

2009 Excellus BCBS Blue Choice Options for Employer Groups

Services	Blue Choice Value	Blue Choice 25 Option 1 (new!)	Blue Choice 25 Option 2
Referrals	Required	Required	Required
Office Visits	\$20 PCP \$20 Specialist	\$25 PCP \$40 Specialist	\$25 PCP \$40 Specialist
GYN Routine Exams	\$20 Copay	\$25 Copay	\$20 Copay
Adult Physicals	\$20 Copay	\$25 Copay	\$25 Copay
Well Child Visits	Covered in Full	Covered in Full	Covered in Full
Sick Child Visits	\$20 Copay	\$25 Copay	\$25 Copay
X-rays	\$20 Copay	\$40 Copay	\$40 Copay
Mammograms	\$20 Copay	\$25 Copay	\$25 Copay
Laboratory	Covered in Full	\$25 Copay	\$25 Copay
Hospital Inpatient	\$240 Hospital Copay \$100 Surgical Copay	\$250 Hospital Copay \$200 Surgical Copay	\$500 Hospital Copay \$200 Surgical Copay
Maternity Care	Prenatal: \$50 Copay Delivery: \$100 Copay Hospital: \$240 Copay	\$5 first 10 visits, then CIF Delivery: \$200 Copay Hospital: \$250 Copay	\$5 first 10 visits, then CIF Delivery: \$200 Copay Hospital: \$500 Copay
Mental Health			
Inpatient	\$240 Copay	\$250 Copay	\$500 Copay
Outpatient: 20 visits	\$20 Copay	\$40 Copay	\$40 Copay
Outpatient Surgery	\$50 Facility Copay \$20 Physician Copay	\$50 Facility Copay \$40 Physician Copay	\$75 Facility Copay \$200 Physician Copay
Emergency Room	\$50 Copay	\$100 Copay	\$100 Copay
Routine Eye Exams	\$20 Copay	\$40 Copay	Not Covered
Eye Wear	\$60 Allowance	\$60 Allowance	Not Covered
Acupuncture	10 Visits @ 50%	Not Covered	Not Covered
Chiropractic	\$20 Copay	\$40 Copay	\$40 Copay
Durable Medical Eq	50% Copay \$5,000 Annual Max.	50% Copay \$5,000 Annual Max.	50% Copay \$5,000 Annual Max.
External Prosthetics	50% Copay \$15,000 Annual Max.	50% Copay \$15,000 Annual Max.	50% Copay \$15,000 Annual Max.
Diabetic Supplies/ Insulin/Oral Agents	\$20 Copay	\$25 Copay	\$25 Copay
Prescription Drug	<u>Copay per 30 day</u> Tier 1/\$7 Tier 2/\$50 Tier 3/\$100 \$1000 annual max per member	<u>Copay per 30 day</u> Tier 1/\$10 Tier 2/\$25 Tier 3/\$40	Generic Drug Only \$7 Copay No Coverage/Brand Name Med No Annual Maximum
Out of Network Benefit	Emergency/Urgent Care	Emergency/Urgent Care	Emergency/Urgent Care
Dependent Coverage	Age 26	Age 26	Up To 19/FT Students 23
Extra Benefits	Not Available	Not Available	Not Available
<u>2009 Rates</u>			
Single	\$387.85	\$358.16	\$296.28
Family of 2	\$882.37	\$813.91	\$671.63
Family No Spouse	\$965.18	\$890.34	\$721.34
Family 3+	\$1,015.11	\$936.38	\$758.66

This comparison represents a brief summary of benefits. This is not a contract.