

## Chemung County Health Insurance Comparison

	Excelsus - Blue PPO 2	Excelsus-Blue PPO 3	PPO 4 (not yet approved) -2026
Plan Features	Excelsus - Blue PPO 2	Excelsus-Blue PPO 3	Excelsus-Blue PPO4 * Draft
Primary Care Office Visit	\$20 Copay	\$20 Copay	\$30 Copay
Specialist Office Visit	\$20 Copay	\$20 Copay	\$30 Copay
Coinsurance	20%	20%	20%
Deductible	\$200 Per Individual / \$600 Family Max	\$200 Per Individual / \$600 Family Max	None
Out of pocket maximum	\$1,000 Per Individual / \$2,000 Family Max	\$1,000 Per Individual / \$2,000 Family Max	\$2,000 Individual / Max Family (\$2K per person )
Rx	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2026 Excelsus Blue PPO 4
Prescription Drug Coverage	\$20/\$35/\$65 Mail-order	\$10/\$25/\$55 Mail-order	\$20/\$35/\$65 Mail-order
* Rx Drug copays may vary dependent upon CBA	\$0/\$35/\$65	\$0/\$25/\$55	\$0/\$35/\$65
Hospital	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2026 Excelsus Blue PPO 4
Hospital benefits	20%, Subj.to Ded.	20%, Subj.to Ded.	250 COPAY
Surgery	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Physician visits in the hospital	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Inpatient Physical Rehabilitation	CIF up to 60 days/year (precert. Applies)	CIF up to 60 days/year	\$250 COPAY
Anesthesia	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Emergency Care	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2025 Excelsus Blue PPO 4
Emergency Room Care	\$75 COPAY	\$100 COPAY	\$100 COPAY
Ambulance	\$75 COPAY	\$100 COPAY	\$100 COPAY
Urgent Care	\$25 COPAY	\$50 COPAY	\$40 COPAY
Maternity Services	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2026 Excelsus Blue PPO 4
Prenatal Care	Covered In Full	Covered In Full	Covered in Full
Hospital Care for Mom ( Including Delivery)	20%, Subj.to Ded.	20%, Subj.to Ded.	\$250 COPAY
Newborn Nursey care	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Outpatient Services	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2026 Excelsus Blue PPO 4
Diagnostic X-Ray	20%, Subj.to Ded.	20%, Subj.to Ded.	\$30 COPAY
Diagnostic Laboratory and pathology	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Allergy Tests	\$20 Copay/visit	\$20 Copay/visit	\$30 COPAY
Allergy Injections	CIF	CIF	Covered in Full
Radiation Therapy	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Chemotherapy	20%, Subj.to Ded.	20%, Subj.to Ded.	Covered in Full
Surgical Care	20%, Subj.to Ded.	20%, Subj.to Ded.	\$150 COPAY
Chiropractic	\$20 Copay	\$20 COPAY	\$30 COPAY
Mental Health and Chemical Dependence	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2026 Excelsus Blue PPO 4
Inpatient Mental Health Care	20%, Subj.to Ded.(Percert. Applies)	20%, Subj.to Ded.	\$250 COPAY
Outpatient Mental Health Care	\$20 Copay	\$20 Copay	\$30 COPAY
Inpatient Chemical Dependence	20%, Subj.to Ded. (Percert. Applies)	20%, Subj.to Ded.	\$250 COPAY
Outpatient Chemical Dependence	\$20 Copay	\$20 Copay	\$30 COPAY
Other Services	2025 Blue PPO 2	2025 EXCELLUS-Blue PPO 3	2026 Excelsus Blue PPO 4
Diabetic Insulin and Supplies	\$20 Copay for up to a 30 day supply	\$20 Copay for up to a 30 day supply (retail)	\$30 Copay for up to a 30 day supply (retail)
Skilled Nursing Facility	20%, Subj.to Ded. (precert. Applies)	20%, Subj.to Ded.	\$250 COPAY
Home Care	20% Subj.to \$50 Ded. (precert. Applies)	20% Subj.to \$50 Ded. (Percert. Applies)	Covered in Full
Hospice	20%, Subj. to Ded.	20%, Percert. Applies	Covered in Full
Outpatient Therapy	20%, Subj. to Ded.	20%, Subj. to Ded.	\$30 COPAY
Durable Medical Equipment	20%, Subj.to Ded. (Percert. Applies)	20%, Subj.to Ded. (Percert. Applies >\$200)	\$30 COPAY
External Prosthetics	20%, Subj. to Ded.	20%, Subj. to Ded.	Covered in Full
Chiropractic	\$20 Copay/visit	\$20 Copay/visit	\$30 COPAY
Acupuncture	N/A	N/A	N/A
Dental	N/A	N/A	N/A
Hearing	N/A	N/A	N/A
Autism Applied Behavior Analysis	\$20 Copay	\$20 Copay	\$30 COPAY

\*Illustration purposes only; benefits determined by Excelsus BCBS contract\*