



2012 Excellus Blue Cross Blue Shield Quarterly Insurance Rates

EMPLOYER GROUP

(BUSINESS MUST HAVE 2 OR MORE EMPLOYEES)

EXCELLUS BLUE CROSS BLUE SHIELD PLAN OPTIONS	Single	Sponsor (2 people)	Family No Spouse	Family (3+)
Blue Choice \$25 with \$10/\$25/\$40 Rx (This is not the Select/Value Replacement plan.) \$25/\$40 Copays, \$500 Inpatient Hospital/\$200 Surgical, \$100 Emergency Room, Vision/Eyewear, Rx: \$10/\$25/\$40	\$1,585.62	\$3,646.77	\$3,989.73	\$4,198.20
Blue Choice \$30 \$30/\$50 Copays, \$750 Inpatient Hospital/\$300 Surgical, \$150 Emergency Room, Rx: \$7 Generics Only	\$1,287.51	\$2,961.57	\$3,240.06	\$3,409.26
	Single	Sub/Spouse	Sub/Child (1+ Children)	Family
Healthy Blue \$15/\$25 (HB-C-44) \$15/\$25 Copays, \$150 Inpatient Hospital, \$75 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,409.85	\$3,440.13	\$2,902.53	\$3,698.13
Healthy Blue \$25/\$40 (HB-C-14) \$25/\$40 Copays, \$250 Inpatient Hospital, \$150 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,352.16	\$3,299.34	\$2,782.56	\$3,545.22
Healthy Blue \$30/\$50 (HB-C-38) \$30/\$50 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$5/\$35/\$70, Includes Out of Network Coverage	\$1,272.12	\$3,104.07	\$2,619.72	\$3,337.80
Healthy Blue HDHP with HSA (HB-HDHP-2) Deductible: \$1,300 S/\$2,600 F, Coinsurance: 20% In Network/40% Out of Network, Vision, Rx: \$5/\$35/\$70, Out of Pocket Max: \$3,000 S/\$6,000 F	\$765.96	\$1,868.94	\$1,591.98	\$2,028.30
Simply Blue \$15/\$25 (SB-C-11) \$15/\$25 Copays, \$150 Inpatient Hospital, \$75 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,384.74	\$3,378.84	\$2,852.52	\$3,634.41
Simply Blue \$25/\$40 (SB-C-19) \$25/\$40 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$7 Generics Only, Includes Out of Network Coverage	\$1,072.92	\$2,609.52	\$2,257.23	\$2,842.08
Simply Blue \$25/\$40 (SB-C-14) \$25/\$40 Copays, \$150 Inpatient Hospital, \$75 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,341.18	\$3,272.55	\$2,761.98	\$3,518.94
Simply Blue \$30/\$50 (SB-C-23) \$30/\$50 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$7 Generics Only, Includes Out of Network Coverage	\$1,050.63	\$2,555.22	\$2,210.94	\$2,783.10
Simply Blue \$40/\$60 (SB-C-25) \$40/\$60 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$5/\$35/\$70, Includes Out of Network Coverage	\$1,222.23	\$2,982.24	\$2,518.14	\$3,208.32
Simply Blue HDHP with HSA (SB-HDHP-11) Deductible: \$1,300 S/\$2,600 F, Coinsurance: 20% In Network/40% Out of Network, Vision, Rx: \$5/\$35/\$70, Out of Pocket Max: \$3,000 S/\$6,000 F	\$740.85	\$1,807.65	\$1,541.97	\$1,964.58

All premiums are quarterly. Coverage begins on the 1st of any month. Paperwork and payment must be received by the 15th of the month prior to the coverage effective date. For additional information, please contact Nina Shelton at (585) 256-4644 or email Nina.Shelton@RBAAlliance.com