#### **Small Business Plans**

# **Small Business Plan Updates for 2024**

To comply with 2024 HCR guidelines, some benefit coverage is changing. See below for a summary of what is changing.

The changes identified below will be implemented on a group's renewal date beginning 1/1/2024. Groups and members will be notified of the changes in their Annual Rate Notice(s).

#### What's New 2024:

- Acupuncture is now covered at the PCP cost share on Non-Standard plans that previously applied a Specialist cost share.
- Outpatient mental & behavioral health care visits including substance use support, are now covered in full, subject to deductible, where applicable on non-standard plans.
- Virtual Physical Therapy for Musculoskeletal (MSK) Management, is available as a new telemedicine benefit. Visits are covered in full, subject to deductible, where applicable on all plans.
- ThriveWell, a digital home base dedicated to engaging your employees in health and wellbeing, powered by Virgin Pulse, is included in all plans.

#### **Small Business Copay Plan Adjustments**

Plan Name	Coverage	Impacted Benefits	2023 Benefits	2024 Benefits
SimplyBlue Plus Platinum 2	In-Network	Emergency Room, Outpatient and Ambulance Copay	\$250	\$300
		Specialist Copay	\$25	\$30
		Single out-of-pocket maximum	\$5,000	\$5,500
	In-Network	Emergency Room, Outpatient and Ambulance Copay	\$600	\$650
SimplyBlue Plus Gold 5		Lab	\$40	\$70
		Prescription Copay	\$15/\$75/50%	\$15/\$100/50%
		Single out-of-pocket maximum	\$9,100	\$9,450
SimplyBlue Plus Gold 1	In-Network	Primary Care Provider Copay	\$25	\$30
		Specialist Copay	\$50	\$60
		Urgent Care	\$50	\$60
		Lab	\$50	\$60
		Covered Therapies	\$25	\$30
		Single out-of-pocket maximum	\$8,500	\$9,450
Blue Simplicity	In-Network	Level 4 Benefits	\$200	\$250
		Single out-of-pocket maximum	\$6,500	\$8,250



## **Small Business Hybrid Plan Adjustments**

Plan Name	Coverage	Impacted Benefits	2023 Benefits	2024 Benefits
SimplyBlue Plus Gold Standard	In-Network	Single out-of-pocket maximum	\$4,750	\$5,900
SimplyBlue Plus Gold 14	In-Network	Single Deductible	\$1,000	\$1,100
		Emergency Room and Ambulance Copay	\$350	\$450
		Single out-of-pocket maximum	\$6,500	\$7,000
SimplyBlue Plus Silver Standard	In-Network	Single Deductible	\$1,750	\$2,100
		Single out-of-pocket maximum	\$9,100	\$9,450
SimplyBlue Plus Silver 6	In-Network	Single Deductible	\$3,000	\$3,250
		Single out-of-pocket maximum	\$8,500	\$9,450
SimplyBlue Plus Silver 18	In-Network	Specialist Copay	\$75	\$100
		Single out-of-pocket maximum	\$8,250	\$9,250
		Urgent Care	\$75	\$100

The Family deductible and/or out-of-pocket maximum is always two times the Single amount.

Any one person insured on a Non-HSA family plan will not pay more than \$9,450 in compliance with HHS guidelines.

Any one person insured on a HSA family plan will not pay more than \$8,050 in compliance with IRS guidelines.



### **Small Business Deductible HSA Plan Adjustments**

Plan Name	Coverage	Impacted Benefits	2023 Benefits	2024 Benefits
SimplyBlue Plus Silver 2	In-Network	Single Deductible	\$3,000	\$3,200
		Single out-of-pocket maximum	\$7,500	\$8,000
SimplyBlue Plus Silver 16	In-Network	Single Deductible	\$3,200	\$3,300
		Single out-of-pocket maximum	\$6,550	\$7,500
SimplyBlue Plus Silver 17	In-Network	Single out-of-pocket maximum	\$6,550	\$6,600
SimplyBlue Plus Silver 19	In-Network	Single Deductible	\$3,000	\$3,350
		Single out-of-pocket maximum	\$7,500	\$7,750
SimplyBlue Plus Bronze 4	In-Network	Single Deductible	\$7,500	\$8,000
		Single out-of-pocket maximum	\$7,500	\$8,000
SimplyBlue Plus Bronze 3	In-Network	Single out-of-pocket maximum	\$7,000	\$7,500

The Family deductible and/or out-of-pocket maximum is always two times the Single amount.

Any one person insured on a Non-HSA family plan will not pay more than \$9,450 in compliance with HHS guidelines.

Any one person insured on a HSA family plan will not pay more than \$8,050 in compliance with IRS guidelines.

