

## 2010 Excellus BCBS Benefit Comparison for GRAR Members

	HealthyBlue PPO			HealthyBlue PPO High Deductible		SimplyBlue PPO
Services	Copay 15/25 (HB-C-43)	Copay 25/40 (HB-C-26)	Copay 30/50 (HB-C-39)	HDHP (HB-HDHP-8)	HDHP (HB-HDHP-3)	HDHP 2 (SB-HDHP-2)
Annual Deductible	N/A	N/A	N/A	\$1,800/Single;\$3,600/Family	\$2,600/Single;\$5,200/Family	\$1,300/Single;\$2,600/Family
Annual Out of Pocket Max	N/A	N/A	N/A	\$3,600/Single;\$7,200/Family	\$5,500/Single;\$11,000/Family	\$3,000/Single;\$6,000/Family
Coinsurance	N/A	N/A	N/A	10%	0%	20%
Referrals	Not Required	Not Required	Not Required	Not Required	Not Required	Not Required
PCP Office Visit	\$15 Adults/\$0 Children	\$25 Adults/\$0 Children	\$30 Adults/\$0 Children	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Specialist Visit	\$25 Copay	\$40 Copay	\$50 Copay	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Routine Eye Exams	\$25 Copay	\$40 Copay	\$50 Copay	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Eyewear	\$60 Allowance	\$60 Allowance	\$60 Allowance	Not Covered	Not Covered	Not Covered
Hospital Inpatient	\$150 Copay	\$250 Copay	\$500 Copay	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Outpatient Surgery	\$75 Copay	\$150 Copay	\$250 Copay	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Emergency Room Care	\$75 Copay	\$150 Copay	\$250 Copay	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Outpatient Mental Health	\$25 Copay (20 Visits)	\$40 Copay (20 Visits)	\$50 Copay (20 Visits)	10% Coinsurance* (20 Visits)	Covered In Full* (20 Visits)	20% Coinsurance* (20 Visits)
Inpatient Mental Health 30 Day Annual Max	\$150 Copay	\$250 Copay	\$500 Copay	10% Coinsurance*	Covered In Full*	20% Coinsurance*
Prescription Coverage	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50	Tier 1/\$5 Tier 2/\$25 Tier 3/\$50	Tier 1/\$5 Tier 2/\$35 Tier 3/\$70 \$1,000 Brand Name Max Per Member	Tier 1/\$5* Tier 2/\$35* Tier 3/\$70* *Subject to Deductible	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 19 (Students to 23)	To Age 19 (Students to 23)	To Age 19 (Students to 23)	To Age 19 (Students to 23)
Extra Benefits <a href="http://www.excellusbcbs.com">www.excellusbcbs.com</a>	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	Healthy Rewards- Earn up to \$500 Single/ \$1,000 Family	\$300 Health Club Reimbursement
Special Information	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	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 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
Single	\$387.54	\$370.71	\$323.24	\$190.53	\$185.41	\$198.67
Subscriber & Spouse	\$932.62	\$891.56	\$775.75	\$451.94	\$439.43	\$471.81
Subscriber & Child(ren)	\$776.84	\$742.52	\$647.45	\$378.93	\$368.46	\$395.82
Family	\$987.28	\$943.56	\$822.43	\$480.30	\$466.97	\$501.83
<b>Dependents to Age 26</b>						
Single	\$387.54	\$370.71	N/A	N/A	N/A	\$198.67
Subscriber & Spouse	\$932.62	\$891.56				\$471.81
Subscriber & Child(ren)	\$788.39	\$753.38				\$403.25
Family	\$1,001.99	\$957.39				\$511.30

\* Services subject to deductible and coinsurance