

| 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 | TFO2            | 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. | \$938.35 / \$2,674.29 | Deductible HSA | Yes          | 01/01/2025 - 03/31/2025 | 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. \$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: \$3,800 Individual / \$7,600 Family  | Covered at 60%, subject to the deductible  |
| 78124NY1000057-00 | TFP8            | 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. | \$795.26 / \$2,266.48 | Deductible HSA | Yes          | 01/01/2025 - 03/31/2025 | 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. \$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  |
| 78124NY1000153-00 | TFR4            | SimplyBlue Plus Bronze 3 | Family Aggregation | A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in                                 | \$684.55 / \$1,950.95 | Deductible HSA | Yes          | 01/01/2025 - 03/31/2025 | 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 |

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|                   |      |                           |                        | full. Plan includes ThriveWell.   |                       |                |     |                         |   |   |  |                 |  |  | Preventive drugs are not subject to the deductible; they are subject to the copay or coinsurance, if applicable.  |  |  |
| 78124NY1000169-00 | TFS0 | 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.   | \$640.87 / \$1,826.47 | Deductible HSA | Yes | 01/01/2025 - 03/31/2025 | Covered at 100%, subject to the deductible  | Covered at 100%, subject to the deductible  | In-Network: \$8,300 Individual / \$16,600 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: \$8,300 Individual / \$16,600 Family | Covered at 100%, subject to the deductible |
| 78124NY1000201-00 | TGE2 | SimplyBlue Plus Bronze 5  | Family Aggregation     | Plan offers 3 PCP visits before the deductible. The deductible is applied to all other covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell. | \$689.30 / \$1,964.50 | Deductible HSA | Yes | 01/01/2025 - 03/31/2025 | \$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 | TGN8 | 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.   | \$816.11 / \$2,325.91 | Deductible HSA | Yes | 01/01/2025 - 03/31/2025 | 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. \$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: \$7,500 Individual / \$15,000 Family | Covered at 60%, subject to the deductible  |

|                       |      |                           |                    |   |                       |                |     |                         |   |   |   |                 |  |  |   |  |   |
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| 78124NY1<br>000265-00 | TGP4 | 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. | \$794.55 / \$2,264.46 | Deductible HSA | Yes | 01/01/2025 - 03/31/2025 | 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. \$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: \$6,600 Individual / \$13,200 Family | Covered at 60%, subject to the deductible |
| 78124NY1<br>000297-00 | TGS6 | 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. | \$808.13 / \$2,303.17 | Deductible HSA | Yes | 01/01/2025 - 03/31/2025 | \$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. \$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: \$7,750 Individual / \$15,500 Family | Covered at 60%, subject to the deductible |
| 78124NY1<br>000313-00 | TGV8 | 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. | \$931.36 / \$2,654.37 | Deductible HSA | Yes | 01/01/2025 - 03/31/2025 | \$25 copay per visit, subject to deductible | \$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 |

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.

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+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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