

**Excellus BC/BS-PPO's
Small Group Rates**

**Rome Area Chamber of Commerce
January 1 - December 31, 2021**

Plan ID	78124NY0980025-00	78124NY0980137-00	78124NY0990089-00	78124NY1000025-00	78124NY0990105-00	78124NY1000057-00	78124NY1000153-00	78124NY1000169-00
Enrollment Code	STT5	STY3	SUO7	SUB5	SUQ3	SUE1	SUF7	SUH3
Plan Type	Copay	Copay	Hybrid	HDHP	Hybrid	HDHP	HDHP	HDHP
Plan Name	SimplyBlue Plus Platinum 2	SimplyBlue Plus Gold 5	SimplyBlue Plus Gold 14	SimplyBlue Plus Gold 6	SimplyBlue Plus Silver 6	SimplyBlue Plus Silver 2	SimplyBlue Plus Bronze 3	SimplyBlue Plus Bronze 4
Single	\$930.58	\$784.43	\$761.60	\$738.06	\$626.59	\$629.30	\$494.57	\$488.41
Subscriber/Spouse	\$1,861.15	\$1,568.87	\$1,523.20	\$1,476.12	\$1,253.18	\$1,258.61	\$989.14	\$976.81
Subscriber/Child(ren)	\$1,581.98	\$1,333.53	\$1,294.72	\$1,254.70	\$1,065.20	\$1,069.82	\$840.77	\$830.29
Family	\$2,652.15	\$2,235.63	\$2,170.56	\$2,103.47	\$1,785.77	\$1,793.51	\$1,409.53	\$1,391.96
Primary Care Office Visit	\$15 copay per visit	\$40 copay per visit	\$25 copay per visit, subject to the deductible	Covered at 80%, subject to the deductible	\$40 copay per visit, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Specialist Office Visit	\$25 copay per visit	\$70 copay per visit	\$40 copay per visit, subject to the deductible	Covered at 80%, subject to the deductible	\$60 copay per visit, subject to deductible	Covered at 80%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
Deductible- In Network	None	None	\$1000 Individual / \$2,000 Family	\$1,600 Individual / \$3,200 Family	\$2,500 Individual / \$5,000 Family	\$2,600 Individual / \$5,200 Family	\$5,500 Individual / \$11,000 Family	\$7,000 Individual / \$14,000 Family
Coinsurance	None	None	Covered at 80%	Covered at 80%	Covered at 75%	Covered at 80%	Covered at 50%	Covered at 100%
Hospital benefits	Subject to \$500 copay per admission for unlimited days	Subject to \$1000 copay per admission for unlimited days	Covered at 80% per admission for un-limited days, subject to the deductible	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 75% per admission for unlimited days, subject to the deductible	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for un-limited days, subject to the deductible	Covered at 100% per admission for un-limited days, subject to the deductible
Emergency room care Urgent Care	\$150 copay per visit \$25 copay per visit	\$500 copay per visit \$70 copay per visit	\$250 copay per visit, subject to the deductible \$40 copay per visit, subject to the deductible	Covered at 80% subject to the deductible Covered at 80% subject to the deductible	\$350 copay per visit, subject to deductible \$60 copay subject to the deductible	Covered at 80% subject to the deductible Covered at 80% subject to the deductible	Covered at 50%, subject to the deductible Covered at 50% subject to the deductible	Covered at 100%, subject to the deductible Covered at 100%, subject to the deductible
Prescription Drug Coverage	\$5/\$35/\$70	\$15/\$75/50%	\$5/\$35/\$70 Prescription drugs not subject to the deductible	\$5/\$35/\$70, Subject to the plan deductible. Preventive Drugs not subject to the deductible	\$5/\$45/\$90, Prescription drugs not subject to the deductible	\$5/\$45/\$90, Subject to the plan deductible. Preventive Drugs not subject to the deductible	\$10/40%/50%, Subject to the plan deductible. Preventive Drugs not subject to the deductible	Covered at 100%, subject to the plan deductible. Preventive Drugs not subject to the 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- In Network	\$5,000 Individual / \$10,000 Family	\$8,000 Individual / \$16,000 Family	\$5,500 Individual / \$11,000 Family	\$3,200 Individual / \$6,400 Family	\$8,000 Individual / \$16,000 Family	\$7,000 Individual / \$14,000 Family	\$7,000 Individual / \$14,000 Family	\$7,000 Individual / \$14,000 Family
Out of network benefits	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 60%, subject to the deductible	Covered at 60%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 60%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 100%, subject to the deductible
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	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.