

Quote Prepared for: Rochester Business Alliance

**Blue Choice Copay Plan**

Quote Effective: 01/01/2012

Plan Cycle: Calendar year

Rating Region: Rochester

Rate Type: Sole Proprietor

| Plan Feature Highlights         |  | Blue Choice Copay Plan   |  |
|---------------------------------|--|--|--|
| Type of Care/Plan Benefits      | In-Network   | Out-of-Network   |  |
| Office visit copay (PCP)        | \$30 copay; \$0 copay for children to age 19   | Covered at [Coinsurance_OON_Val], subject to the deductible                    |  |
| Office visit copay (Specialist) | \$50 copay   | Covered at [Coinsurance_OON_Val], subject to the deductible                    |  |
| Inpatient hospital benefits     | Subject to a \$750 inpatient copay per admission for unlimited days  | Covered at [Coinsurance_OON_Val], subject to the deductible for unlimited days |  |
| Emergency room care             | \$150 copay per visit; unless admitted within 24 hours   | \$150 copay per visit; unless admitted within 24 hours                         |  |
| Prescription drugs              | \$7 copay for generics only (Brand name drugs are excluded from prescription drug coverage)[Gen_Ded_RX][Gen_Max_RX][PrescriptionDrug_OC] | Not covered  |  |
| Coinsurance                     | None   | [Coinsurance OON]  |  |
| Deductible                      | None   |  |  |
| Out-of-pocket maximum           | None   |  |  |
| Domestic partner                | [Domestic Partner Benefit]   |  |  |
| Dependent/Student coverage      | [Dependent_Benefit][Student_Benefit]   |  |  |
| Lifestyle and Wellness benefits | [Incentive_Program]  |  |  |

| Proposed Rates | Subscriber | Subscriber & Spouse | Subscriber & Child(ren) | Family    |
|----------------|------------|---------------------|-------------------------|-----------|
| 4 Tier         | \$493.56   | \$1135.29           | \$1242.03               | \$1306.88 |

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(Group Representative)

Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Care Act and the Federal Mental Health Parity and Addiction Equity Act. Quoted premium rates contain a factor for broker commissions included in the overall retention load; administered under the Rochester Broker Program. The Sales Representative providing this quote is a New York State licensed insurance producer employed by Univera Healthcare. The individual represents Univera Healthcare in this transaction and will be compensated by Univera Healthcare 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.

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