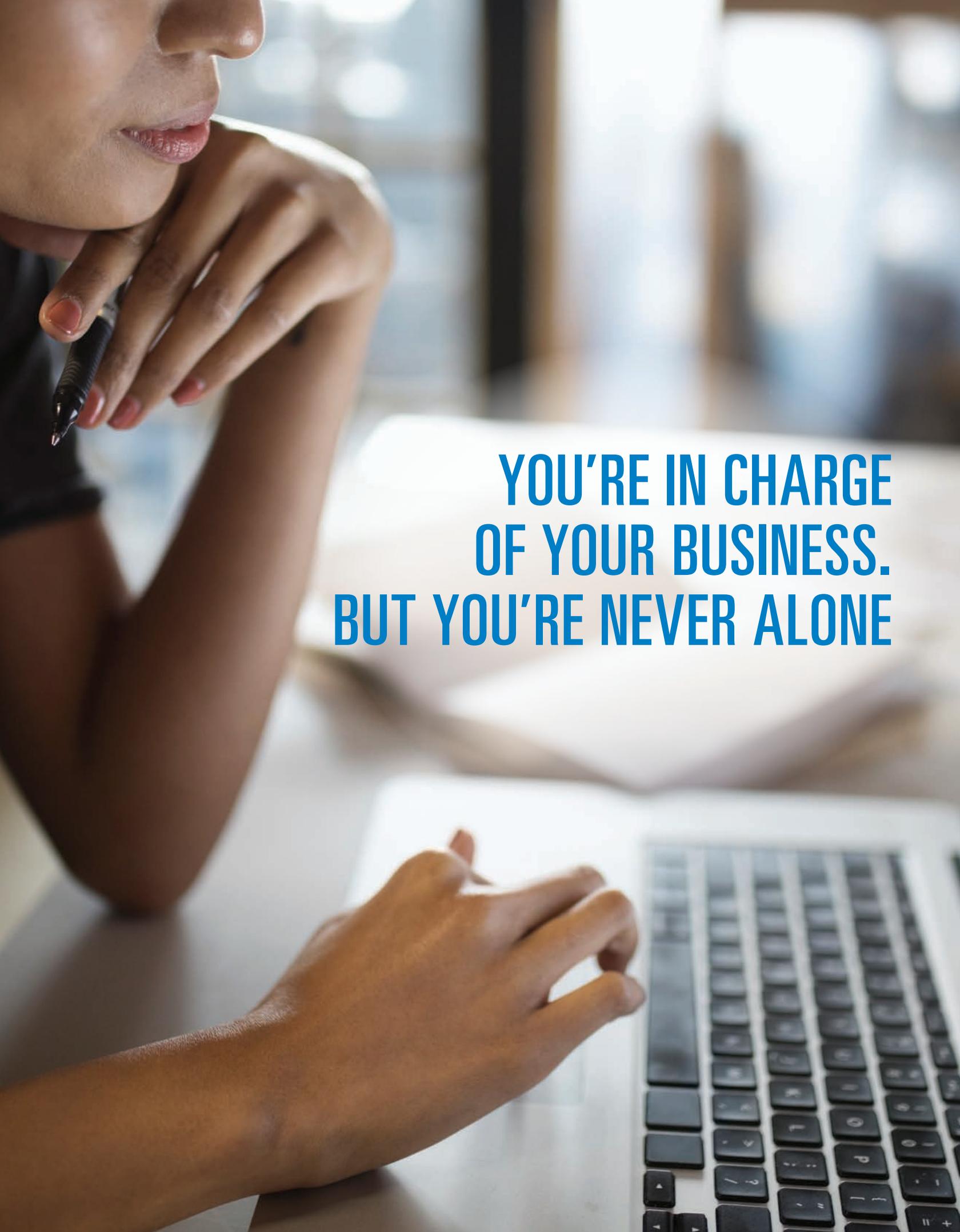


BALANCED AND SECURE

Finding the right
plan for your business
and your employees

Excellus  

2021 Excellus BlueCross BlueShield
Small Business Plan Designs

A close-up, side-profile shot of a woman with dark hair, wearing a dark top. She is resting her chin on her left hand, which is holding a black pen. Her right 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 focused atmosphere.

**YOU'RE IN CHARGE
OF YOUR BUSINESS.
BUT YOU'RE NEVER ALONE**

We know 2020 was a challenging year in ways we've never experienced before. Financial stability is a real concern, and through it all, businesses are seeking ways to support and protect their most important asset: their employees.

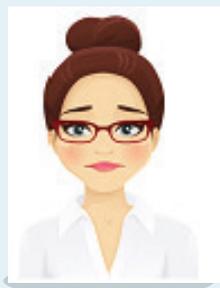
Excellus BlueCross BlueShield has a long history of protecting the people in our shared communities across Upstate New York. In these quickly changing times, we're committed to bringing groups even more options for greater flexibility and better cost control, and providing members increased access to high-quality care.

What's New For 2021



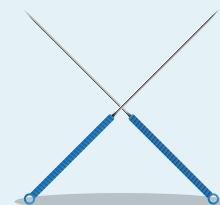
Telemedicine and telehealth services

are covered in full¹ in 2021, making care more accessible and affordable for members.



Three mental health

visits are now covered in full for Non-Standard Non-HSA plans. After your first three visits, PCP copay will apply.¹



Acupuncture

visits are now covered at the specialist cost share (limited to 10 visits per year).¹

If we've learned anything from COVID-19, it's that the way we live and work can change in an instant. We're committed to providing the trusted, reliable partnership businesses can count on and the care and connections members need — ***no matter what.***

¹ Subject to in-network deductible where applicable

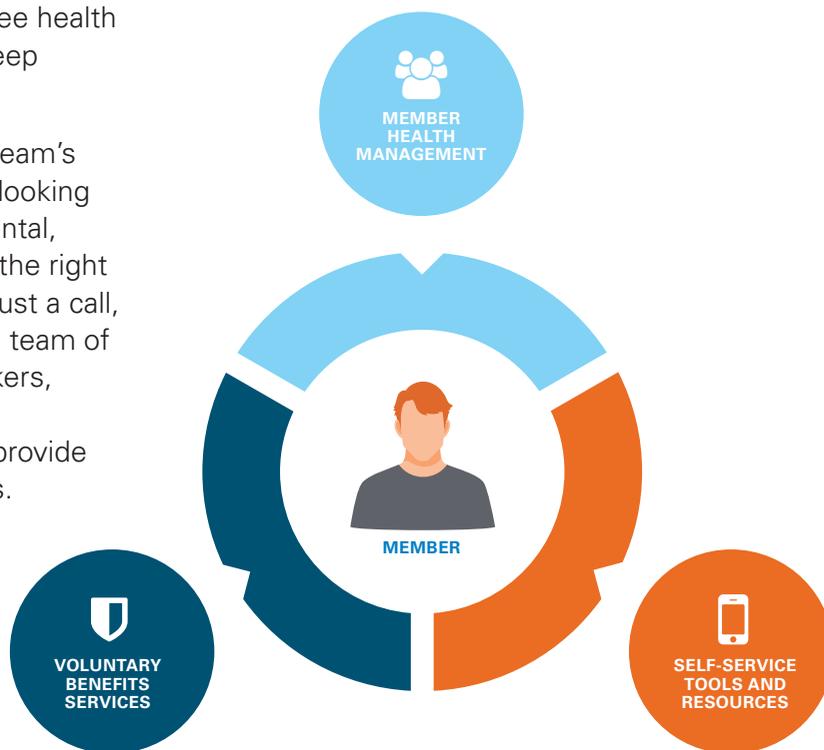
SYNCHRONIZED HEALTH™

CONNECTING EVERY ASPECT OF EMPLOYEE HEALTH

We know there's more to managing employee health than selecting affordable medical plans to keep employees healthy and productive.

It's about knowing that every aspect of the team's health is covered. That someone is not only looking out for their physical wellbeing, but their mental, emotional, and financial health as well. That the right level of guidance and information is always just a call, click, or text away. And that there's an entire team of doctors, nurses, health coaches, social workers, behavioral health specialists and respiratory therapists available to orchestrate care and provide human connections despite physical barriers.

It's what we call **Synchronized Health**. And it puts members at the center of care.



Member Health Management

Dozens of proven, data-driven clinical support programs give members the guidance and tools they need to meet their personal health goals while saving employers money.

- Wellbeing Programs
- Care Management
- Disease Management
- Behavioral Health
- Utilization Management
- Pharmacy Management
- And dozens more

Self-Service Support Tools

For members who want the power to get help on their own terms, free self-service support tools make it easier than ever to get information and care anytime, anywhere.

- Online Accounts
- Mobile App
- Cost Transparency Tools
- Wellframe®
- Telemedicine

Voluntary Benefits Services

When you integrate additional benefits and administration with medical benefits, Excellus BCBS can support employees with a more complete view of their health. Leading to more proactive support to help keep employees healthy and costs down.

- Dental
- Stop Loss
- Administrative Services
- HSA/HRA Spending Accounts

Businesses and their employees can feel confident knowing that we're looking out for every aspect of their health—leading to **better care, bigger savings and greater peace of mind**.

SYNCHRONIZED HEALTH BRINGS IT ALL TOGETHER FOR BETTER HEALTH AND WELLBEING.

Physical Health

Developing new ways to address diabetes, cancer, back pain, opioid use and more

Putting our team in constant collaboration with employees and their health care providers

Delivering proven data-driven programs to manage conditions, stop smoking, lose weight and stay well

Emotional Health

Connecting members with behavioral health specialists to help with addiction and mental illness

+ Offering robust preventive care services to avoid potential health issues and deliver peace of mind

Guiding members along their health care journey so they feel confident in their care.

Financial Health

Rewarding active employees through wellbeing programs and providing tools to help them find the most affordable care

+ Negotiating with providers on members' behalf to help reduce the cost of drugs and services

Monitoring for fraud, waste, and abuse to lower costs for everyone





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%

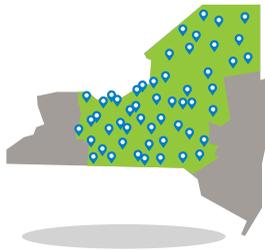
ACCEPTANCE AT
LOCAL HOSPITALS

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

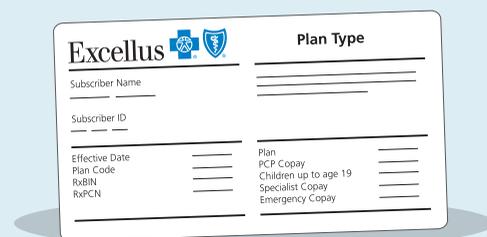


No network is more global.

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

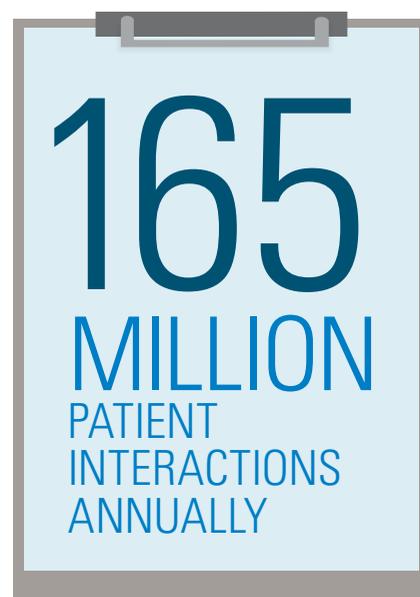
THIS CARD GIVES YOU EXCLUSIVE ACCESS TO TOP DOCTORS AND HIGHER-QUALITY CARE AT A LOWER COST WHEREVER YOU LIVE, WORK, AND TRAVEL.



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.



SMALL BUSINESS PLANS



A FULL SPECTRUM OF DESIGNS

FINDING THE RIGHT FIT

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 four product profiles. 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

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. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something stable, this plan might fit:

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

BLENDED

With the advantage of moderate premiums, these plans use a blend of deductibles and fixed copays to achieve a combination of predictability and cost savings. So you get the confidence of a comprehensive plan with more freedom than you might expect. Some of these plans can also be combined with an HSA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something blended, 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 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**

BLUE ON DEMAND

With four 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 and then select the plan with the specific features needed.

Two Great Ways to Shop

1 Shop by Medical Plans

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

CONTRIBUTOR	SimplyBlue Plus Platinum 2	SimplyBlue Plus Gold 17	SimplyBlue Plus Silver 2	SimplyBlue Plus Bronze 4
DOWNLOAD	Print Package Application SBC	Print Package Application SBC	Print Package Application SBC	Print Package Application SBC
Package ID (Enrollment Code)	78124NY090025-00 (SPTS)	78124NY090349-00 (SVC5)	78124NY100057-00 (SUC2)	78124NY100043-00 (SBR4)
Plan Type	Cover	Hybrid	Deductible HSA	Deductible HSA
HSA Eligible	No	No	Yes	Yes
Aggregation Design	Individual Aggregation	Individual Aggregation	Family Aggregation	Family Aggregation
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.

2 Shop by Preferred Packages

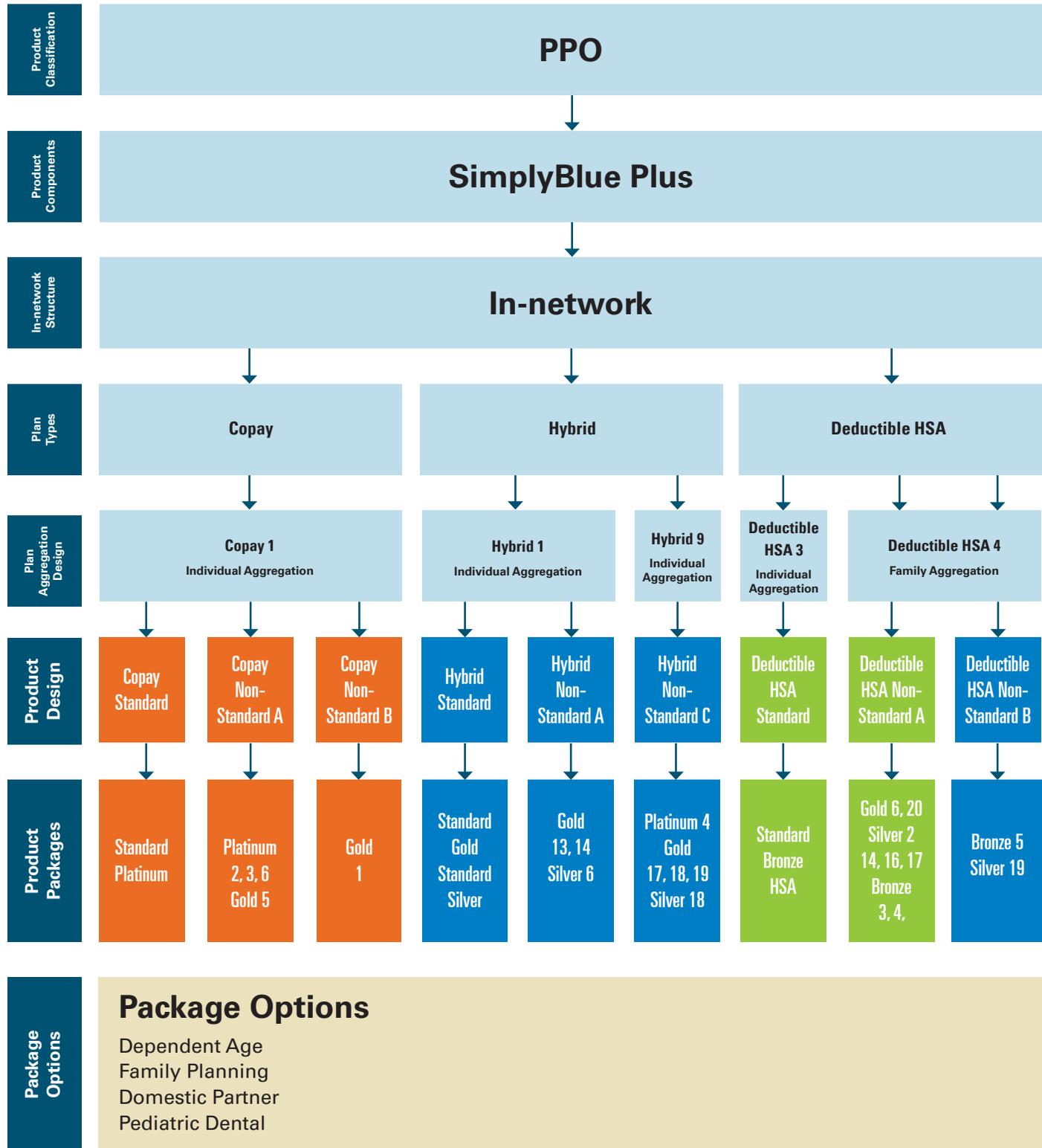
Every package is color-coded, so you can easily see that you have all categories covered with a set of Preferred Packages.

COMPARE	78124NY090073-00 (SPTS)	78124NY090349-00 (SVC5)	78124NY090073-00 (SBR4)	78124NY100043-00 (SBR4)
Download	Print Package Application SBC	Print Package Application SBC	Print Package Application SBC	Print Package Application SBC
Plan Type	Cover	Cover	Hybrid	Deductible HSA
HSA Eligible	No	No	No	Yes
Plan Name	SimplyBlue Plus Platinum 2	SimplyBlue Plus Gold 17	SimplyBlue Plus Silver 2	SimplyBlue Plus Bronze 4
Aggregation Design	Individual Aggregation	Individual Aggregation	Individual Aggregation	Family Aggregation
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ExerciseRewards.	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.

The benefits of choosing one of our Preferred Packages:

- One option at every metal level and all plan types to cover Stable, Blended, 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 our Small Business products as PPO's 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 Small Business 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 Small Business 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/ccio/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.

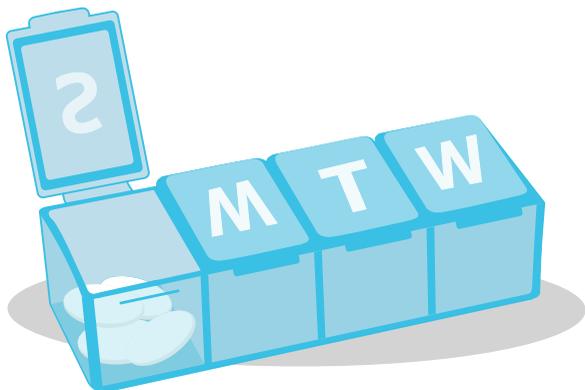
PHARMACY

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
- **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

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	Telemedicine/MDLIVE Cost Shares	
Stable	Standard Platinum Standard Platinum 2, 3, 6 Gold 1, 5	Covered in full	
	Platinum 4 Gold 17, 18, 19 Silver 18	Covered in full	
Blended	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, covered in full
	Gold 6 Gold 20 Silver 2, 14, 16, 17 Standard Bronze HSA Bronze 3 Bronze 4	If you haven't met your deductible yet, you'll pay the allowable charge = \$40*	If you've met your deductible, covered in full

* 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

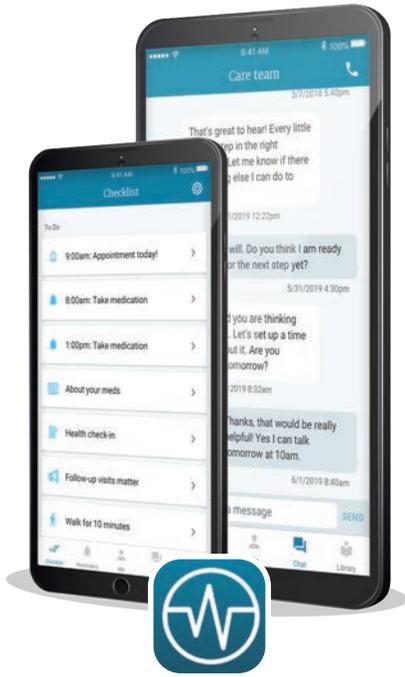
Health Plan Wellness Benefits

- 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®



ExerciseRewards™ and Active&Fit Direct™

Check in and earn rewards. It's never been more convenient.

With ExerciseRewards™ your employees and their spouse/domestic partners can earn up to \$600 combined annually just for working out. Using the program's ASHConnect™ app, they simply check in to at least 50 workouts and they can earn up to \$200 in rewards each 6-month reward period in their benefit year. Their spouse/domestic partner can receive \$100 per reward period, too!

Earning rewards is even easier through Active&Fit Direct™!

With the addition of the Active&Fit Direct™ program, they can choose from a network of 11,000+ participating fitness centers nationwide for \$25* a month (plus a \$25 enrollment fee and applicable taxes). Once enrolled, they don't need to do anything else—the Active&Fit Direct fitness centers will submit their visits for you automatically, for a hassle-free way to earn 50 visits toward their ExerciseRewards goal.

* Monthly fee increases to \$29.99 after July 1, 2021.

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 BCBS Small Business 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 Small Business 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

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

PLAN AGGREGATION DESIGN

The chart below explains the differences between Excellus BCBS Small Business 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?
Copay 1	Individual	N/A	N/A	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Hybrid 1	Individual	Separately	All medical, pediatric dental, and vision	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Hybrid 9	Individual	Separately	Applicable medical, pediatric dental, and vision	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Deductible 6	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Deductible HSA 3	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Deductible HSA 4	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.

2021 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 \$8,550 as an out-of-pocket maximum. All Small Business plans meet the requirements of this out-of-pocket maximum cap.

2021 IRS guidelines for HSA qualified plans state that individuals on a single plan and individuals on a family plan will not pay more than \$7,000 as an out-of-pocket maximum. All Small Business plans meet the requirements of this out-of-pocket maximum cap.

SMALL BUSINESS PLAN DESIGN DETAILS

Plan Designs	STABLE	BLENDED			VALUE MAXIMIZING
	Designed for convenience.	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.
	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
Design Description	<p>What makes these plans stable:</p> <ul style="list-style-type: none"> • There is no deductible. • You will pay a set copay for covered services.* 	<p>What makes these plans blended.</p> <ul style="list-style-type: none"> • There is a deductible; it applies to all medical services to reduce premium payments. • After the deductible is met, the plan acts like a copay plan to bring predictability.* 	<p>What makes this plan blended.</p> <ul style="list-style-type: none"> • 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. • Pay only a set copay for all other services not subject to the deductible.* 	<p>What makes this plan blended.</p> <ul style="list-style-type: none"> • Lowest premium of our Balanced plans. • All services and drugs are subject to a deductible to lower the premium. • After the deductible is met, the plan acts like a copay plan to bring predictability.* 	<p>What makes these plans value maximizing:</p> <ul style="list-style-type: none"> • All services and drugs are subject to a deductible to lower the premium. • Coinsurance is applied to all services after the deductible to lower the premium. • Plans are HSA qualified.
Plan Features	<p>Stable highlighted features include:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • A set copay on Inpatient and ER visits • Low urgent care copays • A PCP copay for lab tests on Platinum and Gold 5 plans • Telehealth services covered in full 	<p>Blended highlighted features include:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth services covered in full 	<p>Blended highlighted features include:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth services covered in full • Pay a PCP copay for lab tests 	<p>Blended highlighted features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth service covered in full once the deductible has been satisfied, otherwise a \$40 copay will apply.** 	<p>Value maximizing features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth service covered in full once the deductible has been satisfied, otherwise a \$40 copay will apply.**
Aggregation Design	Individual aggregation provides stability 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.	<p>Non-Standard Plans: Family aggregation applies to these plan to lower premiums.</p> <p>Standard Plans: Individual aggregation applies to these plans at a slightly higher premium.</p>

* 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.

PREFERRED PACKAGES

Preferred Packages are a way for employers to offer our most popular plans at every metal level, or every plan type, in the categories their employees want most — in the categories their employees want most — Stable, Blended, and/or Value Maximizing. This approach, 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 Preferred Packages include:

- One option at every metal level and all plan types to cover Stable, Blended, 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 OOPM	I/P Copay	ER	RX
Platinum 2 STABLE	Copay	\$15	\$25	None	None	\$5,000	\$500	\$150	\$5/\$35/\$70
Gold 17 BLENDED	Hybrid	\$30	\$50	\$1000	20%	\$8,150	20% after deductible	\$250	\$10/\$45/\$90
Silver 2 VALUE MAXIMIZING	Deductible HSA	20% after deductible	20% after deductible	\$2,600	20%	\$7,000	20% after deductible	20% after deductible	\$5/\$45/\$90 after deductible
Bronze 4 VALUE MAXIMIZING	Deductible HSA	0% after deductible	0% after deductible	\$7,000	0%	\$7,000	0% after deductible	0% after deductible	\$0 after deductible

SIMPLYBLUE PLUS COPAY PLANS

Designed for convenience and predictability

- 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			
SQB5	Platinum Standard	\$15	\$35	\$500	\$100	\$55	\$100	\$10/\$30/\$60	\$2,000	Copay Standard
SQD1	Platinum 2	\$15	\$25	\$500	\$150	\$25	\$150	\$5/\$35/\$70	\$5,000	Copay Non-Standard A
SQE7	Gold 1	\$25	\$50	\$1,000	\$450	\$50	\$450	\$15/40%/50%	\$7,900	Copay Non-Standard B
SQG3	Platinum 3	\$25	\$40	\$500	\$150	\$40	\$150	\$5/\$35/\$70	\$4,500	Copay Non-Standard A
SQH9	Gold 5	\$40	\$70	\$1,000	\$500	\$70	\$500	\$15/\$75/50%	\$8,000	Copay Non-Standard A
SRR1	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 2020 to 2021.

†Enrollment Code change from 2020 to 2021.

*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.

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 — whether they prefer stable, blended, or value maximizing choices. The chart below illustrates differences by plan type for some commonly used benefits.

Keep in mind there are standard plan designs at each metal level created by the State. This means all carriers that choose to offer these plans will have 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 ⁺	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
Covered in Full No Copay	•														
Subject to Deductible															
PCP Copay				•	•	A			•						•
Specialist Copay				•		S B	•	A B		•			A B		
Coinsurance Applies															
Out-of-Pocket Maximum		•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = 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 blend of predictability and flexibility

Like a relatively new house, hybrid plans represent a blended 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		Prescription Copay	Product Design Name*
		Deductible	Out-of-Pocket Maximum	Primary Care	Specialist	Coinsurance	Inpatient	Outpatient	Urgent Care	Emergency Room		
SRJ1	Platinum 4	\$250	\$2,000	\$15	\$25	20%	20%**	20%**	\$25	\$150	\$5/\$25/\$50	Hybrid Non-Standard C
SRK7	Gold 17	\$1,000	\$8,150	\$30	\$50	20%	20%**	20%**	\$50	\$250	\$10/\$45/\$90	Hybrid Non-Standard C
SRM3	Gold 18	\$1,100	\$8,250	\$40	\$50	20%	20%**	20%**	\$60	\$250	\$10/\$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	\$1,300	\$8,500	\$30**	\$50**	0%	\$1,500**	\$150**	\$70**	\$300**	\$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	\$850	\$8,000	\$15**	\$40**	20%	20%**	20%**	\$40**	\$200**	\$5/\$35/\$70	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	\$2,500	\$8,000	\$40**	\$60**	25%	25%**	25%**	\$60**	\$350**	\$5/\$45/\$90	Hybrid Non-Standard A
SSA7	Silver 18	\$7,500	\$8,250	\$50	\$75	30%	30%**	30%**	\$75	\$650	\$10/40%/50%	Hybrid Non-Standard C

Benefits in orange represent a cost share change from 2020 to 2021.

*Enrollment Code change from 2020 to 2021.

*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.

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 — whether they prefer stable, blended, 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 ⁺	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
Covered in Full No Copay	•														
Subject to Deductible		•	•	A S	A S	A S	A S	A S	A S	A S	A S	A S	A S		A S
PCP Copay				•	•	A C			•						•
Specialist Copay				•		S	•	A C		•			A C		
Coinsurance Applies		A C	A C												
Out-of-Pocket Maximum	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = 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 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 ¹	Plan Name	Deductible	Out-of-Pocket Maximum	Coinsurance	Prescription Copay	Product Design Name ⁺
SQL1	Gold 6	\$1,600	\$3,200	20%	\$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	\$2,600	\$7,000	20%	\$5/\$45/\$90**	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	\$2,500	\$6,750	N/A	\$5/\$45/\$90**	Deductible HSA Non-Standard B
SQJ5	Bronze Standard HSA	\$6,100	\$6,900	50%	\$10/\$35/\$70**	Deductible HSA Standard
SQP9	Bronze 3	\$5,500	\$7,000	50%	\$10/40%/50%**	Deductible HSA Non-Standard A
SQR5	Bronze 4	\$7,000	\$7,000	0%	\$0**	Deductible HSA Non-Standard A
SRF9	Bronze 5	\$6,000	\$7,000	N/A	\$10/\$45/\$90**	Deductible HSA Non-Standard B

Benefits in orange represent a cost share change from 2020 to 2021.

¹Enrollment Code change from 2020 to 2021.

⁺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.

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 — whether they prefer stable, blended, 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 ⁺	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
Covered in Full No Copay	•														
Subject to Deductible		•	•	•	•	•	•	•	•	•	•	•	•	•	•
PCP Copay				B	B	B			B						B
Specialist Copay				B			B	B		B			B		
Coinsurance Applies		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
Out-of-Pocket Maximum		•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = 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
Dependent through Age 29	<ul style="list-style-type: none"> The dependent is unmarried Is not insured or eligible for coverage under an employer-sponsored health benefit plan Lives, works, or resides in New York State for our service area 	Standard coverage is to age 26; plan options are made available with this rider to extend through age 29 for an additional cost
Domestic Partner	<ul style="list-style-type: none"> Included in the base contract Employers may choose not to offer this coverage 	Plans include coverage for eligible domestic partner for no additional cost
Family Planning Benefits are mandated essential health benefits*	<ul style="list-style-type: none"> Included in the base contract Includes coverage for things like oral contraceptives, sterilization procedures for men, family planning Coverage can only be removed for groups obtaining a religious exemption 	All plans must include sterilization for men, family planning services for women, over-the-counter and generic oral contraceptives, and abortion
Pediatric Dental Benefits are mandated essential health benefits*	<ul style="list-style-type: none"> Coverage can only be removed for groups providing evidence of other qualified coverage 	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 2021

To comply with 2021 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 1/1/2021.

Groups and members will be notified of the changes in their Annual Rate Notice(s).

New Product Features:

- Acupuncture now covered at Specialist cost share, limited to 10 visits per year, subject to deductible where applicable.
- Telehealth covered in full, subject to deductible where applicable.
- 3 Mental Health visits covered in full for Non-Standard Non-HSA plans.

Copay Plan Adjustments

Plan Name	Coverage	Impacted Benefit	2020 Benefit	2021 Benefit
SimplyBlue Plus Platinum 2	In-Network	Inpatient Copay	\$250	\$500
	In-Network	Single out-of-pocket maximum	\$6,350	\$5,000
	Out-of-Network	Single Deductible	\$500	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$6,350	\$10,000
SimplyBlue Plus Gold 1	In-Network	Specialist Copay	\$40	\$50
	In-Network	Single out-of-pocket maximum	\$7,600	\$7,900
	Out-of-Network	Single Deductible	\$500	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$7,600	\$10,000
SimplyBlue Plus Gold 5	In-Network	Specialist Copay	\$60	\$70
	In-Network	Single out-of-pocket maximum	\$7,000	\$8,000
	Out-of-Network	Single Deductible	\$500	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$7,000	\$10,000
SimplyBlue Plus Standard Platinum, Platinum 3 & Platinum 6	Out-of-Network	Single Deductible	\$500	\$5,000
	Out-of-Network	Single out-of-pocket maximum	Variable	\$10,000

Hybrid Plan Adjustments

Plan Name	Coverage	Impacted Benefit	2020 Benefit	2021 Benefit
SimplyBlue Plus Gold 13	In-Network	Specialist Copay	\$25	\$40
	In-Network	Single out-of-pocket maximum	\$7,000	\$8,000
	In-Network	Prescription Copay	\$5/\$25/\$50	\$5/\$35/\$70
	Out-of-Network	Single Deductible	\$850	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$7,000	\$10,000
SimplyBlue Plus Gold 17	In-Network	Single deductible	\$900	\$1,000
	In-Network	Primary Care Provider Copay	\$25	\$30
	In-Network	Specialist Copay	\$40	\$50
	In-Network	Prescription Copay	\$5/\$45/\$90	\$10/\$45/\$90
	Out-of-Network	Single Deductible	\$900	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$8,150	\$10,000
SimplyBlue Plus Gold 18	In-Network	Single deductible	\$1,000	\$1,100
	In-Network	Primary Care Provider Copay	\$30	\$40
	In-Network	Specialist Copay	\$50	\$60
	In-Network	Single out-of-pocket maximum	\$6,200	\$8,250
	In-Network	Prescription Copay	\$5/\$45/\$90	\$10/\$45/\$90
	Out-of-Network	Single Deductible	\$1,000	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$6,200	\$10,000
SimplyBlue Plus Silver 18	In-Network	Single deductible	\$7,250	\$7,500
	In-Network	Single out-of-pocket maximum	\$8,150	\$8,250
	In-Network	Prescription Copay	\$10/\$45/\$90	\$10/40%/50%
	Out-of-Network	Single Deductible	\$7,250	\$10,000
	Out-of-Network	Single out-of-pocket maximum	\$8,150	\$10,000
SimplyBlue Plus Standard Silver	In-Network	Single out-of-pocket maximum	\$7,900	\$8,500
	In-Network	Emergency Room	\$250	\$300
	In-Network	High Tech Image	\$50	\$75
	Out-of-Network	Single Deductible	\$1,300	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$7,900	\$10,000
SimplyBlue Plus Standard Platinum 4, Gold 14, Silver 6, Standard Gold	Out-of-Network	Single Deductible	Variable	\$5,000
	Out-of-Network	Single out-of-pocket maximum	Variable	\$10,000

Deductible and Deductible HSA Plan Adjustments

Plan Name	Coverage	Impacted Benefit	2020 Benefit	2021 Benefit
SimplyBlue Plus Gold 6	In-Network	Single Deductible	\$1,400	\$1,600
	In-Network	Coinsurance	15%	20%
	Out-of-Network	Coinsurance	30%	40%
	In-Network	Single out-of-pocket maximum	\$2,800	\$3,200
	Out-of-Network	Single Deductible	\$1,400	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$2,800	\$10,000
SimplyBlue Plus Silver 2	In-Network	Single Deductible	\$2,250	\$2,600
	In-Network	Coinsurance	25%	20%
	Out-of-Network	Coinsurance	50%	40%
	In-Network	Single out-of-pocket maximum	\$6,750	\$7,000
	Out-of-Network	Single Deductible	\$2,250	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$6,750	\$10,000
SimplyBlue Plus Silver 19	In-Network	Single Deductible	\$2,250	\$2,500
	In-Network	Single out-of-pocket maximum	\$6,900	\$6,750
	Out-of-Network	Single Deductible	\$2,250	\$5,000
	Out-of-Network	Single out-of-pocket maximum	\$6,900	\$10,000
SimplyBlue Plus Bronze 3	In-Network	Single Deductible	\$5,000	\$5,500
	In-Network	Single out-of-pocket maximum	\$6,550	\$7,000
	Out-of-Network	Single Deductible	\$5,000	\$10,000
	Out-of-Network	Single out-of-pocket maximum	\$7,500	\$10,000
SimplyBlue Plus Bronze 4	In-Network	Single Deductible	\$6,750	\$7,000
	In-Network	Single out-of-pocket maximum	\$6,750	\$7,000
	Out-of-Network	Single Deductible	\$7,500	\$10,000
	Out-of-Network	Single out-of-pocket maximum	\$7,500	\$10,000
SimplyBlue Plus Bronze 5	In-Network	Single Deductible	\$5,500	\$6,000
	In-Network	Primary Care Provider Copay	\$30	\$40
	In-Network	Specialist Copay	\$50	\$60
	In-Network	Single out-of-pocket maximum	\$6,550	\$7,000
	In-Network	Inpatient Copay	\$500	\$1,000
	In-Network	Emergency Room/Ambulance	\$350	\$500
	In-Network	Prescription Copay	\$10/\$35/\$70	\$10/\$45/\$90
	In-Network	Outpatient Copay	\$350	\$500
	Out-of-Network	Single Deductible	\$5,500	\$10,000
	Out-of-Network	Single out-of-pocket maximum	\$6,550	\$10,000
SimplyBlue Plus Bronze HSA	In-Network	Single Deductible	\$5,500	\$6,100
	In-Network	Single out-of-pocket maximum	\$6,550	\$6,900
	Out-of-Network	Single Deductible	\$5,500	\$10,000
	Out-of-Network	Single out-of-pocket maximum	\$7,500	\$10,000
SimplyBlue Plus Gold 20, Silver 14, Silver 16, Silver 17	In-Network	Single Deductible	Variable	\$5,000
	In-Network	Single out-of-pocket maximum	Variable	\$10,000

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

SIMPLYBLUE PLUS PLAN RETIRING PLANS FOR 2021

The following packages will be retiring in 2021. Retired packages are those that are no longer offered. When we retire packages, we recommend a replacement package that most closely matches the benefits of the retired package.

All groups and members will be converted into the replacement package on renewal through 2021 unless otherwise specified. All applicable rider selections will be applied to the package.

Retiring Package	Replacement Package
SimplyBlue Plus Silver 4	SimplyBlue Plus Silver 2
SimplyBlue Plus Bronze 6	SimplyBlue Plus Bronze 3
SimplyBlue Plus Platinum 5	SimplyBlue Plus Platinum 6
SimplyBlue Plus Standard Bronze	SimplyBlue Plus Bronze 3



2021 NY STATE OF HEALTH MARKETPLACE OFFERINGS

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

New in 2021 - Healthy New York is now available On Exchange

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!¹



Up to 120 medical conditions like diabetes, heart disease, and stroke^{2,3} 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

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

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

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



SIMPLYBLUE PLUS DENTAL PACKAGES

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)
Deductible enrollee/2+ enrollees	None	None	\$25/\$75	\$75/\$225	\$25/\$75	\$75/\$225	\$25/\$75	\$100/\$300
Out-of-Pocket Maximum enrollee/2+ enrollees	\$350/700 ¹	N/A						
Annual Maximum	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A	\$750
Preventive Services	\$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic Services	\$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major Services	\$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics²	\$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

*Subject to plan deductible

¹ Out-of-Pocket Maximum applies to in-network benefits only

² 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

Small Group Dental Updates for 2021

For 2021 we are streamlining our dental portfolio and converting all Groups into packages that include Dependent 26/Student 26 and 4 tier rates.

NEW in 2021 - now offering rolling rates! You may now align your Groups medical and dental renewal dates.

Package ID	Plan Type	Ded	Annual Max	Class I	Class II	Class IIA	Class III	Class IV	Ortho Max
DBOC-1-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	50%	\$2,000
DBOC-2-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$2,000
DBOC-3-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOC-4-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOC-5-26/26	Employer Sponsored	\$50	\$1,000	0%	50%	50%	50%	50%	\$1,000
DBOC-6-26/26	Employer Sponsored	\$50	\$1,000	0%	50%	50%	50%	N/A	N/A
DBOC-7-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	N/A	N/A	N/A
DBOC-11-26/26*	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOC-12-26/26*	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	50%	\$2,000
DBOC-15-26/26	Employer Sponsored	\$25	\$1,000	0%	15%	15%	50%	50%	\$1,000
DBOC-22-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A
DBOC-28-26/26**	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOC-29-26/26*	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOC-30-26/26*	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A
DBOC-31-26/26	Employer Sponsored	\$0	\$500	0%	20%	N/A	N/A	N/A	N/A
DBOC-32-26/26**	Employer Sponsored	\$50	\$1,000	INN: 0% OON: 30%	INN: 20% OON: 50%	INN: 20% OON: 50%	50%	N/A	N/A
DBOE-18E-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	50%	50%	N/A	N/A
DBOE-6E-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	50%	50%	50%	\$1,000
DBOV-1E-26/26	Voluntary	\$50	\$1,500	0%	20%	20%	50%	50%	\$1,500
DBOV-3-26/26	Voluntary	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOV-4-26/26	Voluntary	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOV-6-26/26	Voluntary	\$50	\$1,000	0%	50%	50%	50%	N/A	N/A
DBOV-11-26/26	Voluntary	\$75	\$1,000	0%	20%	50%	50%	50%	\$1,000
DBOV-13-26/26	Voluntary	\$50	\$1,000	0%	20%	50%	50%	N/A	N/A
DBOV-16-26/26**	Voluntary	\$50	\$1,000	INN: 0% OON: 30%	INN: 20% OON: 50%	INN: 20% OON: 50%	50%	N/A	N/A
DBOV-17-26/26**	Voluntary	\$50	\$1,000	INN: 0% OON: 30%	INN: 20% OON: 50%	INN: 20% OON: 50%	50%	50%	\$1,000
DBOV-18-26/26*	Voluntary	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOV-19-26/26*	Voluntary	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A

Disclaimer: Values shown reflect member responsibility

* Syracuse and Utica Only. Plan has Out-of-Network coverage at UCR90

** Rochester Only

New Packages

Package ID	Plan Type	Ded	Annual Max	Class I	Class II	Class IIA	Class III	Class IV	Ortho Max
DBOC-40-26/26	Employer Sponsored	\$25	\$1,250	0%	0%	0%	20%	N/A	N/A
DBOC-41-26/26	Employer Sponsored	\$50	\$1,000	20%	50%	50%	50%	50%	\$750
DBOC-42-26/26	Employer Sponsored	\$25	\$1,250	0%	20%	50%	50%	50%	\$1,500
DBOC-43-26/26	Employer Sponsored	\$50	\$1,250	0%	20%	50%	50%	50%	\$1,000
DBOC-44-26/26	Employer Sponsored	\$25	\$2,000	0%	0%	0%	20%	50%	\$2,000

Retiring Packages

DBOV-20-26/26

DBOV-21-26/26



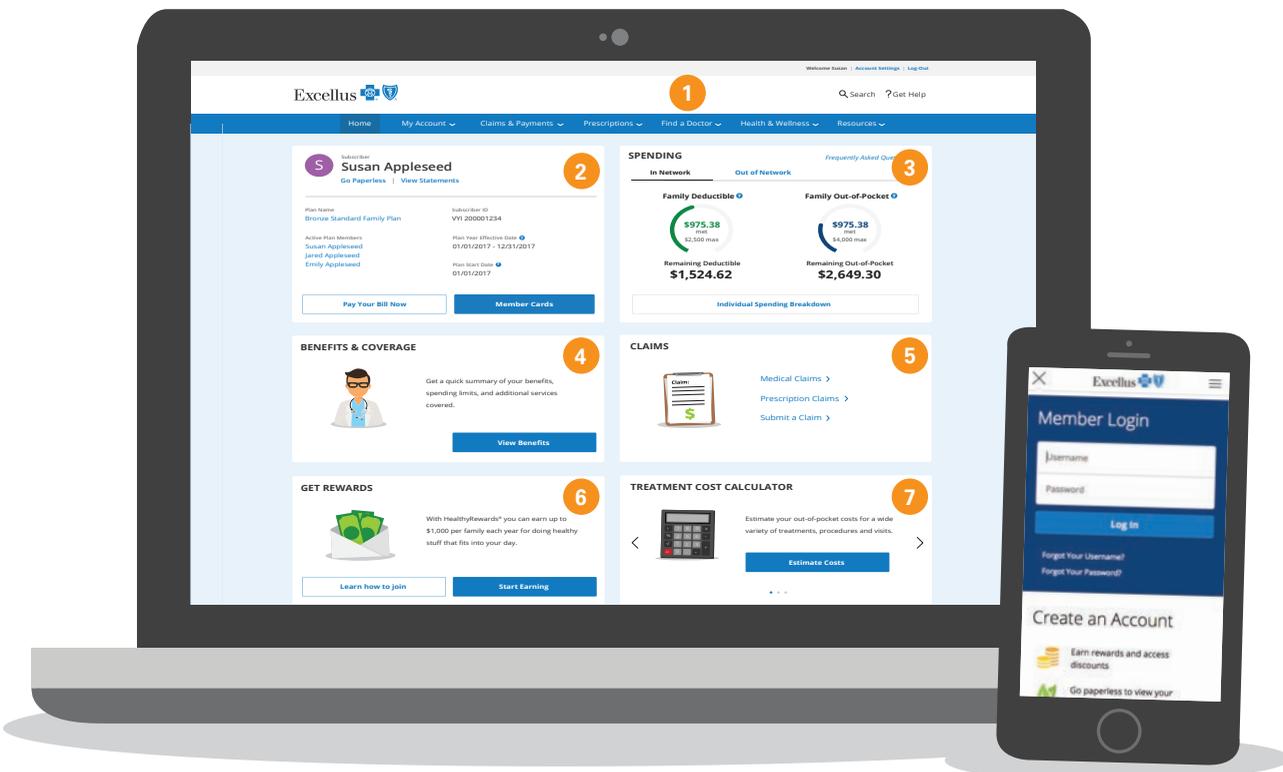


RESOURCES & TOOLS

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 HealthSparq — 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.

FASTER BILL PAY AT YOUR FINGERTIPS

DOWNLOAD OUR MOBILE APP

- Pay bills right from your phone
- Receive your most recent payment information
- Review claims
- Access your member card
- And more

Get the **Excellus BCBS app** today






Excellus 
LIVE FEARLESS

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.

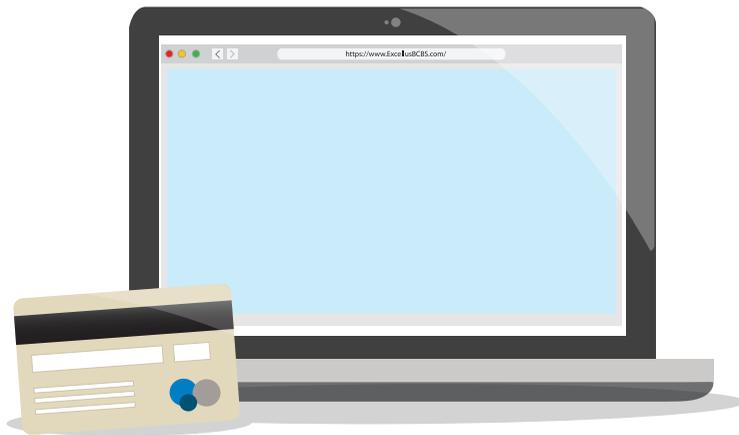


Go Paperless Initiative

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

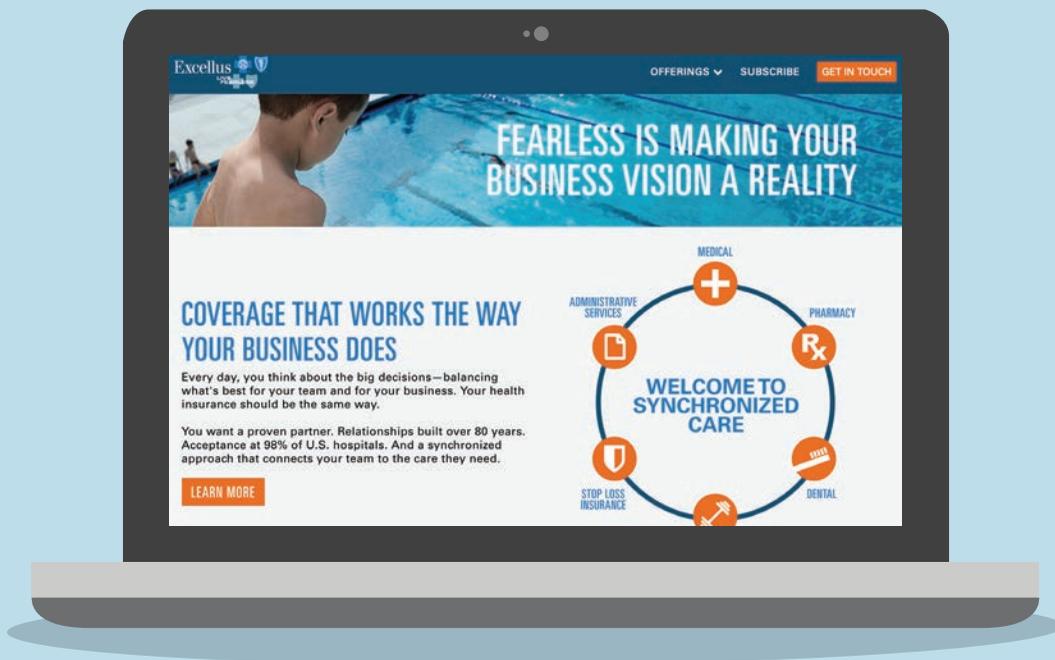
Enroll and Update is an online benefit management program for brokers, employers, and employees that offers increased collaboration opportunities, streamlines the service process, and is intuitive and easy-to-use.

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

2021 Products



Small Group
At A Glance

Rochester:

- Q1-B-6532
- Q2-B-7531
- Q3-B-7534
- Q4-B-7539

Syracuse:

- Q1-B-6534
- Q2-B-7533
- Q3-B-7535
- Q4-B-7537

Utica:

- Q1-B-6535
- Q2-B-7532
- Q3-B-7536
- Q4-B-7538

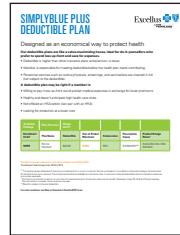
2021 Small Group Excellus SimplyBlue Plus Selling Guides



Copay Plans
Sell Sheet
B-4868



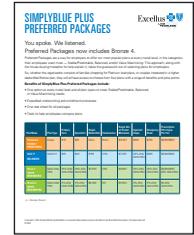
Hybrid Plans
Sell Sheet
B-4869



Deductible Plans
Sell Sheet
B-4870



Deductible HSA
Plans Sell Sheet
B-4871



Preferred
Packages
Sell Sheet
B-5665

2021 Small Group Excellus SimplyBlue Plus Member Brochures



Copay Standard
B-6042



Copay Non-
Standard A
B-5147



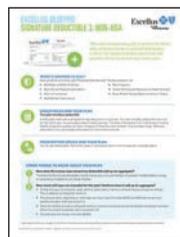
Copay Non-
Standard B
B-6043



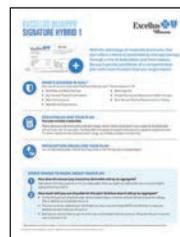
Hybrid Standard
B-5144



Hybrid Non-
Standard A
B-6058



Deductible Non-
HSA Standard
B-5146



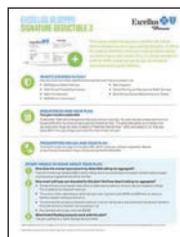
Hybrid Non-
Standard C
B-5142



Deductible HSA
Standard
B-5141



Deductible HSA
Non-Standard A
B-5189

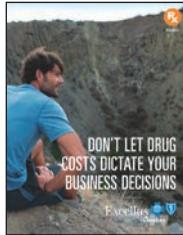


Deductible HSA
Non-Standard B
B-5143

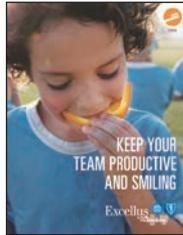
Product Brochures



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)



Telemedicine



Wellness



Online Member
Accounts

Dental



Dental Blue
Options Plan
Brochure
B-2413



Small Group
Dental Blue
Options Sell
Sheet
B-4872



Excellus
SimplyBlue Plus
Dental Brochure
B-7085

Pharmacy



Preventive Rx
Sell Sheet
B-4925

For more helpful resources, visit ExcellusforBusiness.com



Copyright © 2020, 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.

B-6531 / 14356-20M