WEBSTER CHAMBER OF COMMERCE
1110 Crosspointe Lane Webster NY 14580
Phone: 585-265-3960

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

Premium Period: 1ST Qtr 2026 (JAN FEB MAR 2026 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 Name | Plan Premiums | PCP Visit | Specialist Visit | Plan Year Deductible | Hospital Benefits | Emergency Department | Prescription / RX Coverage | Out of Pocket Max | Out of Network | No Ped Dental | Age 30 w/Dtl |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Healthy New York EPO TJN6 HYBRID | SGL: $719.68<br>DBL: $1,439.36<br>OPF:$1,223.45<br>FAM:$2,051.09 | $25 copay per visit, subject to deductible | $40 copay per visit, subject to deductible | ***$775 Individual / $1,550 Family *IA*** | Subject to $1,000 copay per admission subject to deductible | $150 copay per visit, subject to deductible | $10/$35/$70 | ***$10,150 Individual / $20,300 Family *IA*** | Not Covered | TJN7 | TJM8 |
| SimplyBlue Plus Bronze 7 TKI4 | SGL: $685.81<br>DBL: $1,371.61<br>OPF:$1,165.87<br>FAM:$1,954.55 | Covered at 100%, subject to the deductible | Covered at 100%, subject to the deductible | ***$10,600 Individual / $21,200 Family *FA*** | Covered at 100% per admission*, subject to the deductible | Covered at 100% per admission*, subject to the deductible | $0 generics for kids up to age 19, subject to the plan deductible | ***$10,600 Individual / $21,200 Family *FA*** | Covered at 100% per admission*, subject to the deductible | TKI5 | TKH6 |
| SimplyBlue Plus Bronze 4 TJF6 HSA | SGL: $767.47<br>DBL: $1,534.94<br>OPF:$1,304.70<br>FAM:$2,187.29 | Covered at 100%, subject to the deductible | Covered at 100%, subject to the deductible | ***$8,500 Individual / $17,000 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 | ***$8,500 Individual / $17,000 Family *FA*** | Covered at 100%, subject to the deductible | TJF7 | TJE8 |
| SimplyBlue Plus Bronze 3 TJD0 HSA | SGL: $828.63<br>DBL: $1,657.26<br>OPF:$1,408.68<br>FAM:$2,361.60 | Covered at 50%, subject to the deductible | Covered at 50%, subject to the deductible | $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 | TJE1 | TJD2 |
| SimplyBlue Plus Bronze 5 TJQ8 HSA | SGL: $834.43<br>DBL: $1,668.85<br>OPF:$1,418.53<br>FAM:$2,378.11 | $40 copay per visit, subject to deductible | $60 copay per visit, subject to deductible | $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 | TJP0 | TJP0 |
| SimplyBlue Plus Silver 20 TKJ0 HAS | ***SGL: $817.45 DBL:$1,634.91 OPF:$1,389.67 FAM:$2,329.74*** | ***Covered at 100%, subject to the deductible*** | ***Covered at 100%, subject to the deductible*** | ***$6,750 Individual / $13,500 Family *FA*** | ***Covered at 100% per admission *, subject to the deductible*** | ***Covered at 100% per admission *, subject to the deductible*** | ***Covered at 100%, subject to the deductible*** | ***$6,750 Individual / $13,500 Family **FA*** | ***Covered at 100%, subject to the deductible*** | TKK1 | TKJ2 |
| SimplyBlue Plus Silver 18 TKD6 HYBRID | SGL: $841.99<br>DBL: $1,683.98<br>OPF:$1,431.39<br>FAM:$2,399.67 | ***$70 copay per visit*** | $100 copay per visit | $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% | ***$10,150 Individual / $20,300 Family **IA*** | Covered at 100%, subject to the deductible | TKD7 | TKC8 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| SimplyBlue Plus Silver 17 TKB0 HSA | SGL: $947.95<br>DBL: $1,895.89<br>OPF:$1,611.51<br>FAM:$2,701.64 | Covered at 80%, subject to the deductible | Covered at 80%, subject to the deductible | ***$3,700 Individual / $7,400 Family **FA*** | Covered at 80% per admission*, subject to the | Covered at 80% per admission*, subject to the | $5/$35/$70; subject to plan deductible | ***$7,400 Individual / $14,800 Family **FA*** | Covered at 60%, subject to the deductible | TKC1 | TKB2 |
| SimplyBlue Plus Silver 2 TJC4 HSA | SGL: $ 956.57<br>DBL:$ 1,913.13<br>OPF:$1,626.17<br>FAM:$2,726.21 | Covered at 80%, subject to the deductible | Covered at 80%, subject to the deductible | ***$3,250 Individual / $6,500 Family *FA*** | Covered at 80% per admission*, subject to the | Covered at 80%, subject to the deductible | $10/$45/$90; subject to plan deductible | $8,500 Individual / $17,000 Family **FA | Covered at 60%, subject to the deductible | TJC5 | TJB6 |
| SimplyBlue Plus Silver 6 TJL0 HYBRID | SGL: $ 959.73<br>DBL: $1,919.46<br>OPF:$1,631.54<br>FAM:$2,735.23 | $40 copay per visit, subject to deductible | $60 copay per visit, subject to deductible | ***$3,600 Individual / $7,200 Family *IA*** | Covered at 75% per admission*, subject to the deductible | $450 copay per visit, subject to deductible | $5/$45/$90 | ***$9,600 Individual / $19,200 Family **IA*** | Covered at 50%, subject to the deductible | TJM1 | TJL2 |
| SimplyBlue Plus Silver 19 TKF2 HSA | SGL: $964.11<br>DBL: $1,928.22<br>OPF:$1,638.99<br>FAM:$2,747.72 | $25 copay per visit, subject to deductible | $50 copay per visit, subject to deductible | ***$3,600 Individual / $7,200 *FA*** | Subject to $500 copay per admission*, subject to | $350 copay per visit, subject to deductible | $5/$45/$90; subject to plan deductible | ***$8,000 Individual / $16,000 Family **FA*** | Covered at 60%, subject to the deductible | TKF3 | TKE4 |
| SimplyBlue Plus Silver 16 TKA4 HSA | SGL: $923.99<br>DBL: $1,847.98<br>OPF:1,570.78<br>FAM:$2,633.38 | Covered at 80%, subject to the deductible | Covered at 80%, subject to the deductible | ***$4,450 Individual / $8,900 Family Family **IA*** | Covered at 80% per admission*, subject to the | Covered at 80% per admission*, subject to the | $5/$45/$90; subject to plan deductible | ***$8,500 Individual / $17,000 Family **IA*** | Covered at 60%, subject to the deductible | TKA5 | TJZ6 |
| SimplyBlue Plus Standard Silver TJH2 HYBRID | SGL:$1,038.01<br>DBL:$2,076.02<br>OPF:$1,764.62<br>FAM:$2,958.32 | 1st visit $30 copay, no DD. 2nd + DD | 1st visit $65 copay, no DD. 2nd + DD | ***$2,450 Individual / $4,900 Family *IA*** | Subject to $1500 copay per admission*, subject to the deductible | $500 copay per visit, subject to deductible | $15/$40/$75 | ***$10,150 Individual / $20,300 Family **IA*** | Covered at 60%, subject to the deductible | TJH3 | TJG4 |
| SimplyBlue Plus Gold 21 TKG8 HSA | SGL:$1,129.90<br>DBL: $2,259.80<br>OPF:$1,920.83<br>FAM:$3,220.21 | $25 copay per visit, subject to deductible | $40 copay per visit, subject to deductible | $2,000 Individual / $4,000 Family *FA | Subject to $500 copay per admission, subject to | $150 copay per visit, subject to deductible | $5/$45/$90; subject to plan deductible | $5,500 Individual / $11,000 Family **FA | Covered at 60%, subject to the deductible | TKG9 | TKF0 |
| SimplyBlue Plus Gold 19 TJY8 HYBRID | SGL:$1,122.75<br>DBL:$2,245.50<br>OPF: $1,908.67<br>FAM:$3,199.83 | $40 copay per visit | $60 copay per visit | ***$2,500 Individual / $5,000 Family *IA*** | Covered at 80% per admission*, subject to the | $350 copay per visit | $5/$45/$90 | ***$7,500 Individual / $15,000 Family **IA*** | Covered at 60%, subject to the deductible | TJY9 | TJX0 |
| SimplyBlue Plus Gold 6 TJA8 HSA | SGL:$1,121.11<br>DBL:$2,242.21<br>OPF: $1,905.88<br>FAM:$3,195.15 | Covered at 80%, subject to the deductible | Covered at 80%, subject to the deductible | ***$2,000 Individual / $4,000 Family *FA*** | Covered at 80% per admission*, subject to the | Covered at 80%, subject to the deductible | $5/$45/$90; subject to plan deductible | ***$4,000 Individual / $8,000 **FA*** | Covered at 60%, subject to the deductible | TJA9 | TIZ0 |
| SimplyBlue Plus Gold 14 TJK4 HYBRID | SGL:$1,158.23<br>DBL:$2,316.45<br>OPF: $1,968.45<br>FAM:$3,300.94 | $25 copay per visit, subject to deductible | $40 copay per visit, subject to deductible | ***$1,400 Individual / $2,800 Family *IA*** | Covered at 80% per admission*, subject to the | $450 copay per visit, subject to deductible | $5/$35/$70 | ***$7,500 Individual / $15,000 Family **IA*** | Covered at 60%, subject to the deductible | TJK5 | TJJ6 |

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|---|---|---|---|---|---|---|---|---|---|---|---|
| SimplyBlue Plus Gold 17 TJV6 HYBRID | SGL:$1,175.81<br>DBL:$2,351.61<br>OPF: $1,998.87<br>FAM:$3,351.05 | $40 copay per visit | ***$70 copay per visit*** | $1,100 Individual / $2,200 Family *IA | Covered at 80% per admission*, subject to the | $300 copay per visit | $10/$45/$90 | $8,250 Individual / $16,500 Family **IA | Covered at 60%, subject to the deductible | TJV7 | TJU8 |
| SimplyBlue Plus Gold 5 TIZ2 COPAY | SGL:$1,216.57<br>DBL:$2,433.14<br>OPF: $2,068.18<br>FAM:$3,467.23 | $40 copay per visit | $70 copay per visit | None | Subject to $1,500 copay per admission* | $650 copay per visit | $15/***40%***/50 % | $9,200 Individual / $18,400 Family **IA | Covered at 80%, subject to the deductible | TIZ3 | TIV4 |
| SimplyBlue Plus Standard Gold TJI8 HYBRID | SGL: $1,233.98<br>DBL:$2,467.96<br>OPF:$2,097.76<br>FAM:$3,516.84 | $25 copay per visit, subject to deductible | $40 copay per visit, subject to deductible | ***$775 Individual / $1,550 Family *IA*** | Subject to $1000 copay per admission*, subject to | $150 copay per visit, subject to deductible | $10/$35/$70 | ***$10,150 Individual / $20,300 Family **IA*** | Covered at 60%, subject to the deductible | TJU1 | TJH0 |
| SimplyBlue Plus Platinum 4 TJT0 HYBRID | SGL: $1,387.44<br>DBL:$2,774.89<br>OPF:$2,358.66<br>FAM:$3,954.21 | $15 copay per visit | $25 copay per visit | $250 Individual / $500 Family *IA | Covered at 80% per admission*, subject to the deductible | $150 copay per visit | $5/$25/$50 | ***$3,000 Individual / $6,000 Family **IA*** | Covered at 60%, subject to the deductible | TJU1 | TJT2 |
| SimplyBlue Plus Platinum 6 TJX2 COPAY | SGL: $1,410.21<br>DBL:$2,820.41<br>OPF:$2,397.35<br>FAM:$4,019.08 | $30 copay per visit | $50 copay per visit | 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 | TJX3 | TJW4 |
| SimplyBlue Plus Platinum 2 TIX6 COPAY | SGL: $1,421.46<br>DBL:$2,842.92<br>OPF:$2,416.49<br>FAM:$4,051.16 | $15 copay per visit | ***$40 copay per visit*** | None | Subject to $500 copay per admission* | $300 copay per visit | $5/$35/$70 | ***$5,000 Individual / $10,000 Family **IA*** | Covered at 80%, subject to the deductible | TIX7 | TIW8 |
| SimplyBlue Plus Standard Platinum TIV0 COPAY | SGL: $1,434.23<br>DBL:$2,868.45<br>OPF:$2,438.18<br>FAM:$4,087.54 | $15 copay per visit | $35 copay per visit | 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 | TIW1 | TIV2 |

* 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 2025.**

***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 $8500 on an HSA plan or $10,600 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.