

2010 Excellus BCBS Benefit Comparison For Sole Proprietors

<u>Services</u>	Blue Choice Value	Blue Choice 25 Option 1	Blue Choice 25 Option 2	Blue EPO Balance EPO Option 5
Annual Deductible	NA	NA	N/A	N/A
Annual Out of Pocket Max	NA	NA	N/A	N/A
Coinsurance	NA	NA	N/A	N/A
Referrals	Required	Required	Required	Not Required
PCP Office Visit	\$20 Copay	\$25 Copay	\$25 Copay	\$20 Copay
Specialist Visit	\$20 Copay	\$40 Copay	\$40 Copay	\$20 Copay
Routine Eye Exams	\$20 Copay	\$40 Copay	Not Covered	\$20 Copay
Eyewear	\$60 Allowance	\$60 Allowance	Not Covered	\$60 Allowance
Hospital Inpatient	\$240 Hospital/ \$100 Surgical	\$250 Hospital/\$200 Surgical	\$500 Hospital/\$200 Surgical	\$250 Hospital/\$50 Surgical
Outpatient Surgery	50 Facility/\$20 Physician	\$50 Facility/ \$40 Physician	\$75 Facility/\$200 Physician	\$50 Copay
Emergency Room Care	\$50 Copay	\$100 Copay	\$100 Copay	\$50 Copay
Outpatient Mental Health	\$20 Copay (20 visits)	\$40 Copay (20 visits)	\$40 Copay (20 visits)	\$20 Copay (20 visits)
Inpatient Mental Health (30 Day Annual Max)	\$240 Copay	\$250 Copay	\$500 Copay	\$250 Copay
Prescription Coverage	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	Tier 1/ \$10 Tier 2/ \$30 Tier 3/ \$50
Dependent Coverage	Age 26	Age 26	Age 19/Students to 23	Age 19/Student to 23
Extra Benefits	N/A	N/A		Member Rewards
Special Information	\$0 Well Child Visits	\$0 Well Child Visits	\$0 Well Child Visits	Preventive Care Covered In Full
Single	\$521.63	\$477.50	\$397.00	\$463.84
Subscriber and Spouse	\$1,199.84	\$1,098.03	\$912.98	\$1,066.66
Subscriber and Child(ren)	\$1,313.63	\$1,202.29	\$981.44	\$1,150.37
Family	\$1,382.25	\$1,265.12	\$1,032.87	\$1,210.50