



Medical Plans for Individuals, Families, & Sole Proprietors

Version Updated: 09/19/2018

Rating Region: Rochester

This View was generated using the following options: Dependents: age26, Pediatric Dental: yes, Child Only: no

Plan ID	Enrollment Code	Plan Name	Plan Highlights	Single	Plan Type	HSA Eligible	Quote Effective	Primary Care Office Visit	Specialist Office Visit	Coinsurance	Deductible	Hospital benefits	Emergency room care	Short-term and maintenance drugs	Out of pocket maximum	Out of network benefits
<a href="#">78124NY0880009-00</a>	IOOS	Platinum Select	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards and Active&Fit Direct program.	\$737.74	Copay	No	01/01/2019 - 12/31/2019	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$750 copay per admission for unlimited days	\$150 copay per visit	\$10/\$35/\$70	\$6,350 Individual / \$12,700 Family	Not Covered
<a href="#">78124NY0880003-00</a>	INNU	Platinum Standard	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards and Active&Fit Direct program.	\$754.40	Copay	No	01/01/2019 - 12/31/2019	\$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	\$2,000 Individual / \$4,000 Family	Not Covered
<a href="#">78124NY0910001-00</a>	IQQC	Base	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit	\$205.41	Deductible	No	01/01/2019 - 12/31/2019	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	None	\$7,900 Individual / \$15,800 Family	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 100%, subject to the deductible	\$0, subject to the plan deductible	\$7,900 Individual / \$15,800 Family	Not Covered

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			Direct program.													
<a href="#">78124NY0900023-00</a>	INNE	Bronze Secure Plus 3	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.	\$337.35	Deductible	No	01/01/2019 - 12/31/2019	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$7,900 Individual / \$15,800 Family	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 100%, subject to the deductible	\$0, subject to the plan deductible	\$7,900 Individual / \$15,800 Family	Not Covered
<a href="#">78124NY0900017-00</a>	IPPY	Bronze Standard	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.	\$405.36	Deductible	No	01/01/2019 - 12/31/2019	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$4,000 Individual / \$8,000 Family	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	\$7,600 Individual / \$15,200 Family	Not Covered
<a href="#">78124NY0900013-00</a>	IPPE	Bronze Select	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.	\$379.13	Deductible HSA	Yes	01/01/2019 - 12/31/2019	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$5,000 Individual / \$10,000 Family	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	\$6,550 Individual / \$13,100 Family	Not Covered
<a href="#">78124NY0900003-00</a>	IOOM	Bronze Standard HSA	A deductible is applied to all covered	\$387.32	Deductible HSA	Yes	01/01/2019 - 12/31/2019	Covered at 50%, subject to the	Covered at 50%, subject to the	Covered at 50%	\$5,500 Individual / \$11,000 Family	Covered at 50% per admission for	Covered at 50%, subject to the deductible	\$10/\$35/\$70, subject to the plan deductible	\$6,550 Individual / \$13,100 Family	Not Covered

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			medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.					deductible	deductible			unlimited days, subject to the deductible				
<a href="#">78124NY090009-00</a>	IPPA	Silver Select	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.	\$497.69	Deductible HSA	Yes	01/01/2019 - 12/31/2019	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$2,250 Individual / \$4,500 Family	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$10/\$45/\$90, subject to the plan deductible	\$6,350 Individual / \$12,700 Family	Not Covered
<a href="#">78124NY0890015-00</a>	IOOW	Gold Select	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 and Active&Fit Direct program.	\$622.52	Hybrid	No	01/01/2019 - 12/31/2019	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	None	\$750 Individual / \$1,500 Family	Subject to \$750 copay per admission for unlimited days, subject to the deductible	\$250 copay per visit, subject to deductible	\$10/\$35/\$70	\$6,350 Individual / \$12,700 Family	Not Covered
<a href="#">78124NY0890003-00</a>	IOOA	Gold Standard	A deductible is applied to all covered medical	\$642.46	Hybrid	No	01/01/2019 - 12/31/2019	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	None	\$600 Individual / \$1,200 Family	Subject to \$1000 copay per admission for unlimited	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$4,000 Individual / \$8,000 Family	Not Covered

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			benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.									days, subject to the deductible				
<a href="#">78124NY0890019-00</a>	IMMW	Gold Standard Plus 3	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.	\$636.32	Hybrid	No	01/01/2019 - 12/31/2019	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	None	\$650 Individual / \$1,300 Family	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$40/\$80	\$5,000 Individual / \$10,000 Family	Not Covered
<a href="#">78124NY0890009-00</a>	IOOG	Silver Standard	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 and Active&Fit Direct program.	\$552.71	Hybrid	No	01/01/2019 - 12/31/2019	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	None	\$1,700 Individual / \$3,400 Family	Subject to \$1500 copay per admission for unlimited days, subject to the deductible	\$250 copay per visit, subject to deductible	\$10/\$35/\$70	\$7,500 Individual / \$15,000 Family	Not Covered
<a href="#">78124NY0890025-00</a>	INNA	Silver Standard	A deductible is applied to	\$534.47	Hybrid	No	01/01/2019 -	\$35 copay per visit,	\$55 copay per visit,	None	\$2,350 Individual /	Subject to \$1500 copay	\$250 copay per visit, subject to	\$10/\$40/\$80	\$7,750 Individual / \$15,500 Family	Not Covered

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		Plus 3	all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.				12/31/2019	subject to deductible	subject to deductible		\$4,700 Family	per admission for unlimited days, subject to the deductible	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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