



Excellus Small Group (Size 2-50) Plans

Premium Period: 1st Qtr 2022 (JAN FEB MAR 2022 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
SYI7	Healthy New York EPO *SE	SGL: \$392.94 DBL: \$785.88 OPF: \$668.00 FAM: \$1,119.89	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	SYI8	SYH9
SYA7	SimplyBlue Plus Bronze 4	SGL: \$438.93 DBL: \$877.87 OPF: \$746.19 FAM: \$1,250.96	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	SYA8	SXZ9
SXZ1	SimplyBlue Plus Bronze 3	SGL: \$438.68 DBL: \$877.35 OPF: \$745.75 FAM: \$1,250.22	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 100%, subject to the deductible	SXZ2	SXY3
SXU3	SimplyBlue Plus Standard Bronze HSA	SGL: \$438.64 DBL: \$877.27 OPF: \$745.68 FAM: \$1,250.11	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	\$6,900 Individual / \$13,800 Family **IA	Covered at 100%, subject to the deductible	SXU4	SXT5
SYN5	SimplyBlue Plus Bronze 5	SGL: \$439.44 DBL: \$878.88 OPF: \$747.05 FAM: \$1,252.40	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	SYN6	SYM7
SZD5	SimplyBlue Plus Silver 18	SGL: \$462.05 DBL: \$924.10 OPF: \$785.49 FAM: \$1,316.84	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 100%, subject to the deductible	SZD6	SZC7
SZB9	SimplyBlue Plus Silver 17	SGL: \$521.23 DBL: \$1,042.46 OPF: \$886.09 FAM: \$1,485.51	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	SZB0	SZB1
SZA3	SimplyBlue Plus Silver 16	SGL: \$546.37 DBL: \$1,092.74 OPF: \$928.82 FAM: \$1,557.16	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 **IA	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 **IA	Covered at 60%, subject to the deductible	SZA4	SYZ5
SYL9	SimplyBlue Plus Silver 14	SGL: \$550.27 DBL: \$1,100.55 OPF: \$935.46 FAM: \$1,568.29	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	SYL0	SYL1
SYH1	SimplyBlue Plus Silver 6	SGL: \$555.42 DBL: \$1,110.84 OPF: \$944.22 FAM: \$1,582.95	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	SYH2	SYG3
SXX5	SimplyBlue Plus Silver 2	SGL: \$557.23 DBL: \$1,114.47 OPF: \$947.30 FAM: \$1,588.11	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	SXX6	SXW7

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
SZF1	SimplyBlue Plus Silver 19	SGL: \$562.09 DBL: \$1,124.18 OPF: \$955.56 FAM:\$1,601.96	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	\$300 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	SYX2	SZE3
SYC3	SimplyBlue Plus Standard Silver	SGL: \$617.86 DBL: \$1,235.73 OPF: \$1,050.37 FAM:\$1,760.92	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	SYC4	SYB5
SYX1	SimplyBlue Plus Gold 19	SGL: \$ 626.06 DBL: \$1,252.12 OPF: \$1,064.30 FAM:\$1,784.28	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	SZF2	SYW3
SY77	SimplyBlue Plus Gold 20	SGL: \$644.95 DBL: \$1,289.91 OPF: \$ 1,096.43 FAM:\$1,838.12	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	SY78	SYX9
SXV9	SimplyBlue Plus Gold 6	SGL: \$ 652.67 DBL: \$1,305.33 OPF: \$1,109.53 FAM:\$1,860.10	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	SXP6	SXV1
SYT9	SimplyBlue Plus Gold 18	SGL: \$654.36 DBL: \$1,308.72 OPF: \$1,112.41 FAM:\$1,864.92	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	SYT0	SYT1
SYS3	SimplyBlue Plus Gold 17	SGL: \$ 671.85 DBL:\$ 1,343.69 OPF: \$1,142.14 FAM:\$1,914.76	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	\$10/\$45/\$90	\$8,150 Individual / \$16,300 Family **IA	Covered at 60%, subject to the deductible	SYS4	SYR5
SYF5	SimplyBlue Plus Gold 14	SGL: \$673.98 DBL: \$1,347.95 OPF: \$1,145.76 FAM:\$1,920.84	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	SYF6	SYE7
SZI3	SimplyBlue Plus Gold 21	SGL: \$622.03 DBL: \$1,244.06 OPF: \$1,057.45 FAM:\$1,772.78	Deductible HSA	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%	\$2,000 Individual / \$4,000 Family *FA	Subject to \$500 copay per admission, subject to deductible	\$150 copay per visit, subject to deductible	\$5/\$45/\$50	\$6,000 Individual / \$12,000 Family **FA	Covered at 60%, subject to the deductible	SZI4	SZH5
SXP5	SimplyBlue Plus Gold 1	SGL: \$ 681.83 DBL: \$1,363.65 OPF: \$1,159.11 FAM:\$1,943.21	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	SXP6	SXO7
SZG7	Blue Simplicity Gold	SGL: \$689.84 DBL: \$1,379.67 OPF: \$1,172.72 FAM:\$1,966.04	COPAY	\$50 copay per visit	\$100 Copay per visit	None	\$6,500 Individual / \$13,000 Family *IA	Subject to \$6,500 copay per admission	\$200 Copay per visit	\$10/\$50/\$100	\$6,500 Individual / \$13,000 Family *IA	Subject to copay dependent on service	SZG8	SZF9
SXS7	SimplyBlue Plus Gold 5	SGL: \$695.29 DBL: \$1,390.57 OPF: \$1,181.99 FAM:\$1,981.57	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	SXS8	SXR9
SYD9	SimplyBlue Plus Standard Gold	SGL: \$ 706.90 DBL: \$1,413.81 OPF: \$1,201.74 FAM:\$2,014.67	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	SYD0	SYD1
SYV5	SimplyBlue Plus Platinum 6	SGL: \$795.26 DBL: \$1,590.50 OPF: \$1,351.94 FAM:\$2,266.49	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	SYV6	SYU7

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													Plan Code	
SXR1	SimplyBlue Plus Platinum 3	SGL: \$810.88 DBL: \$1,621.76 OPF: \$1,378.50 FAM:\$2,311.01	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	SXR2	SXQ3
SYQ7	SimplyBlue Plus Platinum 4	SGL: \$807.88 DBL: \$1,615.76 OPF: \$1,373.40 FAM:\$2,302.45	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	SYQ8	SYP9
SXM3	SimplyBlue Plus Standard Platinum	SGL: \$815.80 DBL: \$1,631.59 OPF: \$1,386.86 FAM:\$2,325.02	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	SXM4	SXL5
SXN9	SimplyBlue Plus Platinum 2	SGL: \$822.87 DBL: \$1,645.75 OPF: \$1,398.89 FAM:\$2,345.19	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	SXN0	SXN1

* 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 2022.

***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 \$7050 on an HSA plan or \$8700 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.