

# Certified Health Insurance Plan Options Off Exchange



Everybody Benefits



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



Get up to \$200 or \$400 a year in Pulse Cash with ThriveWell<sup>SM</sup> powered by Virgin Pulse



Need help choosing the right plan for you? Call our dedicated representatives at 1-888-669-3913.

| Plan Benefits & Features                    | LOW COST  |   | STANDARD  |  |  |   |
|---|---|---|---|--|--|---|
|   | Base (Catastrophic)<br>Must be under age 30 or qualify for a hardship exemption | Bronze Standard HSA<br>(HSA** qualified)              | Bronze Standard                                       | Silver Standard  | Gold Standard  | Platinum Standard                                     |
| Tax Credit Available (On-Exchange Only)     | Not Applicable  | Yes   | Yes   | Yes  | Yes  | Yes   |
| Deductible (Single/Family)                  | \$9,450 / \$18,900  | \$6,100 / \$12,200                                    | \$4,600 / \$9,200                                     | \$2,100 / \$4,200  | \$600 / \$1,200  | \$0 / \$0   |
| Out-of-Pocket Maximum (Single/Family)       | \$9,450 / \$18,900  | \$7,150 / \$14,300                                    | \$9,450 / \$18,900                                    | \$9,450 / \$18,900   | \$5,900 / \$11,800   | \$2,000 / \$4,000                                     |
| Aggregation Type                            | Individual  | Individual  | Individual  | Individual   | Individual   | Individual  |
| Coinsurance                                 | You pay 0%  | You pay 50%   | You pay 50%   | You pay 0%*  | You pay 0%*  | You pay 0%*   |
| Preventive Care (Immunizations, screenings) | \$0 for most preventive services NSD  | \$0 for most preventive services NSD                  | \$0 for most preventive services NSD                  | \$0 for most preventive services NSD                         | \$0 for most preventive services NSD                         | \$0 for most preventive services NSD                  |
| Primary Care Office Visit (PCP)             | 0%. First 3 visits NSD.   | 50%   | \$50 PCP / \$75 SPC.<br>First 3 visits NSD.           | \$30. First visit NSD.                                       | \$25   | \$15  |
| Specialist Office Visit (SPC)               | 0%  |   | \$65. First visit NSD.                                | \$40   | \$35   |   |
| Hospital Services                           |   |   | \$1,500   | \$1,500  | \$1,000  | \$500   |
| Outpatient Services                         |   |   | \$150   | \$150  | \$100  | \$100   |
| Emergency Room                              |   |   | \$500   | \$500  | \$150  | \$100   |
| Urgent Care                                 |   |   | \$75  | \$70   | \$60   | \$55  |
| Lab Work                                    |   |   | \$50  | \$50   | \$40   | \$35  |
| Basic X-Ray                                 |   |   | \$75  | \$75   | \$40   | \$35  |
| Prescription Drugs                          |   | \$10 for Tier 1<br>\$35 for Tier 2<br>\$70 for Tier 3 | \$10 for Tier 1<br>\$35 for Tier 2<br>\$70 for Tier 3 | \$15 for Tier 1<br>\$40 for Tier 2<br>\$75 for Tier 3<br>NSD | \$10 for Tier 1<br>\$35 for Tier 2<br>\$70 for Tier 3<br>NSD | \$10 for Tier 1<br>\$30 for Tier 2<br>\$60 for Tier 3 |
| Telemedicine                                | \$0. First 3 qualifying visits NSD.   | \$0   | \$0. First 3 qualifying visits NSD.                   | \$0. First visit NSD.  | \$0  | \$0   |
| Pediatric Vision* and Dental                | Covered   | Covered   | Covered   | Covered  | Covered  | Covered   |

The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).

Rates – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)

|                              |          |            |            |            |            |            |
|------------------------------|----------|------------|------------|------------|------------|------------|
| Single                       | \$301.78 | \$548.77   | \$548.77   | \$717.25   | \$922.93   | \$1,075.05 |
| Single + Spouse              | \$603.57 | \$1,097.54 | \$1,097.54 | \$1,434.50 | \$1,845.86 | \$2,150.10 |
| Single + Child(ren)          | \$513.04 | \$932.91   | \$932.91   | \$1,219.32 | \$1,568.98 | \$1,827.59 |
| Single + Spouse + Child(ren) | \$860.08 | \$1,563.99 | \$1,563.99 | \$2,044.17 | \$2,630.35 | \$3,063.89 |
| Child Only                   | NA       | \$226.09   | \$226.09   | \$295.51   | \$380.25   | \$442.92   |

Standard plans are required by New York State. The benefits and out-of-pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

Any one person insured on a family plan will not pay more than \$9,450 in compliance with the Affordable Care Act.

\*Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

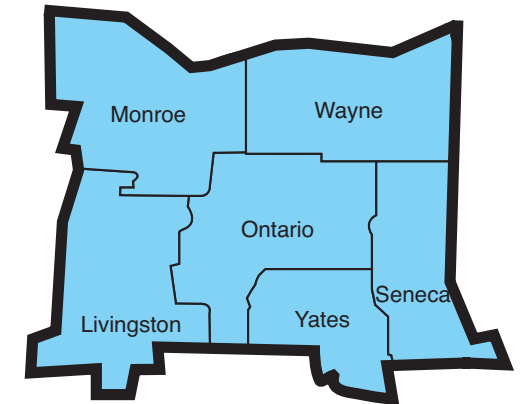
\*\*An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Certain subsidized health plans may not be eligible for health savings accounts.

Note to diabetic drug and supply users: In accordance with the contract language/benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

## Rochester Region:

Livingston, Monroe, Ontario, Seneca, Wayne and Yates Counties

# Rochester Region:



| Plan Benefits & Features                             | NON-STANDARD                         |  |  |  |   |
|--|--------------------------------------|--|--|--|---|
|  | POPULAR<br>Bronze Secure Plus 3      | POPULAR<br>Bronze Select<br>(HSA** qualified)                              | POPULAR<br>Silver Select<br>(HSA** qualified)                                | Gold Select  | Platinum Select                                       |
|  | LOW COST                             |  |  |  |   |
| Tax Credit Available (On-Exchange Only)              | Yes                                  | Yes  | Yes  | Yes  | Yes   |
| Deductible (Single/Family)                           | \$9,450 / \$18,900                   | \$5,500 / \$11,000   | \$3,200 / \$6,400  | \$1,000 / \$2,000  | \$0 / \$0   |
| Out-of-Pocket Maximum (Single/Family)                | \$9,450 / \$18,900                   | \$7,500 / \$15,000   | \$7,500 / \$15,000   | \$8,000 / \$16,000   | \$6,350 / \$12,700                                    |
| Aggregation Type                                     | Individual                           | Family   | Family   | Individual   | Individual  |
| Coinsurance  | You pay 0%                           | You pay 50%  | You pay 20%*   | You pay 0%*  | You pay 0%*   |
| Preventive Care (Immunizations, screenings)          | \$0 for most preventive services NSD |  | \$0 for most preventive services NSD   | \$0 for most preventive services NSD                         | \$0 for most preventive services NSD                  |
| Primary Care Office Visit (PCP)                      | 0%. First 3 visits NSD.              | 50%  | 20%  | \$25   | \$15  |
| Specialist Office Visit (SPC)                        | 0%                                   |  |  | \$40   | \$25  |
| Acupuncture Visit (up to 10)                         |                                      |  |  | \$25   | \$15  |
| Physical, Occupational and Speech Therapy            |                                      |  |  | \$25   | \$15  |
| Hospital Services                                    |                                      |  |  | \$1,000  | \$750   |
| Outpatient Services                                  |                                      |  |  | \$500  | \$150   |
| Emergency Room                                       |                                      |  |  | \$500  | \$150   |
| Urgent Care  |                                      |  |  | \$40   | \$25  |
| Lab Work   |                                      |  |  | \$40   | \$25  |
| Basic X-Ray  | \$40                                 |  |  | \$15   |   |
| Prescription Drugs                                   |                                      | \$10 for Tier 1<br>40% for Tier 2<br>50% for Tier 3<br>Preventative Rx NSD | \$10 for Tier 1<br>\$45 for Tier 2<br>\$90 for Tier 3<br>Preventative Rx NSD | \$10 for Tier 1<br>\$35 for Tier 2<br>\$70 for Tier 3<br>NSD | \$10 for Tier 1<br>\$35 for Tier 2<br>\$70 for Tier 3 |
| Telemedicine   | 0%. First 3 qualifying visits NSD.   | 0%   | 0%   | \$0  | \$0   |
| Adult Vision Exams and Dental (Preventive & Routine) | \$0                                  | 50%  | 20%  | \$25   | \$15  |
| Adult Eyewear  | \$60                                 | \$60   | \$60   | \$60   | \$60  |
| Pediatric Vision* and Dental                         | Covered                              |  | Covered  | Covered  | Covered   |

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Rates – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)

|                              |            |            |            |            |            |
|------------------------------|------------|------------|------------|------------|------------|
| Single                       | \$516.57   | \$544.84   | \$712.13   | \$891.09   | \$1,064.74 |
| Single + Spouse              | \$1,033.15 | \$1,089.69 | \$1,424.25 | \$1,782.19 | \$2,129.48 |
| Single + Child(ren)          | \$878.17   | \$926.23   | \$1,210.61 | \$1,514.86 | \$1,810.06 |
| Single + Spouse + Child(ren) | \$1,472.24 | \$1,552.81 | \$2,029.56 | \$2,539.62 | \$3,034.51 |
| Child Only                   | NA         | NA         | NA         | NA         | NA         |

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

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Virgin Pulse is a separate company and offers a digital wellbeing service on behalf of Excellus BCBS.

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## New for 2024:

- **ThriveWell<sup>SM</sup> health and wellbeing benefit** powered by Virgin Pulse – earn up to \$200 or \$400 a year in Pulse Cash for completing a Health Risk Assessment and by earning reward points through healthy activities.
- Save on glasses and contacts with our new **\$60 vision allowance** on our non-standard QHPs.
- **Acupuncture visits** that were previously Specialist cost share are now at the lower PCP cost share on our non-standard QHPs (limited to 10 visits per year, subject to deductible where applicable).
- Skip the travel time and manage your musculoskeletal care on your terms with no cost access to **virtual physical therapy telemedicine coverage** (subject to deductible where applicable).



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