

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

**Rome Area Chamber of Commerce  
January 1 - December 31, 2020**

Plan ID	78124NY0980025-00	78124NY0980137-00	78124NY0990249-00	78124NY1000025-00	78124NY0990105-00	78124NY1000105-00	78124NY1000281-00	78124NY1000169-00
Enrollment Code	SQD1	SQH9	SRK7	SQL1	SQZ5	SQO3	SRZ1	SQR5
<b>Plan Type</b>	<b>Copay</b>	<b>Copay</b>	<b>Hybrid</b>	<b>HDHP</b>	<b>Hybrid</b>	<b>HDHP</b>	<b>HDHP</b>	<b>HDHP</b>
Plan Name	SimplyBlue Plus Platinum 2	SimplyBlue Plus Gold 5	SimplyBlue Plus Gold 17	SimplyBlue Plus Gold 6	SimplyBlue Plus Silver 6	SimplyBlue Plus Silver 4	SimplyBlue Plus Bronze 6	SimplyBlue Plus Bronze 4
Single	\$905.24	\$778.05	\$777.00	\$740.54	\$640.24	\$605.45	\$509.38	\$468.62
Subscriber/Spouse	\$1,810.47	\$1,556.11	\$1,554.01	\$1,481.07	\$1,280.48	\$1,210.89	\$1,018.75	\$937.23
Subscriber/Child(ren)	\$1,538.91	\$1,322.69	\$1,320.91	\$1,258.91	\$1,088.41	\$1,029.26	\$865.94	\$796.65
Family	\$2,579.93	\$2,217.46	\$2,214.46	\$2,110.53	\$1,824.68	\$1,725.53	\$1,451.72	\$1,335.55
Primary Care Office Visit	\$15 copay per visit	\$40 copay per visit	\$25 copay per visit, Not subject to the deductible	Covered at 85%, subject to the deductible	\$40 copay per visit, subject to deductible	Covered at 85%, subject to the deductible	Covered at 75%, subject to the deductible	Covered at 100%, subject to the deductible
Specialist Office Visit	\$25 copay per visit	\$60 copay per visit	\$40 copay per visit, Not subject to the deductible	Covered at 85%, subject to the deductible	\$60 copay per visit, subject to deductible	Covered at 85%, subject to the deductible	Covered at 75%, subject to the deductible	Covered at 100%, subject to the deductible
Deductible	None	None	\$900 Individual / \$1,800 Family	\$1,400 Individual / \$2,800 Family	\$2,500 Individual / \$5,000 Family	\$2,750 Individual / \$5,500 Family	\$4,500 Individual / \$9,000 Family	\$6,750 Individual / \$13,500 Family
Coinsurance	None	None	Covered at 80%	Covered at 85%	Covered at 75%	Covered at 85%	Covered at 75%	Covered at 100%
Hospital benefits	Subject to \$250 copay per admission for unlimited days	Subject to \$1000 copay per admission for unlimited days	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 85% per admission for unlimited days, subject to the deductible	Covered at 75% per admission for unlimited days, subject to the deductible	Covered at 85% per admission for unlimited days, subject to the deductible	Covered at 75% 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	\$150 copay per visit \$25 copay per visit	\$500 copay per visit \$60 copay per visit	\$250 copay per visit \$40 copay per visit, Not subject to the deductible	Covered at 85% subject to the deductible Covered at 85% subject to the deductible	\$350 copay per visit, subject to deductible \$60 copay subject to the deductible	Covered at 85% subject to the deductible Covered at 85% subject to the deductible	Covered at 75%, subject to the deductible Covered at 75% 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/\$45/\$90 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/\$35/\$70, Subject to the plan deductible. Preventive Drugs not subject to the deductible	\$5/45/90, 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	\$6,350 Individual / \$12,700 Family	\$7,000 Individual / \$14,000 Family	\$8,150 Individual / \$16,300 Family	\$2,800 Individual / \$5,600 Family	\$8,000 Individual / \$16,000 Family	\$6,750 Individual / \$13,500 Family	\$6,750 Individual / \$13,500 Family	\$6,750 Individual / \$13,500 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 70%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 70%, 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.