



Version Updated: 06/29/2018
 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	SHJ9	SimplyBlue Plus Gold 1	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$612.89 / \$1,746.74	Copay	No	10/01/2018 - 12/31/2018	\$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
78124NY0980105-00	SHN1	SimplyBlue Plus Gold 3	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$609.30 / \$1,736.51	Copay	No	10/01/2018 - 12/31/2018	\$30 copay per visit	\$50 copay per visit	None	None	Subject to \$1000 copay per admission for unlimited days	\$450 copay per visit	\$15/\$50/50%	In-Network: \$6,350 Individual / \$12,700 Family	Covered at 80%, subject to the deductible
78124NY0980137-00	SHQ3	SimplyBlue Plus Gold 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$609.22 / \$1,736.28	Copay	No	10/01/2018 - 12/31/2018	\$40 copay per visit	\$60 copay per visit	None	None	Subject to \$750 copay per admission for unlimited days	\$250 copay per visit	\$15/\$50/50%	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 80%, subject to the deductible
78124NY0980025-00	SHI3	SimplyBlue Plus Platinum 2	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$713.34 / \$2,033.02	Copay	No	10/01/2018 - 12/31/2018	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$250 copay per admission for unlimited days	\$150 copay per visit	\$5/\$25/\$50	In-Network: \$6,350 Individual / \$12,700 Family	Covered at 80%, subject to the deductible
78124NY0980073-00	SHL5	SimplyBlue Plus Platinum 3	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$695.58 / \$1,982.40	Copay	No	10/01/2018 - 12/31/2018	\$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	SKK3	SimplyBlue Plus Platinum 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$689.07 / \$1,963.85	Copay	No	10/01/2018 - 12/31/2018	\$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	SKL9	SimplyBlue Plus Platinum 6	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$679.92 / \$1,937.77	Copay	No	10/01/2018 - 12/31/2018	\$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	SHG7	SimplyBlue Plus Standard Platinum	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$705.54 / \$2,010.79	Copay	No	10/01/2018 - 12/31/2018	\$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	SJC7	SimplyBlue Plus Standard Bronze	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$384.75 / \$1,096.54	Deductible	No	10/01/2018 - 12/31/2018	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: \$7,150 Individual / \$14,300 Family	Covered at 50%, subject to the deductible
78124NY1000153-00	SLN1	SimplyBlue Plus Bronze 3	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$360.78 / \$1,028.22	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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	SLO7	SimplyBlue Plus Bronze 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$344.77 / \$982.59	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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	SLV1	SimplyBlue Plus Bronze 5	Family Aggregation	A deductible is applied to all covered medical and prescription	\$374.41 / \$1,067.07	Deductible HSA	Yes	10/01/2018 - 12/31/2018	\$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	\$350 copay per visit, subject to deductible	\$10/\$35/\$70, subject to the plan deductible. Preventive	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible

				drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.									deductible		drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.		
78124NY1000281-00	SKT9	SimplyBlue Plus Bronze 6	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$384.38 / \$1,095.48	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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
78124NY1000233-00	SKP1	SimplyBlue Plus Gold 20	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$541.39 / \$1,542.96	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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
78124NY1000025-00	SLI3	SimplyBlue Plus Gold 6	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$567.84 / \$1,618.34	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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
78124NY1000185-00	SLT5	SimplyBlue Plus Silver 14	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$461.30 / \$1,314.71	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible

				ards.														
78124NY1000249-00	SKQ7	SimplyBlue Plus Silver 16	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$436.74 / \$1,244.71	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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 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	
78124NY1000265-00	SKS3	SimplyBlue Plus Silver 17	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$423.48 / \$1,206.92	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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	
78124NY1000057-00	SJL9	SimplyBlue Plus Silver 2	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$482.56 / \$1,375.30	Deductible HSA	Yes	10/01/2018 - 12/31/2018	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$2,000 Individual / \$4,000 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	
78124NY1000105-00	SLL5	SimplyBlue Plus Silver 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$469.30 / \$1,337.51	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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	
78124NY1000009-00	SHR9	SimplyBlue Plus Standard Bronze HSA	Individual Aggregation	A deductible is applied to all covered medical and prescription drug benefits.	\$363.02 / \$1,034.61	Deductible HSA	Yes	10/01/2018 - 12/31/2018	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	

				Preventive services are covered in full. Plan includes ExerciseRewards.													
78124NY1110009-00	SIO3	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. Plan includes ExerciseRewards.	\$367.75 / \$1,048.09	Hybrid	No	10/01/2018 - 12/31/2018	\$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	SIH9	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. Plan includes ExerciseRewards.	\$600.24 / \$1,710.68	Hybrid	No	10/01/2018 - 12/31/2018	\$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	SLQ3	SimplyBlue Plus Gold 14	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. Plan includes ExerciseRewards.	\$591.53 / \$1,685.86	Hybrid	No	10/01/2018 - 12/31/2018	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	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, subject to deductible	\$5/\$35/\$70	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 60%, subject to the deductible
78124NY0990249-00	SLW7	SimplyBlue Plus Gold 17	Individual Aggregation	A deductible is applied to select covered	\$617.01 / \$1,758.48	Hybrid	No	10/01/2018 - 12/31/2018	\$25 copay per visit	\$40 copay per visit	In-Network: \$750 Individual / \$1,500	Covered at 80%	Covered at 80% per admission for unlimited days,	\$250 copay per visit	\$5/\$30/\$70	In-Network: \$6,000 Individual / \$12,000 Family	Covered at 60%, subject to the deductible

				medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ExerciseRewards.						Family		subject to the deductible					
78124NY0990265-00	SLY3	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. Plan includes ExerciseRewards.	\$602.33 / \$1,716.64	Hybrid	No	10/01/2018 - 12/31/2018	\$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	SKN5	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. Plan includes ExerciseRewards.	\$569.09 / \$1,621.91	Hybrid	No	10/01/2018 - 12/31/2018	\$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
78124NY0990233-00	SIW3	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	\$709.52 / \$2,022.13	Hybrid	No	10/01/2018 - 12/31/2018	\$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

				full. Plan includes ExerciseRewards.													
78124NY0990105-00	SLR9	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. Plan includes ExerciseRewards.	\$508.81 / \$1,450.11	Hybrid	No	10/01/2018 - 12/31/2018	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	In-Network: \$2,000 Individual / \$4,000 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: \$6,850 Individual / \$13,700 Family	Covered at 60%, subject to the deductible
78124NY0990041-00	SIG3	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 covered in full. Plan includes ExerciseRewards.	\$604.12 / \$1,721.74	Hybrid	No	10/01/2018 - 12/31/2018	\$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
78124NY0990009-00	SIE7	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. Plan includes ExerciseRewards.	\$508.03 / \$1,447.89	Hybrid	No	10/01/2018 - 12/31/2018	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	In-Network: \$2,000 Individual / \$4,000 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: \$6,750 Individual / \$13,500 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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