

SUBBlue and SUOrange: 2023 Schedule of Benefits – Employee Cost Sharing

	SUBBlue		SUOrange
	In-Network <ul style="list-style-type: none"> Excellus BCBS or BlueCard Network No Referral Required Includes All Eligible International Claims 	Out-of-Network	In-Network Only <ul style="list-style-type: none"> Excellus BCBS or BlueCard Network No Referral Required Includes Eligible International Claims Incurred through the BlueCross BlueShield Global Core Network Only
Mammography and breast cancer screenings	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Routine prostate cancer screenings (one per calendar year for ages 50 and older with exceptions if high risk)	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Routine cervical cancer screenings (one per calendar year for ages 18 and older)	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Colonoscopies	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Diagnostic machine tests, x-rays, and radiology services (including MRIs, PET and CT scans)	Deductible and \$50 copay	Deductible, \$50 copay, and coinsurance	Deductible and \$50 copay
Diagnostic laboratory tests	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Occupational therapy (for situations not covered through a governmental program)	Deductible and \$35 copay	Deductible, \$35 copay, and coinsurance	Deductible and \$35 copay
Physical therapy	Deductible and \$35 copay	Deductible, \$35 copay, and coinsurance	Deductible and \$35 copay
Speech therapy (for situations not covered through a governmental program)	Deductible and \$35 copay	Deductible, \$35 copay, and coinsurance	Deductible and \$35 copay
Respiratory, radiation, cardiac therapies and chemotherapy	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full

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Hearing aids For both in-network and out-of-network: Maximum benefit of \$750 for a single hearing aid and \$1,500 for binaural hearing aids; limited to once every three years	<ul style="list-style-type: none"> Contracted Model: Deductible and 50% of the billed charge or the allowable amount (whichever is lesser) Non-Contracted Model: Deductible and 50% of the billed charge or the allowable amount (whichever is lesser) plus the difference between the actual charge and the allowable amount. 	Deductible and 50% of the billed charge or the allowable amount (whichever is lesser) plus the difference between the actual charge and the allowable amount.	<ul style="list-style-type: none"> Contracted Model: Deductible and 50% of the billed charge or the allowable amount (whichever is lesser) Non-Contracted Model: Deductible and 50% of the billed charge or the allowable amount (whichever is lesser) plus the difference between the actual charge and the allowable amount.
Medical supplies	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Prosthetic devices	No deductible or copay; paid in full	Deductible and coinsurance	No deductible or copay; paid in full
Biofeedback	Deductible and \$35 copay (PCP) or Deductible and \$50 copay (Specialist)	Deductible and \$35 copay (PCP) and coinsurance or Deductible and \$50 copay (Specialist) and coinsurance	Deductible and \$35 copay (PCP) or Deductible and \$50 copay (Specialist)
Infertility Coverage (\$20,000 medical plan lifetime limit)	Member cost-sharing follows type of service	Member cost-sharing follows type of service	Member cost-sharing follows type of service
Repatriation or Medical evacuation	No Coverage	No Coverage	No Coverage
Prescription drugs	Claims processed by prescription benefit manager (with the exception of certain vaccines)		

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¹ Coverage requires the employee to pay an annual deductible before any other cost sharing is determined. After the annual deductible is satisfied, the employee must pay the copay, if applicable. The coinsurance is then applied to the balance of the allowable amount. The employee is also responsible for the difference between the submitted charge and the allowable amount as defined by Excellus BCBS.

² Out-of-pocket maximum refers to the maximum amount of out-of-pocket expenses an employee would pay in a calendar year. The out-of-pocket expenses are defined as the deductibles, coinsurance and copayment amounts, exclusive of costs for prescription medicines. The differences between submitted charges and the allowable amounts are not subject to the out-of-pocket maximum.

Prescription Drug Coverage	
Annual Deductible	No deductible
Out-of-Pocket Maximum (Separate from Medical)	\$2,000 per individual with a maximum of \$4,000 for a family
Retail: Tier One	20% coinsurance*
Retail: Tier Two	25% coinsurance
Retail: Tier Three	45% coinsurance
Mail Order: Tier One	\$20*
Mail Order: Tier Two	\$50
Mail Order: Tier Three	\$90
Specialty Mail Order (All)	Same as mail order except 30 day supply

***Certain Generic Prescription Drugs: \$0 copay - Age, Gender and Other Restrictions Apply. Contact OptumRx for more details at 866.854.2945 (TTY: 711).**

Aspirin, Breast Cancer Prevention Drugs, Cholesterol Medications, FDA-Approved Tobacco Cessation Drugs and OTC Products, Fluoride, Folic Acid, Iron Supplements, Pre-exposure Prophylaxis (PrEP) Therapies, Preparatory Prescriptions for Colonoscopies, Vitamin D Supplements and Women's Contraceptives.

Prescription drug coverage is not applicable to Medicare-eligible individuals participating in the retiree medical plan.

This is not an exhaustive list of all cost sharing requirements.

Every effort has been made to ensure that the information contained within this document is accurate. However, benefits are governed by legal documents (which, in certain circumstances, may include insurance contracts). If there is any difference between the information in this document and the official documents, the official documents will control. As is the case with all of Syracuse University's benefit plans, the University reserves the right to modify or terminate these benefits at any time.