

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

Excellus Small Group (Size 2-50) Plans

Premium Period: 2nd Qtr 2020 (APR MAY JUN 2020 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	Age 30 w/Dtl
Code	Name	With Ped Dental	Type	Visit	Visit	Insurance	Deductible	Benefits	Department	Rx Coverage	Pocket Max	Network	Plan (
Oode	SimplyBlue	SGL: \$380.97	Deductible	Covered at	Covered at	Covered	\$6,750	Covered at	Covered at	Covered at	\$6,750	Covered at	T ICHT	-
	Plus Bronze 4	DBL: \$761.94	HSA	100%, subject	100%,	at 100%	Individual /	100% per	100%, subject	100%, subject	Individual /	100%,		
SQR5	1 100 5101120 1	OPF: \$647.65	110/1	to the	subject to	at 10070	\$13,500	admission*,	to the	to the	\$13,500	subject to the	SQR6	SQQ7
<u>3QN3</u>		FAM: \$1,085.76		deductible	the		Family *FA	subject to the	deductible	deductible	Family *FA	deductible	<u>3Q110</u>	<u>3QQ7</u>
		1 AIVI. \$1,003.70		deductible	deductible		Tailily TA	deductible	deddclible	deddclible	Tailing TA	deddclible		
	SimplyBlue	SGL: \$394.61	Deductible	Covered at	Covered at	Covered	\$5,000	Covered at	Covered at	\$10/40%/50%;	\$6,550	Covered at		
	Plus Bronze 3	DBL: \$789.22	HSA			at 50%	งร,000 Individual /	50% per		subject to plan	งง,550 Individual /			
CODO	Plus bronze s	·	пон	50%, subject	50%,	at 50%	1	·	50%, subject	, ,		50%, subject	CODO	COD4
SQP9		OPF: \$670.84		to the	subject to		\$10,000	admission*,	to the	deductible	\$13,100	to the	<u>SQP0</u>	SQP1
		FAM:\$1,124.64		deductible	the		Family	subject to the	deductible		Family	deductible		
	0: 1.51	001 000 50	5	0 1 .	deductible		*FA	deductible	0 1 1	Φ 4 0 /Φ 0 = /Φ = 0	**FA			
	SimplyBlue	SGL: \$397.56	Deductible	Covered at	Covered at	Covered	\$5,500	Covered at	Covered at	\$10/\$35/\$70;	\$6,550	Covered at		
	Plus Standard	DBL: \$795.12	HSA	50%, subject	50%,	at 50%	Individual /	50% per	50%, subject	subject to plan	Individual /	50%, subject		
SQJ5	Bronze	OPF: \$675.850		to the	subject to		\$11,000	admission*,	to the	deductible	\$13,100	to the	<u>SQJ6</u>	<u>SQ17</u>
		FAM:\$1,133.05		deductible	the		Family *IA	subject to the	deductible		Family **IA	deductible		
					deductible			deductible						
	SimplyBlue	SGL: \$400.04	Deductible	3 Primary	Covered at	Covered	\$4,425	Covered at	Covered at	\$10/\$35/\$70;	\$8,150	Covered at		
	Plus Std	DBL: \$800.08		Care visits at	50%,	at 50%	Individual /	50% per	50%, subject	subject to plan	Individual /	50%, subject		
SRN9	Bronze	OPF: \$680.07		\$0, then	subject to		\$8,850	admission*,	to the	deductible	\$16,300	to the	<u>SRNO</u>	SRN1
		FAM:\$1,140.11		50%subject to	the		Family *IA	subject to the	deductible		Family **IA	deductible		
				deductible.	deductible			deductible						
	Healthy New	SGL: \$406.43	HYBRID	\$25 copay per	\$40 copay	Covered	\$600	Subject to	\$150 copay	\$10/\$35/\$70	\$4,000	Not Covered		
	York EPO	DBL: \$812.86		visit, subject	per visit,	at 100%	Individual /	\$1000 copay	per visit,		Individual /			
SRB1	*SE	OPF: \$690.93		to deductible	subject to		\$1,200	per admission*	subject to		\$8,000		SRB2	SRA3
		FAM:\$1,158.33			deductible		Family *IA	subject to	deductible		Family **IA			
							,	deductible			-			
	SimplyBlue	SGL: \$407.96	Deductible	\$30 copay per	\$50 copay	Covered	\$5,500	Subject to \$500	\$350 copay	\$10/\$35/\$70;	\$6,550	Covered at		
	Plus Bronze 5	DBL: \$815.92	HSA	visit, subject	per visit,	at 100%	Individual /	copay per	per visit,	subject to plan	Individual /	60%, subject		
SRF9		OPF: \$693.53		to deductible	subject to		\$11,000	admission*	subject to	deductible	\$13,100	to the	<u>SRF0</u>	SRF1
		FAM:\$1,162.69			deductible		Family	subject to	deductible		Family	deductible		
							*FA	deductible			**FA			
	SimplyBlue	SGL: \$414.12	Deductible	Covered at	Covered at	Covered	\$4,500	Covered at	Covered at	\$5/\$45/\$90;	\$6,750	Covered at		
	Plus Bronze 6	DBL: \$828.24	HSA	75%, subject	75%,	at 75%	Individual /	75% per	75%, subject	subject to plan	Individual /	50%, subject		
SRZ1		OPF: \$704.001		to the	subject to		\$9,000	admission*,	to the	deductible	\$13,500	to the	SRZ2	SRY3
		FAM:\$1,180.24		deductible	the		Family	subject to the	deductible		Family	deductible		
					deductible		*FA	deductible			**FA			
	SimplyBlue	SGL: \$457.44	Deductible	Covered at	Covered at	Covered	\$3,600	Covered at	Covered at	\$5/\$35/\$70;	\$6,550	Covered at		
	Plus Silver 17	DBL: \$ 914.88	HSA	80%, subject	80%,	at 80%	Individual /	80% per	80% per	subject to plan	Individual /	60%, subject		
SRX5		OPF: \$ 777.65		to the	subject to		\$7,200	admission*,	admission*,	deductible	\$13,100	to the	SRX6	SRW7
		FAM:\$1,303.70		deductible	the		Family	subject to the	subject to the		Family	deductible		
					deductible		**FA	deductible	deductible		**FA			
	SimplyBlue	SGL: \$470.71	Deductible	Covered at	Covered at	Covered	\$3,200	Covered at	Covered at	\$5/\$45/\$90;	\$6,550	Covered at		
	Plus Silver 16	DBL: \$941.42	HSA	80%, subject	80%,	at 80%	Individual /	80% per	80% per	subject to plan	Individual /	60%, subject		
SRV9		OPF: \$800.21		to the	subject to	-	\$6,400	admission*,	admission*,	deductible	\$13,100	to the	SRV0	SRV1
=		FAM:\$1,341.52		deductible	the		Family	subject to the	subject to the		Family	deductible	50	52
		7 7 7,0 11102		300001010	deductible		**FA	deductible	deductible		**FA	2000000		
	SimplyBlue	SGL: \$492.22	Deductible	Covered at	Covered at	Covered	\$2,750	Covered at	Covered at	\$5/\$35/\$70;	\$6,750	Covered at		
	Plus Silver 4	DBL: \$984.44	HSA	85%, subject	85%,	at 85%	Individual /	85% per	85%*, subject	subject to plan	Individual /	70%, subject		
<u>SQ03</u>	1 IGO OIIVOI T	OPF: \$836.77	110/	to the	subject to	at 00 /0	\$5,500	admission*,	to the	deductible	\$13,500	to the	<u>SQ04</u>	SQN5
<u>3QU3</u>		FAM:\$1,402.83		deductible	the		Family	subject to the	deductible	GEGGETINE	Family	deductible	<u>3Q04</u>	<u>3QN3</u>
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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 (
	SimplyBlue	SGL:\$495.31	Deductible	Covered at	Covered at	Covered	\$2,800	Covered at	Covered at	\$5/\$45/\$90;	\$6,550	Covered at		
	Plus Silver 14	DBL:\$990.62	HSA	80%, subject	80%,	at 80%	Individual /	80% per	80%, subject	subject to plan	Individual /	60%, subject		
SRE3		OPF:\$842.03		to the	subject to		\$5,600	admission*,	to the	deductible	\$13,100	to the	SRE4	SRD5
		FAM:\$1,411.63		deductible	the		Family	subject to the	deductible		Family	deductible		
					deductible		*FA	deductible			**FA			
	SimplyBlue	SGL: \$497.41	HYBRID	\$50 copay	\$75 copay	Covered	\$7,250	Covered at	\$650 copay	\$10/\$45/\$90	\$8,150	Covered at		
	Plus Silver 18	DBL: \$994.82		per visit	per visit,	at 75%	Individual /	70% per	per visit.		Individual /	50%, subject		
SSA7		OPF: \$845.60					\$14,500	admission*,			\$16,300	to the	SSA8	SRZ9
		FAM:\$1,417.62					Family	subject to the			Family	deductible		
							*IA	deductible			**IA			
	SimplyBlue	SGL: \$ 498.14	Deductible	Covered at	Covered at	Covered	\$2,250	Covered at	Covered at	\$5/\$45/\$90;	\$6,750Indiv	Covered at		
	Plus Silver 2	DBL: \$ 996.28	HSA	75%, subject	75%,	at 75%	Individual /	75% per	75%, subject	subject to plan	idual /	50%, subject		
SQM7		OPF:\$846.84		to the	subject to		\$4,500	admission*,	to the	deductible	\$13,500	to the	SQM8	SQL9
		FAM:\$1,419.70		deductible	the		Family	subject to the	deductible		Family	deductible		
					deductible		*FA	deductible			** <i>FA</i>			
	SimplyBlue	SGL: \$508.41	Deductible	\$25 copay	\$50 copay	Covered	\$2,250	Subject to	\$300 copay	\$5/\$45/\$90;	\$6,900	Covered at		
	Plus Silver 19	DBL: \$1,016.82	HSA	per visit,	per visit,	at 100%	Individual /	\$500 copay per	per visit,	subject to	Individual /	60%, subject		
SSC3		OPF: \$864.30		subject to	subject to		\$4,500	admission*,	subject to	plan	\$13,800	to the	SSC4	SSB5
		FAM:\$1,448.97		deductible	deductible		Family	subject to	deductible	deductible	Family	deductible		
	<u> </u>	001 0		A 10			*FA	deductible		0 - 10 1 - 10 - 0	**FA			
	SimplyBlue	SGL: \$ 520.51	HYBRID	\$40 copay per	\$60 copay	Covered	\$2,500	Covered at	\$350 copay	\$5/\$45/\$90	\$8,000	Covered at		
CO7F	Plus Silver 6	DBL: \$1,041.02		visit, subject	per visit,	at 75%	Individual /	75% per	per visit,		Individual /	50%, subject	6076	COVZ
SQZ5		OPF: \$ 884.87		to deductible	subject to		\$5,000	admission*,	subject to		\$16,000	to the	<u>SQZ6</u>	SQY7
		FAM: \$1,483.45			deductible		Family	subject to the	deductible		Family	deductible		
	SimplyBlue	SGL: \$562.07	HYBRID	\$30 copay per	\$50 copay	Covered	*IA \$1,300	deductible Subject to	\$250 copay	\$10/\$35/\$70	**IA \$7,900	Covered at		
	Plus Standard	DBL: \$1,124.14	TITORIO	visit, subject	per visit,	at 100%	Individual /	\$1500 copay	per visit,	ψ10/ψ55/ψ70	Individual /	60%, subject		
SQT1	Silver	OPF: \$ 955.52		to deductible	subject to	at 10076	\$2,600	per admission*,	subject to		\$15,800	to the	SQT2	SQS3
<u>3Q11</u>	Silver	FAM:\$1,601.90		to deductible	deductible		φ2,000 Family	subject to the	deductible		Family	deductible	<u>3Q12</u>	<u>3Q33</u>
		1 ΑΙνΙ.Φ1,001.90			deductible		*IA	deductible	deductible		**IA	deddclible		
	SimplyBlue	SGL: \$575.56	Deductible	Covered at	Covered at	Covered	\$1,800	Covered at	Covered at	\$5/\$45/\$90;	\$3,600	Covered at		
	Plus Gold 20	DBL: \$1,151.12	HSA	80%, subject	80%,	at 80%	Individual /	80% per	80%, subject	subject to plan	Individual /	60%, subject		
SRU3	1 100 0010 20	OPF: \$ 978.45	110,1	to the	subject to	ut 0070	\$3,600	admission*,	to the	deductible	\$7,200	to the	SRU4	SRT5
		FAM:\$1,640.35		deductible	the		Family	subject to the	deductible	acadonalo	Family	deductible		
		ι / πιπφτηστοίσσ		acadonaro	deductible		*FA	deductible	doddonoro		**FA	acadonoro		
	SimplyBlue	SGL: \$ 601.56	HYBRID	\$40 copay per	\$60 copay	Covered	\$2,250	Covered at	\$350 copay	\$5/\$45/\$90	\$6,850	Covered at		
	Plus Gold 19	DBL: \$1,203.12		visit	per visit	at 80%	Individual /	80% per	per visit		Individual /	60%, subject		
SRS7		OPF: \$1,022.65					\$4,500	admission*,			\$13,700	to the	SRS8	SRR9
		FAM:\$1,714.45					Family *IA	subject to the			Family **IA	deductible		
								deductible						
	SimplyBlue	SGL: \$ 602.04	Deductible	Covered at	Covered at	Covered	\$1,400	Covered at	Covered at	\$5/\$35/\$70;	\$2,800	Covered at		
	Plus Gold 6	DBL: \$1,204.08	HSA	85%, subject	85%,	at 85%	Individual /	85% per	85%, subject	subject to plan	Individual /	70%, subject		
SQL1		OPF: \$1,023.47		to the	subject to		\$2,800	admission*,	to the	deductible	\$5,600	to the	SQL2	SQK3
		FAM:\$1,715.81		deductible	the		Family	subject to the	deductible		Family	deductible		
					deductible		*FA	deductible			**FA			
	SimplyBlue	SGL: \$623.90	HYBRID	\$25 copay per	\$40 copay	Covered	\$1,000	Covered at	\$250 copay	\$5/\$35/\$70	\$5,500	Covered at		
	Plus Gold 14	DBL: \$1,247.80		visit, subject	per visit,	at 80%	Individual /	80% per	per visit,		Individual /	60%, subject		
SQX9		OPF: \$1,060.63		to deductible	subject to		\$2,000	admission*,	subject to		\$11,000	to the	<u>SQX0</u>	SQX1
		FAM:\$1,778.12			deductible		Family *IA	subject to the	deductible		Family **IA	deductible		
								deductible						
	SimplyBlue	SGL: \$625.14	HYBRID	\$15 copay per	\$25 copay	Covered	\$850	Covered at	\$200 copay	\$5/\$25/\$50	\$7,000	Covered at		
	Plus Gold 13	DBL: \$1,250.28		visit, subject	per visit,	at 80%	Individual /	80% per	per visit,		Individual /	60%, subject		
SQW3		OPF: \$1,062.74		to deductible	subject to		\$1,700	admission*,	subject to		\$14,000	to the	<u>SQW4</u>	SQV5
		FAM:\$1,781.65			deductible		Family *IA	subject to the	deductible		Family **IA	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	
SRK7	SimplyBlue Plus Gold 17	SGL: \$ 631.69 DBL:\$ 1,263.38 OPF: \$1,073.87 FAM:\$1,800.32	HYBRID	\$25 copay per visit	\$40 copay per visit	Covered at 80%	\$900 Individual / \$1,800 Family *IA	Covered at 80% per admission*, subject to the deductible	\$250 copay per visit	\$5/\$45/\$90	\$7,000 Individual / \$14,000 Family **IA	Covered at 60%, subject to the deductible	SRK8	SRJ9
SQH9	SimplyBlue Plus Gold 5	SGL: \$632.54 DBL: \$1,265.08 OPF: \$1,075.32 FAM:\$1,802.74	Copay	\$40 copay per visit	\$60 copay per visit	None	None	Subject to \$1,000 copay per admission*	\$500 copay per visit	\$15/\$75/50%	\$7,000 Individual / \$14,000 Family **IA	Covered at 80%, subject to the deductible	SQH0	<u>SQH1</u>
SRM3	SimplyBlue Plus Gold 18	SGL: \$633.13 DBL: \$1,266.26 OPF: \$1,076.32 FAM:\$1,804.42	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	\$6,200 Individual / \$12,400 Family **IA	Covered at 60%, subject to the deductible	SRM4	SRL5
SQU7	SimplyBlue Plus Standard Gold	SGL: \$ 638.40 DBL: \$1,276.80 OPF: \$1,085.28 FAM:\$1,819.44	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	SQU8	<u>SQT9</u>
SQE7	SimplyBlue Plus Gold 1	SGL: \$ 639.92 DBL: \$1,279.84 OPF: \$1,087.86 FAM:\$1,823.77	Copay	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$1000 copay per admission*	\$450 copay per visit	\$15/40%/50%	\$7,600 Individual / \$15,200 Family **IA	Covered at 80%, subject to the deductible	SQE8	SQD9
SRR1	SimplyBlue Plus Platinum 6	SGL: \$710.66 DBL: \$1,421.32 OPF: \$1,208.12 FAM:\$2,025.38	Copay	\$30 copay per visit	\$50 copay per visit	None	None	Subject to \$750 copay per admission	\$250 copay per visit	\$5/\$35/\$70	\$8,150 Individual / \$16,300 Family **IA	Covered at 80%, subject to the deductible	SRR2	SRQ3
SRP5	SimplyBlue Plus Platinum 5	SGL: \$717.98 DBL: \$1,435.96 OPF: \$1,220.57 FAM:\$2,046.24	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	SRP6	SRO7
SQG3	SimplyBlue Plus Platinum 3	SGL: \$725.14 DBL: \$1,450.28 OPF: \$1,232.74 FAM:\$2,066.65	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	SQG4	SQF5
SQD1	SimplyBlue Plus Platinum 2	SGL: \$735.94 DBL: \$1,471.88 OPF: \$1,251.10 FAM:\$2,097.43	Copay	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$250 copay per admission*	\$150 copay per visit	\$5/\$30/\$70	\$6,350 Individual / \$12,700 Family **IA	Covered at 80%, subject to the deductible	SQD2	SQC3
SQB5	SimplyBlue Plus Standard Platinum	SGL: \$740.02 DBL: \$1,480.04 OPF: \$1,258.03 FAM:\$2,109.06	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	SQB6	SQA7
SRJ1	SimplyBlue Plus Platinum 4	SGL: \$741.37 DBL: \$1,482.74 OPF: \$1,260.33 FAM:\$2,112.90	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	SRJ2	<u>SRI3</u>

^{*} per admission for unlimited days

Plan details highlighted in Red Italic indicate change from 2019.

^{*}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).

^{*}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 \$6900 on an HSA plan or \$8150 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.