



Version Updated: 10/01/2025

Rating Region: Rochester

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
78124NY0980137-00	TIZ2	SimplyBlue Plus Gold 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,265.72 / \$3,607.30	Copay	No	07/01/2026 - 09/30/2026	\$40 copay per visit	\$70 copay per visit	None	None	Subject to \$1,500 copay per admission for unlimited days	\$650 copay per visit	\$15/40%/50% \$0 generics for kids up to age 19	In-Network: \$9,200 Individual / \$18,400 Family	Covered at 80%, subject to the deductible
78124NY0980025-00	TIX6	SimplyBlue Plus Platinum 2	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,478.89 / \$4,214.84	Copay	No	07/01/2026 - 09/30/2026	\$15 copay per visit	\$40 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$300 copay per visit	\$10/\$35/\$70 \$0 generics for kids up to age 19	In-Network: \$5,000 Individual / \$10,000 Family	Covered at 80%, subject to the deductible
78124NY0980185-00	TJX2	SimplyBlue Plus Platinum 6	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,467.18 / \$4,181.46	Copay	No	07/01/2026 - 09/30/2026	\$30 copay per visit	\$50 copay per visit	None	None	Subject to \$750 copay per admission for unlimited days	\$250 copay per visit	\$5/\$35/\$70 \$0 generics for kids up to age 19	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 80%, subject to the deductible
78124NY0980009-00	TIV0	SimplyBlue Plus Standard Platinum	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,492.17 / \$4,252.68	Copay	No	07/01/2026 - 09/30/2026	\$15 copay per visit	\$35 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$100 copay per visit	\$10/\$30/\$60	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 80%, subject to the deductible
78124NY1000329-00	TKI4	SimplyBlue Plus Bronze 7	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$713.52 / \$2,033.53	Deductible	No	07/01/2026 - 09/30/2026	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	In-Network: \$10,600 Individual / \$21,200 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: \$10,600 Individual / \$21,200 Family	Covered at 100%, subject to the deductible
78124NY1000153-00	TJD0	SimplyBlue Plus	Family Aggregation	A deductible is applied to	\$862.10 / \$2,456.99	Deductible	Yes	07/01/2026 - 09/30/2026	Covered at 50%, subject to the	Covered at 50%, subject to the	In-Network: \$5,500	Covered at 50%	Covered at 50% per	Covered at 50%, subject to	\$10/40%/50%, subject to the	In-Network: \$7,500 Individual	Covered at 100%,

		Bronze 3	on	all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.		HSA			deductible	deductible	Individual / \$11,000 Family		admission for unlimited days, subject to the deductible	the deductible	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.	/ \$15,000 Family	subject to the deductible
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.	\$798.48 / \$2,275.67	Deductible HSA	Yes	07/01/2026 - 09/30/2026	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.	\$868.14 / \$2,474.20	Deductible HSA	Yes	07/01/2026 - 09/30/2026	\$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
78124NY1000313-00	TKG8	SimplyBlue Plus Gold 21	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are	\$1,175.55 / \$3,350.32	Deductible HSA	Yes	07/01/2026 - 09/30/2026	\$10 copay per visit, subject to deductible for diagnostic visits \$25 copay per visit, subject to deductible for other services	\$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	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 60%, subject to the deductible

				covered in full. Plan includes ThriveWell.					performed at a pcp						deductible Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.		
78124NY100025-00	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.	\$1,166.40 / \$3,324.24	Deductible HSA	Yes	07/01/2026 - 09/30/2026	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
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.	\$961.32 / \$2,739.76	Deductible HSA	Yes	07/01/2026 - 09/30/2026	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 copay or coinsurance, if applicable.	In-Network: \$8,500 Individual / \$17,000 Family	Covered at 60%, subject to the deductible
78124NY1000265-00	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.	\$986.25 / \$2,810.81	Deductible HSA	Yes	07/01/2026 - 09/30/2026	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	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.	\$1,003.06 / \$2,858.72	Deductible HSA	Yes	07/01/2026 - 09/30/2026	\$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 000057-00	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.	\$995.21 / \$2,836.35	Deductible HSA	Yes	07/01/2026 - 09/30/2026	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
78124NY1 000345-00	TKJ0	SimplyBlue Plus Silver 20	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$850.48 / \$2,423.87	Deductible HSA	Yes	07/01/2026 - 09/30/2026	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	In-Network: \$6,750 Individual / \$13,500 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: \$6,750 Individual / \$13,500 Family	Covered at 100%, subject to the deductible
78124NY1	TJN6	Healthy	Individual	A deductible	\$748.75 /	Hybrid	No	07/01/2026 -	\$25 copay per	\$40 copay per	In-Network:	Covered at	Subject to	\$150 copay per	\$10/\$35/\$70	In-Network:	Not Covered

110009-00		New York EPO	Aggregation	is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$2,133.94			09/30/2026	visit, subject to deductible	visit, subject to deductible	\$775 Individual / \$1,550 Family	100%	\$1,000 copay per admission for unlimited days, subject to the deductible	visit, subject to deductible		\$10,150 Individual / \$20,300 Family	
78124NY0990089-00	TJK4	SimplyBlue Plus Gold 14	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$1,205.02 / \$3,434.31	Hybrid	No	07/01/2026 - 09/30/2026	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$1,400 Individual / \$2,800 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$35/\$70 \$0 generics for kids up to age 19	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 60%, subject to the deductible
78124NY0990249-00	TJV6	SimplyBlue Plus Gold 17	Individual Aggregation	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$1,223.32 / \$3,486.46	Hybrid	No	07/01/2026 - 09/30/2026	\$40 copay per visit	\$70 copay per visit	In-Network: \$1,100 Individual / \$2,200 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$300 copay per visit	\$10/\$45/\$90 \$0 generics for kids up to age 19	In-Network: \$8,250 Individual / \$16,500 Family	Covered at 60%, subject to the deductible
78124NY0990297-00	TJY8	SimplyBlue Plus Gold 19	Individual Aggregation	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes	\$1,168.11 / \$3,329.11	Hybrid	No	07/01/2026 - 09/30/2026	\$40 copay per visit	\$60 copay per visit	In-Network: \$2,500 Individual / \$5,000 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$350 copay per visit	\$5/\$45/\$90 \$0 generics for kids up to age 19	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 60%, subject to the deductible

78124NY0990233-00	TJT0	SimplyBlue Plus Platinum 4	Individual Aggregation	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$1,443.49 / \$4,113.95	Hybrid	No	07/01/2026 - 09/30/2026	\$15 copay per visit	\$25 copay per visit	In-Network: \$250 Individual / \$500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$150 copay per visit	\$5/\$25/\$50 \$0 generics for kids up to age 19	In-Network: \$3,000 Individual / \$6,000 Family	Covered at 60%, subject to the deductible
78124NY0990313-00	TKD6	SimplyBlue Plus Silver 18	Individual Aggregation	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$876.01 / \$2,496.63	Hybrid	No	07/01/2026 - 09/30/2026	\$70 copay per visit	\$100 copay per visit	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 70%	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 70%, subject to the deductible	\$10/40%/50% \$0 generics for kids up to age 19	In-Network: \$10,150 Individual / \$20,300 Family	Covered at 100%, subject to the deductible
78124NY0990105-00	TJL0	SimplyBlue Plus Silver 6	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$998.50 / \$2,845.73	Hybrid	No	07/01/2026 - 09/30/2026	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	In-Network: \$3,600 Individual / \$7,200 Family	Covered at 75%	Covered at 75% per admission for unlimited days, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$45/\$90 \$0 generics for kids up to age 19	In-Network: \$9,600 Individual / \$19,200 Family	Covered at 50%, subject to the deductible
78124NY0990041-00	TJI8	SimplyBlue Plus Standard Gold	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are	\$1,283.83 / \$3,658.92	Hybrid	No	07/01/2026 - 09/30/2026	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$775 Individual / \$1,550 Family	Covered at 100%	Subject to \$1,000 copay per admission for unlimited days, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	In-Network: \$10,150 Individual / \$20,300 Family	Covered at 60%, subject to the deductible

78124NY0990009-00	TJH2	SimplyBlue Plus Standard Silver	Individual Aggregation	covered in full. Plan includes ThriveWell. A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ThriveWell.	\$1,079.95 / \$3,077.86	Hybrid	No	07/01/2026 - 09/30/2026	First visit \$30 PCP copay, not subject to the deductible. Second and after \$30 PCP copay, subject to the deductible	First visit \$65 Specialist copay, not subject to deductible. Second and after \$65 Specialist copay, subject to deductible	In-Network: \$2,450 Individual / \$4,900 Family	Covered at 100%	Subject to \$1,500 copay per admission for unlimited days, subject to the deductible	\$500 copay per visit, subject to deductible	\$15/\$40/\$75	In-Network: \$10,150 Individual / \$20,300 Family	Covered at 60%, 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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