



Version Updated: 09/19/2018
 Rating Region: Rochester

Plan ID	Enrollment Code	Plan Name	Aggregation Design	Plan Highlights	Single / Family	Plan Type	HSA Eligible	Quote Effective	Primary Care Office Visit	Specialist Office Visit	Deductible	Coinsurance	Hospital benefits	Emergency room care	Prescription Drug Coverage	Out of pocket maximum	Out of network benefits
78124NY0980057-00	SMU7	SimplyBlue Plus Gold 1	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$593.08 / \$1,690.28	Copay	No	01/01/2019 - 03/31/2019	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$1000 copay per admission for unlimited days	\$450 copay per visit	\$15/40%/50%	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 80%, subject to the deductible
78124NY0980137-00	SMX9	SimplyBlue Plus Gold 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$585.78 / \$1,669.47	Copay	No	01/01/2019 - 03/31/2019	\$40 copay per visit	\$60 copay per visit	None	None	Subject to \$1000 copay per admission for unlimited days	\$500 copay per visit	\$15/50%/50%	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 80%, subject to the deductible
78124NY0980025-00	SMT1	SimplyBlue Plus Platinum 2	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$682.33 / \$1,944.64	Copay	No	01/01/2019 - 03/31/2019	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$250 copay per admission for unlimited days	\$150 copay per visit	\$5/\$30/\$50	In-Network: \$6,350 Individual / \$12,700 Family	Covered at 80%, subject to the deductible
78124NY0980073-00	SMW3	SimplyBlue Plus Platinum 3	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$669.78 / \$1,908.87	Copay	No	01/01/2019 - 03/31/2019	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$150 copay per visit	\$5/\$35/\$70	In-Network: \$4,500 Individual / \$9,000 Family	Covered at 80%, subject to the deductible
78124NY0980169-00	SOF5	SimplyBlue Plus Platinum 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$663.07 / \$1,889.75	Copay	No	01/01/2019 - 03/31/2019	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$750 copay per admission for unlimited days	\$250 copay per visit	\$5/\$35/\$70	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 80%, subject to the deductible
78124NY0980185-00	SOH1	SimplyBlue Plus Platinum 6	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$656.07 / \$1,869.80	Copay	No	01/01/2019 - 03/31/2019	\$30 copay per visit	\$50 copay per visit	None	None	Subject to \$750 copay per admission for unlimited days	\$250 copay per visit	\$5/\$35/\$70	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 80%, subject to the deductible

78124NY0980009-00	SMR5	SimplyBlue Plus Standard Platinum	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$684.76 / \$1,951.57	Copay	No	01/01/2019 - 03/31/2019	\$15 copay per visit	\$35 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$100 copay per visit	\$10/\$30/\$60	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 80%, subject to the deductible
78124NY1000217-00	SOD9	SimplyBlue Plus Standard Bronze	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$382.88 / \$1,091.21	Deductible	No	01/01/2019 - 03/31/2019	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	In-Network: \$4,000 Individual / \$8,000 Family	Covered at 50%	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50%, subject to the deductible	\$10/\$35/\$70, subject to the plan deductible	In-Network: \$7,600 Individual / \$15,200 Family	Covered at 50%, subject to the deductible
78124NY1000153-00	SNF9	SimplyBlue Plus Bronze 3	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$364.54 / \$1,038.94	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	In-Network: \$5,000 Individual / \$10,000 Family	Covered at 50%	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50%, subject to the deductible	\$10/40%/50%, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 50%, subject to the deductible
78124NY1000169-00	SNH5	SimplyBlue Plus Bronze 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$353.90 / \$1,008.62	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 100%	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 100%, subject to the deductible
78124NY1000201-00	SNV9	SimplyBlue Plus Bronze 5	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$376.86 / \$1,074.05	Deductible HSA	Yes	01/01/2019 - 03/31/2019	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 100%	Subject to \$500 copay per admission for unlimited days, subject to the deductible	\$350 copay per visit, subject to deductible	\$10/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible

78124NY1 000281-00	SOP1	SimplyBlue Plus Bronze 6	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$386.47 / \$1,101.44	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$4,500 Individual / \$9,000 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible
78124NY1 000233-00	SOK3	SimplyBlue Plus Gold 20	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$532.29 / \$1,517.03	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$1,800 Individual / \$3,600 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$3,600 Individual / \$7,200 Family	Covered at 60%, subject to the deductible
78124NY1 000025-00	SNB1	SimplyBlue Plus Gold 6	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$556.85 / \$1,587.02	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible	In-Network: \$1,400 Individual / \$2,800 Family	Covered at 85%	Covered at 85% per admission for unlimited days, subject to the deductible	Covered at 85%, subject to the deductible	\$5/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$2,800 Individual / \$5,600 Family	Covered at 70%, subject to the deductible
78124NY1 000185-00	SNU3	SimplyBlue Plus Silver 14	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$457.91 / \$1,305.04	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$2,800 Individual / \$5,600 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible
78124NY1 000249-00	SOL9	SimplyBlue Plus Silver 16	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive	\$435.09 / \$1,240.01	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,200 Individual / \$6,400 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible

				services are covered in full, includes ExerciseRewards.											deductible; they are subject to the applicable copay or coinsurance.		
78124NY1000265-00	SON5	SimplyBlue Plus Silver 17	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$422.79 / \$1,204.95	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$3,600 Individual / \$7,200 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible
78124NY1000297-00	SMM7	SimplyBlue Plus Silver 19	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$469.60 / \$1,338.36	Deductible HSA	Yes	01/01/2019 - 03/31/2019	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	In-Network: \$2,250 Individual / \$4,500 Family	Covered at 100%	Subject to \$500 copay per admission for unlimited days, subject to the deductible	\$300 copay per visit, subject to deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible
78124NY1000057-00	SNC7	SimplyBlue Plus Silver 2	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$470.62 / \$1,341.27	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 75%, subject to the deductible	Covered at 75%, subject to the deductible	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 75%	Covered at 75% per admission for unlimited days, subject to the deductible	Covered at 75%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,650 Individual / \$13,300 Family	Covered at 50%, subject to the deductible
78124NY1000105-00	SNE3	SimplyBlue Plus Silver 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$465.34 / \$1,326.22	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible	In-Network: \$2,500 Individual / \$5,000 Family	Covered at 85%	Covered at 85% per admission for unlimited days, subject to the deductible	Covered at 85%, subject to the deductible	\$5/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 70%, subject to the deductible

78124NY100009-00	SMZ5	SimplyBlue Plus Standard Bronze HSA	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full, includes ExerciseRewards.	\$367.28 / \$1,046.75	Deductible HSA	Yes	01/01/2019 - 03/31/2019	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 50%	Covered at 50% per admission for unlimited days, subject to the deductible	Covered at 50%, subject to the deductible	\$10/\$35/\$70, subject to the plan deductible	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 50%, subject to the deductible
78124NY107009-00	SNS7	Excelsus BCBS HMO	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.	\$582.76 / \$1,660.87	Hybrid	No	01/01/2019 - 03/31/2019	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$600 Individual / \$1,200 Family	Covered at 100%	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	In-Network: \$4,000 Individual / \$8,000 Family	Not Covered
78124NY111009-00	SNR1	Healthy New York EPO	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.	\$374.31 / \$1,066.78	Hybrid	No	01/01/2019 - 03/31/2019	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$600 Individual / \$1,200 Family	Covered at 100%	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	In-Network: \$4,000 Individual / \$8,000 Family	Not Covered
78124NY0990073-00	SNM3	SimplyBlue Plus Gold 13	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.	\$582.24 / \$1,659.38	Hybrid	No	01/01/2019 - 03/31/2019	\$15 copay per visit, subject to deductible	\$25 copay per visit, subject to deductible	In-Network: \$750 Individual / \$1,500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$200 copay per visit, subject to deductible	\$5/\$25/\$50	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 60%, subject to the deductible
78124NY0990089-00	SNN9	SimplyBlue Plus	Individual Aggregation	A deductible is applied to	\$576.76 / \$1,643.77	Hybrid	No	01/01/2019 - 03/31/2019	\$25 copay per visit, subject to	\$40 copay per visit, subject to	In-Network: \$1,000	Covered at 80%	Covered at 80% per	\$250 copay per visit, subject to	\$5/\$35/\$70	In-Network: \$5,500 Individual	Covered at 60%, subject

		Gold 14	on	all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.				deductible	deductible	Individual / \$2,000 Family		admission for unlimited days, subject to the deductible	deductible		/ \$11,000 Family	to the deductible	
78124NY0990249-00	SOA7	SimplyBlue Plus Gold 17	Individual Aggregation	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.	\$590.07 / \$1,681.70	Hybrid	No	01/01/2019 - 03/31/2019	\$25 copay per visit	\$40 copay per visit	In-Network: \$750 Individual / \$1,500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$250 copay per visit	\$5/\$45/\$90	In-Network: \$7,000 Individual / \$14,000 Family	Covered at 60%, subject to the deductible
78124NY0990265-00	SOC3	SimplyBlue Plus Gold 18	Individual Aggregation	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.	\$585.81 / \$1,669.56	Hybrid	No	01/01/2019 - 03/31/2019	\$30 copay per visit	\$50 copay per visit	In-Network: \$1,000 Individual / \$2,000 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$250 copay per visit	\$5/\$45/\$90	In-Network: \$6,000 Individual / \$12,000 Family	Covered at 60%, subject to the deductible
78124NY0990297-00	SOI7	SimplyBlue Plus Gold 19	Individual Aggregation	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.	\$555.69 / \$1,583.72	Hybrid	No	01/01/2019 - 03/31/2019	\$40 copay per visit	\$60 copay per visit	In-Network: \$2,250 Individual / \$4,500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$350 copay per visit	\$5/\$45/\$90	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 60%, subject to the deductible

				ards.													
78124NY0990233-00	SNZ1	SimplyBlue Plus Platinum 4	Individual Aggregation	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.	\$685.85 / \$1,954.67	Hybrid	No	01/01/2019 - 03/31/2019	\$15 copay per visit	\$25 copay per visit	In-Network: \$250 Individual / \$500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$150 copay per visit	\$5/\$25/\$50	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 60%, subject to the deductible
78124NY0990313-00	SML1	SimplyBlue Plus Silver 18	Individual Aggregation	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.	\$466.80 / \$1,330.38	Hybrid	No	01/01/2019 - 03/31/2019	\$50 copay per visit	\$75 copay per visit	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 70%	Covered at 70% per admission for unlimited days, subject to the deductible	\$500 copay per visit	\$10/\$45/\$90	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 50%, subject to the deductible
78124NY0990105-00	SNP5	SimplyBlue Plus Silver 6	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.	\$490.45 / \$1,397.78	Hybrid	No	01/01/2019 - 03/31/2019	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	In-Network: \$2,250 Individual / \$4,500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 60%, subject to the deductible
78124NY0990041-00	SNK7	SimplyBlue Plus Standard Gold	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are	\$590.55 / \$1,683.07	Hybrid	No	01/01/2019 - 03/31/2019	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	In-Network: \$600 Individual / \$1,200 Family	Covered at 100%	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	In-Network: \$4,000 Individual / \$8,000 Family	Covered at 60%, subject to the deductible

				covered in full, includes ExerciseRewards.													
78124NY0990009-00	SNJ1	SimplyBlue Plus Standard Silver	Individual Aggregation	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full, includes ExerciseRewards.	\$508.19 / \$1,448.34	Hybrid	No	01/01/2019 - 03/31/2019	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	In-Network: \$1,700 Individual / \$3,400 Family	Covered at 100%	Subject to \$1500 copay per admission for unlimited days, subject to the deductible	\$250 copay per visit, subject to deductible	\$10/\$35/\$70	In-Network: \$7,500 Individual / \$15,000 Family	Covered at 60%, 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.
 +When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA appropriate cost share for the service will be applied. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.

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