

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 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.)

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.

Coverage Works Best When It's Connected

With clinical and administrative offerings working together, care can be more effective and savings more substantial.

Learn more about our synchronized approach to care and how we can provide the best coverage for your employees and business.

ExcellusforBusiness.com



* Only available for Self-funded Groups.
 Copyright © 2019, Excellus BlueCross BlueShield, a nonprofit independent licensee of the Blue Cross Blue Shield Association. All rights reserved. Please note, this is not a contract. It is intended to highlight some of the options available under our medical plans. Benefits are determined by the terms of the member contract. All benefits are subject to medical necessity.
 SYRACUSE
 B-6534 / 13352-19M 1Q



FEARLESS IS BEING CONFIDENT IN YOUR PLAN.



2020 Excellus SimplyBlue Plus Designs At A Glance

Syracuse: Q1 Rates Effective 1/1/20 - 3/31/20

SimplyBlue Plus – Plans for Small Employer Groups – Go to Blue on Demand for More Details

PLAN TYPE	COPAY							HYBRID									DEDUCTIBLE HSA										DEDUCTIBLE						
Plan Name	Platinum Standard	Platinum 2	Platinum 3	Platinum 5	Platinum 6	Gold 1	Gold 5	Platinum 4	Gold 13	Gold 14	Gold 17	Gold 18	Gold 19	Gold Standard	Silver 6	Silver 18	Silver Standard	Gold 6	Gold 20	Silver 2	Silver 4	Silver 14	Silver 16	Silver 17	Silver 19	Bronze 3	Bronze 4	Bronze 5	Bronze 6	Bronze Standard HSA	Bronze Standard		
Enrollment Code	SQB5	SQD1	SQG3	SRP5	SRR1	SQE7	SQH9	SRJ1	SQW3	SQX9	SRK7	SRM3	SRS7	SQU7	SQZ5	SSA7	SQT1	SQL1	SRU3	SQM7	SQO3	SRE3	SRV9	SRX5	SSC3	SQP9	SQR5	SRF9	SRZ1	SQJ5	SRN9		
Deductible: Individual/Family	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$0/ \$0	\$250/ \$500	\$850/ \$1,700	\$1,000/ \$2,000	\$900/ \$1,800	\$1,000/ \$2,000	\$2,250/ \$4,500	\$600/ \$1,200	\$2,500/ \$5,000	\$7,250/ \$14,500	\$1,300/ \$2,600	\$1,400/ \$2,800	\$1,800/ \$3,600	\$2,250/ \$4,500	\$2,750/ \$5,500	\$2,800/ \$5,600	\$3,200/ \$6,400	\$3,600/ \$7,200	\$2,250/ \$4,500	\$5,000/ \$10,000	\$6,750/ \$13,500	\$5,500/ \$11,000	\$4,500/ \$9,000	\$5,500/ \$11,000	\$4,425/ \$8,850		
Out-of-Pocket Maximum: Individual/Family	\$2,000/ \$4,000	\$6,350/ \$12,700	\$4,500/ \$9,000	\$6,550/ \$13,100	\$6,550/ \$13,100	\$7,600/ \$15,200	\$7,000/ \$14,000	\$2,000/ \$4,000	\$7,000/ \$14,000	\$5,500/ \$11,000	\$8,150/ \$16,300	\$6,200/ \$12,400	\$6,850/ \$13,700	\$4,000/ \$8,000	\$8,000/ \$16,000	\$8,150/ \$16,300	\$7,900/ \$15,800	\$2,800/ \$5,600	\$3,600/ \$7,200	\$6,750/ \$13,500	\$6,750/ \$13,500	\$6,550/ \$13,100	\$6,550/ \$13,100	\$6,550/ \$13,100	\$6,900/ \$13,800	\$6,550/ \$13,100	\$6,750/ \$13,500	\$6,550/ \$13,100	\$6,750/ \$13,500	\$6,550/ \$13,100	\$8,150/ \$16,300		
Aggregation Design**	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY	INDIVIDUAL	INDIVIDUAL	
Coinsurance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	20%	20%	20%	20%	20%	20%	0%	25%	30%	0%	15%	20%	25%	15%	20%	20%	20%	0%	50%	0%	0%	25%	50%	50%		
MEDICAL																																	
Preventive Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Primary Care Visits	\$15	\$15	\$25	\$25	\$30	\$25	\$40	\$15	\$15*	\$25*	\$25	\$30	\$40	\$25*	\$40*	\$50	\$30*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$25*	50%*	0%*	\$30*	25%*	50%*	50%*		
Specialist Visit	\$35	\$25	\$40	\$40	\$50	\$40	\$60	\$25	\$25*	\$40*	\$40	\$50	\$60	\$40*	\$60*	\$75	\$50*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$50*	50%*	0%*	\$50*	25%*	50%*	50%*		
MDLiveTelemedicine Visit	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10	\$10*	\$10*	\$10	\$10	\$10	\$10*	\$10*	\$10	\$10*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$10*	50%*	0%*	\$10*	25%*	50%*	50%*		
Hospital Facility: Inpatient	\$500	\$250	\$500	\$750	\$750	\$1,000	\$1,000	20%*	20%*	20%*	20%*	20%*	20%*	\$1,000*	25%*	30%*	\$1,500*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$500*	50%*	0%*	\$500*	25%*	50%*	50%*		
Hospital Facility: Outpatient	\$100	\$150	\$150	\$250	\$250	\$450	\$500	20%*	20%*	20%*	20%*	20%*	20%*	\$100*	25%*	30%*	\$150*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$300*	50%*	0%*	\$350*	25%*	50%*	50%*		
Urgent Care	\$55	\$25	\$40	\$40	\$50	\$40	\$60	\$25	\$25*	\$40*	\$40	\$50	\$60	\$60*	\$60*	\$75	\$70*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$50*	50%*	0%*	\$50*	25%*	50%*	50%*		
Emergency Room Visit	\$100	\$150	\$150	\$250	\$250	\$450	\$500	\$150	\$200*	\$250*	\$250	\$250	\$350	\$150*	\$350*	\$650	\$250*	15%*	20%*	25%*	15%*	20%*	20%*	20%*	\$300*	50%*	0%*	\$350*	25%*	50%*	50%*		
PHARMACY																																	
Prescription Copayment	\$10/\$30/\$60	\$5/\$35/\$70	\$5/\$35/\$70	\$5/\$35/\$70	\$5/\$35/\$70	\$15/40%/50%	\$15/\$75/50%	\$5/\$25/\$50	\$5/\$25/\$50	\$5/\$35/\$70	\$5/\$45/\$90	\$5/\$45/\$90	\$5/\$45/\$90	\$10/\$35/\$70	\$5/\$45/\$90	\$10/\$45/\$90	\$10/\$35/\$70	\$5/\$35/\$70*	\$5/\$45/\$90*	\$5/\$45/\$90*	\$5/\$35/\$70*	\$5/\$45/\$90*	\$5/\$45/\$90*	\$5/\$45/\$90*	\$5/\$45/\$90*	\$10/40%/50%*	0%*	\$10/\$35/\$70*	\$5/\$45/\$90*	\$10/\$35/\$70*	\$10/\$35/\$70*		
OUT-OF-NETWORK COVERAGE																																	
Deductible: Individual/Family	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$500/ \$1,000	\$250/ \$500	\$850/ \$1,700	\$1,000/ \$2,000	\$900/ \$1,800	\$1,000/ \$2,000	\$2,250/ \$4,500	\$600/ \$1,200	\$2,500/ \$5,000	\$7,250/ \$14,500	\$1,300/ \$2,600	\$1,400/ \$2,800	\$1,800/ \$3,600	\$2,250/ \$4,500	\$2,750/ \$5,500	\$2,800/ \$5,600	\$3,200/ \$6,400	\$3,600/ \$7,200	\$2,250/ \$4,500	\$5,000/ \$10,000	\$7,500/ \$15,000	\$5,500/ \$11,000	\$4,500/ \$9,000	\$5,500/ \$11,000	\$4,425/ \$8,850		
Out-of-Pocket Maximum: Individual/Family	\$2,000/ \$4,000	\$6,350/ \$12,700	\$4,500/ \$9,000	\$6,550/ \$13,100	\$6,550/ \$13,100	\$7,600/ \$15,200	\$7,000/ \$14,000	\$2,000/ \$4,000	\$7,000/ \$14,000	\$5,500/ \$11,000	\$8,150/ \$16,300	\$6,200/ \$12,400	\$6,850/ \$13,700	\$4,000/ \$8,000	\$8,000/ \$16,000	\$8,150/ \$16,300	\$7,900/ \$15,800	\$2,800/ \$5,600	\$3,600/ \$7,200	\$6,750/ \$13,500	\$6,750/ \$13,500	\$6,550/ \$13,100	\$6,550/ \$13,100	\$6,550/ \$13,100	\$6,900/ \$13,800	\$7,500/ \$15,000	\$7,500/ \$15,000	\$6,550/ \$13,100	\$6,750/ \$13,500	\$7,500/ \$15,000	\$8,150/ \$16,300		
Coinsurance	20%	20%	20%	20%	20%	20%	20%	40%	40%	40%	40%	40%	40%	40%	50%	50%	40%	30%	40%	50%	30%	40%	40%	40%	40%	50%	0%	40%	50%	50%			
SYRACUSE RATES***																																	
Single	\$897.29	\$892.34	\$879.25	\$870.57	\$861.69	\$775.91	\$766.97	\$898.92	\$757.99	\$756.50	\$765.93	\$767.69	\$729.40	\$774.08	\$631.13	\$603.13	\$681.52	\$729.99	\$697.87	\$604.00	\$596.83	\$600.58	\$570.74	\$554.65	\$616.45	\$478.48	\$461.95	\$494.66	\$502.12	\$482.05	\$485.06		
Subscriber & Spouse	\$1,794.58	\$1,784.68	\$1,758.50	\$1,741.14	\$1,723.39	\$1,551.81	\$1,533.94	\$1,797.85	\$1,515.99	\$1,513.00	\$1,531.86	\$1,535.38	\$1,458.81	\$1,548.15	\$1,262.25	\$1,206.26	\$1,363.04	\$1,459.98	\$1,395.73	\$1,208.00	\$1,193.66	\$1,201.16	\$1,141.48	\$1,109.30	\$1,232.90	\$956.96	\$923.89	\$989.32	\$1,004.25	\$964.11	\$970.12		
Subscriber & Children	\$1,525.39	\$1,516.98	\$1,494.72	\$1,479.97	\$1,464.89	\$1,319.04	\$1,303.85	\$1,528.17	\$1,288.59	\$1,286.05	\$1,302.09	\$1,305.07	\$1,239.99	\$1,315.93	\$1,072.91	\$1,025.32	\$1,158.58	\$1,240.98	\$1,186.37	\$1,026.81	\$1,014.61	\$1,020.98	\$970.26	\$942.91	\$1,047.97	\$813.42	\$785.31	\$840.92	\$853.61	\$819.49	\$824.60		
Family	\$2,557.27	\$2,543.17	\$2,505.87	\$2,481.13	\$2,455.83	\$2,211.33	\$2,185.87	\$2,561.93	\$2,160.29	\$2,156.02	\$2,182.90	\$2,187.93	\$2,078.80	\$2,206.12	\$1,798.72	\$1,718.93	\$1,942.33	\$2,080.47	\$1,988.92	\$1,721.41	\$1,700.96	\$1,711.65	\$1,626.62	\$1,580.76	\$1,756.89	\$1,363.67	\$1,316.54	\$1,409.78	\$1,431.05	\$1,373.85	\$1,382.43		

Stable/Predictable: Designed for people who prefer the peace of mind of minimal out-of-pocket costs

Balanced: Designed for people who want a balance between predictability in out-of-pocket costs and lower premium

Value Maximizing: Designed for people who want the lowest premium and most control over their health care expenses

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

*Benefit is subject to the plan deductible.

**Aggregation Designs Defined:

Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible and/or out of pocket maximum, not the entire family amounts, before the health plan begins to contribute.

Family Aggregation: For family coverage, the entire family's annual deductible and/or out-of-pocket maximum must be met by one or any combination of covered members before the health plan begins to contribute.

*** Effective 1/1/2020 – 3/31/2020 Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental. See Blue on Demand for other rates.

† Preventive drugs are not subject to the deductible.

This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are determined by the terms of the Member Certificate.

All benefits are subject to medical necessity.