

Certified Health Insurance Plan Options



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 ThriveWellSM powered by Virgin Pulse



Need help choosing the right plan for you? Call our dedicated representatives at 1-866-613-8506.

Rochester Region:

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



Below are additional plan options that include cost-sharing reductions that reduce how much you pay when you get care. Eligibility is based on your Federal Poverty Level (FPL) which is determined by household income and size. (Plans with other FPLs are available.)

Plan Benefits & Features	LOW COST	STANDARD					
	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (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. 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 \$35 for Tier 2 \$70 for Tier 3	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3	\$15 for Tier 1 \$40 for Tier 2 \$75 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$30 for Tier 2 \$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 Through NY State of Health – 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. A nonprofit independent licensee of the Blue Cross Blue Shield Association

Plan Benefits & Features	STANDARD	NON-STANDARD
	Silver Standard (201-250% FPL)	Silver Select (HSA** qualified, 201-250% FPL)
Tax Credit Available (On-Exchange Only)	Yes	Yes
Deductible (Single/Family)	\$1,925 / \$3,850	\$2,800 / \$5,600
Out-of-Pocket Maximum (Single/Family)	\$7,550 / \$15,100	\$6,300 / \$12,600
Aggregation Type	Individual	Family
Coinsurance	You pay 0%*	You pay 20%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD	
Primary Care Office Visit (PCP)	\$30. First visit NSD.	20%
Specialist Office Visit (SPC)	\$65. First visit NSD.	
Acupuncture Visit (up to 10)	Not Covered	
Physical, Occupational and Speech Therapy	\$30	
Hospital Services	\$1,500	
Outpatient Services	\$150	
Emergency Room	\$275	
Urgent Care	\$70	
Lab Work	\$50	
Basic X-Ray	\$75	
Prescription Drugs	\$15 for Tier 1 \$40 for Tier 2 \$75 for Tier 3 NSD	\$5 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD
Telemedicine	\$0. First visit NSD.	0%
Adult Vision Exams and Dental (Preventive & Routine)	Not Covered	20%
Adult Eyewear	Not Covered	\$60
Pediatric Vision* and Dental	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 Through NY State of Health – Rates shown cover Dependents through age 26 and include Pediatric Dental coverage. (Additional rates available upon request.)		
Single	\$717.25	\$712.13
Single + Spouse	\$1,434.50	\$1,424.25
Single + Child(ren)	\$1,219.32	\$1,210.61
Single + Spouse + Child(ren)	\$2,044.17	\$2,029.56
Child Only	\$295.51	NA

Plan Benefits & Features	NON-STANDARD				
	POPULAR Bronze Secure Plus 3 LOW COST	POPULAR Bronze Select (HSA** qualified)	POPULAR Silver Select (HSA** qualified)	Gold Select	Platinum Select
	Tax Credit Available (On-Exchange Only)	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)				\$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	0%	\$10 for Tier 1 40% for Tier 2 50% for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$45 for Tier 2 \$90 for Tier 3 Preventative Rx NSD	\$10 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 NSD	\$10 for Tier 1 \$35 for Tier 2 \$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
The amounts listed above are the copays or coinsurance after the deductible is met, unless otherwise noted as not subject to deductible (NSD).					
Rates Through NY State of Health – 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.

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.

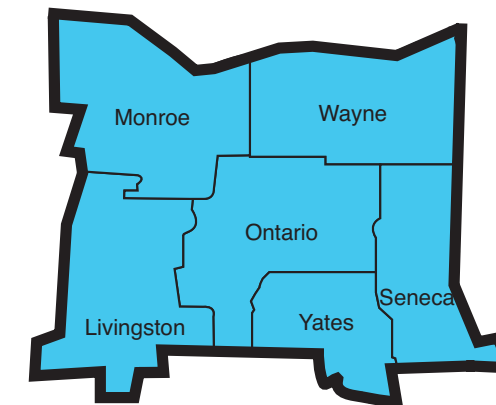
Note to diabetic drug and supply users: In accordance with the contract language / benefit mandates provided by New York State, if your plan includes a deductible, diabetic drugs and supplies are subject to the deductible amount.

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



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Rochester Region:



New for 2024:

- **ThriveWellSM 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**, available with our Qualified Health Plans (subject to deductible where applicable).



The Essential Plan –

The Excellus BCBS Essential Plan was rated #1 in NY State for 2020-2021.

Eligibility is based on your household size, income and other eligibility requirements. **All plans include adult vision and dental coverage.** To find out if you qualify for the Essential Plan, call our dedicated representatives.



Annual Income Eligibility for Essential Plan		
Household Size	Essential Plan 1 & 2 (139%-200% FPL)	Essential Plan 3 & 4 (under 100%-138% FPL***)
1 person	\$20,121 - \$29,160	\$0 - \$20,120
2 people	\$27,215 - \$39,440	\$0 - \$27,214
3 people	\$34,308 - \$49,720	\$0 - \$34,307
4 people	\$41,401 - \$60,000	\$0 - \$41,400
5 people	\$48,494 - \$70,280	\$0 - \$48,493
6 people	\$55,587 - \$80,560	\$0 - \$55,586

The benefits and out of pocket costs for the Essential Plan will be the same for all health insurance companies.

Plan Benefits & Features	Essential Plan 1 (151% - 200% FPL)	Essential Plan 2 (139% - 150% FPL)	Essential Plan 3 (100% - 138% FPL)	Essential Plan 4 (Below 100% FPL)
Deductible	\$0	\$0	\$0	\$0
Coinsurance	0%	0%	0%	0%
Out-of-Pocket Maximum	\$360	\$200	\$200	\$0
Preventive Care (Immunization, screenings)	\$0 for most preventive services			
Primary Care Office Visit (PCP)	\$15	\$0	\$0	\$0
Specialist Office Visit (SPC)	\$25	\$0	\$0	\$0
Hospital Services	\$150	\$0	\$0	\$0
Outpatient Services	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$0	\$0	\$0
Lab Work	\$25	\$0	\$0	\$0
Basic X-Ray	\$25	\$0	\$0	\$0
Adult Vision Exam	\$0	\$0	\$0	\$0
Glasses and Contact Lenses	\$0	\$0	\$0	\$0
Adult Dental	\$0	\$0	\$0	\$0
Telemedicine	\$0	\$0	\$0	\$0
Prescription Drugs	\$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	\$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3	\$1 for Tier 1 \$3 for Tier 2 \$3 for Tier 3 with an out-of-pocket maximum for covered drugs of \$50 per calendar quarter.	\$0 for all Tiers
Rates Through NY State of Health				
Single	\$0	\$0	\$0	\$0

New York State has identified the fitness reward program as a required essential benefit that must be included for all plans, therefore the ThriveWell benefit cannot be removed from the plans.

***Must be a lawfully present immigrant ("Qualified non-citizen" immigration status without a waiting period; Humanitarian statuses or circumstances including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking); Valid non-immigration visas; Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals). To see a full list of eligible immigration statuses, please visit the web site at www.healthcare.gov/immigrants/immigration-status/ or call the NY State of Health at 1-855-355-5777.