



## 2012 Excellus Blue Cross Blue Shield Quarterly Insurance Rates SOLE PROPRIETOR

EXCELLUS BLUE CROSS BLUE SHIELD PLAN OPTIONS	Single	Sponsor (2 people)	Family No Spouse	Family (3+)
<b>Blue Choice \$25 with \$10/\$25/\$40 Rx (This is not the Select/Value Replacement plan.)</b> \$25/\$40 Copays, \$500 Inpatient Hospital/\$200 Surgical, \$100 Emergency Room, Vision/Eyewear, Rx: \$10/\$25/\$40	\$1,823.43	\$4,193.79	\$4,588.23	\$4,827.90
<b>Blue Choice \$30</b> \$30/\$50 Copays, \$750 Inpatient Hospital/\$300 Surgical, \$150 Emergency Room, Rx: \$7 Generics Only	\$1,480.68	\$3,405.87	\$3,726.09	\$3,920.64
	Single	Sub/Spouse	Sub/Child (1+ Children)	Family
<b>Healthy Blue \$15/\$25 (HB-C-44)</b> \$15/\$25 Copays, \$150 Inpatient Hospital, \$75 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,621.32	\$3,956.16	\$3,337.92	\$4,252.89
<b>Healthy Blue \$25/\$40 (HB-C-14)</b> \$25/\$40 Copays, \$250 Inpatient Hospital, \$150 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,554.96	\$3,794.22	\$3,199.95	\$4,077.03
<b>Healthy Blue \$30/\$50 (HB-C-38)</b> \$30/\$50 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$5/\$35/\$70, Includes Out of Network Coverage	\$1,462.95	\$3,569.67	\$3,012.66	\$3,838.50
<b>Healthy Blue HDHP with HSA (HB-HDHP-2)</b> 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	\$880.89	\$2,149.29	\$1,830.78	\$2,332.56
<b>Simply Blue \$15/\$25 (SB-C-11)</b> \$15/\$25 Copays, \$150 Inpatient Hospital, \$75 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,592.43	\$3,885.69	\$3,280.41	\$4,179.60
<b>Simply Blue \$25/\$40 (SB-C-19)</b> \$25/\$40 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$7 Generics Only, Includes Out of Network Coverage	\$1,233.84	\$3,000.96	\$2,595.81	\$3,268.44
<b>Simply Blue \$25/\$40 (SB-C-14)</b> \$25/\$40 Copays, \$150 Inpatient Hospital, \$75 Emergency Room, Vision/Eyewear, Rx: \$5/\$25/\$50, Includes Out of Network Coverage	\$1,542.33	\$3,763.44	\$3,176.28	\$4,046.79
<b>Simply Blue \$30/\$50 (SB-C-23)</b> \$30/\$50 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$7 Generics Only, Includes Out of Network Coverage	\$1,208.22	\$2,938.53	\$2,542.56	\$3,200.58
<b>Simply Blue \$40/\$60 (SB-C-25)</b> \$40/\$60 Copays, \$500 Inpatient Hospital, \$250 Emergency Room, Vision/Eyewear, Rx: \$5/\$35/\$70, Includes Out of Network Coverage	\$1,405.56	\$3,429.57	\$2,895.87	\$3,689.61
<b>Simply Blue HDHP with HSA (SB-HDHP-11)</b> 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	\$852.00	\$2,078.82	\$1,773.27	\$2,259.27

**All premiums are quarterly. Coverage begins on the 1<sup>st</sup> of any month. Paperwork and payment must be received by the 15<sup>th</sup> 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](mailto:Nina.Shelton@RBAAlliance.com)**