

Quote Effective: 07/01/2023 - 09/30/2023

Version Updated: 09/11/2022

Print Package: HIOS ID (Enrollment Code)	78124NY1110009-00 (TTTX)	
Plan Name:	Healthy New York EPO	
Rating Region:	Utica	
Rate		
For the Benefits described in the Agreement, the Plan will chan	ge and Group will pay the following premium rates:	
Single	\$558.96	
Subscriber & Spouse	\$1,117.92	
Subscriber & Child(ren)	\$950.23	
Family	\$1,593.04	
Dependent Coverage To Age 26, Pediatric Dental Coverage Yes, Domestic Partner Coverage Yes, Family Planning Coverage Yes		
Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Care Act.		
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.		
*The NYS Department of Financial Services has approved our rate filing for quarterly community rates. All Rates will be considered to be on a 12 month period from the effective date of coverage unless otherwise instructed by Excellus Health Plan. The above rates are effective for the Initial Term of the Agreement. Rates for any Renewal Term will be provided to Group in a rate renewal notice.		
Please complete this section if you have selected a plan that does not include pediatric dental coverage. A). Have you obtained dental coverage, not offered by Excellus BCBS, that provides essential pediatric dental benefits through a NY State of Health certified dental plan? Yes No B.) If you answered 'yes', please provide the name of the company issuing the essential pediatric dental coverage. If you change this dental coverage at any time, you must notify Excellus BCBS to confirm continued coverage of essential pediatric benefits. If you answered 'no' please be aware the ACA requires essential pediatric dental coverage.		

Signature: _

Title:

Date:

Group Name:

Total Employees:

Total Eligible:

Coverage Effective Date:

Broker:

	Healthy New York EPO		
Plan Overview			
Plan ID	78124NY1110009-00 (TTTX)		
Plan Name	Healthy New York EPO		
Aggregation Design	Individual Aggregation		
Plan Highlights	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 Active&Fit ExerciseRewards.	
Plan Type	Hybrid		
HSA Eligible	No		
Quote Effective	07/01/2023 - 09/30/2023		
Plan features			
Primary Care Physician (PCP)	Not Required		
Referrals	Not Required		
Out of network benefits	Not Covered		
Out of area benefits	Coverage provided worldwide through our BlueCard® Network		
Student/Dependent coverage	Qualified dependents are covered to age 26		
Domestic partner	Covered		
Wellness Incentives	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	New in 2023, a premium subscription to the Calm App is now an embedded benefit to help mer	nbers experience better sleep, lower stress, and reduce anxiety.	
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Program Plan cost-sharing highligh Plan cost-sharing highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum Plan Benefits Preventive Healthcare	In-Network \$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$600 Individual / \$1,200 Family \$4,750 Individual / \$9,500 Family	Out-of-Network Not Covered	
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	Healthy New York EPO	
+Prostate cancer	Covered In Full	Not Covered
screening		Not Covered
+Colonoscopy	Preventive screenings covered in full	Not Covered
+Family Planning Services	Covered In Full	Not Covered
Physician Office Services	In-Network	Out-of-Network
Diagnostic Visits - In-Person or Virtual	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Not Covered
Telemedicine with MDLive	Covered In Full, subject to deductible	Covered at 100%, subject to the deductible
Diagnostic x-rays	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Not Covered
Advanced Imaging Services	\$40 copay per visit, subject to the deductible	Not Covered
Diagnostic laboratory and pathology	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Not Covered
Allergy tests	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Not Covered
Allergy injections	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Not Covered
Chemotherapy	\$25 PCP copay per visit, subject to deductible	Not Covered
Radiation therapy	\$25 PCP copay per visit, subject to deductible	Not Covered
Maternity Services	In-Network	Out-of-Network
Prenatal care	Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)	Not Covered
Hospital care for mom (including delivery)	Subject to \$1,000 copay per admission, subject to the deductible	Not Covered
Newborn nursery care	Covered In Full, subject to deductible	Not Covered
Prescription Drug	In-Network	Out-of-Network
Prescription Drug Coverage	\$10/\$35/\$70	Not Covered
Diabetic drugs, insulin, and supplies	\$25 copay, subject to deductible per 30 day supply	Not Covered
Inpatient Hospital Benefits	In-Network	Out-of-Network
Hospital benefits	Subject to \$1,000 copay per admission for unlimited days, subject to the deductible	Not Covered
Physician visits in the hospital	Covered In Full	Not Covered
Inpatient physical rehabilitation	Subject to \$1,000 copay per admission for up to 60 days per contract year, subject to the deductible	Not Covered
Surgery	\$100 copay per visit, subject to deductible	Not Covered
Anesthesia	Covered In Full	Not Covered
Emergency Care	In-Network	Out-of-Network
Emergency room care	\$150 copay per visit, subject to deductible	\$150 copay per visit, subject to deductible
Freestanding urgent care center	\$60 copay per visit, subject to deductible	Not Covered
Ambulance	\$150 copay per visit, subject to deductible	\$150 copay per visit, subject to deductible

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Adult Dental Care Not Covered Pediatric Dental: \$25 per visit, subject to deductible Not Covered	Pediatric Eyewear	Covered at 80%, subject to the deductible for one purchase per plan year	Not Covered	
Pediatric Dental: \$25 per visit, subject to deductible Not Covered	Dental Benefits	In-Network	Out-of-Network	
	Adult Dental Care	Not Covered	Not Covered	
		\$25 per visit, subject to deductible	Not Covered	

	Healthy New York EPO	
Pediatric Major Dental Care & Medical Ortho	\$25 per visit, subject to deductible	Not Covered
Accidental Dental - Outpatient Surgical	\$100 copay per visit for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to the deductible	Not Covered

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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