

## Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services

[Excellus BCBS: Excellus BlueEPO](#)

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The Summary of Benefits and Coverage (SBC) document will help you choose a health

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$25 <a href="#">Copay</a> /visit	Not Covered	None  You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for. 1 Exam per year
	<a href="#">Specialist</a> visit	\$25 <a href="#">Copay</a> /visit	Not Covered	
	<a href="#">Preventive care/screening/immunization</a>	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge	Adult Physical: Not Covered Adult Immunizations: Not Covered Well Child Visit: Not Covered	
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)			

Common  
Medical Event

Services You May Need

What You Will Pay

In-Network Provider  
(You will pay the least)

Out-of-Network Provider  
(You will pay the most)

Limitations, Exceptions, & Other Important  
Information



## About these Coverage Examples:

This is not a cost estimator. Treatments shown are just examples of how this





