



Version Updated: 09/12/2024

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
78124NY0980201-00	TGU2	Blue Simplicity Gold	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,033.17 / \$2,944.53	Copay	No	01/01/2025 - 03/31/2025	Level 2 - up to \$50 copay per visit	Level 3 - up to \$100 copay per visit	None	None	Level 6 - up to \$4,000 copay per admission for unlimited days	Level 4 - up to \$250 copay per visit	\$10/\$50/\$100 \$0 generics for kids up to age 19	In-Network: \$8,750 Individual / \$17,500 Family	Subject to copay dependent on service
78124NY0980057-00	TFJ4	SimplyBlue Plus Gold 1	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,011.30 / \$2,882.20	Copay	No	01/01/2025 - 03/31/2025	\$30 copay per visit	\$60 copay per visit	None	None	Subject to \$1,250 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
78124NY0980137-00	TFM6	SimplyBlue Plus Gold 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,029.12 / \$2,932.98	Copay	No	01/01/2025 - 03/31/2025	\$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/\$100/50% \$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	TFH8	SimplyBlue Plus Platinum 2	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,175.12 / \$3,349.10	Copay	No	01/01/2025 - 03/31/2025	\$15 copay per visit	\$30 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: \$4,200 Individual / \$8,400 Family	Covered at 80%, subject to the deductible
78124NY0980073-00	TFK0	SimplyBlue Plus Platinum 3	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,175.94 / \$3,351.43	Copay	No	01/01/2025 - 03/31/2025	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$150 copay per visit	\$5/\$35/\$70 \$0 generics for kids up to age 19	In-Network: \$4,500 Individual / \$9,000 Family	Covered at 80%, subject to the deductible
78124NY0980185-00	TGK6	SimplyBlue Plus Platinum 6	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,160.99 / \$3,308.83	Copay	No	01/01/2025 - 03/31/2025	\$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	TFG2	SimplyBlue Plus Standard Platinum	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ThriveWell.	\$1,180.67 / \$3,364.91	Copay	No	01/01/2025 - 03/31/2025	\$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

78124NY1 000329-00	TGX4	SimplyBlue Plus Bronze 7	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$609.08 / \$1,735.88	Deductible	No	01/01/2025 - 03/31/2025	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	In-Network: \$9,200 Individual / \$18,400 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: \$9,200 Individual / \$18,400 Family	Covered at 100%, subject to the deductible
78124NY1 000153-00	TFR4	SimplyBlue Plus Bronze 3	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.	\$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. 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
78124NY1 000169-00	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
78124NY1 000201-00	TGE2	SimplyBlue Plus Bronze 5	Family Aggregation	Plan offers 3 PCP visits before the deductible. The	\$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	\$500 copay per visit, subject to deductible	\$10/\$45/\$90, subject to the plan deductible. \$0 generics for	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 100%, subject to the deductible

				deductible is applied to all other covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ThriveWell.									to the deductible		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.		
78124NY1000313-00	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
78124NY100025-00	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
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	\$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	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 60%, subject to the deductible

				ThriveWell.												subject to the deductible; they are subject to the copay or coinsurance, if applicable.		
78124NY1000265-00	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	
78124NY1000297-00	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	
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	In-Network: \$8,000 Individual / \$16,000 Family	Covered at 60%, subject to the deductible	

														applicable.			
78124NY1110009-00	TGA0	Healthy New York EPO	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.	\$581.66 / \$1,657.72	Hybrid	No	01/01/2025 - 03/31/2025	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$600 Individual / \$1,200 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: \$7,900 Individual / \$15,800 Family	Not Covered
78124NY0990089-00	TFX8	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.	\$968.32 / \$2,759.70	Hybrid	No	01/01/2025 - 03/31/2025	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$1,200 Individual / \$2,400 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: \$7,000 Individual / \$14,000 Family	Covered at 60%, subject to the deductible
78124NY0990249-00	TGIO	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.	\$972.57 / \$2,771.82	Hybrid	No	01/01/2025 - 03/31/2025	\$40 copay per visit	\$60 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	\$250 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	TGM2	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	\$937.71 / \$2,672.47	Hybrid	No	01/01/2025 - 03/31/2025	\$40 copay per visit	\$60 copay per visit	In-Network: \$2,250 Individual / \$4,500 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: \$6,850 Individual / \$13,700 Family	Covered at 60%, subject to the deductible

				covered in full. Plan includes ThriveWell.													
78124NY0990233-00	TGH4	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.	\$1,152.28 / \$3,284.00	Hybrid	No	01/01/2025 - 03/31/2025	\$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: \$2,250 Individual / \$4,500 Family	Covered at 60%, subject to the deductible
78124NY0990313-00	TGQ0	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.	\$718.13 / \$2,046.67	Hybrid	No	01/01/2025 - 03/31/2025	\$60 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: \$9,200 Individual / \$18,400 Family	Covered at 100%, subject to the deductible
78124NY0990105-00	TFZ4	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.	\$806.74 / \$2,299.21	Hybrid	No	01/01/2025 - 03/31/2025	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	In-Network: \$3,250 Individual / \$6,500 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: \$9,200 Individual / \$18,400 Family	Covered at 50%, subject to the deductible
78124NY0990041-00	TFW2	SimplyBlue Plus Standard Gold	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible.	\$1,033.21 / \$2,944.66	Hybrid	No	01/01/2025 - 03/31/2025	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$600 Individual / \$1,200 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: \$7,900 Individual / \$15,800 Family	Covered at 60%, subject to the deductible

78124NY0990009-00	TFU6	SimplyBlue Plus Standard Silver	Individual Aggregation	deductible. Preventive services are 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.	\$875.46 / \$2,495.05	Hybrid	No	01/01/2025 - 03/31/2025	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: \$2,100 Individual / \$4,200 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: \$9,200 Individual / \$18,400 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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