



Excellus Small Group (Size 2-50) Plans

Premium Period: 2ND Qtr 2025 (APR MAY JUN 2025 start dates)
Coverage listed: Yes on Domestic Partner; Yes on Family Planning

1110 Crosspointe Lane Webster NY 14580
Phone: 585-265-3960

Click on Plan Code link to open detailed Plan Summary information sheets

These plans are available to qualified small businesses (not including sole proprietors) which require proof of ongoing business with at least one enrolled common-law employee***

Plan Code	Plan Name	Plan Premiums With Ped Dental	Plan Type	PCP Visit	Specialist Visit	Co-Insurance	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription Rx Coverage	Out of Pocket Max	Out of Network	No Ped Dental	Age 30 w/Dtl Plan Code
TGA0	Healthy New York EPO	SGL: \$593.29 DBL: \$1,186.58 OPF: \$1,008.59 FAM: \$1,690.88	HYBRID	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%	\$600 Individual / \$1,200 Family *IA	Subject to \$1,000 copay per admission subject to deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$7900 Individual / \$15,800 Family *IA	Not Covered	TGB1	TGA2
TGX4	SimplyBlue Plus Bronze 7	SGL: \$621.26 DBL: \$1,242.52 OPF: \$1,056.14 FAM: \$1,770.59	Deductible	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$9,200 Individual / \$18,400 Family *FA	Covered at 100% per admission*, subject to the deductible	Covered at 100% per admission*, subject to the deductible	\$0 generics for kids up to age 19, subject to the plan deductible	\$9,200 Individual / \$18,400 Family *FA	Covered at 100% per admission*, subject to the deductible	TGX5	TGW6
TFS0	SimplyBlue Plus Bronze 4	SGL: \$653.69 DBL: \$1,307.38 OPF: \$1,111.27 FAM: \$1,863.02	Deductible HSA	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%	\$8,300 Individual / \$16,600 Family *FA	Covered at 100% per admission*, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	\$8,300 Individual / \$16,600 Family *FA	Covered at 100%, subject to the deductible	TFT1	TFS2
TFR4	SimplyBlue Plus Bronze 3	SGL: \$698.24 DBL: \$1,396.48 OPF: \$1,187.01 FAM: \$1,989.98	Deductible HSA	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	Covered at 50%	\$5,500 Individual / \$11,000 Family *FA	Covered at 50% per admission*, subject to the deductible	Covered at 50%, subject to the deductible	\$10/40%/50% ; subject to plan deductible	\$7,500 Individual / \$15,000 Family **FA	Covered at 100%, subject to the deductible	TFR5	TFQ6
TGE2	SimplyBlue Plus Bronze 5	SGL: \$703.09 DBL: \$1,406.18 OPF: \$1,195.25 FAM: \$2,003.81	Deductible HSA	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 100%	\$6,000 Individual / \$12,000 Family *FA	Subject to \$1,000 copay per admission* subject to deductible	\$500 copay per visit, subject to deductible	\$10/\$45/\$90; subject to plan deductible	\$7,500 Individual / \$15,000 Family **FA	Covered at 100%, subject to the deductible	TGE3	TGD4
TGO0	SimplyBlue Plus Silver 18	SGL: \$732.49 DBL: \$1,464.98 OPF: \$1,245.23 FAM: \$2,087.60	HYBRID	\$60 copay per visit	\$100 copay per visit	Covered at 70%	\$7,500 Individual / \$15,000 Family *IA	Covered at 70% per admission*, subject to the deductible	Covered at 70% per admission*, subject to the deductible	\$10/40%/50%	\$9,200 Individual / \$18,400 Family **IA	Covered at 100%, subject to the deductible	TGR1	TGO2
TGP4	SimplyBlue Plus Silver 17	SGL: \$810.44 DBL: \$1,620.88 OPF: \$1,377.75 FAM: \$2,309.75	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$3,600 Individual / \$7,200 Family **FA	Covered at 80% per admission*, subject to the deductible	Covered at 80% per admission*, subject to the deductible	\$5/\$35/\$70; subject to plan deductible	\$6,600 Individual / \$13,200 Family **FA	Covered at 60%, subject to the deductible	TGP5	
TFP8	SimplyBlue Plus Silver 2	SGL: \$ 811.17 DBL: \$ 1,622.34 OPF: \$1,378.99 FAM: \$2,311.83	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$3,200 Individual / \$6,400 Family *FA	Covered at 80% per admission*, subject to the deductible	Covered at 80%, subject to the deductible	\$10/\$45/\$90; subject to plan deductible	\$8,000 Individual / \$16,000 Family **FA	Covered at 60%, subject to the deductible	TFP9	
TFZ4	SimplyBlue Plus Silver 6	SGL: \$ 822.87 DBL: \$1,645.74 OPF: \$1,398.88 FAM: \$2,345.15	HYBRID	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	Covered at 75%	\$3,250 Individual / \$6,500 Family *IA	Covered at 75% per admission*, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$45/\$90	\$9,200 Individual / \$18,400 Family **IA	Covered at 50%, subject to the deductible	TFZ5	TFY6
TGS6	SimplyBlue Plus Silver 19	SGL: \$824.29 DBL: \$1,648.58 OPF: \$1,401.29 FAM: \$2,349.23	Deductible HSA	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	Covered at 100%	\$3,350 Individual / \$6,700 Family *FA	Subject to \$500 copay per admission*, subject to deductible	\$350 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	\$7,750 Individual / \$15,500 Family **FA	Covered at 60%, subject to the deductible	TDI7	TGR8

Plan	Plan Name	Plan Premiums	Plan	PCP	Specialist	Co-	Plan Year	Hospital	Emergency	Prescription	Out of	Out of	No Ped Dental	Age 30 w/Dtl
Code	Name	With Ped Dental	Type	Visit	Visit	Insurance	Deductible	Benefits	Department	Rx Coverage	Pocket Max	Network	Plan Code	
TGN8	SimplyBlue Plus Silver 16	SGL: \$832.43 DBL: \$1,664.86 OPF: \$1,415.13 FAM: \$2,372.43	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$3,300 Individual / \$6,600 Family **IA	Covered at 80% per admission*, subject to the deductible	Covered at 80% per admission*, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$7,500 Individual / \$15,000 Family **IA	Covered at 60%, subject to the deductible	TGN9	TGM0
TFU6	SimplyBlue Plus Standard Silver	SGL: \$892.97 DBL: \$1,785.94 OPF: \$1,518.05 FAM: \$2,544.96	HYBRID	1st visit \$30 copay, no DD. 2nd + DD	1st visit \$65 copay, no DD. 2nd + DD	Covered at 100%	\$2,100 Individual / \$4,200 Family *IA	Subject to \$1500 copay per admission*, subject to the deductible	\$500 copay per visit, subject to deductible	\$15/\$40/\$75	\$9,200 Individual / \$18,400 Family **IA	Covered at 60%, subject to the deductible	TFU7	TFT8
TGV8	SimplyBlue Plus Gold 21	SGL: \$949.99 DBL: \$1,899.98 OPF: \$1,614.98 FAM: \$2,707.47	Deductible HSA	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%	\$2,000 Individual / \$4,000 Family *FA	Subject to \$500 copay per admission, subject to deductible	\$150 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	\$5,500 Individual / \$11,000 Family **FA	Covered at 60%, subject to the deductible	TGV9	TGU0
TGM2	SimplyBlue Plus Gold 19	SGL: \$956.46 DBL: \$1,912.92 OPF: \$1,625.98 FAM: \$2,725.91	HYBRID	\$40 copay per visit	\$60 copay per visit	Covered at 80%	\$2,250 Individual / \$4,500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$350 copay per visit	\$5/\$45/\$90	\$6,850 Individual / \$13,700 Family **IA	Covered at 60%, subject to the deductible	TGM3	TGL4
TFQ2	SimplyBlue Plus Gold 6	SGL: \$957.12 DBL: \$1,914.24 OPF: \$1,627.10 FAM: \$2,727.79	Deductible HSA	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	Covered at 80%	\$1,800 Individual / \$3,600 Family *FA	Covered at 80% per admission*, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	\$3,800 Individual / \$7,600 Family **FA	Covered at 60%, subject to the deductible	TFO3	TFO2
TFX8	SimplyBlue Plus Gold 14	SGL: \$987.69 DBL: \$1,975.38 OPF: \$1,679.07 FAM: \$2,814.92	HYBRID	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 80%	\$1,200 Individual / \$2,400 Family *IA	Covered at 80% per admission*, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$35/\$70	\$7,000 Individual / \$14,000 Family **IA	Covered at 60%, subject to the deductible	TFX9	TFW0
TGI0	SimplyBlue Plus Gold 17	SGL: \$992.02 DBL: \$1,984.04 OPF: \$1,686.43 FAM: \$2,827.26	HYBRID	\$40 copay per visit	\$60 copay per visit	Covered at 80%	\$1,100 Individual / \$2,200 Family *IA	Covered at 80% per admission*, subject to the deductible	\$250 copay per visit	\$10/\$45/\$90	\$8,250 Individual / \$16,500 Family **IA	Covered at 60%, subject to the deductible	TGI1	TGI2
TFJ4	SimplyBlue Plus Gold 1	SGL: \$1,031.53 DBL: \$2,063.06 OPF: \$1,753.60 FAM: \$2,939.86	Copay	\$30 copay per visit	\$60 copay per visit	None	None	Subject to \$1,250 copay per admission*	\$650 copay per visit	\$15/40%/50%	\$9,200 Individual / \$18,400 Family **IA	Covered at 80%, subject to the deductible	TFJ5	TFI6
TFM6	SimplyBlue Plus Gold 5	SGL: \$1,049.70 DBL: \$2,099.40 OPF: \$1,784.49 FAM: \$2,991.65	Copay	\$40 copay per visit	\$70 copay per visit	None	None	Subject to \$1,500 copay per admission*	\$650 copay per visit	\$15/\$100/50%	\$9,200 Individual / \$18,400 Family **IA	Covered at 80%, subject to the deductible	TFM7	TFL8
TFW2	SimplyBlue Plus Standard Gold	SGL: \$1,053.87 DBL: \$2,107.74 OPF: \$1,791.58 FAM: \$3,003.53	HYBRID	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	Covered at 100%	\$600 Individual / \$1,200 Family *IA	Subject to \$1000 copay per admission*, subject to deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	\$7,900 Individual / \$15,800 Family **IA	Covered at 60%, subject to the deductible	TFW3	TFV4
TGU2	Blue Simplicity Gold	SGL: \$1,053.83 DBL: \$2,107.66 OPF: \$1,791.51 FAM: \$3,003.42	COPAY	\$50 copay per visit	\$100 Copay per visit	None	None	Subject to \$4,000 copay per admission	\$250 Copay per visit	\$10/\$50/\$100	\$8,750 Individual / \$17,500 Family *IA	Subject to copay dependent on service	TGU3	TGT4
TGH4	SimplyBlue Plus Platinum 4	SGL: \$1,175.33 DBL: \$2,350.68 OPF: \$1,998.06 FAM: \$3,349.69	HYBRID	\$15 copay per visit	\$25 copay per visit	Covered at 80%	\$250 Individual / \$500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$150 copay per visit	\$5/\$25/\$50	\$2,000 Individual / \$4,000 Family **IA	Covered at 60%, subject to the deductible	TGH5	TGG6

Plan Code	Plan Name	Plan Premiums With Ped Dental	Plan Type	PCP Visit	Specialist Visit	Co-Insurance	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription Rx Coverage	Out of Pocket Max	Out of Network	No Ped Dental	Age 30 w/Dtl
TGK6	SimplyBlue Plus Platinum 6	SGL: \$1,184.21 DBL:\$2,368.42 OPF:\$2,013.16 FAM:\$3,375.00	Copay	\$30 copay per visit	\$50 copay per visit	None	None	Subject to \$750 copay per admission*	\$250 copay per visit	\$5/\$35/\$70	\$6,550 Individual / \$13,100 Family **IA	Covered at 80%, subject to the deductible	TGK7	TGJ8
TFH8	SimplyBlue Plus Platinum 2	SGL: \$1,198.62 DBL:\$2,397.24 OPF:\$2,037.65 FAM:\$3,416.07	Copay	\$15 copay per visit	\$30 copay per visit	None	None	Subject to \$500 copay per admission*	\$300 copay per visit	\$5/\$35/\$70	<i>\$4,200 Individual / \$8,400 Family **IA</i>	Covered at 80%, subject to the deductible	TFH9	TFG0
TFK0	SimplyBlue Plus Platinum 3	SGL: \$1,199.46 DBL:\$2,398.92 OPF:\$2,039.08 FAM:\$3,418.46	Copay	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$500 copay per admission*	\$150 copay per visit	\$5/\$35/\$70	\$4,500 Individual / \$9,000 Family **IA	Covered at 80%, subject to the deductible	TFL1	TFK2
TFG2	SimplyBlue Plus Standard Platinum	SGL: \$1,204.28 DBL:\$2,408.56 OPF:\$2,047.28 FAM:\$3,432.20	Copay	\$15 copay per visit	\$35 copay per visit	None	None	Subject to \$500 copay per admission	\$100 copay per visit	\$10/\$30/\$60	\$2,000 Individual / \$4,000 Family **IA	Covered at 80%, subject to the deductible	TFG3	TFF4

* per admission for unlimited days

*SE Subject to specific employer eligibility (call office)

*** Small business qualifications are determined at the time of enrollment and are not dependent on entity structure (such as corporation versus DBA).

Plan details highlighted in Red Italic indicate change from 2024.

***IA: Deductible** – Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible, not the entire family deductible, before copays and/or coinsurance is applied for that family member.

***FA: Deductible** – Family Aggregation: For plans that cover 2 or more members, the entire family's deductible must be met by one or any contribution of covered members before copays and/or coinsurance is applied for any family member.

****IA: Out-of-Pocket Max (OOPMax)** – Individual Aggregation: Each covered family member only needs to satisfy his or her individual OOPMax, not the entire family OOPMax. Once an individual's OOPMax is reached, plan services are covered in full for that individual.

****FA: Out-of-Pocket Max (OOPMax)** – For plans that cover 2 or more members, the entire family's OOPMax must be met by one or any contribution of covered members, **except** that no one individual's OOPMAX can be greater than \$8300 on an HSA plan or \$9200 on a non-HSA plan. Once a family's OOPMax is reached, plan services are covered in full for all the covered members of the family.