



Version Updated: 09/09/2023

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
78124NY1000025-00	TCE2	SimplyBlue Plus Gold 6	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$816.95 / \$2,328.30	Deductible HSA	Yes	01/01/2024 - 03/31/2024	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$1,800 Individual / \$3,600 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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$3,600 Individual / \$7,200 Family	Covered at 60%, subject to the deductible
78124NY1000057-00	TCF8	SimplyBlue Plus Silver 2	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$686.76 / \$1,957.28	Deductible HSA	Yes	01/01/2024 - 03/31/2024	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,200 Individual / \$6,400 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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$8,000 Individual / \$16,000 Family	Covered at 60%, subject to the deductible
78124NY1000153-00	TCH4	SimplyBlue Plus Bronze 3	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$588.01 / \$1,675.82	Deductible HSA	Yes	01/01/2024 - 03/31/2024	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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$7,500 Individual / \$15,000 Family	Covered at 100%, subject to the deductible
78124NY1000169-00	TCI0	SimplyBlue Plus Bronze 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are	\$557.78 / \$1,589.68	Deductible HSA	Yes	01/01/2024 - 03/31/2024	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	In-Network: \$8,000 Individual / \$16,000 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. Preventive drugs are not subject to the deductible;	\$8,000 Individual / \$16,000 Family	Covered at 100%, subject to the deductible

				covered in full. New for 2024, includes ThriveWell.											they are subject to the applicable copay or coinsurance.		
78124NY1000201-00	TCU2	SimplyBlue Plus Bronze 5	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$592.26 / \$1,687.95	Deductible HSA	Yes	01/01/2024 - 03/31/2024	\$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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$7,500 Individual / \$15,000 Family	Covered at 100%, subject to the deductible
78124NY1000249-00	TDD8	SimplyBlue Plus Silver 16	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$705.40 / \$2,010.38	Deductible HSA	Yes	01/01/2024 - 03/31/2024	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,300 Individual / \$6,600 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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$7,500 Individual / \$15,000 Family	Covered at 60%, subject to the deductible
78124NY1000265-00	TDF4	SimplyBlue Plus Silver 17	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$686.19 / \$1,955.63	Deductible HSA	Yes	01/01/2024 - 03/31/2024	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,600 Individual / \$7,200 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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$6,600 Individual / \$13,200 Family	Covered at 60%, subject to the deductible
78124NY1000297-00	TDI6	SimplyBlue Plus Silver 19	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	\$697.84 / \$1,988.84	Deductible HSA	Yes	01/01/2024 - 03/31/2024	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	In-Network: \$3,350 Individual / \$6,700 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. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$7,750 Individual / \$15,500 Family	Covered at 60%, subject to the deductible
78124NY1000313-00	TDL8	SimplyBlue Plus	Family Aggregation	A deductible is applied to	\$807.61 / \$2,301.69	Deductible	Yes	01/01/2024 - 03/31/2024	\$25 copay per visit, subject to	\$40 copay per visit, subject to	In-Network: \$2,000	Covered at 100%	Subject to \$500 copay per	\$150 copay per visit, subject to	\$5/\$45/\$90, subject to the	\$5,500 Individual / \$11,000 Family	Covered at 60%, subject

	Gold 21	on	all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	HSA		deductible	deductible	Individual / \$4,000 Family		admission for unlimited days, subject to the deductible	deductible	plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.		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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