental Health-Outpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	RRH Copay Option: \$35 Specialist per visit. Other Providers: \$50 Specialist per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%. Precertification required.
Blue Point2 POS B Blue Point2 POS B No Drug	RRH Copay Option: \$40 Specialist per visit. Other Providers: \$55 Specialist per visit.	After you pay the deductible, you pay 40% and the Plan pays 60%. Precertification required.
Blue Point2 POS D	RRH Copay Option: \$45 Specialist per visit. Other Providers: \$60 Specialist per visit.	After you pay the deductible, you pay 40% and the Plan pays 60%. Precertification required.

Occupational Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$50 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 20% and the Plan pays 80% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$55 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	\$60 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
NOTE: maximum coverage is combined in and out of network		

Out-of-Area Coverage

Plan	In-Network	Out of Network
<p>NOTE: If you move outside the 31-county POS service area, you should change to the Blue PPO plan. Refer to the section called <i>Moving/Living Outside the POS Service Area</i> at the beginning of this summary.</p>		
<p>Blue Point2 POS A</p>	<p><u>Emergency/Urgent Need:</u> Coverage provided worldwide as in-network when life threatening or urgent <u>and</u> PCP completes necessary referral as soon as possible. You have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE.</p> <p><u>Referred out of the Area:</u> Coverage provided as in-network if authorized by your Primary Care Physician <u>and</u> the Blue Point2 Medical Director.</p>	<p><u>If you have an emergency or urgent need,</u> care is covered as In Network. Refer to the In-Network column to the left.</p> <p><u>If you seek services outside the network and do not have a PCP referral and BCBS Approval:</u> After you pay the deductible, you pay 20% and the Plan pays 80% for covered services.</p>
<p>Blue Point2 POS B Blue Point2 POS B No Drug</p>	<p><u>Emergency/Urgent Need:</u> Coverage provided worldwide as in-network when life threatening or urgent <u>and</u> PCP completes necessary referral as soon as possible. You have access to the BlueCard® Program. With BlueCard you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE.</p> <p><u>Referred out of the Area:</u> Coverage provided as in-network if authorized by your Primary Care Physician <u>and</u> the Blue Point2 Medical Director.</p>	<p><u>If you have an emergency or urgent need,</u> care is covered as In Network. Refer to the In-Network column to the left.</p> <p><u>If you seek services outside the network and do not have a PCP referral and BCBS Approval:</u> After you pay the deductible, you pay 40% and the Plan pays 60% for covered services.</p>
<p>Blue Point2 POS D</p>	<p><u>Emergency/Urgent Need:</u> Coverage provided worldwide as in-network when life threatening or urgent <u>and</u> PCP completes necessary referral as soon as possible. You have access to the BlueCard® Program, so you have access to a provider finder 24 hours a day by calling 1-800-810-BLUE.</p> <p><u>Referred out of the Area:</u> Coverage provided as in-network if authorized by your Primary Care Physician <u>and</u> the Blue Point2 Medical Director.</p>	<p><u>If you have an emergency or urgent need,</u> care is covered as In Network. Refer to the In-Network column to the left.</p> <p><u>If you seek services outside the network and do not have a PCP referral and BCBS Approval:</u> After you pay the deductible, you pay 40% and the Plan pays 60% for covered services.</p>

Pap Smear-Diagnostic

Plan	In-Network	Out of Network
Blue Point2 POS A	\$35 copay, includes office visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$40 copay, includes office visit.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	\$45 copay, includes office visit.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Pap Smear-Preventive

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full for certain ages, according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (https://www.uspreventiveservices.org/uspstf/recommendation-topics/uspstf-and-b-recommendations).	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug		After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D		After you pay the deductible, you pay 40% and the Plan pays 60%.

Physical Rehabilitation - Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A	\$200 copay. Maximum of 60 days per calendar year.	After you pay the deductible, you pay 20% and the Plan pays 80% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	Deductible and coinsurance applies. Maximum of 60 days per calendar year.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	Deductible and coinsurance applies. Maximum of 60 days per calendar year.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.

Physical Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$50 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 20% and the Plan pays 80% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$55 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	\$60 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Physician Visit-In Office, Diagnostic (ill or injured)

Plan	In-Network	Out of Network
Blue Point2 POS A	<p>Rochester Regional Family Medicine at RIT \$20 per visit</p> <p>RRH Copay Option: \$30 PCP / \$35 Specialist per visit.</p> <p>Other Providers: \$35 PCP / \$50 Specialist per visit.</p>	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	<p>Rochester Regional Family Medicine at RIT \$20 per visit</p> <p>RRH Copay Option: \$35 PCP / \$40 Specialist per visit.</p> <p>Other Providers: \$40 PCP / \$55 Specialist per visit.</p>	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	<p>Rochester Regional Family Medicine at RIT \$20 per visit</p> <p>RRH Copay Option: \$40 PCP / \$45 Specialist per visit.</p> <p>Other Providers: \$45 PCP / \$60 Specialist per visit.</p>	After you pay the deductible, you pay 40% and the Plan pays 60%.

Physician Visit-In Office, Routine Preventive Services

Plan	In-Network	Out of Network
Blue Point2 POS A	Adult routine physicals covered in full once per calendar year. Routine semi-annual GYN visits, including Pap Smear covered in full. Routine mammograms and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Adult routine physicals and adult immunizations not covered. For Pap Smears, periodic mammograms, and bone density testing, after you pay the deductible, you pay 20% and the Plan pays 80%. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 80%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS B Blue Point2 POS B No Drug	Adult routine physicals covered in full once per calendar year. Routine semi-annual GYN visits, including Pap Smear covered in full. Routine mammograms and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Adult routine physicals and adult immunizations not covered. For Pap Smears, periodic mammograms, and bone density testing, after you pay the deductible, you pay 40% and the Plan pays 60%. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 60%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS D	Adult routine physicals covered in full once per calendar year. Routine semi-annual GYN visits, including Pap Smear covered in full. Routine mammograms and bone density testing covered in full. Adult immunizations covered in full, according to American Medical Association guidelines. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Adult routine physicals and adult immunizations not covered. For Pap Smears, periodic mammograms, and bone density testing, after you pay the deductible, you pay 40% and the Plan pays 60%. Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 60%, subject to the deductible, according to the American Academy of Pediatrics guidelines.

Precertification Requirements

Plan	In-Network	Out of Network
<p>Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p>Precertification is required for all inpatient admissions including organ transplants (not needed for normal pregnancy and hospice). Also required for cochlear implants, physical therapy, speech therapy, occupational therapy. If precertification not obtained, there is a penalty of 50% or \$500, whichever is less.</p>	<p>Precertification is required for all inpatient admissions including the following: mental health, chemical dependence, organ transplant services, inpatient acute facility and skilled nursing facility admissions and inpatient physical rehabilitation. Also required for cochlear implants, home care, air ambulance, outpatient mental health, outpatient chemical dependence. Also required for Durable Medical Equipment (DME) over \$200, external prosthetics over \$200, and orthotics over \$200. If precertification not obtained, there is a penalty of 50% or \$500, whichever is less.</p>

Prescription Drug Coverage under Medical Plan (Excellus BCBS)

<p>Blue Point2 POS A</p>	<p><u>Injectable Drugs</u>: \$50 copay for all physician-administered injectable drugs including, but not limited to, chemotherapy agents and injectable contraceptives. The copay is on the injectable agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage. Prescription drugs administered while in the doctor's office may be covered under the medical plan.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums.</p>
<p>Blue Point2 POS B</p>	<p><u>Injectable Drugs</u>: \$55 copay for all physician-administered injectable drugs including, but not limited to, chemotherapy agents and injectable contraceptives. The copay is on the injectable agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage. Prescription drugs administered while in the doctor's office may be covered under the medical plan.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums.</p>
<p>Blue Point2 POS B No Drug</p>	<p><u>Injectable Drugs</u>: \$55 copay for all physician-administered injectable drugs including, but not limited to, chemotherapy agents and injectable contraceptives. The copay is on the injectable agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage. Prescription drugs administered while in the doctor's office may be covered under the medical plan.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums.</p> <p><u>Required coverage under the Affordable Care Act (ACA):</u></p> <ol style="list-style-type: none"> 1. For women, generic contraceptives are covered with a copay of \$0. If there is no generic equivalent, the copay is \$0 for a brand name contraceptive. If a generic equivalent is available and you or your doctor chooses the brand name, you will pay the full cost for the brand name. Note: If there is a medical reason certified by your physician through the prior authorization process that you are unable to take the generic equivalent, the copay for the brand contraceptive would be \$0. 2. There will be a \$0 copay for breast cancer risk-reducing medications (tamoxifen or raloxifene) for patients age 35 and older who have not had a breast cancer diagnosis, who are at increased risk for breast cancer, and who are at low risk for adverse medication effects. It is important to note that the Task Force did not approve a \$0 copay for women who have been diagnosed with breast cancer in the past or for women who are not at increased risk for breast cancer. 3. All smoking cessation medications, including over-the-counter nicotine replacement products (e.g., nicotine patch, gum, lozenges), for those over the age of 18 will be covered in full for a quantity duration limit of 180 day supply within a 365 day period, provided there is a written prescription from a physician.
<p>Blue Point2 POS D</p>	<p><u>Injectable Drugs</u>: \$60 copay for all physician-administered injectable drugs including, but not limited to, chemotherapy agents and injectable contraceptives. The copay is on the injectable agent and is in addition to any other copay.</p> <p>Prescription drugs administered while in the hospital are covered under the hospitalization coverage. Prescription drugs administered while in the doctor's office may be covered under the medical plan.</p> <p>Copay does not apply to immunizations, vaccinations and allergy serums.</p>

Prescription Drug Coverage Information under RIT Prescription Drug Plans (OptumRx)

The prescription drug coverage for medical plans POS A, B, and D and Blue PPO is provided by OptumRx. There is no prescription drug coverage for POS B No Drug except as indicated in the previous section titled *Prescription Drug Coverage under Medical Plan (Excellus BCBS)*. Prescription drugs administered while in the hospital or doctor's office may be covered under your medical plan.

Copays and days-supply limits are based on the drug tier and where you fill your prescription: Wegmans Pharmacy, other participating retail pharmacy, OptumRx mail pharmacy, or a nonparticipating retail pharmacy. The following rules apply:

1. In cases of brand name drugs where an FDA-approved generic equivalent is available, your benefit will be based on the generic drug's cost. If you or your doctor chooses the brand name drug, you will be required to pay the difference, plus any applicable copay. If your prescription does not have an approved generic equivalent, your benefit will not be affected.
2. If you fill your prescription at a non-participating pharmacy, you will be required to pay the pharmacy's full charge for your medication at the time you purchase it. You may then submit a claim form to OptumRx to obtain reimbursement. Your total amount paid after reimbursement may be more than it would have been if you had gone to a participating pharmacy.
3. Some medications are not covered, have limits, require prior authorization, or have clinical management requirements. Refer to the *Medical and Prescription Drug Plan Summary* on the HR website for more details.
4. Required coverage under the Affordable Care Act (ACA)
 - a. For women, generic contraceptives are covered with a copay of \$0. If there is no generic equivalent, the copay is \$0 for a brand name contraceptive. The deductible under POS D would not apply if you have a \$0 copay. All other plan rules will otherwise apply. Note: If there is a medical reason certified by your physician through the prior authorization process that you are unable to take the generic equivalent, the copay for the brand contraceptive would be \$0.
 - b. There will be a \$0 copay for breast cancer risk-reducing medications (tamoxifen or raloxifene) for patients age 35 and older who have not had a breast cancer diagnosis, who are at increased risk for breast cancer, and who are at low risk for adverse medication effects. In addition to the coverage required by the ACA, this \$0 copay also applies to patients age 35 and older who have had a breast cancer diagnosis. To qualify for coverage, preauthorization is required by the prescribing physician. Those covered under POS D do not need to meet the deductible before the \$0 copay. The prescribing physician can call 1-800-626-0072 to obtain the preauthorization.
 - c. All smoking cessation medications, including over-the-counter nicotine replacement products (e.g., nicotine patch, gum, lozenges), for those over the age of 18 will be covered in full for a quantity duration limit of 180 day supply within a 365 day period, provided there is a written prescription from a physician.

Prescription Drug Coverage Details under RIT Prescription Drug Plans (OptumRx)

Prescription Drug Coverage	POS A		POS B Only ⁽¹⁾		POS D	
	Wegmans	Other Retail ⁽²⁾	Wegmans	Other Retail ⁽²⁾	Wegmans	Other Retail ⁽²⁾
Annual Deductible (individual/family)	Not Applicable		Not Applicable		\$1,250 per person, then copays	
Annual Patient Maximum Out-of-Pocket (individual/family)	\$2,550/\$5,100		\$2,550/\$5,100		\$2,650/\$5,300	
Up to 30-Day Supply at Retail						
Tier 1: Generic	\$15.00	\$17.00	\$15.00	\$17.00	\$25.00	\$30.00
Tier 2: Brand Name-Formulary (preferred)	\$35.00	\$40.00	\$35.00	\$40.00	\$70.00	\$80.00
Tier 3: Brand Name-Non-Formulary (non-preferred)	\$50.00	\$60.00	\$50.00	\$60.00	\$130.00	\$150.00
Up to 90-Day Supply at Wegmans or OptumRx Mail Order						
Tier 1: Generic	\$37.50	Not Available	\$37.50	Not Available	\$62.50	Not Available
Tier 2: Brand Name-Formulary (preferred)	\$87.50	Not Available	\$87.50	Not Available	\$175.00	Not Available
Tier 3: Brand Name-Non-Formulary (non-preferred)	\$125.00	Not Available	\$125.00	Not Available	\$325.00	Not Available

⁽¹⁾ Information for POS B only, not for POS B No Drug, which does not have prescription drug coverage with OptumRx.

⁽²⁾ The non-Wegmans 30-day retail copay applies only for acute medications (e.g., antibiotic), controlled substances and the first three fills of a maintenance medication (e.g., cholesterol lowering). The copay for the 4th fill of a maintenance medication at a non-Wegmans retail pharmacy will be 90-day copay amount.

Preventive Care

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	<p>Routine health care that includes screenings, check-ups, and counseling to prevent illnesses, disease, or other health problems are covered in full, according to the Grade A and Grade B recommendations from the U.S. Preventive Services Task Force (https://www.uspreventiveservices.org/uspstf/recommendations-topics/uspstf-and-b-recommendations).</p> <p>Guidelines for women's preventive services covered without cost sharing can be found at www.hrsa.gov/womens-guidelines.</p> <p>Refer to Physician Visit-In Office, Routine Preventive Services and other specific services for more details.</p>	<p>Some preventive care services are not covered Out of Network. Refer to Physician Visit-In Office, Routine Preventive Services and other specific services for more details.</p>

Private Duty Nursing

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Not covered.	Not covered.

Prostate Cancer Screening

Plan	In-Network	Out of Network
Blue Point2 POS A	RRH Copay Option: \$30 PCP / \$35 Specialist per visit. Other Providers: \$35 PCP / \$50 Specialist per visit.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	RRH Copay Option: \$35 PCP / \$40 Specialist per visit. Other Providers: \$40 PCP / \$55 Specialist per visit.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	RRH Copay Option: \$40 PCP / \$45 Specialist per visit. Other Providers: \$45 PCP / \$60 Specialist per visit.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Prosthetics & Orthopedic Braces & Supports (External)

Plan	In-Network	Out of Network
Blue Point2 POS A	For standard equipment, you pay 20% and the Plan pays 80%.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	For standard equipment, you pay 20% and the Plan pays 80%.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	For standard equipment, you pay 20% and the Plan pays 80%.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Prosthetics (Internal)

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Radiation Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$55 copay.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	\$60 copay.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Second Surgical Opinion and Second Medical Opinion for Cancer

Plan	In-Network	Out of Network
Blue Point2 POS A	Covered in full. If copay charged, contact Excellus Member Services to have claim adjusted.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Covered in full. If copay charged, contact Excellus Member Services to have claim adjusted.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Covered in full. If copay charged, contact Excellus Member Services to have claim adjusted.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Skilled Nursing Facility

Plan	In-Network	Out of Network
Blue Point2 POS A	\$200 copay per admission. Up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	After you pay the deductible, you pay 20% and the Plan pays 80% for up to 45 days per admission in semi-private accommodations and all medically necessary services. Precertification required. Custodial care is not covered.
Blue Point2 POS B Blue Point2 POS B No Drug	Deductible and coinsurance applies. Up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to 45 days per admission in semi-private accommodations and all medically necessary services. Precertification required. Custodial care is not covered.
Blue Point2 POS D	Deductible and coinsurance applies. Up to 45 days in semi-private accommodations and all medically necessary services. Custodial care is not covered.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to 45 days per admission in semi-private accommodations and all medically necessary services. Precertification required. Custodial care is not covered.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Speech Therapy

Plan	In-Network	Out of Network
Blue Point2 POS A	\$50 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 20% and the Plan pays 80% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS B Blue Point2 POS B No Drug	\$55 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
Blue Point2 POS D	\$60 copay per visit for up to a combined 45 visit maximum on occupational, physical, and speech therapy per member per calendar year. Precertification required.	After you pay the deductible, you pay 40% and the Plan pays 60% for up to a combined 45 visit maximum on physical, speech and occupational therapy per member per calendar year.
<i>NOTE: maximum coverage is combined in and out of network</i>		

Surgery-Hospital Inpatient

Plan	In-Network	Out of Network
Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D	Refer to Hospital Services-Inpatient	Refer to Hospital Services-Inpatient

Surgery-Hospital Outpatient or Ambulatory Surgical Center

Plan	In-Network	Out of Network
Blue Point2 POS A	RRH Copay Option: Facility: \$70 Non-RRH Facility: \$140 copay All Physicians: \$50 copay (RRH and non-RRH)	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Surgery-Physician's Office

Plan	In-Network	Out of Network
Blue Point2 POS A	\$50 copay	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$55 copay unless the provider submits as an outpatient procedure. If the provider submits as an outpatient procedure, deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	\$60 copay unless the provider submits as an outpatient procedure. If the provider submits as an outpatient procedure, deductible and coinsurance applies.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Telemedicine with MDLIVE

Plan	In-Network	Out of Network
<p>Blue Point2 POS A Blue Point2 POS B Blue Point2 POS B No Drug Blue Point2 POS D</p>	<p><i>NOTE:</i> <i>this is for telemedicine visits with MDLIVE, not telehealth visits with your own provider. You will pay the office visit copay for telehealth visits with your own provider.</i></p> <p>Log in to your Excellus account at https://member.excellusbcbs.com/find-a-doctor/telemedicine.</p> <p>\$10 copay per visit.</p> <p>Telemedicine provides an easy-to-use platform offering the convenience of an in-person doctor visit. A member can call or videoconference with a physician 24/7/365 for an urgent (not life-threatening) condition.</p> <p>MDLIVE providers are available for urgent care needs as well as behavioral health needs. For behavioral health, you can schedule recurring appointments to establish an ongoing relationship with one therapist.</p> <p><i>If you need a sign language interpreter,</i> please contact MDLIVE at 1-800-400-MDLIVE (6354) and 1-800-770-5531/TTY.</p> <p>You should register in advance of needing services; you can also register your covered family members.</p> <p>There are four easy ways to register for telemedicine today.</p> <ol style="list-style-type: none"> 1. Web—Register/Log in at ExcellusBCBS.com/Member 2. App—Download the MDLIVE app 3. Text—Text EXCELLUS to 635483 4. Voice—Call 1-866-692-5045 <p>When registering, you'll provide:</p> <ul style="list-style-type: none"> • your name • date of birth • address • phone number(s) • Excellus BCBS membership ID# • a unique username and password • the answer to a security question of your choice • the name, address, fax number and phone number of your primary care provider. 	<p>N/A</p>

Urgent Care

Plan	In-Network	Out of Network
<i>For a more convenient way to access urgent care, consider the Telemedicine benefit; refer to the Telemedicine section of this summary for details.</i>		
Blue Point2 POS A	Rochester Regional Family Medicine at RIT \$20 per visit \$55 copay at urgent care centers.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	Rochester Regional Family Medicine at RIT \$20 per visit \$60 copay at urgent care centers.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	Rochester Regional Family Medicine at RIT \$20 per visit \$65 copay at urgent care centers.	After you pay the deductible, you pay 40% and the Plan pays 60%.

Well Child Visits

Plan	In-Network	Out of Network
Blue Point2 POS A	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 80%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS B Blue Point2 POS B No Drug	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 60%, subject to the deductible, according to the American Academy of Pediatrics guidelines.
Blue Point2 POS D	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered in full, according to the American Academy of Pediatrics guidelines.	Well child visits, including immunizations, laboratory and other services ordered at the time of the visit covered at 60%, subject to the deductible, according to the American Academy of Pediatrics guidelines.

X-Ray

Plan	In-Network	Out of Network
Blue Point2 POS A	\$50 copay.	After you pay the deductible, you pay 20% and the Plan pays 80%.
Blue Point2 POS B Blue Point2 POS B No Drug	\$55 copay.	After you pay the deductible, you pay 40% and the Plan pays 60%.
Blue Point2 POS D	\$60 copay.	After you pay the deductible, you pay 40% and the Plan pays 60%.