

## 2010 Excellus BCBS Benefit Comparison for Employer Groups

Services	Blue Choice HMO		SimplyBlue PPO		HealthyBlue PPO
	Copay 30/50 (BC30-6)	Copay 30/50 (BC30-4)	Copay 40/60 (SB-C-10)	HDHP (SB-HDHP-10)	HDHP (HB-HDHP-1)
Annual Deductible	N/A	N/A	N/A	\$2,600/Single;\$5,200/Family	\$1,300/Single;\$2,600/Family
Annual Out of Pocket Max	N/A	N/A	N/A	\$5,500/Single;\$11,000/Family	\$3,000/Single;\$6,000/Family
Coinsurance	N/A	N/A	N/A	20%	20%
Referrals	Required	Required	Not Required	Not Required	Not Required
PCP Office Visit	\$30 Copay	\$30 Copay	\$40 Copay	20% Coinsurance*	20% Coinsurance*
Specialist Visit	\$50 Copay	\$50 Copay	\$60 Copay	20% Coinsurance*	20% Coinsurance*
Routine Eye Exams	\$50 Copay**	Not Covered	\$60 Copay	20% Coinsurance*	20% Coinsurance*
Eyewear	\$60 Allowance	Not Covered	\$60 Allowance	Not Covered	Not Covered
Hospital Inpatient	\$500 Facility/\$300 Surgical	\$750 Facility/\$300 Surgical	\$750 Copay Per Day (4 day max)**	20% Coinsurance*	20% Coinsurance*
Outpatient Surgery	\$150 Facility/\$50 Physician	\$150 Facility/\$50 Physician	\$350 Copay	20% Coinsurance*	20% Coinsurance*
Emergency Room Care	\$150 Copay	\$150 Copay	\$350 Copay	20% Coinsurance*	20% Coinsurance*
Outpatient Mental Health	\$50 Copay (20 Visits)	\$50 Copay (20 Visits)	\$60 Copay (20 Visits)	20% Coinsurance* (20 Visits)	20% Coinsurance* (20 Visits)
Inpatient Mental Health 30 Day Annual Max	\$500 Copay	\$750 Copay	\$750 Copay Per Day (4 day max)	20% Coinsurance*	20% Coinsurance*
Prescription Coverage  Mail Order: 2 copays for 90 day supply	Tier 1/ \$10 Tier 2/ \$30 Tier 3/ \$50	\$7 Copay Generic Drug Coverage Only	\$7 Copay Generic Drug Coverage Only	Tier 1/ \$5* Tier 2/ \$35* Tier 3/ \$70* *Subject to Deductible	Tier 1/ \$5* Tier 2/ \$35* Tier 3/ \$70* *Subject to Deductible
Dependent Coverage	To Age 19 (Students to 23)	To Age 19 (Students to 23)	To Age 26	To Age 26	To Age 19 (Students to 23)
Extra Benefits www.excellusbcbs.com	Blue 365 Discounts Available	Blue 365 Discounts Available	\$300 Health Club Reimbursement	\$300 Health Club Reimbursement	Healthy Rewards- Earn up to \$500 Single/ \$1000 Family
Special Information  Domestic Partners covered on all plans	\$0 Well Child Visit Copay Local Excellus BCBS Network  **1 exam/eyewear every 2 years	\$0 Well Child Visit Copay Local Excellus BCBS 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	Preventive Care Covered In Full \$0 Generics to Age 19* Nationwide Blue Card Network
<b>Single</b>	<b>\$392.12</b>	<b>\$331.38</b>	<b>\$242.32</b>	<b>\$146.56</b>	<b>\$195.31</b>
<b>Subscriber &amp; Spouse</b>	<b>\$901.78</b>	<b>\$762.17</b>	<b>\$589.05</b>	<b>\$357.61</b>	<b>\$476.56</b>
<b>Subscriber &amp; Child(ren)</b>	<b>\$972.41</b>	<b>\$819.50</b>	<b>\$510.60</b>	<b>\$304.57</b>	<b>\$398.05</b>
<b>Family</b>	<b>\$1,023.11</b>	<b>\$862.33</b>	<b>\$641.63</b>	<b>\$388.04</b>	<b>\$507.13</b>

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