

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

Version Updated: 09/11/2022

Print Package: HIOS ID (Enrollment Code)	ge: HIOS ID (Enrollment Code) 78124NY1000314-00 (TAF1)	
Plan Name:	SimplyBlue Plus Gold 21	
Rating Region:	Utica	
Rate		
For the Benefits described in the Agreement, the Plan will charge and Group will pay the following premium rates:		
Single	\$886.89	
Subscriber & Spouse	\$1,773.78	
Subscriber & Child(ren)	\$1,507.71	
Family	\$2,527.64	
Dependent Coverage To Age 26, Pediatric Dental Coverage No, 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:

	SimplyBlue Plus Gold 21		
Plan Overview			
Plan ID	78124NY1000314-00 (TAF1)		
Plan Name	SimplyBlue Plus Gold 21		
Aggregation Design	Family Aggregation		
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services	are covered in full. Plan includes Active&Fit ExerciseRewards.	
Plan Type	Deductible HSA		
HSA Eligible	Yes		
Quote Effective	07/01/2023 - 09/30/2023		
Plan features			
Primary Care Physician (PCP)	Not Required		
Referrals	Not Required		
Out of network benefits	Covered at 60%, subject to the deductible		
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.		
Calm Stress Management Program	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 highligh	nts		
Plan cost-sharing highlights	In-Network	Out-of-Network	
Primary Care Office Visit	\$25 copay per visit, subject to deductible	Covered at 60%, subject to the deductible	
Specialist Office Visit	\$40 copay per visit, subject to deductible	Covered at 60%, subject to the deductible	
Coinsurance	Covered at 100%	Covered at 60%	
Deductible	In-Network: \$2,000 Individual / \$4,000 Family	Out-of-Network: \$5,000 Individual / \$10,000 Family	
Out of pocket maximum	\$5,500 Individual / \$11,000 Family	\$10,000 Individual / \$20,000 Family	
Lifetime maximum	None	None	
Plan Benefits			
Preventive Healthcare Services	In-Network	Out-of-Network	
Well child visits	Covered In Full	Covered at 60%, subject to the deductible	
Adult routine physical exams	Covered In Full	Covered at 60%, subject to the deductible	
+Adult immunizations	Covered In Full	Covered at 60%, subject to the deductible	
+Mammography	Covered In Full	Covered at 60%, subject to the deductible	
+Pap smear	Covered In Full	Covered at 60%, subject to the deductible	
Routine GYN Exam	Covered In Full	Covered at 60%, subject to the deductible	

#Product accordsCovered at 60%, subject to the deductible4:ColonoscopyProventive screening covered in fullCovered at 60%, subject to the deductibleFinary Faming Section 2Proventive screening covered in fullCovered at 60%, subject to the deductibleFinary Faming Section 2Proventive screening covered in full.Covered at 60%, subject to the deductibleDisposite 1Sin Covere 2Covered at 60%, subject to the deductibleDisposite 1Covered at 60%, subject to the deductibleCovered at 60%, subject to the deductibleDisposite 1Sin Covere 2Covered at 60%, subject to the deductibleDisposite 1Sin Covere 2Covered at 60%, subject to the deductibleDisposite 1Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleDisposite 1Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covered at 60%, subject to the deductibleSin Covere 2Sin Covere 2Covere 2Sin Covere 2Sin Covere 2Covere 2Sin Covere 2Sin Covere 2Covere 2Sin Cov		SimplyBlue Plus Gold 21	
Arrany Panning Services     Covered in Full     Covered in Services     Durch Arrany       Physican Office     In-Network     Durch Arrany     Durch Arrany       Diagnostic Visit - means of Visita     Six PCP copery, Six 05 Specialist coppy per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic Visit - means of Visita     Six PCP copery, Six 05 Specialist coppy per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic Visit - means of Visita     Six popy per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic Visit - Marry Institution     Six popy per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic Visit - Natery Institution     Six PCP copary, Six 05 Specialist coppy per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic Visit - Natery Institution     Six PCP copary, Six 05 Specialist coppy per visit, subject to deductible     Covered at 60%, subject to the deductible       Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Covered at 60%, subject to Store copy per visit, subject to deduc		Covered In Full	Covered at 60%, subject to the deductible
Physical Diffee     In-Network     Out-of-Network       Diagnostic Uvalues     525 PCP copary; 540 Specialist copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic Uvalues     520 copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Advanced Imaging     510 copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Services     520 copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Services     520 copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Services     525 PCP copary; 540 Specialist copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Allergy injections     525 PCP copary; 540 Specialist copary per visit, subject to deductible     Covered at 60%, subject to the deductible       Chemeter per subject to field coductible     Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Materinity Services     PAREVOR     Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Network     Services     Covered at 60%, subject to deductible     Covered at 60%, subject to field coductible       Network     Covered at 60%, subject to field	+Colonoscopy	Preventive screenings covered in full	Covered at 60%, subject to the deductible
Service     Method     Converded NUM       Disgonale Visita,     S2P Copasy, 540 Specialist copasy per visit, subject to deductible     Converded 40%, subject to deductible       Disgonale Visita,     S40 copasy per visit, subject to deductible     Converded 40%, subject to the deductible       Disgonale Visita,     S2S copasy per visit, subject to deductible     Converded 40%, subject to the deductible       Disgonale Visita,     S2S copasy per visit, subject to deductible     Converded 40%, subject to the deductible       Disgonale Visita,     S2S copasy per visit, subject to deductible     Converded 40%, subject to the deductible       Disgonale Visita,     S2S PCP copasy, S40 Specialist copasy per visit, subject to deductible     Converded 40%, subject to the deductible       Disgonale Visita,     S2S PCP copasy, S40 Specialist copasy per visit, subject to deductible     Converd at 60%, subject to the deductible       Disgonale Visita,     S2S PCP copasy, S40 Specialist copasy per visit, subject to deductible     Converd at 60%, subject to the deductible       Disgonale Visita,     S2S PCP copasy, S40 Specialist copasy per visit, subject to deductible     Converd at 60%, subject to the deductible       Disgonale Visita,     S2S PCP copasy, S40 Specialist copasy per visit, subject to deductible     Converd at 60%, subject to the deductible       Disgonale Visita,     S	+Family Planning Services	Covered In Full	Covered at 60%, subject to the deductible
In-Fersor Vitual     Indexed in Full, subject to deductible     Covered at 60%, subject to the deductible       Delayoatic x-rys     640 copy per vieit, subject to deductible     Covered at 60%, subject to the deductible       Advanced Imaging     5100 copy per vieit, subject to deductible     Covered at 60%, subject to the deductible       Delayoatic x-rys     825 copy per vieit, subject to deductible     Covered at 60%, subject to the deductible       Delayoatic copy per vieit, subject to deductible     Covered at 60%, subject to the deductible       Delayoatic copy per vieit, subject to deductible     Covered at 60%, subject to the deductible       Covered at 60% publics to the deductible     Covered at 60%, subject to the deductible       Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Covered at 60% publics to the deductible     Covered at 60%, subject to the deductible       Reading in full (Cast share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Reading in full (Cast share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Reading in subject to deductible.     Covered at 60%, subject to the deductible       Reading in subject to field subject op applic and subject to field subject by and subject to the deductible     Covered at 60%, subject to the deductibl	Physician Office Services	In-Network	Out-of-Network
Diagnostic x-rays     S40 copay per visit, subject to deductible     Covered at 80%, subject to the deductible       Advanced Imaging Services     S100 copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic x-rays     S25 copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Diagnostic uboratory and pathology     S25 FCP copay yer visit, subject to deductible     Covered at 60%, subject to the deductible       Chemotherary     S25 FCP copay yer visit, subject to deductible     Covered at 60%, subject to the deductible       Chemotherary     S25 FCP copay yer visit, subject to deductible     Covered at 60%, subject to the deductible       Chemotherary     S25 FCP copay yer visit, subject to deductible     Covered at 60%, subject to the deductible       Rearrity Services     In-Metrox     Quered at 60%, subject to the deductible       Rearrity Services     In-Metrox     Quered at 60%, subject to the deductible       Rearrity Services     In-Metrox     Quered at 60%, subject to the deductible       Rearrity Services     In-Metrox     Quered at 60%, subject to the deductible       Rearrity Services     In-Metrox     Quered at 60% per admission, subject to the deductible       Rearrity Services     In-Metrox     Quered at 60%	Diagnostic Visits - In-Person or Virtual	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible.	Covered at 60%, subject to the deductible
Advanced maging Darposolic laboratory and pathology     \$100 copany per visit, subject to the deductible     Covered at 60%, subject to the deductible       Diagnostic laboratory and pathology     \$25 CPC opay; \$40 Specialist copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Allergy rests     \$25 CPC opay; \$40 Specialist copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Chemotherapy     \$25 CPC opay; \$40 Specialist copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Radiation therapy     \$40 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Radiation therapy     \$40 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Radiation therapy     \$40 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Netation therapy     \$40 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Netation therapy     \$40 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Netation therapy     \$40 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductible       Netation therapy     \$50 PCP copany per visit, subject to deductible     Covered at 60%, subject to the deductibl	Telemedicine with MDLive	Covered In Full, subject to deductible	Covered at 60%, subject to the deductible
Services     International services     Services       Diagnonic laboratory and patients     255 copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Allergy titests     255 PCP copay; 540 Specialist copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Allergy titests     255 PCP copay; 540 Specialist copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Chemotherapy     525 PCP copay; 540 Specialist copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Radiation therapy     540 PCP copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Materinity Services     6 Voered in full (Cost share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Neatorn mursery care     Covered in Full, subject to deductible     Covered at 60%, subject to the deductible       Prescription Trug <b>FN4twork</b> Out-Of-Network       Prescription Trug <b>FN4twork</b> Out-Of-Network       Covered at 60%, subject to the deductible     So copay per admission, subject to the deductible       Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Prescription Trug <b>FN4twork</b>	Diagnostic x-rays	\$40 copay per visit, subject to deductible	Covered at 60%, subject to the deductible
particleMathematicalConverded a 60%, subject to the deductibleAllergy inection\$25 PCP copay; \$40 Specialist copay per visit, subject to deductibleCovered at 60%, subject to the deductibleAllergy inection\$25 PCP copay; \$40 Specialist copay per visit, subject to deductibleCovered at 60%, subject to the deductibleRadiation therapy\$40 PCP copay per visit, subject to deductibleCovered at 60%, subject to the deductibleRadiation therapy\$40 PCP copay per visit, subject to deductibleCovered at 60%, subject to the deductibleRetringt SorviconInvetovintCovered at 60%, subject to the deductiblePrestat careCovered in full (Cost share may apply to ultrasounds, lab work and sick visits)Covered at 60% per admission, subject to the deductibleRetoringt SorviconSolvicot S00 copay per admission, subject to the deductibleCovered at 60% per admission, subject to the deductiblePrescription DrugInvetovintCovered at 60% per admission, subject to the deductibleCovered at 60%, subject to the deductiblePrescription DrugInvetovintCovered at 60% per admission, subject to the deductibleCovered at 60%, subject to the deductiblePrescription DrugInvetovintCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductiblePrescription DrugInvetovintCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductiblePrescription DrugInvetovintCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductiblePrescription DrugInvetovintCovered at 60%, subject to the de	00	\$100 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible
Allergy injections     \$25 PCP copay; \$40 Spacialist copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Chemotherapy     \$25 PCP copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Materinty Services     In-Network     Out-of-Network       Materinty Services     In-Network     Out-of-Network       Prenata care     Covered in full, cost share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Including daliveny)     Subject to \$500 copay per visit, subject to the deductible     Covered at 60% per admission, subject to the deductible       Prescription Drug     In-Network     Out-of-Network     Covered at 60%, subject to the deductible       Prescription Drug     \$57545r\$80, subject to the plan deductible. Preventive drugs are not subject to the deductible     Covered at 60%, subject to the deductible       Databetic drugs, insulin, and supplices     \$25 copay, subject to deductible per 30 day supply     Covered at 60%, subject to the deductible       Databetic drugs, insulin, and supplices     \$25 copay, subject to deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     In-Network     Covered at 60%, subject to the deductible       Physician visits in the hospital     Subject to \$500 cop	Diagnostic laboratory and pathology	\$25 copay per visit, subject to deductible	Covered at 60%, subject to the deductible
Chemotherapy     \$25 PCP copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Radiation therapy     \$40 PCP copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Maternity Services     In-Network     Out-of-Network       Prenatal care     Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Hospital care for mom (including delivery)     Subject to \$500 copay per admission, subject to the deductible     Covered at 60%, subject to the deductible       Newborn nursery care     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Prescription Drug     In-Network     Out-of-Network       Covered thrug, insulin, and supplies     \$25 copay, subject to the plan deductible per 30 day supply     Covered at 60%, subject to the deductible       Physician visits in the hospital benefitis     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     Subject to	Allergy tests	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Covered at 60%, subject to the deductible
Radiation therapy     \$40 PCP copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Material care     Covered at 60%, subject to the deductible     Covered at 60%, subject to the deductible       Prenatal care     Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Depatit care form multiple     Subject to \$500 copay per admission, subject to the deductible     Covered at 60% per admission, subject to the deductible       Newtorn nursery care     Covered in Full, subject to deductible. Preventive drugs are not subject to the deductible;     Covered at 60% per admission, subject to the deductible       Prescription Drug     In-Network     Out-of-Network     Out-of-Network       Dabetic drugs, insulin, and subject to 500 copay per admission for unlimited days, subject to the deductible per 30 day supply     Covered at 60%, subject to the deductible       Inpatient Hospital Benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Inpatient Hysical rehysical     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Inpatient Hysical rehysical     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible	Allergy injections	\$25 PCP copay; \$40 Specialist copay per visit, subject to deductible	Covered at 60%, subject to the deductible
Maternity Services     In-Network     Out-of-Network       Prenatal care     Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Hospital care for mom (including delivery)     Subject to \$500 copay per admission, subject to the deductible     Covered at 60% per admission, subject to the deductible       Prescription Drug     For-Network     Covered at 60% per admission, subject to the deductible       Prescription Drug     In-Network     Out-of-Network       Prescription Drug     For-Sid-Sid-Sid     Out-of-Network       Prescription Drug     In-Network     Out-of-Network       Covered at 60%, subject to the deductible     Not Covered       Coverage     they are subject to the applicable copay or coinsurance.     Not Covered       Diabetic drugs, insulin, and supplies     S25 copay, subject to deductible per 30 day supply     Covered at 60% per admission for unlimited days, subject to the deductible       Hospital benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Inpatient Hospital Benefits     Subject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductible     Covered at 60%, subject to the deductible       Surgery <t< td=""><td>Chemotherapy</td><td>\$25 PCP copay per visit, subject to deductible</td><td>Covered at 60%, subject to the deductible</td></t<>	Chemotherapy	\$25 PCP copay per visit, subject to deductible	Covered at 60%, subject to the deductible
Prenatal care     Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)     Covered at 60%, subject to the deductible       Hospital care for mom (including delivery)     Subject to \$500 copay per admission, subject to the deductible     Covered at 60% per admission, subject to the deductible       Newborn nursery care     Covered In Full, subject to deductible     Covered at 60% per admission, subject to the deductible       Prescription Drug     In-Network     Out-of-Network       Coverega     \$5,545(590, subject to the applicable copay or coinsurance.     Not Covered       Diabetic drugs, insulin, and supplies     \$25 copay, subject to deductible per 30 day supply     Covered at 60%, subject to the deductible       Inpatient Hospital Benefits     In-Network     Out-of-Network       Hospital benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Aresthesia     Covered In Full, subject to deductible     Covered at	Radiation therapy	\$40 PCP copay per visit, subject to deductible	Covered at 60%, subject to the deductible
Hospital care for mom (including delivery)     Subject to \$500 copay per admission, subject to the deductible     Covered at 60% per admission, subject to the deductible       Newborn nursery care     Covered In Full, subject to deductible     Covered at 60% per admission, subject to the deductible       Prescription Drug Coverage     \$5/\$4/5/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible: They are subject to the applicable copay or coinsurance.     Not Covered       Diabetic drugs, insulin, and subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Inpatient Hospital Benefits     In-Network     Out-of-Network       Physician visits in the hospital benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, per admission for unlimited days, subject to the deductible       Physician visits in the hospital     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Anesthesia     Covered In	Maternity Services	In-Network	Out-of-Network
(including delivery)InverteNewborn nursery careCovered In Full, subject to deductibleCovered at 60% per admission, subject to the deductiblePrescription DrugIn-NetworkOut-of-NetworkPrescription DrugSS/45/S8) subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.Not CoveredDiabetic drugs, insulin, and suppliesS2 copay, subject to deductible per 30 day supply suppliesCovered at 60%, subject to the deductibleInpatient Hospital BenefitsIn-NetworkOut-of-NetworkPhysician visits in the hospitalCovered at 500 copay per admission for unlimited days, subject to the deductibleCovered at 60%, subject to the deductiblePhysician visits in the hospitalCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleSubject to \$500 copay per admission for unlimited days, subject to the deductibleCovered at 60%, subject to the deductibleInpatient physical relabilitationSubject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductibleCovered at 60%, subject to the deductibleSurgeryCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductibleSurgeryCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductibleRengery CareIn-NetworkCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductibleEmergery corn careS150 copay per visit, subject to	Prenatal care	Covered in full (Cost share may apply to ultrasounds, lab work and sick visits)	Covered at 60%, subject to the deductible
Prescription Drug     In-Network     Out-of-Network       Prescription Drug Coverage     \$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible: they are subject to the applicable copay or coinsurance.     Not Covered       Diabetic drugs, insulin, and supplies     \$25 copay, subject to deductible per 30 day supply     Covered at 60%, subject to the deductible       Inpatient Hospital Benefits     In-Network     Out-of-Network       Hespital benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     Covered In Full, subject to deductible     Covered at 60%, per admission for unlimited days, subject to the deductible       Subject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductible     Covered at 60%, per admission for up to 60 days per contract year, subject to the deductible       Inpatient physical rehabilitation     Subject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Renegency Care     In-Network     Covered at 60%, subject to the deductible       Emergency Care     In-Network     Covered to 60%, subject to the deduct	Hospital care for mom (including delivery)	Subject to \$500 copay per admission, subject to the deductible	Covered at 60% per admission, subject to the deductible
Prescription Drug Coverage     \$5/\$45/\$90, subject to the pain deductible. Preventive drugs are not subject to the deductible: hey are subject to the applicable copay or coinsurance.     Not Covered       Diabetic drugs, insulin, and supplies     \$25 copay, subject to deductible per 30 day supply     Covered at 60%, subject to the deductible       Inatient Hospital Benefits     In-Network     Qu-of-Network       Hospital benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     Subject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Renegency Care Emergency Care enter     In-Network     Covered In Full, subject to deductible       Stop copay per visit, subject to deductible     Stop copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Renegency Care enter     In-Network     Covered In Full, subject to deductible     Covered In Full, subject to deductible       File     Stop copay per visit, subject to deductible     Stop copay per visit, sub	Newborn nursery care	Covered In Full, subject to deductible	Covered at 60% per admission, subject to the deductible
Coverage     they are subject to the applicable copay or coinsurance.     Coverage       Diabetic drugs, insulin, and supplies     \$25 copay, subject to deductible per 30 day supply     Covered at 60%, subject to the deductible       Inpatient Hospital Benefits     In-Network     Out-of-Network       Hospital benefits     Subject to \$500 copay per admission for unlimited days, subject to the deductible     Covered at 60%, subject to the deductible       Physician visits in the hospital     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Inpatient physical rehabilitation     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Surgery     Covered In Full, subject to deductible     Covered at 60%, subject to the deductible       Emergency Care     In-Network     Covered at 60%, subject to the deductible       Emergency room care     \$150 copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Freestanding urgent care     copay per visit, subject to deductible     Covered at 60%, subject to the deductible       Freestanding urgent care     copay per visit, subject to deductible     Covered at 60%, subject to the deductible	Prescription Drug	In-Network	Out-of-Network
suppliesInterferenceInpatient Hospital BenefitsIn-NetworkOut-of-NetworkHospital benefitsSubject to \$500 copay per admission for unlimited days, subject to the deductibleCovered at 60% per admission for unlimited days, subject to the deductiblePhysician visits in the hospitalCovered In Full, subject to deductibleCovered at 60%, per admission for unlimited days, subject to the deductibleInpatient physical rehabilitationSubject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductibleCovered at 60%, per admission for up to 60 days per contract year, subject to the deductibleSurgeryCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleSurgeryCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleAnesthesiaCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleEmergency CareIn-NetworkCovered at 60%, subject to the deductibleEmergency room care\$150 copay per visit, subject to deductible\$150 copay per visit, subject to deductibleFreestanding urgent care center\$40 copay per visit, subject to deductible\$150 copay per visit, subject to deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFre	Prescription Drug Coverage		Not Covered
BenefitsImage: subject to \$500 copay per admission for unlimited days, subject to the deductibleCovered at 60% per admission for unlimited days, subject to the deductiblePhysician visits in the hospitalCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleInpatient physical rehabilitationSubject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductibleCovered at 60%, subject to the deductibleSurgeryCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleAnesthesiaCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleEmergency CareIn-NetworkCovered at 60%, subject to deductibleEmergency room care\$150 copay per visit, subject to deductible\$150 copay per visit, subject to deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductibleCovered at 60%, subject to the deductibleFreestanding urgent care center\$150 copay per visit, subject to deductibleCovered at 60%, subject to deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care center\$40 copay per visit, subject to deductible<	Diabetic drugs, insulin, and supplies	\$25 copay, subject to deductible per 30 day supply	Covered at 60%, subject to the deductible
Physician visits in the hospital   Covered In Full, subject to deductible   Covered In Full, subject to deductible     Inpatient physical rehabilitation   Subject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductible   Covered at 60%, subject to the deductible     Surgery   Covered In Full, subject to deductible   Covered at 60%, subject to the deductible     Surgery   Covered In Full, subject to deductible   Covered at 60%, subject to the deductible     Surgery   Covered In Full, subject to deductible   Covered at 60%, subject to the deductible     Emergency Care   In-Network   Covered at 60%, subject to deductible     Emergency room care   \$150 copay per visit, subject to deductible   \$150 copay per visit, subject to deductible     Freestanding urgent care center   \$40 copay per visit, subject to deductible   Covered at 60%, subject to the deductible	Inpatient Hospital Benefits	In-Network	Out-of-Network
hospitalIndicationInpatient physical rehabilitationSubject to \$500 copay per admission for up to 60 days per per contract year, subject to the deductibleCovered at 60% per admission for up to 60 days per contract year, subject to the deductibleSurgeryCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleAnesthesiaCovered In Full, subject to deductibleCovered at 60%, subject to the deductibleEmergency CareIn-NetworkOut-of-NetworkEmergency room care\$150 copay per visit, subject to deductible\$150 copay per visit, subject to deductibleFreestanding urgent care covered\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductibleFreestanding urgent care\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductible	Hospital benefits	Subject to \$500 copay per admission for unlimited days, subject to the deductible	Covered at 60% per admission for unlimited days, subject to the deductible
rehabilitation   deductible     Surgery   Covered In Full, subject to deductible   Covered at 60%, subject to the deductible     Anesthesia   Covered In Full, subject to deductible   Covered at 60%, subject to the deductible     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   \$40 copay per visit, subject to deductible   \$150 copay per visit, subject to deductible	Physician visits in the hospital	Covered In Full, subject to deductible	Covered at 60%, subject to the deductible
Anesthesia   Covered In Full, subject to deductible   Covered at 60%, subject to the deductible     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   \$40 copay per visit, subject to deductible   Covered at 60%, subject to the deductible     Freestanding urgent care   \$40 copay per visit, subject to deductible   Covered at 60%, subject to the deductible	Inpatient physical rehabilitation		Covered at 60% per admission for up to 60 days per contract year, subject to the deductible
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   \$40 copay per visit, subject to deductible   Covered at 60%, subject to the deductible	Surgery	Covered In Full, subject to deductible	Covered at 60%, subject to the deductible
Emergency room care   \$150 copay per visit, subject to deductible   \$150 copay per visit, subject to deductible     Freestanding urgent care center   \$40 copay per visit, subject to deductible   Covered at 60%, subject to the deductible	Anesthesia	Covered In Full, subject to deductible	Covered at 60%, subject to the deductible
Freestanding urgent care center \$40 copay per visit, subject to deductible Covered at 60%, subject to the deductible	Emergency Care	In-Network	Out-of-Network
center center	Emergency room care	\$150 copay per visit, subject to deductible	\$150 copay per visit, subject to deductible
Ambulance \$150 copay per visit, subject to deductible \$150 copay per visit, subject to deductible	Freestanding urgent care center	\$40 copay per visit, subject to deductible	Covered at 60%, subject to the deductible
	Ambulance	\$150 copay per visit, subject to deductible	\$150 copay per visit, subject to deductible

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Outpatient Hospital	In-Network	Out-of-Network	
Benefits			
Diagnostic x-rays	\$40 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Advanced Imaging Services	\$100 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Diagnostic laboratory and pathology	\$25 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Surgical Care Facility Fee	\$150 copay per visit; subject to deductible	Covered at 60%, subject to the deductible	
Chemotherapy	\$25 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Radiation Therapy	\$40 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Mental Health and Substance Use	In-Network	Out-of-Network	
Inpatient mental health care	Subject to \$500 copay per admission for unlimited days, subject to the deductible	Covered at 60% per admission for unlimited days, subject to the deductible	
Outpatient mental health care	\$25 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Inpatient substance use	Subject to \$500 copay per admission for unlimited days, subject to the deductible	Covered at 60% per admission for unlimited days, subject to the deductible	
Outpatient substance use	\$25 copay per visit, subject to the deductible	Covered at 60%, subject to the deductible	
Other Services	In-Network	Out-of-Network	
Skilled nursing facility	Subject to \$500 copay per admission for up to 200 days per year, subject to the deductible	Covered at 60% per admission for up to 200 days per year, subject to the deductible	
Home care	\$25 copay per visit for 40 visits per year, subject to the deductible	Covered at 60%. for up to 40 visits per year, subject to the deductible	
Hospice	Subject to \$500 copay per admission for up to 210 days per year, subject to the deductible	Covered at 60% for up to 210 visits per year, subject to the deductible	
Outpatient therapy	\$25 per visit, subject to deductible for physical, speech and occupational therapy for up to 60 visits per contract year	Covered at 60%, subject to the deductible for physical, speech and occupational therapy for up to 60 visits per contract year	
Durable medical equipment	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	
External prosthetics	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	
Chiropractic	\$25 copay per visit, subject to deductible	Covered at 60%, subject to the deductible	
Acupuncture	\$40 copay per visit, subject to deductible	Covered at 60%, subject to the deductible	
Hearing Aids	Covered at 50% , subject to the deductible for a single purchase once every 3 years	Covered at 50%, subject to the deductible for a single purchase once every 3 years	
Vision Benefits	In-Network	Out-of-Network	
Adult Routine Vision Exam	One routine exam covered in full per year, subject to the deductible	Covered at 60% for one routine exam every year, subject to the deductible	
Adult Diagnostic Vision	\$40 copay per visit, subject to deductible	Covered at 60%, subject to the deductible	
Adult Eyewear	Eyewear Reimbursement of \$100 per year	Eyewear Reimbursement of \$100 per year	
Pediatric Routine Vision Exam	One routine exam covered in full per year, subject to the deductible	Covered at 60% for one routine exam every year, subject to the deductible	
Pediatric Eyewear	Covered at 50%, subject to the deductible for one purchase per plan year	Covered at 50%, subject to the deductible for one purchase per plan year	
Dental Benefits	In-Network	Out-of-Network	
Adult Dental Care	Not Covered	Not Covered	
Pediatric Dental: Preventative & Routine	Not Covered	Not Covered	

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Pediatric Major Dental Care & Medical Ortho	Not Covered	Not Covered
		Covered at 60% for accidental injury to sound, natural teeth and for care due to congenital disease or anomaly, subject to the deductible

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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