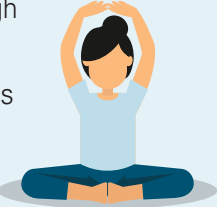


# We're here to help as you move forward.


As your business moves forward over the coming year, Excellus BlueCross BlueShield is bringing you more ways to get the most from your benefits, all backed by a local, caring team and more than 85 years of strength and stability.

## What's New For 2023

**Calm®**  
New to all Small Group plans, the Calm app is a digital stress management program to help members build resilience through better sleep, mindfulness, and meditation. All participating plans will include a premium subscription to the Calm app.



**Bright Beginnings**  
All Small Group plans will include Bright Beginnings, our new Maternity Care program that will provide information and assistance to expectant women, pre- and post-delivery, through our Care Management team.



## Updates and Enhancements

-  **Covered Therapies at PCP Cost Share**  
The in-network benefit for physical, occupational, and speech therapy care is now a PCP cost share, lowering the total cost of care, eliminating barriers, and making it more accessible. This applies to all Non-Standard designs that have a Specialist Copay for this benefit (subject to deductible, where applicable).
-  **Active&Fit ExerciseRewards™**  
We will be updating our Active&Fit ExerciseRewards program to count a fitness center visit as two points. Members that track their steps will continue to earn one point for 10,000+ steps in a day. Members are rewarded once they earn 100 points each 6-month period for working out at a qualifying fitness center or on their own through their tracked steps. Maximum of two points per day will be allowable.
-  **Pediatric Vision**  
Pediatric routine eye exams will be covered in full on all Non-Standard plans. Previously, this was covered at a Specialist copay (subject to deductible, where applicable).
-  **Reduced Cost Share for Blue Simplicity Gold**  
Starting in 2023, there will be a lower level 6 copay on the Blue Simplicity Gold plan for Small Groups! Introduced last year, Blue Simplicity Gold gives groups the predictability of a copay plan – without the higher premiums.

# Synchronized Health™

## Connecting Every Aspect of Employee Health

We know there's more to managing employee health than selecting affordable medical plans to keep employees healthy and productive.

It's about knowing that every aspect of the team's health is covered. That someone is not only looking out for their physical wellbeing, but their mental, emotional, and financial health as well. That the right level of guidance and information is always just a call, click, or text away. And that there's an entire team of doctors, nurses, health coaches, social workers, behavioral health specialists and respiratory therapists available to orchestrate care and provide human connections despite physical barriers.

It's what we call **Synchronized Health**. And it puts members at the center of care.



**MEMBER-CENTRIC CARE**  
Dozens of proven, data-driven clinical support programs give members the guidance and tools they need to meet their personal health goals while saving employers money.

**SELF-SERVICE SUPPORT TOOLS**  
For members who want the power to get help on their own terms, free self-service support tools make it easier than ever to get information and care anytime, anywhere.

**VOLUNTARY BENEFITS SERVICES**  
When you integrate additional benefits and administration with medical benefits, Excellus BCBS can support employees with a more complete view of their health. More proactive support to helps keep employees healthy and costs down.

Businesses and their employees can feel confident knowing that we're looking out for every aspect of their health—leading to **better care, bigger savings and greater peace of mind**.

2023 Excellus BCBS  
Small Business  
Plan Designs At A Glance

Utica: Q1 Rates  
Effective 1/1/2023 – 3/31/2023

Excellus 

# Moving forward with greater *peace of mind*

With even more benefits to support  
your business and team.





Plans for Small Employer Groups – Go to Blue on Demand for More Details

PLANTYPE	COPAY							HYBRID								DEDUCTIBLE HSA								
Plan Name	Platinum Standard	Platinum 2	Platinum 3	Platinum 6	Gold 1	Gold 5	Blue Simplicity Gold	Platinum 4	Gold 14	Gold 17	Gold 19	Gold Standard	Silver 6	Silver 18	Silver Standard	Gold 6	Gold 21	Silver 2	Silver 16	Silver 17	Silver 19	Bronze 3	Bronze 4	Bronze 5
Enrollment Code	TLLS	TMMI	TNNO	TXXP	TMMY	T00E	TAD4	TWWJ	TSSR	TWWZ	TYYF	TSSB	TTTH	TAA2	TRRL	T00Z	TAE0	TPPP	TYYV	TZZL	TAB8	TQQF	TQQV	TVVD
Deductible: Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$500	\$1,000/\$2,000	\$1,100/\$2,200	\$2,250/\$4,500	\$600/\$1,200	\$3,000/\$6,000	\$7,500/\$15,000	\$1,750/\$3,500	\$1,800/\$3,600	\$2,000/\$4,000	\$3,000/\$6,000	\$3,200/\$6,400	\$3,600/\$7,200	\$3,000/\$6,000	\$5,500/\$11,000	\$7,500/\$15,000	\$6,000/\$12,000
Out-of-Pocket Maximum: Individual/Family	\$2,000/\$4,000	\$5,000/\$10,000	\$4,500/\$9,000	\$6,550/\$13,100	\$8,500/\$17,000	\$9,100/\$18,200	\$6,500/\$13,000	\$2,000/\$4,000	\$6,500/\$13,000	\$8,250/\$16,500	\$6,850/\$13,700	\$4,750/\$9,500	\$8,500/\$17,000	\$8,250/\$16,500	\$9,100/\$18,200	\$3,600/\$7,200	\$5,500/\$11,000	\$7,500/\$15,000	\$6,550/\$13,100	\$6,550/\$13,100	\$7,500/\$15,000	\$7,000/\$14,000	\$7,500/\$15,000	\$7,500/\$15,000
Per Person In a Family Out-of-Pocket Maximum²:	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	\$7,200	\$7,500	\$7,500	N/A	\$7,500	\$7,500	\$7,500	\$7,500	\$7,500
Aggregation Design**	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	FAMILY	FAMILY	INDIVIDUAL	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20%	20%	20%	20%	0%	25%	30%	0%	20%	0%	20%	20%	20%	0%	50%	0%	0%
MEDICAL																								
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$15	\$15	\$25	\$30	\$25	\$40	\$50	\$15	\$25*	\$40	\$40	\$25*	\$40*	\$50	\$30*, First visit NSD¹	20%*	\$25*	20%*	20%*	20%*	\$25*	50%*	0%*	\$40*
Specialist Visit	\$35	\$25	\$40	\$50	\$50	\$70	\$100	\$25	\$40*	\$60	\$60	\$40*	\$60*	\$75	\$65*, First visit NSD¹	20%*	\$40*	20%*	20%*	20%*	\$50*	50%*	0%*	\$60*
Covered Therapies (PT/OT/ST)	\$25	\$15	\$25	\$30	\$25	\$40	\$50	\$15	\$25*	\$40	\$40	\$30*	\$40*	\$50	\$30*	20%*	\$25*	20%*	20%*	20%*	\$25*	50%*	0%*	\$40*
Chiropractic Care	\$35	\$15	\$25	\$30	\$25	\$40	\$50	\$15	\$25*	\$40	\$40	\$40*	\$40*	\$50	\$65*, First visit NSD¹	20%*	\$25*	20%*	20%*	20%*	\$25*	50%*	0%*	\$40*
Telemedicine with MDLive	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full*	Covered in full	Covered in full	Covered in full*	Covered in full*	Covered in full	Covered in full*, First visit NSD¹	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*	Covered in full*
Hospital Facility: Inpatient	\$500	\$500	\$500	\$750	\$1,250	\$1,500	\$4,000	20%*	20%*	20%*	20%*	\$1,000*	25%*	30%*	\$1,500*	20%*	\$500*	20%*	20%*	20%*	\$500*	50%*	0%*	\$1,000*
Hospital Facility: Outpatient	\$100	\$250	\$150	\$250	\$650	\$600	\$1,000	20%*	20%*	20%*	20%*	\$100*	25%*	30%*	\$150*	20%*	\$150*	20%*	20%*	20%*	\$350*	50%*	0%*	\$500*
Urgent Care	\$55	\$25	\$40	\$50	\$50	\$70	\$100	\$25	\$40*	\$60	\$60	\$60*	\$60*	\$75	\$70*	20%*	\$40*	20%*	20%*	20%*	\$50*	50%*	0%*	\$60*
Emergency Room Visit	\$100	\$250	\$150	\$250	\$650	\$600	\$200	\$150	\$350*	\$250	\$350	\$150*	\$450*	30%*	\$500*	20%*	\$150*	20%*	20%*	20%*	\$350*	50%*	0%*	\$500*
Annual Eye Exam: Pediatric/Adult	\$15/Not Covered	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	\$25*/ Not Covered	Covered in full*/ Covered in full*	Covered in full/ Covered in full	\$30*/ Not Covered	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*	Covered in full*/ Covered in full*
PHARMACY																								
Prescription Drugs	\$10/\$30/\$60	\$5/\$35/\$70	\$5/\$35/\$70	\$5/\$35/\$70	\$15/40%/50%	\$15/\$75/50%	\$10/\$50/\$100	\$5/\$25/\$50	\$5/\$35/\$70	\$10/\$45/\$90	\$5/\$45/\$90	\$10/\$35/\$70	\$5/\$45/\$90	\$10/40%/50%	\$15/\$40/\$75	\$5/\$45/\$90*¹	\$5/\$45/\$90*¹	\$10/\$45/\$90*¹	\$5/\$45/\$90*¹	\$5/\$35/\$70*¹	\$5/\$45/\$90*¹	\$10/40%/50%*¹	0%*¹	\$10/\$45/\$90*¹
OUT-OF-NETWORK COVERAGE																								
Deductible: Individual/Family	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$0/\$0	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/\$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$5,000/ \$10,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000
Out-of-Pocket Maximum: Individual/Family	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$9,750/\$19,500	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/\$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000	\$10,000/ \$20,000
Coinsurance	20%	20%	20%	20%	20%	20%	0%	40%	40%	40%	40%	40%	50%	0%	40%	40%	40%	40%	40%	40%	40%	0%	0%	0%
UTICA RATES***																								
Single	\$1,116.58	\$1,121.85	\$1,111.94	\$1,091.33	\$923.21	\$941.94	\$954.26	\$1,106.06	\$915.19	\$901.89	\$858.65	\$964.86	\$735.43	\$633.63	\$798.60	\$875.02	\$854.58	\$731.84	\$748.22	\$713.87	\$737.54	\$601.00	\$582.23	\$593.53
Subscriber & Spouse	\$2,233.16	\$2,243.70	\$2,223.87	\$2,182.67	\$1,846.43	\$1,883.87	\$1,908.53	\$2,212.13	\$1,830.38	\$1,803.79	\$1,717.30	\$1,929.71	\$1,470.86	\$1,267.25	\$1,597.19	\$1,750.04	\$1,709.16	\$1,463.67	\$1,496.45	\$1,427.74	\$1,475.09	\$1,201.99	\$1,164.45	\$1,187.07
Subscriber & Children	\$1,898.19	\$1,907.14	\$1,890.29	\$1,855.26	\$1,569.47	\$1,601.29	\$1,622.24	\$1,880.31	\$1,555.82	\$1,533.22	\$1,459.71	\$1,640.25	\$1,250.24	\$1,077.16	\$1,357.61	\$1,487.53	\$1,452.79	\$1,244.12	\$1,271.98	\$1,213.57	\$1,253.82	\$1,021.69	\$989.78	\$1,009.01
Family	\$3,182.24	\$3,197.27	\$3,169.02	\$3,110.30	\$2,631.15	\$2,684.51	\$2,719.65	\$3,152.28	\$2,608.28	\$2,570.39	\$2,447.16	\$2,749.84	\$2,095.98	\$1,805.84	\$2,276.00	\$2,493.80	\$2,435.56	\$2,085.73	\$2,132.44	\$2,034.53	\$2,102.00	\$1,712.85	\$1,659.34	\$1,691.57

NOTES:  
Benefits in orange represent a cost share change from 2022 to 2023.  
\*Benefit is subject to the plan deductible.  
\*\*Aggregation Designs Defined:  
Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible and/or out of pocket maximum, not the entire family amounts, before the health plan begins to contribute.  
Family Aggregation: For family coverage, the entire family's annual deductible and/or out-of-pocket maximum must be met by one or any combination of covered members before the health plan begins to contribute.  
\*\*\* Effective 1/1/2023 – 3/31/2023 Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental. See Blue on Demand for other rates.  
† Preventive drugs are not subject to the deductible.  
1 For Silver Standard plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.  
2 Our Family Aggregation plans have an added layer protection preventing any individual from exceeding \$7500 in personal out-of-pocket medical expenses each year. This cap applies to family plans with family aggregation, acting as a safeguard and providing more value in the event of high medical expenses for one individual  
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.

**Stable:** Designed for people who prefer the peace of mind of minimal out-of-pocket costs

**Blended:** Designed for people who want a blend of predictability in out-of-pocket costs and lower premium

**Balanced:** Designed for people who want the confidence of an easy-to-understand plan with a lower premium

**Value Maximizing:** Designed for people who want the lowest premium and most control over their health care expenses

