



Excellus Small Group (Size 2-50) Plans

Premium Period: 1st Qtr 2024 (JAN FEB MAR 2023 start dates)
Coverage listed: Yes on Domestic Partner; Yes on Family Planning

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

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 Code	Plan Name	Plan Premiums With Ped Dental	Plan Type	PCP Visit	Specialist Visit	Co-Insurance	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription Rx Coverage	Out of Pocket Max	Out of Network	No Ped Dental	Age 30 w/Dtl
TCQ0	Healthy New York EPO *SE	SGL: \$498.29 DBL: \$996.59 OPF: \$847.10 FAM: \$1,420.14	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	\$5,900 Individual / \$11,800 Family **IA	Not Covered	TCR1	TCQ2
TCI0	SimplyBlue Plus Bronze 4	SGL: \$557.78 DBL: \$1,115.56 OPF: \$948.23 FAM: \$1,589.68	Deductible HSA	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$8,000 Individual / \$16,000 Family *FA	Covered at 100% per admission*, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	\$8,000 Individual / \$16,000 Family *FA	Covered at 100%, subject to the deductible	TCJ1	TCI2
TCU2	SimplyBlue Plus Bronze 5	SGL: \$592.26 DBL: \$1,184.53 OPF: \$1,006.85 FAM: \$1,687.95	Deductible HSA	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 100%	\$6,000 Individual / \$12,000 Family *FA	Subject to \$1,000 copay per admission* subject to deductible	\$500 copay per visit, subject to deductible	\$10/\$45/\$90; subject to plan deductible	\$7,500 Individual / \$15,000 Family **FA	Covered at 100%, subject to the deductible	TCU3	TCT4
TCH4	SimplyBlue Plus Bronze 3	SGL: \$588.01 DBL: \$1,176.02 OPF: \$999.62 FAM: \$1,675.82	Deductible HSA	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$5,500 Individual / \$11,000 Family *FA	Covered at 50% per admission*, subject to the deductible	Covered at 50%, subject to the deductible	\$10/40%/50%; subject to plan deductible	\$7,500 Individual / \$15,000 Family **FA	Covered at 100%, subject to the deductible	TCH5	TCG6
TDG0	SimplyBlue Plus Silver 18	SGL: \$618.65 DBL: \$1,237.31 OPF: \$1,051.71 FAM: \$1,763.16	HYBRID	\$50 copay per visit	\$100 copay per visit	Covered at 70%	\$7,500 Individual / \$15,000 Family *IA	Covered at 70% per admission*, subject to the deductible	Covered at 70% per admission*, subject to the deductible	\$10/40%/50%	\$9,250 Individual / \$18,500 Family **IA	Covered at 100%, subject to the deductible	TDH1	TDG2
TDF4	SimplyBlue Plus Silver 17	SGL: \$686.19 DBL: \$1,372.37 OPF: \$1,166.51 FAM: \$1,955.63	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$3,600 Individual / \$7,200 Family **FA	Covered at 80% per admission*, subject to the deductible	Covered at 80% per admission*, subject to the deductible	\$5/\$35/\$70; subject to plan deductible	\$6,600 Individual / \$13,200 Family **FA	Covered at 60%, subject to the deductible	TDF5	TDE6
TCF8	SimplyBlue Plus Silver 2	SGL: \$ 686.76 DBL: \$ 1,373.53 OPF: \$1,167.50 FAM: \$1,957.28	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$3,200 Individual / \$6,400 Family *FA	Covered at 80% per admission*, subject to the deductible	Covered at 80%, subject to the deductible	\$10/\$45/\$90; subject to plan deductible	\$8,000 Individual / \$16,000 Family **FA	Covered at 60%, subject to the deductible	TCF9	TCE0
TCP4	SimplyBlue Plus Silver 6	SGL: \$ 695.82 DBL: \$1,391.64 OPF: \$1,182.90 FAM: \$1,983.09	HYBRID	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 75%	\$3,250 Individual / \$6,500 Family *IA	Covered at 75% per admission*, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$45/\$90	\$9,450 Individual / \$18,900 Family **IA	Covered at 50%, subject to the deductible	TCP5	TCO6
TDI6	SimplyBlue Plus Silver 19	SGL: \$697.84 DBL: \$1,395.68 OPF: \$1,186.33 FAM: \$1,988.84	Deductible HSA	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	\$3,000 Individual / \$6,000 Family *FA	Subject to \$500 copay per admission*, subject to deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	\$7,500 Individual / \$15,000 Family **FA	Covered at 60%, subject to the deductible	TDI7	TDH8
TDD8	SimplyBlue Plus Silver 16	SGL: \$705.40 DBL: \$1,410.79 OPF: \$1,199.18 FAM: \$2,010.38	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$3,300 Individual / \$6,600 Family **IA	Covered at 80% per admission*, subject to the deductible	Covered at 80% per admission*, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$7,500 Individual / \$15,000 Family **IA	Covered at 60%, subject to the deductible	TDD9	TDC0

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TCK6	SimplyBlue Plus Standard Silver	SGL: \$757.72 DBL: \$1,515.43 OPF:\$1,288.12 FAM:\$2,159.49	HYBRID	1st visit \$30 copay, no DD. 2nd + DD	1st visit \$65 copay, no DD. 2nd + DD	Covered at 100%	\$2,100 Individual / \$4,200 Family *IA	Subject to \$1500 copay per admission*, subject to the deductible	\$500 copay per visit, subject to deductible	\$15/\$40/\$75	\$9,450 Individual / \$18,900 Family **IA	Covered at 60%, subject to the deductible	TCK7	TCI8
TDL8	SimplyBlue Plus Gold 21	SGL: \$807.61 DBL: \$1,615.22 OPF:\$1,372.94 FAM:\$2,301.69	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	TDL9	TDK0
TDC2	SimplyBlue Plus Gold 19	SGL: \$813.64 DBL:\$1,627.27 OPF: \$1,383.18 FAM:\$2,318.87	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	TDC3	TBD4
TCE2	SimplyBlue Plus Gold 6	SGL: \$ 816.95 DBL:\$1,633.89 OPF: \$1,388.81 FAM:\$2,328.30	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	TCE3	TCD4
TCY0	SimplyBlue Plus Gold 17	SGL: \$ 844.39 DBL:\$1,688.78 OPF: \$1,435.46 FAM:\$2,406.51	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	TCZ1	TCY2
TCN8	SimplyBlue Plus Gold 14	SGL: \$846.13 DBL:\$1,692.26 OPF: \$1,438.42 FAM:\$2,411.47	HYBRID	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 80%	\$1,100 Individual / \$2,200 Family *IA	Covered at 80% per admission*, subject to the deductible	\$350 copay per visit, subject to deductible	\$5/\$35/\$70	\$7,000 Individual / \$14,000 Family **IA	Covered at 60%, subject to the deductible	TCN9	TCM0
TBZ4	SimplyBlue Plus Gold 1	SGL: \$ 877.83 DBL:\$1,755.66 OPF: \$1,492.31 FAM:\$2,501.81	Copay	\$30 copay per visit	\$60 copay per visit	None	None	Subject to \$1,250 copay per admission*	\$650 copay per visit	\$15/40%/50%	\$9,450 Individual / \$18,900 Family	Covered at 80%, subject to the deductible	TBZ5	TBY6
TCC6	SimplyBlue Plus Gold 5	SGL: \$893.85 DBL:\$1,787.69 OPF: \$1,519.54 FAM:\$2,547.46	Copay	\$40 copay per visit	\$70 copay per visit	None	None	Subject to \$1,500 copay per admission*	\$600 copay per visit	\$15/\$100/50 %	\$9,450 Individual / \$18,900 Family	Covered at 80%, subject to the deductible	TCC7	TCB8
TCM2	SimplyBlue Plus Standard Gold	SGL: \$ 903.29 DBL:\$1,806.58 OPF: \$1,535.60 FAM:\$2,574.38	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	\$5,900 Individual / \$11,800 Family **IA	Covered at 60%, subject to the deductible	TCM3	TCL4
TDK2	Blue Simplicity Gold	SGL: \$898.52 DBL:\$1,797.04 OPF: \$1,527.48 FAM:\$2,560.78	COPAY	\$50 copay per visit	\$100 Copay per visit	None	None	Subject to \$4,000 copay per admission	\$250 Copay per visit	\$10/\$50/\$100	\$8,250 Individual / \$16,500 Family *IA	Subject to copay depenent on service	TDK3	TDJ4
TDA6	SimplyBlue Plus Platinum 6	SGL: \$1,012.78 DBL:\$2,025.57 OPF:\$1,721.73 FAM:\$2,886.43	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	TDA7	TCZ8
TCX4	SimplyBlue Plus Platinum 4	SGL: \$1,009.24 DBL:\$2,018.49 OPF:\$1,715.71 FAM:\$2,876.35	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	TCX5	TCW6

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TCA0	SimplyBlue Plus Platinum 3	SGL: \$1,026.15 DBL:\$2,052.29 OPF:\$1,744.45 FAM:\$2,924.52	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	TCB1	TCA2
TBW2	SimplyBlue Plus Standard Platinum	SGL: \$1,030.71 DBL:\$2,061.42 OPF:\$1,752.21 FAM:\$2,937.53	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	TBW3	TBV4
TBX8	SimplyBlue Plus Platinum 2	SGL: \$1,026.91 DBL:\$2,053.83 OPF:\$1,745.75 FAM:\$2,926.70	Copay	\$15 copay per visit	<i>\$30 copay per visit</i>	None	None	Subject to \$500 copay per admission*	<i>\$300 copay per visit</i>	\$5/\$35/\$70	<i>\$5,500 Individual / \$11,000 Family</i>	Covered at 80%, subject to the deductible	TBX9	TBW0

* per admission for unlimited days

*SE Subject to specific employer eligibility (call office)

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

Plan details highlighted in Red Italic indicate change from 2023.

***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 \$8000 on an HSA plan or \$9450 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.