

CERTIFIED HEALTH INSURANCE PLAN OPTIONS OFF EXCHANGE



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program



**Need help choosing the right plan for you?
Call our dedicated Insurance Agents at 1-888-669-3913.**

Plan Benefits & Features	STANDARD							
	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA** qualified)	Bronze Standard	Silver Standard Plus 3	Silver Standard	Gold Standard Plus 3	Gold Standard	Platinum Standard
Tax Credit Available (On-Exchange Only)	Not Applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$8,700 / \$17,400	\$6,100 / \$12,200	\$4,700 / \$9,400	\$1,875 / \$3,750	\$1,300 / \$2,600	\$650 / \$1,300	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$8,700 / \$17,400	\$6,900 / \$13,800	\$8,700 / \$17,400	\$8,500 / \$17,000	\$8,500 / \$17,000	\$5,000 / \$10,000	\$4,000 / \$8,000	\$2,000 / \$4,000
Aggregation Type	Individual	Individual		Individual		Individual		Individual
Coinsurance	You pay 0%	You pay 50%		You pay 30%*	You pay 0%*	You pay 20%*	You pay 0%*	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$50 PCP / \$75 SPC. First 3 visits NSD.	\$35. First 3 visits NSD.	\$30	\$25. First 3 visits NSD.	\$25	\$15
Specialist Office Visit (SPC)	0%		\$55	\$50	\$40	\$40	\$35	
Hospital Services			\$1,500	\$1,500	\$1,500	\$1,000	\$1,000	\$500
Outpatient Services			\$150	\$150	\$150	\$100	\$100	\$100
Emergency Room			\$500	\$300	\$300	\$150	\$150	\$100
Urgent Care			\$75	\$70	\$70	\$60	\$60	\$55
Lab Work			\$50	\$35 PCP / \$55 SPC	\$30 PCP / \$50 SPC	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC
Basic X-Ray		\$75	\$75	\$75	\$25 PCP / \$40 SPC	\$25 PCP / \$40 SPC	\$15 PCP / \$35 SPC	
Prescription Drugs		\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$40 for Tier 2 \$80 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$30 for Tier 2 \$60 for Tier 3	
Telehealth and Telemedicine (MDLive Program)	\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0. First 3 qualifying visits NSD.	\$0	\$0. First 3 qualifying visits NSD.	\$0	\$0
Pediatric Vision* and Dental	Covered	Covered		Covered		Covered		Covered
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).								
Rates – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)								
Single	\$225.61	\$432.61	\$450.32	\$559.70	\$588.57	\$720.21	\$728.04	\$853.86
Single + Spouse	\$451.22	\$865.23	\$900.64	\$1,119.41	\$1,177.14	\$1,440.42	\$1,456.08	\$1,707.72
Single + Child(ren)	\$383.53	\$735.44	\$765.55	\$951.50	\$1,000.57	\$1,224.35	\$1,237.67	\$1,451.57
Single + Spouse + Child(ren)	\$642.99	\$1,232.96	\$1,283.42	\$1,595.16	\$1,677.43	\$2,052.59	\$2,074.92	\$2,433.50
Child Only	NA	\$178.24	\$185.53	NA	\$242.50	NA	\$299.95	\$351.79

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Any one person insured on a family plan will not pay more than \$8,700 in compliance with the Affordable Care Act.

*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

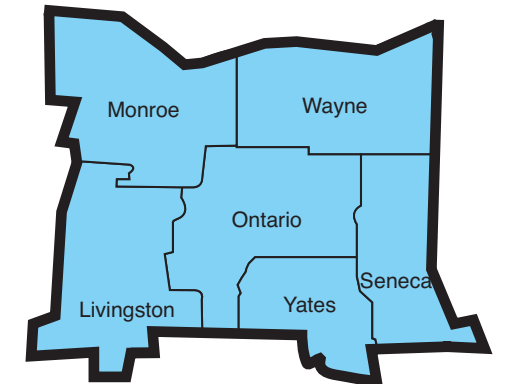
**An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

ROCHESTER REGION:

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

ROCHESTER REGION:



Plan Benefits & Features	NON-STANDARD						
	Bronze Secure Plus 3	Bronze Select (HSA** qualified)	Silver Select (HSA** qualified)	Destination 65 Silver SM (HSA** qualified)	Gold Select	Destination 65 Gold SM	Platinum Select
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$8,700 / \$17,400	\$5,500 / \$11,000	\$2,550 / \$5,100	\$3,000 / \$6,000	\$750 / \$1,500	\$950 / \$1,900 Medical \$200 / \$400 Drug	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$8,700 / \$17,400	\$7,000 / \$14,000	\$6,900 / \$13,800	\$7,000 / \$14,000	\$8,000 / \$16,000	\$6,700 / \$13,400	\$6,350 / \$12,700
Aggregation Type	Individual	Family	Family		Individual	Family	Individual
Coinsurance	You pay 0%	You pay 50%	You pay 20%*	You pay 20%	You pay 0%*	You pay 20%	You pay 0%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD		\$0 for most preventive services NSD
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	20%	\$15	\$25	\$15	\$15
Specialist Office Visit (SPC)	0%			\$50	\$40	\$50	\$25
Acupuncture Visit (up to 10)				50%	\$40	50%	\$25
Hospital Services				\$380 per day up to 5 days. Day 6 and after, you pay \$0.	\$1,000	\$380 per day up to 5 days. Day 6 and after, you pay \$0.	\$750
Outpatient Services				20%	\$350	\$600	\$150
Emergency Room				\$90	\$350	\$90	\$150
Urgent Care				\$65	\$40	\$50	\$25
Lab Work				\$15	\$40	\$15	\$25
Basic X-Ray				\$55	\$40	\$50	\$15
Prescription Drugs				\$10 for Tier 1 40% for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	\$0 for Tier 1 \$50 for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3
Telehealth and Telemedicine (MDLive Program)		0%. First 3 qualifying visits NSD.	0%	0%	\$0	\$0	\$0
Adult Vision Exams and Dental (Preventive & Routine)	\$0	50%	20%	Vision \$50. Dental not covered.	\$25	Vision \$0. Dental not covered.	\$15
Pediatric Vision* and Dental	Covered		Covered		Covered		Covered

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

Rates – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)

Single	\$394.86	\$435.51	\$569.21	\$569.42	\$703.14	\$713.87	\$838.59
Single + Spouse	\$789.72	\$871.02	\$1,138.42	\$1,138.84	\$1,406.28	\$1,427.74	\$1,677.18
Single + Child(ren)	\$671.26	\$740.36	\$967.67	\$968.01	\$1,195.34	\$1,213.58	\$1,425.60
Single + Spouse + Child(ren)	\$1,125.35	\$1,241.20	\$1,622.26	\$1,622.85	\$2,003.96	\$2,034.53	\$2,389.97
Child Only	NA	NA	NA	NA	NA	NA	NA

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A nonprofit independent licensee of the Blue Cross Blue Shield Association



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