

## 2010 Excellus BCBS Benefit Comparison for Employer Groups

Services	HealthyBlue PPO			SimplyBlue PPO	
	Copay 15/25 (HB-C-43)	Copay 25/40 (HB-C-26)	Copay 30/50 (HB-C-39)	Copay 30/50 (SB-C-5)	Copay 30/50 (SB-C-2)
Annual Deductible	N/A	N/A	N/A	N/A	N/A
Annual Out of Pocket Max	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$15 Adults/\$0 Children	\$25 Adults/\$0 Children	\$30 Adults/\$0 Children	\$30 Copay	\$30 Copay
Specialist Visit	\$25 Copay	\$40 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Routine Eye Exams	\$25 Copay	\$40 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Eyewear	\$60 Allowance	\$60 Allowance	\$60 Allowance	\$60 Allowance	\$60 Allowance
Hospital Inpatient	\$150 Copay	\$500 Copay	\$500 Copay	\$500 Copay Per Day* (4 day max)	\$500 Copay Per Day* (4 day max)
Outpatient Surgery	\$75 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Emergency Room Care	\$75 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Outpatient Mental Health	\$25 Copay (20 Visits)	\$40 Copay (20 Visits)	\$50 Copay (20 Visits)	\$50 Copay (20 Visits)	\$50 Copay (20 Visits)
Inpatient Mental Health 30 Day Annual Max	\$150 Copay	\$500 Copay	\$500 Copay	\$500 Copay Per Day (4 day max)	\$500 Copay Per Day (4 day max)
Prescription Coverage  Mail Order: 2 copays for 90 day supply	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50  \$250/\$750 Brand Name Deductible*	Tier 1/\$5 Tier 2/\$35 Tier 3/\$70  \$1000 Brand Name Max Per Member	Tier 1/\$5 Tier 2/\$35 Tier 3/\$70	\$7 Copay Generic Drug Coverage Only
Dependent Coverage	To Age 19 (Students to 23)	To Age 26	To Age 19 (Students to 23)	To Age 19 (Students to 23)	To Age 26
Extra Benefits <a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>	Healthy Rewards- Earn up to \$500 Single/ \$1000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1000 Family	\$300 Health Club Reimbursement	\$300 Health Club Reimbursement
Special Information  Domestic Partners covered on all plans	Preventive care covered in full \$0 Generics to Age 19 Nationwide Blue Card Network	Preventive care covered in full \$0 Generics to Age 19 Nationwide Blue Card Network *Single/Family Annual Deductible	Preventive care covered in full \$0 Generics to Age 19 Nationwide Blue Card Network	Preventive care covered in full \$0 Generics to Age 19 Nationwide Blue Card Network *\$250 Inpatient Surgery Copay	Preventive care covered in full \$0 Generics to Age 19 Nationwide Blue Card Network *\$250 Inpatient Surgery Copay
<b>Single</b>	<b>\$378.54</b>	<b>\$342.54</b>	<b>\$314.24</b>	<b>\$312.24</b>	<b>\$260.52</b>
<b>Subscriber &amp; Spouse</b>	<b>\$923.62</b>	<b>\$835.78</b>	<b>\$766.75</b>	<b>\$761.85</b>	<b>\$633.43</b>
<b>Subscriber &amp; Child(ren)</b>	<b>\$767.84</b>	<b>\$705.77</b>	<b>\$638.45</b>	<b>\$633.38</b>	<b>\$548.44</b>
<b>Family</b>	<b>\$978.28</b>	<b>\$899.18</b>	<b>\$813.43</b>	<b>\$806.98</b>	<b>\$689.84</b>