

2010 Excellus Benefit Comparison for GRAR Members

The EPO Balance 6 is only offered to groups that currently have employees enrolled in it.

	Blue Choice Value	Blue Choice 25	Blue Healthy Choices	Blue Healthy Choices	Blue Choice	Blue Choice (Frozen plan)
<u>Services</u>			<u>Fit & Healthy</u>	<u>Healthy Family</u>	<u>EPO Option 5</u>	<u>EPO Option 6</u>
Annual Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Out of Pocket Max	N/A	N/A	N/A	N/A	N/A	N/A
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A
Referrals	Required	Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$20 Copay	\$25 Copay	\$10 Copay	\$15 Adults/\$0 Children	\$20 Copay	\$25 Copay
Specialist Visit	\$20 Copay	\$40 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$25 Copay
Routine Eye Exams	\$20 Copay	\$40 Copay	\$10 Adults/\$20 Children	\$10 Adults/\$0 Children	\$20 Copay	\$25 Copay
Eyewear	\$60 Allowance	\$60 Allowance	\$60 Allowance	\$160 Child/\$60 Adult	\$60 Allowance	\$60 Allowance
Hospital Inpatient	\$100 Facility/\$100 Surgical	\$100 Facility/\$200 Surgical	\$250 Facility/\$200 Surgical	\$250 Facility/\$200 Surgical	\$250 Facility/\$50 Surgical	\$250 Facility/\$50 Surgical
Outpatient Surgery	\$50 Facility/\$20 Physician	\$50 Facility/\$40 Physician	\$75 Copay	\$75 Copay	\$50 Copay	\$50 Copay
Emergency Room Care	\$50 Copay	\$100 Copay*	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Outpatient Mental Health	\$20 Copay (20 visits)	\$40 Copay (20 visits)	\$20 Copay (20 visits)	\$20 Copay (20 visits)	\$20 Copay (20 visits)	\$25 Copay (20 visits)
Inpatient Mental Health 30 Day Annual Max	\$100 Copay	\$100 Copay	\$250 Copay	\$250 Copay	\$250 Copay	\$250 Copay
Prescription Coverage	Tier 1/\$10 Tier 2/\$25 Tier 3/\$40	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50	Tier 1/\$10 Tier 2/\$25 Tier 3/\$40	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50
Dependent Coverage	Age 26	Age 26	Age 19/23	Age 19/23	Age 19/23	Age 19/23
Extra Benefits <small>www.excellusbcs.com</small>	Not Available	Not Available	\$300 Health Club Allowance	\$100 Health Club Allowance	Member Rewards	Member Rewards
Special Information						
Single	\$511.63	\$418.00	\$452.01	\$452.01	\$420.19	\$404.60
Family of 2	\$1,165.08	\$949.44	\$1,027.80	\$1,027.80	\$954.63	\$918.85
Subscriber & Children	\$1,274.83	\$1,038.81	\$1,106.28	\$1,106.28	\$1,029.21	\$990.28
Family	\$1,340.93	\$1,092.65	\$1,163.47	\$1,163.47	\$1,082.49	\$1,041.58