



Version Updated : 09/11/2022

Rating Region: Syracuse

Blue Simplicity Gold		Blue Simplicity Gold	
Plan ID	78124NV0980201-00	78124NV0980201-00 (TAD4)	
Plan Name	Blue Simplicity Gold	Blue Simplicity Gold	
LEVEL SUMMARY			
	Cost / Benefits	Cost / Benefits	
Level 1 Cost/ Benefits	\$0 / Preventive Services	\$0 / Preventive Services	
Level 2 Cost/ Benefits	\$50 / Primary Care Visit, Facility Lab	\$50 / Primary Care Visit, Facility Lab	
Level 3 Cost/ Benefits	\$100 / Specialist Visit, X-ray, Urgent Care	\$100 / Specialist Visit, X-ray, Urgent Care	
Level 4 Cost/ Benefits	\$200 / Emergency Room Visit, Advanced Imaging, DME	\$200 / Emergency Room Visit, Advanced Imaging, DME	
Level 5 Cost/ Benefits	\$1,000 / Outpatient Surgery	\$1,000 / Outpatient Surgery	
Level 6 Cost/ Benefits	\$4,000 / Inpatient Hospitalization, Skilled Nursing Facility	\$4,000 / Inpatient Hospitalization, Skilled Nursing Facility	
OOPM Single / Family	\$6,500 / \$13,000	\$6,500 / \$13,000	
Plan Overview			
Aggregation Design	Individual Aggregation	Individual Aggregation	
Plan Highlights	New budget-friendly copay option with easy-to-understand, predictable health care costs. Includes Active&Fit ExerciseRewards.	A budget-friendly copay option with easy-to-understand, predictable health care costs. Includes Active&Fit ExerciseRewards.	
Plan Type	Copay	Copay	
HSA Eligible	No	No	
Quote Effective	01/01/2022 - 03/31/2022	01/01/2023 - 03/31/2023	
Rate (\$)	Small Group	Small Group	
Single	\$808.01	\$890.46	
Subscriber & Spouse	\$1,616.01	\$1,780.92	
Subscriber & Child(ren)	\$1,373.61	\$1,513.78	
Family	\$2,302.82	\$2,537.80	
Plan features			
Primary Care Physician (PCP)	Not Required	Not Required	
Referrals	Not Required	Not Required	
Out of network benefits	Subject to copay, dependent on service	Subject to copay, dependent on service	
Out of area benefits	Coverage provided worldwide through our BlueCard Network	Coverage provided worldwide through our BlueCard® Network	
Student/Dependent coverage	Qualified dependents are covered to age 26	Qualified dependents are covered to age 26	

Blue Simplicity Gold		Blue Simplicity Gold	
Domestic partner	Covered	Covered	Covered
Wellness Incentives	Active&Fit ExerciseRewards receive up to \$600 in rewards a year by visiting a qualified fitness facility or by tracking your steps using a wearable device. Save on Gym memberships with Active&Fit Direct.	Active&Fit ExerciseRewards: New in 2023 - Fitness center visits are worth 2 points! Earn up to \$600 in rewards a year by visiting a qualified fitness facility or by tracking your steps using a wearable device. Save on Gym memberships with Active&Fit Enterprise.	New in 2023, a premium subscription to the Calm App is now an embedded benefit to help members experience better sleep, lower stress, and reduce anxiety.
Calm Stress Management Program	Not Applicable		
Plan cost-sharing highlights			
Plan cost-sharing highlights	In-Network	Out-of-Network	In-Network
Primary Care Office Visit	Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit, subject to balance billing	Level 2 - up to \$50 copay per visit
Specialist Office Visit	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Coinurance	None	None	None
Deductible	None	None	None
Out of pocket maximum	\$6,500 Individual / \$13,000 Family	\$9,750 Individual / \$19,500 Family	\$6,500 Individual / \$13,000 Family
Lifetime maximum	None	None	None
Plan Benefits			
Preventive Healthcare Services	In-Network	Out-of-Network	In-Network
Well child visits	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
Adult routine physical exams	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
+Adult immunizations	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
+Mammography	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
+Pap smear	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
Routine GYN Exam	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
+Prostate cancer screening	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
+Colonoscopy	Level 1 - Preventive screenings covered in full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Preventive screenings covered in full
+Family Planning Services	Level 1 - Covered In Full	Level 2 OON \$75 copay per visit, subject to balance billing	Level 1 - Covered In Full
Physician Office Services	In-Network	Out-of-Network	In-Network
Diagnostic Visits - In-Person or Virtual	Level 2 - up to \$50 PGP copay; Level 3 - up to \$100 Specialist copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 2 - up to \$50 PGP copay; Level 3 - up to \$100 Specialist copay per visit
Telemedicine with MD/ive	Level 1 - Covered In Full	Level 3 OON \$150 copay per visit, subject to balance billing	Level 1 - Covered In Full

Blue Simplicity Gold		Blue Simplicity Gold	
Diagnostic x-rays	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Advanced Imaging Services	Level 4 - up to \$200 copay per visit	Level 4 OON \$300 copay per visit, subject to balance billing	Level 4 - up to \$200 copay per visit
Diagnostic laboratory and pathology	Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit, subject to balance billing	Level 2 - up to \$50 copay per visit
Allergy tests	Level 2 - up to \$50 PCP copay; Level 3 - up to \$100 Specialist copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 2 - up to \$50 PCP copay; Level 3 - up to \$100 Specialist copay per visit
Allergy injections	Level 2 - up to \$50 PCP copay; Level 3 - up to \$100 Specialist copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 2 - up to \$50 PCP copay; Level 3 - up to \$100 Specialist copay per visit
Chemotherapy	Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit, subject to balance billing	Level 2 - up to \$50 copay per visit
Radiation therapy	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Maternity Services	In-Network	Out-of-Network	In-Network
Prenatal care	Level 1 - Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)	Level 2 OON \$75 (Cost share may apply to ultrasounds, lab work and sick visits), subject to balance billing	Level 1 - Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)
Hospital care for mom (including delivery)	Level 6 - up to \$6,500 copay per admission	Level 6 OON \$9,750 copay per admission, subject to balance billing	Level 6 - up to \$4,000 copay per admission
Newborn nursery care	Level 1 - Covered In Full	Level 1 OON Covered In Full, subject to balance billing	Level 1 - Covered In Full
Prescription Drug	In-Network	Out-of-Network	In-Network
Prescription Drug Coverage	\$10/\$50/\$100	Not Covered	\$10/\$50/\$100
Diabetic drugs, insulin, and supplies	Level 2 - up to \$50 copay per 30 day supply	Level 2 OON \$75 copay per 30 day supply, subject to balance billing	Level 2 - up to \$50 copay per 30 day supply
Inpatient Hospital Benefits	In-Network	Out-of-Network	In-Network
Hospital benefits	Level 6 - up to \$6,500 copay per admission for unlimited days	Level 6 OON \$9,750 copay per admission for unlimited days, subject to balance billing	Level 6 - up to \$4,000 copay per admission for unlimited days
Physician visits in the hospital	Level 1 - Covered In Full	Level 1 OON - Covered In Full, subject to balance billing	Level 1 - Covered In Full
Inpatient physical rehabilitation	Level 6 - up to \$6,500 copay per admission for up to 60 days per contract year	Level 6 OON \$9,750 copay per admission for up to 60 days per contract year, subject to balance billing	Level 6 - up to \$4,000 copay per admission for up to 60 days per contract year
Surgery	Level 1 - Covered In Full	Level 1 OON - Covered In Full, subject to balance billing	Level 1 - Covered In Full
Anesthesia	Level 1 - Covered In Full	Level 3 OON \$150 copay per visit, subject to balance billing	Level 1 - Covered In Full
Emergency Care	In-Network	Out-of-Network	In-Network
Emergency room care	Level 4 - up to \$200 copay per visit	Level 4 - up to \$200 copay per visit	Level 4 - up to \$200 copay per visit
Freestanding urgent care center	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit

Blue Simplicity Gold		Blue Simplicity Gold	
Ambulance	Level 4 - up to \$200 copay per visit	Level 4 - up to \$200 copay per visit	Level 4 - up to \$200 copay per visit
Outpatient Hospital Benefits	In-Network	Out-of-Network	In-Network
Diagnostic x-rays	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Advanced Imaging Services	Level 4 - up to \$200 copay per visit	Level 4 OON \$300 copay per visit, subject to balance billing	Level 4 - up to \$200 copay per visit
Diagnostic laboratory and pathology	Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit; subject to balance billing	Level 2 - up to \$50 copay per visit
Surgical Care Facility Fee	Level 5 - up to \$1,000 copay per visit	Level 5 OON \$1,500 copay per visit, subject to balance billing	Level 5 - up to \$1,000 copay per visit
Chemotherapy	Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit, subject to balance billing	Level 2 - up to \$50 copay per visit
Radiation Therapy	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Mental Health and Substance Use	In-Network	Out-of-Network	In-Network
Inpatient mental health care	Level 6 - up to \$6,500 copay per admission for unlimited days	Level 6 OON \$9,750 copay per admission for unlimited days, subject to balance billing	Level 6 - up to \$4,000 copay per admission for unlimited days
Outpatient mental health care	3 visits covered in full. Next visits Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit; subject to balance billing	3 visits covered in full. Next visits Level 2 - up to \$50 copay per visit
Inpatient substance use	Level 6 - up to \$6,500 copay per admission for unlimited days	Level 6 OON \$9,750 copay per admission for unlimited days, subject to balance billing	Level 6 - up to \$4,000 copay per admission for unlimited days
Outpatient substance use	3 visits covered in full. Next visits Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit; subject to balance billing	3 visits covered in full. Next visits Level 2 - up to \$50 copay per visit
Other Services	In-Network	Out-of-Network	In-Network
Skilled nursing facility	Level 6 - up to \$6,500 copay per admission for up to 200 days per year	Level 6 OON \$9,750 copay per admission for up to 200 days per year, subject to balance billing	Level 6 - up to \$4,000 copay per admission for up to 200 days per year
Home care	Level 2 - up to \$50 copay per visit for 40 visits per year	Level 2 OON \$75 copay per visit for 40 visits per year, subject to balance billing	Level 2 - up to \$50 copay per visit for 40 visits per year
Hospice	Level 4 - up to \$200 copay per admission for up to 210 days per year	Level 4 OON \$300 copay per admission for up to 210 days per year, subject to balance billing	Level 4 - up to \$200 copay per admission for up to 210 days per year
Outpatient therapy	Level 3 - up to \$100 per visit for physical, speech and occupational therapy for up to 60 visits per contract year	Level 3 OON \$150 per visit for physical, speech and occupational therapy for up to 60 visits per contract year, subject to balance billing	Level 2 - up to \$50 per visit for physical, speech and occupational therapy for up to 60 visits per contract year
Durable medical equipment	Level 4 - up to \$200	Level 4 OON \$300, subject to balance billing	Level 4 - up to \$200
External prosthetics	Level 4 - up to \$200	Level 4 OON \$300, subject to balance billing	Level 4 - up to \$200
Chiropractic	Level 2 - up to \$50 copay per visit	Level 2 OON \$75 copay per visit, subject to balance billing	Level 2 - up to \$50 copay per visit
Acupuncture	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Hearing Aids	Level 5 - up to \$1,000 copay for a single	Level 5 OON \$1500 copay for a single	Level 5 - up to \$1,000 copay for a single
			Out-of-Network
			Level 3 OON \$150 copay per visit, subject to balance billing
			Level 4 OON \$300 copay per visit, subject to balance billing
			Level 2 OON \$75 copay per visit; subject to balance billing
			Level 5 OON \$1,500 copay per visit, subject to balance billing
			Level 2 OON \$75 copay per visit, subject to balance billing
			Level 3 OON \$150 copay per visit, subject to balance billing
			Level 4 OON \$300, subject to balance billing
			Level 4 OON \$300, subject to balance billing
			Level 2 OON \$75 copay per visit, subject to balance billing
			Level 3 OON \$150 copay per visit, subject to balance billing
			Level 5 OON \$1500 copay for a single

Blue Simplicity Gold		Blue Simplicity Gold	
	purchase once every 3 years	purchase once every 3 years, subject to balance billing	purchase once every 3 years, subject to balance billing
Vision Benefits	In-Network	Out-of-Network	In-Network
Adult Routine Vision Exam	Level 1 Covered in Full for one routine exam every year	Level 3 OON \$150 copay per visit, subject to balance billing	Level 1 Covered in Full for one routine exam every year
Adult Diagnostic Vision	Level 3 - up to \$100 copay per visit	Level 3 OON \$150 copay per visit, subject to balance billing	Level 3 - up to \$100 copay per visit
Adult Eyewear	Level 4 - up to \$200 copay. Frames and Lenses OR Contacts - 1 Purchase(s) per benefit period	Level 4 OON \$300 copay. Frames and Lenses OR Contacts - 1 Purchase(s) per benefit period, subject to balance billing	Level 4 - up to \$200 copay. Frames and Lenses OR Contacts - 1 Purchase(s) per benefit period
Pediatric Routine Vision Exam	Level 3 - up to \$100 copay per visit for one routine exam every year	Level 3 OON \$150 copay per visit for one routine exam every year, subject to balance billing	Level 1 Covered in Full for one routine exam every year
Pediatric Eyewear	Level 4 - up to \$200 copay. Lenses and Contacts - 1 Purchase(s) per benefit period	Level 4 OON \$300 copay. Lenses and Contacts - 1 Purchase(s) per benefit period, subject to balance billing	Level 4 - up to \$200 copay. Lenses and Contacts - 1 Purchase(s) per benefit period
Dental Benefits	In-Network	Out-of-Network	In-Network
Adult Dental Care	Not Covered	Not Covered	Not Covered
Pediatric Dental: Preventative & Routine	Preventive covered at Level 2 up to \$50. Routine covered at Level 2 up to \$50	Preventive covered at Level 2 OON \$75, subject to balance billing; Routine covered at Level 2 OON \$75, subject to balance billing	Preventive covered at Level 2 up to \$50. Routine covered at Level 2 up to \$50
Pediatric Major Dental Care & Medical Ortho	Covered at Level 2 up to 50	Covered at Level 2 OON \$75, subject to balance billing	Covered at Level 2 up to 50
Accidental Dental - Outpatient Surgical	Level 5 - up to \$1,000 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly	Level 5 OON \$1500 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to balance billing	Level 5 - up to \$1,000 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly

This is not a contract. It is intended to highlight the coverage of this program. Benefits are determined by the terms of the contract. All benefits are subject to medical necessity. All day and visit limits are combined limits for both in and out of network benefit. *Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act are not quoted herein. 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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