

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. Why wait?



Benefits	Excellus Health Plan					
	AM Best: Not Rated, Financial Size: Not Rated					
	2025 Platinum 6 Copay	2025 Gold 19 Hybrid	2025 Gold 21 Deductible HSA	2025 Silver 19 Deductible HSA	2025 Bronze 4 Deductible HSA	2025 Bronze 7 Deductible
PCP/Specialist	\$30/\$50 Copay	\$40/\$60 Copay	Deductible, then \$25/\$40 Copay	Deductible, then \$25/\$50 Copay	Deductible, then Covered in Full	Deductible, then Covered in Full
Inpatient Hospital	\$750 Copay	Deductible, then 20% Coinsurance	Deductible, then \$500 Copay	Deductible, then \$500 Copay	Deductible, then Covered in Full	Deductible, then Covered in Full
Prescription Drug	\$5/\$35/\$70	\$5/\$45/\$90	\$5/\$45/\$90, After Deductible; Preventive drugs not subject to Deductible	\$5/\$45/\$90, After Deductible; Preventive drugs not subject to Deductible	Deductible, then Covered in Full; Preventive drugs not subject to Deductible	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 2025 Small Group Rates (Effective for implementation between April 1st, 2025 - June 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, brian.hart@bbrown.com
 Marc Russo: 585-697-1422, marc.russo@bbrown.com
 Joseph Palazzo: 585-697-1418, joseph.palazzo@bbrown.com
 Cristina Klosterman: 585-697-1438, cristina.klosterman@bbrown.com
 Joseph Schwab: 585-697-1430, joseph.schwab@bbrown.com