

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

**Rome Area Chamber of Commerce
January 1 - December 31, 2024**

Plan ID	78124NY0980025-00	78124NY0980137-00	78124NY0990089-00	78124NY1000025-00	78124NY0990105-00	78124NY1000057-00	78124NY1000153-00	78124NY1000169-00
Enrollment Code	TBX8	TCC^	TCN8	TCC6	TCP4	TCF8	TCH4	TCIO
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	\$1,223.06	\$1,064.57	\$1,007.74	\$972.98	\$828.73	\$817.94	\$700.33	\$664.32
Subscriber/Spouse	\$2,446.12	\$2,129.13	\$2,015.49	\$1,945.96	\$1,657.46	\$1,635.88	\$1,400.65	\$1,328.64
Subscriber/Child(ren)	\$2,079.20	\$1,809.77	\$1,713.16	\$1,654.07	\$1,408.84	\$1,390.50	\$1,190.55	\$1,129.35
Family	\$3,485.72	\$3,034.02	\$2,872.07	\$2,773.00	\$2,361.88	\$2,331.14	\$1,995.93	\$1,893.32
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	\$30 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	\$1,100 Individual \$2,200 Family	\$1,800 Individual \$3,600 Family	\$3,250 Individual \$6,500 Family	\$3,200 Individual \$6,400 Family	\$5,500 Individual \$11,000 Family	\$8,000 Individual \$16,000 Family
Coinsurance	N/A	N/A	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 \$1500 copay per admission for unlimited days	Covered at 80% per admission for unlimited 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 unlimited days, subject to the deductible	Covered at 100% per admission for unlimited days, subject to the deductible
Emergency room care Urgent Care	\$300 copay per visit \$30 copay per visit	\$650 copay per visit \$70 copay per visit	\$450 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	\$450 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/\$100/50%	\$5/\$35/\$70 Prescription drugs not subject to the deductible	\$5/\$45/\$90 Subject to the plan deductible. Preventive Drugs not subject to deductible	\$5/\$45/\$90 Prescription drugs not subject to the deductible	\$10/\$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 <i>New in 2024: ThriveWell, powered by Virgin Pulse will be embedded in all plans</i>	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.	Offering rewards up to \$200 per subscriber & \$200 per spouse for a total rewards of up to \$400 per plan year.
Out of pocket maximum- In Network	\$5,500 Individual \$11,000 Family	\$9,400 Individual \$18,900 Family	\$7,000 Individual \$14,000 Family	\$3,600 Individual \$7,200 Family	\$9,450 Individual \$18,900 Family	\$8,000 Individual \$16,000 Family	\$7,500 Individual \$15,000 Family	\$8,000 Individual \$16,000 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 100%, 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.