

2010 Excellus BCBS Benefit Comparison for Sole Proprietors

Services	HealthyBlue PPO Hybrid		SimplyBlue PPO	HealthyBlue PPO High Deductible	
	Copay 25/40 (HB-CD-21)	Copay 30/50 (HB-CD-3)	HDHP 2 (SB-HDHP-2)	HDHP (HB-HDHP-8)	HDHP (HB-HDHP-3)
Annual Deductible	\$250/Single; \$750/Family	\$250/Single; \$750/Family	\$1,300/Single; \$2,600/Family	\$1,800/Single; \$3,600/Family	\$2,600/Single; \$5,200/Family
Annual Out of Pocket Max	\$750/Single; \$2,250/Family	\$750/Single; \$2,250/Family	\$3,000/Single; \$6,000/Family	\$3,600/Single; \$7,200/Family	\$5,500/Single; \$11,000/Family
Coinsurance	20%	20%	20%	10%	0%
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$25 Adults/\$0 Children	\$30 Adults/\$0 Children	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Specialist Visit	\$40 Copay	\$50 Copay	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Routine Eye Exams	\$40 Copay	\$50 Copay	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Eyewear	\$60 Allowance	\$60 Allowance	Not Covered	Not Covered	Not Covered
Hospital Inpatient	20% Coinsurance*	20% Coinsurance*	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Outpatient Surgery	20% Coinsurance*	20% Coinsurance*	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Emergency Room Care	\$150 Copay	\$250 Copay	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Outpatient Mental Health	\$40 Copay (20 Visits)	\$50 Copay (20 Visits)	20% Coinsurance* (20 Visits)	10% Coinsurance* (20 Visits)	Covered In Full* (20 Visits)
Inpatient Mental Health 30 Day Annual Max	20% Coinsurance*	20% Coinsurance*	20% Coinsurance*	10% Coinsurance*	Covered In Full*
Prescription Coverage	Tier 1/\$5 Tier 2/\$35 Tier 3/\$70	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50	Tier 1/\$5* Tier 2/\$35* Tier 3/\$70*	Tier 1/\$5* Tier 2/\$35* Tier 3/\$70*	Tier 1/\$5* Tier 2/\$35* Tier 3/\$70*
Mail Order: 2 copays for 90 day supply		\$1,000 Brand Name Max Per Member	*Subject to Deductible	*Subject to Deductible	*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	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family www.excellusbcb.com	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	\$300 Health Club Reimbursement	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family
Special Information	Preventive Care Covered In Full \$0 Generics to Age 19 Nationwide BlueCard Network	Preventive Care Covered In Full \$0 Generics to Age 19 Nationwide BlueCard Network	Preventive Care Covered In Full \$0 Generics to Age 19* Nationwide BlueCard Network	Preventive Care Covered In Full \$0 Generics to Age 19* Nationwide BlueCard Network	Preventive Care Covered In Full \$0 Generics to Age 19* Nationwide BlueCard Network
Domestic Partners covered on all plans					
Single	\$388.71	\$353.64	\$218.12	\$208.76	\$202.87
Subscriber & Spouse	\$948.44	\$862.87	\$532.23	\$509.39	\$495.00
Subscriber & Child(ren)	\$788.54	\$718.23	\$453.39	\$433.33	\$413.38
Family	\$1,004.66	\$915.07	\$577.64	\$552.07	\$526.66

*Services subject to deductible and coinsurance