

**Excellus BC/BS
Small Group Rates**

**Rome Area Chamber of Commerce
November 13, 2013**

Plan ID	78124NY0980042-00	78124NY0980074-00	78124NY0990058-00	78124NY0990106-00	78124NY1000074-00	78124NY1000090-00	78124NY1000154-00	78124NY1000170-00
Enrollment Code	SBBP	SCCV	SOON	SQQJ	SIIJ	SIIZ	SLLL	SMMB
Plan Type	Copay	Copay	Copay & Deductible	Copay & Deductible	HDHP	HDHP	HDHP	HDHP
Plan Name	SimplyBlue Plus Platinum 1	SimplyBlue Plus Platinum 3	SimplyBlue Plus Gold 11	SimplyBlue Plus Silver 6	SimplyBlue Plus Gold 9	SimplyBlue Plus Silver 3	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 4
Single	\$559.40	\$564.89	\$491.99	\$435.15	\$451.17	\$384.02	\$310.11	\$326.07
Subscriber/Spouse	\$1,118.79	\$1,129.77	\$983.98	\$870.29	\$902.33	\$768.03	\$620.20	\$652.13
Subscriber/Child(ren)	\$950.97	\$960.31	\$836.38	\$739.75	\$766.98	\$652.83	\$527.18	\$554.31
Family	\$1,594.28	\$1,609.93	\$1,402.16	\$1,240.18	\$1,285.82	\$1,094.45	\$883.79	\$929.29
Quote Effective	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014	01/01/2014 - 03/31/2014
Primary Care Office Visit	\$15 copay per visit	\$25 copay per visit	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Specialist Office Visit	\$25 copay per visit	\$40 copay per visit	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 100%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Deductible	None	None	\$500 Individual / \$1,000 Family	\$1,000 Individual / \$2,000 Family	\$2,100 Individual / \$4,200 Family	\$2,100 Individual / \$4,200 Family	\$4,500 Individual / \$9,000 Family	\$5,500 Individual / \$11,000 Family
Coinsurance	None	None	Covered at 80%	Covered at 80%	Covered at 100%	Covered at 80%	Covered at 50%	Covered at 100%
Hospital benefits	Subject to \$250 copay per admission for unlimited days	Subject to \$250 copay per admission for unlimited days	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 100% 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	Covered at 100% per admission for unlimited days, subject to the deductible
Emergency room care	\$150 copay per visit	\$150 copay per visit	\$250 copay per visit, subject to deductible	\$350 copay per visit, subject to deductible	Covered at 100%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Prescription Drug Coverage	\$5/\$35/\$70	\$5/\$25/\$50	\$5/\$35/\$70	\$5/\$45/\$90	Covered at 100%, subject to the plan deductible	\$5/\$35/\$70, subject to the plan deductible	\$10/40%/50%, subject to the plan deductible	Covered at 100%, 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	\$6,350 Individual / \$12,700 Family	\$2,000 Individual / \$4,000 Family	\$3,000 Individual / \$6,000 Family	\$5,000 Individual / \$10,000 Family	\$2,100 Individual / \$4,200 Family	\$5,500 Individual / \$11,000 Family	\$6,350 Individual / \$12,700 Family	\$5,500 Individual / \$11,000 Family
Out of network benefits	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	Covered at 60%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 60%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible