June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
	Domestic	In Network	Domestic	In Network	Domestic	In Network
Cost Sharing Expenses						
Deductible-Single	0.00	$ 250.00	$ 250.00	$ 750.00	$ 2,000.00	$ 2,000.00
Deductible-2 Person	NA	NA	$ 500.00	$ 1,500.00	$ 4,000.00	$ 4,000.00
Deductible-Family	0.00	$ 750.00	$ 750.00	$ 2,250.00	$ 4,000.00	$ 4,000.00
The PPO & Hybrid plans have Embedded Deductibles & Out-of-Pocket Maximums: any one person in the family is only subject to the Individual Deductible & Out of Pocket Max; a family with out of pocket costs will never pay more combined than the family deductible & out of pocket max						
Coinsurance	0%	0%	10%	20%	10%	20%
Annual Out of Pocket Max-Single	$2000 (Medical) & $2000 (RX)	$2000 (Medical) & $2000 (RX)	$ 4,000.00	$ 4,000.00	$ 5,000.00	$ 5,000.00
Annual Out of Pocket Max-2 Person	NA	NA	$ 8,000.00	$ 8,000.00	$ 10,000.00	$ 10,000.00
Annual Out of Pocket Max-Family	$4000 (Medical) & $6000 (RX)	$4000 (Medical) & $6000 (RX)	$ 12,000.00	$ 12,000.00	$ 10,000.00	$ 10,000.00
Annual out of Pocket Max-Per Person Cap	na	na	na	na	$ 6,650.00	$ 6,650.00
	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
Office Visit Cost Shares	Domestic	In Network	Domestic	In Network	Domestic	In Network
Primary Care	0.00	$ 25.00	$ 20.00	$ 30.00	10% Coinsurance Subject to Deductible	20% Coinsurance Subject to deductible
Specialist	0.00	$ 30.00	$ 30.00	$ 40.00	10% Coinsurance Subject to Deductible	20% Coinsurance Subject to deductible
Sick Kids	$ 25.00	$ 25.00	Cov In Full to age 19 Subject to Deductible	Cov In Full to age 19 Subject to Deductible	10% Coinsurance Subject to Deductible	20% Coinsurance Subject to deductible
Preventive Professional Services	**PCP=Primary Care Provider*					
Adult Physical Examination	PCP/Specialist Covered in Full 1 Exam Per Plan Year		PCP/Specialist Covered in Full 1 Exam Per Plan Year		PCP/Specialist Covered in Full 1 Exam Per Plan Year	
Adult Immunizations	PCP/Specialist Covered in Full		PCP/Specialist Covered in Full		PCP/Specialist Covered in Full	
Well Child Visits & Immunizations	PCP/Specialist Covered in Full		PCP/Specialist Covered in Full		PCP/Specialist Covered in Full	
Routine GYN Visit	PCP/Specialist Covered in Full 1 Exam Per Plan Year		PCP/Specialist Covered in Full 1 Exam Per Plan Year		PCP/Specialist Covered in Full 1 Exam Per Plan Year	

June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
	Domestic	In Network	Domestic	In Network	Domestic	In Network
Pre/Post-Natal Care	PCP/Specialist Covered in Full		PCP/Specialist Covered in Full		PCP/Specialist Covered in Full	
Preventive Service by Provider						
Prostate Cancer Screening-PCP/Specialist	Covered in Full		Covered in Full		Covered in Full	
Mammography Screening Professional	Covered in Full		Covered in Full		Covered in Full	
Colonoscopy Screening Professional	Covered in Full		Covered in Full		Covered in Full	
Bone Density Screening Professional	Covered in Full		Covered in Full		Covered in Full	
Preventive Service by Facility						
Mammography Screening	Covered in Full		Covered in Full		Covered in Full	
Colonoscopy Screening	Covered in Full		Covered in Full		Covered in Full	
Bone Density Screening	Covered in Full	$ 30.00	$ 30.00	$ 40.00	10% Coinsurance Subject to Deductible	20% Coinsurance Subject to deductible
Outpatient Professional Services						
Physical Rehabilitation	PCP/Specialist Covered in Full 45 Visits Per Year	PCP/Specialist $30.00 45 Visits Per Year	PCP/Specialist $30.00 45 Visits Per Year	PCP/Specialist $40.00 45 Visits Per Year	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Occupational Rehabilitation	PCP/Specialist Covered in Full 45 Visits Per Year	PCP/Specialist $30.00 45 Visits Per Year	PCP/Specialist $30.00 45 Visits Per Year	PCP/Specialist $40.00 45 Visits Per Year	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Professional Services						
Office Surgery	PCP/Specialist Covered in Full	PCP $25 Specialist $30	PCP $20 Specialist $30	PCP $30 Specialist $40	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Diagnostic X-ray	PCP/Specialist Covered in Full	PCP $25 Specialist $30	PCP/Specialist $30	PCP/Specialist $40.00	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible

June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
	Domestic	In Network	Domestic	In Network	Domestic	In Network
Diagnostic Laboratory & Pathology	PCP/Specialist Covered in Full	PCP $25 Specialist $30	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Mental Health Care	PCP/Specialist Covered in Full	PCP/Specialist $25.00	PCP/Specialist $20.00	PCP/Specialist $30.00	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Maternity Care	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Telehealth	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Telemedicine Program	NA	PCP/Specialist $10.00	NA	PCP/Specialist $15.00	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Chiropractic Care	PCP/Specialist $25.00	PCP/Specialist $25.00	PCP/Specialist $20.00	PCP/Specialist $30.00	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Allergy Testing	PCP/Specialist Covered in Full	PCP $25.00 Specialist $30.00	PCP $20.00 Specialist $30.00	PCP $30.00 Specialist $40.00	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible
Hearing Evaluations Routine	Not Covered	Not Covered	PCP/Specialist $30.00 1 Exam Per Year	PCP/Specialist $30.00 1 Exam Per Year	PCP/Specialist 10% Coinsurance Subject to Deductible	PCP/Specialist 20% Coinsurance Subject to Deductible

June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
	Domestic	In Network	Domestic	In Network	Domestic	In Network
Facility Emergency Room Visit	$ 35.00	$ 100.00	$ 50.00	$ 150.00	10% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible
Urgent Care Center Facility Visit	$ 25.00	$ 25.00	$ 30.00	$ 40.00	10% Coinsurance Subject to Deductible	20% Coinsurance Subject to Deductible
Inpatient Facility						
Inpatient Hospital Services	Covered in Full	$200 Copay Subject to Deducitble	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible
Mental Health Care	Covered in Full	Covered in full Subject to Deducitble	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible
Substatnce Use Detoxification	Covered in Full	Covered in full Subject to Deducitble	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible
Skilled Nursing Facility	Covered in Full 120 Days/plan year	$200 Copay Subject to Deducitble 120 Days/plan year	10% Coinsurance Subject to deductible 45 Days/plan year	20% Coinsurance Subject to deductible 45 Days/plan year	10% Coinsurance Subject to deductible 45 Days/plan year	20% Coinsurance Subject to deductible 45 Days/plan year
Physical Rehabilitation	Covered in Full 60Days/plan year	$200 Copay Subject to Deducitble 60 Days/plan year	10% Coinsurance Subject to deductible 60 Days/plan year	20% Coinsurance Subject to deductible 60 Days/plan year	10% Coinsurance Subject to deductible 60 Days/plan year	20% Coinsurance Subject to deductible 60 Days/plan year
Maternity Care	Covered in Full	$200 Copay Subject to Deducitble	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible

June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
	Domestic	In Network	Domestic	In Network	Domestic	In Network
Inpatient Professional Services						
Inpatient Hospital Surgery	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full Subject to Dedcutible	PCP/Specialist 10% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 10% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible
Anesthesia	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full Subject to Dedcutible	PCP/Specialist 10% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 10% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible
Outpatient Facility Services						
SurgiCenters & Freestanding Ambulatory Centers Surgical Care	Covered in Full	$100 Copay Subject to Deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible
Diagnostic X-ray	Covered in Full	Covered Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible
Diagnostic Laboratory & Pathology	Covered in Full	$30 Copay Subject to Deductible	$ 30.00	$ 40.00	10% Coinsurance Subject to deductible	20% Coinsurance Subject to deductible
Additional Benefits						
Treatment of Diabetes Insulin & Supplies	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full	PCP/Specialist $20.00	PCP/Specialist $30.00	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible
Diabetic Equipment	PCP/Specialist Covered in Full	PCP/Specialist Covered in Full	PCP/Specialist $20.00	PCP/Specialist $30.00	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible

June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Simply Blue)	
	Domestic	In Network	Domestic	In Network	Domestic	In Network
Durable Medical Equipment	PCP/Specialist Covered in Full	PCP/Specialist $25.00	PCP/Specialist 10% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible
Medical Supplies	PCP/Specialist Covered in Full	PCP/Specialist $25.00	PCP/Specialist 10% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible	PCP/Specialist 20% Coinsurance Subject to Dedcutible
RX Plan						
Prescriptions	$5/$25/$50		$5/$25/$50		$5/$25/$50 Intergrated RX, $0 for Generic Kids, Preventitive RX not subject to Deductible	
RX Benefits						
Days Supply Per Retail Order	30	30	30	30	30	30
Days Supply per Mail Order	90	90	90	90	90	90
Copays Per Mail Order Supply	2	1	2	1	2	1
Kinney Drugs *(AMMO)	Receive retail prescriptions same as mail order fills * Anti Mandatory Mail Order					
CanaRx, aka LewisMeds	Free Brand Name Medications-Zero Copay					
	No shipping and handling charges to you					