

Attention BX Members...take advantage of the 1st QTR 2024 low-cost medical plans endorsed by the Builders Exchange

Did you know...you can change medical insurance plans now to get you & your employees set up in Q1 2024 to have great benefits at low rates. Why wait?



Benefits	Excellus Health Plan					
	2024 Platinum 2	2024 Platinum 6	2024 Gold 19	2024 Gold 21	2024 Silver 17	2024 Bronze 4
PCP	\$15 copay	\$30 copay	\$40 Copay	\$25 copay per visit, subject to deductible	Covered at 80%, subject to the deductible	Covered at 100%; subject to the deductible
Specialist	\$30 copay	\$50 copay	\$60 Copay	\$40 copay per visit, subject to deductible	Covered at 80%, subject to the deductible	Covered at 100%; subject to the deductible
Inpatient Hospital	\$500 Copay	\$750 copay	Covered at 80%, subject to the deductible	Subject to \$500 copay, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 100%, subject to the deductible
Prescription Drug	\$5/\$35/\$70	\$5/\$35/\$70	\$5/\$45/\$90	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$5/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	Covered at 100%; subject to the deductible (Preventive drugs not subject to the deductible but are subject to the applicable copay or coinsurance)
In-Network Deductible	None	None	\$2,250/\$4,500	In-Network: \$2,000 Individual / \$4,000 Family	\$3,600/\$7,200	\$8,000/\$16,000
In-Network Coinsurance	None	None	20%	Covered at 100%	20%	None
In-Network Out-of-Pocket Maximum	\$5,500/\$11,000	\$6,550/\$13,100	\$6,850/\$13,700	\$5,500 Individual / \$11,000 Family	\$6,600/\$13,200	\$8,000/\$16,000
Q1 Rates	Copay	Copay	Hybrid	Deductible HSA	Deductible HSA	Deductible HSA
Single	\$1,026.91	\$1,012.78	\$813.64	\$807.61	\$686.19	\$557.78
EE+Spouse	\$2,053.83	\$2,025.57	\$1,627.27	\$1,615.22	\$1,372.37	\$1,115.56
EE+Child(ren)	\$1,745.75	\$1,721.73	\$1,383.18	\$1,372.94	\$1,166.51	\$948.23
Family	\$2,926.70	\$2,886.43	\$2,318.87	\$2,301.69	\$1,955.63	\$1,589.68

SimplyBlue Plus plans have several great benefits for you and your employees:

- * National BlueCross BlueShield Network (over 1,300,000 participating providers)
- * Deductibles apply to all services except Preventive Drugs & Preventive Services
 - * Platinum 2, Platinum 6 & Gold 19 plan prescription drugs are not subject to a deductible
- * Out-of-Pocket Maximum includes Copayments
- * Preventive services are covered in full
- * Annual Vision exam & Eyewear benefits
- * Rates include the Federally Mandated Pediatric Dental Rider. If you already have pediatric dental benefits covered through a plan currently, please contact us for rates that will not include this benefit

Please contact Brown & Brown Insurance for detailed information:

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