June 1, 2024	Excellus PPO			Hybrid (Simply Blue)			HDHP (Simply Blue)			
	Domestic	In Net	twork		Domestic		In Network	Domestic	١	n 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 Embedde	d Deductibles & 0	Out-of-P	ocket M	Maximums: any one person in the family is only subject to the Individual					Individual	
Deductible & Out of Pocket Max; a famil	y with out of pock	ket costs	will nev	ver p	oay more comb	ine	ed than the famil	y deductible & ou	t of p	ocket max
Coinsurance	0%		0%		10%		20%	10%		20%
	\$2000	\$20	000							
Annual Out of Pocket Max-Single	(Medical) &	(Medio	cal) &	\$	4,000.00	\$	4,000.00	\$ 5,000.00	\$	5,000.00
_	\$2000 (RX)	\$2000	(RX)							
Annual Out of Pocket Max-2 Person	NA	NA		\$	8,000.00	\$	8,000.00	\$ 10,000.00	\$	10,000.00
	\$4000	\$40	000							
Annual Out of Pocket Max-Family	(Medical) &	(Medi	cal) &	\$	12,000.00	\$	12,000.00	\$ 10,000.00	\$	10,000.00
	\$6000 (RX)	\$6000	(RX)							
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 Net	twork		Domestic		In Network	Domestic	ı	n Network
								10% Coinsurance	20%	Coinsurance
Primary Care	0.00	\$	25.00	\$	20.00	\$	30.00	Subject to		Subject to
								Deductible		deductible
								10% Coinsurance	20%	Coinsurance
Specialist	0.00	\$	30.00	\$	30.00	\$	40.00	Subject to		Subject to
								Deductible		deductible
				Cov	/ In Full to age	Co	ov In Full to age	10% Coinsurance	20%	Coinsurance
Sick Kids	\$ 25.00	\$	25.00	1	9 Subject to		19 Subject to	Subject to		Subject to
					Deductible		Deductible	Deductible		deductible
Preventive Professional Services					*PCP=Prima	iry	Care Provider			
Adult Dhusiaal Evansination	PCP/Specialist C	overed ir	า Full 1	F	CP/Specialist C	Cov	vered in Full 1	PCP/Specialist (Cove	ed in Full 1
Adult Physical Examination	Exam Per Plan Year		Exam Per Plan Year			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 C	overed in	า Full 1	PCP/Specialist Covered in Full 1			PCP/Specialist Covered in Full 1			
ROULINE GYN VISIL	Exam Per Plan Year			Exam Per	Pla	an Year	Exam Per Plan Year			

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

June 1, 2024	Excellus PPO		Hybrid (Si	mply Blue)	HDHP (Simply Blue)		
	Domestic	In Network	Domestic	In Network	Domestic	In Network	
					PCP/Specialist	PCP/Specialist	
Diagnostic Laboratory & Pathology	PCP/Specialist	PCP \$25	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	
	Covered in Full	Specialist \$30	Covered in Full	Covered in Full	Subject to	Subject to	
					Deductible	Deductible	
					PCP/Specialist	PCP/Specialist	
Mantal Haalth Care	PCP/Specialist	PCP/Specialist	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	
Mental Health Care	Covered in Full	\$25.00	\$20.00	\$30.00	Subject to	Subject to	
					Deductible	Deductible	
			PCP/Specialist	PCP/Specialist	PCP/Specialist	PCP/Specialist	
Matawaitus Casa	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	10% Coinsurance	20% Coinsurance	
Maternity Care	Covered in Full	Covered in Full	Subject to	Subject to	Subject to	Subject to	
			Deductible	Deductible	Deductible	Deductible	
			PCP/Specialist	PCP/Specialist	PCP/Specialist	PCP/Specialist	
Talaharahi	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	10% Coinsurance	20% Coinsurance	
Telehealth	Covered in Full	Covered in Full	Subject to	Subject to	Subject to	Subject to	
			Deductible	Deductible	Deductible	Deductible	
			NA	PCP/Specialist \$15.00	PCP/Specialist	PCP/Specialist	
Talamadisina Draggan	NIA	PCP/Specialist \$10.00			10% Coinsurance	20% Coinsurance	
Telemedicine Program	NA				Subject to	Subject to	
					Deductible	Deductible	
					PCP/Specialist	PCP/Specialist	
Chira practic Cara	PCP/Specialist	PCP/Specialist	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	
Chiropractic Care	\$25.00	\$25.00	\$20.00	\$30.00	Subject to	Subject to	
					Deductible	Deductible	
		PCP \$25.00			PCP/Specialist	PCP/Specialist	
Allegan Testina	PCP/Specialist	· ·	PCP \$20.00	PCP \$30.00 Specialist \$40.00	10% Coinsurance	20% Coinsurance	
Allergy Testing	Covered in Full	Specialist	Specialist \$30.00		Subject to	Subject to	
		\$30.00	'		Deductible	Deductible	
	N . 6	Not Covered	PCP/Specialist \$30.00 1 Exam Per Year	PCP/Specialist \$30.00 1 Exam Per Year	PCP/Specialist	PCP/Specialist	
Handan Frahratiana Paratisa					10% Coinsurance	20% Coinsurance	
Hearing Evaluations Routine	Not Covered				Subject to	Subject to	
					Deductible	Deductible	

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

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

June 1, 2024	Excellus PPO		Hybrid (Simply Blue)		HDHP (Sir	mply Blue)
	Domestic	In Network	Domestic	In Network	Domestic	In Network
			PCP/Specialist	PCP/Specialist	PCP/Specialist	PCP/Specialist
D 11 M 1: 15 · ·	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Durable Medical Equipment	Covered in Full	\$25.00	Subject to	Subject to	Subject to	Subject to
			Dedcutible	Dedcutible	Dedcutible	Dedcutible
			PCP/Specialist	PCP/Specialist	PCP/Specialist	PCP/Specialist
Medical Supplies	PCP/Specialist	PCP/Specialist	10% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Wedical Supplies	Covered in Full	\$25.00	Subject to	Subject to	Subject to	Subject to
			Dedcutible	Dedcutible	Dedcutible	Dedcutible
RX Plan						
	\$5/\$25/\$50		\$5/\$25/\$50		\$5/\$25/\$50 Intergrated RX, \$0 for	
Prescriptions					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 charg	es to you			