

2010 SimplyBlue & HealthyBlue Sample Plan Comparison

Solutions for Small Businesses with 50 or Fewer Employees.

Excellus offers a variety of options and plan designs in addition to the plans below.

Contact your Broker or Sales consultant to find the best plan to fit your needs and see how you can Save with Excellus.

Benefits	SimplyBlue High Deductible Health Plan	SimplyBlue Copay & Deductible	HealthyBlue Copay & Deductible	SimplyBlue Copay	HealthyBlue Copay
Deductible	\$1,300 single / \$2,600 family combined in and out-of-network	\$2,000 single / \$6,000 family combined in and out-of-network	\$500 single / \$1,500 family combined in and out-of-network	In-Network: None Out-of-Network: \$2,000 single / \$6,000 family	In-Network: None Out-of-Network: \$500 single / \$1,500 family
Coinsurance	In-Network: 20% Out-of-Network: 40%	In-Network: 30% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: None Out-of-Network: 40%	In-Network: None Out-of-Network: 20%
Out-of-Pocket Maximum	\$3,000 single / \$6,000 family combined in and out-of-network	\$6,000 single / \$18,000 family combined in and out-of-network	\$1,500 single / \$4,500 family combined in and out-of-network	In-Network: None Out-of-Network: \$6,000 single / \$18,000 family	In-Network: None Out-of-Network: \$1,500 single / \$4,500 family
Office Visit Copay (PCP & Specialist)	Deductible / Coinsurance	\$30 PCP; \$50 Specialist	\$25 PCP; \$0 Copay for children to age 19 \$40 Specialist	\$30 PCP; \$50 Specialist	\$25 PCP; \$0 Copay for children to age 19 \$40 Specialist
Preventive Care Services*	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Inpatient Hospitalization	Covered at 80%, subject to deductible	\$500 copay per day, subject to deductible; up to 4 day maximum, unlimited days	Covered at 80%, subject to deductible	\$500 copay per day, up to 4 day maximum, unlimited days	\$250 per admission
Emergency Room & Ambulance	Covered at 80%, subject to deductible	\$150 / \$150	\$250 / \$250	\$250 / \$250	\$150 / \$150
Outpatient Surgery	Covered at 80%, subject to deductible	Covered at 70%, subject to deductible	Covered at 80%, subject to deductible	\$250	\$150
Diagnostic x-rays	Covered at 80%, subject to deductible	\$75	\$40	\$75	\$40
Routine Annual Eye Exam	Covered at 80%, subject to deductible for 1 visit / cal. yr.	\$50 / visit, limit 1 visit / cal. yr. \$60 eyewear allowance / cal. yr.	\$40 / visit, limit 1 visit / cal. yr. \$60 eyewear allowance / cal. yr.	\$50 / visit, limit 1 visit / cal. yr. \$60 eyewear allowance / cal. yr.	\$40 / visit, limit 1 visit / cal. yr. \$60 eyewear allowance / cal. yr.
Durable Medical Equipment & Prosthetics	Covered at 80%, subject to deductible up to \$15,000 / cal. yr. combined with orthotics	Covered at 50%, up to \$15,000 / cal. yr. combined with orthotics	Covered at 50%, subject to deductible up to \$15,000 / cal. yr. combined with orthotics	Covered at 50% up to \$15,000 / cal. yr. combined with orthotics	Covered at 50% up to \$15,000 / cal. yr. combined with orthotics
Wellness Program	\$300 Health Club reimbursement per contract	\$300 Health Club reimbursement per contract	\$500 single / \$1,000 family ActiveRewards	\$300 Health Club reimbursement per contract	\$500 single / \$1,000 family ActiveRewards
Special Features	Blue365 Your resource for living healthy®	Blue365 Your resource for living healthy®	Blue365 Your resource for living healthy®	Blue365 Your resource for living healthy®	Blue365 Your resource for living healthy®
Out-of-Network Coverage	Available, additional costs may apply	Available, additional costs may apply	Available, additional costs may apply	Available, additional costs may apply	Available, additional costs may apply
Out-of-Area Coverage	Coverage provided worldwide through the BlueCard® program	Coverage provided worldwide through the BlueCard® program	Coverage provided worldwide through the BlueCard® program	Coverage provided worldwide through the BlueCard® program	Coverage provided worldwide through the BlueCard® program
Prescription Rider Option	\$5/\$35/\$70 \$0 copay for generics for children to age 19, subject to deductible (Rochester: SB-HDHP-1 & 2) (East: SB-HDHP-1E & 2E)	\$5/\$35/\$70 \$0 copay for generics for children to age 19 (East: SB-CD1E, SB-CD-2E) \$7 generic only, \$0 copay for generics for children to age 19 (Rochester: SB-CD-1, SB-CD-2)	\$5/\$35/\$70 with a \$250 single / \$750 family brand deductible per cal. yr., \$0 copay for generics for children to age 19 (Rochester: HB-CD-5, HB-CD-6) (East: HB-CD-39, HB-CD-40)	\$5/\$25/\$50, \$0 copay for generics for children to age 19 (Rochester: SB-C-3 & SB-C-4) (East: SB-C-1E, SB-C-2E)	\$5/\$25/\$50, \$0 copay for generics for children to age 19 (Rochester: HB-C-12 & HB-C-13) (East: HB-C-11E & HB-C-12E)

Note: Multiple Rx options are available

This summary describes in general only the main features of coverage provided by Excellus BCBS. If there are any inadvertent discrepancies between this summary and the contract, the contract shall prevail. For complete terms, conditions, limitations and exclusions, refer to your subscriber agreement

*Preventive care includes: Well child, adult routine physicals and immunizations, mammograms, pap smears, and PSA tests.



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