

Excellus BC/BS

Rome Area Chamber of Commerce

Individual Rates

January 1, - December 31, 2021

Plan ID	78124NY0880009-00	78124NY0880003-00	78124NY0890003-00	78124NY0890015-00	78124NY0890019-00	78124NY0890009-00	78124NY0890025-00	78124NY0900009-00
Enrollment Code	ITTA	ISSC	ISSI	ITTE	IUUO	ISSO	IUUS	ITTI
Plan Type	Copay	Copay	Hybrid	Hybrid	Hybrid	Hybrid	Hybrid	HDHP
Plan Name	Platinum Select	Platinum Standard	Gold Standard	Gold Select	Gold Standard Plus 3	Silver Standard	Silver Standard Plus 3	Silver Select
Single	\$1,007.56	\$998.67	\$864.87	\$844.81	\$861.25	\$762.97	\$725.50	\$672.12
Subscriber/Spouse	\$2,015.12	\$1,997.34	\$1,729.74	\$1,689.62	\$1,722.50	\$1,525.94	\$1,451.01	\$1,344.25
Subscriber/Child(ren)	\$1,712.86	\$1,697.74	\$1,470.28	\$1,436.18	\$1,464.13	\$1,297.06	\$1,233.36	\$1,142.61
Family	\$2,871.55	\$2,846.22	\$2,464.88	\$2,407.71	\$2,454.57	\$2,174.16	\$2,067.69	\$1,915.56
Primary Care Office Visit	\$15 copay per visit	\$15 copay per visit	\$25 copay per visit, subject to deductible	\$25 copay per visit, subject to deductible	First 3 visits not subject to deductible - \$25 copay per visit, subject to deductible	\$30 copay per visit, subject to deductible	First 3 visits not subject to deductible - \$35 copay per visit, subject to deductible	Covered at 80%, subject to the deductible
Specialist Office Visit	\$25 copay per visit	\$35 copay per visit	\$40 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	\$55 copay per visit, subject to deductible	Covered at 80%, subject to the deductible
Deductible	None	None	\$600 Individual / \$1,200 Family	\$750 Individual / \$1,500 Family	\$650 Individual / \$1,300 Family	\$1,300 Individual / \$2,600 Family	\$1,875 Individual / \$3,750 Family	\$2,550 Individual / \$5,100 Family
Coinsurance	None	None	None	None	None	None	None	Covered at 80%
Hospital benefits	Subject to \$750 copay per admission for unlimited days	Subject to \$500 copay per admission for unlimited days	Subject to \$1000 copay per admission for unlimited days, subject to the deduct.	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	Subject to \$1500 copay per admission for unlimited days, subject to the deduct.	Subject to \$1500 copay per admission for unlimited days, subject to the deduct.	Covered at 80% per admission for unlimited days, subject to the deduct.
Emergency room care Urgent Care	\$150 copay per visit \$25 copay per visit	\$100 copay per visit \$55 copay per visit	\$150 copay per visit, subject to deductible. \$60 copay per visit subject to deductible	\$350 copay per visit, subject to deductible. \$40 copay per visit subject to deductible	\$150 copay per visit, subject to deductible. \$60 copay per visit subject to deductible	\$300 copay per visit, subject to deductible. \$70 copay per visit subject to deductible	\$300 copay per visit, subject to deductible. \$70 copay per visit subject to deductible	Covered at 80%, subject to the deductible. Same as above
Short-term and maintenance drugs	\$10/\$35/\$70	\$10/\$30/\$60	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$35/\$70	\$10/\$40/\$80	\$10/\$45/\$90, subject to the plan deductible
Wellness Incentives	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues
Out of pocket maximum	\$6,350 Individual / \$12,700 Family	\$2,000 Individual / \$4,000 Family	\$4,000 Individual / \$8,000 Family	\$8,000 Individual / \$16,000 Family	\$5,000 Individual / \$10,000 Family	\$8,500 Individual / \$17,000 Family	\$8,500 Individual / \$17,000 Family	\$6,900 Individual / \$13,800 Family
Out of network benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Health Care Services	Covered in full	Covered in full	Covered in full	Preventive Health Care is not subject to the deductible. Covered in full	Covered in full	Covered in full	Covered in full	Preventive Health Care is not subject to the deductible. Covered in full

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Individual Rates

January 1, - December 31, 2021

Plan ID	78124NY0900027-00	78124NY0900031-00	78124NY0900017-00	78124NY0900013-00	78124NY0900023-00
Enrollment Code	IVVA	IVVE	IUUG	ITTM	IUUW
Plan Type	Deductible HSA	Deductible HSA	HDHP	HDHP	HDHP
Plan Name	Destination 65 Gold	Destination 65 Silver	Bronze Standard	Bronze Select	Bronze Secure Plus 3
Single	\$811.31	\$672.38	\$536.48	\$516.95	\$485.31
Subscriber/Spouse	\$1,622.61	\$1,344.76	\$1,072.97	\$1,033.91	\$970.62
Subscriber/Child(ren)	\$1,379.22	\$1,143.05	\$912.02	\$878.83	\$825.02
Family	\$2,312.22	\$1,916.28	\$1,528.98	\$1,473.32	\$1,383.13
Primary Care Office Visit	\$15 copay per visit, subject to deductible	\$15 copay per visit, subject to deductible	First 3 visits \$50 copay, not subject to deductible, 4th & after \$50 copay, subject to deductible	Covered at 50%, subject to the deductible	First 3 visits covered in full. Next visits covered @ 100%, subject to deductible
Specialist Office Visit	\$50 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	First 3 visits \$75 copay, not subject to deductible, 4th & after \$75 copay, subject to deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Deductible	\$1,400 Individual / \$2,800 Family	\$3,000 Individual / \$6,000 Family	\$4,700 Individual / \$9,400 Family	\$5,500 Individual / \$11,000 Family	\$8,550 Individual / \$17,100 Family
Coinsurance	Covered at 80%	Covered at 80%	Covered at 50%	Covered at 50%	Covered at 100%
Hospital benefits	Subject to \$380 copay per day for 5 days then covered in full. Subject to the deductible	Subject to \$380 copay per day for 5 days then covered in full. Subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible
Emergency room care Urgent Care	\$90 copay per visit, subject to deductible. \$50 copay per visit subject to deductible	\$90 copay per visit, subject to deductible. \$65 copay per visit subject to deductible	Covered at 50%, subject to the deductible. Same as above.	Covered at 50%, subject to the deductible. Same as above.	Covered at 100% subject to the deductible
Short-term and maintenance drugs	\$0/\$50/50%, subject to deductible	\$0/\$50/50%, subject to deductible	\$10/\$35/\$70, subject to the plan deductible	\$10/40%/50%, subject to deductible	\$0, subject to the plan deductible
Wellness Incentives	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues	ExerciseRewards™ receive up to \$600 a year toward qualified fitness facility dues
Out of pocket maximum	\$6,700 Individual / \$13,400 Family	\$7,000 Individual / \$14,000 Family	\$8,550 Individual / \$17,100 Family	\$7,000 Individual / \$14,000 Family	\$8,550 Individual / \$17,100 Family
Out of network benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventive Health Care Services	Preventive Health Care is not subject to the deductible. Covered in full	Preventive Health Care is not subject to the deductible. Covered in full	Preventive Health Care is not subject to the deductible. Covered in full	Preventive Health Care is not subject to the deductible. Covered in full	Preventive Health Care is not subject to the deductible. Covered in full