



Benefit Summary (Effective: 01/01/2012) (Version Updated: 11/02/2011)

		Blue Choice - \$25 Copay Option	
Rating Region: Rochester		Small Group	Sole Proprietor
Rate			
4-Tier- Ind/Subscriber Spouse/Subscriber Child(ren)/Family			
Single	\$528.54		\$607.81
Sub w/Spouse	\$1,215.59		\$1,397.93
Sub w/Child	\$1,215.59		\$1,397.93
Sub w/Children	\$1,329.91		\$1,529.41
Sub w/Spouse and one or more Children	\$1,399.40		\$1,609.30

Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Care Act. Rates and benefits quoted herein are also subject to changes due to provisions of the Federal Mental Health Parity Addiction Equity Act (FMHPAEA) for groups that have an average of 51 or more total employees. FMHPAEA brings mental health and substance abuse benefits into parity with medical and surgical benefits. Groups subject to provisions of FMHPAEA may be required to make changes to their benefit plans to be in compliance with the law.

The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.

Signature: _____

Title:

Date:

Group Name:

Total Employees:

Total Eligible:

Coverage Effective Date:

Rating Tier Selected:

(if more than one available)

Broker: