

2010 Builders Exchange Excellus BCBS Benefit Comparison

The EPO Balance and Blue Choice Select are only offered to groups that currently have employees enrolled in them.

	Blue EPO Balance	Blue Choice HMO	Blue Choice HMO
<u>Services</u>	<u>Option 11</u>	<u>Value</u>	<u>Select</u>
Annual Deductible	N/A	N/A	N/A
Annual Out of Pocket Max	N/A	N/A	N/A
Co-Insurance	N/A	N/A	N/A
Referrals	Not Required	Required	Required
PCP Office Visit	\$15 Copay	\$20 Copay	\$15 Copay
Specialist Visit	\$15 Copay	\$20 Copay	\$15 Copay
Routine Eye Exams	\$15 Copay	\$20 Copay	\$15 Copay
Eyewear	\$60 Allowance	\$60 Allowance	\$60 Allowance
Hospital Inpatient	Covered in Full	\$100 Copay	Covered in Full
Outpatient Surgery	\$50 Copay	\$70 Copay	\$15 Copay
Emergency Room Care	\$50 Copay	\$50 Copay	\$50 Copay
Outpatient Mental Health	\$15 Copay	\$20 Copay	\$15 Copay
Inpatient Mental Health 30 Day Annual Max	Covered in Full	\$100 Copay	Covered in Full
Prescription Coverage	Tier 1/\$10 Tier 2/\$25 Tier 3/\$40	Tier 1/\$10 Tier 2/\$25 Tier 3/\$40	Tier 1/\$5 Tier 2/\$20 Tier 3/\$35
Dependent Coverage	To Age 26	To Age 26	To Age 26
Extra Benefits	Member Rewards	Member Rewards	Member Rewards
Special Information	This plan is closed. Only groups with active enrollment in this plan can continue to enroll employees in this plan.		This plan is closed. Only groups with active enrollment in this plan can continue to enroll employees in this plan.
<u>Rates</u>			
Single	\$529.42	\$507.63	\$647.23
Family of 2	\$1,210.96	\$1,161.08	\$1,481.81
Subscriber and Children	\$1,325.90	\$1,270.83	\$1,622.11
Family	\$1,394.91	\$1,336.93	\$1,706.61

Deductible and Coinsurance amounts listed are In-Network. Please request full benefit summary for Out Of Network amounts.