



**FEARLESS IS  
BEING  
CONFIDENT  
IN YOUR PLAN.**



2020 Excellus SimplyBlue Plus Designs

A close-up, side-profile photograph of a woman with dark hair, wearing a dark top. She is resting her chin on her right hand, which is holding a black pen. Her left hand is positioned near the keyboard of a silver laptop. The background is softly blurred, showing what appears to be an office or meeting room with large windows. The overall lighting is bright and natural, creating a professional and thoughtful atmosphere.

**EMPLOYERS WANT  
WHAT'S BEST FOR  
THEIR EMPLOYEES**

All employers, regardless of the size of their business, want health insurance for their employees that provides the best possible coverage and protection at a price that works for them.

Most of all, they want to be confident in knowing they're making the right choice for the families they're looking out for. They want to know the guidance they receive in selecting the best options will take care of their most valuable resources.

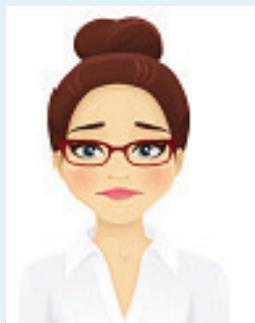
Together, that's what we deliver to your clients. With a large selection of plans and added features we have the right coverage for every group and every member.

## What's New



### Wellframe® App

A new, convenient way for our Care Managers to provide confidential, proactive, one-on-one, text-based outreach to members using a smartphone or tablet.



### Help Where It's Needed Most

Mental health and substance use disorders are now covered under the primary care physician cost share.



### More Dental Options

Introducing *SimplyBlue Plus Dental*, a dental plan option tailored specifically for small groups. See your account representative for more information.

# ACCESS TO GREATER VALUE, A LARGER NETWORK, AND SYNCHRONIZED CARE

Everything's Connected and Everyone's Accountable

## Medical

The innovative, affordable plans your employees want. For coverage wherever and whenever they need it.

## Administrative Services

Our partner, Lifetime Benefit Solutions, makes plans easy to administer with HRA and HSA/FSA plans, COBRA support for employees changing jobs, and Compliance Services to help you meet standards.

## Stop Loss Insurance\*

If your organization is self-insured, one catastrophic illness or event can jeopardize your entire business. We have the programs and timely reimbursements to protect you.

## Wellness

Our wellness consultants work with you (and your organization's data) to develop the right strategies for your employees and culture.

## Pharmacy

Nineteen on-staff pharmacists work with 15 full-time doctors plus our entire provider network to monitor prescriptions, prevent dangerous drug interactions, and reduce costs.

## Dental

90% of diseases first show symptoms in the mouth. Your employees can enjoy flexible plans plus a strong network of dentists. You receive integrated data feeds for clear, comprehensive administration.



\* Only available for Self-funded Groups.



## A PROVEN PARTNER

You want the right coverage for your clients, yet cost is always a concern. They want minimal disruptions for their team, and administration has to be easy. It's called confidence. And it comes with a proven partner.

**1.5**  
MILLION  
MEMBERS,  
THE LARGEST  
COMMERCIAL  
PAYER IN  
UPSTATE  
NEW YORK

**80** YEARS OF STABILITY  
AND SECURITY

**5,500**  
LOCAL  
EMPLOYEES

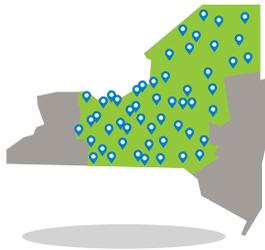
**100%**  
ACCEPTANCE AT  
LOCAL HOSPITALS

**1** DEDICATED  
TEAM

**1** POINT OF  
CONTACT

# THE FREEDOM AND PROTECTION OF THE LARGEST NETWORK IN THE WORLD

Our network gives you access to more of the best doctors, specialists, and hospitals in your neighborhood and around the globe than any other. We've also negotiated the best rates with these providers, which means everyone pays less for a higher quality of care.



## No network is more local.

We offer greater access close to home, with more options across urban, suburban, and rural markets.

- 100% hospital participation
- 99% physician participation
- More than 98% participation of hospital-based providers



## No network is more national.

Extending to every community across the U.S., our BlueCard® program provides unparalleled access from coast to coast.

- >1,300,000 providers
- 96% hospital participation
- 93% doctor and specialist participation

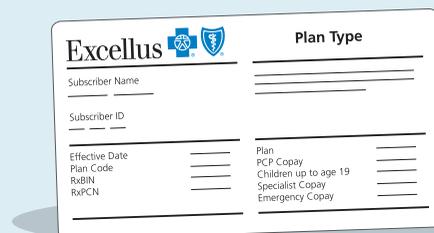


## No network is more global.

Simply put, we are unmatched in terms of size and scale, and offer coverage wherever in the world life takes you.

- 7,400 hospitals (including the U.S.)
- Thousands of hand-picked doctors and dentists fluent in English
- Providers in 190 countries

**THIS CARD** GIVES YOU EXCLUSIVE ACCESS TO TOP DOCTORS AND HIGHER-QUALITY CARE AT A LOWER COST WHEREVER YOU LIVE, WORK, AND TRAVEL.



## HARNESSING NATIONAL STRENGTH TO DRIVE BETTER CARE AT HOME

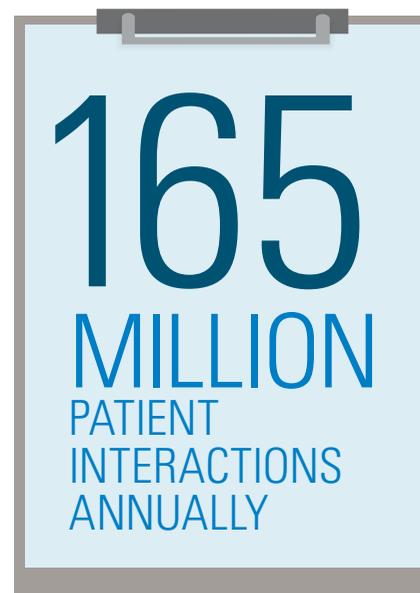
It's not just access to care. The size and scope of the larger Blue Cross Blue Shield network provides us with an incredible amount of data, which we use to continuously improve the quality of care.

- 1 in 3 Americans carries the Blue Cross Blue Shield card
- >107 million members in 50 states
- >74 million group members (more than competitors' total book of business)
- 82% Fortune 100 companies / Fortune 500 companies

**Owning the largest national data resource in the industry gives us the insight and leverage to change the way care is delivered, creating unmatched value for members and their employers:**

VALUE-BASED CARE PROGRAMS IN **99/100** TOP U.S. MARKETS

**5-8% LOWER** TOTAL COST OF CARE VERSUS OUR NEXT CLOSEST COMPETITOR\*



\* TCOC savings based on new BCBS customer, compared to best next competitor savings on a national average.



# FOUR WAYS WE KEEP EMPLOYEES AND BUSINESSES HEALTHY



1

## Lower Costs

We leverage data, innovation, and collaboration with our regional and national network of providers to keep costs down for your business and employees.

2

## Better Care

With a provider network built on 80 years of relationships, no one covers your team better in this region or around the world.

3

## Easier Administration

A dedicated single point of contact for all aspects of our relationship, plus helpful online resources, makes it easy to do business with us.

4

## Fewer Disruptions

When everything works together in a synchronized network of care, there's less confusion, fewer questions, and minimal disruptions.



# EXCELLUS SIMPLYBLUE PLUS SERIES



# SIMPLYBLUE PLUS SERIES

## THINK OF IT LIKE CHOOSING A HOME

With three types of plans and multiple options, we have coverage that's right for every group and every member. Simply narrow down your client's personal approach using this house-buying metaphor. You'll see we've used these colors — orange, blue, and green throughout the guide to help make it easier to select products with the right profile and features.



### STABLE/PREDICTABLE

You can purchase a house that's new or in like-new condition. Your mortgage payment might be higher, but you aren't facing unexpected repairs or updates. You simply move in and move forward with your life. No projects or to-do lists.

#### What it means in a health plan

A comprehensive approach to health insurance, this product design features premiums that cover nearly all your health care costs, even major claims, with very few out-of-pocket costs throughout the year. So you're never surprised by a big bill, and you rarely have to think about your coverage.

If your client is looking for something stable/predictable, one of these plans might fit:

- **Copay Standard**
- **Copay Non-Standard A**
- **Copay Non-Standard B**



### BALANCED

You can purchase a home in relatively good condition for a slightly lower price, and use the savings to make the cosmetic changes you want. When it comes to making those changes, you have options. Hire a contractor to do it all for you; use a professional for the planning but do the actual work yourself; or refer to TV and online tutorials and make the changes at your own pace, teaching yourself as you go. There's a lot of flexibility, and you can make updates over time.

#### What it means in a health plan

With the advantage of moderate premiums, these plans offer a blend of predictability and cost savings through a mix of deductibles and fixed copays. Some of these plans can also be combined with an HSA, allowing you to pay for medical expenses with pre-tax dollars.

If your client is looking for something balanced, one of these plans might fit:

- **Hybrid Standard**
- **Hybrid Non-Standard A**
- **Hybrid Non-Standard C**
- **Deductible HSA Non-Standard B**



### VALUE MAXIMIZING

For those who embrace the do-it-yourself philosophy and prefer to spend less money up front, there's the option to go with a home that needs extra attention. Initial cost of entry is low, and by investing your time, energy, and resources you can make it your own. You might have unexpected repairs, so you set money aside. If you don't need a new roof or furnace, that money is yours for something else.

#### What it means in a health plan

For those who enjoy managing and maximizing their money, this product design features the lowest monthly premiums and greatest ability to control your own costs. It requires more planning and engagement, which many people embrace, and can sometimes be combined with an HSA — allowing you to pay for medical expenses with pre-tax dollars.

If your client is looking for something value maximizing, one of these plans might fit:

- **Deductible HSA Standard**
- **Deductible HSA Non-Standard A**
- **Deductible Non-HSA Standard**

# BLUE ON DEMAND BRINGS THE HOUSING MESSAGE HOME

With three types of plans and multiple options, we have coverage that's right for every group and every member. Simply narrow down your client's personal approach using the house-buying metaphor. Then select the plan with the specific features needed.

## Two Great Ways to Shop

### 1 Shop by Medical Plans

Find information about Stable/Predictable, Balanced, and Value Maximizing plans. Every package is color-coded, so you can easily identify what category it falls into.

The screenshot shows the 'Blue on Demand' plan selection interface. It features a table of plan options with columns for Plan Type, FSA Rights, Plan Name, Aggregate Design, High Deductible, Family Deductible, Monthly Deductible, Annual Deductible, Hospital Benefits, Copayment Rate, Prescription Drug Coverage, and Out of Pocket Maximum. The plans are color-coded: Stable/Predictable (orange), Balanced (green), and Value Maximizing (blue). A 'Lifetime' banner is visible at the top right.

### 2 Shop by Preferred Packages

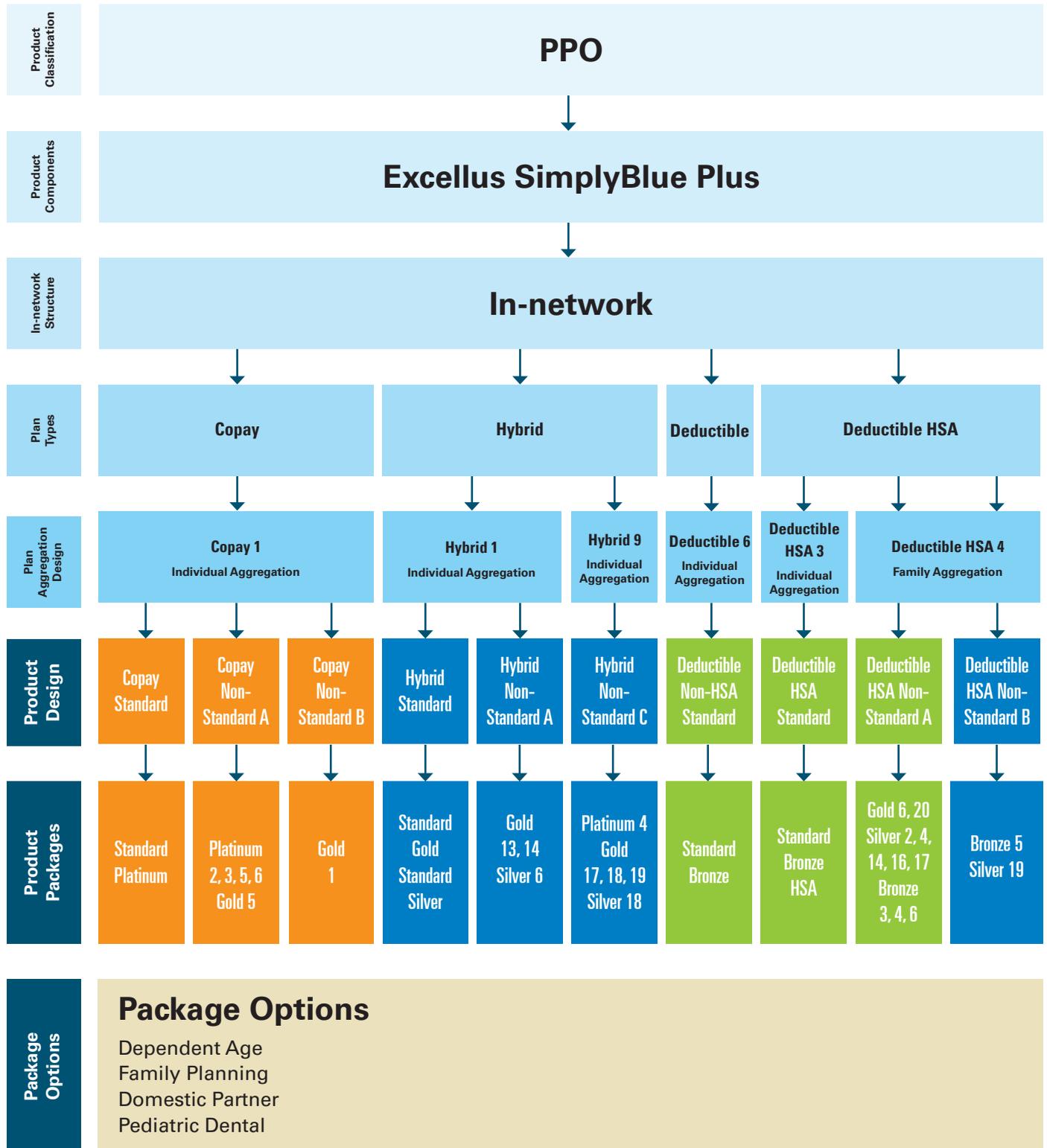
We've overlaid the housing metaphor here, too. Every package is color-coded, so you can easily see that you have all categories covered with a set of Preferred Packages.

This screenshot is similar to the one above but highlights the 'Preferred Packages' section. The table of plan options is color-coded to show which packages are included in each plan. The 'Preferred Packages' section is highlighted in orange, indicating that all categories are covered.

### The benefits of choosing the set of Preferred Packages:

- One option at every metal level and all plan types to cover Stable/Predictable, Balanced, or Value Maximizing needs
- Expedited underwriting and enrollment processes
- One rate sheet for all packages
- Tools to help employees compare plans

# SMALL GROUP PORTFOLIO MAP



The Small Group portfolio also offers an HMO option to Small Groups with out-of-area headquarters and a Healthy NY EPO to eligible small businesses. Contact your Account Service Manager for more information.

# UNDERSTANDING PRODUCT CLASSIFICATIONS AND PLAN TYPES

Health insurance products are classified based on where services are administered and the type of coverage the member receives. Historically, many plans were Health Maintenance Organizations (HMOs), and were sometimes viewed as restrictive in that they required members to have a Primary Care Physician (PCP) to coordinate care with specialists within a specific network of doctors and hospitals. All Excellus BCBS SimplyBlue Plus plans are PPOs (Preferred Provider Organizations) to give members more choices and more control.

## PPO

Members receive services from a vast network of PPO doctors and hospitals.

- 100% of hospitals and 99% of local doctors participate in our 31-county network.
- Members benefit from unsurpassed discounts when receiving care in our PPO network.
- Members may receive care outside of the PPO network, but typically pay more for this care. Balance billing is available out-of-network.
- No need to list a PCP or request referrals to a specialist
- Analysis and recovery
- Accountable Cost and Quality Agreement (ACQA) and provider collaborations

**We chose to build SimplyBlue Plus as a PPO to take advantage of the flexibility and control.**

### Exclusive Provider Organization (EPO)

Members receive services from a network of EPO doctors and hospitals for a prearranged discounted rate, but there is no coverage for care received out-of-network unless it is an emergency service or dialysis.

### HMO

Members choose a Primary Care Physician and are required to get referrals to see specialists and other doctors except in emergencies. Members must receive services in the HMO network.

### Point of Service (POS)

Members receive services from participating network providers or from providers outside the network. Deductible and/or coinsurance typically apply for out-of-network care.

### Indemnity

Members receive services from any doctor or hospital. The insurance company reimburses doctor or hospital for each covered service, and deductibles and coinsurance typically apply.

# PRODUCT COMPONENTS

All SimplyBlue Plus plans include the 10 Essential Health Benefits (EHBs) all groups must cover:

**The following is a list of general categories of EHBs covered by our SimplyBlue Plus plans:**

1. Prescription Drugs
2. Rehabilitative and Habilitative Services, as well as Devices
3. Emergency Services
4. Maternity and Newborn Care
5. Preventive and Wellness Services, as well as Chronic Disease Management
6. Pediatric Vision Care
7. Mental Health and Substance Use Disorder Services
8. Hospitalization
9. Ambulatory Patient Services
10. Laboratory Services

**For a specific list of EHBs, as determined by the NYS benchmark plan, please visit [www.cms.gov/cciio/resources/data-resources/ehb.html](http://www.cms.gov/cciio/resources/data-resources/ehb.html).**

# COVERED IN FULL PREVENTIVE CARE

Tracking your own preventive screenings offers amazing peace of mind. Excellus BCBS members are covered in full for all preventive screenings, which can help confirm they're healthy or increase earlier disease detection.



## Well-Baby and Well-Child Care

Routine physical examinations, including vision and hearing screenings, developmental assessment, anticipatory guidance, and laboratory tests.

## Adult Annual Physical Examinations

Annual physical examinations and preventive care and screenings, including blood pressure screening for adults, cholesterol screening, colorectal cancer screening, and diabetes screening.

## Adult Immunizations

Adult immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are covered and not subject to deductible.



## Well-Woman Examinations

Routine gynecological examination, breast examination, and annual Pap test, including laboratory and diagnostic services.

## Family Planning and Reproductive Health Services

FDA-approved contraceptive methods prescribed by a provider are covered. Prescription drugs and devices approved by FDA, or generic equivalents as approved substitutes, are also covered.

## Bone Mineral Density Measurements or Testing

We cover bone mineral density measurements or tests.

## Mammograms

One baseline screening mammogram and one annual screening.

**Age and gender restrictions can apply. For the full list of preventive care services and qualifying requirements, visit [www.healthcare.gov/coverage/preventive-care-benefits](http://www.healthcare.gov/coverage/preventive-care-benefits).**

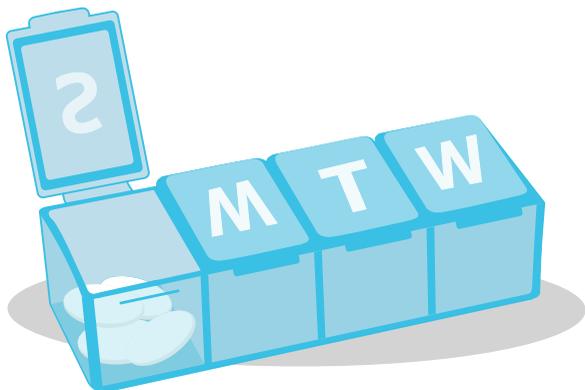
# PHARMACY

Clients have enough on their plates without worrying about the rising cost of pharmacy benefits. That's why we've partnered with Express Scripts to enhance our integrated medical and pharmacy benefits offering.

As the largest regional pharmacy benefits manager, we oversee every aspect of care on a member-by-member basis to keep costs low and keep clients and their employees safe. Plus, we regularly connect with local physicians to stay current on new medications that can lower costs even further.

## With integrated benefits from Excellus BCBS, your clients get the complete package:

- Local, dedicated pharmacy, sales, and customer service team for more responsive service
- Real-time formulary management to identify the most effective drugs at the lowest cost — based on real member data (not national statistics)
- Access to 25 on-staff pharmacists and 17 medical directors
- Up to 44% savings on medical costs for common conditions like diabetes\*
- Prescriptions delivered to your front door. Home delivery of maintenance medications to make sure members always have the medicines they need, when they need them, and increase member savings for up to a 90-day supply.\*\*



\* Excellus BlueCross BlueShield Average Cost Data

\*\* 90-day supply of home delivery/mail order for 2.5 copays.

# TELEMEDICINE

Americans spend a significant amount of time waiting in providers' offices or visiting emergency rooms for basic medical and behavioral health conditions. We understand that absence from work due to these impacts your clients' business productivity and, ultimately, their profitability.

Excellus BCBS provides access to virtual health care via our partner MDLIVE, a leading telehealth provider of online and on-demand health care delivery services and software.

Telemedicine does not replace a member's provider — rather it is another option to receive care for acute, non-life-threatening medical and behavioral health conditions when a provider is unavailable, or serves as an alternative to urgent care visits, emergency room visits, and on-site behavioral health appointments.

Members will have access to a vast network of Board-Certified providers. The system is easy to use and accessible through a toll-free phone number, video conferencing via the web, or a secure mobile app available for smartphones.

## Our telemedicine program helps:

- Reduce costs, while increasing employee access to high-quality health care
- Decrease absenteeism and improve productivity by reducing visit times

## Don't wait until you need it. Here are some easy ways to activate telemedicine today:

- **WEB:** [ExcellusBCBS.com/Member](https://ExcellusBCBS.com/Member)
- **TEXT:** Text EXCELLUS to 635483
- **APP:** Download the MDLIVE app
- **VOICE:** Call 1-866-692-5045

## Behavioral Health Services

Members can schedule a video conference with a licensed counselor or psychiatrist 24/7/365 from their home, office, or on the go to get help with things like addiction, child and adolescent issues, depression, stress, and more.



### Medical Telemedicine for:

- Allergies
- Asthma
- Cold & Flu
- Constipation
- Diarrhea
- Fever
- Joint Aches
- Nausea
- Pink Eye
- Rashes
- And more

### Behavioral Health Telemedicine for:

- Addictions
- Anxiety
- Bipolar disorders
- Depression
- Eating disorders
- Grief and loss
- LGBTQ support
- Panic disorders
- Stress
- And more

The telemedicine program is included automatically for all Fully-Insured businesses.



## Telemedicine Toolkit Available for Employers

The savings potential of telemedicine is huge for both businesses and employees — but only if they use the service. To help your clients move the needle, we put together a toolkit to help educate employees on the benefits of telemedicine and motivate them to set up their accounts so it's ready when they need it.

### The Telemedicine Toolkit Includes:

- Ready-to-send Employee Emails
- Series of Seasonal Posters
- Table Displays / Handouts
- 15-second and 30-second Videos
- Mirror Clings
- Pop-up Banners

### NEW! Behavioral Health Toolkit includes:

- Posters
- Table Displays / Handouts

**Ask your Account Manager about the toolkit or download it from [ExcellusforBusiness.com](https://www.ExcellusforBusiness.com).**

# Telemedicine Cost Shares

Plan Description	SimplyBlue Plus Package Name	Telemedicine/MDLIVE Cost Shares	
Stable/ Predictable	Standard Platinum Standard Platinum 2, 3, 5, 6 Gold 1, 5	\$10	
Balanced	Platinum 4 Gold 17, 18, 19 Silver 18	\$10	
	Standard Gold and Silver Gold 13, 14 Silver 6, 19 Bronze 5	If you haven't met your deductible yet, you'll pay the allowable charge = \$40*	If you've met your deductible you'll pay = \$10
Value Maximizing	Gold 6 Silver 4	If you haven't met your deductible yet, you'll pay the allowable charge = \$40*	If you've met your deductible you'll pay 15% coinsurance = \$6
	Gold 20 Silver 2, 14, 16, 17 Bronze 6	If you haven't met your deductible yet, you'll pay the allowable charge = \$40*	If you've met your deductible you'll pay 20% coinsurance = \$8
	Standard Bronze Standard Bronze HSA Bronze 3	If you haven't met your deductible yet, you'll pay the allowable charge = \$40*	If you've met your deductible you'll pay 50% coinsurance = \$20
	Bronze 4	If you haven't met your deductible yet, you'll pay the allowable charge = \$40*	If you've met your deductible you'll pay 0% coinsurance = \$0

\* The \$40 allowable charge does not apply to behavioral health services. The allowable costs for behavioral health services vary but do not exceed \$150. This means a member who has not met their deductible will not pay more than \$150

# WELLNESS

Our workplace wellness services are built on an integrated strategy aimed at maximizing the value of the health plan for employers and improving the well-being of employees. We provide targeted wellness strategies to drive satisfaction, savings, and improved health outcomes.

## Workplace Wellness Support Available to Small Groups

Two meetings with a Workplace Wellness Consultant per year by request, offering:

- Capabilities overview and brief workplace assessment, with targeted recommendations
- Advisement and evaluation of employer program implementation



### Employer Resources

- “Making the Most of Your Health Plan” presentation to employees (in person or web-based)
- Wellness toolkits
- Promotional material reference guide

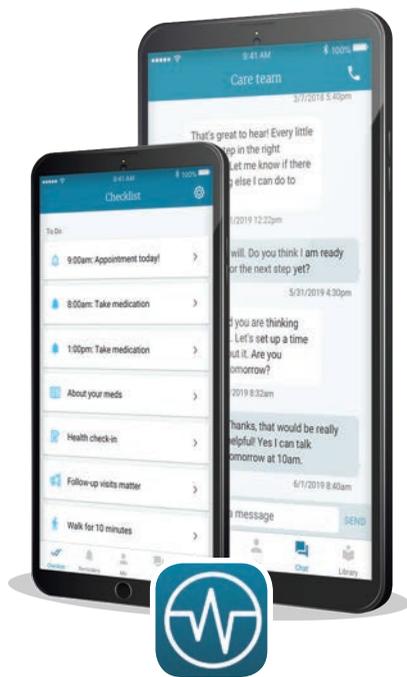
### Health Plan Wellness Benefits

- Blue365
- ExerciseRewards™
- Active&Fit Direct Program
- Telemedicine
- Member Care Management and Behavioral Health Case Management Services

### Member Wellness Resources (web-based tools for members)

- Advance Care Planning
- Wellness Blog
- YouTube Videos

**Small groups can simply contact their broker or Excellus BCBS Account Manager to schedule wellness consultations.**



## Wellframe® mobile health management app\*

- As part of our Care Management outreach, members can connect conveniently via text with licensed health care professionals anytime for advice or support
- Guidance for things like general wellness, weight loss, smoking cessation, diabetes, high blood pressure and more
- 80% of Excellus BCBS members on Wellframe® have successfully addressed a health issue
- Through one-on-one conversations and member data, we develop personalized care plans to keep healthy employees healthy and complex conditions in check, lowering medical costs by \$500-\$2,000+\*\* per Excellus BCBS member based on risk tier

**To learn more about how WellFrame® can improve outcomes and control costs, talk to your Excellus BCBS Account Managers today.**



\*Included for Fully-Insured/Buy-up for Self-Funded  
 \*\*2018 Health Plan Data Provided by Wellframe®

# PEDIATRIC DENTAL

For plans that cover pediatric dental, we cover the following dental care services for members up to 19 years of age:

- **Emergency Dental Care.** Emergency treatment required to alleviate pain and suffering caused by dental disease or trauma, not subject to our preauthorization.
- **Preventive Dental Care.** Procedures that help prevent oral disease from occurring, including cleanings, topical fluoride application, sealants, and unilateral and bilateral space maintainers.
- **Routine Dental Care.** Routine dental care provided in the office of a dentist, including dental examinations, x-rays, simple extractions, and in-office conscious sedation.
- **Major Dental Care.** Endodontics, including procedures for treatment of diseased pulp chambers and pulp canals; Periodontics, including services in anticipation of, or leading to medically necessary orthodontics; and certain Prosthodontic services.
- **Orthodontics.** Medically necessary procedures only. Used to help restore oral structures to health and function and to treat serious medical conditions such as cleft palate and cleft lip, craniofacial anomalies, and other significant skeletal dysplasias. Preauthorization is required.



## Benefit highlights:

- **All Non-Standard, Hybrid, Deductible, and Deductible HSA Plans.** In- and out-of-network preventive exams and cleanings are not subject to the deductible.

# PEDIATRIC VISION

All our plans offer the following coverage for members up to 19 years of age:

- **Vision Care.** Emergency, preventive, and routine vision care.
- **Vision Examinations.** One vision examination per 12-month period, unless more frequent examinations are medically necessary.
- **Prescribed Lenses and Frames.** Standard prescription lenses or contact lenses one time per 12-month period, unless more frequent changes in lenses or contact lenses are medically necessary.

Member cost share will vary based on the package.



# IN-NETWORK STRUCTURE

All Excellus SimplyBlue Plus plans provide coverage through our vast network of doctors and hospitals.

A “network” refers to a group of doctors and hospitals that have agreed to accept payment in exchange for serving members.

Our plans give members the freedom to choose from all doctors and hospitals “in-network,” without having more expensive out-of-pocket costs. This is especially important to consider, as many employees are living and commuting from a variety of locations.

**With our SimplyBlue Plus plans, members get:**



**Savings with contracted providers (In-network)**



**Access to non-contracted providers (Out-of-network), but costs will be higher**



# PLAN TYPES

There are four plan types available in SimplyBlue Plus.

Each plan type covers qualified preventive services in full without being subject to the deductible that may be applicable.

Name	Description	HSA-Qualified (Y/N)	Rx Subject to Medical Deductible (Y/N)
<b>Copay</b>	<ul style="list-style-type: none"> <li>There is no in-network deductible.</li> <li>Members pay a fixed dollar amount for most services.</li> </ul>	No	No
<b>Hybrid</b>	<ul style="list-style-type: none"> <li>Members must first pay in- and out-of-network deductibles on applicable medical care before the health plan begins to pay.</li> <li>Once the deductible is met, the member pays either a copay or coinsurance, depending on plan design.</li> <li>Prescription drug fills are not subject to the medical deductible.</li> <li>Diabetic drugs fall under the medical contract, on some hybrid plans, and are subject to deductible before copays/ coinsurance applies.</li> </ul>	No	No
<b>Deductible</b>	<ul style="list-style-type: none"> <li>Members must first pay the deductible for all medical care before the health plan begins to pay.</li> <li>Prescription drug fills are subject to the medical deductible.</li> </ul>	No	Yes
<b>Deductible HSA</b>	<ul style="list-style-type: none"> <li>Members must first pay the deductible for all medical care before the health plan begins to pay.</li> <li>Prescription drug fills are subject to the medical deductible.</li> <li>Preventive Rx fills will not be subject to the deductible on non-standard plans.</li> </ul>	Yes	Yes

# PLAN AGGREGATION DESIGN

The chart below explains the differences between Excellus SimplyBlue Plus plan aggregation designs.

Aggregation Design Name	Deductible			Out-of-Pocket Maximum (OOPM)			Visit/Day Limit Accumulation In- & Out-of-Network
	Which aggregation rule applies?	How do in- and out-of-network deductibles accumulate?	Which services apply to the deductible?	Which aggregation rule applies?	How do in- and out-of-network OOPM deductibles accumulate?	Which services apply to the OOPM?	How do visit/day limits accumulate?
<b>Copay 1</b>	Individual	Separately	N/A	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
<b>Hybrid 1</b>	Individual	Separately	All medical, pediatric dental, and vision	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
<b>Hybrid 9</b>	Individual	Separately	Applicable medical, pediatric dental, and vision	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
<b>Deductible 6</b>	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
<b>Deductible HSA 3</b>	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
<b>Deductible HSA 4</b>	Family	Separately	All services (medical, pediatric dental, vision, and Rx)	Family	Separately	All services (medical, pediatric dental, vision, and Rx)	Together

## Deductible Aggregation Terms

**Individual Aggregation:** Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, prior to receiving plan benefits.

- Individual aggregation is often more attractive to families because claims for individuals will be covered when that individual meets his/her single deductible.

**Family Aggregation:** For family coverage, the entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.

- Family aggregation helps to keep the monthly premium lower.

## Out-of-Pocket Maximum (OOPM) Aggregation Terms

**Individual Aggregation:** Each covered family member only needs to satisfy his or her individual OOPM, not the entire family OOPM.

- Once the OOPM is reached, plan services are covered in full.
- Individual aggregation is often more attractive to families because claims for individuals will be covered when that individual meets his/her single OOPM.

**Family Aggregation:** For family coverage, the entire family's annual OOPM must be met by one or any combination of covered members.

- Once the family OOPM is reached, plan services are covered in full.
- Family aggregation helps to keep the monthly premium lower.

## Per Person Individual Out-of-Pocket Maximum Cap

In addition to the plan's OOPM, plans are also required to have a per person OOPM cap where no single person can pay more than the out-of-pocket amount set for that year.

2020 U.S. Department of Health and Human Services (HHS) guidelines state that individuals on a single plan and individuals on a family plan will not pay more than \$8,150 as an out-of-pocket maximum. SimplyBlue Plus Gold 17, SimplyBlue Plus Silver 18, and SimplyBlue Plus Standard Bronze are impacted by this cap.

2020 IRS guidelines for HSA qualified plans state that individuals on a single plan and individuals on a family plan will not pay more than \$6,900 as an out-of-pocket maximum. No SimplyBlue Plus plans are impacted by this cap as all out-of-pocket maximums are lower than this amount.

# SIMPLYBLUE PLUS DESIGN DETAILS

Plan Designs	STABLE/ PREDICTABLE	BALANCED			VALUE MAXIMIZING	
	Designed for convenience and predictability.	A blended plan design that helps bridge the difference between traditional copay plans and high deductible plans.			Designed so members can take control of their health care dollars.	Designed as an economical way to protect health.
	Copay Non-Standard A Copay Non-Standard B Copay Standard	Hybrid Standard Hybrid Non-Standard A	Hybrid C	Deductible HSA Non-Standard B	Deductible HSA Non-Standard A Deductible HSA Standard	Deductible Non-HSA Standard
Design Description	<p>What makes these plans predictable:</p> <ul style="list-style-type: none"> <li>There is no deductible.</li> <li>You will pay a set copay for covered services.*</li> </ul>	<p>What makes these plans balanced:</p> <ul style="list-style-type: none"> <li>There is a deductible; it applies to all medical services to reduce premium payments.</li> <li>After the deductible is met, the plan acts like a copay plan to bring predictability.*</li> </ul>	<p>What makes this plan balanced:</p> <ul style="list-style-type: none"> <li>There is a deductible; it only applies to inpatient services and outpatient surgery to balance out-of-pocket costs on covered services and premium payments.</li> <li>Pay only a set copay for all other services not subject to the deductible.*</li> </ul>	<p>What makes this plan balanced:</p> <ul style="list-style-type: none"> <li>Lowest premium of our Balanced plans.</li> <li>All services and drugs are subject to a deductible to lower the premium.</li> <li>After the deductible is met, the plan acts like a copay plan to bring predictability.*</li> </ul>	<p>What makes these plans value maximizing:</p> <ul style="list-style-type: none"> <li>All services and drugs are subject to a deductible to lower the premium.</li> <li>Coinsurance is applied to all services after the deductible to lower the premium.</li> <li>Plans are HSA qualified.</li> </ul>	<p>What makes this plan value maximizing:</p> <ul style="list-style-type: none"> <li>All services and drugs are subject to a deductible to lower the premium.</li> <li>Coinsurance is applied to all services after the deductible to lower the premium.</li> </ul>
Plan Features	<p>Predictable highlighted features include:</p> <ul style="list-style-type: none"> <li>Free annual health checkups</li> <li>Free preventive services</li> <li>A set copay on Inpatient and ER visits</li> <li>Low urgent care copays</li> <li>A PCP copay for lab tests on Platinum and Gold 5 plans</li> <li>\$10 copay for MDLive telemedicine service</li> </ul>	<p>Balanced highlighted features include:</p> <ul style="list-style-type: none"> <li>Free annual health checkups</li> <li>Free preventive services</li> <li>\$10 copay for MDLive telemedicine service</li> </ul>	<p>Balanced highlighted features include:</p> <ul style="list-style-type: none"> <li>Free annual health checkups</li> <li>Free preventive services</li> <li>\$10 copay for MDLive telemedicine service</li> <li>Pay a PCP copay for lab tests</li> </ul>	<p>Balanced highlighted features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> <li>Free annual health checkups</li> <li>Free preventive services</li> <li>\$40 copay for MDLive telemedicine service if the deductible hasn't been met and lower copays once the deductible has been satisfied. **</li> </ul>	<p>Value maximizing features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> <li>Free annual health checkups</li> <li>Free preventive services</li> <li>\$40 copay for MDLive telemedicine service if the deductible hasn't been met and lower copays once the deductible has been satisfied. **</li> </ul>	<p>Value maximizing features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> <li>Free annual health checkups</li> <li>Free preventive services</li> <li>\$40 copay for MDLive telemedicine service if the deductible hasn't been met and lower copays once the deductible has been satisfied. **</li> </ul>
Aggregation Design	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Family aggregation applies to this plan to lower premiums.	Non-Standard Plans: Family aggregation applies to these plan to lower premiums. Standard Plans: Individual aggregation applies to these plans at a slightly higher premium.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.

\* Services related to eyewear, hearing, durable medical equipment, and external prosthetics are subject to coinsurance.

\*\* The \$40 allowable charge does not apply to behavioral health services. The allowable costs for behavioral health services vary but do not exceed \$150. This means a member who has not met their deductible will not pay more than \$150.

# SIMPLYBLUE PLUS PREFERRED PACKAGES

Preferred Packages are a way for employers to offer our most popular plans at every metal level, in the categories their employees want most — Stable/Predictable, Balanced, and/or Value Maximizing. This approach, along with the house-buying metaphor to help explain it, takes the guesswork out of selecting plans for employees.

So, whether the organization consists of families shopping for Platinum level plans, or couples interested in a higher deductible Bronze plan, they will all have access to choose from four plans with a range of benefits and price points.

## Benefits of SimplyBlue Plus Preferred Packages include:

- One option at every metal level and all plan types to cover Stable/Predictable, Balanced, or Value Maximizing needs
- Expedited underwriting and enrollment processes
- One rate sheet for all packages
- Tools to help employees compare plans

Plan Name	Plan Type	Primary Care	Specialist	Single Deductible	Coinsurance	Single Out-of-Pocket Maximum	Inpatient Copay	Emergency Room	Prescription Fills Copay Per Tier
<b>Platinum 2</b> STABLE/ PREDICTABLE	Copay	\$15	\$25	None	None	\$6,350	\$250	\$150	\$5/\$35/\$70
<b>Gold 17</b> BALANCED	Hybrid C	\$25	\$40	\$900	20%	\$8,150	20% after deductible	\$250	\$5/\$45/\$90
<b>Silver 2</b> VALUE MAXIMIZING	Deductible HSA	25% after deductible	25% after deductible	\$2,250	25%	\$6,750	25% after deductible	25% after deductible	\$5/\$45/\$90 after deductible
<b>Bronze 4</b> VALUE MAXIMIZING	Deductible HSA	0% after deductible	0% after deductible	\$6,750	0%	\$6,750	0% after deductible	0% after deductible	\$0 after deductible

# SIMPLYBLUE PLUS COPAY PLANS

Designed for convenience and predictability

**Our copay plans are stable and predictable, like a house in like-new condition. No projects or to-do lists.**

- Preventive services such as routine physicals, screenings, and vaccinations are covered in full.
- You are responsible for paying a flat dollar amount for most covered health care services in-network, other than preventive care, like going to the doctor when you're sick or getting a prescription filled.

**A copay insurance plan may be right if:**

- Member prefers the convenience and predictability of copays. This type of plan will have higher monthly premiums and lower out-of-pocket costs.
- Member tends to have high medical costs. They may prefer a plan without a high deductible and the protection of an out-of-pocket maximum.

Available Package	Plan Features	Office Visit		Hospital Visit		Emergency Care		Prescription Fills	Single Limit*	Product Design Name*
		Primary Care	Specialist	Inpatient	Outpatient	Urgent Care	Emergency Room	Copay per Tier	Out-of-Pocket Maximum	
<b>SQB5</b>	Platinum Standard	\$15	\$35	\$500	\$100	\$55	\$100	\$10/\$30/\$60	\$2,000	Copay Standard
<b>SQD1</b>	Platinum 2	\$15	\$25	\$250	\$150	\$25	\$150	\$5/ <b>\$35/\$70</b>	\$6,350	Copay Non-Standard A
<b>SQE7</b>	Gold 1	\$25	\$40	\$1,000	\$450	\$40	\$450	\$15/40%/50%	<b>\$7,600</b>	Copay Non-Standard B
<b>SQG3</b>	Platinum 3	\$25	\$40	\$500	\$150	\$40	\$150	\$5/\$35/\$70	\$4,500	Copay Non-Standard A
<b>SQH9</b>	Gold 5	\$40	\$60	\$1,000	\$500	\$60	\$500	\$15/ <b>\$75/50%</b>	<b>\$7,000</b>	Copay Non-Standard A
<b>SRP5</b>	Platinum 5	\$25	\$40	\$750	\$250	\$40	\$250	\$5/\$35/\$70	\$6,550	Copay Non-Standard A
<b>SRR1</b>	Platinum 6	\$30	\$50	\$750	\$250	\$50	\$250	\$5/\$35/\$70	\$6,550	Copay Non-Standard A

**Benefits in orange represent a cost share change from 2019 to 2020.**

<sup>1</sup>Enrollment Code change from 2019 to 2020.

\*The product design designates if a service is covered and if it is, how it is covered. See the next page for more detail on the product designs for these plans.

All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

\*The Family out-of-pocket maximum is two times the Individual amount. Enrollment codes shown include: Dependent to age 26; Pediatric Dental coverage; Domestic partner coverage; Family planning coverage.

**For other variations, see Blue on Demand at [ExcellusBCBS.com](http://ExcellusBCBS.com).**

## SimplyBlue Plus Copay Product Designs

Some of our plans are very similar in design, but they differ in how other costs for care are shared with the member. The housing metaphor at the beginning of this section helps you explain which types fit best with which clients — whether they prefer stable, balanced, or value maximizing choices. The chart below illustrates differences by plan type for some commonly used benefits.

Keep in mind there are State-mandated standard plan designs at each metal level. This means all carriers are required to offer the same plan design allowing an apples-to-apples comparison when shopping for a plan. Always be sure to check the provider availability of the plan when shopping because the network can differ by insurance carrier or product.

These product designs are similar. They use a common copay design and apply copays to services covered in the plans for out-of-pocket costs. The differences are what type of copay applies to each service (PCP, Specialist, or other).

SimplyBlue Plus Copay Designs															
Key Features	Preventive Services <sup>+</sup>	Inpatient Hospital Care	Outpatient Surgery	Other Outpatient Services	Primary Care Physician Services*	Lab Tests	X-rays	Covered Therapists	Mental Health Visits	Chiropractor	Emergency Room	Ambulance	Freestanding Urgent Care Center	Prescription Drugs	Diabetic Drugs
<b>Covered in Full No Copay</b>	•														
<b>Subject to Deductible</b>															
<b>PCP Copay</b>				•	•	A S	S		•						•
<b>Specialist Copay</b>				•		S B	•	A B		•			A B		
<b>Coinsurance Applies</b>															
<b>Out-of-Pocket Maximum</b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = All Designs      A = Copay Non-Standard A      B = Copay Non-Standard B      S = Copay Standard

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.

+ For covered Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act refer to the United States Preventive Services Task Force list of items and services rated "A" or "B".

\* Services performed by a Primary Care Physician. Services may include Office Surgery, Diagnostic Office Visits, Office & Outpatient Consultations, Allergy Testing, Allergy Treatment, Treatment of Diabetes Insulin & Supplies, Diabetic Education, and Diabetic Equipment.

The following services apply unique cost shares that are not represented in the chart, please refer to your full benefit summary for detail. Including: Urgent Care for standard plans, Emergency Services including ambulance, outpatient surgery services, covered therapies for standard plans, and prescription drug fills.

Coverage for adult vision including exams and eyewear is included in all non-standard plans. Standard plans do not cover this benefit.

# SIMPLYBLUE PLUS HYBRID

Designed to deliver a balance of predictability and flexibility

**Like a relatively new house, hybrid plans represent a balanced approach to coverage.**

- Member is responsible for meeting deductible before the health plan starts contributing.
- Prescription drug fills are not subject to the deductible (diabetic drugs are subject to the medical deductible for some plans. See next page for more detail on the product design).
- Preventive services such as routine physicals, screenings, and vaccinations are covered in full (not subject to the deductible).

**A hybrid plan may be right if a member is:**

- Looking for a less expensive plan, but not ready to move to a high deductible plan
- Willing to pay a deductible before the health plan starts contributing
- Looking for a plan with no deductible applied to prescription drugs

Available Package	Plan Features	Single Limit*		Office Visit			Hospital Visit		Emergency Care			
Enrollment Code <sup>1</sup>	Plan Name	Deductible	Out-of-Pocket Maximum	Primary Care	Specialist	Coinsurance	Inpatient	Outpatient	Urgent Care	Emergency Room	Prescription Copay	Product Design Name <sup>2</sup>
SRJ1	Platinum 4	\$250	\$2,000	\$15	\$25	20%	20%**	20%**	\$25	\$150	\$5/\$25/\$50	Hybrid Non-Standard C
SRK7	Gold 17	<b>\$900</b>	<b>\$8,150</b>	\$25	\$40	20%	20%**	20%**	\$40	\$250	\$5/\$45/\$90	Hybrid Non-Standard C
SRM3	Gold 18	\$1,000	<b>\$6,200</b>	\$30	\$50	20%	20%**	20%**	\$50	\$250	\$5/\$45/\$90	Hybrid Non-Standard C
SRS7	Gold 19	\$2,250	\$6,850	\$40	\$60	20%	20%**	20%**	\$60	\$350	\$5/\$45/\$90	Hybrid Non-Standard C
SQT1	Silver Standard	<b>\$1,300</b>	<b>\$7,900</b>	\$30**	\$50**	0%	\$1,500**	<b>\$150**</b>	\$70**	\$250**	\$10/\$35/\$70	Hybrid Standard
SQU7	Gold Standard	\$600	\$4,000	\$25**	\$40**	0%	\$1,000**	\$100**	\$60**	\$150**	\$10/\$35/\$70	Hybrid Standard
SQW3	Gold 13	<b>\$850</b>	<b>\$7,000</b>	\$15**	\$25**	20%	20%**	20%**	\$25**	\$200**	\$5/\$25/\$50	Hybrid Non-Standard A
SQX9	Gold 14	\$1,000	\$5,500	\$25**	\$40**	20%	20%**	20%**	\$40**	\$250**	\$5/\$35/\$70	Hybrid Non-Standard A
SQZ5	Silver 6	<b>\$2,500</b>	<b>\$8,000</b>	\$40**	\$60**	<b>25%</b>	20%**	20%**	\$60**	\$350**	\$5/\$45/\$90	Hybrid Non-Standard A
SSA7	Silver 18	<b>\$7,250</b>	<b>\$8,150</b>	\$50	\$75	30%	30%**	30%**	\$75	<b>\$650</b>	\$10/\$45/\$90	Hybrid Non-Standard C

Benefits in orange represent a cost share change from 2019 to 2020.

<sup>1</sup>Enrollment Code change from 2019 to 2020.

<sup>2</sup>The product design designates if a service is covered and if it is, how it is covered. See the next page for more detail on the product designs for these plans. All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

\*The Family out-of-pocket maximum is two times the Individual amount. Enrollment codes shown include: Dependent to age 26; Pediatric Dental coverage; Domestic partner coverage; Family planning coverage.

\*\*Benefit is subject to the plan deductible.

For other variations, see Blue on Demand at [ExcellusBCBS.com](http://ExcellusBCBS.com).

## SimplyBlue Plus Hybrid Product Design

For all hybrid plan designs, some covered services apply coinsurance and others apply a copay; prescription drug and preventive services are never subject to the deductible. They differ in how other costs for care are shared with the member. The house-buying metaphor at the beginning of this section helps you explain which types fit best with which clients — whether they prefer stable, balanced, or value maximizing choices.

For Standard and Non-Standard A, all medical services are subject to the deductible.

The Non-Standard C product design is different because not all medical services are subject to the deductible. Generally, most physician and outpatient services are not subject to the deductible.

SimplyBlue Plus Hybrid Designs															
Key Features	Preventive Services <sup>+</sup>	Inpatient Hospital Care	Outpatient Surgery	Other Outpatient Services	Primary Care Physician Services*	Lab Tests	X-rays	Covered Therapists	Mental Health Visits	Chiropractor	Emergency Room	Ambulance	Freestanding Urgent Care Center	Prescription Drugs	Diabetic Drugs
<b>Covered in Full No Copay</b>	•														
<b>Subject to Deductible</b>		•	•	A S	A S	A S	A S	A S	A S	A S	A S	A S	A S		A S
<b>PCP Copay</b>				•	•	•	S		•						•
<b>Specialist Copay</b>				•		S	•	A C		•			A C		
<b>Coinsurance Applies</b>		A C	A C												
<b>Out-of-Pocket Maximum</b>	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = All Designs    A = Hybrid Non-Standard A    C = Hybrid Non-Standard C    S = Hybrid Standard

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.

+ For covered Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act refer to the United States Preventive Services Task Force list of items and services rated "A" or "B".

\* Services performed by a Primary Care Physician. Services may include Office Surgery, Diagnostic Office Visits, Office & Outpatient Consultations, Allergy Testing, Allergy Treatment, Treatment of Diabetes Insulin & Supplies, Diabetic Education, and Diabetic Equipment.

The following services apply unique cost shares that are not represented in the chart, please refer to your full benefit summary for detail. Including: Urgent Care for standard plans, Emergency Services including ambulance, outpatient surgery services, covered therapies for standard plans, and prescription drug fills.

Coverage for adult vision including exams and eyewear is included in all non-standard plans. Standard plans do not cover this benefit.

# SIMPLYBLUE PLUS DEDUCTIBLE PLAN

Designed as an economical way to protect health

**Our deductible plans are like a value-maximizing house, ideal for do-it-yourselfers who prefer to spend less up-front and save for expenses.**

- Deductible is higher than other insurance plans and premium is lower.
- Member is responsible for meeting deductible before the health plan starts contributing.
- Preventive services such as routine physicals, screenings, and vaccinations are covered in full (not subject to the deductible).

**A deductible plan may be right if a member is:**

- Willing to pay more up-front out-of-pocket medical expenses in exchange for lower premiums
- Healthy and doesn't anticipate high health care costs
- Not offered an HSA option (can pair with an HRA)
- Looking for protection at a lower cost

Available Package	Plan Features	Single Limit*					
Enrollment Code <sup>1</sup>	Plan Name	Deductible	Out-of-Pocket Maximum	Coinsurance	Prescription Copay	Product Design Name <sup>+</sup>	Primary Care Physician Visit
SRN9	Bronze Standard	\$4,425	\$8,150	50%	\$10/\$35/\$70**	Deductible Non-HSA Standard	NEW! Three PCP visits before deductible***

Benefits in orange represent a cost share change from 2019 to 2020.

<sup>1</sup>Enrollment Code change from 2019 to 2020.

<sup>+</sup>The product design designates if a service is covered and if it is, how it is covered. See the next page for more detail on the product designs for these plans.

All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

\*The Family out-of-pocket maximum is two times the Individual amount. Enrollment codes shown include: Dependent to age 26; Pediatric Dental coverage; Domestic partner coverage; Family planning coverage.

\*\*Benefit is subject to the plan deductible.

\*\*\* Available for Bronze Standard only

For other variations, see [Blue on Demand at ExcellusBCBS.com](http://Blue on Demand at ExcellusBCBS.com).

## SimplyBlue Plus Deductible Product Design

This plan design applies coinsurance to medical services covered in the plan once the deductible is met. They differ in how other costs for care are shared with the member. The house-buying metaphor at the beginning of this section helps you explain which types fit best with which clients — whether they prefer stable, balanced, or value maximizing choices.

The plan does not meet IRS HSA regulations.

SimplyBlue Plus Deductible Design															
Key Features	Preventive Services <sup>+</sup>	Inpatient Hospital Care	Outpatient Surgery	Other Outpatient Services	Primary Care Physician Services*	Lab Tests	X-rays	Covered Therapists	Mental Health Visits	Chiropractor	Emergency Room	Ambulance	Freestanding Urgent Care Center	Prescription Drugs	Diabetic Drugs
<b>Covered in Full No Copay</b>	S														
<b>Subject to Deductible</b>		S	S	S	S	S	S	S	S	S	S	S	S	S	S
<b>PCP Copay</b>															
<b>Specialist Copay</b>															
<b>Coinsurance Applies</b>		S	S	S	S	S	S	S	S	S	S	S	S		S
<b>Out-of-Pocket Maximum</b>		S	S	S	S	S	S	S	S	S	S	S	S	S	S

S = Deductible Standard

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.

+ For covered Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act refer to the United States Preventive Services Task Force list of items and services rated "A" or "B".

\* Services performed by a Primary Care Physician. Services may include Office Surgery, Diagnostic Office Visits, Office & Outpatient Consultations, Allergy Testing, Allergy Treatment, Treatment of Diabetes Insulin & Supplies, Diabetic Education, and Diabetic Equipment.

The following services apply unique cost shares that are not represented in the chart, please refer to your full benefit summary for detail. Including: Urgent Care for standard plans, Emergency Services including ambulance, outpatient surgery services, covered therapies for standard plans, and prescription drug fills.

Coverage for adult vision including exams and eyewear is included in all non-standard plans. Standard plans do not cover this benefit.

# SIMPLYBLUE PLUS DEDUCTIBLE HSA PLANS

Designed so members can take control of their health care dollars

**Our HSA plans are also deductible plans, like a value-maximizing house, with a special way to save for expenses.**

- Deductible is higher than other insurance plans, and premium is lower.
- Member can deposit the money saved on premiums into a tax-favored health savings account (HSA) to help pay deductible (subject to federal limits).
- Unspent savings roll over year after year and earn interest.

**An HSA plan may be right for those who:**

- Want more control over how health care dollars are spent
- Prefer an up-front deductible (to offset the lower premium)
- Are comfortable handling higher out-of-pocket costs and managing savings to cover the costs as they occur
- Want a health plan that also offers tax savings

All Medical (non preventive) and prescription drug services are subject to the plan deductible.						
Available Package	Plan Features	Single Limit*				
Enrollment Code <sup>1</sup>	Plan Name	Deductible	Out-of-Pocket Maximum	Coinsurance	Prescription Copay	Product Design Name <sup>+</sup>
SQL1	Gold 6	\$1,400	\$2,800	15%	\$5/\$35/\$70**	Deductible HSA Non-Standard A
SRU3	Gold 20	\$1,800	\$3,600	20%	\$5/\$45/\$90**	Deductible HSA Non-Standard A
SQM7	Silver 2	<b>\$2,250</b>	<b>\$6,750</b>	25%	\$5/\$45/\$90**	Deductible HSA Non-Standard A
SQO3	Silver 4	<b>\$2,750</b>	<b>\$6,750</b>	15%	\$5/\$35/\$70**	Deductible HSA Non-Standard A
SRE3	Silver 14	\$2,800	\$6,550	20%	\$5/\$45/\$90**	Deductible HSA Non-Standard A
SRV9	Silver 16	\$3,200	\$6,550	20%	\$5/\$45/\$90**	Deductible HSA Non-Standard A
SRX5	Silver 17	\$3,600	\$6,550	20%	\$5/\$35/\$70**	Deductible HSA Non-Standard A
SSC3	Silver 19	\$2,250	<b>\$6,900</b>	N/A	\$5/\$45/\$90**	Deductible HSA Non-Standard B
SQJ5	Bronze Standard HSA	\$5,500	\$6,550	50%	\$10/\$35/\$70**	Deductible HSA Standard
SQP9	Bronze 3	\$5,000	\$6,550	50%	\$10/40%/50%**	Deductible HSA Non-Standard A
SQR5	Bronze 4	<b>\$6,750</b>	<b>\$6,750</b>	0%	\$0**	Deductible HSA Non-Standard A
SRF9	Bronze 5	\$5,500	\$6,550	N/A	\$10/\$35/\$70**	Deductible HSA Non-Standard B
SRZ1	Bronze 6	\$4,500	<b>\$6,750</b>	<b>25%</b>	\$5/\$45/\$90**	Deductible HSA Non-Standard A

Benefits in orange represent a cost share change from 2019 to 2020.

<sup>1</sup>Enrollment Code change from 2019 to 2020.

<sup>+</sup>The product design designates if a service is covered and if it is, how it is covered. See the next page for more detail on the product designs for these plans. All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

<sup>\*</sup>The Family out-of-pocket maximum is two times the Individual amount. Enrollment codes shown include: Dependent to age 26; Pediatric Dental coverage; Domestic partner coverage; Family planning coverage.

<sup>\*\*</sup>Benefit is subject to the plan deductible.

For other variations, see Blue on Demand at [ExcellusBCBS.com](http://ExcellusBCBS.com).

## SimplyBlue Plus Deductible HSA Product Design

These are typical HSA qualified plans with coinsurance on all covered medical services once the deductible is met. All medical services and prescription drugs are subject to the deductible except preventive services. Non-Standard B is the exception as it applies copays to most services once the deductible is met.

They differ in how other costs for care are shared with the member. The house-buying metaphor at the beginning of this section helps you explain which types fit best with which clients — whether they prefer stable, balanced, or value maximizing choices.

Note, these have different plan aggregation designs so be sure to check how the deductibles and out-of-pocket maximums work.

SimplyBlue Plus Deductible HSA Designs															
Key Features	Preventive Services <sup>+</sup>	Inpatient Hospital Care	Outpatient Surgery	Other Outpatient Services	Primary Care Physician Services*	Lab Tests	X-rays	Covered Therapists	Mental Health Visits	Chiropractor	Emergency Room	Ambulance	Freestanding Urgent Care Center	Prescription Drugs	Diabetic Drugs
<b>Covered in Full No Copay</b>	•														
<b>Subject to Deductible</b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•
<b>PCP Copay</b>				B	B	B			B						B
<b>Specialist Copay</b>				B			B	B		B			B		
<b>Coinsurance Applies</b>		A S	A S	A S	A S	A S	A S	A S	A S	A S	A S	A S	A S		A S
<b>Out-of-Pocket Maximum</b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = All Designs    A = Deductible HSA Non-Standard A    B = Deductible HSA Non-Standard B    S = Deductible HSA Standard

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.

+ For covered Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act refer to the United States Preventive Services Task Force list of items and services rated "A" or "B".

\* Services performed by a Primary Care Physician. Services may include Office Surgery, Diagnostic Office Visits, Office & Outpatient Consultations, Allergy Testing, Allergy Treatment, Treatment of Diabetes Insulin & Supplies, Diabetic Education, and Diabetic Equipment.

The following services apply unique cost shares that are not represented in the chart, please refer to your full benefit summary for detail. Including: Urgent Care for standard plans, Emergency Services including ambulance, outpatient surgery services, covered therapies for standard plans, and prescription drug fills.

Coverage for adult vision including exams and eyewear is included in all non-standard plans. Standard plans do not cover this benefit.

# PACKAGE OPTIONS

Clients may choose the following options for their SimplyBlue Plus health plan.

	Eligibility	Plan Variations Created With These Options
<b>Dependent through Age 29</b>	<ul style="list-style-type: none"> <li>The dependent is unmarried</li> <li>Is not insured or eligible for coverage under an employer-sponsored health benefit plan</li> <li>Lives, works, or resides in New York State for our service area</li> </ul>	Standard coverage is to age 26; plan options are made available with this rider to extend through age 29 for an additional cost
<b>Domestic Partner</b>	<ul style="list-style-type: none"> <li>Included in the base contract</li> <li>Employers may choose not to offer this coverage</li> </ul>	Plans include coverage for eligible domestic partner for no additional cost
<b>Family Planning</b> Benefits are mandated essential health benefits*	<ul style="list-style-type: none"> <li>Included in the base contract</li> <li>Includes coverage for things like oral contraceptives, sterilization procedures for men, family planning</li> <li>Coverage can only be removed for groups obtaining a religious exemption</li> </ul>	All plans must include sterilization for men, family planning services for women, over-the-counter and generic oral contraceptives, and abortion
<b>Pediatric Dental</b> Benefits are mandated essential health benefits*	<ul style="list-style-type: none"> <li>Coverage can only be removed for groups providing evidence of other qualified coverage</li> </ul>	All plans must have pediatric dental coverage that includes checkups (fluoride, sealant, fillings), basic dental care (x-rays, simple extractions), major dental (endodontics), and orthodontia (medically necessary)

\* Removal of Family Planning or Pediatric Dental benefits requires group exception or Excellus SimplyBlue Plus Dental plan.

# SIMPLYBLUE PLUS PLAN UPDATES FOR 2020

To comply with 2020 HCR guidelines, some benefit coverage is changing.

See below for a summary of what is changing. If your plan is not listed below, there are no changes to the plan.

The changes identified below will be implemented on a group's renewal date beginning 1/1/2020. Groups and members will be notified of the changes in their Annual Rate Notice(s).

## Copay Plan Adjustments

Plan Name	Coverage	Impacted Benefit	2019 Benefit	2020 Benefit
<b>Platinum 2</b>	In-Network	Prescription Copays	\$5/\$30/\$50	\$5/\$35/\$70
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$25	\$15
<b>Platinum 3</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$40	\$25
<b>Platinum 5</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$40	\$25
<b>Platinum 6</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$50	\$30
<b>Gold 1</b>	In and out of Network	Single out-of-pocket maximum	\$6,850	\$7,600
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$40	\$25
<b>Gold 5</b>	In and out of Network	Single out-of-pocket maximum	\$6,850	\$7,000
	In-Network	Prescription Copays	\$15/\$50/50%	\$15/\$75/50%
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$60	\$40

## Deductible and Deductible HSA Plan Adjustments

Plan Name	Coverage	Impacted Benefit	2019 Benefit	2020 Benefit
<b>Silver 2</b>	In and out of Network	Single Deductible	\$2,000	\$2,250
	In and out of Network	Single out-of-pocket maximum	\$6,650	\$6,750
<b>Silver 4</b>	In and out of Network	Single Deductible	\$2,500	\$2,750
	In and out of Network	Single out-of-pocket maximum	\$6,550	\$6,750
<b>Silver 19</b>	In and out of Network	Single out-of-pocket maximum	\$6,550	\$6,900
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$50	\$25
<b>Bronze 4</b>	In-Network	Single Deductible	\$6,550	\$6,750
	In-Network	Single out-of-pocket maximum	\$6,550	\$6,750
<b>Bronze 5</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$50	\$30
<b>Bronze 6</b>	In and out of Network	Single out-of-pocket maximum	\$6,550	\$6,750
	In-Network	Coinsurance	20%	25%
	Out-of-Network	Coinsurance	40%	50%
<b>Standard Bronze</b>	In and out of Network	Single Deductible	\$4,000	\$4,425
	In and out of Network	Single out-of-pocket maximum	\$7,600	\$8,150
	In-Network	PCP Visits ahead of Deductible	0	3

Note: When a single out-of-pocket maximum changes, the family amount also changes. The family amount is always 2 times the single amount.

## Hybrid Plan Adjustments

Plan Name	Coverage	Impacted Benefit	2019 Benefit	2020 Benefit
<b>Platinum 4</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$25	\$15
<b>Gold 13</b>	In and out of Network	Single Deductible	\$750	\$850
	In and out of Network	Single out-of-pocket maximum	\$6,850	\$7,000
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$25	\$15
<b>Gold 14</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$40	\$25
<b>Gold 17</b>	In and out of Network	Single Out-of-Pocket Max	\$7,000	\$8,150
	In and out of Network	Single Deductible	\$750	\$900
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$40	\$25
<b>Gold 18</b>	In and out of Network	Single Out-of-Pocket Max	\$6,000	\$6,200
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$50	\$30
<b>Gold 19</b>	In-Network	Mental Health, Substance Use Disorder, & Autism	\$60	\$40
<b>Silver 6</b>	In and out of Network	Single Deductible	\$2,250	\$2,500
	In and out of Network	Single out-of-pocket maximum	\$7,500	\$8,000
	In-Network	Coinsurance	20%	25%
	Out-of-Network	Coinsurance	40%	50%
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$60	\$40
<b>Silver 18</b>	In and out of Network	Single Deductible	\$6,550	\$7,250
	In and out of Network	Single out-of-pocket maximum	\$7,500	\$8,150
	In-Network	Emergency Room/Ambulance	\$500	\$650
	In-Network	Mental Health, Substance Use Disorder, & Autism	\$75	\$50
<b>Standard Silver</b>	In- and Out-of-Network	Single Deductible	\$1,700	\$1,300
	In- and Out-of-Network	Single out-of-pocket maximum	\$7,500	\$7,900
	In-Network	Outpatient Copay & Ambulatory Centers Surgical Care	\$100	\$150



# 2020 NY STATE OF HEALTH MARKETPLACE OFFERINGS

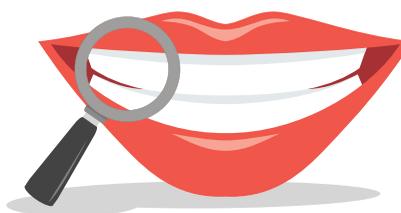
Excellus BCBS offers all of our SimplyBlue Plus plans on the NY State Of Health Marketplace (On Exchange). Enroll SHOP certified groups directly with Excellus BCBS.

# DENTAL PACKAGE OPTIONS

Dental issues can cause big problems for small business. In fact...



**164 million hours of work** are lost in the U.S. every year due to dental disease!<sup>1</sup>



**Up to 120 medical conditions** like diabetes, heart disease, and stroke<sup>2,3</sup> can be detected with a simple checkup.

By combining your medical and dental benefits with Excellus BlueCross BlueShield, you can catch small problems early to keep costs in check. SimplyBlue Plus Dental offers a growing network of dentists to help your team be more proactive about care — and more productive in the workplace.

## SimplyBlue Plus Dental Plans

- Range of package options to meet budget needs
- Provides Affordable Care Act (ACA) compliance in a standalone dental plan
- Deductibles as low as \$0
- Full family coverage
- No annual maximum for pediatric service

## Dental Blue Options Plans

- Wide range of benefits with over 40 package options for maximum flexibility to tailor the perfect plan for your business
- Provides Affordable Care Act (ACA) compliance in conjunction with SimplyBlue Plus medical plans
- Deductibles as low as \$0
- Full family coverage

### Both plans provide:

- One-stop shop for comprehensive, coordinated medical and dental coverage
- Broad and growing network of dental providers includes over 80% participation in the Rochester area
- Competitive rates
- Local carrier with strong ties to the community

<sup>1</sup> U.S. Department of Health and Human Services [DHHS]. "Oral Health in America."

<sup>2</sup> Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L., "Dental Management of the Medically Compromised Patient (8th Ed.)," 2012.

<sup>3</sup> CDC, "Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss," 2009.



# SIMPLYBLUE PLUS DENTAL PACKAGES

New for 2020 — Affordable Care Act (ACA)-compliant dental plans that are designed specifically for Small Groups

## SimplyBlue Plus Dental Plan Options

Package ID	SBPD-1500-PPO		SBPD-1000-PPO		SBPD-1000B-PPO		SBPD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
<b>Deductible enrollee/2+ enrollees</b>	None	None	\$25/\$75	\$75/\$225	\$25/\$75	\$75/\$225	\$25/\$75	\$100/\$300
<b>Out-of-Pocket Maximum enrollee/2+ enrollees</b>	\$350/700 <sup>1</sup>	N/A						
<b>Annual Maximum</b>	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A	\$750
<b>Preventive Services</b>	\$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
<b>Basic Services</b>	\$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
<b>Major Services</b>	\$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
<b>Orthodontics<sup>2</sup></b>	\$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

\*Subject to plan deductible

<sup>1</sup> Out-of-Pocket Maximum applies to in-network benefits only

<sup>2</sup> Service requires prior authorization and must be medically necessary

Adult benefits subject to plan Annual Maximum

Same coverage for in- and out-of-network; out-of-network is subject to balance billing (excluding Out-of-Pocket Maximum)

Service categories vary between Adult and Pediatric coverage.

# DENTAL BLUE OPTIONS PLAN

Pediatric Dental coverage for members up to age 19 can be included in all SimplyBlue Plus medical plans. Dental Blue Options lets you add full family coverage to complement your Pediatric Dental coverage.

## Pediatric Dental coverage through SimplyBlue Plus medical plans brings you:

- Convenient compliance with Affordable Care Act (ACA) mandates
- Full range of diagnostic, palliative, and therapeutic services, but not as robust as our Dental Blue Options plan
- Varied cost share by plan, subject to medical deductible
  - Standard = PCP Copay
  - Non-Standard = 100%/80%/50%/50%
  - Preventive cleanings and exams are not subject to the in- or out-of-network deductible on Non-Standard Hybrid plans and Non-Standard Deductible HSA plans
- Preventive services including cleanings, fluoride treatments, and sealants
- Routine exams, X-rays, and fillings
- Restorative root canals, stainless steel crowns, stabilization of cleft palate
- Orthodontics to treat serious medical conditions

**Dental Blue Options lets you augment your ACA-compliant Pediatric Dental coverage with family coverage. We offer two plans with dozens of package options within each.**

	Plan A: Dental Blue Options	Plan B: Dental Blue Options with Rider
<b>Who is covered?</b>	All family members	Family members over age 19 (Exception of Ortho Rider)
<b>What is covered?</b>	Preventive and Diagnostic, Basic Restorative, Major Restorative	
<b>Ortho rider available?</b>	Yes, for children to age 19 (Group eligibility requirements apply)	

Plan Type	Deductible	Annual Max	Ortho Max Options	Class I	Class II	Class IIA	Class III	Class IV	Plan A Package ID	Plan B Package ID Lite	
Employer Sponsored	\$25	\$1,000	\$1,000	100%	85%	85%	50%	50%	DBOC-15-26/26	DBOL-15-26/26	
	\$50	\$1,000	\$1,000	100%	50%	50%	50%	50%	DBOC-5-26/26	DBOL-5-26/26	
			\$1,000	100%	80%	80%	50%	50%	DBOC-28-26/26	DBOL-28-26/26	
			\$1,000	100%	80%	80%	50%	50%	DBOC-3-26/26 DBOC-11-26/26*	DBOL-3-26/26 DBOL11-26/26*	
			\$2,000						DBOC-2-26/26	DBOL-2-26/26	
			\$1,500	\$1,000	100%	50%	50%	50%	50%	DBOE-6E-26/26	DBOE-6E-26/26
				\$2,000						DBOC-1-26/26 DBOC-12-26/26*	DBOL-1-26/26 DBOL-12-26/26*
	Voluntary	\$50	\$1,000	\$1,000	IN: 100% OON: 70%	IN: 80% OON: 50%	IN: 80% OON: 50%	IN: 100% OON: 70%	IN: 50% OON: 50%	Rochester Only: DBOV-17-26/26	Rochester Only: DBLV-17-26/26
\$1,000			\$1,000	100%	80%	80%	50%	50%	DBOV-3-26/26	DBLV-3-26/26	
\$1,000			\$1,000						DBOV-20-26/26*	DBLV-20-26/26*	
\$1,500			\$1,500						DBOV-1E-26/26	DBLV-1E-26/26	
\$1,500			\$2,000						DBOV-21-26/26*	DBLV-21-26/26*	
\$75			\$1,000						\$1,000	DBOV-11-26/26	DBLV-11-26/26
<b>Does not include Orthodontia coverage</b>											
Employer Sponsored	\$0	\$500	N/A	100%	50%	Not Covered	Not Covered	Not Covered	DBOC-31-26/26	DBOL-31-26/26	
	\$50	\$1,000	N/A	100%	50%	50%	50%	Not Covered	DBOC-6-26/26	DBOL-6-26/26*	
			N/A	100%	80%	50%	50%	Not Covered	DBOE-18E-26/26	DBOL-18E-26/26	
			N/A	100%	80%	80%	Not Covered	Not Covered	DBOC-7-26/26	DBOL-7-26/26	
			N/A	100%	80%	80%	50%	Not Covered	DBOC-4-26/26	DBOL-4-26/26	
			N/A	100%	80%	80%	50%	Not Covered	DBOC-29-26/26*	DBOL-29-26/26*	
			N/A	IN: 100% OON: 70%	IN: 80% OON: 50%	IN: 80% OON: 50%	IN: 100% OON: 70%	Not Covered	Rochester Only: DBOC-32-26/26	Rochester Only: DBOL-32-26/26	
			\$1,500	N/A	100%	80%	80%	50%	Not Covered	DBOC-22-26/26	DBOL-22-26/26
	N/A	100%		80%	80%	50%	Not Covered	DBOV-30-26/26*	DBLV-30-26/26*		
Voluntary	\$50	\$1,000	N/A	100%	50%	50%	50%	Not Covered	DBOV-6-26/26	DBLV-6-26/26	
			N/A	100%	80%	50%	50%	Not Covered	DBOV-13-26/26	DBLV-13-26/26	
			N/A	100%	80%	80%	50%	Not Covered	DBOV-4-26/26	DBLV-4-26/26	
			N/A	100%	80%	80%	50%	Not Covered	DBOV-18-26/26	DBLV-18-26/26	
			N/A	IN: 100% OON: 70%	IN: 80% OON: 50%	IN: 80% OON: 50%	IN: 100% OON: 70%	Not Covered	Rochester Only: DBOV-16-26/26	Rochester Only: DBLV-16-26/26	
			\$1,500	N/A	100%	80%	80%	50%	Not Covered	DBOV-19-26/26	DBLV-19-26/26

IN = In-Network  
OON = Out-of-Network

\*Plan has Out-of-Network coverage at UCR 90



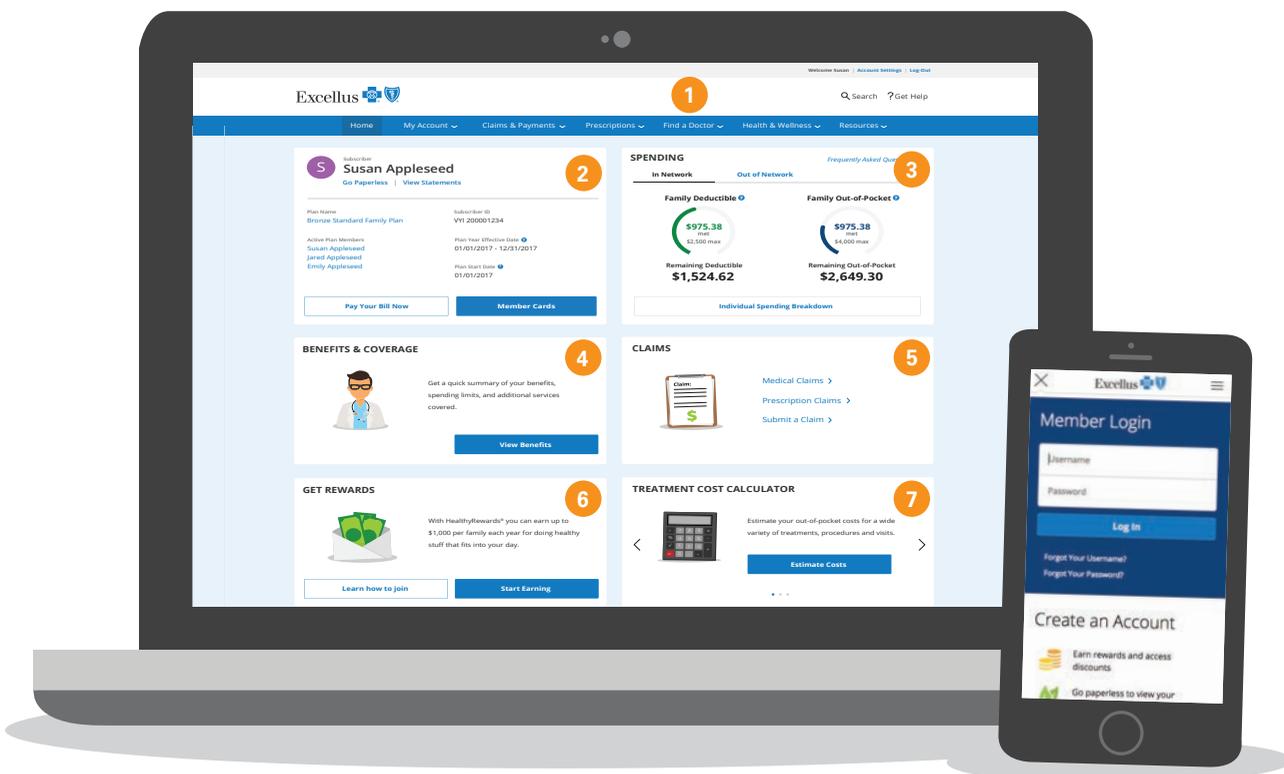
# RESOURCES & TOOLS



# EMPOWERING THE WHOLE TEAM

When we talk about being a health care partner, it's about more than a business relationship. It's about sharing everything we know. It's about helping your clients provide clear, easy-to-access health plan information to the employees who rely on it. We're here to help them focus on their businesses, not health care.

That's why we created a variety of online resources for employers and members. We know that members don't want to call us every time there's a question. We're happy to talk, of course. But today it's often easier and sometimes quicker to go online.



**1 Find a Doctor/ Dentist**  
Helps members find access to care locally, nationally, and globally

**2 My Account**  
Lets members view account and claims information

**3 Spending**  
Gives a breakdown of health care spending

**7 Treatment Cost Calculator**  
Reveals the cost of care for a wide variety of treatment options through HealthSparg — a national, award-winning transparency tool

**4 Benefits & Coverage**  
Shows a quick summary of plan details

**5 Claims**  
Allows members to submit and view claims

**6 Get Rewards**  
Provides access to spending and rewards programs

**Every member will have access to personalized information based on their own plan.**



## Excellus BCBS App

Now members can get on-the-go access 24/7 with the convenience of an app.

- View Member Cards
- Track Deductibles and Out-of-Pocket Spending
- Find a Provider or Medical Facility
- Access Benefits and Claims Information

## Mobile Member Cards

The Excellus BCBS Member Card is a pass to all the services and benefits offered by our plans. Now using the Member Card is even easier, because members can access it directly from their smartphone. Members can log in to their Excellus BCBS accounts on their phone and quickly pull up their Mobile Member Card, which contains the same information as their physical card:

- Subscriber name and ID number
- Group number, Rx Group number
- Plan type and cost
- Customer service and other helpful numbers to call for assistance

Mobile Member Cards can be used as proof of coverage at provider locations and proof of membership when using member discount programs.

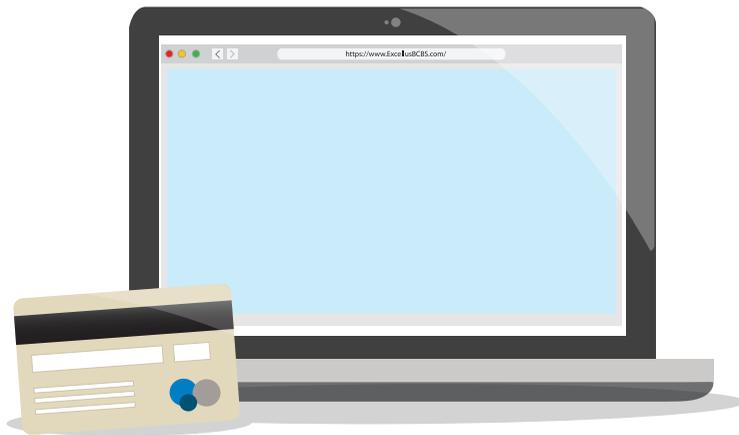


## Go Paperless Initiative

Members can opt to receive email notifications when their member statements and documents are available to view online instead of receiving them in the mail. Participants can opt to receive all available documents online or pick and choose which they'd like to still receive in the mail.

**How it works:** For any communications members opt to receive paperless, an email notification will be sent each time a new document is available to view securely in their online account. This benefit only applies to statements and documents they already receive today.

**More info can be found at [ExcellusBCBS.com/Paperless](https://www.ExcellusBCBS.com/Paperless).**



## Sign Up for Online Bill Pay

Your groups and their employees can have access to pay their bill 24/7/365 with convenient online bill pay. Easily accessible via the web or our mobile app.

## Enroll and Update

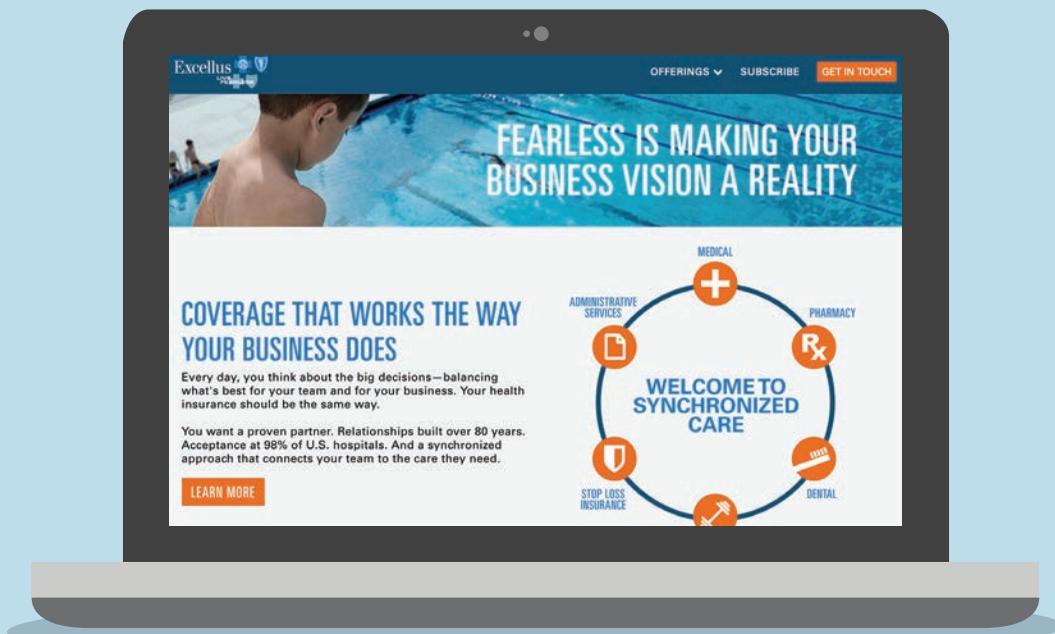
Enroll and Update is an online benefit management program for brokers, employers, and employees that offers increased collaboration opportunities, streamlines the service process, and is intuitive and easy-to-use.

### Highlights of the Enroll and Update Tool

- Add new hires; access, enroll, or decline coverage; manage terminations
- Prepare enrollment reports such as coverage detail, transaction history, and employee census
- Schedule reports
- Check the status of employees' benefits quickly and easily
- Approve employee transactions right from the home screen
- Save and come back to enrollment transactions

### ExcellusforBusiness.com

Specifically for business owners and HR teams, ExcellusforBusiness.com is your source for a growing library of downloads, videos, handouts, and facts you'll find helpful as you implement your health care plan.



# BROCHURES AND SELL SHEETS

Available through WebCRD, Blue on Demand, and your Account Manager

## 2020 Products



Small Group  
At A Glance  
Rochester: B-6531  
Syracuse: B-6534  
Utica: B-6535

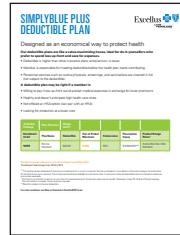
## 2020 Small Group Excellus SimplyBlue Plus Selling Guides



Copay Plans  
Sell Sheet  
B-4868



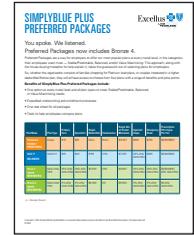
Hybrid Plans  
Sell Sheet  
B-4869



Deductible Plans  
Sell Sheet  
B-4870



Deductible HSA  
Plans Sell Sheet  
B-4871



Preferred  
Packages  
Sell Sheet  
B-5665

## 2020 Small Group Excellus SimplyBlue Plus Member Brochures



Copay Standard  
B-6042



Copay Non-  
Standard A  
B-5147



Copay Non-  
Standard B  
B-6043



Hybrid Standard  
B-5144



Hybrid Non-  
Standard A  
B-6058



Deductible Non-  
HSA Standard  
B-5146



Hybrid Non-  
Standard C  
B-5142



Deductible HSA  
Standard  
B-5141



Deductible HSA  
Non-Standard A  
B-5189



Deductible HSA  
Non-Standard B  
B-5143

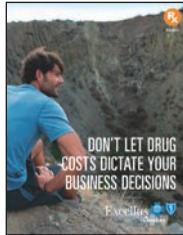


Preferred  
Packages  
B-5712

## Product Brochures



Value Story  
B-5913



Pharmacy  
B-5994



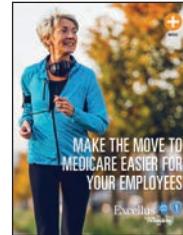
Dental  
B-5989



Wellness  
B-5995



Administrative  
Services  
B-5996



Group  
Medicare  
B-6284

## Employer Toolkits (Contact your Account Manager or download from [ExcellusforBusiness.com](http://ExcellusforBusiness.com))



Telemedicine



Wellness



Online Member  
Accounts

## Dental



Dental Blue  
Options Plan  
Brochure  
B-2413



Small Group  
Dental Blue  
Options Sell  
Sheet  
B-2413



Excellus  
SimplyBlue Plus  
Dental Brochure  
B-7085

## Pharmacy



Preventive Rx  
Sell Sheet  
B-4925

For more helpful resources, visit [ExcellusforBusiness.com](http://ExcellusforBusiness.com)

