

**2010 Excellus BCBS Benefit Comparison For Employer Groups**

<u>Services</u>	<b>Blue Choice Value</b>	<b>Blue Choice 25 Option 1</b>	<b>Blue Choice 25 Option 2</b>
<b>Annual Deductible</b>	NA	NA	N/A
<b>Annual Out of Pocket Max</b>	NA	NA	N/A
<b>Coinsurance</b>	NA	NA	N/A
<b>Referrals</b>	Required	Required	Required
<b>PCP Office Visit</b>	\$20 Copay	\$25 Copay	\$25 Copay
<b>Specialist Visit</b>	\$20 Copay	\$40 Copay	\$40 Copay
<b>Routine Eye Exams</b>	\$20 Copay	\$40 Copay	Not Covered
<b>Eyewear</b>	\$60 Allowance	\$60 Allowance	Not Covered
<b>Hospital Inpatient</b>	\$240 Hospital/ \$100 Surgical	\$250 Hospital/\$200 Surgical	\$500 Hospital/\$200 Surgical
<b>Outpatient Surgery</b>	50 Facility/\$20 Physician	\$50 Facility/ \$40 Physician	\$75 Facility/\$200 Physician
<b>Emergency Room Care</b>	\$50 Copay	\$100 Copay	\$100 Copay
<b>Outpatient Mental Health</b>	\$20 Copay (20 visits)	\$40 Copay (20 visits)	\$40 Copay (20 visits)
<b>Inpatient Mental Health (30 Day Annual Max)</b>	\$240 Copay	\$250 Copay	\$500 Copay
<b>Prescription Coverage</b>	Tier 1/ \$7 Tier 2/ \$50 Tier 3/ \$100 \$1000 annual max per member	Tier 1/\$10 Tier 2/\$25 Tier 3/\$40	\$7 Generic Only
<b>Dependent Coverage</b>	Age 26	Age 26	Age 19/Students to 23
<b>Extra Benefits</b>	N/A	N/A	
<b>Special Information</b>	\$0 Well Child Visits	\$0 Well Child Visits	\$0 Well Child Visits
<b>Single</b>	<b>\$453.59</b>	<b>\$415.20</b>	<b>\$345.21</b>
<b>Subscriber and Spouse</b>	<b>\$1,043.34</b>	<b>\$954.82</b>	<b>\$793.91</b>
<b>Subscriber and Child(ren)</b>	<b>\$1,142.28</b>	<b>\$1,045.48</b>	<b>\$853.43</b>
<b>Family</b>	<b>\$1,201.95</b>	<b>\$1,100.12</b>	<b>\$898.15</b>

