

Plan ID	Enrollment Code	Plan Name	Aggregation Design	Plan Highlights	Single / Family	Plan Type	HSA Eligible	Quote Effective	Primary Care Office Visit	Specialist Office Visit	Deductible	Coinsurance	Hospital benefits	Emergency room care	Prescription Drug Coverage	Out of pocket maximum	Out of network benefits
78124NY1000025-00	TJA8	SimplyBlue Plus Gold 6	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$1,143.53 / \$3,259.06	Deductible HSA	Yes	04/01/2026 - 06/30/2026	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$4,000 Individual / \$8,000 Family	Covered at 60%, subject to the deductible
78124NY1000057-00	TJC4	SimplyBlue Plus Silver 2	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$975.70 / \$2,780.75	Deductible HSA	Yes	04/01/2026 - 06/30/2026	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,250 Individual / \$6,500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$10/\$45/\$90, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$8,500 Individual / \$17,000 Family	Covered at 60%, subject to the deductible
78124NY1000153-00	TJD0	SimplyBlue Plus Bronze 3	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in	\$845.20 / \$2,408.82	Deductible HSA	Yes	04/01/2026 - 06/30/2026	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 50%	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50%, subject to the deductible	\$10/40%/50%, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 100%, subject to the deductible

				full. Plan includes ThriveWell.											Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.		
78124NY1000169-00	TJF6	SimplyBlue Plus Bronze 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$782.82 / \$2,231.04	Deductible HSA	Yes	04/01/2026 - 06/30/2026	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	In-Network: \$8,500 Individual / \$17,000 Family	Covered at 100%	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$8,500 Individual / \$17,000 Family	Covered at 100%, subject to the deductible
78124NY1000201-00	TJQ8	SimplyBlue Plus Bronze 5	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$851.12 / \$2,425.69	Deductible HSA	Yes	04/01/2026 - 06/30/2026	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	In-Network: \$6,000 Individual / \$12,000 Family	Covered at 100%	Subject to \$1,000 copay per admission for unlimited days, subject to the deductible	\$500 copay per visit, subject to deductible	\$10/\$45/\$90, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 100%, subject to the deductible
78124NY1000249-00	TKA4	SimplyBlue Plus Silver 16	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$942.47 / \$2,686.04	Deductible HSA	Yes	04/01/2026 - 06/30/2026	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$4,450 Individual / \$8,900 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the	In-Network: \$8,500 Individual / \$17,000 Family	Covered at 60%, subject to the deductible

78124NY1 000265-00	TKB0	SimplyBlue Plus Silver 17	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$966.91 / \$2,755.69	Deductible HSA	Yes	04/01/2026 - 06/30/2026	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,700 Individual / \$7,400 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$35/\$70, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$7,400 Individual / \$14,800 Family	Covered at 60%, subject to the deductible
78124NY1 000297-00	TKF2	SimplyBlue Plus Silver 19	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$983.39 / \$2,802.66	Deductible HSA	Yes	04/01/2026 - 06/30/2026	\$10 copay per visit, subject to deductible for diagnostic visits \$25 copay per visit, subject to deductible for other services performed at a pcp	\$50 copay per visit, subject to deductible	In-Network: \$3,600 Individual / \$7,200 Family	Covered at 100%	Subject to \$500 copay per admission for unlimited days, subject to the deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$8,000 Individual / \$16,000 Family	Covered at 60%, subject to the deductible
78124NY1 000313-00	TKG8	SimplyBlue Plus Gold 21	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$1,152.50 / \$3,284.63	Deductible HSA	Yes	04/01/2026 - 06/30/2026	\$10 copay per visit, subject to deductible for diagnostic visits \$25 copay per visit, subject to deductible for other services performed at a pcp	\$40 copay per visit, subject to deductible	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 100%	Subject to \$500 copay per admission for unlimited days, subject to the deductible	\$150 copay per visit, subject to deductible	\$5/\$45/\$90, subject to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 60%, subject to the deductible
78124NY1 000345-00	TKJ0	SimplyBlue Plus	Family Aggregation	A deductible is applied to	\$833.80 / \$2,376.33	Deductible	Yes	04/01/2026 - 06/30/2026	Covered at 100%, subject to	Covered at 100%, subject to	In-Network: \$6,750	Covered at 100%	Covered at 100% per	Covered at 100%, subject	Covered at 100%, subject	In-Network: \$6,750 Individual	Covered at 100%,

		Silver 20	on	all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.		HSA			the deductible	the deductible	Individual / \$13,500 Family		admission for unlimited days, subject to the deductible	to the deductible	to the plan deductible. \$0 generics for kids up to age 19, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.	/ \$13,500 Family	subject to the deductible
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This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical necessity.

+When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA appropriate cost share for the service will be applied. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.

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