

Every Lifestyle. Every Budget.

A five step guide to help you understand your health insurance and enrollment options for 2024.

Utica
Region



CALL TODAY to get your **FREE** health plan evaluation.
We can help see if you qualify for a **free or low cost plan** or **reduced premiums**.

Available Counties:

Chenango, Clinton,
Delaware, Essex, Franklin,
Fulton, Hamilton, Herkimer,
Jefferson, Lewis, Madison,
Montgomery, Oneida,
Oswego, Otsego,
St. Lawrence

STEP 1: Getting started.

Health care coverage is one of the most important decisions you make. Protect yourself and your family with the compassion of the cross and the security of the shield. You can feel confident in your decision when you have the right information and the right people to guide you. We have been here over 85 years helping people find health insurance that best fits their needs and budgets.

This 5-step guide will help you shop and compare your coverage options for 2024. Once you have chosen a plan, you can enroll directly with us, or through the NY State of Health Marketplace where financial help may be available. Call today to get started with your free health plan evaluation or to schedule an appointment. We are here to help you every step of the way.

5 Questions to Ask Before You Buy.

Here are a few questions to ask yourself before making this important choice.

1. What are the health care needs of my household?



Take an evaluation of the number of doctor visits, hospital visits and the prescriptions that you and your family have needed over the last year.

Doctor Visits _____

Hospital Visits _____

Prescriptions _____

2. How do I want to manage my costs?



Determine if you are comfortable with a deductible and a lower monthly cost or if you would rather pay more per month for lower and more predictable costs when getting care.

3. Can I get financial help?



You may be eligible for financial assistance based on your household income and size. Find out how much at [ChooseExcellus.com](https://www.chooseexcellus.com) or call our dedicated representatives.

Estimated Tax Credit \$ _____

4. How do I know if my doctor accepts the plan I am choosing?



Ask your doctor if they accept the health insurance company you are considering. Excellus BCBS plans are accepted by 100% of hospitals and 99% of doctors in your area.

5. How often do I travel outside of my town?



Our BlueCard® program* gives you access to care when you travel in the United States, Canada, Mexico, Puerto Rico, the US Virgin Islands, Guam, and the Mariana Islands. You can also fill a prescription while traveling, using our National Pharmacy Network.









You will also have coverage for non-emergency care 24/7 for you and your family with our telemedicine program powered by MDLIVE. See a board-certified doctor by phone or video on your schedule, anytime, anywhere.

*BlueCard® applies to metal level plans and Base only. It does not apply to Essential Plan.

To learn more about your plan options, visit [ChooseExcellus.com](https://www.chooseexcellus.com)

STEP 2: Get help paying for your plan.

It is time to start rethinking affordable health care. You might be surprised to know that you may be able to get money towards your monthly payment through something called a tax credit. Eligibility is based on your household size and income. The chart below shows estimated eligibility.

Financial Assistance Eligibility by Annual Income Level*	
Family Size	Annual Income Eligibility for Tax Credits
	\$37,651 and up
	\$51,101 and up
	\$64,551 and up
	\$78,001 and up
	\$91,451 and up
	\$104,901 and up

*Source: 2024 Federal Income Guidelines: Department of Health and Human Services.
Full calculator available at <https://aspe.hhs.gov/poverty-guidelines>
Tax credits are available when premiums exceed 8.5% of income.

What counts as income?

Include:

- Pay from your job(s)
- Self-employment income after expenses
- Social Security benefits – retirement or disability
- Pensions & other retirement income
- Investment income (capital gains, dividends, stock options, foreign income & taxable interest)
- Rental income or royalties
- Farming or fishing
- Alimony
- Other taxable income (refunds, canceled debts, court awards, jury duty pay, cash support, gambling income, prizes or awards, etc.)
- NYS Unemployment
- Short-term disability

Do NOT include:

- Child support
- Supplemental Security Income (SSI)
- Veterans' disability payments
- Workers' compensation
- Gifts



Financial help is only available when you buy a plan on the NY State of Health Marketplace.

Call us for help estimating your tax credit.

STEP 3: Let us help you find the right plan.

Choosing the right health insurance for you and your family is an important decision. We understand, and we want you to feel confident in your choice. Eligibility for NY State sponsored plans is based on your household size and income. Qualified Health Plan levels are Bronze, Silver, Gold and Platinum. There is also a Base plan available to people under age 30 and people of any age with a hardship exemption. The benefits are essentially the same in every plan but the monthly and out-of-pocket costs differ. **There is no cost for preventive care no matter which plan you choose.**

	NY STATE SPONSORED	BASE (CATASTROPHIC)	BRONZE	SILVER	GOLD	PLATINUM
Monthly cost		●	●	● ●	● ● ●	● ● ● ●
Cost when you get care	●	● ● ● ● ●	● ● ● ● ●	● ● ●	● ●	●
Good option if you...	need low-cost coverage. Eligibility for these plans is based on your household size and income*	need low-cost protection in the event of a catastrophic injury or illness	use health care services infrequently	need to balance your monthly premium with your out-of-pocket costs	want to save on monthly premiums while keeping your out-of-pocket costs low	may use a lot of health care services and want predictable, lower out-of-pocket costs for routine care

*other eligibility guidelines apply

Follow the path and get a first look at the plan that might be right for you or your family.

Think about everyone for whom you need coverage. Do you or they frequently go to the doctor or hospital?



STEP 4: Compare your options.

We make it easy for you to evaluate your plan options with our comparison chart. View plan options on the following pages. Select the options that may fit your needs and fill in the information in the chart below. You can use the definitions below to understand some of the key plan terms.

	PLAN 1	PLAN 2	PLAN 3
Fill in your plan choice.			
Deductible			
Copay			
Coinsurance			
Out-of-Pocket Maximum			

Find out what your real monthly cost could look like.

Monthly Premium			
- Estimated Tax Credit			
Estimated Premium			

Words you should know.

Deductible Amount you pay for health care coverage before we start contributing.

Example: You have a \$1,000 deductible. Your doctor visit costs \$100. You pay the full \$100. Your deductible is now \$900. Once the deductible is met, we start contributing to the costs.

Copay A fixed dollar amount you pay for health care costs. Depending on your plan, you may have to meet a deductible first.

Example: Your doctor visit costs \$100. You pay a \$15 fixed copay for the visit. We cover the remaining \$85.

Premium Monthly amount you pay for health care coverage.

Coinsurance Percentage of health care costs that you are responsible for paying. Depending on your plan, you may have to meet a deductible first.

Example: A doctor's visit costs \$100. You pay 20% of \$100, or \$20. We cover the remaining \$80.

Out-of-pocket Maximum
The most you will pay for annual health care.

Health Savings Account (HSA) 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. To learn more about your HSA options contact your financial advisor.

We have a plan for everyone.



Everyone Deserves Access to Quality, Affordable Health Care Coverage

We have got you covered with free or low cost New York State sponsored insurance plans such as Medicaid, Child Health Plus, and the Essential Plan, as well as individual and family plans from the name you have known and trusted for over 85 years.

Most individual and family plans vary in price and have eligibility guidelines based on your household income and where you live, determined by New York State. Call us to get personalized help for your unique health care situation.

Medicaid

With Medicaid, you and your family will have access to a wide network of quality doctors and specialists, hospitals and urgent care centers.

Child Health Plus

Just need coverage for your kids? Child Health Plus is a New York State sponsored health insurance program for kids under 19 years old. Almost all children qualify, and many families qualify for free coverage.

The Essential Plan

Premiums are \$0 month for eligible individuals, with coverage widely accepted by doctors, hospitals and pharmacies. Individuals under age 65 may be eligible based on New York State household size and income guidelines.

Individual and Family Qualified Health Plans

Get the benefits you and your family need with our Bronze, Silver, Gold, and Platinum plans with coverage accepted by 100% of hospitals and 99% of doctors. Nearly 3 out of 4 New Yorkers qualify for reduced premiums.

Dental Plans

When it comes to maintaining overall health and wellbeing, taking care of your teeth is just as important as taking care of the rest of your body. You can now save on dental care with individual and family dental plans.

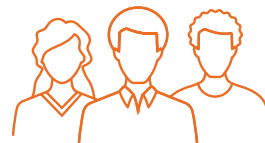
Free or low cost New York State sponsored health insurance programs

Everyone deserves quality health care coverage.

We can help you fill out applications, answer your questions, and understand your eligibility. To learn more, just call **1-888-768-7888** (TTY 711).

Here is a quick overview of where our products are currently available:

	Blue Option Plus/ HMOBlue Option	Child Health Plus
Central New York Region		
Cayuga		■
Cortland		■
Jefferson		■
Lewis		■
Onondaga	■	■
Oswego		■
St. Lawrence		■
Tompkins		■
Southern Tier Region		
Broome	■	■
Chemung		■
Chenango		■
Schuyler		■
Steuben		■
Tioga		■
Utica Region		
Oneida	■	■
Herkimer	■	■
Franklin		■
Clinton		■
Essex		■
Hamilton		■
Fulton		■
Montgomery		■
Otsego	■	■
Delaware		■
Madison		■



These New York State sponsored health insurance programs cover many who:

- Are uninsured
- Are unemployed
- Have no insurance through their employer



CALL:
1-888-768-7888
(TTY 711)

To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan and Qualified Health Plans, through NY State of Health, The Official Health Plan Marketplace, visit **nystateofhealth.ny.gov** or call **1-855-355-5777**.



ChooseExcellus.com



Have Questions? We can help.

We can help you through the enrollment process – from start to finish.

Eligibility depends on income and household size, so please give Member Services a call at **1-888-768-7888** (TTY 711) to learn more.



HMOBlue Option

HMOBlue Option is a New York State sponsored health insurance program for children and adults. It covers services such as:

- Inpatient hospital care
- Emergency care
- Laboratory and X-ray services
- Routine physical exams and well child doctor visits and immunizations
- Telehealth and telemedicine visits
- Routine eye exams and eyewear (restrictions may apply)

You and your family will receive these services from your primary care provider (PCP). If, in some cases your PCP cannot provide the health care you need, they will refer you to see another doctor. This plan gives you access to a wide network of quality doctors and specialists.

Child Health Plus

Every child deserves quality health care. Child Health Plus is a New York State sponsored health insurance program, administered by Excellus BCBS that offers health insurance coverage to children under 19 who are not Medicaid eligible, do not have other health insurance or access to the public employees' New York State Health Insurance Program, NYSHIP.

Your child will receive health care at a low premium cost, or no cost at all, depending on your income level and household size. Child Health Plus covers services like:

- Regular well child doctor check-ups and immunizations
- Inpatient hospital services
- Prescription and nonprescription drugs if ordered by a licensed provider
- Routine eye exams
- Dental care
- And more!

Choose from a wide network of doctors to provide your child's care.

Blue Option Plus

Blue Option Plus is a New York State sponsored Health and Recovery Plan (HARP) administered by Excellus BCBS that manages physical health, mental health, and substance use services all in one integrated way for adults with significant behavioral health needs (mental health or substance use).

Who is eligible?

Individuals age 21 or older who have received a letter from New York State stating they are eligible to join HARP can enroll.



Healthy Children Need the Security of Child Health Plus

Who qualifies?

Children under age 19 who are not eligible for Medicaid and have no other health insurance.

Almost all children qualify. Many families qualify for **FREE** coverage. **No family earns too much to qualify for low cost coverage.** And there are **no** copayments and **no** deductibles.



ANNUAL INCOME BY FAMILY SIZE									
MONTHLY PREMIUM	1	2	3	4	5	6	7	8	Each additional person, add:
FREE Insurance \$0 per child per month	\$33,444	\$45,384	\$57,324	\$69,264	\$81,216	\$93,156	\$105,096	\$117,048	\$11,952
\$15 per child per month (maximum of \$45 per family)	\$37,656	\$51,108	\$64,560	\$78,000	\$91,452	\$104,904	\$118,356	\$131,808	\$13,452
\$30 per child per month (maximum of \$90 per family)	\$45,180	\$61,320	\$77,460	\$93,600	\$109,740	\$125,880	\$142,020	\$158,160	\$16,140
\$45 per child per month (maximum of \$135 per family)	\$52,716	\$71,544	\$90,372	\$109,200	\$128,040	\$146,868	\$165,696	\$184,524	\$18,840
\$60 per child per month (maximum of \$180 per family)	\$60,240	\$81,768	\$103,284	\$124,800	\$146,328	\$167,844	\$189,360	\$210,888	\$21,528
Full premium per child per month	Over \$60,240	Over \$81,768	Over \$103,284	Over \$124,800	Over \$146,328	Over \$167,844	Over \$189,360	Over \$210,888	

We can help you enroll any time of the year.

1-888-768-7888 (TTY 711) | ChooseExcellus.com

To learn more about applying for health insurance, including Medicaid, Child Health Plus, Essential Plan, and Qualified Health Plans through NY State of Health, The Official Health Plan Marketplace, visit www.nystateofhealth.ny.gov or call 1-855-355-5777.



Everybody Benefits

For household size, pregnant women count as two. Income eligibility as of February 2024. Full premiums vary by health plan and county. Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex. Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

A nonprofit independent licensee of the Blue Cross Blue Shield Association

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Want help? We are here for you. Call our dedicated representatives at: 1-888-768-7888.

Coverage you can count on.



More Access

Large Network — 100% of hospitals and 99% of doctors in your area accept our Qualified Health Plans. Plus our BlueCard® program gives you even more access to care when you travel. Choose the card that can open doors in all 50 states.

Telemedicine — Conveniently access virtual medical and behavioral health care from the comfort of your home. Through our partnership with MDLIVE,® you can connect with a provider by phone or video when your regular doctor is not available. For 2024, a new partnership makes physical therapy for musculoskeletal care also available remotely (available with our Qualified Health Plans). Visits are covered in full (subject to deductible where applicable).

Wellframe® App — Text with health professionals for advice and guidance, create medication reminders, make daily “to-do” lists, access educational materials, and more.

24/7 Nurse Call Line — Get answers to your health care questions anytime day or night.



More Security

Providing quality coverage for 85+ years, with free and low cost individual & family plans for all life phases.

More Savings



No Cost Preventive Care — includes routine physicals, screenings and vaccinations, plus low-cost generic drugs.

ThriveWellSM — Our new health and wellbeing benefit, powered by Virgin Pulse, allows you to focus on what matters to you most. Centered on the whole person, you can work on improving your eating and sleeping habits, as well as your physical activity. 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.¹

Blue365[®] — members enjoy exclusive discounts on health and wellness products and services from fitness to healthy eating to personal care, including vision and dental discounts.



More Convenience

Mobile App — 24/7 access to your member card, claims, account information, pay your bill and more.



Online Account — pay your bill, order member cards, track deductibles and out-of-pocket spending, find a health care provider, and access your benefits and claims information.

Pharmacy Home Delivery — Save time and money by having your prescriptions safely delivered right to your home.²

1 Not available with Medicaid, Child Health Plus or HARP. Spouse/domestic partner benefit is not available with Essential Plan.
2 Certain prescription drugs may be ordered through pharmacy home delivery supplier at two and a half copays for a 90 day supply.
MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.
Virgin Pulse is a separate company and offers a digital wellbeing service on behalf of Excellus BCBS.
Wellframe is an independent company that provides a health and wellness support mobile app to Excellus BCBS members.

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 200-250 (201%-250% FPL)	Essential Plan 1 & 2 (139%-200% FPL)	Essential Plan 3 & 4 (under 100%-138% FPL ***)
	\$30,121 - \$37,650	\$20,784 - \$30,120	\$0 - \$20,783
	\$40,881 - \$51,100	\$28,208 - \$40,880	\$0 - \$28,207
	\$51,641 - \$64,550	\$35,633 - \$51,640	\$0 - \$35,632
	\$62,401 - \$78,000	\$43,057 - \$62,400	\$0 - \$43,056
	\$73,161 - \$91,450	\$50,481 - \$73,160	\$0 - \$50,480
	\$83,921 - \$104,900	\$57,906 - \$83,920	\$0 - \$57,905

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 200-250 (201% - 250% FPL)	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	\$0
Coinsurance	0%	0%	0%	0%	0%
Out-of-Pocket Maximum	\$2,000	\$360	\$200	\$200	\$0
Preventive Care (Immunization, screenings)	\$0 for most preventive services				
Primary Care Office Visit (PCP)	\$15	\$15	\$0	\$0	\$0
Specialist Office Visit (SPC)	\$25	\$25	\$0	\$0	\$0
Hospital Services	\$150	\$150	\$0	\$0	\$0
Outpatient Services	\$50	\$50	\$0	\$0	\$0
Emergency Room	\$75	\$75	\$0	\$0	\$0
Urgent Care	\$25	\$25	\$0	\$0	\$0
Lab Work	\$25	\$25	\$0	\$0	\$0
Basic X-Ray	\$25	\$25	\$0	\$0	\$0
Adult Vision Exam	\$0	\$0	\$0	\$0	\$0
Glasses and Contact Lenses	\$0	\$0	\$0	\$0	\$0
Adult Dental	\$0	\$0	\$0	\$0	\$0
Telemedicine	\$0	\$0	\$0	\$0	\$0
Prescription Drugs	\$6 for Tier 1 \$15 for Tier 2 \$30 for Tier 3	\$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	\$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.)

Plan Benefits & Features	STANDARD		
	Silver Standard	Gold Standard	Platinum Standard
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes
Deductible (Single/Family)	\$2,100 / \$4,200	\$600 / \$1,200	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$9,450 / \$18,900	\$5,900 / \$11,800	\$2,000 / \$4,000
Aggregation Type	Individual	Individual	Individual
Coinsurance	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
Primary Care Office Visit (PCP)	\$30. First visit NSD.	\$25	\$15
Specialist Office Visit (SPC)	\$65. First visit NSD.	\$40	\$35
Hospital Services	\$1,500	\$1,000	\$500
Outpatient Services	\$150	\$100	\$100
Emergency Room	\$500	\$150	\$100
Urgent Care	\$70	\$60	\$55
Lab Work	\$50	\$40	\$35
Basic X-Ray	\$75	\$40	\$35
Prescription Drugs	\$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 visit NSD.	\$0	\$0
Pediatric Vision* and Dental	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	\$884.85	\$1,138.58	\$1,326.25
Single + Spouse	\$1,769.69	\$2,277.15	\$2,652.49
Single + Child(ren)	\$1,504.24	\$1,935.58	\$2,254.62
Single + Spouse + Child(ren)	\$2,521.81	\$3,244.94	\$3,779.80
Child Only	\$364.55	\$469.10	\$546.41

Individual Aggregation:

Deductible: Each covered family member only needs to satisfy his or her own individual deductible (not the entire family amount). Once this amount is met, the member will pay a copay or coinsurance for covered services.

Out-of-pocket Maximum (OOPM): Each covered family member only needs to satisfy his or her own OOPM. Once this amount is met, covered services are paid by the health plan.

Utica Region: Franklin County
Fulton County
Hamilton County
Chenango County
Clinton County
Delaware County
Essex County
Madison County
Montgomery County
Oneida County
Oswego County
Otsego County
St. Lawrence County
Jefferson County
Lewis County

Family Aggregation:

Deductible: For plans covering more than one person, the entire family deductible must be met by one or any combination of covered members. Once this amount is met, members will pay a copay or coinsurance for covered services.

Out-of-pocket Maximum (OOPM): For plans covering more than one person, the entire family OOPM must be met by one or any combination of covered members. Once this amount is met, covered services are paid by the health plan for the entire family.

NON-STANDARD

Plan Benefits & Features	POPULAR	POPULAR	Bassett Preferred Silver Available in Delaware, Herkimer, Oneida & Otsego Counties Only†	POPULAR
	Bronze Secure Plus 3 LOW COST	Bronze Select (HSA** qualified)		Silver Select (HSA** qualified)
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes	Yes
Deductible (Single/Family)	\$9,450 / \$18,900	\$5,500 / \$11,000	\$2,900 / \$5,800	\$3,200 / \$6,400
Out-of-Pocket Maximum (Single/Family)	\$9,450 / \$18,900	\$7,500 / \$15,000	\$9,000 / \$18,000	\$7,500 / \$15,000
Aggregation Type	Individual	Family	Individual	Family
Coinsurance	You pay 0%	You pay 50%	You pay 0%*†	You pay 20%*
Preventive Care (Immunizations, screenings)	\$0 for most preventive services NSD		\$0 for most preventive services NSD	
Primary Care Office Visit (PCP)	0%. First 3 visits NSD.	50%	\$30	20%
Specialist Office Visit (SPC)	0%		\$50	
Acupuncture Visit (up to 10)			\$30	
Physical, Occupational and Speech Therapy			\$30	
Hospital Services			\$1,250	
Outpatient Services			\$350	
Emergency Room			\$350	
Urgent Care			\$50	
Lab Work			\$50	
Basic X-Ray			\$50	
Prescription Drugs			\$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 NSD
Telemedicine	0%. First 3 qualifying visits NSD.	0%	\$0	0%
Adult Vision Exams and Dental (Preventive & Routine)	\$0	50%	\$30	20%
Adult Eyewear	\$60	\$60	\$60	\$60
Pediatric Vision* and Dental	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	\$637.27	\$672.15	\$720.18	\$878.53
Single + Spouse	\$1,274.55	\$1,344.30	\$1,440.37	\$1,757.06
Single + Child(ren)	\$1,083.37	\$1,142.66	\$1,224.31	\$1,493.50
Single + Spouse + Child(ren)	\$1,816.23	\$1,915.63	\$2,052.53	\$2,503.81
Child Only	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.

†Cost share shown applies when a Bassett provider or facility is used.

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.



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

Plan Benefits & Features	NON-STANDARD		
	Bassett Preferred Gold Available in Delaware, Herkimer, Oneida & Otsego Counties Only†	Gold Select	Platinum Select
Tax Credit Available (On-Exchange Only)	Yes	Yes	Yes
Deductible (Single/Family)	\$950 / \$1,900	\$1,000 / \$2,000	\$0 / \$0
Out-of-Pocket Maximum (Single/Family)	\$8,500 / \$17,000	\$8,000 / \$16,000	\$6,350 / \$12,700
Aggregation Type	Individual		Individual
Coinsurance	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
Primary Care Office Visit (PCP)	\$25	\$25	\$15
Specialist Office Visit (SPC)	\$40	\$40	\$25
Acupuncture Visit (up to 10)	\$25	\$25	\$15
Physical, Occupational and Speech Therapy	\$25	\$25	\$15
Hospital Services	\$750	\$1,000	\$750
Outpatient Services	\$250	\$500	\$150
Emergency Room	\$250	\$500	\$150
Urgent Care	\$40	\$40	\$25
Lab Work	\$40	\$40	\$25
Basic X-Ray	\$40	\$40	\$15
Prescription Drugs	\$5 for Tier 1 \$35 for Tier 2 \$70 for Tier 3 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	\$0	\$0
Adult Vision Exams and Dental (Preventive & Routine)	\$25	\$25	\$15
Adult Eyewear	\$60	\$60	\$60
Pediatric Vision* and Dental	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	\$883.82	\$1,099.30	\$1,313.53
Single + Spouse	\$1,767.65	\$2,198.61	\$2,627.06
Single + Child(ren)	\$1,502.50	\$1,868.82	\$2,233.00
Single + Spouse + Child(ren)	\$2,518.90	\$3,133.02	\$3,743.56
Child Only	NA	NA	NA



Note to diabetic drug 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.

Blue Select Family DentalSM & Blue Select Premier DentalSM

When it comes to maintaining overall health and wellbeing, taking care of your teeth is just as important as taking care of the rest of your body. With an emphasis on no-cost preventive care, our family and premier dental plans help you maintain complete oral health, reducing the need for more costly dental care in the future. And at the same time, helping you to minimize pain and anxiety, eat and sleep without disruption, boost self-confidence, and have an overall better quality of life. Now that is something to smile about.

Comprehensive coverage gives you the confidence you need to get care when you need it:

Cleanings and Exams | Routine X-rays | Fillings | Select Crowns* | Dentures* | Endodontics and Periodontics

	Blue Select Family Dental SM		Blue Select Premier Dental SM	
	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)	Pediatric Benefits (Up to age 19)	Adult Benefits (Age 19 and older)
Deductible	Per Enrollee: \$50 2 or more enrollees: \$150 (Applies only to basic, major, and orthodontic services)	Single: \$50 Family: \$150 (Applies only to basic & major services)	Per Enrollee: \$50 2 or more enrollees: \$150 (Applies only to basic, major, & orthodontic services)	Single: \$50 Family: \$150 (Applies only to basic & major services)
Annual Maximum (per member)	None	\$750 (Applies to diagnostic & preventive, basic, and major services)	None	\$1,250 (Applies to diagnostic & preventive, basic, and major services)
Out-of-Pocket Maximum	Per enrollee: \$350 2 or more enrollees: \$700	None	Per enrollee: \$350 2 or more enrollees: \$700	None
COST-SHARING:				
Class I: Diagnostic & Preventative e.g. Cleanings and Adult Exams	0%	0%	0%	0%
Class II: Basic e.g. Fillings, Adult Root Canals, Pediatric Exams	50%	50%	20%	20%
Class III: Major e.g. Select Crowns, Dentures	50%	50%	50%	50%
Class IV: Orthodontic Services e.g. Medically necessary braces up to age 19	50%	Not covered	50%	Not covered
Waiting Periods	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)	None	Major services: 12 months (Does not apply to diagnostic & preventive or basic services)
Rates through NY State of Health and off exchange				
Single	\$29.88		\$41.92	
Single + Spouse	\$59.75		\$83.84	
Single + Child(ren)	\$87.04		\$111.40	
Single + Spouse + Child(ren)	\$131.38		\$170.89	

Both plans come with a deductible, which means that for some services, you are responsible for the costs up to that amount. Once you have met your deductible, the plan starts contributing.

- Under both plans, diagnostic and preventive services are covered in full and not subject to the deductible.
- For all other covered services, you are responsible for paying a percentage of the cost, called coinsurance.
- To limit your costs each year, the pediatric benefits come with an out-of-pocket maximum (OOPM).
- How the money you pay toward the deductible adds up (or aggregates):
 - » When only covering yourself, you will pay the single deductible amount. When covering more than one person, the family deductible is met for everyone on the plan when one or any combination of members reaches the family deductible amount.
 - » Once you meet your deductible, the plan begins paying on your claims and you are only responsible for a percentage of costs, called coinsurance.

Waiting periods:

- There is no waiting period for pediatric benefits (up to age 19). For adult benefits (age 19 and older), there are no waiting periods on diagnostic, preventive, or basic services. Major services are subject to a 12-month waiting period. Waiting periods may be waived with proof of prior dental coverage upon enrollment.

*Subject to 12-month waiting period for Major services. Dependents (excluding spouse) can be covered up to age 26. Standard exclusions apply. Service categories vary between Adult and Pediatric coverage.

14 Need more information or help enrolling? Call our dedicated representatives at 1-888-768-7888.

STEP 5: Enrolling is quick and easy.



CALL:
1-888-768-7888

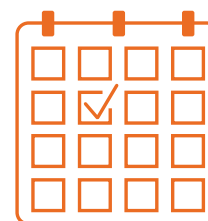


CLICK:
ChooseExcellus.com

When you can enroll.

Special Enrollment Period:

Certain life events such as a pregnancy, adopting a baby, aging off a parent's plan, getting a divorce or losing coverage through an employer may qualify you for a Special Enrollment Period (SEP). Generally with an SEP, you have **60 days** to get coverage.



Annual Open Enrollment Period:

November 16, 2024 – January 31, 2025
(subject to change, per NY State of Health)

Enrollment is available for the Essential Plan, Medicaid and Child Health Plus all year long.

Your enrollment checklist.

Get ready to enroll by having the following information available:

- Email address
(you are required to provide an email address to enroll in the NY State of Health Marketplace)
- Proof of U.S. citizenship or legal status in the form of birth certificate, "Green Card" or passport
- Social Security card
- Information about others you plan to enroll (spouse, children, their birth dates, Social Security numbers)
- Termination letter if you recently lost coverage
- Policy number(s) for any current health insurance
- Most recently completed tax return and/or your last 30 days of pay stubs. You will need to project your annual household income for the year ahead. You can refer to your tax return to help you estimate that amount.

NOTICE OF NON-DISCRIMINATION

Excellus BlueCross BlueShield complies with Federal civil rights laws. Excellus BlueCross BlueShield does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Excellus BlueCross BlueShield provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, call **Excellus BlueCross BlueShield** at 1-800-650-4359. For TTY/TDD services, call 1-800-662-1220.

If you believe that Excellus BlueCross BlueShield has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with Excellus BlueCross BlueShield by:

Mail: Advocacy Department, P.O. Box 4717, Syracuse, NY 13221
Phone: 1-800-650-4359 for TTY/TDD services, call 1-800-662-1220
In person: 165 Court Street, Rochester, NY 14647, OR
333 Butternut Dr. Syracuse, NY 13214
Fax: 1-315-671-6656

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

Web: Office for Civil Rights Complaint Portal at
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Mail: U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
Complaint forms are available at:
<http://www.hhs.gov/ocr/office/file/index.html>
Phone: 1-800-368-1019 (TTY/TDD 800-537-7697)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-650-4359, TTY/TDD 1-800-662-1220.	English
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-650-4359, TTY/TDD 1-800-662-1220.	Spanish
注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-650-4359, TTY/TDD 1-800-662-1220.	Chinese
ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-650-4359 (TTY/TDD 1-800-662-1220) رقم هاتف الصم والبك	Arabic
주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다 1-800-650-4359, TTY/TDD 1-800-662-1220. 번으로 전화해 주십시오.	Korean
ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-650-4359 (телетайп: TTY/TDD 1-800-662-1220).	Russian
ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-650-4359, TTY/TDD 1-800-662-1220.	Italian
ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-650-4359, TTY/TDD 1-800-662-1220.	French
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-650-4359, TTY/TDD 1-800-662-1220.	French Creole
אויפֿמערקזאַם: אויב איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט 1-800-650-4359, TTY/TDD 1-800-662-1220.	Yiddish
UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językov. Zadzwoń pod numer 1-800-650-4359, TTY/TDD 1-800-662-1220.	Polish
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-650-4359, TTY/TDD 1-800-662-1220.	Tagalog
লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১ 1-800-650-4359, TTY/TDD 1-800-662-1220.	Bengali
KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-650-4359, TTY/TDD 1-800-662-1220.	Albanian
ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-800-650-4359, TTY/TDD 1-800-662-1220.	Greek
ضردار: گر آپ اردو بولتے ہیں تو آپکو زبان کی مدد کی خدمات مفت میں دستیاب ہیں کال کری 1-800-650-4359, TTY/TDD 1-800-662-1220.	Urdu

If you are shopping for health insurance due to a recent change in your job, income or family size, you may only have 60 days to sign up. Call 1-888-768-7888 or see page 15 to learn more.

ChooseExcellus.com

We are challenging everything about our health plans and broadening the very definition of health coverage to bring you more benefits with lower costs. When health care is more accessible and affordable, **EVERYBODY BENEFITS.**

