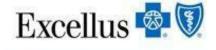
Attention BX Members...take advantage of the 2nd QTR

2025 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 Q2 2025 to have great benefits at low rates. <u>Why wait?</u>







Benefits	<b>Excellus Health Plan</b> AM Best: Not Rated, Financial Size: Not Rated					
	Copay	Hybrid	<b>Deductible HSA</b>	Deductible HSA	Deductible HSA	Deductible
	PCP/Specialist	\$30/\$50 Copay	\$40/\$60 Copay	Deductible, then	Deductible, then	Deductible, then
\$25/\$40 Copay				\$25/\$50 Copay	Covered in Full	Covered in Full
Inpatient Hospital	\$750 Copay	Deductible, then	Deductible, then	Deductible, then	Deductible, then	Deductible, then
		20% Coinsurance	\$500 Copay	\$500 Copay	Covered in Full	Covered in Full
Prescription Drug	\$5/\$35/\$70	\$5/\$45/\$90	\$5/\$45/\$90, After Deductible; Preventive drugs not subject to Deductible	0	0	Deductible, then Covered in Full; Preventive drugs not subject to Deductible
Deductible Single/All Other Tiers	None	\$2,250/\$4,500	\$2,000/\$4,000	\$3,350/\$6,700	\$8,300/\$16,600	\$9,200/\$18,400
Coinsurance	None	20%	None	None	None	None
Out-of-Pocket Maximum	\$6,550/\$13,100	\$6,850/\$13,700	\$5,500/\$11,000	\$7,750/\$15,500	\$8,300/\$16,600	\$9,200/\$18,400
Rating Tiers	2nd Quarter 2	2025 Small Group Ra	ates (Effective for in	nplementation betwe	een April 1st, 2025 - J	une 30th, 2025)
Single	\$1,184.21	\$956.46	\$949.99	\$824.29	\$653.69	\$621.26
Employee/Spouse	\$2,368.42	\$1,912.92	\$1,899.98	\$1,648.58	\$1,307.38	\$1,242.52
Employee/Child(ren)	\$2,013.16	\$1,625.98	\$1,614.98	\$1,401.29	\$1,111.27	\$1,056.14
Family	\$3,375.00	\$2,725.91	\$2,707.47	\$2,349.23	\$1,863.02	\$1,770.59

## 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 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 except on Bronze 7
- \* 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:

Brian Hart: 585-697-1428, <u>brian.hart@bbrown.com</u> Marc Russo: 585-697-1422, <u>marc.russo@bbrown.com</u> Joseph Palazzo: 585-697-1418, <u>joseph.palazzo@bbrown.com</u> Cristina Klosterman: 585-697-1438, <u>cristina.klosterman@bbrown.com</u> Joseph Schwab: 585-697-1430, <u>joseph.schwab@bbrown.com</u>