Summary of Benefits

Niagara County Community College	POS 201	
Deductibles/Maximums	**Core**	**Plus**
In-network deductible	N/A	
In-network co-insurance	N/A	
In-network out-of-pocket maximum	$6,350/$12,700	
Out-of-network deductible	$250/$500	
Out-of-network coinsurance	20%	
Out-of-network out-of-pocket maximum	$2,000/$4,000	
Deductible & out of pocket administration type	Embedded - On family plans, one person cannot exceed the individual deductible and/or out of pocket maximum amount.	
Annual maximum	Unlimited	
Lifetime maximum	Unlimited	
Benefit administration	Calendar year	
Dependent age	26	
Student age	26	
Dependent/Student coverage ends	Birth date	
Domestic partner	No Coverage for domestic partner	
Prescription Drug		
Prescription copay	$7/$15/$30	
Mail order copay per 90-day supply	1 copay	
Mandatory mail order applies	No	
Prescription deductible	None	
Physician Services - Office		
Primary care physician copay	$5	$0 or $5
Specialist copay	$10	$15 or $10
Pediatric visits for children up to age 19	Covered in full	
Well child visits and immunizations for children up to age 19	Covered in full	
Allergy immunotherapy	$10	$15 or $10
Chiropractic	$10	$15 or $10
Laboratory services	Covered in full	
Radiology (X-ray, MRI, CT and other high-tech imaging)	$10	$15 or $10
Pre and post natal care	Covered in full after initial primary care physician copay	
Physician Services - Preventive		
Abdominal aortic aneurysm screening	Covered in full	
Adult immunizations (flu vaccinations covered in full)	Covered in full	
Bone mineral density screening	Covered in full	
Routine colorectal cancer screening	Covered in full	
Routine mammogram	Covered in full	
Routine OB/GYN	Covered in full	
Routine pap smear	Covered in full	
Routine physical exam	Covered in full	
PSA test	Covered in full	
Routine eye exam	Covered in full	

Niagara County Community College	POS 201	
Hospital	Core	Plus
Inpatient hospital stay	Covered in full	
Inpatient maternity stay	Covered in full	
Outpatient surgery	Specialist copay	
Emergency Hospital Care		
Emergency room (copay waived if admitted to hospital)	$35	
Ambulance - ground	$50	
Ambulance - air	$50	
Urgent care centers	Primary care physician copay	
Mental Health and Substance Abuse		
Mental health (inpatient)	Covered in full	
Mental health (outpatient)	$10	$15 or $10
Alcohol and substance abuse (inpatient detox)	Covered in full	
Alcohol and substance abuse (inpatient rehab)	Covered in full	
Alcohol and substance abuse (outpatient)	$10	$15 or $10
Diabetic Supplies and Services		
Diabetic equipment and supplies (test strips, syringes, etc.)	$5	$0 or $5
Other Services		
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	$5	$15 or $10
Chemotherapy	$10	$15 or $10
Dialysis	$10	$15 or $10
Durable medical equipment	20% copay	
Home care	$10	$15 or $10
Hospice	Covered in full	
Physical, speech and occupational therapy	30 visits, Specialist copay	
Post-mastectomy prosthetics	Covered in full	
Prosthetic and orthotic appliances	20% copay	
Radiation therapy	$10	$15 or $10
Skilled nursing facility	Unlimited days, Inpatient copay	
Wellness Benefit		
Wellness Card	None	

**For a list of creditable prescription drug plans, please refer to our website, bcbswny.com*

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.*