Excellus BC/BS

Individual Rates

Rome Area Chamber of Commerce

January 1, - December 31, 2023

Plan ID	78124NY0880009-00	78124NY0880003-00	78124NY0890003-00	78124NY0890015-00	78124NY0890009-00	78124NY0900009-00
Enrollment Code	IAM3	!AJ9	IAK5	IAM7	IAL1	IAN1
Plan Type	**Copay**	**Copay**	**Hybrid**	**Hybrid**	**Hybrid**	**HDHP**
Plan Name	Platinum Select	Platinum Standard	Gold Standard	Gold Select	Silver Standard	Silver Select
Single	$1,198.75	$1,208.71	$1,016.10	$987.57	$789.66	$779.35
Subscriber/Spouse	$2,397.51	$2,417.42	$2,032.20	$1,975.13	$1,579.33	$1,558.70
Subscriber/Child(ren)	$2,037.88	$2,054.81	$1,727.36	$1,678.86	$1,342.43	$1,324.89
Family	$3,416.45	$3,444.83	$2,895.88	$2,814.57	$2,250.54	$2,221.15
Primary Care Office Visit	$15 copay per visit	$15 copay per visit	$25 copay per visit, subject to deductible	$25 copay per visit, subject to deductible	First visit ***NSTD*** $30 copay, 2nd visit & after $30 copay per visit, subject to deductible	Covered at 80%, subject to the deductible
Specialist Office Visit	$25 copay per visit	$35 copay per visit	$40 copay per visit, subject to deductible	$40 copay per visit, subject to deductible	First visit ***NSTD*** $65 copay, 2nd visit & after $65 copay, subject to deductible	Covered at 80%, subject to the deductible
Deductible	None	None	$600 Individual / $1,200 Family	$850 Individual / $1,700 Family	$1,750 Individual / $3,500 Family	$3,000 Individual / $6,000 Family
Coinsurance	None	None	None	None	None	Covered at 80%
Hospital benefits	Subject to $750 copay per admission for unlimited days	Subject to $500 copay per admission for unlimited days	Subject to $1000 copay per admission for unlimited days, subject to the deduct.	Subject to $1000 copay per admission for unlimited days, subject to the deductible	Subject to $1500 copay per admission for unlimited days, subject to the deductible.	Covered at 80% per admission for unlimited days, subject to the deduct.
Emergency room care Urgent Care	$150 copay per visit $25 copay per visit	$100 copay per visit $55 copay per visit	$150 copay per visit, subject to deductible. $60 copay per visit subject to deductible	$500 copay per visit, subject to deductible. $40 copay per visit subject to deductible	$500 copay per visit, subject to deductible. $70 copay per visit subject to deductible	Covered at 80%, subject to the deductible. Same as above
Prescription drugs	$10/$35/$70	$10/$30/$60	$10/$35/$70	$10/$35/$70	$15/$40/$75	$10/$45/$90, subject to the plan deductible
Wellness Incentives	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility
Out of pocket maximum	$6,350 Individual / $12,700 Family	$2,000 Individual / $4,000 Family	$4,750 Individual / $9,500 Family	$8,000 Individual / $16,000 Family	$9,100 Individual / $18,200 Family	$7,500 Individual / $15,000 Family
Out of network benefits	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Preventinve Health Care Services	Covered in full	Covered in full	Covered in full	Preventive Health Care is not subject to the deductible. Covered in full	Covered in full	Preventive Health Care is not subject to the deductible. Covered in full

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Excellus BC/BS **Rome Area Chamber of Commerce**

Individual Rates **January 1, - December 31, 2023**

Plan ID	78124NY0900023-00	78124NY0900013-00	78124NY0900017-00
Enrollment Code	IAQ3	IAN5	IAP5
Plan Type	**HDHP**	**HDHP**	**HDHP**
Plan Name	Bronze Secure Plus 3	Bronze Select	Bronze Standard
Single	$549.81	$596.27	$604.17
Subscriber/Spouse	$1,099.62	$1,192.54	$1,208.34
Subscriber/Child(ren)	$934.68	$1,013.66	$1,027.10
Family	$1,566.96	$1,699.37	$1,721.89
Primary Care Office Visit	First 3 visits covered in full. ***NSTD,*** 4th visit & after covered @ 100%, subject to deductible	Covered at 50%, subject to the deductible	First 3 visits $50 copay, ***NSTD***, 4th & after $50 copay, subject to deductible
Specialist Office Visit	Covered at 100%, subject to the deductible	Covered at 50%, subject to the deductible	First 3 visits $75 copay, ***NSTD***, 4th & after $75 copay, subject to deductible
Deductible	$9,100 Individual / $18,200 Family	$5,500 Individual / $11,000 Family	$4,700 Individual / $9,400 Family
Coinsurance	Covered at 100%	Covered at 50%	Covered at 50%
Hospital benefits	Covered at 100% per admission for unlimited days, subject to the deductible	Covered at 50% per admission for unlimited days, subject to the deductible	Subject to $1500 copay per admission for unlimited days, subject to the deduct.
Emergency room care Urgent Care	Covered at 100% subject to the deductible	Covered at 50%, subject to the deductible. Same as above.	$500 copay per visit, subject to deductible. $75 copay per visit subject to deductible
Short-term and maintenance drugs	$0, subject to the plan deductible	$10/40%/50%, subject to deductible	$10/$35/$70, subject to the plan deductible
Wellness Incentives	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility	ExerciseRewards™ receive up to $600 a year toward qualified fitness facility
Out of pocket maximum	$9,100 Individual / $18,200 Family	$7,000 Individual / $14,000 Family	$8,700 Individual / $17,400 Family
Out of network benefits	Not Covered	Not Covered	Not Covered
Preventinve Health Care Services	Preventive Health Care is not subject to the deductible. Covered in full	Preventive Health Care is not subject to the deductible. Covered in full	Preventive Health Care is not subject to the deductible. Covered in full