



Excellus Small Group (Size 2-50) Plans

Premium Period: 2ND Qtr 2026 (APR MAY JUN 2026 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 Name	Plan Premiums	PCP Visit	Specialist Visit	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription / RX Coverage	Out of Pocket Max	Out of Network	No Ped Dental		Age 30 w/Dtl
										TJN7	TJM8	
Healthy New York EPO TJN6 HYBRID	SGL: \$734.07 DBL: \$1,468.14 OPF:\$1,247.92 FAM:\$2,092.10	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$775 Individual / \$1,550 Family *IA	Subject to \$1,000 copay per admission subject to deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$10,150 Individual / \$20,300 Family *IA	Not Covered	TJN7	TJM8	
SimplyBlue Plus Bronze 7 TKI4	SGL: \$699.53 DBL: \$1,399.06 OPF:\$1,189.20 FAM:\$1,993.66	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	\$10,600 Individual / \$21,200 Family *FA	Covered at 100% per admission*, subject to the deductible	Covered at 100% per admission*, subject to the deductible	\$0 generics for kids up to age 19, subject to the plan deductible	\$10,600 Individual / \$21,200 Family *FA	Covered at 100% per admission*, subject to the deductible	TKI5	TKH6	
SimplyBlue Plus Bronze 4 TJF6 HSA	SGL: \$782.82 DBL: \$1,565.64 OPF:\$1,330.79 FAM:\$2,231.04	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	\$8,500 Individual / \$17,000 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	\$8,500 Individual / \$17,000 Family *FA	Covered at 100%, subject to the deductible	TJF7	TJE8	
SimplyBlue Plus Bronze 3 TJD0 HSA	SGL: \$845.20 DBL: \$1,690.40 OPF:\$1,436.84 FAM:\$2,408.82	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	\$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	\$7,500 Individual / \$15,000 Family **FA	Covered at 100%, subject to the deductible	TJE1	TJD2	
SimplyBlue Plus Bronze 5 TJQ8 HSA	SGL: \$851.12 DBL: \$1,702.24 OPF:\$1,446.90 FAM:\$2,425.69	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	\$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	\$7,500 Individual / \$15,000 Family **FA	Covered at 100%, subject to the deductible	TJQ9	TJP0	
SimplyBlue Plus Silver 20 TKJ0 HAS	SGL: \$833.80 DBL:\$1,667.60 OPF:\$1,417.46 FAM:\$2,376.33	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	\$6,750 Individual / \$13,500 Family *FA	Covered at 100% per admission*, subject to the deductible	Covered at 100% per admission*, 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	TKK1	TKJ2	
SimplyBlue Plus Silver 18 TKD6 HYBRID	SGL: \$858.83 DBL: \$1,717.66 OPF:\$1,460.01 FAM:\$2,447.67	\$70 copay per visit	\$100 copay per visit	\$7,500 Individual / \$15,000 Family *IA	Covered at 70% per admission*, subject to the deductible	Covered at 70% per admission*, subject to the deductible	\$10/40%/50%	\$10,150 Individual / \$20,300 Family **IA	Covered at 100%, subject to the deductible	TKD7	TKC8	

Plan Name	Plan Premiums	PCP Visit	Specialist Visit	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription / RX Coverage	Out of Pocket Max	Out of Network	No Pod Dental Age 30 w/DDH	
SimplyBlue Plus Silver 17 TKB0 HSA	SGL: \$ 966.91 DBL: \$1,933.82 OPF:\$1,643.75 FAM:\$2,755.69	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	\$3,700 Individual / \$7,400 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	\$7,400 Individual / \$14,800 Family **FA	Covered at 60%, subject to the deductible	TKC1	TKB2
SimplyBlue Plus Silver 2 TJC4 HSA	SGL: \$ 975.70 DBL:\$ 1,951.40 OPF:\$1,658.69 FAM:\$2,780.75	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	\$3,250 Individual / \$6,500 Family *FA	Covered at 80% per admission*, subject to the deductible	Covered at 80%, subject to the deductible	\$10/\$45/\$90; subject to plan deductible	\$8,500 Individual / \$17,000 Family **FA	Covered at 60%, subject to the deductible	TJC5	TJB6
SimplyBlue Plus Silver 6 TJL0 HYBRID	SGL: \$ 978.92 DBL: \$1,957.84 OPF:\$1,664.16 FAM:\$2,789.92	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	\$3,600 Individual / \$7,200 Family *IA	Covered at 75% per admission*, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$45/\$90	\$9,600 Individual / \$19,200 Family **IA	Covered at 50%, subject to the deductible	TJM1	TJL2
SimplyBlue Plus Silver 19 TKF2 HSA	SGL: \$ 983.39 DBL: \$1,966.78 OPF:\$1,671.76 FAM:\$2,802.66	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	\$3,600 Individual / \$7,200 *FA	Subject to \$500 copay per admission*, subject to deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	\$8,000 Individual / \$16,000 Family **FA	Covered at 60%, subject to the deductible	TKF3	TKE4
SimplyBlue Plus Silver 16 TKA4 HSA	SGL: \$942.47 DBL: \$1,884.94 OPF:1,602.20 FAM:\$2,686.04	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	\$4,450 Individual / \$8,900 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	\$8,500 Individual / \$17,000 Family **IA	Covered at 60%, subject to the deductible	TKA5	TJZ6
SimplyBlue Plus Standard Silver TJH2 HYBRID	SGL:\$1,058.77 DBL:\$2,117.54 OPF:\$1,799.91 FAM:\$3,017.49	1st visit \$30 copay, no DD. 2nd + DD	1st visit \$65 copay, no DD. 2nd + DD	\$2,450 Individual / \$4,900 Family *IA	Subject to \$1500 copay per admission*, subject to the deductible	\$500 copay per visit, subject to deductible	\$15/\$40/\$75	\$10,150 Individual / \$20,300 Family **IA	Covered at 60%, subject to the deductible	TJH3	TJG4
SimplyBlue Plus Gold 21 TKG8 HSA	SGL:\$1,152.50 DBL: \$2,305.00 OPF:\$1,959.25 FAM:\$3,284.63	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$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/\$90; subject to plan deductible	\$5,500 Individual / \$11,000 Family **FA	Covered at 60%, subject to the deductible	TKG9	TKF0
SimplyBlue Plus Gold 19 TJY8 HYBRID	SGL:\$1,145.21 DBL:\$2,290.42 OPF: \$1,946.86 FAM:\$3,263.85	\$40 copay per visit	\$60 copay per visit	\$2,500 Individual / \$5,000 Family *IA	Covered at 80% per admission*, subject to the deductible	\$350 copay per visit	\$5/\$45/\$90	\$7,500 Individual / \$15,000 Family **IA	Covered at 60%, subject to the deductible	TJY9	TJX0
SimplyBlue Plus Gold 6 TJA8 HSA	SGL:\$1,143.53 DBL:\$2,287.06 OPF: \$1,944.00 FAM:\$3,259.06	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	\$2,000 Individual / \$4,000 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	\$4,000 Individual / \$8,000 **FA	Covered at 60%, subject to the deductible	TJA9	TIZ0
SimplyBlue Plus Gold 14 TJK4 HYBRID	SGL:\$1,181.39 DBL:\$2,362.78 OPF: \$2,008.36 FAM:\$3,366.96	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$1,400 Individual / \$2,800 Family *IA	Covered at 80% per admission*, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$35/\$70	\$7,500 Individual / \$15,000 Family **IA	Covered at 60%, subject to the deductible	TJK5	TJJ6

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SimplyBlue Plus Gold 17 TJV6 HYBRID	SGL:\$1,199.33 DBL:\$2,398.66 OPF:\$2,038.86 FAM:\$3,418.09	\$40 copay per visit	\$70 copay per visit	\$1,100 Individual / \$2,200 Family *IA	Covered at 80% per admission*, subject to the	\$300 copay per visit	\$10/\$45/\$90	\$8,250 Individual / \$16,500 Family **IA	Covered at 60%, subject to the deductible	TJV7	TJU8
SimplyBlue Plus Gold 5 TIZ2 COPAY	SGL:\$1,240.90 DBL:\$2,481.80 OPF:\$2,109.53 FAM:\$3,536.57	\$40 copay per visit	\$70 copay per visit	None	Subject to \$1,500 copay per admission*	\$650 copay per visit	\$15/ 40% /50 %	\$9,200 Individual / \$18,400 Family **IA	Covered at 80%, subject to the deductible	TIZ3	TIV4
SimplyBlue Plus Standard Gold TJI8 HYBRID	SGL: \$1,258.66 DBL:\$2,517.32 OPF:\$2,139.72 FAM:\$3,587.18	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$775 Individual / \$1,550 Family *IA	Subject to \$1000 copay per admission*, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$10,150 Individual / \$20,300 Family **IA	Covered at 60%, subject to the deductible	TJU1	TJH0
SimplyBlue Plus Platinum 4 TJT0 HYBRID	SGL: \$1,415.19 DBL:\$2,830.38 OPF:\$2,405.82 FAM:\$4,033.29	\$15 copay per visit	\$25 copay per visit	\$250 Individual / \$500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$150 copay per visit	\$5/\$25/\$50	\$3,000 Individual / \$6,000 Family **IA	Covered at 60%, subject to the deductible	TJU1	TJT2
SimplyBlue Plus Platinum 6 TJX2 COPAY	SGL: \$1,438.41 DBL:\$2,876.82 OPF:\$2,445.30 FAM:\$4,099.47	\$30 copay per visit	\$50 copay per visit	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	TJX3	TJW4
SimplyBlue Plus Platinum 2 TIX6 COPAY	SGL: \$1,449.89 DBL:\$2,899.78 OPF:\$2,464.81 FAM:\$4,132.19	\$15 copay per visit	\$40 copay per visit	None	Subject to \$500 copay per admission*	\$300 copay per visit	\$5/\$35/\$70	\$5,000 Individual / \$10,000 Family **IA	Covered at 80%, subject to the deductible	TIX7	TIW8
SimplyBlue Plus Standard Platinum TIVO COPAY	SGL: \$1,462.91 DBL:\$2,925.82 OPF:\$2,486.95 FAM:\$4,169.29	\$15 copay per visit	\$35 copay per visit	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	TIV1	TIV2

* 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 2025.

***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 \$8500 on an HSA plan or \$10,600 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.