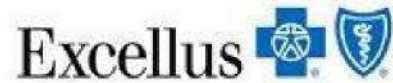


Attention BX Members...take advantage of the 4th QTR 2024 low-cost medical plans endorsed by the Builders Exchange

Did you know...you can change medical insurance plans now to get you & your employees set up in Q4 2024 to have great benefits at low rates. Why wait?



Benefits	Excellus Health Plan					
	AM Best: Not Rated, Financial Size: Not Rated					
	2024 Platinum 2	2024 Platinum 6	2024 Gold 19	2024 Gold 21	2024 Silver 17	2024 Bronze 4
PCP/Specialist	\$15/\$30 Copay	\$30/\$50 Copay	\$40/\$60 Copay	Deductible, then \$25/\$40 Copay	Deductible, then 20% Coinsurance	Deductible, then Covered in Full
Inpatient Hospital	\$500 Copay	\$750 Copay	Deductible, then 20% Coinsurance	Deductible, then \$500 Copay	Deductible, then 20% Coinsurance	Deductible, then Covered in Full
Prescription Drug	\$5/\$35/\$70	\$5/\$35/\$70	\$5/\$45/\$90	\$5/\$45/\$90, After Deductible; Preventive drugs not subject to Deductible	\$5/\$35/\$70, After Deductible; Preventive drugs not subject to Deductible	Deductible, then Covered in Full; Preventive drugs not subject to Deductible
Deductible Single/All Other Tiers	None	None	\$2,250/\$4,500	\$2,000/\$4,000	\$3,600/\$7,200	\$8,000/\$16,000
Coinsurance	None	None	20%	None	20%	None
Out-of-Pocket Maximum	\$5,500/\$11,000	\$6,550/\$13,100	\$6,850/\$13,700	\$5,500/\$11,000	\$6,600/\$13,200	\$8,000/\$16,000
Rating Tiers	4th Quarter 2024 Small Group Rates (Effective for implementation between October 1st, 2024 - December 31st, 2024)					
Single	\$1,089.77	\$1,074.77	\$863.44	\$857.04	\$728.19	\$591.93
Employee/Spouse	\$2,179.54	\$2,149.54	\$1,726.88	\$1,714.08	\$1,456.38	\$1,183.86
Employee/Child(ren)	\$1,852.61	\$1,827.11	\$1,467.85	\$1,456.97	\$1,237.92	\$1,006.28
Family	\$3,105.84	\$3,063.09	\$2,460.80	\$2,442.56	\$2,075.34	\$1,687.00

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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