

# Attention BX Members...take advantage of the 3rd 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 Q3 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	3rd Quarter 2025 Small Group Rates (Effective for implementation between July 1st, 2025 - September 30th, 2025)					
Single	\$1,207.89	\$975.59	\$968.99	\$840.78	\$666.76	\$633.69
Employee/Spouse	\$2,415.78	\$1,951.18	\$1,937.98	\$1,681.56	\$1,333.52	\$1,267.38
Employee/Child(ren)	\$2,053.41	\$1,658.50	\$1,647.28	\$1,429.33	\$1,133.49	\$1,077.27
Family	\$3,442.49	\$2,780.43	\$2,761.62	\$2,396.22	\$1,900.27	\$1,806.02

## 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](mailto:brian.hart@bbrown.com)  
 Marc Russo: 585-697-1422, [marc.russo@bbrown.com](mailto:marc.russo@bbrown.com)  
 Joseph Palazzo: 585-697-1418, [joseph.palazzo@bbrown.com](mailto:joseph.palazzo@bbrown.com)  
 Cristina Klosterman: 585-697-1438, [cristina.klosterman@bbrown.com](mailto:cristina.klosterman@bbrown.com)