

Attention BX Members...take advantage of the 2nd QTR 2026 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 2026 to have great benefits at low rates. Why wait?



Benefits	Excellus Health Plan AM Best: Not Rated, Financial Size: Not Rated					
	2026 Platinum 6 Copay	2026 Gold 19 Hybrid	2026 Gold 21 Deductible HSA	2026 Silver 19 Deductible HSA	2026 Bronze 4 Deductible HSA	2026 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	\$2,500/\$5,000	\$2,000/\$4,000	\$3,600/\$7,200	\$8,500/\$17,000	\$10,600/\$21,200
Coinsurance	None	20%	None	None	None	None
Out-of-Pocket Maximum	\$6,550/\$13,100	\$7,500/\$15,000	\$5,500/\$11,000	\$8,000/\$16,000	\$8,500/\$17,000	\$10,600/\$21,200
Rating Tiers	2nd Quarter 2026 Small Group Rates (Effective for implementation between April 1st, 2026 - June 30th, 2026)					
Single	\$1,438.41	\$1,145.21	\$1,152.50	\$983.39	\$782.82	\$699.53
Employee/Spouse	\$2,876.82	\$2,290.42	\$2,305.00	\$1,966.78	\$1,565.64	\$1,399.06
Employee/Child(ren)	\$2,445.30	\$1,946.86	\$1,959.25	\$1,671.76	\$1,330.79	\$1,189.20
Family	\$4,099.47	\$3,263.85	\$3,284.63	\$2,802.66	\$2,231.04	\$1,993.66

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:

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