



Version Updated: 09/11/2022
 Rating Region: Syracuse

SimplyBlue Plus Silver 18		SimplyBlue Plus Silver 18	
Plan Overview			
Plan ID	78124NY0990313-00	78124NY0990313-00 (TAA2)	
Plan Name	SimplyBlue Plus Silver 18	SimplyBlue Plus Silver 18	
Aggregation Design	Individual Aggregation	Individual Aggregation	
Plan Highlights	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes Active&Fit ExerciseRewards.	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes Active&Fit ExerciseRewards.	
Plan Type	Hybrid	Hybrid	
HSA Eligible	No	No	
Quote Effective	01/01/2022 - 03/31/2022	01/01/2023 - 03/31/2023	
Rate (\$)	Small Group	Small Group	
Single	\$541.21	\$591.26	
Subscriber & Spouse	\$1,082.41	\$1,182.52	
Subscriber & Child(ren)	\$920.05	\$1,005.14	
Family	\$1,542.44	\$1,685.08	
Plan features			
Primary Care Physician (PCP)	Not Required	Not Required	
Referrals	Not Required	Not Required	
Out of network benefits	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	
Out of area benefits	Coverage provided worldwide through our BlueCard Network	Coverage provided worldwide through our BlueCard® Network	
Student/Dependant coverage	Qualified dependents are covered to age 26	Qualified dependents are covered to age 26	
Domestic partner	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.	
Calm Stress Management Program	Not Applicable	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.	
Plan cost-sharing highlights			
Plan cost-sharing highlights	In-Network	Out-of-Network	Out-of-Network
Primary Care Office Visit	\$50 copay per visit	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible

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Specialist Office Visit	\$75 copay per visit	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible
Coinsurance	Covered at 70%	Covered at 100%	Covered at 100%
Deductible	In-Network: \$.500 Individual / \$15,000 Family	Out-of-Network: \$10,000 Individual / \$20,000 Family	In-Network: \$.500 Individual / \$15,000 Family
Out of pocket maximum	\$8,250 Individual / \$16,500 Family	\$10,000 Individual / \$20,000 Family	\$8,250 Individual / \$16,500 Family
Lifetime maximum	None	None	None
Plan Benefits			
Preventive Healthcare Services		Out-of-Network	In-Network
Well child visits	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
Adult routine physical exams	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
+Adult immunizations	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
+Mammography	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
+Pap smear	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
Routine GYN Exam	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
+Prostate cancer screening	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
+Colonoscopy	Preventive screenings covered in full	Covered at 100%, subject to the deductible	Preventive screenings covered in full
+Family Planning Services	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
Physician Office Services	In-Network	Out-of-Network	In-Network
Diagnostic Visits - In-Person or Virtual	\$50 PCP copay; \$75 Specialist copay per visit	Covered at 100%, subject to the deductible	\$50 PCP copay; \$75 Specialist copay per visit
Telemedicine with MD/IVe	Covered In Full	Covered at 100%, subject to the deductible	Covered In Full
Diagnostic x-rays	\$75 copay per visit	Covered at 100%, subject to the deductible	\$75 copay per visit
Advanced Imaging Services	\$100 copay per visit	Covered at 100%, subject to the deductible	\$100 copay per visit
Diagnostic laboratory and pathology	\$50 copay per visit	Covered at 100%, subject to the deductible	\$50 copay per visit
Allergy tests	\$50 PCP copay; \$75 Specialist copay per visit	Covered at 100%, subject to the deductible	\$50 PCP copay; \$75 Specialist copay per visit
Allergy injections	\$50 PCP copay; \$75 Specialist copay per visit	Covered at 100%, subject to the deductible	\$50 PCP copay; \$75 Specialist copay per visit
Chemotherapy	\$50 copay per visit	Covered at 100%, subject to the deductible	\$50 copay per visit
Radiation therapy	\$75 copay per visit	Covered at 100%, subject to the deductible	\$75 copay per visit
Maternity Services	In-Network	Out-of-Network	In-Network
Prenatal care	Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)	Covered at 100%, subject to the deductible	Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)
Hospital care for mom (including delivery)	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 70%, subject to the deductible
Newborn nursery care	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 70%, subject to the deductible
Prescription Drug	In-Network	Out-of-Network	In-Network

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Prescription Drug Coverage	\$10/40%/50%	Not Covered	\$10/40%/50%	Not Covered
Diabetic drugs, insulin, and supplies	\$50 copay per 30 day supply	Covered at 100%, subject to the deductible	\$50 copay per 30 day supply	Covered at 100%, subject to the deductible
Inpatient Hospital Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Hospital benefits	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible
Physician visits in the hospital	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Inpatient physical rehabilitation	Covered at 70% per 60 day stay per admission per contract year, subject to the deductible	Covered at 100% per 60 day stay per admission per contract year, subject to the deductible	Covered at 70% per 60 day stay per admission per contract year, subject to the deductible	Covered at 100% per 60 day stay per admission per contract year, subject to the deductible
Surgery	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Anesthesia	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Emergency Care	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency room care	\$650 copay per visit	\$650 copay per visit	Covered at 70%, subject to the deductible	Covered at 70%, subject to the deductible
Freestanding urgent care center	\$75 copay per visit	Covered at 100%, subject to the deductible	\$75 copay per visit	Covered at 100%, subject to the deductible
Ambulance	\$650 copay per visit	\$650 copay per visit	Covered at 70%, subject to the deductible	Covered at 70%, subject to the deductible
Outpatient Hospital Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic x-rays	\$75 copay per visit	Covered at 100%, subject to the deductible	\$75 copay per visit	Covered at 100%, subject to the deductible
Advanced Imaging Services	\$100 copay per visit	Covered at 100%, subject to the deductible	\$100 copay per visit	Covered at 100%, subject to the deductible
Diagnostic laboratory and pathology	\$50 copay per visit	Covered at 100%, subject to the deductible	\$50 copay per visit	Covered at 100%, subject to the deductible
Surgical Care Facility Fee	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 70%, subject to the deductible	Covered at 100%, subject to the deductible
Chemotherapy	\$50 copay per visit	Covered at 100%, subject to the deductible	\$50 copay per visit	Covered at 100%, subject to the deductible
Radiation Therapy	\$75 copay per visit	Covered at 100%, subject to the deductible	\$75 copay per visit	Covered at 100%, subject to the deductible
Mental Health and Substance Use	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient mental health care	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible
Outpatient mental health care	3 visits covered in full. Next visits covered at \$50 copay per visit	Covered at 100%, subject to the deductible	3 visits covered in full. Next visits covered at \$50 copay per visit	Covered at 100%, subject to the deductible
Inpatient substance use	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 70% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible
Outpatient substance use	3 visits covered in full. Next visits covered at \$50 copay per visit	Covered at 100%, subject to the deductible	3 visits covered in full. Next visits covered at \$50 copay per visit	Covered at 100%, subject to the deductible
Other Services	In-Network	Out-of-Network	In-Network	Out-of-Network
Skilled nursing facility	Covered at 70% per admission for 200 days per year, subject to the deductible	Covered at 100% per admission for 200 days per year, subject to the deductible	Covered at 70% per admission for 200 days per year, subject to the deductible	Covered at 100% per admission for 200 days per year, subject to the deductible

