

2010 Excellus BCBS Benefit Comparison for GRAR Members

	Blue Choice HMO	
<u>Services</u>	<u>Copay 30/50 (BC30-6)</u>	<u>Copay 30/50 (BC30-4)</u>
Annual Deductible	N/A	N/A
Annual Out of Pocket Max	N/A	N/A
Coinsurance	N/A	N/A
Referrals	Required	Required
PCP Office Visit	\$30 Copay	\$30 Copay
Specialist Office Visit	\$50 Copay	\$50 Copay
Routine Eye Exams	\$50 Copay*	Not Covered
Eyewear	\$60 Allowance	Not Covered
Hospital Inpatient	\$500 Facility/\$300 Surgical	\$750 Facility/\$300 Surgical
Outpatient Surgery	\$150 Facility/\$50 Physician	\$150 Facility/\$50 Physician
Emergency Room Care	\$150 Copay	\$150 Copay
Outpatient Mental Health	\$50 Copay (20 Visits)	\$50 Copay (20 Visits)
Inpatient Mental Health 30 Day Annual Max	\$500 Copay	\$750 Copay
Prescription Coverage	Tier 1/\$10 Tier 2/\$30 Tier 3/\$50	\$7 Copay Generic Drug Coverage Only
Dependent Coverage	To Age 19 (Students to 23)	To Age 19 (Students to 23)
Extra Benefits www.excellusbcbs.com	Blue 365 Discounts Available	Blue 365 Discounts Available
Special Information	\$0 Well Child Visit Copay Local Excellus BCBS Network *1 exam/eyewear every 2 years	\$0 Well Child Visit Copay Local Excellus BCBS Network
Single	\$401.38	\$340.38
Family of 2	\$911.39	\$771.17
Subscriber & Child(ren)	\$982.05	\$828.50
Family	\$1,032.78	\$871.33