



Tompkins County Department of Human Resources

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Inclusion through Diversity

2022 HEALTH INSURANCE AND RX PLAN COMPARISON CHART

Please note: The following charts are summaries of common expenses. Please contact Excellus BCBS (medical), or ProAct/CanaRx (pharmacy) to inquire about specifics not listed on these charts.

EXCELLUS BCBS HEALTH INSURANCE COVERAGE

Service	Platinum	PPO	Classic Blue
Preventative Care <i>(Adult Annual Exams, Well Child Visits, Immunizations, Cancer Screenings, Pre/Post Natal Care, etc.)</i>	Covered in Full	Covered in Full	Covered in Full
Office Visit – Primary Care (Including Telemedicine) <i>(Including routine lab and pathology)</i>	\$15.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Office Visit – Specialist (Including Telemedicine) <i>(ex/ Cardiology, Pulmonology, Neurology, Dermatology)</i>	\$25.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Office Visit – Mental Health/Substance Abuse	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Urgent Care Please note: Some urgent care centers bill the same as a visit to your primary care doctor, whereas others charge as an “urgent care facility”. Any urgent care center should be able to let you know if you provide your insurance details. Locally, Wellnow charges as a PCP visit and CMA Urgent Care charges as an urgent care facility.	\$15.00 Co-pay <i>(if charged as primary care visit)</i> \$40.00 Co-pay <i>(if charged as Urgent Care facility fee)</i>	\$10.00 Co-pay <i>(if charged as primary care visit)</i> \$25.00 Co-pay <i>(if charged as Urgent Care facility fee)</i>	Covered in Full
Diagnostic and Routine X-Rays	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Advanced Imaging Services (MRI, etc.)	\$25.00 Co-pay	\$10.00 Co-pay	Covered in Full
Ambulance	\$150.00 Co-pay	\$10.00 Co-Pay	Covered in Full
Emergency Room (Fee Waived if Admitted)	\$150.00 Co-pay	\$35.00 Co-pay	Covered in Full
Inpatient Hospitalization – Including Surgery, Anesthesiology, Physician Visits, X-Rays, MRIs, Medications, etc. <i>(Surgery, Injury, Physical/Mental Illness, Substance Abuse)</i>	\$250.00 Co-pay	Covered in Full	Covered in Full
Maternity/Routine Newborn Nursery Care	Covered in Full	Covered in Full	Covered in Full
Skilled Nursing Facility	\$250.00 Co-pay (45 Days)	Covered in Full (120 Days)	Covered in Full (unlimited)

Inpatient Physical Rehabilitation (60 Days per Year)	\$250.00 Co-pay	Covered in Full	Covered in Full
Outpatient Physical Rehabilitation (45 Visits per Year)	\$25.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Chemotherapy	\$15.00 Co-pay	Covered in Full	Covered in Full
Radiation Therapy	\$25.00 Co-pay	Covered in Full	Covered in Full
Dialysis	Covered in Full	Covered in Full	Covered in Full
Chiropractic	\$15.00 Co-pay	\$10.00 Co-pay	20% Coinsurance/ Deductible
Acupuncture (10 Visits per Year)	\$25.00 Co-pay	50% Coinsurance	Not Covered
Orthotics	20% Coinsurance	20% Coinsurance	20% Coinsurance/ Deductible
Routine Vision Exam	\$25.00 Co-pay	\$10.00 Co-pay	Not Covered
Routine Hearing Exam	\$25.00 Co-pay	Not Covered	Not Covered
Adult Eyewear	\$60.00 Reimbursement per year	\$60.00 Reimbursement per year	Not Covered
Hearing Aids	50% Coinsurance (Limit of \$3,500 for one pair every 3 years.)	Not Covered	Not Covered
Allergy Testing	\$15.00 PCP/ \$25.00 Spec.	\$10.00 Co-Pay	20% Coinsurance/ Deductible
Allergy Treatment	Covered in Full	Covered in Full	20% Coinsurance/ Deductible
Blue 365 Discount Programs	Included	Included	Included
Blue 4 U Wellness Program (Including Labs)	Included	Not Included	Not Included

PROACT/CANARX PHARMACY COVERAGE

Prescription Co-pay	Platinum	PPO	Classic Blue
Retail Pharmacy (30 Day Supply)	Tier 1: \$5.00 Co-pay	Tier 1: \$5.00 Co-pay	Tier 1: \$5.00 Co-pay
	Tier 2: \$35.00 Co-pay	Tier 2: \$20.00 Co-pay	Tier 2: \$20.00 Co-pay
	Tier 3: \$70.00 Co-pay	Tier 3: \$35.00 Co-pay	Tier 3: \$35.00 Co-pay
Mail-Order Pharmacy (90 Day Supply)	Tier 1: \$10.00 Co-pay	Tier 1: \$10.00 Co-pay	Tier 1: \$10.00 Co-pay
	Tier 2: \$70.00 Co-pay	Tier 2: \$40.00 Co-pay	Tier 2: \$40.00 Co-pay
	Tier 3: \$140.00 Co-pay	Tier 3: \$70.00 Co-pay	Tier 3: \$70.00 Co-pay
CanRx Mail-Order Rx (90 Day Supply) (Select name brand medications.)	Covered in Full	Covered in Full	Covered in Full