Excellus BC/BS **Rome Area Chamber of Commerce**

Individual Rates **November 12, 2013**

In	78124NY0880004-00	78124NY0880010-00	78124NY0890004-00	78124NY0890010-00	78124NY0890016-00	78124NY0900004-00	78124NY0900010-00	78124NY0900014-00
Enrollment Code	IAAD	IBBH	IAAP	IAAV	IBBL	IBBB	IBBP	IBBT
Plan Type	**Copay**	**Copay**	**Copay & Deductible**	**Copay & Deductible**	**Copay & Deductible**	**HDHP**	**HDHP**	**HDHP**
Plan Name	Platinum Standard	Platinum Select	Gold Standard	Silver Standard	Gold Select	Bronze Standard	Silver Select	Bronze Select
Single	$646.41	$647.28	$557.84	$480.68	$559.21	$373.18	$442.61	$349.79
Subscriber/Spouse	$1,292.81	$1,294.56	$1,115.69	$961.36	$1,118.42	$746.36	$885.23	$699.57
Subscriber/Child(ren)	$1,098.89	$1,100.38	$948.33	$817.15	$950.67	$634.41	$752.44	$594.64
Family	$1,842.27	$1,844.75	$1,589.85	$1,369.93	$1,593.75	$1,063.56	$1,261.45	$996.89
Quote Effective	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014	01/01/2014 - 12/31/2014
Primary Care Office Visit	$15 copay per visit	$15 copay per visit	$25 copay per visit, subject to deductible	$30 copay per visit, subject to deductible	$25 copay per visit, subject to deductible	Covered at 50%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible
Specialist Office Visit	$35 copay per visit	$25 copay per visit	$40 copay per visit, subject to deductible	$50 copay per visit, subject to deductible	$40 copay per visit, subject to deductible	Covered at 50%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible
Deductible	None	None	$600 Individual / $1,200 Family	$2,000 Individual / $4,000 Family	$600 Individual / $1,200 Family	$3,000 Individual / $6,000 Family	$2,000 Individual / $4,000 Family	$4,500 Individual / $9,000 Family
Coinsurance	None	None	None	None	None	Covered at 50%	Covered at 80%	Covered at 50%
Hospital benefits	Subject to $500 copay per admission for unlimited days	Subject to $150 copay per admission for unlimited days	Subject to $1000 copay per admission for unlimited days, subject to the deductible	Subject to $1500 copay per admission for unlimited days, subject to the deductible	Subject to $750 copay per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible
Emergency room care	$100 copay per visit	$75 copay per visit	$150 copay per visit, subject to deductible	$150 copay per visit, subject to deductible	$250 copay per visit, subject to deductible	Covered at 50%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible
Short-term and maintenance drugs	$10/$30/$60	$5/$25/$50	$10/$35/$70	$10/$35/$70	$5/$35/$70	$10/$35/$70, subject to the plan deductible	$10/$45/$90, subject to the plan deductible	$10/40%/50%, subject to the plan deductible
Wellness Incentives	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility dues
Out of pocket maximum	$2,000 Individual / $4,000 Family	$6,350 Individual / $12,700 Family	$4,000 Individual / $8,000 Family	$5,500 Individual / $11,000 Family	$4,000 Individual / $8,000 Family	$6,350 Individual / $12,700 Family	$5,000 Individual / $10,000 Family	$6,350 Individual / $12,700 Family
Out of network benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered