



Excellus Small Group (Size 2-50) Plans

Premium Period: 1st Qtr 2020 (JAN FEB MAR 2020 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 Plan Code	Age 30 w/Dtl Plan Code
SQR5	SimplyBlue Plus Bronze 4	SGL: \$373.50 DBL: \$747.01 OPF: \$634.96 FAM: \$1,064.49	Deductible HSA	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$6,750 Individual / \$13,500 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	\$6,750 Individual / \$13,500 Family *FA	Covered at 100%, subject to the deductible	SQR6	SQQ7
SQP9	SimplyBlue Plus Bronze 3	SGL: \$386.87 DBL: \$773.75 OPF: \$657.69 FAM: \$1,102.59	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	SQP0	SQP1
SQJ5	SimplyBlue Plus Standard Bronze	SGL: \$389.76 DBL: \$779.53 OPF: \$662.60 FAM: \$1,110.83	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	SQJ6	SQJ7
SRN9	SimplyBlue Plus Std Bronze	SGL: \$392.20 DBL: \$784.40 OPF: \$666.73 FAM: \$1,117.76	Deductible	3 Primary Care visits at \$0, then 50% subject to deductible.	Covered at 50%, subject to the deductible	Covered at 50%	\$4,425 Individual / \$8,850 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	\$8,150 Individual / \$16,300 Family **IA	Covered at 50%, subject to the deductible	SRN0	SRN1
SRB1	Healthy New York EPO *SE	SGL: \$398.46 DBL: \$796.92 OPF: \$677.39 FAM: \$1,135.62	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	SRB2	SRA3
SRF9	SimplyBlue Plus Bronze 5	SGL: \$399.96 DBL: \$799.91 OPF: \$679.92 FAM: \$1,139.88	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	SRF0	SRF1
SRZ1	SimplyBlue Plus Bronze 6	SGL: \$406.00 DBL: \$812.01 OPF: \$690.21 FAM: \$1,157.11	Deductible HSA	Covered at 75%, subject to the deductible	Covered at 75%, subject to the deductible	Covered at 75%	\$4,500 Individual / \$9,000 Family *FA	Covered at 75% per admission*, subject to the deductible	Covered at 75%, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$6,750 Individual / \$13,500 Family **FA	Covered at 50%, subject to the deductible	SRZ2	SRY3
SRX5	SimplyBlue Plus Silver 17	SGL: \$448.478 DBL: \$ 896.93 OPF: \$ 762.40 FAM: \$1,278.13	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	SRX6	SRW7
SRV9	SimplyBlue Plus Silver 16	SGL: \$461.48 DBL: \$922.96 OPF: \$784.52 FAM: \$1,315.22	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	SRV0	SRV1
SQO3	SimplyBlue Plus Silver 4	SGL: \$482.57 DBL: \$965.14 OPF: \$820.37 FAM: \$1,375.32	Deductible HSA	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible	Covered at 85%	\$2,750 Individual / \$5,500 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	\$6,750 Individual / \$13,500 Family **FA	Covered at 70%, subject to the deductible	SQO4	SQN5

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													Plan Code	
SRE3	SimplyBlue Plus Silver 14	SGL:\$485.60 DBL:\$971.19 OPF:\$825.51 FAM:\$1,383.96	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	SRE4	SRD5
SSA7	SimplyBlue Plus Silver 18	SGL: \$487.66 DBL: \$975.33 OPF: \$829.03 FAM:\$1,389.84	HYBRID	\$50 copay per visit	\$75 copay per visit,	Covered at 75%	\$7,250 Individual / \$14,500 Family *IA	Covered at 70% per admission*, subject to the deductible	\$650 copay per visit.	\$10/\$45/\$90	\$8,150 Individual / \$16,300 Family **IA	Covered at 50%, subject to the deductible	SSA8	SRZ9
SQM7	SimplyBlue Plus Silver 2	SGL: \$ 488.37 DBL: \$ 976.74 OPF:\$830.22 FAM:\$1,391.85	Deductible HSA	Covered at 75%, subject to the deductible	Covered at 75%, subject to the deductible	Covered at 75%	\$2,250 Individual / \$4,500 Family *FA	Covered at 75% per admission*, subject to the deductible	Covered at 75%, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$6,750 Individual / \$13,500 Family **FA	Covered at 50%, subject to the deductible	SQM8	SQL9
SSC3	SimplyBlue Plus Silver 19	SGL: \$498.44 DBL: \$996.88 OPF: \$847.35 FAM:\$1,420.56	Deductible HSA	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	\$2,250 Individual / \$4,500 Family *FA	Subject to \$500 copay per admission*, subject to deductible	\$300 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	\$6,900 Individual / \$13,800 Family **FA	Covered at 60%, subject to the deductible	SSC4	SSB5
SQZ5	SimplyBlue Plus Silver 6	SGL: \$ 510.30 DBL: \$1,020.59 OPF: \$ 867.50 FAM: \$1,454.35	HYBRID	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 75%	\$2,500 Individual / \$5,000 Family *IA	Covered at 75% per admission*, subject to the deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90	\$8,000 Individual / \$16,000 Family **IA	Covered at 50%, subject to the deductible	SQZ6	SQY7
SQT1	SimplyBlue Plus Standard Silver	SGL: \$551.05 DBL: \$1,102.10 OPF: \$ 936.79 FAM:\$1,570.49	HYBRID	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	\$1,300 Individual / \$2,600 Family *IA	Subject to \$1500 copay per admission*, subject to the deductible	\$250 copay per visit, subject to deductible	\$10/\$35/\$70	\$7,900 Individual / \$15,800 Family **IA	Covered at 60%, subject to the deductible	SQT2	SQS3
SRU3	SimplyBlue Plus Gold 20	SGL: \$564.27 DBL: \$1,128.54 OPF: \$ 959.26 FAM:\$1,608.17	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	SRU4	SRT5
SRS7	SimplyBlue Plus Gold 19	SGL: \$ 589.76 DBL: \$1,179.52 OPF: \$1,002.59 FAM:\$1,680.83	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	SRS8	SRR9
SQL1	SimplyBlue Plus Gold 6	SGL: \$ 590.24 DBL: \$1,180.47 OPF: \$1,003.40 FAM:\$1,682.17	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	SQL2	SQK3
SQX9	SimplyBlue Plus Gold 14	SGL: \$611.67 DBL: \$1,223.34 OPF: \$1,039.84 FAM:\$1,743.27	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	SQX0	SQX1
SQW3	SimplyBlue Plus Gold 13	SGL: \$612.88 DBL: \$1,225.76 OPF: \$1,041.89 FAM:\$1,746.70	HYBRID	\$15 copay per visit, subject to deductible	\$25 copay per visit, subject to deductible	Covered at 80%	\$850 Individual / \$1,700 Family *IA	Covered at 80% per admission*, subject to the deductible	\$200 copay per visit, subject to deductible	\$5/\$25/\$50	\$7,000 Individual / \$14,000 Family **IA	Covered at 60%, subject to the deductible	SQW4	SQV5

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SRK7	SimplyBlue Plus Gold 17	SGL: \$ 619.30 DBL: \$ 1,238.60 OPF: \$1,052.82 FAM:\$1,765.01	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: \$620.14 DBL: \$1,240.29 OPF: \$1,054.24 FAM:\$1,767.41	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	SQH1
SRM3	SimplyBlue Plus Gold 18	SGL: \$620.72 DBL: \$1,241.43 OPF: \$1,055.22 FAM:\$1,769.04	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: \$ 625.88 DBL: \$1,251.76 OPF: \$1,064.00 FAM:\$1,783.76	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	SQT9
SQE7	SimplyBlue Plus Gold 1	SGL: \$ 627.37 DBL: \$1,254.73 OPF: \$1,066.52 FAM:\$1,788.00	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: \$696.73 DBL: \$1,393.46 OPF: \$1,184.44 FAM:\$1,985.67	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	SRR6	SRQ3
SRP5	SimplyBlue Plus Platinum 5	SGL: \$703.90 DBL: \$1,407.80 OPF: \$1,196.63 FAM:\$2,006.13	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: \$710.92 DBL: \$1,421.84 OPF: \$1,208.56 FAM:\$2,026.12	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: \$721.51 DBL: \$1,443.01 OPF: \$1,226.56 FAM:\$2,056.30	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: \$725.51 DBL: \$1,451.01 OPF: \$1,233.36 FAM:\$2,067.69	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: \$726.83 DBL: \$1,453.66 OPF: \$1,235.61 FAM:\$2,071.47	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	SRI3

* 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 2019.

***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.