

2010 Excellus BCBS Benefit Comparison for Sole Proprietors

| 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/ \$1,000 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 |
| Single | \$451.24 | \$381.10 | \$278.67 | \$168.54 | \$224.61 |
| Subscriber & Spouse | \$1,037.73 | \$876.48 | \$677.41 | \$411.25 | \$548.05 |
| Subscriber & Child(ren) | \$1,118.99 | \$942.42 | \$587.20 | \$350.26 | \$457.75 |
| Family | \$1,177.33 | \$991.67 | \$737.87 | \$446.24 | \$583.20 |

***Services subject to deductible and coinsurance**