





All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

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	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	<a href="#">Specialist</a> visit	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
	<a href="#">Preventive care/screening/immunization</a>	Adult Physical: No Charge Adult Immunizations: No Charge Well Child Visit: No Charge <a href="#">Deductible</a> does not apply	Adult Physical: 40% <a href="#">Coinsurance</a> Adult Immunizations: 40% <a href="#">Coinsurance</a> Well Child Visit: No Charge	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 plan year
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	X-Ray: 20% <a href="#">Coinsurance</a> Blood Work: 20% <a href="#">Coinsurance</a>	X-Ray: 40% <a href="#">Coinsurance</a> Blood Work: 40% <a href="#">Coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.caremark.com">www.caremark.com</a>	Tier 1 (Generic drugs)	N/A		
	Tier 2 (Preferred brand drugs)	N/A	N/A	
	Tier 3 (Non-preferred brand drugs)	N/A	N/A	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	Physician/surgeon fees	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
If you need immediate medical attention	<a href="#">Emergency room care</a>	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	None
	<a href="#">Emergency medical transportation</a>	20% <a href="#">Coinsurance</a>	20% <a href="#">Coinsurance</a>	None
	<a href="#">Urgent care</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	Physician/surgeon fees	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
If you need mental health, behavioral health, or substance abuse services	Outpatient services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	Inpatient services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	
If you are pregnant	Office visits	No Charge	40% <a href="#">Coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> .

\* For more information about limitations and exceptions, see [plan](#) or policy document at [www.excellusbcb.com](http://www.excellusbcb.com)

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)	
	Childbirth/delivery professional services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.). Depending on the type of services, a <a href="#">copayment</a> , <a href="#">coinsurance</a> , or <a href="#">deductible</a> may apply.
	Childbirth/delivery facility services	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	<a href="#">Rehabilitation services</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	45 Visits per contract year limit
	<a href="#">Habilitation services</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	45 Visits per contract year limit
	<a href="#">Skilled nursing care</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	45 Days per plan year limit
	<a href="#">Durable medical equipment</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	None
	<a href="#">Hospice services</a>	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	Family bereavement counseling limited to 5 Visits per plan year
If your child needs dental or eye care	Children's eye exam	20% <a href="#">Coinsurance</a>	40% <a href="#">Coinsurance</a>	1 Exam per contract year
	Children's glasses	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	

#### Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- |                     |                        |                        |
|---------------------|------------------------|------------------------|
| • Cosmetic surgery  | • Dental care (Adult)  | • Dental care (Child)  |
| • Long-term care    | • Prescription Drugs   | • Private-duty nursing |
| • Routine foot care | • Weight loss programs |                        |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your



## About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.







