

**2019 Excellus BCBS Individual Rates
Rochester - Off Exchange - Platinum + Gold**

*Services subject to deductible

	Platinum Standard	Platinum Select	Gold Standard	Gold Standard Plus 3 (NEW)	Gold Select
Annual Deductible	n/a	n/a	\$600/Single; \$1,200/Family	\$650/Single; \$1,300/Family	\$750/Single; \$1,500/Family
Annual Out of Pocket Max	\$2,000/Single; \$4,000/Family	\$6,350/Single; \$12,700/Family	\$4,000/Single; \$8,000/Family	\$5,000/Single; \$10,000/Family	\$6,350/Single; \$12,700/Family
Accumulator Type	Embedded	Embedded	Embedded	Embedded	Embedded
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
PCP Office Visit	\$15 Copay	\$15 Copay	\$25 Copay*	3 Visits \$25; then \$25 Copay*	\$25 Copay*
Specialist Visit	\$35 Copay	\$25 Copay	\$40 Copay*	\$40 Copay*	\$40 Copay*
Telemedicine Visit	\$15 PCP/\$35 Specialist	\$15 PCP/\$25 Specialist	\$25 PCP*/\$40 Specialist*	\$25 PCP*/\$40 Specialist*	\$25 PCP*/\$40 Specialist*
Adult Routine Eye Exam	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Hospital Inpatient	\$500 Copay	\$750 Copay	\$1,000 Copay*	\$1,000 Copay*	\$750 Copay*
Outpatient Surgery	\$100 Copay	\$150 Copay	\$100 Copay*	\$100 Copay*	Covered in Full*
Emergency Room Care	\$100 Copay	\$150 Copay	\$150 Copay*	\$150 Copay*	\$250 Copay*
Urgent Care Center	\$55 Copay	\$25 Copay	\$60 Copay*	\$60 Copay*	\$40 Copay*
Outpatient Mental Health	\$15 Copay	\$25 Copay	\$25 Copay*	\$25 Copay*	\$25 Copay*
Inpatient Mental Health	\$500 Copay	\$750 Copay	\$1,000 Copay*	\$1,000 Copay*	\$750 Copay*
Prescription Coverage	Tier 1/\$10 Copay Tier 2/\$30 Copay Tier 3/\$60 Copay	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$80 Copay	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay
Dependent Coverage	To Age 26	To Age 26	To Age 26	To Age 26	To Age 26
Extra Benefits www.excellusbcbs.com	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards
Enrollment Code	INNU	IOOS	IOOA	IMMW	IOOW
	<i>all rates include pediatric dental coverage per ACA guidelines</i>				
Single	\$754.40	\$737.74	\$642.46	\$636.32	\$622.52
Subscriber and Spouse	\$1,508.80	\$1,475.48	\$1,284.92	\$1,272.65	\$1,245.05
Subscriber and Child(ren)	\$1,282.48	\$1,254.16	\$1,092.18	\$1,081.75	\$1,058.29
Family	\$2,150.04	\$2,102.56	\$1,831.01	\$1,813.53	\$1,774.19

**2019 Excellus BCBS Individual Rates
Rochester - Off Exchange - Silver**

*Services subject to deductible
^hHSA Compliant

Benefit Change from 2018

	Silver Standard	Silver Standard Plus 3 (NEW)	Silver Select^h
Annual Deductible	\$1,700/Single; \$3,400/Family	\$2,350/Single; \$4,700/Family	\$2,250/Single; \$4,500/Family
Annual Out of Pocket Max	\$7,500/Single; \$15,000/Family	\$7,750/Single; \$15,500/Family	\$6,350/Single; \$12,700/Family
Accumulator Type	Embedded	Embedded	Aggregate
Preventive Care	Covered in Full	Covered in Full	Covered in Full
PCP Office Visit	\$30 Copay*	3 Visits \$35; then \$35 Copay*	20% Coinsurance*
Specialist Visit	\$50 Copay*	\$55 Copay*	20% Coinsurance*
Telemedicine Visit	\$30 PCP*/\$50 Specialist*	\$35 PCP*/\$55 Specialist*	20% Coinsurance*
Adult Routine Eye Exam	Not Covered	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered	Not Covered
Hospital Inpatient	\$1,500 Copay*	\$1,500 Copay*	20% Coinsurance*
Outpatient Surgery	\$100 Copay*	\$100 Copay*	20% Coinsurance*
Emergency Room Care	\$250 Copay*	\$250 Copay*	20% Coinsurance*
Urgent Care Center	\$70 Copay*	\$70 Copay*	20% Coinsurance*
Outpatient Mental Health	\$30 Copay*	\$35 Copay*	20% Coinsurance*
Inpatient Mental Health	\$1,500 Copay*	\$1,500 Copay*	20% Coinsurance*
Prescription Coverage	Tier 1/\$10 Copay Tier 2/\$35 Copay Tier 3/\$70 Copay	Tier 1/\$10 Copay Tier 2/\$40 Copay Tier 3/\$80 Copay	Tier 1/\$10 Copay* Tier 2/\$45 Copay* Tier 3/\$90 Copay*
Dependent Coverage	To Age 26	To Age 26	To Age 26
Extra Benefits www.excellusbcbs.com	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards
Enrollment Code	IOOG	INNA	IPPA
	<i>all rates include pediatric dental coverage per ACA guidelines</i>		
Single	\$552.71	\$534.47	\$497.69
Subscriber and Spouse	\$1,105.42	\$1,068.95	\$995.39
Subscriber and Child(ren)	\$939.61	\$908.61	\$846.08
Family	\$1,575.23	\$1,523.25	\$1,418.43

2019 Excellus BCBS Individual Rates Rochester - Off Exchange - Bronze

*Services subject to deductible
^hHSA Compliant

Benefit Change from 2018

	Bronze Standard	Bronze Standard HSA^h	Bronze Select^h	Bronze Secure Plus 3 (NEW)
Annual Deductible	\$4,000/Single; \$8,000/Family	\$5,500/Single; \$11,000/Family	\$5,000/Single; \$10,000/Family	\$7,900/Single; \$15,800/Family
Annual Out of Pocket Max	\$7,600/Single; \$15,200/Family	\$6,550/Single; \$13,100/Family	\$6,550/Single; \$13,100/Family	\$7,900/Single; \$15,800/Family
Accumulator Type	Embedded	Embedded	Aggregate	Embedded
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full
PCP Office Visit	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	3 Visits \$0; Covered in Full*
Specialist Visit	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Telemedicine Visit	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Adult Routine Eye Exam	Not Covered	Not Covered	Not Covered	Not Covered
Eyewear	Not Covered	Not Covered	Not Covered	Not Covered
Hospital Inpatient	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Outpatient Surgery	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Emergency Room Care	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Urgent Care Center	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Outpatient Mental Health	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Inpatient Mental Health	50% Coinsurance*	50% Coinsurance*	50% Coinsurance*	Covered in Full*
Prescription Coverage	Tier 1/\$10 Copay* Tier 2/\$35 Copay* Tier 3/\$70 Copay*	Tier 1/\$10 Copay* Tier 2/\$35 Copay* Tier 3/\$70 Copay*	Tier 1/\$10 Copay* Tier 2/40% Coinsurance* Tier 3/50% Coinsurance*	Covered in Full*
Dependent Coverage	To Age 26	To Age 26	To Age 26	To Age 26
Extra Benefits www.excellusbcbs.com	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards	Up to \$400/\$600 in Exercise Rewards
Enrollment Code	IPPY	IOOM	IPPE	INNE
	<i>all rates include pediatric dental coverage per ACA guidelines</i>			
Single	\$405.36	\$387.32	\$379.13	\$337.35
Subscriber and Spouse	\$810.72	\$774.64	\$758.25	\$674.71
Subscriber and Child(ren)	\$689.11	\$658.44	\$644.51	\$573.50
Family	\$1,155.28	\$1,103.86	\$1,080.51	\$961.46