



**Excellus Small Group (Size 2-50) Plans**

Premium Period: 3rd Qtr 2026 (JUL AUG SEP 2026 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 Name	Plan Premiums	PCP Visit	Specialist Visit	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription / RX Coverage	Out of Pocket Max	Out of Network	No Red Dental Age 30 w/Dtl	
<a href="#">Healthy New York EPO</a> <a href="#">TJN6</a> <a href="#">HYBRID</a>	SGL: \$748.75 DBL: \$1,497.50 OPF:\$1,272.88 FAM:\$2,133.94	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	<b>\$775 Individual / \$1,550 Family *IA</b>	Subject to \$1,000 copay per admission subject to deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	<b>\$10,150 Individual / \$20,300 Family *IA</b>	Not Covered	<a href="#">TJN7</a>	<a href="#">TJM8</a>
<a href="#">Bronze 7</a> <a href="#">TKI4</a>	SGL: \$713.52 DBL: \$1,427.04 OPF:\$1,212.98 FAM:\$2,033.53	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	<b>\$10,600 Individual / \$21,200 Family *FA</b>	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	<b>\$10,600 Individual / \$21,200 Family *FA</b>	Covered at 100% per admission*, subject to the deductible	<a href="#">TKI5</a>	<a href="#">TKH6</a>
<a href="#">Bronze 4</a> <a href="#">TJF6</a> <a href="#">HSA</a>	SGL: \$798.48 DBL: \$1,596.96 OPF:\$1,357.42 FAM:\$2,275.67	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	<b>\$8,500 Individual / \$17,000 Family *FA</b>	Covered at 100% per admission*, subject to the deductible	Covered at 100%, subject to the deductible	Covered at 100%, subject to the deductible	<b>\$8,500 Individual / \$17,000 Family *FA</b>	Covered at 100%, subject to the deductible	<a href="#">TJF7</a>	<a href="#">TJE8</a>
<a href="#">Bronze 3</a> <a href="#">TJD0</a> <a href="#">HSA</a>	SGL: \$862.10 DBL: \$1,724.20 OPF:\$1,465.57 FAM:\$2,456.99	Covered at 50%, subject to the deductible	Covered at 50%, subject to the deductible	\$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	<a href="#">TJE1</a>	<a href="#">TJD2</a>
<a href="#">Bronze 5</a> <a href="#">TJQ8</a> <a href="#">HAS</a>	SGL: \$868.14 DBL: \$1,736.28 OPF:\$1,475.84 FAM:\$2,474.20	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	\$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	<a href="#">TJQ9</a>	<a href="#">TJP0</a>
<a href="#">Silver 20</a> <a href="#">TKJ0</a> <a href="#">HAS</a>	<b>SGL: \$850.48 DBL:\$1,700.96 OPF:\$1,445.82 FAM:\$2,423.87</b>	<b>Covered at 100%, subject to the deductible</b>	<b>Covered at 100%, subject to the deductible</b>	<b>\$6,750 Individual / \$13,500 Family *FA</b>	<b>Covered at 100% per admission*, subject to the deductible</b>	<b>Covered at 100% per admission*, subject to the deductible</b>	<b>Covered at 100%, subject to the deductible</b>	<b>\$6,750 Individual / \$13,500 Family **FA</b>	<b>Covered at 100%, subject to the deductible</b>	<a href="#">TKK1</a>	<a href="#">TKJ2</a>
<a href="#">Silver 18</a> <a href="#">TKD6</a> <a href="#">HYBRID</a>	SGL: \$876.01 DBL: \$1,752.02 OPF:\$1,489.22 FAM:\$2,496.63	<b>\$70 copay per visit</b>	\$100 copay per visit	\$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%	<b>\$10,150 Individual / \$20,300 Family **IA</b>	Covered at 100%, subject to the deductible	<a href="#">TKD7</a>	<a href="#">TKC8</a>

Plan Name	Plan Premiums	PCP Visit	Specialist Visit	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription / RX Coverage	Out of Pocket Max	Out of Network	No Ped Dental Age 30 w/DTU	
<a href="#">Silver 17 TKB0</a> <a href="#">HSA</a>	SGL: \$ 986.25 DBL: \$1,972.50 OPF:\$1,676.63 FAM:\$2,810.81	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	<b>\$3,700</b> <b>Individual /</b> <b>\$7,400</b> <b>Family **FA</b>	Covered at 80% per admission*, subject to the	Covered at 80% per admission*, subject to the	\$5/\$35/\$70; subject to plan deductible	<b>\$7,400</b> <b>Individual /</b> <b>\$14,800</b> <b>Family **FA</b>	Covered at 60%, subject to the deductible	<a href="#">TKC1</a>	<a href="#">TKB2</a>
<a href="#">Silver 2 TJC4</a> <a href="#">HSA</a>	SGL: \$ 995.21 DBL:\$ 1,990.42 OPF:\$1,691.86 FAM:\$2,836.35	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	<b>\$3,250</b> <b>Individual /</b> <b>\$6,500</b> <b>Family *FA</b>	Covered at 80% per admission*, subject to the	Covered at 80%, subject to the deductible	\$10/\$45/\$90; subject to plan deductible	\$8,500 Individual / \$17,000 Family **FA	Covered at 60%, subject to the deductible	<a href="#">TJC5</a>	<a href="#">TJB6</a>
<a href="#">Silver 6 TJLO</a> <a href="#">HYBRID</a>	SGL: \$ 998.50 DBL: \$1,997.00 OPF:\$1,697.45 FAM:\$2,845.73	\$40 copay per visit, subject to deductible	\$60 copay per visit, subject to deductible	<b>\$3,600</b> <b>Individual /</b> <b>\$7,200</b> <b>Family *IA</b>	Covered at 75% per admission*, subject to the deductible	\$450 copay per visit, subject to deductible	\$5/\$45/\$90	<b>\$9,600</b> <b>Individual /</b> <b>\$19,200</b> <b>Family **IA</b>	Covered at 50%, subject to the deductible	<a href="#">TJM1</a>	<a href="#">TJL2</a>
<a href="#">Silver 19 TKF2</a> <a href="#">HSA</a>	SGL: \$1,003.06 DBL: \$2,006.12 OPF:\$1,705.20 FAM:\$2,858.72	\$25 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	<b>\$3,600</b> <b>Individual /</b> <b>\$7,200 *FA</b>	Subject to \$500 copay per admission*, subject to	\$350 copay per visit, subject to deductible	\$5/\$45/\$90; subject to plan deductible	<b>\$8,000</b> <b>Individual /</b> <b>\$16,000</b> <b>Family **FA</b>	Covered at 60%, subject to the deductible	<a href="#">TKF3</a>	<a href="#">TKE4</a>
<a href="#">Silver 16 TKA4</a> <a href="#">HSA</a>	SGL: \$961.32 DBL: \$1,922.64 OPF:1,634.24 FAM:\$2,739.76	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	<b>\$4,450</b> <b>Individual /</b> <b>\$8,900</b> <b>Family</b> <b>Family **IA</b>	Covered at 80% per admission*, subject to the	Covered at 80% per admission*, subject to the	\$5/\$45/\$90; subject to plan deductible	<b>\$8,500</b> <b>Individual /</b> <b>\$17,000</b> <b>Family **IA</b>	Covered at 60%, subject to the deductible	<a href="#">TKA5</a>	<a href="#">TJZ6</a>
<a href="#">Standard Silver TJH2</a> <a href="#">HYBRID</a>	SGL:\$1,079.95 DBL:\$2,159.90 OPF:\$1,835.92 FAM:\$3,077.86	1st visit \$30 copay, no DD. 2nd + DD	1st visit \$65 copay, no DD. 2nd + DD	<b>\$2,450</b> <b>Individual /</b> <b>\$4,900</b> <b>Family *IA</b>	Subject to \$1500 copay per admission*, subject to the deductible	\$500 copay per visit, subject to deductible	\$15/\$40/\$75	<b>\$10,150</b> <b>Individual /</b> <b>\$20,300</b> <b>Family **IA</b>	Covered at 60%, subject to the deductible	<a href="#">TJH3</a>	<a href="#">TJG4</a>
<a href="#">Gold 21 TKG8</a> <a href="#">HSA</a>	SGL:\$1,175.55 DBL: \$2,351.10 OPF:\$1,998.44 FAM:\$3,350.32	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	\$2,000 Individual / \$4,000 Family *FA	Subject to \$500 copay per admission, subject to	\$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	<a href="#">TKG9</a>	<a href="#">TKF0</a>
<a href="#">Gold 19 TJY8</a> <a href="#">HYBRID</a>	SGL:\$1,168.11 DBL:\$2,336.22 OPF: \$1,985.79 FAM:\$3,329.11	\$40 copay per visit	\$60 copay per visit	<b>\$2,500</b> <b>Individual /</b> <b>\$5,000</b> <b>Family *IA</b>	Covered at 80% per admission*, subject to the	\$350 copay per visit	\$5/\$45/\$90	<b>\$7,500</b> <b>Individual /</b> <b>\$15,000</b> <b>Family **IA</b>	Covered at 60%, subject to the deductible	<a href="#">TJY9</a>	<a href="#">TJX0</a>
<a href="#">Gold 6 TJA8</a> <a href="#">HSA</a>	SGL:\$1,166.40 DBL:\$2,332.80 OPF: \$1,982.88 FAM:\$3,324.24	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	<b>\$2,000</b> <b>Individual /</b> <b>\$4,000</b> <b>Family *FA</b>	Covered at 80% per admission*, subject to the	Covered at 80%, subject to the deductible	\$5/\$45/\$90; subject to plan deductible	<b>\$4,000</b> <b>Individual /</b> <b>\$8,000 **FA</b>	Covered at 60%, subject to the deductible	<a href="#">TJA9</a>	<a href="#">TIZ0</a>
<a href="#">Gold 14 TJK4</a> <a href="#">HYBRID</a>	SGL:\$1,205.02 DBL:\$2,410.04 OPF: \$2,048.53 FAM:\$3,434.31	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	<b>\$1,400</b> <b>Individual /</b> <b>\$2,800</b> <b>Family *IA</b>	Covered at 80% per admission*, subject to the	\$450 copay per visit, subject to deductible	\$5/\$35/\$70	<b>\$7,500</b> <b>Individual /</b> <b>\$15,000</b> <b>Family **IA</b>	Covered at 60%, subject to the deductible	<a href="#">TJK5</a>	<a href="#">TJJ6</a>

Plan Name	Plan Premiums	PCP Visit	Specialist Visit	Plan Year Deductible	Hospital Benefits	Emergency Department	Prescription / RX Coverage	Out of Pocket Max	Out of Network	No Red Dental Age 30 w/DTU	
										TJU7	TJU8
<a href="#">Gold 17 TJV6 HYBRID</a>	SGL:\$1,223.32 DBL:\$2,446.64 OPF:\$2,079.64 FAM:\$3,486.46	\$40 copay per visit	<b>\$70 copay per visit</b>	\$1,100 Individual / \$2,200 Family *IA	Covered at 80% per admission*, subject to the	\$300 copay per visit	\$10/\$45/\$90	\$8,250 Individual / \$16,500 Family **IA	Covered at 60%, subject to the deductible	<a href="#">TJV7</a>	<a href="#">TJU8</a>
<a href="#">Plus Gold 5 TIZ2 COPAY</a>	SGL:\$1,265.72 DBL:\$2,531.44 OPF:\$2,151.72 FAM:\$3,607.30	\$40 copay per visit	\$70 copay per visit	None	Subject to \$1,500 copay per admission*	\$650 copay per visit	\$15/ <b>40%</b> /50 %	\$9,200 Individual / \$18,400 Family **IA	Covered at 80%, subject to the deductible	<a href="#">TIZ3</a>	<a href="#">TIV4</a>
<a href="#">Standard Gold TJI8 HYBRID</a>	SGL: \$1,283.83 DBL:\$2,567.66 OPF:\$2,182.51 FAM:\$3,658.92	\$25 copay per visit, subject to deductible	\$40 copay per visit, subject to deductible	<b>\$775 Individual / \$1,550 Family *IA</b>	Subject to \$1000 copay per admission*, subject to the deductible	\$150 copay per visit, subject to deductible	\$10/\$35/\$70	<b>\$10,150 Individual / \$20,300 Family **IA</b>	Covered at 60%, subject to the deductible	<a href="#">TJU1</a>	<a href="#">TJH0</a>
<a href="#">Platinum 4 TJT0 HYBRID</a>	SGL: \$1,443.49 DBL:\$2,886.98 OPF:\$2,453.93 FAM:\$4,113.95	\$15 copay per visit	\$25 copay per visit	\$250 Individual / \$500 Family *IA	Covered at 80% per admission*, subject to the deductible	\$150 copay per visit	\$5/\$25/\$50	<b>\$3,000 Individual / \$6,000 Family **IA</b>	Covered at 60%, subject to the deductible	<a href="#">TJU1</a>	<a href="#">TJT2</a>
<a href="#">Platinum 6 TJX2 COPAY</a>	SGL: \$1,467.18 DBL:\$2,934.36 OPF:\$2,494.21 FAM:\$4,181.46	\$30 copay per visit	\$50 copay per visit	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	<a href="#">TJX3</a>	<a href="#">TJW4</a>
<a href="#">Platinum 2 TIX6 COPAY</a>	SGL: \$1,478.89 DBL:\$2,957.78 OPF:\$2,514.11 FAM:\$4,214.84	\$15 copay per visit	<b>\$40 copay per visit</b>	None	Subject to \$500 copay per admission*	\$300 copay per visit	\$5/\$35/\$70	<b>\$5,000 Individual / \$10,000 Family **IA</b>	Covered at 80%, subject to the deductible	<a href="#">TIX7</a>	<a href="#">TIW8</a>
<a href="#">Standard Platinum TIVO COPAY</a>	SGL: \$1,492.17 DBL:\$2,984.34 OPF:\$2,536.69 FAM:\$4,252.68	\$15 copay per visit	\$35 copay per visit	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	<a href="#">TIW1</a>	<a href="#">TIV2</a>

\* 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 2025.**

**\*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 \$8500 on an HSA plan or \$10,600 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.