



Excellus Small Group (Size 2-50) Plans

Premium Period: 3rd Qtr 2021 (JUL AUG SEP 2021 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
SUR9	Healthy New York EPO *SE	SGL: \$375.51 DBL: \$751.02 OPF: \$638.37 FAM: \$1,070.20	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	SUR0	SUR1
SUH3	SimplyBlue Plus Bronze 4	SGL: \$412.70 DBL: \$825.40 OPF: \$701.59 FAM: \$1,176.20	Deductible HSA	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$7,000 Individual / \$14,000 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	\$7,000 Individual / \$14,000 Family *FA	Covered at 100%, subject to the deductible	SUH4	SUG5
SUF7	SimplyBlue Plus Bronze 3	SGL: \$417.91 DBL: \$835.82 OPF: \$710.45 FAM: \$1,191.04	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 *FA	Covered at 50% per admission*, subject to the deductible	Covered at 50%, subject to the deductible	\$10/40%/50%; subject to plan deductible	\$7,000 Individual / \$14,000 Family *FA	Covered at 50%, subject to the deductible	SUF8	SUE9
STZ9	SimplyBlue Plus Standard Bronze HSA	SGL: \$418.35 DBL: \$836.70 OPF: \$711.20 FAM: \$1,192.30	Deductible HSA	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$6,100 Individual / \$12,200 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	\$7,000 Individual / \$13,800 Family *IA	Covered at 50%, subject to the deductible	STZ0	STZ1
SUW7	SimplyBlue Plus Bronze 5	SGL: \$418.58 DBL: \$837.16 OPF: \$711.59 FAM: \$1,192.95	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	\$7,000 Individual / \$14,000 Family *FA	Covered at 100%, subject to the deductible	SUW8	SUV9
SVO7	SimplyBlue Plus Silver 18	SGL: \$440.19 DBL: \$880.38 OPF: \$748.32 FAM: \$1,254.54	HYBRID	\$50 copay per visit	\$75 copay per visit	Covered at 70%	\$7,500 Individual / \$15,000 Family *IA	Covered at 70% per admission*, subject to the deductible	\$650 copay per visit.	\$10/40%/50 %	\$8,250 Individual / \$16,500 Family *IA	Covered at 50%, subject to the deductible	SVO8	SVN9
SVN1	SimplyBlue Plus Silver 17	SGL: \$495.60 DBL: \$991.20 OPF: \$842.52 FAM: \$1,412.46	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	SVN2	SVM3
SVL5	SimplyBlue Plus Silver 16	SGL: \$509.81 DBL: \$1,019.62 OPF: \$866.68 FAM: \$1,452.96	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	SVL6	SVK7
SUU1	SimplyBlue Plus Silver 14	SGL: \$525.15 DBL: \$1,050.30 OPF: \$892.76 FAM: \$1,496.68	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	SUU2	SUU3
SUQ3	SimplyBlue Plus Silver 6	SGL: \$529.47 DBL: \$1,058.94 OPF: \$900.10 FAM: \$1,508.99	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	SUQ4	SUP5
SUE1	SimplyBlue Plus Silver 2	SGL: \$531.76 DBL: \$1,063.52 OPF: \$903.99 FAM: \$1,515.52	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$2,600 Individual / \$5,200 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	\$7,000 Individual / \$14,000 Family *FA	Covered at 60%, subject to the deductible	SUE2	SUD3

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
													Plan Code	
SVQ3	SimplyBlue Plus Silver 19	SGL: \$534.83 DBL: \$1,069.66 OPF: \$909.21 FAM:\$1,524.27	Deductible HSA	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	\$2,500 Individual / \$4,500 Family *FA	Subject to \$500 copay per admission*, subject to	\$500 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	\$6,750 Individual / \$13,500 Family **FA	Covered at 60%, subject to the deductible	SVQ4	SVPS
SUI9	SimplyBlue Plus Standard Silver	SGL: \$590.86 DBL: \$1,181.72 OPF: \$1,004.46 FAM:\$1,683.95	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	\$300 copay per visit, subject to deductible	\$10/\$35/\$70	\$8,500 Individual / \$17,000 Family **IA	Covered at 60%, subject to the deductible	SUI0	SUI1
SVI3	SimplyBlue Plus Gold 19	SGL: \$ 597.22 DBL: \$1,194.44 OPF: \$1,015.27 FAM:\$1,702.08	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	SVI4	SVH5
SVJ9	SimplyBlue Plus Gold 20	SGL: \$616.24 DBL: \$1,232.48 OPF: \$1,047.61 FAM:\$1,756.28	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	SVJ0	SVJ1
SUB5	SimplyBlue Plus Gold 6	SGL: \$ 623.66 DBL: \$1,247.32 OPF: \$1,060.22 FAM:\$1,777.43	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$1,600 Individual / \$3,200 Family *FA	Covered at 80% per admission*, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$35/\$70; subject to plan deductible	\$3,200 Individual / \$6,400 Family **FA	Covered at 60%, subject to the deductible	SUB6	SUA7
SVE1	SimplyBlue Plus Gold 18	SGL: \$624.08 DBL: \$1,248.16 OPF: \$1,060.94 FAM:\$1,778.63	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	SVE2	SVD3
SVC5	SimplyBlue Plus Gold 17	SGL: \$ 640.85 DBL:\$ 1,281.70 OPF: \$1,089.45 FAM:\$1,826.42	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	\$8,150 Individual / \$16,300 Family **IA	Covered at 60%, subject to the deductible	SVC6	SVB7
SUO7	SimplyBlue Plus Gold 14	SGL: \$643.56 DBL: \$1,287.12 OPF: \$1,094.05 FAM:\$1,834.15	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	SUO8	SUN9
SUN1	SimplyBlue Plus Gold 13	SGL: \$647.67 DBL: \$1,295.34 OPF: \$1,101.04 FAM:\$1,845.86	HYBRID	\$15 copay per visit, subject to deductible	\$40 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/\$35/\$50	\$8,000 Individual / \$16,000 Family **IA	Covered at 60%, subject to the deductible	SUN2	SUM3
STV1	SimplyBlue Plus Gold 1	SGL: \$ 649.36 DBL: \$1,298.72 OPF: \$1,103.91 FAM:\$1,850.68	Copay	\$25 copay per visit	\$50 copay per visit	None	None	Subject to \$1000 copay per admission*	\$450 copay per visit	\$15/40%/50 %	\$7,900 Individual / \$15,800 Family	Covered at 80%, subject to the	STV2	STU3
STY3	SimplyBlue Plus Gold 5	SGL: \$662.85 DBL: \$1,325.70 OPF: \$1,126.85 FAM:\$1,889.12	Copay	\$40 copay per visit	\$70 copay per visit	None	None	Subject to \$1,000 copay per admission*	\$500 copay per visit	\$15/\$75/50%	\$8,000 Individual / \$16,000 Family	Covered at 80%, subject to the	STY4	STX5
SUL5	SimplyBlue Plus Standard Gold	SGL: \$ 676.57 DBL: \$1,353.14 OPF: \$1,150.17 FAM:\$1,928.22	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	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$4,000 Individual / \$8,000 Family **IA	Covered at 60%, subject to the deductible	SUL6	SUJ7
SVFZ	SimplyBlue Plus Platinum 6	SGL: \$758.55 DBL: \$1,517.10 OPF: \$1,289.54 FAM:\$2,161.87	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	SVF8	SVE9

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STW7	SimplyBlue Plus Platinum 3	SGL: \$774.16 DBL: \$1,548.32 OPF: \$1,316.07 FAM:\$2,206.36	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	Covered at 80%, subject to the	STW8	STV9
SVA9	SimplyBlue Plus Platinum 4	SGL: \$775.20 DBL: \$1,550.40 OPF: \$1,317.84 FAM:\$2,209.32	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	SVA0	SVA1
STR9	SimplyBlue Plus Standard Platinum	SGL: \$781.39 DBL: \$1,562.78 OPF: \$1,328.36 FAM:\$2,226.96	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	Covered at 80%, subject to the	STR0	STR1
STT5	SimplyBlue Plus Platinum 2	SGL: \$786.34 DBL: \$1,572.68 OPF: \$1,336.78 FAM:\$2,241.07	Copay	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$500 copay per admission*	\$150 copay per visit	\$5/\$35/\$70	\$5,000 Individual / \$10,000 Family	Covered at 80%, subject to the	STT6	STS7

* 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 2020.

***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 \$7000 on an HSA plan or \$8550 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.