

**2010 Builders Exchange Excellus BCBS Benefit Comparison**

	<b>HealthyBlue PPO</b>	<b>SimplyBlue PPO</b>	<b>HealthyBlue HDHP</b>
<b><u>Services</u></b>	<b><u>Copay \$15/\$25 (HB-C-44)</u></b>	<b><u>Copay \$30/\$50 (SB-C-4)</u></b>	<b><u>Plan 1 (HB-HDHP-2)</u></b>
<b>Annual Deductible</b>	\$0 In-Network	\$0 In-Network	\$1300/Single; \$2600/Family
<b>Annual Out of Pocket Max</b>	\$0 In-Network	\$0 In-Network	\$3000/Single; \$6000/Family
<b>Co-Insurance</b>	0% In-Network	0% In-Network	20% In Network
<b>Referrals</b>	Not Required	Not Required	Not Required
<b>PCP Office Visit</b>	\$15 Copay /\$0 Copay for Children	\$30 Copay	20% Coinsurance*
<b>Specialist Visit</b>	\$25 Copay	\$50 Copay	20% Coinsurance*
<b>Routine Eye Exams</b>	\$25 Copay	\$50 Copay	20% Coinsurance*
<b>Eyewear</b>	\$60 Allowance	\$60 Allowance	Not Covered
<b>Hospital Inpatient</b>	\$150 Copay	\$500 Copay Per Day* (4 day max charge)	20% Coinsurance*
<b>Outpatient Surgery</b>	\$75 Copay	\$250 Copay	20% Coinsurance*
<b>Emergency Room Care</b>	\$75 Copay	\$250 Copay	20% Coinsurance*
<b>Outpatient Mental Health</b>	\$25 Copay (20 Visits)	\$50 Copay (20 Visits)	20% Coinsurance* (20 Visits)
<b>Inpatient Mental Health 30 Day Annual Max</b>	\$150 Copay	\$500 Copay Per Day (4 day max charge)	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50 \$0 Generics (children to age 19)	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50 \$0 Generics (children to age 19)	Tier 1/\$5* Tier 2/\$35* Tier 3/\$70* \$0 Generics (children to age 19)*
<b>Dependent Coverage</b>	To Age 26	To Age 26	To Age 26
<b>Extra Benefits</b>	Healthy Rewards- Earn up to \$500 Single/\$1000 Family	\$300 Health Club Reimbursement	Healthy Rewards- Earn up to \$500 Single/\$1000 Family
<b>Special Information</b>	Preventive Care Covered In Full Domestic Partner Coverage Nationwide Blue Card Network	Preventive Care Covered In Full Domestic Partner Coverage Nationwide Blue Card Network *\$250 Inpatient Surgery Copay	Preventive Care Covered In Full Domestic Partner Coverage Nationwide Blue Card Network
<b><u>Rates</u></b>			
<b>Single</b>	<b>\$383.54</b>	<b>\$327.95</b>	<b>\$200.31</b>
<b>Subscriber and Spouse</b>	<b>\$928.62</b>	<b>\$792.98</b>	<b>\$481.56</b>
<b>Subscriber and Child(ren)</b>	<b>\$784.39</b>	<b>\$669.25</b>	<b>\$410.48</b>
<b>Family</b>	<b>\$997.99</b>	<b>\$851.31</b>	<b>\$521.60</b>
<b><u>Sole Prop Rates</u></b>			
<b>Single</b>	<b>\$440.32</b>	<b>\$376.39</b>	<b>\$229.61</b>
<b>Subscriber and Spouse</b>	<b>\$1,067.17</b>	<b>\$911.17</b>	<b>\$553.05</b>
<b>Subscriber and Child(ren)</b>	<b>\$901.30</b>	<b>\$768.89</b>	<b>\$471.30</b>
<b>Family</b>	<b>\$1,146.95</b>	<b>\$978.26</b>	<b>\$599.09</b>

**\*Services subject to deductible and coinsurance.**