

# CAPCO

| Plan Name                                   | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
|---|--|--|--|
| Plan Type                                   | Hybrid   | Hybrid   | HDHP   |
| Plan features                               | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
| Primary Care Physician (PCP)                | Not required   | Not required   | Not required   |
| Referrals                                   | Not required   | Not required   | Not required   |
| Out of network benefits                     | Covered at 60%, subject to the deductible  | Covered at 50%, subject to the deductible  | Covered at 50%, subject to the deductible  |
| Out of area benefits                        | Coverage provided worldwide through the BlueCard® program  | Coverage provided worldwide through the BlueCard® program  | Coverage provided worldwide through the BlueCard® program  |
| Student/Dependent coverage                  | Qualified dependents and students are covered to age 26  | Qualified dependents and students are covered to age 26  | Qualified dependents and students are covered to age 26  |
| Domestic partner                            | Covered  | Covered  | Covered  |
| Wellness Incentives                         | Blue365 - Exclusive access to information, discounts & savings   | Blue365 - Exclusive access to information, discounts & savings   | Blue365 - Exclusive access to information, discounts & savings                                       |
| Plan cost-sharing highlights                | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
| Office visit copay (Primary Care Physician) | Adult: \$25 copay per visit; Members to age 19: \$0 copay per visit  | Adult: \$40 copay per visit; Members to age 19: \$0 copay per visit  | No copay, office visit covered at 70% in-network and 50% out-of-network, subject to the deductible   |
| Office visit copay (Specialist)             | \$40 copay per visit   | \$60 copay per visit   | No copay, office visit covered at 100% in-network and 100% out-of-network, subject to the deductible |
| Deductible                                  | Combined in and Out-of-Network: \$500 Individual / \$1500 Family   | In-Network only: \$1,000 Individual / \$3,000 Family   | In-Network only: \$5,500 Individual / \$11,000 Family  |
| Coinsurance                                 | In-Network: Covered at 80%; Out-of-Network: Covered at 60%   | In-Network: Covered at 70%; Out-of-Network: Covered at 50%   | In-Network: Covered at 70%; Out-of-Network: Covered at 50%   |
| Out of Pocket Maximum (OOPM)                | In-Network: \$1500 Individual / \$4500 Family  | In-Network only: \$3,000 Individual / \$9,000 Family   | In-Network: \$6,350 Individual / \$12,700 Family   |
| OOPM Per Person Cap                         | \$1500 In-Network  | \$3000 In-Network  | \$6650 In-Network  |
| *Preventive Healthcare Services             | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
| Well child visits and immunizations         | Covered in full  | Covered in full  | Covered in full  |
| Adult routine physical exams                | Covered in full for 1 exam per year  | Covered in full for 1 exam per year  | Covered in full for 1 exam per year  |
| Adult immunizations                         | Covered in full  | Covered in full  | Covered in full  |
| Mammography                                 | Covered in full  | Covered in full  | Covered in full  |
| Pap smear                                   | Covered in full  | Covered in full  | Covered in full  |
| Routine GYN Exam                            | Covered in full  | Covered in full  | Covered in full  |
| Prostate cancer screening                   | Covered in full  | Covered in full  | Covered in full  |
| Colonoscopy                                 | Preventive screening covered in full   | Preventive screening covered in full   | Preventive screening covered in full   |
| Physician Office Services                   | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
| Diagnostic office visits                    | Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist | Adult: \$40 copay per visit to your PCP; \$60 copay per visit to a specialist Child: \$0 copay per visit to your PCP; \$60 copay per visit to a specialist | Covered at 70%, subject to the deductible  |
| Diagnostic x-rays                           | \$40 copay per visit   | \$60 copay per visit   | Covered at 70%, subject to the deductible  |
| Diagnostic laboratory and pathology         | Covered in full  | Covered in full  | Covered at 70%, subject to the deductible  |
| Allergy tests                               | Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist | Adult: \$40 copay per visit to your PCP; \$60 copay per visit to a specialist Child: \$0 copay per visit to your PCP; \$60 copay per visit to a specialist | Covered at 70%, subject to the deductible  |
| Allergy injections                          | Adult: \$25 copay per visit to your PCP; \$40 copay per visit to a specialist Child: \$0 copay per visit to your PCP; \$40 copay per visit to a specialist | Adult: \$40 copay per visit to your PCP; \$60 copay per visit to a specialist Child: \$0 copay per visit to your PCP; \$60 copay per visit to a specialist | Covered at 70%, subject to the deductible  |
| Chemotherapy                                | \$25 copay per visit   | \$40 copay per visit   | Covered at 70%, subject to the deductible  |
| Radiation therapy                           | \$40 copay per visit   | \$60 copay per visit   | Covered at 70%, subject to the deductible  |
| Routine vision                              | \$40 copay for one routine exam every year. \$60 eyewear allowance available per year  | \$60 copay for one routine exam every year. \$60 eyewear allowance available per year  | Covered at 70%, subject to the deductible for one routine exam per year                              |
| Maternity Services                          | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
| Prenatal care                               | Covered in full  | Covered in full  | Covered in full  |
| Hospital care for mom (including delivery)  | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible  |
| Newborn nursery care                        | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible  |
| Prescription Drug                           | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3   |
| Short-term and maintenance drugs            | \$5/\$35/\$70; \$0 copay for generics for members to age 19  | \$7 copay for generics only, \$0 copay for generics for members to age 19  | \$10/\$35/\$70 Integrated RX. Preventive RX not subject to the Deductible                            |

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| Inpatient Hospital Benefits           | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3  |
|---------------------------------------|--|--|---|
| Hospital benefits                     | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Physician visits in the hospital      | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Inpatient physical rehabilitation     | Covered at 80%, subject to the deductible for up to 60 days per year   | Covered at 70%, subject to the deductible for up to 60 days per year   | Covered at 70%, subject to the deductible for up to 60 days per year  |
| Surgery                               | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Anesthesia                            | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Emergency Care                        | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3  |
| Emergency room care                   | \$250 copay per visit, unless admitted within 24 hours   | \$300 copay per visit, unless admitted within 24 hours   | Covered at 70%, subject to the deductible   |
| Freestanding urgent care center       | \$40 copay per visit   | \$75 copay per visit   | Covered at 70%, subject to the deductible   |
| Ambulance                             | \$250 copay  | \$300 copay  | Covered at 70%, subject to the deductible   |
| Outpatient Hospital Benefits          | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3  |
| Diagnostic x-rays                     | \$40 copay per visit   | \$60 copay per visit   | Covered at 70%, subject to the deductible   |
| Diagnostic laboratory and pathology   | Covered in full  | Covered in full  | Covered at 70%, subject to the deductible   |
| Surgical care                         | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Chemotherapy                          | \$25 copay per visit   | \$40 copay per visit   | Covered at 70%, subject to the deductible   |
| Radiation Therapy                     | \$40 copay per visit   | \$60 copay per visit   | Covered at 70%, subject to the deductible   |
| Mental Health and Chemical Dependence | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3  |
| Inpatient mental health care          | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Outpatient mental health care         | \$40 copay. Services can be provided in an outpatient facility or in a provider office                               | \$60 copay. Services can be provided in an outpatient facility or in a provider office                               | Covered at 70%, subject to the deductible<br>Services can be provided in an outpatient facility or in a provider's office                 |
| Inpatient chemical dependence         | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Outpatient chemical dependence        | \$40 copay per visit   | \$60 copay per visit   | Covered at 70%, subject to the deductible   |
| Other Services                        | Simply Blue 25-500   | Signature Hybrid 1   | Signature Deductible 3  |
| Diabetic insulin and supplies         | \$25 copay for up to a 30 day supply   | \$40 copay for up to a 30 day supply   | Covered at 70%, subject to the deductible for up to a 30 day supply   |
| Skilled nursing facility              | Covered at 80%, subject to the deductible for up to 45 days per year   | Covered at 70%, subject to the deductible for up to 45 days per year   | Covered at 70%, subject to the deductible for up to 45 days per year  |
| Home care                             | Covered in full for up to 40 visits per year   | Covered in full for up to 40 visits per year   | Covered at 70%, subject to the deductible   |
| Hospice                               | Covered in full for unlimited days   | Covered in full for unlimited days   | Covered at 70%, subject to the deductible   |
| Outpatient therapy                    | \$40 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy            | \$60 copay for up to a combined total of 45 visits per year for physical, speech and occupational therapy            | Covered at 70%, subject to the deductible for a combined total of 45 visits per year for physical, speech and occupational therapy        |
| Durable medical equipment             | Covered at 80% subject to the deductible   | Covered at 70% subject to the deductible   | Covered at 70%, subject to the deductible   |
| External prosthetics                  | Covered at 80%, subject to the deductible  | Covered at 70%, subject to the deductible  | Covered at 70%, subject to the deductible   |
| Chiropractic                          | \$40 copay per visit   | \$40 copay per visit   | Covered at 70%, subject to the deductible   |
| Acupuncture                           | \$40 copay for up to 10 visits per year  | \$60 copay for up to 10 visits per year  | Covered at 70%, subject to the deductible, for up to 10 visits per year   |
| Dental                                | \$40 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly | \$60 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly | Covered at 70%, subject to the deductible for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly |
| Hearing                               | \$40 copay for one routine hearing exam per year.  | \$60 copay for one routine hearing exam per year.  | Covered at 70%, subject to the deductible, for one routine hearing exam per year.   |

\* All benefits summarized on this document are for In-Network services, and this is only a guide. The actual Excellus contract is the final determination of how all services are covered.