

**BlueCross BlueShield  
Quarter 1 Rates 2017**

|  | Platinum Standard                              | Platinum align*<br>Platinum focus*                                 | Platinum HMO 110<br>Plus                       | Platinum PPO 843                               |
|--|--|--|--|--|
| <b>In Network</b>                        |  |  |  |  |
| H.S.A. Eligible                          | Non-Qualified                                  | Non-Qualified  | Non-Qualified                                  | Non-Qualified                                  |
| Deductible (single/family)               | \$0  | \$0 - Optimum network/ \$1,500/\$3,000 embedded - Flexible network | \$0  | \$500/\$1,000 embedded                         |
| Coinsurance                              | N/A  | N/A - Optimum network/ 40% after deductible - Flexible network     | N/A  | 20% after deductible                           |
| Out-of-Pocket Maximum (single/family)    | \$2,000/\$4,000 embedded                       | \$4,000/\$8,000 embedded   | \$4,000/\$8,000 embedded                       | \$1,000/\$2,000 embedded                       |
| <b>Out-of-Network</b>                    |  |  |  |  |
| Deductible (single/family)               | \$5,000/\$10,000 embedded                      | \$1,500/\$3,000 embedded   | \$1,500/\$3,000 embedded                       | \$500/\$1,000 embedded                         |
| Coinsurance                              | 50% after deductible                           | 40% after deductible   | 40% after deductible                           | 40% after deductible                           |
| Out-of-Pocket Maximum (single/family)    | \$10,000/\$20,000 embedded                     | \$4,000/\$8,000 embedded   | \$4,000/\$8,000 embedded                       | \$5,000/\$10,000 embedded                      |
| <b>Medical Services</b>                  |  |  |  |  |
| Primary Office Visits                    | \$15   | \$20- Optimum network/ \$20 after deductible - Flexible Network    | \$20   | Deductible then 20%                            |
| Specialist Office Visits                 | \$35   | \$30 - Optimum network/ 40% after deductible - Flexible Network    | \$30   | Deductible then 20%                            |
| Laboratory                               | \$35   | \$0 - Optimum network/ 40% after deductible - Flexible Network     | \$0  | Deductible then 20%                            |
| Advanced Radiology                       | \$35   | \$30 - Optimum network/ 40% after deductible - Flexible Network    | \$30   | Deductible then 20%                            |
| <b>Hospital Care</b>                     |  |  |  |  |
| Inpatient Hospital                       | \$500  | \$500 - Optimum network/ 40% after deductible - Flexible network   | \$500  | Deductible then 20%                            |
| Outpatient Surgery Facility              | \$100  | \$150 - Optimum network/ 40% after deductible - Flexible network   | \$150  | Deductible then 20%                            |
| Emergency Room                           | \$100  | \$100 - Optimum/Flexible network                                   | \$100  | Deductible then 20%                            |
| Urgent Care                              | \$55   | \$40 - Optimum network/ 40% after deductible - Flexible network    | \$40   | Deductible then 20%                            |
| <b>Prescription Drugs</b>                |  |  |  |  |
| Copays (Generic/formulary/non-formulary) | \$10/\$30/\$60                                 | \$5/\$30/50%   | \$5/\$30/50%                                   | Deductible then \$10/\$30/50%                  |
| <b>Unique Benefits</b>                   |  |  |  |  |
| Unique Benefits                          | \$250 Wellness Card. \$19.14 Pediatric Dental. | \$250 Wellness Card. \$19.14 Pediatric Dental.                     | \$250 Wellness Card. \$19.14 Pediatric Dental. | \$250 Wellness Card. \$19.14 Pediatric Dental. |
| <b>Rates</b>                             |  |  |  |  |
| Single                                   | \$562.13                                       | \$511.29   | \$543.67                                       | \$640.83                                       |
| Employee/Child(ren)                      | \$955.62                                       | \$869.19   | \$924.24                                       | \$1,089.41                                     |
| Employee/Spouse                          | \$1,124.26                                     | \$1,022.58   | \$1,087.34                                     | \$1,281.66                                     |
| Family                                   | \$1,602.07                                     | \$1,457.18   | \$1,549.46                                     | \$1,826.36                                     |

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|  | Silver Standard                                   | Silver align*<br>Silver focus*  | Silver POS 7100                                   | Silver POS<br>8100                                | Silver POS<br>8100EX      | Silver<br>PPO 8100   | Silver<br>Blended  |
|--|---|---|---|---|---------------------------|----------------------|--|
| <b>In Network</b>                        |   |   |   |   |                           |                      |  |
| H.S.A. Eligible                          | Non-Qualified                                     | Qualified   | Qualified   | Qualified   |                           |                      | Non-Qualified  |
| Deductible (single/family)               | \$2,000/\$4,000 embedded                          | Optimum: \$1,300/\$2,600 true family<br>Flexible: \$3,500/\$7,000 true family   | \$2,000/\$4,000 true family                       | \$2,000/\$4,000 true family                       |                           |                      | \$3,000/\$6,000 embedded   |
| Coinsurance                              | N/A   | Optimum: 30% after deductible<br>Flexible: 50% after deductible                 | N/A   | 20% after deductible                              |                           |                      | 20% after deductible   |
| Out-of-Pocket Maximum (single/family)    | \$6,750/\$13,500 embedded                         | \$6,550/\$13,100 embedded   | \$6,500/\$13,000 embedded                         | \$5,500/\$11,000 embedded                         |                           |                      | \$6,550/\$13,100 embedded  |
| <b>Out-of-Network</b>                    |   |   |   |   |                           |                      |  |
| Deductible (single/family)               | \$5,000/\$10,000 embedded                         | \$3,500/\$7,000 true family   | \$2,000/\$4,000 true family                       | \$2,000/\$4,000 true family                       |                           |                      | \$3,000/\$6,000 embedded   |
| Coinsurance                              | 50% after deductible                              | 50% after deductible  | 40% after deductible                              | 40% after deductible                              |                           |                      | 40% after deductible   |
| Out-of-Pocket Maximum (single/family)    | \$10,000/\$20,000 embedded                        | \$10,000/\$20,000 embedded  | \$10,000/\$20,000 embedded                        | \$10,000/\$20,000 embedded                        |                           |                      | \$10,000/\$20,000 embedded   |
| <b>Medical Services</b>                  |   |   |   |   |                           |                      |  |
| Primary Office Visits                    | Deductible then \$30                              | Optimum Network: Deductible then \$30<br>Flexible Network: Deductible then \$30 | Deductible then \$25                              | Deductible then 20%                               |                           |                      | \$25 after deductible<br>\$0 for first three adult PCP visits after deductible |
| Specialist Office Visits                 | Deductible then \$50                              | Optimum: Deductible then \$50<br>Flexible: Deductible then 50%                  | Deductible then \$50                              | Deductible then 20%                               |                           |                      | \$50 after deductible  |
| Laboratory                               | Deductible then \$50                              | Optimum: Deductible then 30%<br>Flexible: Deductible then 50%                   | Deductible then \$50                              | Deductible then 20%                               |                           |                      | \$50 after deductible  |
| Advanced Radiology                       | Deductible then \$50                              | Optimum: Deductible then 30%<br>Flexible: Deductible then 50%                   | Deductible then \$50                              | Deductible then 20%                               |                           |                      | 20% after deductible   |
| <b>Hospital Care</b>                     |   |   |   |   |                           |                      |  |
| Inpatient Hospital                       | Deductible then \$1500                            | Optimum: Deductible then 30%<br>Flexible: Deductible then 50%                   | Deductible then \$750                             | Deductible then \$750                             |                           |                      | Deductible then 20%  |
| Outpatient Surgery Facility              | Deductible then \$100                             | Optimum: Deductible then 30%<br>Flexible: Deductible then 50%                   | Deductible then \$150                             | Deductible then 20%                               |                           |                      | Deductible then 20%  |
| Emergency Room                           | Deductible then \$250                             | 30% after deductible  | Deductible then \$250                             | Deductible then 20%                               |                           |                      | Deductible then 20%  |
| Urgent Care                              | Deductible then \$70                              | 30% after deductible  | Deductible then \$75                              | Deductible then 20%                               |                           |                      | Deductible then 20%  |
| <b>Prescription Drugs</b>                |   |   |   |   |                           |                      |  |
| Copays (Generic/formulary/non-formulary) | \$10/\$35/\$70                                    | *Deductible then \$5/\$30/50%*  | *Deductible then \$5/\$30/50%*                    | *Deductible then \$5/\$30/50%*                    |                           |                      | \$15/\$50/50%  |
| <b>Unique Benefits</b>                   |   |   |   |   |                           |                      |  |
| Unique Benefits                          | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental.                               | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. |                           |                      | \$250 Wellness Card.<br>\$19.14 Pediatric Dental.                              |
| <b>Rates</b>                             |   |   |   |   |                           |                      |  |
| Single                                   | \$430.53  | \$392.06  | \$414.65  | POS 8100<br>\$415.22                              | POS<br>8100EX<br>\$436.20 | PPO 8100<br>\$490.41 | \$399.71   |
| Employee/Child(ren)                      | \$731.91  | \$666.50  | \$704.91  | \$705.87  | \$741.54                  | \$833.70             | \$679.50   |
| Employee/Spouse                          | \$861.06  | \$784.12  | \$829.30  | \$830.44  | \$872.40                  | \$980.82             | \$799.42   |
| Family                                   | \$1,227.01  | \$1,117.37  | \$1,181.76  | \$1,183.38  | \$1,243.17                | \$1,397.67           | \$1,139.18   |

\* Preventative Drug

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|  | Gold Standard                                     | Gold align*<br>Gold focus*   | Gold Aqua   | Gold Complete                                     | Gold POS 7100 NQ                                  | Gold POS 7100                                     | Gold POS 7100EX | Gold PPO 7100 |
|--|---|--|---|---|---|---|-----------------|---------------|
| <b>In Network</b>                        |   |  |   |   |   |   |                 |               |
| H.S.A. Eligible                          | Non-Qualified                                     | Qualified  | Non-Qualified                                     | Qualified   | Non-Qualified                                     | Qualified   |                 |               |
| Deductible (single/family)               | \$600/\$1,200 embedded                            | \$1,300/\$2,600 true family  | \$1,000/\$2,000 embedded                          | \$2,500/\$5,000 true family                       | \$1,300/\$2,600 embedded                          | \$1,300/\$2,600 true family                       |                 |               |
| Coinsurance                              | N/A   | N/A - Optimum network/<br>40% after deductible - Flexible network                    | 20% after first dollar &<br>deductible            | 0%  | N/A   | N/A   |                 |               |
| Out-of-Pocket Maximum (single/family)    | \$4,000/\$8,000 embedded                          | \$4,000/\$8,000 embedded   | \$6,000/\$12,000 embedded                         | \$2,500/\$5,000 true family                       | \$4,000/\$8,000 embedded                          | \$4,000/\$8,000 embedded                          |                 |               |
| <b>Out-of-Network</b>                    |   |  |   |   |   |   |                 |               |
| Deductible (single/family)               | \$5,000/\$10,000 embedded                         | \$1,300/\$2,600 true family  | \$1,000/\$2,000 embedded                          | \$2,500/\$5,000 true family                       | \$1,300/\$2,600 embedded                          | \$1,300/\$2,600 true family                       |                 |               |
| Coinsurance                              | 50% after deductible                              | 40% after deductible   | 50% after deductible                              | 0% after deductible                               | 40% after deductible                              | 40% after deductible                              |                 |               |
| Out-of-Pocket Maximum (single/family)    | \$10,000/\$20,000 embedded                        | \$10,000/\$20,000 embedded   | \$10,000/\$20,000 embedded                        | \$2,500/\$5,000 true family                       | \$10,000/\$20,000 embedded                        | \$10,000/\$20,000 embedded                        |                 |               |
| <b>Medical Services</b>                  |   |  |   |   |   |   |                 |               |
| Primary Office Visits                    | Deductible then \$25                              | \$20 after deductible - Optimum network/<br>\$20 after deductible - Flexible network | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$20                              | Deductible then \$20                              |                 |               |
| Specialist Office Visits                 | Deductible then \$40                              | \$40 after deductible - Optimum network/<br>40% after deductible - Flexible network  | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$40                              | Deductible then \$40                              |                 |               |
| Laboratory                               | Deductible then \$40                              | \$40 after deductible - Optimum network/<br>40% after deductible - Flexible network  | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$40                              | Deductible then \$40                              |                 |               |
| Advanced Radiology                       | Deductible then \$40                              | \$40 after deductible - Optimum network/<br>40% after deductible - Flexible network  | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$40                              | Deductible then \$40                              |                 |               |
| <b>Hospital Care</b>                     |   |  |   |   |   |   |                 |               |
| Inpatient Hospital                       | Deductible then \$1,000                           | \$500 after deductible - Optimum network/<br>40% after deductible - Flexible network | First dollar then 20%                             | Deductible then 0%                                | Deductible then \$500                             | Deductible then \$500                             |                 |               |
| Outpatient Surgery Facility              | Deductible then \$100                             | \$150 after deductible - Optimum network/<br>40% after deductible - Flexible network | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$150                             | Deductible then \$150                             |                 |               |
| Emergency Room                           | Deductible then \$150                             | \$150 after deductible   | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$150                             | Deductible then \$150                             |                 |               |
| Urgent Care                              | Deductible then \$60                              | \$75 after deductible  | First dollar and deductible<br>then 20%           | Deductible then 0%                                | Deductible then \$75                              | Deductible then \$75                              |                 |               |
| <b>Prescription Drugs</b>                |   |  |   |   |   |   |                 |               |
| Copays (Generic/formulary/non-formulary) | \$10/\$35/\$70                                    | *Deductible then \$5/\$30/\$50*  | \$15/\$50/50%                                     | Deductible then 0%                                | \$5/\$30/\$50                                     | *\$5/\$30/\$50 after deductible*                  |                 |               |
| <b>Unique Benefits</b>                   |   |  |   |   |   |   |                 |               |
| Unique Benefits                          | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental.                                    | \$250 Wellness Card. \$19.14<br>Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. |                 |               |
| <b>Rates</b>                             |   |  |   |   |   |   |                 |               |
| Single                                   | \$490.51  | \$444.49   | \$461.37  | \$446.55  | \$473.41  | \$468.74  | \$492.86        | \$555.28      |
| Employee/Child(ren)                      | \$833.87  | \$755.64   | \$784.33  | \$759.14  | \$804.79  | \$796.86  | \$837.87        | \$943.98      |
| Employee/Spouse                          | \$981.02  | \$888.98   | \$922.74  | \$893.10  | \$946.82  | \$937.48  | \$985.72        | \$1,110.56    |
| Family                                   | \$1,397.95  | \$1,266.80   | \$1,314.91  | \$1,272.67  | \$1,349.22  | \$1,335.91  | \$1,404.65      | \$1,582.55    |

\* Preventative Drug

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|  | Bronze Standard                                   | Bronze POS<br>8100EX                              | Bronze PPO<br>8100         | Bronze align*<br>Bronze focus*  |
|--|---|---|----------------------------|---|
| <b>In Network</b>                        |   |   |                            |   |
| H.S.A. Eligible                          | Non-Qualified                                     | Qualified   |                            | Non-Qualified   |
| Deductible (single/family)               | \$4,000/\$8,000 embedded                          | \$5,500/\$11,000 embedded                         |                            | Optimum: \$7,000/\$14,000 embedded<br>Flexible: \$7,150/\$14,300 embedded |
| Coinsurance                              | 50% after deductible                              | 20% after deductible                              |                            | Optimum: 50% after deductible<br>Flexible: 0% after deductible            |
| Out-of-Pocket Maximum (single/family)    | \$7,150/\$14,300 embedded                         | \$6,550/\$13,100 embedded                         |                            | \$7,150/\$14,300 embedded   |
| <b>Out-of-Network</b>                    |   |   |                            |   |
| Deductible (single/family)               | \$5,000/\$10,000 embedded                         | \$5,500/\$11,000 embedded                         |                            | \$7,150/\$14,300 embedded   |
| Coinsurance                              | 50% after deductible                              | 40% after deductible                              |                            | 50% after deductible  |
| Out-of-Pocket Maximum (single/family)    | \$10,000/\$20,000 embedded                        | \$10,000/\$20,000 embedded                        |                            | \$10,000/\$20,000 embedded  |
| <b>Medical Services</b>                  |   |   |                            |   |
| Primary Office Visits                    | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 50% after deductible/          |
| Specialist Office Visits                 | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 0% after deductible            |
| Laboratory                               | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 0% after deductible            |
| Advanced Radiology                       | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 0% after deductible            |
| <b>Hospital Care</b>                     |   |   |                            |   |
| Inpatient Hospital                       | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 0% after deductible            |
| Outpatient Surgery Facility              | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 0% after deductible            |
| Emergency Room                           | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 50% after deductible/          |
| Urgent Care                              | Deductible then 50%                               | Deductible then 20%                               |                            | Optimum: 50% after deductible<br>Flexible: 50% after deductible/          |
| <b>Prescription Drugs</b>                |   |   |                            |   |
| Copays (Generic/formulary/non-formulary) | Deductible then \$10/\$35/\$70                    | *Deductible then \$15/\$50/50%*                   |                            | Deductible then \$10/50%/50%  |
| <b>Unique Benefits</b>                   |   |   |                            |   |
| Unique Benefits                          | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. | \$250 Wellness Card.<br>\$19.14 Pediatric Dental. |                            | \$250 Wellness Card.<br>\$19.14 Pediatric Dental.                         |
| <b>Rates</b>                             |   |   |                            |   |
|  |   | <b>Bronze POS<br/>8100EX</b>                      | <b>Bronze PPO<br/>8100</b> |   |
| Single                                   | \$364.00  | \$401.09  | \$450.54                   | \$349.40  |
| Employee/Child(ren)                      | \$618.80  | \$681.85  | \$765.92                   | \$593.98  |
| Employee/Spouse                          | \$728.00  | \$802.18  | \$901.08                   | \$698.80  |
| Family                                   | \$1,037.40  | \$1,143.10  | \$1,284.04                 | \$995.80  |

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