Excellus Individual Family & Sole Proprietors Plans

Premium Period (January - December 2027 start dates)
Coverage listed: Dependents to Age 26; Yes on Pediatric Dental

1110 Crosspointe Lane, Suite C-1, Webster NY 14580

Standard Plans

Plan Benefits & Features	Bronze Standard (HSA qualified)	Silver Standard	Gold Standard	Platinum Standard
The amounts listed below are the copays or coinsurance after the deductible (DED) is met, unless otherwise noted as DED waived.				
Deductible Single/Family	$5,025 / $10,050	$3,750 / $7,500	$1,200 / $2,400	No deductible
Coinsurance Percentage of costs you pay after deductible, where applicable	N/A	N/A	N/A	N/A
Out-of-pocket Maximum Single/Family	$12,000 / $24,000	$12,000 / $24,000	$12,000 / $24,000	$4,000 / $8,000
Aggregation type	Individual	Individual	Individual	Individual
Medical, dental and vision				
Preventive Care	$0 (Ded waived)	$0 (Ded waived)	$0 (Ded waived)	$0
Number of visits DED Waived	3 visits	1 visit	0 visits	No deductible
Primary Care/Specialist	$50 / $75	$30 / $65	$25 / $40	$15 / $35
Virtual Care Urgent care, behavioral health, physical therapy	$0 (Ded waived)	$0 (Ded waived)	$0 (Ded waived)	$0
Virtual care Dermatology	$75 (Ded waived)	$65 (Ded waived)	$40 (Ded waived)	$35
Urgent care/Emergency room	$75 / $500	$70 / $500	$60 / $150	$55 / $100
Lab / Diagnostic x-ray	$50 / $75	$50 / $75	$40 / $40	$35 / $35
Outpatient mental health Including substance use disorder	$50	$30	$25	$15
Physical, occupational and speech therapy	$50	$30	$30	$25
Hospital facility Inpatient/Outpatient	$1500 / $150	$1500 / $150	$1,000 / $100	$500 / $100
Acupuncture (up to 10 visits) / Chiropractor	Not covered / $75	Not covered / $65	Not covered / $40	Not covered / $35
Adult vision and dental Preventive & routine exams	Not Covered	Not Covered	Not Covered	Not Covered
Adult eyewear Reimbursement per benefit year, DED waived	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric vision and dental	Included	Included	Included	Included
Pharmacy				
Prescription Drugs Tier 1 / Tier 2 / Tier 3 (GLP-1-drug coverage may vary)	$10 / $35 / $70	$15 / $40 / $75 (Ded waived)	$10 / $35 / $70 (Ded waived)	$10 / $30 / $60
Rates shown cover dependents through age 26 and plans meet ACA pediatric dental compliance. Additional rates available upon request. Tax credits are available on the NY State of Health marketplace to those who qualify.				
Single	$ 939.16	$ 1,219.37	$ 1,579.11	$ 1,907.16
Single + Spouse	$ 1,878.32	$ 2,438.74	$ 3,158.21	$ 3,814.31
Single + Child(ren)	$ 1,596.57	$ 2,072.93	$ 2,684.48	$ 3,242.17
Single + Spouse + Child(ren)	$ 2,676.61	$ 3,475.21	$ 4,500.46	$ 5,435.40
Child Only	$ 386.93	$ 502.39	$ 650.60	$ 785.75

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 $12,000 in compliance with the Affordable Care Act.

1 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.

2 Coinsurance N/A: Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts.

3 Preventive Care covered at 100% before deductible: Eligible in-network preventive services, including recommended screenings, immunizations, annual wellness visits and preventive counseling, are covered at no cost when provided in accordance with ACA preventive care guidelines.

4 Visits ahead of deductible: Combination of Primary Care Provider, Specialist, allergy testing and treatment, chiropractic services, second opinions, Applied Behavior Analysis treatment or outpatient mental health or substance use disorder.

5 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 – excluding insulin – are subject to the deductible amount.

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Non-Standard Plans

Plan Benefits & Features	Bronze Secure Plus 3 (HSA qualified)	Bronze Select	Silver Select 2 (HSA Qualified)	Silver Select (HSA qualified)	Gold Select	Platinum Select
The amounts listed below are the copays or coinsurance after the deductible (DED) is met, unless otherwise noted as DED waived.						
Deductible Single/Family	$12,000 / $24,000	$6,500 / $13,000	$4,500 / $9,000	$3,600 / $7,200	$1,500 / $3,000	No deductible
Coinsurance Percentage of costs you pay after deductible, where applicable	You pay 0%	You pay 50%	You pay 20%		N/A	N/A
Out-of-pocket Maximum Single/Family	$12,000 / $24,000	$8,500 / $17,000	$8,000 / $16,000	$8,600 / $17,200	$9,500 / $19,000	$6,500 / $13,000
Aggregation type	Individual	Family	Family		Individual	Individual
Medical, dental and vision						
Preventive Care	$0 (Ded waived)		$0 (Ded waived)		$0 (Ded waived)	$0
Number of visits DED Waived	3 visits	0 visits	0 visits		3 visits	No deductible
Primary Care/Specialist	0% / 0%	50% / 50%	20% / 20%		$25 / $40	$15 / $35
Virtual Care Urgent care, behavioral health, physical therapy	$0 (Ded waived)		$0 (Ded waived)		$0 (Ded waived)	$0
Virtual care Dermatology	$0 (Ded waived)	50% (Ded waived)	20% (Ded waived)		$40 (Ded waived)	$35
Urgent care/Emergency room	0%	50%	20%		$40 / $500	$35 / $250
Lab / Diagnostic x-ray					$40 / $40	$35 / $15
Outpatient mental health Including substance use disorder					$25	$15
Physical, occupational and speech therapy					$25	$15
Hospital facility Inpatient/Outpatient					$1,000 / $500	$750 / $250
Acupuncture (up to 10 visits) / Chiropractor					$25 / $25	$15 / $15
Adult vision and dental Preventive & routine exams					$25	$15
Adult eyewear Reimbursement per benefit year, DED waived	$100	$100	$100	$100	$100	$100
Pediatric vision and dental	Included		Included		Included	Included
Pharmacy						
Prescription Drugs Tier 1 / Tier 2 / Tier 3 (GLP-1-drug coverage may vary)	0% / 0% / 0%	$10 / $40 / 50% (Preventative Rx: Ded waived)	$10 / $45 / $90 (Preventative Rx: Ded waived)		$10 / $35 / $70 (DED Waived)	$10 / $35 / $70
those who qualify.						
Single	$ 887.01	$ 962.16	$ 1,170.56	$ 1,249.43	$ 1,569.58	$ 1,896.76
Single + Spouse	$ 1,774.01	$ 1,924.32	$ 2,341.13	$ 2,498.86	$ 3,139.15	$ 3,793.53
Single + Child(ren)	$ 1,507.91	$ 1,635.67	$ 1,989.96	$ 2,124.03	$ 2,668.28	$ 3,224.50
Single + Spouse + Child(ren)	$ 2,527.96	$ 2,742.15	$ 3,336.11	$ 3,560.87	$ 4,473.30	$ 5,405.78
Child Only	N/A	N/A	N/A	N/A	N/A	N/A

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 $12,000 in compliance with the Affordable Care Act.
Ovia Health by Labcorp is an independent company offering digital women's health solutions to Excellus BlueCross BlueShield members.
Personify Health is a separate company and offers a digital wellbeing service on behalf of Excellus BCBS.
MDLIVE Medical Group (DE), P.A, MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live. MD Live is an independent company providing virtual care services to Excellus BCBS members.
Vori Health is an independent company that offers virtual physical therapy and back, neck and joint health care for eligible Excellus BCBS members.