Excellus

Medicare Blue Choice Copay Plan
Prepared for St. John Fisher University
Effective: 01/01/2026

Medicare Blue Choice HMO-POS

Plan Feature Highlights	Medicare Blue Choice Copay Plan	
Type of Care/Plan Benefits	**In-Network**	**Out-of-Network**
Annual deductible	None	None
Annual out-of-pocket maximum (medical services only, does not include prescription drugs)	$3,400 in network	N/A
Out-of-network benefits	N/A	20% coinsurance up to a maximum of $5,000
Lifetime maximum	None	
Physician Office Services		
Office visit copay (PCP)	$20 copay	20% coinsurance up to a maximum of $5,000
Office visit copay (Specialist)	$20 copay	20% coinsurance up to a maximum of $5,000
Chiropractor office visit (manual manipulation to correct subluxation)	$20 copay	20% coinsurance up to a maximum of $5,000
Podiatrist office visit (for medically necessary foot care)	$20 copay	20% coinsurance up to a maximum of $5,000
Allergy tests/injections	$20 copay if performed in PCP office, $20 copay if performed in a specialist office	20% coinsurance up to a maximum of $5,000
Lifestyle and Wellness benefits		
Ways to help you and your family live healthier every day	Silver&Fit® is an Exercise Program that gives you the choice of: - Membership in a fitness club/exercise center ($0 annual fee) - You can also participate in the Silver&Fit Home Fitness Program ($0 annual fee) Blue 365: Exclusive online discounts to health-related products and services	
Preventive health care services (office visit copay may apply)		
Annual wellness exam	Covered in full, limited to one per year	20% coinsurance up to a maximum of $5,000
Immunizations (flu, pneumonia, COVID, Hepatitis B, and other vaccines if patient is at risk)	Covered in full for flu, pneumonia, COVID and Hepatitis B. All other vaccines 20% coinsurance	Covered in full for Flu, COVID and pneumonia. Hepatitis B and other vaccines 20% coinsurance up to a maximum of $5,000

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Preventive mammography	Covered in full for preventive mammography, limited to one per year	20% coinsurance up to a maximum of $5,000
Pap smear/pelvic exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance up to a maximum of $5,000
Routine GYN exam	Covered in full, limited to one every 24 months, if high risk covered once every 12 months	20% coinsurance up to a maximum of $5,000
Prostate cancer screening	Covered in full, limited to one per year	20% coinsurance up to a maximum of $5,000
Bone density screening	Covered in full, limited to one every 24 months	20% coinsurance up to a maximum of $5,000
Colorectal screening	Covered in full for preventive colonoscopies, limited to one every 24 months	20% coinsurance up to a maximum of $5,000
Smoking cessation	Covered in full	20% coinsurance up to a maximum of $5,000
Routine hearing exam	$0 copay per visit, limited to one exam per year. Must use a TruHearing Provider.	Not covered
Hearing Aid(s)	$499 Copay for Advanced Hearing Aids or $799 Copay for Premium Hearing Aids. Limit of 2 per year. Must use a TruHearing Provider. TruHearing Copays are not included in the Out of Pocket Maximum.	Not covered
Routine vision exam	$20 copay per visit, limited to one exam per year	20% coinsurance up to a maximum of $5,000
Eyewear allowance	$100 allowance available once every calendar year.	
Inpatient hospital benefits		
Hospital benefits	$250 copay per admission for unlimited days (maximum 3 copays per year)	20% coinsurance up to a maximum of $5,000
In-Hospital Physician Visits	Covered in full	20% coinsurance up to a maximum of $5,000
Anesthesia	Covered in full	20% coinsurance up to a maximum of $5,000
Inpatient chemical dependence	$250 copay per admission (maximum 3 copays per calendar year)	20% coinsurance up to a maximum of $5,000

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Inpatient mental health care	$250 copay per admission (maximum 3 copays per calendar year)	20% coinsurance up to a maximum of $5,000
Skilled Nursing Facility		
Skilled nursing facility (3 day inpatient stay is not required)	$0 copay per day, days 1-20. $218 copay per day, days 21-100. Not covered, days 101 and beyond	20% coinsurance per day, days 1-100. Not covered, days 101 and beyond
Emergency care		
Emergency room care (covered worldwide)	$65 copay per visit unless admitted within 23 hours	$65 copay per visit unless admitted within 23 hours
Urgent care (covered worldwide)	$20 copay	$20 copay
Ambulance	$65 copay	$65 copay
Outpatient benefits		
Surgical care	$50 copay	20% coinsurance up to a maximum of $5,000
Ambulatory surgical center	$50 copay	20% coinsurance up to a maximum of $5,000
Hospital Observation Stay	$50 copay	20% coinsurance up to a maximum of $5,000
Office surgery	$20 copay if performed in PCP office, $20 copay if performed in specialist office	20% coinsurance up to a maximum of $5,000
Diagnostic tests and laboratory services	Covered in full	20% coinsurance up to a maximum of $5,000
X-rays (film) and radiation Therapy	$20 copay	20% coinsurance up to a maximum of $5,000
Advanced Diagnostic Imaging (MRI, MRA, CT, PET, etc)	$20 Copay	20% coinsurance up to a maximum of $5,000
Chemotherapy (office visit)	$20 copay, Additional cost share may apply for Medicare Part B drugs	20% coinsurance up to a maximum of $5,000
Outpatient mental health care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of $5,000
Partial hospitalization	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of $5,000
Outpatient chemical dependence care	20% coinsurance, unlimited visits	20% coinsurance up to a maximum of $5,000
Other Services		

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Rehabilitation therapy (physical, occupational and speech)	$20 copay	20% coinsurance up to a maximum of $5,000
Cardiac rehabilitation	Covered in full	20% coinsurance up to a maximum of $5,000
MDLIVE Telehealth	MDLive Provider: $20 copay Including teledermatology Behavioral Health Provider: $20 copay	Not Covered
Telehealth	Covered - follows base benefit	Covered - follows out-of-network base benefit
Acupuncture	50% coinsurance, up to 20 visits per year for chronic lower back pain and 10 additional visits for any other diagnosis	Not covered
Medicare Part B drugs including chemotherapy drugs	20% coinsurance	20% coinsurance up to a maximum of $5,000
Diabetic education	Covered in full	20% coinsurance up to a maximum of $5,000
Diabetic supplies	Meters and test strips: $5 copay per 30 day supply, from a preferred manufacturer	20% coinsurance up to a maximum of $5,000
Part B Insulin used in a traditional insulin pump	$35 copayment	$35 copayment
Durable medical equipment	20% coinsurance	20% coinsurance up to a maximum of $5,000
Prosthetic devices	20% coinsurance	20% coinsurance up to a maximum of $5,000
Home care	Covered in full	20% coinsurance up to a maximum of $5,000
Hospice	Covered by Original Medicare	Covered by Original Medicare
Kidney dialysis	Covered in full	Covered in full

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Prescription drugs		
Prescription drug coverage	Prior Authorization and Step Therapy apply. Quantity Limits Apply. Deductible: $0 Initial Coverage: 30 day supply: $10/$30/$50 90 day supply: Subject to 3 times the copay Annual Out-Of-Pocket costs will be capped at $2,100 for Medicare Part D Drugs. Catastrophic Coverage: The member pays $0 copays for all Medicare Part D Drugs once the $2,100 Annual Out-Of-Pocket is reached.	Covered at in-network cost sharing in emergency situations only.