



# CAPCO



## INSURANCE BENEFITS

2022 / 2023

# CAPCO

*What steps were taken with Excellus and competing insurance carriers to obtain alternative options?*



1. This year we attempted to obtain quotes from Aetna, MVP and United Healthcare for the Medical insurance. The Dental insurance was quoted with Ameritas, Delta, Guardian, Principal and Sun Life. MVP offered a competitive quote, but a decision was made to retain the Excellus Medical plans with no change in the plan designs. The initial Excellus Medical rate increase was 7.35%, and the initial Excellus Dental rate increase was 16.56%.
2. The good news is the cost to the employee for the plan they are currently enrolled on will not increase on 9/1/2022 for either Medical or Dental insurance. CAPCO has elected to substantially increase their contribution to offset the price increases from Excellus.

# Health Insurance Terms



**What is a Deductible?**

The Deductible is the amount of money that the insured would need to pay before any benefits will be paid by the Insurance Company.

**What is CoInsurance?**

CoInsurance is a percentage of what the Insurance Company will pay and what the insured will pay. Common CoInsurance is 80%/20%

**What is Out of Pocket?**

Out of Pocket Maximum is the most you will pay during a policy period. This limit includes deductible; coinsurance & copays; including Rx copays.

**What are Co Pays?**

The copay is a fixed amount that the insured is required to pay at the time of service.



# Health Insurance



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	See Summary of Benefits and Coverage
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 70% in-network and 50% 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	Combined in and Out-of-Network: \$1500 Individual / \$4500 Family	In-Network only: \$3,000 Individual / \$9,000 Family	In-Network: \$6,350 Individual / \$12,700 Family
Lifetime maximum	None	None	None

<b>*Preventive Healthcare Services</b>	<b>Simply Blue 25-500</b>	<b>Signature Hybrid 1</b>	<b>Signature Deductible 3</b>
Well child visits	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

**\*It is important to verify benefits & eligibility when delivering any of the preventive services included in the mandate. Please visit [ExcellusBCBS.com/Provider](https://www.excellusbcbs.com/Provider), or contact Customer Care @ 1-800-920-8889 to verify benefits & eligibility prior to rendering services.**

<b>Physician Office Services</b>	<b>Simply Blue 25-500</b>	<b>Signature Hybrid 1</b>	<b>Signature Deductible 3</b>
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	Covered in Full Integrated Rx with \$5/\$35/\$70 Preventive Rx, subject to the deductible
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



# Prescriptions



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 Preventive Rx, all other RX subject to the deductible then \$10/\$35/\$70

Short-term and maintenance drugs are covered up to a 30-day supply at participating retail pharmacies; 90 day supply Subject to two co-pays per 90-day supply is available through Express Scripts mail order pharmacy. Contraceptives included.

Rx Mail  
Order Forms



EXPRESS SCRIPTS®

You can manage your medicine anytime after your coverage begins at Express-Scripts.com.

Important plan information  
Please keep for your records.

Enjoy the benefits of home delivery from the  
Express Scripts Pharmacy™.

Free delivery, 24/7 access to pharmacists and more!

It's easy to get started with home delivery. Just ask your doctor to prescribe up to a 90-day supply of your medicine (plus refills for up to 1 year, if appropriate). Your medicine will arrive about 8 days after the pharmacy gets your new prescription, or about 6 days for a refill.

#### Three easy ways to start home delivery:

- Ask your doctor to send your new prescription to us by fax or by e-prescribing directly to the Express Scripts Pharmacy.
- Mail us your prescription using the enclosed order form.
- Refill and renew your home delivery prescriptions online, by phone or by mail.

Pay by money order, personal check or credit card/debit card (Visa, Mastercard, Discover, Amex). For your convenience, we have two automatic payment options (credit/debit card or checking account).

You can download order forms and fax forms at Express-Scripts.com.

While you are online, complete a Health, Allergy & Medication Questionnaire so we can help protect you against drug interactions or allergies. Or, if you're mailing your prescription, complete the questionnaire on the back of the order form.



With home delivery, you can register online and be able to:

- Choose opportunities to save money.
- Easily refill and renew your home delivery prescriptions.
- Get automatic health and safety alerts.
- Contact a pharmacist.

Register online today!



Manage your medicine and services at:  
**Express-Scripts.com**

Activation is easy. When you go online, be sure you have your member ID number handy.

Please don't wait. If you have questions or don't have internet access, call your Member Services phone number and ask about home delivery.



Home delivery really delivers!

- 24/7 access to pharmacists from the privacy of your home.
- Specialist pharmacists who are trained and experienced in the medications used to treat specific conditions.
- Safety checks for drug interactions and allergies for your medicine.
- Tips to make taking your medicine easier.
- Free standard delivery right to your door.
- Call us whenever you have a question.
- Get up to 90-day supplies of your medication.
- Automatically get refill reminders by email so you won't run out of medicine.
- Automatic refill for your medicine (not available with all plans).

For more information about having your medicine delivered, visit our home delivery services, visit Express-Scripts.com or call 855.315.5220.

Express Scripts provides home delivery for your medicine.



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PAC001



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	\$25 copay. Children to age 19 have a \$0 copay. Services can be provided in an outpatient facility or in a provider office	\$40 copay. Children to age 19 have \$0 copay. Services can be provided in an outpatient facility or in a provider office	Covered at 70%, subject to the deductible 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	\$25 copay per visit	\$40 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 for up to 40 visits per year
Hospice	Covered in full for unlimited days	Covered in full for unlimited days	Covered at 70%, subject to the deductible for unlimited visits per year
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. Adult Hearing Aids Not Covered	Covered at 70%, subject to the deductible, for one routine hearing exam per year. Hearing aid(s) covered once every three years.



# HEALTH INSURANCE COST



## 26 Pay Periods

Tier	Simply Blue 25-500	Signature Hybrid 1	Signature Deductible 3
Single	\$210.59	\$126.51	\$25.55
Family	\$578.20	\$369.46	\$116.10

## 22 Pay Periods

Tier	Simply Blue 25-500	Signature Hybrid 1	Signature Deductible 3
Single	\$248.88	\$149.51	\$30.20
Family	\$683.33	\$436.63	\$137.21

CAPCO's Annual Contribution with 43 employees on the plan is estimated to cost \$398,662.



## On-demand access to affordable, quality health care - Anytime, Anywhere.

Why wait for the care you need now? Excellus BlueCross BlueShield (BCBS) via our partner, MDLIVE, now offers another alternative to receive care. Visit with a U.S. board certified doctor right from your home, office or on the go for non-emergency medical conditions.

### When to use telemedicine

- ▶ 24/7/365
- ▶ If your primary care doctor is not available
- ▶ Instead of going to the ER or an urgent care center (for a non-emergency issue)
- ▶ To request prescription refills\*
- ▶ If traveling and in need of medical care

### Common conditions treated

- |                  |                    |                         |
|------------------|--------------------|-------------------------|
| ▶ Allergies      | ▶ Infections       | <b>Pediatric Care**</b> |
| ▶ Asthma         | ▶ Insect Bites     | ▶ Cold & Flu            |
| ▶ Bronchitis     | ▶ Joint Aches      | ▶ Constipation          |
| ▶ Cold & Flu     | ▶ Rashes           | ▶ Ear Infections        |
| ▶ Diarrhea       | ▶ Sinus Infections | ▶ Nausea                |
| ▶ Ear Infections | ▶ Skin Infections  | ▶ Pink Eye              |
| ▶ Fever          | ▶ Sore Throat      | ▶ And More!             |
| ▶ Headache       | ▶ And More!        |                         |

### About the doctors

- ▶ On average, doctors have 15 years of experience practicing medicine and are licensed in New York state
- ▶ Specialties include primary care, pediatrics, emergency and family medicine
- ▶ You may even see your own doctor in the roster

### Cost of a telemedicine visit for insured employees

- ▶ FREE registration
- ▶ Once you've registered: Payment by credit card or your health savings card will be required depending on your plan type:

If your doctor office visit is....	Then telemedicine program benefit cost share is....
Covered with a copay	\$10 (or equal to the PCP copay if PCP copay is less than \$10)
Covered with copay/deductible	\$10 copay subject to deductible (or equal to the PCP copay if PCP copay is less than \$10)
Covered deductible/covered in full	Deductible/covered in full
Covered with deductible/co-insurance	Deductible/co-insurance
Covered with co-insurance only	Co-insurance only

- ▶ The flat rate cost of a telemedicine visit is \$40
  - If you do not indicate you are an insured member of Excellus BCBS: \$49.00 charge
- ▶ Co-payment responsibility varies by group and plan
- ▶ Our telemedicine service partner, MDLIVE, will be aware of your co-payment amount when you contact them

**ExcellusBCBS.com/Telemedicine**  
**1-866-692-5045**

**Excellus**  

Powered by  
**MDLIVE**



# HEALTHY LIVING IS JUST A DEAL AWAY

Join Blue365 and start saving today!

Blue365 gives you access to savings across all aspects of your life— including 20 percent off on Fitbit devices and over \$800 off Lasik, discounts on healthy, organic meal delivery services like Sun Basket, and much more!

**Register now for free** to take advantage of Blue365. It's an online destination where participating members can find healthy deals and exclusive discounts, all you need is your Excellus BlueCross BlueShield member card to get started.

Get started today at  
[www.Blue365Deals.com/register](http://www.Blue365Deals.com/register)

Exclusive savings from





# Prescription home delivery

Signing up is as easy as 1, 2, 3...



1 Call a pharmacy

Wegmans: 1-800-934-4797  
Express Scripts: 1-800-711-5672

2 Speak to a representative

3 Rx delivered right to your mailbox

Consider home delivery if you:



Want some of your life back?  
Get a 90-day supply all at once.



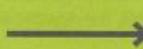
Take the same medication(s) every month.



Need help managing your family's prescriptions.

Home delivery of prescriptions is safe and confidential:

Insulated packaging protects your medications from the sun, rain and cold.



Discreet packaging does not reveal contents.

Delivery straight to your mailbox.







Automatic refill option. Free standard shipping.  
Express delivery available. Pharmacists available to answer questions. **Call today!**

Excellus   
LIVE FEARLESS



# KNOW WHERE TO GET CARE

You have options when choosing where to go for medical care. Here are some tips to help you make the right choice for where to go the next time you need care.

WHERE TO GO	COST	CHOOSING THE BEST OPTION
 Primary Care Physician	\$	<p>Your doctor should be your <b>first choice</b> for routine medical care or minor illnesses or injuries that are not an emergency. You may have an office visit copay depending on your plan.</p> <p><b>TIP:</b> If you can't make it to their office, you might be able to schedule a remote visit with your doctor through phone or video connection, known as telehealth. Check with your primary care physician to see if they offer this option.</p>
 Telemedicine	\$	<p>If your doctor isn't available for minor medical or behavioral health needs, telemedicine may be an option for you. Telemedicine gives you fast and convenient access to a doctor 24/7/365 wherever you are through your phone, tablet, or computer. Register today at <a href="#">Member.ExcellusBCBS.com</a></p> <p><b>Medical Telemedicine for:</b></p> <ul style="list-style-type: none"><li>• Allergies • Asthma • Cold &amp; Flu • Constipation • Diarrhea • Fever • Joint Aches • Nausea • Pink Eye • Rashes • And more</li></ul> <p><b>Behavioral Health Telemedicine for:</b></p> <ul style="list-style-type: none"><li>• Addictions • Anxiety • Bipolar disorders • Depression • Eating disorders • Grief and loss • LGBTQ support • Panic disorders • Stress • And more</li></ul>
 Urgent Care	\$\$	<p>If your medical issue is not life threatening and your doctor isn't available, you can visit an urgent care center and get the care you need.</p> <ul style="list-style-type: none"><li>• Minor cuts, bruises or burns • Muscle strains or sprains • Cold and flu treatment</li></ul>
 Emergency Room	\$\$\$	<p>You should only go to the emergency room if you have a serious or potentially life-threatening medical condition. Call 911 for assistance. Do not try to drive yourself there.</p>



# CAPCO



## DENTAL BENEFITS



Package ID	Option 1 (High)		Option 2 (Low)	
Effective Date	9/1/2022		9/1/2022	
Dental Plan Features	In-Network	Out Of Network	In-Network	Out Of Network
Dependents and students	Qualified dependents are covered to age 26		Qualified dependents are covered to age 26	
In Network	Coverage provided through Excellus BlueCross BlueShield dental provider network		Coverage provided through Excellus BlueCross BlueShield dental provider network	
Annual Deductible	\$50 Single/\$150 Family; applies to classes II, IIA & III		\$50 Single/\$150 Family; applies to classes II, IIA and III	
Annual Maximum	\$1,500 applies to classes II, IIA and III		\$750 applies to classes II, IIA and III	
Out of network	Covered according to discounted schedule of allowances		Covered according to discounted schedule of allowances	
Orthodontia Lifetime Maximum includes dependents to age 19	\$2,000 individual maximum. No more than one half of the Lifetime Maximum will be paid in any calendar year.		Not covered	
Out of Area	Covered, subject to balance billing		Covered, subject to balance billing	
Domestic partner	Not covered		Not covered	
Coverage period	September 1st - August 31st		September 1st - August 31st	

Class I - Preventive	In-Network	Out Of Network	In-Network	Out Of Network
Cleanings & exams	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Fluoride treatments covered to age 16	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Sealants	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Bitewing x-rays	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Full mouth and panorex x-rays	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Space maintainers	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Emergency palliative treatment	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing
Dental Prophylaxis	Covered at 100%	Covered at 100%, subject to balance billing	Covered at 100%	Covered at 100%, subject to balance billing

Class II - Basic Restorative	In-Network	Out Of Network	In-Network	Out Of Network
Fillings	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing
Simple Extraction Oral Surgery	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing
Class II A - Basic Restorative	In-Network	Out Of Network	In-Network	Out Of Network
Oral surgery	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing
Endodontics	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing
Periodontal surgery	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing
Periodontal scaling & root planing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing
Periodontal maintenance following surgery	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing	Covered at 80%, Subject to deductible	Covered at 80%, Subject to deductible & balance billing

Class III - Major Restorative	In-Network	Out Of Network	In-Network	Out Of Network
Fixed prosthetics	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing
Removable prosthetics	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing
Inlays / Onlays / Crowns	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing
Relines / rebases	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing
Implants	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing	Covered at 50%, Subject to deductible	Covered at 50%, Subject to deductible & balance billing

Class IV - Orthodontia	In-Network	Out Of Network	In-Network	Out Of Network
Braces - covered to age 19	Covered at 50% subject to orthodontia lifetime maximum	Covered at 50%, subject to balance billing and orthodontia lifetime maximum	Not covered	Not covered



# CAPCO



**HIGH DEDUCTIBLE HEALTH PLAN(HDHP)  
&  
HEALTH SAVING PLAN (H.S.A.)  
EXPLANATION**



# HDHP vs. COPAY PLAN \$7 GENERIC

**Allowable Amount** - This is the dollar amount typically considered payment-in-full by an insurance company and an associated network of healthcare providers. The Allowable Charge is typically a discounted rate rather than the actual charge.

**EXAMPLE:** You have just visited your doctor for an earache. The total charge for the visit comes to \$100. If the doctor is a member of your health insurance company's network of providers, he or she may be required to accept \$80 as payment in full for the visit - this is the Allowable Charge. Your health insurance company will pay all or a portion of the remaining \$80, minus any co-payment or deductible that you may owe. The remaining \$20 is considered provider write-off. You cannot be billed for this provider write-off. If, however, the doctor you visit is not a network provider then you may be held responsible for everything that your health insurance company will not pay, up to the full charge of \$100.

## EXAMPLES of CoPay Plan with \$7 Generic Rx Cost vs **Low Plan (HDHP) Cost**

CoPay Plan with \$7 Generic Rx  
Signature Hybrid 1

VS

High Deductible Health Plan (HDHP)  
Signature Deductible 3

		Example: Doctor Amount Billed to the Insurance Company	Example: Allowed Amount <i>What you would pay toward your Deductible</i>
Procedure	Example: Your set Copoly Price	Procedure	
PCP Visit - Doctor Visit	\$40	PCP Visit - Doctor Visit	\$98.00 \$75.93
Specialist Visit	\$60	Specialist Visit	\$175.00 \$112.43
Chiropractor	\$60	Chiropractor	\$49.00 \$32.07
Lab	\$0	Lab	\$160.00 \$37.91
MRI	\$60	MRI	\$1,419.00 \$472.79
X-ray	\$60	X-ray	\$95.00 \$53.35
X-ray	\$60	X-ray	\$83.00 \$36.02
Prescription (tier 1)	\$7 Generic	Prescription (tier 1)	\$34.86 \$6.87
Prescription (tier 2) Advair Diskus (treat COPD)	Not covered \$465.00	Prescription (tier 2) Preventative Rx	\$465.00 \$35.00
Prescription (tier 2) not on the preventative list	Not covered	Prescription (tier 2) not on the preventative list	\$92.50 \$10.04
Prescription (tier 3) Zyflo CR (treat asthma)	Not covered \$3,047.02	Prescription (tier 3) Preventative Rx	\$3,047.02 \$70.00
Prescription (tier 3) not on the preventative list	Not covered	Prescription (tier 3) not on the preventative list	\$326.38 \$131.01
Colonoscopy	\$750 Deductible	Colonoscopy	\$6,130.80 \$2,634.33/\$0

## PREVENTIVE DRUG LIST

Revised 10/2021

This Preventive Drug List contains medications that are used for the prevention of or the recurrence of certain diseases. This list is based on the nature of the drug, not on individual circumstances for which the drug may be prescribed.

Your plan's formulary and tier status apply to the medications on this list. If your plan has a closed formulary benefit, drugs that are non-formulary would not be considered preventive (even if they are included on this list). Step therapy, prior authorization and quantity limits are also applicable and will be subject to review. This list does not apply to excluded drugs (non FDA-approved, medical foods, etc.) and only applies to non-formulary drugs if a formulary exception has been approved. When part of the benefit, the Generic Advantage Program may be applicable.

Some plans include diabetic drugs, equipment and supplies as part of the medical benefit and therefore a different cost share may apply, these items can be found under the Blood Glucose Regulators category which include:

- Anti-diabetic Agents
- Blood Glucose supplies
- Insulins

This list does not indicate coverage. To confirm coverage or receive a complete description of your pharmacy benefit (including information regarding tier placement and coverage requirements such as step therapy, prior authorization and quantity limits), call the Customer Care number on the back of your Member Card.

This list is periodically updated to ensure that the drugs listed meet the criteria for inclusion.

### Drug

#### ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS

##### ALCOHOL DETERRENTS/ANTI-CRAVING

NALTREXONE HCL

##### OPIOID DEPENDENCE TREATMENTS

BUNAVAIL

BUPRENORPHINE HCL

BUPRENORPHINE-NALOXONE

LUCEMYRA

SUBOXONE

ZUBSOLV

##### OPIOID REVERSAL AGENTS

KLOXXADO

LIFEMS NALOXONE

NALOXONE HCL

NARCAN

#### ANTICONVULSANTS

##### SODIUM CHANNEL AGENTS

CARBAMAZEPINE

CARBAMAZEPINE ER

CARBATROL

EPITOL

TEGRETOL

TEGRETOL XR

10/01/2021

### Drug

#### ANTIDEPRESSANTS

##### ANTIDEPRESSANTS, OTHER

BUPROPION HCL

BUPROPION HCL SR

BUPROPION XL

EMSAM

FORFIVO XL

MIRTAZAPINE

NARDIL

PARNATE

PHENELZINE SULFATE

REMERON

TRANLYCPROMINE SULFATE

WELLBUTRIN SR

WELLBUTRIN XL

# What are the benefits of an HSA?



- Your contributions are pre-tax
- Interest earned is tax-free
- Tax-free withdrawals may be made for qualified medical expenses
- Unused funds and interest are carried over, without limit; from year to year
- You own the HSA and it is yours to keep – even when you change jobs, health plans, or retire



# HSA Facts



## 1. 2022 Contribution Limits

- Individual Limit: \$3,650
- Family Limit: \$7,300
- Bonus: If age 55-64 during 2022, you can make a catch up contribution of \$1,000. If your spouse is age 55-64 they can also make a \$1,000 catch up contribution.
- Age 65+ cannot contribute to HSA!
- Contributions can be made through Payroll Deduction or Individual Deposit. Payroll Deduction contributions will be accounted for on your W-2. Individual Deposits will require you to file Form 8889 with your Form 1040.

## 2. Eligible Medical Expenses – refer to Publication 502, can be found at [www.irs.gov](https://www.irs.gov)

## Qualified expenses for funding accounts

## Qualified expenses for funding accounts

Here's a partial list of qualified medical expenses HSA, HRA, or FSA.

- |   |   |   |
|---|---|---|
| <ul style="list-style-type: none"> <li>• Abdominal supports</li> <li>• Acupuncture</li> <li>• Alcoholism treatment</li> <li>• Ambulance</li> <li>• Anesthetist</li> <li>• Arch supports</li> <li>• Artificial limbs</li> <li>• Autoette (when used for relief of sickness/disability)</li> <li>• Blood tests</li> <li>• Blood transfusions</li> <li>• Braces</li> <li>• Cardiographs</li> <li>• Chiropractor</li> <li>• Contact lenses</li> <li>• Crutches</li> <li>• Dental treatment</li> <li>• Dental x-rays</li> <li>• Dentures</li> <li>• Dermatologist</li> <li>• Diagnostic fees</li> <li>• Drug addiction therapy</li> <li>• Drugs (prescription)</li> <li>• Eyeglasses</li> <li>• Fees paid to health institute prescribed by a doctor</li> <li>• FICA and FUTA tax paid for medical care service</li> <li>• Fluoridation unit</li> <li>• Guide dog</li> </ul> | <ul style="list-style-type: none"> <li>• Gum treatment</li> <li>• Gynecologist</li> <li>• Healing services</li> <li>• Hearing aids and batteries</li> <li>• Hospital bills</li> <li>• Hydrotherapy</li> <li>• Insulin treatments</li> <li>• Lab tests</li> <li>• Laser eye surgery</li> <li>• Lead paint removal</li> <li>• Metabolism tests</li> <li>• Neurologist</li> <li>• Nursing (including board and meals)</li> <li>• Obstetrician</li> <li>• Operating room costs</li> <li>• Ophthalmologist</li> <li>• Optician</li> <li>• Optometrist</li> <li>• Oral surgery</li> <li>• Organ transplant (including donor's expenses)</li> <li>• Orthopedic shoes</li> <li>• Orthopedist</li> <li>• Osteopath</li> <li>• Oxygen and oxygen equipment</li> <li>• Pediatrician</li> <li>• Physician</li> <li>• Physiotherapist</li> </ul> | <ul style="list-style-type: none"> <li>• Podiatrist</li> <li>• Postnatal treatments</li> <li>• Licensed practical nurse for medical services</li> <li>• Prenatal care</li> <li>• Prescription medicines</li> <li>• Psychiatrist</li> <li>• Psychoanalyst</li> <li>• Psychologist</li> <li>• Psychotherapy</li> <li>• Radium therapy</li> <li>• Registered nurse</li> <li>• Special school costs for the handicapped</li> <li>• Spinal fluid test</li> <li>• Splints</li> <li>• Sterilization</li> <li>• Stop-smoking aids</li> <li>• Surgeon</li> <li>• Telephone or TV equipment to assist the hard-of-hearing</li> <li>• Therapy equipment</li> <li>• Transportation expenses (relative to health care)</li> <li>• Ultraviolet ray treatment</li> <li>• Vaccines</li> <li>• Wheelchair</li> <li>• X-rays</li> </ul> |
|---|---|---|

For a list of qualified medical expenses, visit [IRS.gov](http://IRS.gov).

Starting January 1, 2011, you will no longer be able to pay for over-the-counter medications from your HSA, HRA or FSA unless your physician provides a prescription.

For more information visit [excellusbcbs.com/member](http://excellusbcbs.com/member)

# FORMS THAT NEED TO BE RETURNED

Every Employee Eligible for  
Medical & Dental Insurance



## 2022/2023 Medical/Dental Election Memo

### Part 1 Medical Insurance Please check applicable plan or waive coverage



Simply Blue 25-500	
Employee	<input type="checkbox"/>
Family	<input type="checkbox"/>

If you or Spouse are Medicare eligible & you elect this plan, the Prescription Coverage is Credible.

Signature Hybrid 1	
Employee	<input type="checkbox"/>
Family	<input type="checkbox"/>

If you or Spouse are Medicare eligible & you elect this plan, the Prescription Coverage is Non-Credible. Which means you will have a 1% premium penalty of the Part D Premium each month you are your Spouse do not have Credible coverage.

Signature Ded. 3	
Employee	<input type="checkbox"/>
Family	<input type="checkbox"/>

If you or Spouse are Medicare eligible & you elect this plan, the Prescription Coverage is Credible.

☐ I waive my employer's group **MEDICAL** insurance coverage for myself and my dependents (if any).

### Part 2 Dental Insurance Please check applicable plan or waive coverage



Option 1 (High)	
Employee	<input type="checkbox"/>
Employee & One	<input type="checkbox"/>
Family	<input type="checkbox"/>

Option 2 (Low)	
Employee	<input type="checkbox"/>
Employee & One	<input type="checkbox"/>
Family	<input type="checkbox"/>

☐ I waive my employer's group **DENTAL** insurance coverage for myself and my dependents (if any).

### Part 3 Department Please check

☐ ADM ☐ CDS ☐ ES ☐ FDD ☐ HS ☐ EHS ☐ WIC

PRINT Employee Name

Employee Signature

Date

**\*PLEASE NOTE: IF THERE ARE ANY CHANGES IN YOUR HEALTH INSURANCE POLICY; A NEW APPLICATION WILL NEED TO BE COMPLETED. FOR EXAMPLE: ADD OR DELETE A DEPENDENT; ADDRESS CHANGE.**  
Email [gahelp@gahealth.org](mailto:gahelp@gahealth.org) or call (315) 701-0244 if you have any questions.

Payroll Deduction  
Authorization Form



## Payroll Deduction Authorization Form Personal & Confidential

Employee Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Please check Department: ☐ ADM ☐ CDS ☐ EHS ☐ ES ☐ FDD ☐ HS ☐ WIC

### Payroll Deductions for Health Insurance

Plan	Tier	Full Year Pay Period Deduction (26 pay periods)	Check	Program Year Pay Period Deduction (22 pay periods)	Check
SB 25-500	Single	\$210.59	<input type="checkbox"/>	\$248.88	<input type="checkbox"/>
\$25/\$40 Copay	Family	\$578.20	<input type="checkbox"/>	\$683.33	<input type="checkbox"/>
Hybrid 1	Single	\$126.51	<input type="checkbox"/>	\$149.51	<input type="checkbox"/>
\$40/\$60 Copay	Family	\$369.46	<input type="checkbox"/>	\$436.63	<input type="checkbox"/>
Signature 3	Single	\$25.55	<input type="checkbox"/>	\$30.20	<input type="checkbox"/>
HDHP	Family	\$116.10	<input type="checkbox"/>	\$137.21	<input type="checkbox"/>

### Payroll Deductions for Dental Insurance

Plan	Tier	Full Year Pay Period Deduction (26 pay periods)	Check	Program Year Pay Period Deduction (22 pay periods)	Check
High	Single	\$7.09	<input type="checkbox"/>	\$8.38	<input type="checkbox"/>
	Employee & One	\$12.00	<input type="checkbox"/>	\$14.19	<input type="checkbox"/>
	Family	\$14.97	<input type="checkbox"/>	\$17.69	<input type="checkbox"/>
Low	Single	\$5.94	<input type="checkbox"/>	\$7.02	<input type="checkbox"/>
	Employee & One	\$10.06	<input type="checkbox"/>	\$11.89	<input type="checkbox"/>
	Family	\$12.55	<input type="checkbox"/>	\$14.83	<input type="checkbox"/>

I hereby authorize CAPCO to make the above deduction from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amount. I understand and agree the any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck. This authorizes my employer to retain the entire amount of my last paycheck in compliance with the law. I further understand and agree that deductions will be made after any federal or state requirements as well as for any CAPCO programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Memo's are for Employees who are currently enrolled in the medical and/or dental plans. If you would like to elect the medical and/or dental and you are a new member. A new enrollment application will need to be completed.**




## FAST FACTS ON The Essential Plan


### How do I enroll?

 [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov)

OR

 1-855-355-5777 or  
TTY: 1-800-662-1220

OR

 Through free in-person help from a certified assister near your home or work.

### Can you help me in my own language?

Assistance is available in your language by phone and in person.

### When can I enroll?

Enrollment for the Essential Plan is open all year long.

NY State of Health complies with applicable Federal civil rights laws and state laws, and does not discriminate on the basis of race, color, national origin, creed/religion, sex, age, marital/family status, arrest record, criminal conviction(s), gender identity, sexual orientation, predisposing genetic characteristics, military status, domestic violence victim status and/or retaliation.

### What is the Essential Plan?

A health plan for New Yorkers. It costs much less than other health plans. And it offers the same essential benefits.

### Who can buy it?

Lower-income people who don't qualify for Medicaid or Child Health Plus.

Household size	Most you can make
1	\$24,980
2	\$33,820
3	\$42,660
4	\$51,500

### How much does it cost?

Either \$20 a month per person – less than a dollar a day or NOTHING.

### How else does it save me money?

It has NO DEDUCTIBLE, so the plan starts paying for your health care right away.

You get FREE PREVENTIVE CARE like routine doctor exams and screenings to keep you healthy.

### What does the Essential Plan cover?

The same services covered by other plans, including:

- doctor visits, including specialists
- tests ordered by your doctor
- prescription drugs
- inpatient and outpatient care at a hospital
- and more.



# CAPCO

Employer Paid Benefit  
CAPCO cost is  
estimated @  
**\$7,500 Annually**



## Benefit Summary for Employees of: Cortland County Community Action Program, Inc. BASIC LIFE/ADD

Your employer provides Basic Life/ADD coverage in the amount of \$30,000.

**Reduction:** Coverage reduces to 65% at age 65; to 60% at age 70; to 75% at age 75; 85% at age 80 and cancels at retirement.

### Additional Accidental Death Benefit Maximums:

Coma Benefit Percentage:	5% of your full principal sum
Passenger Restraint Benefit Maximum:	\$10,000
Airbag Benefit Maximum:	One half of your passenger restraint benefit
Education Benefit Maximum: - for each dependent child - for your spouse	5% of your principal sum, not to exceed \$5,000 5% of your principal sum, not to exceed \$5,000
Child Care Benefit Maximum for each child	3% of your principal sum, not to exceed \$2,000 per year per child
Repatriation of Remains Benefit Maximum:	\$5,000

**Accelerated Death Benefit:** Should you be diagnosed as terminally ill with a 12-month life expectancy, the accelerated death benefit allows you to receive an accelerated payment of a portion of your life insurance up to 75%. The minimum benefit payable is \$5,000. Funds are paid directly to you. The remaining benefit is then payable to your beneficiary.

**Conversion:** If your Life insurance terminates, the plan's conversion privilege allows you to convert all or a portion of your group coverage to an individual policy from the insurance carrier. You must request conversion and pay the required premium within 31 days of the date your Life insurance ends. No evidence of good health will be required.

**Premium Waiver:** This provision applies if you become totally disabled before age 60 and your disability lasts for at least 9 months. You must provide proof of your condition within one year of your last day of work and once approved by the insurance carrier, your coverage will continue without payment of premium until you reach Social Security Normal Retirement Age, as long as you remain totally disabled.

### DEPENDENT LIFE

Your employer provides dependent life coverage in the amount of \$10,000 spouse/\$4,000 child unit.

### SUPPLEMENTAL LIFE – No disability provision

**EMPLOYEE:** You may elect additional life insurance coverage in increments of \$10,000 to a maximum of \$100,000. The guaranteed issue amount is the lesser of three (3) times your basic annual earnings OR \$100,000.

**SPOUSE:** You must elect Supplemental Life for yourself to elect coverage for your spouse. You may elect increments of \$5,000 to a maximum of \$50,000, not to exceed 50% of your elected amount. The guaranteed issue amount is \$50,000.

**CHILD:** You must elect Supplemental Life for yourself to elect coverage for your child(ren). You may elect \$5,000 per child unit for dependent children between the ages of 14 days and 19 years (or age 25 if a full-time student.) Evidence of good health is not required for child coverage.

This benefit summary explains the general purposes of the insurance described, but in no way change or affect the policy as actually issued. In the event of any discrepancy between this document and the policy, the terms of the policy apply. Complete coverage information is in the certificate of insurance booklet issued to each insured individual.

# Goetzmann & Associates, LLC



## Questions??

## Future Questions???

[gahelp@gahealth.org](mailto:gahelp@gahealth.org)

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