Excellus

SimplyBlue Copay Deductible Plan

Prepared for Cooperstown Chamber Of Commerce
Effective: 01/01/2012

Plan Feature Highlights	SimplyBlue Copay Deductible Plan	
Type of Care/Plan Benefits	**In-Network**	**Out-of-Network**
Office visit copay (PCP)	$40 copay; $0 copay for children to age 19	Covered at 60%, subject to the deductible
Office visit copay (Specialist)	$60 copay	Covered at 60%, subject to the deductible
Out-of-network benefits	N/A	Benefits are available, but additional costs may apply
Coinsurance	20%	40%
Deductible	Combined in and out-of network: $2,000 Individual/$6,000 Family	
Out-of-pocket maximum	Combined in and out-of network: $6,000 Individual/$18,000 Family	
Lifetime maximum	None	
Dependent/Student coverage	Qualified dependents are covered to age 26	
Domestic partner	Covered	
Plan cycle	Calendar year	
Lifestyle and Wellness benefits		
Ways to help you and your family live healthier every day	Blue365: Exclusive discounts on health-related products and services	
Preventive health care services		
Well child visits	Covered in full	Covered in full
Adult routine physical exams	Covered in full, limited to one exam per year	Covered at 60%, subject to the deductible, limited to one exam per year
Adult immunizations	Covered in full	Covered at 60%, subject to the deductible
Mammography	Covered in full	Covered at 60%, subject to the deductible
Pap smear	Covered in full	Covered at 60%, subject to the deductible
Routine GYN exam	Covered in full	Covered at 60%, subject to the deductible
Prostate cancer screening	Covered in full	Covered at 60%, subject to the deductible
Routine vision	$60 copay per visit, limited to one exam per year $60 eyewear allowance available, once every year	Covered at 60%, subject to the deductible, limited to one exam per year $60 eyewear allowance available, once every year
Colonoscopy	Covered in full for preventive colonoscopies	Covered at 60%, subject to the deductible

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefit. Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.

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Type of Care/Plan Benefits	**In-Network**	**Out-of-Network**
Physician office services		
Diagnostic office visits	Adult: $40 copay per visit to your PCP; $60 copay per visit to a specialist Child: $0 copay per visit to your PCP; $60 copay per visit to a specialist	Covered at 60%, subject to the deductible
Diagnostic x-rays	$60 copay per visit	Covered at 60%, subject to the deductible
Diagnostic laboratory and pathology	Covered in full	Covered at 60%, subject to the deductible
Allergy tests	Adult: $40 copay per visit to your PCP; $60 copay per visit to a specialist Child: $0 copay per visit to your PCP; $60 copay per visit to a specialist	Covered at 60%, subject to the deductible
Allergy injections	Adult: $40 copay per visit to your PCP; $60 copay per visit to a specialist Child: $0 copay per visit to your PCP; $60 copay per visit to a specialist	Covered at 60%, subject to the deductible
Chemotherapy	$40 copay per visit	Covered at 60%, subject to the deductible
Radiation therapy	$60 copay per visit	Covered at 60%, subject to the deductible
Maternity services		
Prenatal and postpartum care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Hospital care for mom (including delivery)	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Newborn nursery care	Covered in full	Covered at 60%, subject to the deductible
Prescription drugs		
Short-term and maintenance drugs	$5/$45/$90 copay; $0 copay for generics for children to age 19 Retail: 30-day supply brand name drugs/90-day supply generic drugs (subject to a copay per 30 day supply) Mail order: 90-day supply for generic and brand name drugs (subject to two copays) is available through PrimeMail mail order pharmacy	Not covered

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Inpatient hospital benefits		
Hospital benefits	Covered at 80%, subject to the deductible per admission for unlimited days	Covered at 60%, subject to the deductible per admission for unlimited days
Physician visits in the hospital	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Inpatient physical rehabilitation	Covered at 80%, subject to the deductible for up to 60 days per year	Covered at 60%, subject to the deductible for up to 60 days per year
Surgery	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Anesthesia	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible
Emergency care		
Emergency care room	$350 copay per visit; unless admitted within 24 hours	$350 copay per visit; unless admitted within 24 hours
Freestanding urgent care center	$60 copay per visit	Covered at 60%, subject to the deductible
Ambulance	$350 copay	$350 copay
Outpatient hospital benefits		
Diagnostics x-rays	$60 per visit	Covered at 60%, subject to the deductible
Diagnostics laboratory and pathology	Covered in full	Covered at 60%, subject to the deductible
Surgical care	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible
Chemotherapy	$40 copay per visit	Covered at 60%, subject to the deductible
Radiation therapy	$60 copay per visit	Covered at 60%, subject to the deductible
Mental health and chemical dependence care		
Inpatient mental health care	Covered at 80%, subject to the deductible for up to 30 days per year.	Covered at 60%, subject to the deductible for up to 30 days per year.
Outpatient mental health care	$60 copay for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.	Covered at 60%, subject to the deductible for up to 20 visits per year. Services can be provided in an outpatient facility or in a provider's office.
Inpatient chemical dependence care	Covered at 80%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime	Covered at 60%, subject to the deductible for up to 7 days for detoxification and 30 days for rehabilitation per year; limited to 2 admissions per lifetime

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Outpatient chemical dependence care	$60 copay per visit for up to 60 visits per year	Covered at 60%, subject to the deductible for up to 60 visits per year
Other services		
Diabetic insulin and supplies	$40 copay for up to a 30 day supply	Covered at 60%, subject to the deductible for up to a 30 day supply
Skilled nursing facility	Covered at 80%, subject to the deductible for up to 45 days per year	Covered at 60%, subject to the deductible for up to 45 days per year
Home care	Covered in full up to 40 visits per year	Covered at 75%, subject to a $50 deductible for up to 40 visits per year
Hospice	Covered in full for unlimited days	Covered at 60%, subject to the deductible for unlimited days
Outpatient therapy	$60 copay per visit for up to a combined total of 45 visits per year for physical, speech and occupational therapy	Covered at 60%, subject to the deductible for up to a combined total of 45 visits per year for physical, speech and occupational therapy
Durable medical equipment	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
External prosthetics	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible
Chiropractic	$60 copay per visit	Covered at 60%, subject to the deductible
Acupuncture	$60 copay for up to 10 visits per year	Covered at 60%, subject to the deductible for up to 10 visits per year
Dental	Routine care not covered	Routine care not covered
Hearing	$60 copay for diagnostic and routine hearing exams Hearing aid(s) covered to age 19 once every three years	Covered at 60%, subject to the deductible for diagnostic and routine hearing exams Hearing aid(s) covered to age 19 once every three years

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Quote Prepared for: Cooperstown Chamber Of Commerce

SimplyBlue Copay Deductible Plan

Quote Effective: 01/01/2012 — Rating Region: Utica

Plan Cycle: Calendar year — Rate Type: Small Group

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Office visit copay (Specialist)	$60 copay	Covered at 60%, subject to the deductible
Inpatient hospital benefits	Covered at 80%, subject to the deductible for unlimited days	Covered at 60%, subject to the deductible for unlimited days
Emergency room care	$350 copay per visit; unless admitted within 24 hours	$350 copay per visit; unless admitted within 24 hours
Prescription drugs	$5/$45/$90 copay; $0 copay for generics for children to age 19	Not covered
Equipment rider • **Eyewear benefit** • **Hearing aid benefit**	 $60 eyewear allowance available, once every year Hearing aid(s) covered to age 19 once every three years	
Coinsurance	20%	40%
Deductible	Combined in and out-of network: $2,000 Individual/$6,000 Family	
Out-of-pocket maximum	Combined in and out-of network: $6,000 Individual/$18,000 Family	
Domestic partner	Covered	
Dependent/Student coverage	Qualified dependents are covered to age 26	

Proposed Rates	Subscriber	Two Person	Family
3 Tier	$408.69	$788.80	$1092.46

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 Utica Broker Program. 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. The NYS Department of Insurance has approved our rate filing for quarterly community rates effective January 1, 2011. All Rates will be considered to be on a 12 month period from the effective date of coverage unless otherwise instructed by Excellus Health Plan.

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