

## GAHP PPO Plan vs. GAHP PPO D-2 Plan

	GAHP PPO Plan Out-of- Network	GAHP PPO D-2 Plan Out-of-Network
<b>Plan Features</b>		
<b>Primary Care Physician (PCP)</b>	Not Required	Not Required
<b>Referrals</b>	Not Required	Not Required
<b>Network</b>	BCBS PPO Network	BCBS PPO Network
<b>Out-of-Network Benefits</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Out-of-Area Benefits</b>	Coverage provided worldwide through the BlueCard® program.	Coverage provided worldwide through the BlueCard® program.
<b>Student/Dependent Coverage</b>	Qualified dependents covered to age 26.	Qualified dependents covered to age 26.
<b>Plan Cost Sharing Highlights</b>		
<b>Office Visit Copay (PCP)</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Office Visit Copay (Specialist)</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Coinsurance</b>	20%	40%
<b>Deductible (Calendar Year)</b>	In-Network: None Out-of-Network: \$250 per member, \$500 per 2-person and \$750 per family	\$500 per member, \$1,000 per 2-person and \$1,500 per family
<b>Annual Out-of-Pocket Maximum (Calendar Year)</b>	\$6,350 per member \$12,700 per 2-person and \$12,700 per family All cost shares will accumulate to the OOP maximum, to include deductibles, coinsurances, office visit copayments and prescription copayments.	\$2,000 per member \$4,000 per 2-person and \$6,000 per family All cost shares will accumulate to the OOP maximum, to include deductibles, coinsurances, office visit copayments and prescription copayments.
<b>Lifetime Maximum</b>	None	None
<b>Plan Benefits</b>		
<b><u>Preventive Healthcare Services</u></b>		
<b>Well Child Visits</b>	Covered in full	Covered in full

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<b>Adult Routine Physicals</b>	Covered at 80%, subject to the deductible, once per calendar year.	Covered at 60%, subject to the deductible, once per calendar year.
<b>Adult Immunizations</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Mammography</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Routine Cervical Cancer Screening (Pap smear)</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Routine OB/GYN Exam</b>	Covered at 80%, subject to the deductible, once per calendar year.	Covered at 60%, subject to the deductible, once per calendar year.
<b>Prostate Cancer Screening</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Routine Colonoscopy</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Diagnostic Colonoscopy</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b><u>Physicians Office Services</u></b>		
<b>Diagnostic Office Visits</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Telemedicine (MDLive)</b>	No Benefit Available	No Benefit Available
<b>Diagnostic X-rays (MRI, PET, CAT scans)</b>	Covered at 80%, subject to the deductible.	*Covered at 60%, subject to the deductible.
<b>Diagnostic Laboratory and Pathology</b>	Covered in full	Covered at 60%, subject to the deductible.
<b>Allergy Tests</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Allergy Injections</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Chemotherapy</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Radiation Therapy</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.

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<b><u>Maternity Services</u></b>		
<b>Prenatal and Postnatal Office Visits</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Hospital and Physician Care for Mother (including delivery)</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Newborn Nursery Care</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Prescription Drug</b>	No Benefit Available	No Benefit Available
<b><u>Inpatient Hospital Services</u></b>		
<b>Hospital Services</b>	Covered at 80%, subject to the deductible for unlimited days in semi-private room and all medically necessary services.	*Covered at 60%, subject to the deductible for unlimited days in semi-private room and all medically necessary services.
<b>Physician Visits in the Hospital</b>	Covered at 80%, subject to the deductible for unlimited visits.	Covered at 60%, subject to the deductible for unlimited visits.
<b>Inpatient Physical Rehabilitation</b>	Covered at 80%, subject to the deductible for unlimited days.	Covered at 60%, subject to the deductible, for up to 60 days per member per calendar year.
<b>Surgery</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Anesthesia</b>	Covered in full.	Covered at 60%, subject to the deductible.
<b><u>Emergency Services</u></b>		
<b>Emergency Room Care</b>	\$100 copay per visit, unless admitted as an inpatient to the hospital within 24 hours	\$100 copay per visit, unless admitted as an inpatient to the hospital within 24 hours
<b>Freestanding Urgent Care Center</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Ambulance</b>	\$50 copay	\$50 copay
<b>Air Ambulance</b>	Covered in full up to \$250, then covered at 80% coinsurance	Covered at 60%, subject to the deductible.

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<b><u>Outpatient Hospital Services</u></b>		
<b>Diagnostic X-rays (MRI, PET, CAT scans)</b>	Covered at 80%, subject to the deductible.	*Covered at 60%, subject to the deductible.
<b>Diagnostic Laboratory and Pathology</b>	Covered in full.	Covered at 60%, subject to the deductible.
<b>Pre-Admission Testing</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Surgical Care</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Chemotherapy</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Radiation Therapy</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b><u>Mental Health and Chemical Dependency Services</u></b>		
<b>Inpatient Mental Health Care</b>	Covered at 80%, subject to deductible	*Covered at 60%, subject to the deductible
<b>Outpatient Mental Health Care</b>	Covered at 80%, subject to deductible.	Covered at 60%, subject to deductible
<b>Inpatient Chemical Dependency Care</b>	Covered at 80%, subject to deductible	*Covered at 60%, subject to the deductible
<b>Outpatient Chemical Dependency Care</b>	Covered at 80%, subject to deductible	Covered at 60%, subject to the deductible
<b><u>Other Services</u></b>		
<b>Diabetic Insulin &amp; Supplies</b>	Supplier Billed: Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Diabetic Equipment</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Skilled Nursing Facility</b>	Covered at 80%, subject to the deductible for unlimited days.	Covered at 60%, subject to the deductible for up to 120 days per calendar year

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<b>Home Care</b>	Covered at 80%, subject to a separate \$50 deductible for unlimited days per calendar year	*Covered at 75%, subject to a separate \$50 deductible for unlimited days per calendar year
<b>Hospice</b>	Covered at 80%, subject to the deductible for unlimited days per calendar year.	Covered at 60% subject to the deductible for unlimited days per calendar year.
<b>Outpatient Therapy (PT, OT, Speech)</b>	Covered at 80%, subject to the deductible, no maximum.	Covered at 60%, subject to the deductible. Up to 45 visits for physical, speech and occupational therapy combined per member per calendar year.
<b>Durable Medical Equipment</b>	Covered at 80%, subject to the deductible.	*Covered at 60%, subject to the deductible
<b>Internal and External Prosthetics</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible.
<b>Foot Orthotics</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible
<b>Chiropractic</b>	Covered at 80%, subject to the deductible.	Covered at 60%, subject to the deductible
<b>Acupuncture</b>	Covered at 80%, subject to the deductible.	Covered at 50%, subject to deductible, for up to 10 visits per calendar year.
<b>Dental</b>	Covered at 80%, subject to deductible, when related to an accidental injury to sound natural teeth when services are rendered within 365 days of the accident.	Covered at 60%, subject to the deductible, when related to an accidental injury to sound natural teeth when services are rendered within 365 days of the accident.
<b>Eye Exams</b>	Diagnostic, related to disease or injury, covered at 80%, subject to the deductible. No coverage for routine eye exams or refractions.	Diagnostic, related to disease or injury, covered at 60%, subject to the deductible. No coverage for routine eye exams or refractions.
<b>Hearing</b>	Covered at 80%, subject to the deductible for diagnostic hearing exams. No coverage for routine hearing exams. Hearing aids not covered.	Covered at 60%, subject to the deductible for diagnostic hearing exams. No coverage for routine hearing exams. Hearing aids not covered.

This is not a contract or binding agreement; it is a summary of benefits and services.  
For complete details, please refer to your member contract.

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