



2023 BCBS of Western NY Overview Plan Features

		Network	Non-network
Annual Deductible			
• Employee Only		• \$500	• \$2,000
• Employee + One/Family		• \$1,000	• \$4,000
Out-of-Pocket (OOP) Maximum			
• Employee Only		• \$5,000	• \$10,000
• Employee + One/Family		• \$10,000	• \$20,000
Coinsurance/Copay			
		Required for most services	50%, see plan summary for details

Covered Services

Outpatient	What you pay
• Office visits	• \$20 copay
• Preventive care	• 100% covered
• X-rays and lab work	• 10%
• Physical therapy (combine with occupational and speech therapy)	• 10%; max 30 visits/calendar year
• Chiropractor	• \$20 copay for medically necessary treatment only



Vision Care	What you pay
<ul style="list-style-type: none"> Eye examinations Lenses and frames 	<ul style="list-style-type: none"> 100% covered every other year Discounts available at participating providers
Inpatient Hospital	
<ul style="list-style-type: none"> Room and board Ancillary charges 	<ul style="list-style-type: none"> 10% after deductible 10% after deductible
Skilled Nursing	
<ul style="list-style-type: none"> Skilled nursing facility 	<ul style="list-style-type: none"> 10% after deductible
Surgery	
<ul style="list-style-type: none"> Inpatient Outpatient Cosmetic 	<ul style="list-style-type: none"> 10% after deductible 10% Covered when medically necessary
Maternity Care	
<ul style="list-style-type: none"> Obstetrical visits Hospitalization 	<ul style="list-style-type: none"> 100% covered after \$20 copay first visit 10%
Mental Health	
<ul style="list-style-type: none"> Inpatient Outpatient 	<ul style="list-style-type: none"> 10% after deductible 10%
Alcohol/Chemical Dependency	
<ul style="list-style-type: none"> Inpatient detox/rehab Outpatient detox/rehab 	<ul style="list-style-type: none"> 10% after deductible 10%



Other Services		What you pay
<ul style="list-style-type: none">AmbulanceHospice careHome health careDurable medical equipment		<ul style="list-style-type: none">10% after deductible10%\$20 copay/visit; 40 visits/year max50%
Emergency/Urgent Care		
<ul style="list-style-type: none">Emergency roomUrgent care		<ul style="list-style-type: none">10% after deductible10%

Prescription Drugs (through Express Scripts)

Retail (30-day supply)		What you pay
<ul style="list-style-type: none">GenericFormulary brandNonformulary brand		<ul style="list-style-type: none">\$10 copay\$30 copay\$50 copay
Mail Order (90-day supply)		
<ul style="list-style-type: none">GenericFormulary brandNonformulary brand		<ul style="list-style-type: none">\$30 copay\$90 copay\$150 copay