



Excellus Small Group (Size 2-50) Plans

Premium Period: 3rd Qtr 2019 (JUL AUG SEP 2019 start dates)

Coverage listed: Dependents to age 26; Yes on Pediatric Dental; 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	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
SNH5	SimplyBlue Plus Bronze 4	SGL: \$368.20 DBL: \$736.40 OPF: \$625.94 FAM: \$1,049.37	Deductible HSA	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$6,550 Individual / \$13,100 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	\$6,550 Individual / \$13,100 Family **FA	Covered at 100%, subject to the deductible
SNF9	SimplyBlue Plus Bronze 3	SGL: \$379.27 DBL: \$758.54 OPF: \$644.76 FAM: \$1,080.92	Deductible HSA	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$5,000 Individual / \$10,000 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	\$6,550 Individual / \$13,100 Family **FA	Covered at 50%, subject to the deductible
SMZ5	SimplyBlue Plus Standard Bronze	SGL: \$382.12 DBL: \$764.24 OPF: \$649.60 FAM: \$1,089.04	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 *IA	Covered at 50% per admission*, subject to the deductible	Covered at 50%, subject to the deductible	\$10/\$35/\$70; subject to plan deductible	\$6,550 Individual / \$13,100 Family **IA	Covered at 50%, subject to the deductible
SNR1	Healthy New York EPO *SE	SGL: \$389.44 DBL: \$778.88 OPF: \$662.05 FAM: \$1,109.90	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	\$4,000 Individual / \$8,000 Family **IA	Not Covered
SNV9	SimplyBlue Plus Bronze 5	SGL: \$392.09 DBL: \$784.18 OPF: \$666.55 FAM: \$1,117.46	Deductible HSA	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	\$5,500 Individual / \$11,000 Family *FA	Subject to \$500 copay per admission* subject to deductible	\$350 copay per visit, subject to deductible	\$10/\$35/\$70; subject to plan deductible	\$6,550 Individual / \$13,100 Family **FA	Covered at 60%, subject to the deductible
SOP1	SimplyBlue Plus Bronze 6	SGL: \$402.08 DBL: \$804.16 OPF: \$683.54 FAM: \$1,145.93	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$4,500 Individual / \$9,000 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	\$6,550 Individual / \$13,100 Family **FA	Covered at 60%, subject to the deductible
SOD9	SimplyBlue Plus Std Bronze	SGL: \$398.35 DBL: \$796.70 OPF: \$677.20 FAM: \$1,135.30	Deductible	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$4,000 Individual / \$8,000 Family *IA	Covered at 50% per admission*, subject to the deductible	Covered at 50%, subject to the deductible	\$10/\$35/\$70; subject to plan deductible	\$7,600 Individual / \$15,200 Family **IA	Covered at 50%, subject to the deductible
SON5	SimplyBlue Plus Silver 17	SGL: \$439.88 DBL: \$ 879.76 OPF: \$ 747.80 FAM: \$1,253.66	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	\$6,550 Individual / \$13,100 Family **FA	Covered at 60%, subject to the deductible
SOL9	SimplyBlue Plus Silver 16	SGL: \$452.67 DBL: \$905.34 OPF: \$769.54 FAM: \$1,290.11	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% per admission*, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$6,550 Individual / \$13,100 Family **FA	Covered at 60%, subject to the deductible
SNU3	SimplyBlue Plus Silver 14	SGL: \$476.41 DBL: \$952.82 OPF: \$809.90 FAM: \$1,357.77	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$2,800 Individual / \$5,600 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	\$6,550 Individual / \$13,100 Family **FA	Covered at 60%, subject to the deductible

Plan Code	Plan Name	Plan Premiums	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
SNE3	SimplyBlue Plus Silver 4	SGL: \$484.14 DBL: \$968.28 OPF: \$823.04 FAM:\$1,379.80	Deductible HSA	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible	Covered at 85%	\$2,500 Individual / \$5,000 Family *FA	Covered at 85% per admission*, subject to the deductible	Covered at 85%*, subject to the deductible	\$5/\$35/\$70; subject to plan deductible	\$6,550 Individual / \$13,100 Family **FA	Covered at 70%, subject to the deductible
SNC7	SimplyBlue Plus Silver 2	SGL: \$ 489.63 DBL: \$ 979.26 OPF:\$832.37 FAM:\$1,395.45	Deductible HSA	<i>Covered at 75%, subject to the deductible</i>	<i>Covered at 75%, subject to the deductible</i>	<i>Covered at 75%</i>	\$2,000 Individual / \$4,000 Family *FA	<i>Covered at 75% per admission*, subject to the deductible</i>	<i>Covered at 75%, subject to the deductible</i>	\$5/\$45/\$90; subject to plan deductible	<i>\$6,650 Individual / \$13,300 Family **FA</i>	<i>Covered at 50%, subject to the deductible</i>
SNJ1	SimplyBlue Plus Standard Silver	SGL: \$528.72 DBL: \$1,057.44 OPF: \$ 898.82 FAM:\$1,506.85	HYBRID	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	<i>\$1,700 Individual / \$3,400 Family *IA</i>	Subject to \$1500 copay per admission*, subject to the deductible	\$250 copay per visit, subject to deductible	\$10/\$35/\$70	<i>\$7,500 Individual / \$15,000 Family **IA</i>	Covered at 60%, subject to the deductible
SNP5	SimplyBlue Plus Silver 6	SGL: \$ 510.27 DBL: \$1,020.54 OPF: \$ 867.46 FAM: \$1,454.27	HYBRID	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 80%	<i>\$2,250 Individual / \$4,500 Family *IA</i>	Covered at 80% per admission*, subject to the deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90	<i>\$7,500 Individual / \$15,000 Family **IA</i>	Covered at 60%, subject to the deductible
SML1	<i>SimplyBlue Plus Silver 18</i>	<i>SGL: \$485.66 DBL: \$971.32 OPF: \$825.62 FAM:\$1,384.13</i>	<i>HYBRID</i>	<i>\$50 copay per visit</i>	<i>\$75 copay per visit,</i>	<i>Covered at 70%</i>	<i>\$6,550 Individual / \$13,100 Family *IA</i>	<i>Covered at 70% per admission*, subject to the deductible</i>	<i>\$500 copay per visit.</i>	<i>\$10/\$45/\$90</i>	<i>\$7,500 Individual / \$15,000 Family **IA</i>	<i>Covered at 50%, subject to the deductible</i>
SMM7	<i>SimplyBlue Plus Silver 19</i>	<i>SGL: \$488.57 DBL: \$977.14 OPF: \$830.57 FAM:\$1,392.42</i>	<i>Deductible HSA</i>	<i>\$25 copay per visit, subject to deductible</i>	<i>\$50 copay per visit, subject to deductible</i>	<i>Covered at 100%</i>	<i>\$2,250 Individual / \$4,500 Family *FA</i>	<i>Subject to \$500 copay per admission*, subject to deductible</i>	<i>\$300 copay per visit, subject to deductible</i>	<i>\$5/\$45/\$90; subject to plan deductible</i>	<i>\$6,550 Individual / \$13,100 Family **FA</i>	<i>Covered at 60%, subject to the deductible</i>
SOK3	SimplyBlue Plus Gold 20	SGL: \$553.80 DBL: \$1,107.60 OPF: \$941.46 FAM:\$1,578.33	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
SNB1	SimplyBlue Plus Gold 6	SGL: \$ 579.35 DBL: \$ 1,158.70 OPF: \$ 984.90 FAM:\$1,651.15	Deductible HSA	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible	Covered at 85%	\$1,400 Individual / \$2,800 Family *FA	Covered at 85% per admission*, subject to the deductible	Covered at 85%, subject to the deductible	\$5/\$35/\$70; subject to plan deductible	\$2,800 Individual / \$5,600 Family **FA	Covered at 70%, subject to the deductible
SO17	SimplyBlue Plus Gold 19	SGL: \$ 578.14 DBL: \$1,156.28 OPF: \$982.84 FAM:\$1,647.70	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
SNN9	SimplyBlue Plus Gold 14	SGL: \$600.07 DBL: \$1,200.14 OPF: \$1,020.12 FAM:\$1,710.20	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	\$250 copay per visit, subject to deductible	\$5/\$35/\$70	\$5,500 Individual / \$11,000 Family **IA	Covered at 60%, subject to the deductible
SNM3	SimplyBlue Plus Gold 13	SGL: \$605.76 DBL: \$1,211.52 OPF: \$ 1,029.79 FAM:\$1,726.42	HYBRID	\$15 copay per visit, subject to deductible	\$25 copay per visit, subject to deductible	Covered at 80%	\$750 Individual / \$1,500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$200 copay per visit, subject to deductible	\$5/\$25/\$50	\$6,850 Individual / \$13,700 Family **IA	Covered at 60%, subject to the deductible
SOC3	SimplyBlue Plus Gold 18	SGL: \$609.48 DBL: \$1,218.96 OPF: \$1,036.12 FAM:\$1,737.02	HYBRID	\$30 Copay per visit	\$50 Copay per visit	Covered at 80%	\$1,000 Individual / \$2,000 Family *IA	Covered at 80% per admission*, subject to the deductible	\$250 copay per visit	\$5/\$45/\$90	\$6,000 Individual / \$12,000 Family **IA	Covered at 60%, subject to the deductible

Plan Code	Plan Name	Plan Premiums	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
SNK7	SimplyBlue Plus Standard Gold	SGL: \$ 614.41 DBL: \$1,228.82 OPF: \$1,044.50 FAM:\$1,751.07	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	\$4,000 Individual / \$8,000 Family **IA	Covered at 60%, subject to the deductible
SMX9	SimplyBlue Plus Gold 5	SGL: \$609.45 DBL: \$1,218.90 OPF: \$ 1,036.07 FAM:\$1,736.93	Copay	\$40 copay per visit	\$60 copay per visit	None	None	<i>Subject to \$1,000 copay per admission*</i>	<i>\$500 copay per visit</i>	\$15/\$50/50%	\$6,850 Individual / \$13,700 Family **IA	Covered at 80%, subject to the deductible
SMU7	SimplyBlue Plus Gold 1	SGL: \$ 617.04 DBL: \$ 1,224.08 OPF: \$1,048.97 FAM:\$1,758.56	Copay	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$1000 copay per admission*	\$450 copay per visit	\$15/40%/50%	\$6,850 Individual / \$13,700 Family **IA	Covered at 80%, subject to the deductible
SOA7	SimplyBlue Plus Gold 17	SGL: \$ 613.91 DBL:\$ 1,227.82 OPF: \$ 1,043.65 FAM:\$1,749.64	HYBRID	\$25 copay per visit	\$40 copay per visit	Covered at 80%	\$750 Individual / \$1,500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$250 copay per visit	<i>\$5/\$45/\$90</i>	<i>\$7,000 Individual / \$14,000 Family **IA</i>	Covered at 60%, subject to the deductible
SNZ1	SimplyBlue Plus Platinum 4	SGL: \$713.56 DBL: \$1,427.12 OPF: \$1,213.05 FAM:\$2,033.65	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
SOH1	SimplyBlue Plus Platinum 6	SGL: \$682.57 DBL: \$1,365.14 OPF: \$1,160.37 FAM:\$1,945.32	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
SOF5	SimplyBlue Plus Platinum 5	SGL: \$689.86 DBL: \$1,379.72 OPF: \$1,172.76 FAM:\$1,966.10	Copay	\$25 copay per visit	\$40 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
SMW3	SimplyBlue Plus Platinum 3	SGL: \$696.84 DBL: \$1,393.68 OPF: \$1,184.63 FAM:\$1,985.99	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
SMR5	SimplyBlue Plus Standard Platinum	SGL: \$712.43 DBL: \$1,424.86 OPF: \$1,211.13 FAM:\$2,030.43	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
SMT1	SimplyBlue Plus Platinum 2	SGL: \$709.90 DBL: \$1,419.80 OPF: \$1,206.83 FAM:\$2,023.22	Copay	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$250 copay per admission*	\$150 copay per visit	<i>\$5/\$30/\$50</i>	\$6,350 Individual / \$12,700 Family **IA	Covered at 80%, subject to the deductible

* 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 2018.

***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 \$6650 on an HSA plan or \$7350 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.