

1110 Crosspointe Lane Webster NY 14580 Phone: 585-265-3960

## Excellus Small Group (Size 2-50) Plans

Premium Period:3rd Qtr 2023 (JUL AUG SEP 2023 start dates) Coverage listed: Yes on Domestic Partner; Yes on Family Planning

## Click on Plan Code link to open detailed Plan Summary information sheets

These plans are available to qualified small businesses (not including sole proprietors) which require proof of ongoing business with at least one enrolled common-law employee\*\*\*

Plan	Plan Name	Plan Premiums	Plan	PCP	Specialist	Co-	Plan Year	Hospital	Emergency	Prescription	Out of	Out of	No Ped Dental	
Code	Name	With Ped Dental	Туре	Visit	Visit	Insurance	Deductible	Benefits	Department	Rx Coverage	Pocket Max	Network	Plan C	Code
	Healthy New	SGL: \$462.37	HYBRID	\$25 copay per	\$40 copay	Covered	\$600	Subject to	\$150 copay	\$10/\$35/\$70	\$4,750	Not Covered		
	York EPO	DBL: \$924.74		visit, subject	per visit,	at 100%	Individual /	\$1000 copay	per visit,		Individual /			
TTTX	*SE	OPF: \$786.03		to deductible	subject to		\$1,200	per admission*	subject to		\$9,500		TTTY	TTTP
		FAM:\$1,317.75			deductible		Family *IA	subject to	deductible		Family **IA			
				_				deductible		_				
	SimplyBlue	SGL: \$501.06	Deductible	Covered at	Covered at	Covered	\$7,500	Covered at	Covered at	Covered at	\$7,500	Covered at		
	Plus Bronze 4	DBL: \$1,002.12	HSA	100%, subject	100%,	at 100%	Individual /	100% per	100%, subject	100%, subject	Individual /	100%,		
<b>TQQV</b>		OPF: \$851.80		to the	subject to		\$15,000	admission*,	to the	to the	\$15,000	subject to the	<u>TQQW</u>	<u>TQQN</u>
		FAM: \$1,428.02		deductible	the		Family	subject to the	deductible	deductible	Family *FA	deductible		
					deductible		*FA	deductible						
	SimplyBlue	SGL: \$510.81	Deductible	\$40 copay per	\$60 copay	Covered	\$6,000	Subject to	\$500 copay	\$10/\$45/\$90;	\$7,500	Covered at		
	Plus Bronze 5	DBL: \$1,021.62	HSA	visit, subject	per visit,	at 100%	Individual /	\$1,000 copay	per visit,	subject to	Individual /	100%,		
TVVD		OPF: \$868.38		to deductible	subject to		\$12,000	per admission*	subject to	plan	\$15,000	subject to the	<u>TVVE</u>	<u>TUUV</u>
		FAM:\$1,455.81			deductible		Family	subject to	deductible	deductible	Family	deductible		
	0: 1.0:	001 051500	5				*FA	deductible		<b>*</b> • • • • • • • • • • • • • • • • • • •	**FA			
	SimplyBlue	SGL: \$517.22	Deductible	Covered at	Covered at	Covered	\$5,500	Covered at	Covered at	\$10/40%/50%	\$7,000	Covered at		
	Plus Bronze 3	DBL: \$1,034.44	HSA	50%, subject	50%,	at 50%	Individual /	50% per	50%, subject	; subject to	Individual /	100%,		
<u>TQQF</u>		OPF: \$879.27		to the	subject to		\$11,000	admission*,	to the	plan deductible	\$14,000	subject to the	<u>TQQG</u>	<u>TPPX</u>
		FAM:\$1,474.08		deductible	the deductible		Family *FA	subject to the deductible	deductible	deductible	Family **FA	deductible		
										* / /				
	SimplyBlue	SGL: \$545.30	HYBRID	\$50 copay per	\$75 copay	Covered	\$7,500	Covered at	Covered at	\$10/40%/50%	\$8,250	Covered at		
	Plus Silver 18	DBL: \$1,090.60		visit	per visit,	at 70%	Individual /	70% per	70% per		Individual /	100%,		
TAA2		OPF: \$927.01					\$15,000	admission*,	admission*,		\$16,500	subject to the	TAA3	TZZT
		FAM:\$1,554.11					Family *IA	subject to the	subject to the		Family **IA	deductible		
	SimplyBlue	SGL: \$614.37	Deductible	Covered at	Covered at	Covered	\$3.600	deductible Covered at	deductible	\$5/\$35/\$70:	\$6,550	Covered at		
	Plus Silver 17	DBL: \$1,228.74	HSA	80%, subject	80%,	at 80%	Individual /	80% per	Covered at 80% per	subject to	Individual /	60%, subject		
T771	Flus Silver 17	OPF:\$1,044.43	пон	to the	subject to	at 60%	\$7,200	admission*,	admission*,	plan	\$13,100	to the	T778.4	T77D
<u>TZZL</u>		FAM:\$1,750.95		deductible	the		Family	subject to the	subject to the	deductible	Family	deductible	<u>TZZM</u>	TZZD
		1 AIVI.\$1,730.33		deddclible	deductible		**FA	deductible	deductible	deductible	**FA	deductible		
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	SimplyBlue	SGL: \$ 629.83	Deductible	Covered at	Covered at	Covered	\$3,000	Covered at	Covered at	\$10/\$45/\$90;	\$7,500	Covered at		
	Plus Silver 2	DBL:\$ 1,259.66	HSA	80%, subject	80%,	at 80%	Individual /	80% per	80%, subject	subject to	Individual /	60%, subject		
<u>TPPP</u>		OPF:\$1,070.71		to the deductible	subject to the		\$6,000 Family	admission*,	to the deductible	plan deductible	\$15,000 Family	to the deductible	<u>TPPQ</u>	<u>TPPH</u>
		FAM:\$1,795.02		deductible	deductible		*FA	subject to the deductible	deductible	deductible	**FA	deductible		
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	SimplyBlue	SGL: \$ 632.92	HYBRID	\$40 copay per	\$60 copay	Covered	\$3,000	Covered at	\$450 copay	\$5/\$45/\$90	\$8,500	Covered at		
*****	Plus Silver 6	DBL: \$1,265.84		visit, subject	per visit,	at 75%	Individual /	75% per	per visit,		Individual /	50%, subject		TCC7
<u>TTTH</u>		OPF:\$1,075.96		to deductible	subject to		\$6,000	admission*,	subject to		\$17,000	to the	<u>TTT1</u>	<u>TSSZ</u>
		FAM:\$1,803.82			deductible		Family *IA	subject to the deductible	deductible		Family **IA	deductible		
	SimplyBlue	SGL: \$634.74	Deductible	\$25 copay per	\$50 copay	Covered	\$3,000	Subject to \$500	\$350 copay	\$5/\$45/\$90;	\$7,500	Covered at	1	
	Plus Silver 19	DBL: \$1,269.48	HSA	visit, subject	per visit,	at 100%	\$3,000 Individual /	copay per	per visit,	\$5/\$45/\$90; subject to	ุจ≀,500 Individual /	60%, subject		
TAB8	i ius Silvei 19	OPF:\$1,079.06	1104	to deductible	subject to	at 100 /6	\$6,000	admission*,	subject to	plan	\$15,000	to the	TAB9	TAA0
IADO		FAM:\$1,809.01		to deddolible	deductible		Family	subject to	deductible	deductible	Family	deductible	IADS	IAAU
		1 7 ((νι.ψ 1,000.01			acadolibic		*FA	deductible	GOGGOLIDIC	adductible	**FA	acadolibic		
	SimplyBlue	SGL: \$643.94	Deductible	Covered at	Covered at	Covered	\$3,200	Covered at	Covered at	\$5/\$45/\$90;	\$6,550	Covered at	1	
	Plus Silver 16	DBL: \$1,287.88	HSA	80%, subject	80%,	at 80%	\$3,200 Individual /	80% per	80% per	subject to	งง,ววบ Individual /	60%, subject		
TVAA	i ius Silvei 10	OPF:1,094.70	1104	to the	subject to	at 00 /0	\$6.400	admission*,	admission*,	plan	\$13,100	to the	TVVAA	TVVAI
<u>TYYV</u>		FAM:\$1,835.23		deductible	the		Family	subject to the	subject to the	deductible	Family **IA	deductible	<u>TYYW</u>	<u>TYYN</u>
		1 AIVI. # 1,000.20		aeaactible	deductible		**IA	deductible	deductible	acaactible	i anniy iA	acaactible		
					deductible		i/A	deductible	deductible					

Plan	Plan Name	Plan Premiums	Plan	PCP	Specialist	Co-	Plan Year	Hospital	Emergency	Prescription	Out of	Out of	No Ped Dental	Age 30 w/Dtl
Code	Name	With Ped Dental	Type	Visit	Visit	Insurance	Deductible	Benefits	Department	Rx Coverage	Pocket Max	Network	Plan C	ode
TRRL	SimplyBlue Plus Standard Silver	SGL: \$687.28 DBL: \$1,374.56 OPF:\$1,168.38 FAM:\$1,958.75	HYBRID	1st visit \$30 copay, no DD. 2nd + DD	1st visit \$65 copay, no DD. 2nd + DD	Covered at 100%	\$1,750 Individual / \$3,500 Family *IA	Subject to \$1500 copay per admission*, subject to the deductible	\$500 copay per visit, subject to deductible	\$15/\$40/\$75	\$9,100 Individual / \$18,200 Family **IA	Covered at 60%, subject to the deductible	<u>TRRM</u>	<u>TRRD</u>
<u>TAE0</u>	SimplyBlue Plus Gold 21	SGL: \$735.46 DBL: \$1,470.92 OPF:\$1,250.28 FAM:\$2,096.06	Deductible HSA	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%	\$2,000 Individual / \$4,000 Family *FA	Subject to \$500 copay per admission, subject to deductible	\$150 copay per visit, subject to deductible	\$5/\$45/\$90	\$5,500 Individual / \$11,000 Family **FA	Covered at 60%, subject to the deductible	TAF1	TAE2
TYYF	SimplyBlue Plus Gold 19	SGL: \$738.97 DBL:\$1,477.94 OPF: \$1,256.25 FAM:\$2,106.06	HYBRID	\$40 copay per visit	\$60 copay per visit	Covered at 80%	\$2,250 Individual / \$4,500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$350 copay per visit	\$5/\$45/\$90	\$6,850 Individual / \$13,700 Family **IA	Covered at 60%, subject to the deductible	<u>TYYG</u>	TXXX
TOOZ	SimplyBlue Plus Gold 6	SGL: \$ 753.06 DBL:\$1,506.12 OPF: \$1,280.20 FAM:\$2,146.22	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$1,800 Individual / \$3,600 Family *FA	Covered at 80% per admission*, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$3,600 Individual / \$7,200 Family **FA	Covered at 60%, subject to the deductible	<u> TPPA</u>	<u>1000</u>
<u>TWWZ</u>	SimplyBlue Plus Gold 17	SGL: \$ 776.17 DBL:\$1,552.34 OPF: \$1,319.49 FAM:\$2,212.08	HYBRID	\$40 copay per visit	\$60 copay per visit	Covered at 80%	\$1,100 Individual / \$2,200 Family *IA	Covered at 80% per admission*, subject to the deductible	\$250 copay per visit	\$10/\$45/\$90	\$8,250 Individual / \$16,500 Family **IA	Covered at 60%, subject to the deductible	<u>TXXA</u>	<u>TWWR</u>
TSSR	SimplyBlue Plus Gold 14	SGL: \$787.61 DBL:\$1,575.22 OPF: \$1,338.94 FAM:\$2,244.69	HYBRID	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 80%	\$1,000 Individual / \$2,000 Family *IA	Covered at 80% per admission*, subject to the deductible	\$350 copay per visit, subject to deductible	\$5/\$35/\$70	\$6,500 Individual / \$13,000 Family **IA	Covered at 60%, subject to the deductible	<u>TSSS</u>	<u>TSSJ</u>
TMMY	SimplyBlue Plus Gold 1	SGL: \$ 794.52 DBL:\$1,589.04 OPF: \$1,350.68 FAM:\$2,264.38	Copay	\$25 copay per visit	\$50 copay per visit	None	None	Subject to \$1,250 copay per admission*	\$650 copay per visit	\$15/40%/50%	\$8,500 Individual / \$17,000 Family **IA	Covered at 80%, subject to the deductible	<u>TMMZ</u>	TMMQ
TOOE	SimplyBlue Plus Gold 5	SGL: \$810.63 DBL:\$1,621.26 OPF: \$1,378.07 FAM:\$2,310.30	Copay	\$40 copay per visit	\$70 copay per visit	None	None	Subject to \$1,500 copay per admission*	\$600 copay per visit	\$15/\$75/50%	\$9,100 Individual / \$18,200 Family **IA	Covered at 80%, subject to the deductible	TOOF	TNNW
<u>TSSB</u>	SimplyBlue Plus Standard Gold	SGL: \$ 830.35 DBL:\$1,660.70 OPF: \$1,411.60 FAM:\$2,366.50	HYBRID	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%	\$600 Individual / \$1,200 Family *IA	Subject to \$1000 copay per admission*, subject to deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$4,750 Individual / \$9,500 Family **IA	Covered at 60%, subject to the deductible	<u>TSSC</u>	<u>TRRT</u>
TAD4	Blue Simplicity Gold	SGL: \$821.25 DBL:\$1,642.50 OPF: \$1,396.13 FAM:\$2,340.56	COPAY	\$50 copay per visit	\$100 Copay per visit	None	\$6,500 Individual / \$13,000 Family *IA	Subject to \$4,000 copay per admission	\$200 Copay per visit	\$10/\$50/\$100	\$6,500 Individual / \$13,000 Family *IA	Subject to copay depenent on service	TAD5	TAC6
TXXP	SimplyBlue Plus Platinum 6	SGL: \$939.23 DBL:\$1,878.46 OPF: \$1,596.69 FAM:\$2,676.81	Copay	\$30 copay per visit	\$50 copay per visit	None	None	Subject to \$750 copay per admission*	\$250 copay per visit	\$5/\$35/\$70	\$6,550 Individual / \$13,100 Family **IA	Covered at 80%, subject to the deductible	TXXQ	<u>TXXH</u>
<u>TWWJ</u>	SimplyBlue Plus Platinum 4	SGL: \$951.89 DBL:\$1,903.78 OPF: \$1,618.21 FAM:\$2,712.89	HYBRID	\$15 copay per visit	\$25 copay per visit	Covered at 80%	\$250 Individual / \$500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$150 copay per visit	\$5/\$25/\$50	\$2,000 Individual / \$4,000 Family **IA	Covered at 60%, subject to the deductible	TWWK	<u>TWWB</u>

Plan	Plan Name	Plan Premiums	Plan	PCP	Specialist	Co-	Plan Year	Hospital	Emergency	Prescription	Out of	Out of	No Ped Dental	Age 30 w/Dtl
Code	Name	With Ped Dental	Type	Visit	Visit	Insurance	Deductible	Benefits	Department	Rx Coverage	Pocket Max	Network	Plan C	ode
TNNO	SimplyBlue Plus Platinum 3	SGL: \$956.94 DBL:\$1,913.88 OPF: \$1,626.80 FAM:\$2,727.28	Copay	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$500 copay per admission*	\$150 copay per visit	\$5/\$35/\$70	\$4,500 Individual / \$9,000 Family **IA	Covered at 80%, subject to the deductible	<u>TNNP</u>	<u>TNNG</u>
TLLS	SimplyBlue Plus Standard Platinum	SGL: \$960.93 DBL:\$1,921.86 OPF: \$1,633.58 FAM:\$2,738.65	Copay	\$15 copay per visit	\$35 copay per visit	None	None	Subject to \$500 copay per admission	\$100 copay per visit	\$10/\$30/\$60	\$2,000 Individual / \$4,000 Family **IA	Covered at 80%, subject to the deductible	TLLT	TLLK
<u>TMMI</u>	SimplyBlue Plus Platinum 2	SGL: \$965.47 DBL:\$1,930.94 OPF: \$1,641.30 FAM:\$2,751.59	Copay	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$500 copay per admission*	\$250 copay per visit	\$5/\$35/\$70	\$5,000 Individual / \$10,000 Family **IA	Covered at 80%, subject to the deductible	TMMJ	<u>TMMA</u>

<sup>\*</sup> per admission for unlimited days

## Plan details highlighted in Red Italic indicate change from 2022.

- \*IA: Deductible Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, before copays and/or coinsurance is applied for that family member.
- \*FA: Deductible Family Aggregation: For plans that cover 2 or more members, the entire family's deductible must be met by one or any contribution of covered members before copays and/or coinsurance is applied for any family member.
- \*\*IA: Out-of-Pocket Max (OOPMax) Individual Aggregation: Each covered family member only needs to satisfy his or her individual OOPMax, not the entire family OOPMax. Once an individual's OOPMax is reached, plan services are covered in full for that individual.
- \*\*FA: Out-of-Pocket Max (OOPMax) For plans that cover 2 or more members, the entire family's OOPMax must be met by one or any contribution of covered members, except that no one individual's OOPMAX can be greater than \$7500 on an HSA plan or \$9100 on a non-HSA plan. Once a family's OOPMax is reached, plan services are covered in full for all the covered members of the family.

<sup>\*</sup>SE Subject to specific employer eligibility (call office)

<sup>\*\*\*</sup> Small business qualifications are determined at the time of enrollment and are not dependent on entity structure (such as corporation versus DBA).