

Quote Effective: 01/01/2023 - 03/31/2023

Version Updated: 12/22/2022

Print Package: HIOS ID (Enrollment Code)	78124NY1000313-00 (TAE0)	
Plan Name:	SimplyBlue Plus Gold 21	
Rating Region:	Rochester	
Rate		
For the Benefits described in the Agreement, the Plan will charge and Group will pay the following premium rates:		
Single	\$706.90	
Subscriber & Spouse	\$1,413.80	
Subscriber & Child(ren)	\$1,201.73	
Family	\$2,014.66	
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.		
	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. s, 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.		
Yes No B.) If you answered 'yes', please provide the name of the com	us BCBS, that provides essential pediatric dental benefits through a NY State of Health certified dental plan? apany issuing the essential pediatric dental coverage	

Signature: _

Title:

Total Employees:

Date:

Total Eligible:

Group Name:

Coverage Effective Date:

Broker:

	SimplyBlue Plus Gold 21				
Plan Overview					
Plan ID	78124NY1000313-00 (TAE0)				
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	01/01/2023 - 03/31/2023				
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 highlig	Plan cost-sharing highlights				
Plan cost-sharing highlights	In-Network	Out-of-Network			
-	In-Network \$25 copay per visit, subject to deductible	Out-of-Network Covered at 60%, subject to the deductible			
highlights					
highlights Primary Care Office Visit	\$25 copay per visit, subject to deductible	Covered at 60%, subject to the deductible			
highlights Primary Care Office Visit Specialist Office Visit	\$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance	 \$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% 	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60%			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible	 \$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family 	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum	 \$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family 	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum	 \$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family 	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum Plan Benefits Preventive Healthcare	 \$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family None 	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family None			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum Plan Benefits Preventive Healthcare Services	\$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family None In-Network	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family None Out-of-Network			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum Plan Benefits Preventive Healthcare Services Well child visits Adult routine physical	\$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family None In-Network Covered In Full	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family None Out-of-Network Covered at 60%, subject to the deductible			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum Plan Benefits Preventive Healthcare Services Well child visits Adult routine physical exams	\$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family None In-Network Covered In Full Covered In Full Covered In Full	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family None Out-of-Network Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible			
highlights Primary Care Office Visit Specialist Office Visit Coinsurance Deductible Out of pocket maximum Lifetime maximum Plan Benefits Preventive Healthcare Services Well child visits Adult routine physical exams +Adult immunizations	\$25 copay per visit, subject to deductible \$40 copay per visit, subject to deductible Covered at 100% In-Network: \$2,000 Individual / \$4,000 Family \$5,500 Individual / \$11,000 Family None In-Network Covered In Full Covered In Full Covered In Full Covered In Full	Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible Covered at 60% Out-of-Network: \$5,000 Individual / \$10,000 Family \$10,000 Individual / \$20,000 Family None Out-of-Network Covered at 60%, subject to the deductible Covered at 60%, subject to the deductible 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 Covered at 60%, subject to field coductible Covered at 60%,	+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 Rolear for Montal Subject to SS00 cops per visit, subject to deductible Covered at 60%, subject to the deductible Rolear for Montal Subject to SS00 cops per admission, subject to the deductible Covered at 60%, subject to the deductible Rolear for Montal Subject to SS00 cops per admission, subject to the deducti	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 FN4twork Out-Of-Network Prescription Trug FN4twork 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 FN4twork	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 Diabetic drugs, insulin, and supplications in the plan deductible. Preventive drugs are not subject to the deductible Covered at 60%, subject to the deductible Diabetic drugs, insulin, and supplication for unlimited days, subject to the deductible Covered at 60%, subject to the deductible Diabetic drugs, insulin, and subject to \$500 copay per admission for unlimited days, subject to the deductible Covered at 60%, subject to the deductible Physician v	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 Not Covered Covered trugs, insulin, and supplies St5 dops, 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	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 deductibleSubject to the deductibleFreestanding urgent care center\$40 copay per visit, subject to deductibleCovered at 60%, subject to the deductible	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

	SimplyBlue Plus Gold 21	
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	Preventive cleaning and exams not subject to the deductible. Preventive services covered at 100%, subject to the deductible. Routine services covered at 80%, subject to the deductible	Preventive cleaning and exams not subject to the deductible. Preventive services covered at 100%, subject to the deductible. Routine services covered at 80%, subject to the deductible and balance billing

	SimplyBlue Plus Gold 21	
Pediatric Major Dental Care & Medical Ortho	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible and balance billing
		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.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association