

Great health coverage made simple – for everybody

Positioning employee wellbeing at the forefront, benefits your business.

2025

Excellus BlueCross BlueShield
Small Business Plan Designs



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Keeping Wellbeing Top of Mind

With a new year comes exciting new changes to bring groups and members even better coverage. Take a look at what's in store for 2025.

What's New For 2025*

Reminder! ThriveWellSM

Introduced in 2024, ThriveWell is a digital homebase dedicated to engaging teams in health and wellbeing. Our partnership with Personify Health gives employees the tools to make small everyday changes to their wellbeing that are focused on the area they want to improve the most. They'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.

ThriveWell is embedded in all plans, offering rewards of up to \$200 per subscriber and \$200 per spouse, or domestic partner, for a total rewards payout of up to \$400 per plan year.

Reminder! Foodsmart Nutritional Program

Foodsmart is a nutrition offering embedded in the Personify Health platform, where members can take the 'NutriQuiz' for personalized health insights, browse a comprehensive recipe library, set dietary preferences, and save recipe ingredient to an exportable grocery list.

NEW! Simply VisionSM Plan Options

We're introducing two new Simply Vision plan options, **Simply Vision PlatinumSM** and **Simply Vision Platinum Plus**. The Platinum Plan will have a \$0 copay and an increased allowance from \$150 to \$175. The Platinum Plus Plan will offer all the benefits in the Platinum Plan, plus coverage of safety glasses.

All six Simply Vision plans include low-cost eye exams plus benefits for fully covered and low-cost corrective eyewear, plus other great discounts. By partnering with Davis Vision, members will have access to a large local and national network.

NEW! SimplyBlue Bronze 7

Introducing a new low-cost plan for Small Groups with a \$9,200 deductible and \$9,200 Out-of-Pocket Maximum, and no coinsurance. Preventive services are covered in full.

NEW! \$0 Dollar Tier 1 Drugs for Children

New for 2025, Tier 1 drugs for children up to age 19 will now be covered in full, (subject to deductible, where applicable). This update applies to all Non-Standard plans.

NEW! Eliminating Diabetic Insulin Copays

According to the American Diabetes Association, people with diabetes have medical expenses that are 2.6 times higher than people who do not have diabetes. To improve access and affordability, we support the NYS mandate to eliminate the cost share, including the deductible, for diabetic insulin.

NEW! Cardiac and Pulmonary Rehab

We're committed to lowering the total cost and other barriers to care for our members. Beginning in 2025, Cardiac and Pulmonary Rehab health services, will be covered in full, (subject to deductible when applicable).

SECTION 1

Our Approach

1. People
Come First

2. Service
Is Simple

3. Our Network Is
Unmatched. Period.



Our Approach

Take good care of your people, and they'll help you take good care of your business

It's a simple concept – and it's why you want to provide great health coverage for employees. Coverage that helps them live healthier lives. Coverage that helps make the entire experience easy for everyone. Coverage that's as affordable as possible.

But in a world where health plans seem more complex every day, how can you make sure that an idea that sounds simple is simple? That's where Excellus BlueCross BlueShield (BCBS) delivers.

Coordinated care. Complete coverage. Greater value. Everybody benefits.®

Health care works best when it works together. That's why Excellus BCBS provides a coordinated, caring, personalized, and holistic health plan experience that connects the dots for businesses and employees, improving care and helping to manage costs for everyone.

So how do we do it?

Our approach is built around three ideas

1.

People Come First

We address all types of health conditions with members personally and proactively, with comprehensive programs and a combination of medical expertise and data.

2.

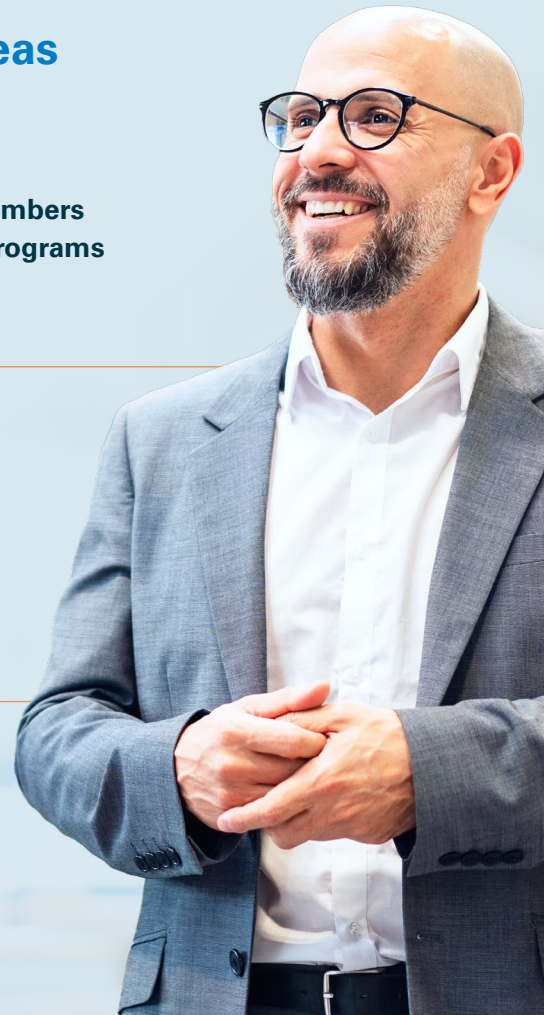
Service Is Simple

We make it easier for members to understand their benefits, and we help make claims management and processing more efficient and transparent for employers.

3.

Our Network Is Unmatched. Period.

We bring the largest network to you and your clients, covering a wide range of providers across the country.



Our Approach

1. People Come First

Sounds obvious, right? And any health plan can say it, but Excellus BCBS is working to prove it every day. We're talking about comprehensive programs that address all aspects of wellbeing – including a range of care management and disease management programs, from diabetes management to pharmacy utilization to behavioral health.

Through a combination of referrals, direct outreach, sophisticated data analytics, and coordination with providers, we tailor our approach to each member's specific needs – assessing the whole person to develop a personalized care plan. And we emphasize proactive and preventive care, encouraging members to use their health plan benefits to stay ahead of issues.



Our Approach: People Come First

Meeting specific needs. Driving big results.

We've seen that when we put members first, they become more invested in their health – setting goals and taking necessary steps toward managing their conditions and overall wellness.

And that leads to all kinds of benefits, including higher overall member satisfaction:



94%

member satisfaction

with care management programs*

Members that engage in care management/disease management see:

36%
decrease
in emergency
room visits**

22%
decrease
in
readmissions**

36%
decrease
in inpatient
admissions**

61%
decrease
in preventable inpatient
admissions**



An average baseline
cost savings of

\$1,500 per engagement*

* 2023 Health Plan data
** 2022 Health Plan data

When we advance health equity, everybody benefits

As Excellus BCBS delivers this more coordinated approach to care, we're also working every day to address socioeconomic, demographic, and geographic barriers. We do this by **engaging** members directly in care management, **educating** them about their unique challenges and gaps in care, and **empowering** them by providing the tools and resources they need to feel their best.

1. Engaging members directly in their health
Care management on a personal level connects members to health plan resources and community-based organizations (CBOs) that can address their specific barriers.

2. Educating members and groups about their health care barriers
Disease management and our workplace wellbeing consultants provide help for making positive changes at home.

3. Empowering groups and members to feel their best
Digital tools and financial resources support personal and community wellbeing.



In 2022, we partnered with

400+

CBOs providing support throughout Upstate New York.

Health care disparities result in about

\$93 billion

in excess medical care costs.

Employers bear a significant portion of this burden.¹

In 2022, we awarded

\$1 million

over the next three years to eight local nonprofits.

(MACHI Grants)

¹ Ani Turner, "The Business Case For Racial Equity: A Strategy For Growth," Altarum/W. K. Kellogg Foundation, July 24, 2018. altarum.org/RacialEquity2018

Our Approach

2. Service Is Simple

Strong benefits and member cards that open doors are essential, but we know that how happy members and employers are with their health plans ultimately comes down to the experience we deliver in real life, every day. That's why we work hard to provide next-level service for everyone.



Our Approach: Service Is Simple

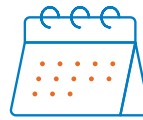
Making every care experience easier

We're here to help members understand their benefits, know how and where to use them, and answer any questions quickly and clearly:



More than **98%**

of all customer care inquiries are answered



within 10 days

2022 Health Plan data

We make things easy for employers too – with a focus on transparency, consistency, and claims processing that avoids frustrations and drives savings:

29 million claims
processed in 2023

(~1.2 million processed through automation)

2023 Health Plan data

99% of claims processed
within 30 days

2023 Health Plan data

\$140 million
prepay savings annually

2023 Health Plan data

\$135 million
post-pay savings annually

2023 Health Plan data

2023 Employer Group Satisfaction:

93%

ease of doing business

97%

claims processing

100%

enrollment

Health Plan data, mid/large employers (>100 contracts)

Our Approach

3. Our Network Is Unmatched. Period.

When you work with the largest nonprofit health plan in the region, the benefits are everywhere. We're talking about the assurance that comes with the largest network of hospitals, doctors, nurses, dentists, eye doctors, ear doctors – you get the idea. No matter where members go, they'll have access to the high-quality care they need, at a price we work hard to keep affordable. After all, isn't that what having coverage is all about?



Our Approach: Our Network Is Unmatched. Period.

Expanding health care access – and your options

You get the peace of mind of a provider network that spans your community, the country,
and the globe:



No network is more local

We offer greater access close to home, with more options across urban, suburban, and rural markets.

99% physician participation

100% hospital participation



No network is more national

Extending to every community across the U.S., our BlueCard® program provides unparalleled access from coast to coast.

MORE THAN **65,000** retail pharmacies nationwide

Access to the largest hospital and physician networks in the U.S., with more than

2 million unique, in-network providers



No network is more global

Simply put, we are unmatched in terms of size and scale, and offer coverage wherever in the world life takes you.

Providers in more than **190 COUNTRIES**

THOUSANDS of handpicked doctors and dentists fluent in English

Our Approach: Our Network Is Unmatched. Period.

And it goes beyond in-person visits too



- **MDLIVE® telemedicine** for 24/7 access to both physical and behavioral health care



- **Vori Health* Virtual Physical Therapy** for musculoskeletal (MSK) conditions

Relationships built on better care

Excellus BCBS also works to improve care through Accountable Cost and Quality Agreements (ACQAs), compensating providers for the quality and efficiency of care they provide – not the quantity. **Providers engaged in ACQAs achieved¹:**

>\$2 lower

PMPM cost for members affiliated with an ACQA provider compared to members who are not affiliated with an ACQA provider

12% fewer
emergency department visits

resulting in an annual savings of \$2.7 million last year²

\$116.8 million
savings through clinical initiatives (2019-2022)

\$35.8 million
savings through pharmacy initiatives (2019-2022)

100%
of ACQA providers outperformed non-ACQA providers in key quality measures

2023 Employer Group Satisfaction:

100% satisfaction with the network

Health Plan data, mid/large employers (>100 contracts)



¹ 2022 Health Plan data

² For members affiliated with an ACQA provider compared to members not affiliated with an ACQA provider

* Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium

Our Approach: Our Network Is Unmatched. Period.

Harnessing national strength to drive better care at home

The size and scope of our network doesn't just allow us to improve access to care. It provides us with an incredible amount of data, which we use to continuously improve the quality of care and work to mitigate rising costs.

Today, BCBS companies cover¹:

118 million members -

1 in 3 Americans - in all 50 states

>71 million group members -

more than competitors' total book of business

79 of 100

79 of America's Fortune 100 employers

#1 choice for organized labor

18 million unionized workers, retirees, and their families

Owning the largest national data resource in the industry gives us the insight and leverage to change the way care is delivered, creating value for members and their employers:

Blue Cross Blue Shield Association value-based care programs in all of the



Top 100 U.S. markets

and 3x as many value-based care providers as that of our closest competitor²



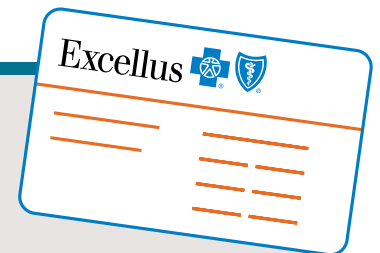
BCBS members have

4-9% lower

total cost of care³



This card



gives members exclusive access to top doctors and high-quality care at a lower cost wherever they live, work, and travel.

¹ Blue Cross Blue Shield Association

² 2019 Value-based program RFI - Topline National Stats, October 2019

³ National Consulting Firm CY2019 Total Cost of Care Benchmark



Member-Centric Care



Member-Centric Care

Member-centric care management

Our member-centric approach looks at the whole person and aligns the right support to their needs, whether they're managing chronic and complex conditions like diabetes, depression, or cancer – or simply want tips to stay healthy.

Utilization Management

Members are connected with the appropriate level of treatment, medication, and care management support to help speed recovery and keep costs in check

Pharmacy Management

Innovative clinical programs help keep costs low, employees safe, and administration easy, while our on-staff pharmacists review prescriptions to provide an extra layer of protection for members

Case/Disease Management

Claims data and predictive modeling identify at-risk members, empowering our care managers to provide proactive, individualized support

Wellbeing Programs

Programs are tailored to the needs of your organization and employees to maximize impact, satisfaction, and savings. Our programs motivate and support overall holistic wellbeing with focus on all dimensions of physical, emotional, social, and financial health.

Behavioral Health Support

Our Case Management Team includes mental health and substance abuse specialists who are ready to help members break down the barriers to recovery

Diabetes Management

Our on-staff Diabetes Care Management Team coordinates with one another – and our provider network – to deliver the right level of support and guidance to meet each employee's needs.



Member-Centric Care

A proven approach



Identify

We use cost and use trend data mining, predictive modeling of claims data, and regular inpatient admission and ER visit reports to identify members with urgent needs.



Stratify

We identify and stratify the needs of members based on their level of health risk to make sure they're engaged appropriately.



Engage

Our targeted outreach and engagement plans are implemented by licensed clinicians and can include telephonic outreach, targeted mailings and emails on condition management, reminders about important screenings, and even one-on-one text support.



Member-Centric Care

When powerful pharmacy solutions meet personalized care, everybody benefits

The Excellus BCBS team helps to keep costs lower and your workforce safe. It's about improving medication adherence and management to maximize savings and enhance care for your team, and it starts with a number of proven programs.

New to Pharmacy:

Price Assure™¹



Price Assure offers a seamless way for your employees to potentially save money on certain non-specialty generic drugs at the point of sale. When an employee fills a prescription at an in-network pharmacy that participates with GoodRx®, the benefit cost is automatically checked against pricing available through GoodRx, and your employee automatically receives the lower price when applicable.

Price Assure is a program available through our agreement with Express Scripts. Express Scripts is an independent company providing pharmacy services. TM Trademarks of Express Scripts Strategic Development.

Smart RxAssist²



The Smart RxAssist Program helps reduce out-of-pocket costs for medical benefit specialty drugs by adjusting copays by maximizing them to accommodate the greatest savings.

Excellus BlueCross BlueShield has contracted with HealthSmartRx, an independent company, to provide Smart RxAssist program benefits to our members.

Site of Care³



As of 1/1/2025, all routine infusions out of high-cost hospital settings will be transitioned into the comfort of a member's home or low-cost infusion center to help with member convenience and accessibility to care while lowering costs.

¹ Embedded for Self-Funded groups starting 6/1/24 excluding minimum premium and article 47.

² Opt-in program available starting 7/1/24 for Self-Funded groups excluding minimum premium and article 47.

³ Starting 10/1/24, this will be an opt-in for Self-Funded groups upon renewal. Starting 1/1/25, this will be automatically embedded for Fully Insured groups and will be opt-in for minimum premium and article 47 groups upon renewal.

Member-Centric Care

Experience a more comprehensive approach to pharmacy care

We offer the following programs to our fully insured groups at **no additional cost**.

ADVANCED OPIOID MANAGEMENT PROGRAM	This program focuses on preventing abuse, addiction and overdose of opioids before they start through point-of-sale edits, physician alerts and member education.
BIOSIMILAR OPTIMIZATION	Biosimilars are an important way to help spur competition that can lower health care costs and increase access to important therapies. Excellus BlueCross BlueShield has been a national leader in biosimilars since their inception.
DIABETES REMOTE MONITORING	Members with diabetes can opt-in to have pharmacists actively monitor their blood sugar readings and offer educational support when needed to help members manage their condition and potentially prevent long-term complications.
DIABETES UTILIZATION MANAGEMENT	Utilization management for diabetics includes the application of prior authorization and step therapy to diabetic medications, equipment, and testing supplies under their medical benefit.
GENERIC ADVANTAGE PROGRAM	Under this program, if a member fills a brand-name medication when there is a generic equivalent available, the member will pay the difference between the generic medication and the higher cost brand, plus the generic copay.
HOME DELIVERY	Members can get maintenance medications delivered right to their front door - increasing adherence and savings over the retail pharmacy.
INSIDE Rx[®] DISCOUNT CARDS	The Inside Rx prescription discount card provides discounts on medications outside a member's pharmacy benefit through a simple and personalized experience. It lets members and their dependents pay the lowest price possible for the medications they may need.
MANDATORY MAIL*	Member's maintenance medications are delivered directly to their homes and no longer filled at a retail pharmacy. Home delivery is the most cost effective channel & increases member savings for up to a 90-day supply of maintenance medications.
MANDATORY SPECIALTY DRUG BENEFIT	Members buy costly specialty medications at a pharmacy that participates in our specialty pharmacy network, where we can achieve lower costs and experienced specialty services.
MEDSYNC[®]	Allows patients to synchronize their medications and pick up their routine prescription refills at the pharmacy on a single, convenient day each month.

*Optional for fully insured groups at no additional cost.

PATIENT ASSURANCE PROGRAMSM	Program aimed at combating the escalating costs of diabetic and cardiovascular therapies. Members will pay no more than \$25 per 30 days for eligible drugs. Up to \$50 is provided by manufacturer assistance and in some instances a discount by the health plan. This happens immediately at the point of sale.
PHARMACY CONCIERGE	This program focuses on controlling costs by driving appropriate utilization of medications. It's a retrospective utilization management support program that identifies and provides voluntary insights to providers. Our core value proposition is minimal disruption.
PRIOR AUTHORIZATION	Our clinical pharmacists and physicians review medication requests to ensure appropriate drugs and doses are being prescribed. Certain medications require prior approval before the medication is covered.
QUANTITY LIMITS	Setting quantity limits ensures an appropriate amount of medication is being used for each indication by aligning the dispensed quantity of prescription medication with FDA-approved dosage guidelines.
RATIONALMED[®]	Addresses otherwise unidentifiable safety issues related to prescription drugs in real-time and sends safety alerts that address dangerous interactions, gaps in care, and potential misuse to dispensing pharmacists and prescribers for immediate notification and action.
SEMPRE HEALTH	Sempre Health is an SMS text-based program that addresses prescription affordability and increases adherence for eligible members. The program provides a member copay incentive for filling their medication on time, each month.
SITE OF CARE	This program provides outreach to members who are currently receiving certain infusion drugs at high-cost facilities and aids in transitioning members to home infusion or lower cost facilities. The goal is to promote member convenience and accessibility to care while lowering costs.
SPECIALTY DRUG BENEFIT OPTIMIZATION	The goal of the program is to drive affordability by reducing spend for specialty drugs that can be converted from the medical benefit to the pharmacy benefit at a lower net cost.
SPLIT FILL	Patients try expensive medications with potentially serious side effects to confirm effectiveness and tolerance before paying for a full 30-day supply.
STEP THERAPY	The step therapy program encourages the safe and cost-effective use of medications. Certain medications are not covered until one or more therapeutically equivalent medications have been tried first.



If you have more questions about pharmacy benefits for fully insured plans, please contact your dedicated account manager.

Member-Centric Care

Wellbeing Programs

Our workplace wellbeing services are built on an integrated strategy aimed at maximizing the value of the health plan for employers and improving the overall physical, emotional, and financial health of employees. We provide targeted wellbeing strategies to drive satisfaction, savings, and improved health outcomes.

Workplace Wellbeing Support, Available to Small Groups by Request

- Capabilities Overview
- Workplace Assessment
- Data Review
- Targeted Recommendations
- Advisement and Evaluation of Employer Program Implementation
- Wellbeing Committee Development and Support

Programs That Touch Every Aspect of Wellbeing



Employer Resources

- “Making the Most of Your Health Plan” Presentation to Employees (in person or web-based)
- Wellbeing Toolkits
- Promotional Material Reference Guide



Member Wellbeing Resources (web-based tools for members)

- Blue365®
- Advance Care Planning
- Wellbeing Blog
- YouTube Videos
- Wellframe® App
- Welvie My SurgerySM
- ThriveWellSM



Health Plan Wellbeing Benefits

- Rewards Program
- Telemedicine
- Smoking Cessation
- Member Care Management Services
- Vori Health Virtual Physical Therapy

Groups simply contact their broker or Excellus BCBS Account Manager to schedule wellbeing consultations and in-person or web-based presentations.

A Healthy Team is

38%

more engaged when employees believe their employer cares about their health and wellbeing*

18%

more likely to go the extra mile for the organization*

28%

more likely to recommend their workplaces*

17%

more likely to still be working there in 1 year*

\$2,554

less Workers' Comp claims*

* 2021 Employee Benefits—
A Research Report by SHRM.

Member-Centric Care

Delivering peace of mind with every pregnancy

To help put employees and their employers at ease, we developed our specialized **Maternity Care Program**. It combines our care management expertise with technology to help control costs and provide expecting families with the right level of support, when and where they need it. Because when families get the care and resources to give all babies a healthy beginning, everybody benefits.

Key components of our approach to maternity care:

In recent years,
complications
during pregnancy
and childbirth

increased by
31.5%*

Factor in the average cost of delivery currently topping \$16,000 – plus the business impacts a bundle of joy can bring – and it's easy to see why pregnancy can generate as much anxiety as excitement.



Excellus BCBS Bright Beginnings Maternity Care Management Team

Our on-staff Maternity Care Management Team consists of experts in virtually every area of prenatal and postpartum care, all led by a registered nurse care manager.



Bright Beginnings Program**

Raising a healthy baby begins long before childbirth. The Bright Beginnings program focuses on early intervention, prenatal education, and personalized support during and after pregnancy.



Wellframe App

For those in the Maternity Care Program, the free Wellframe app provides easy access to self-management tools, educational resources, and support. Moms and dads have access to behavioral health programs addressing everything from maternity issues and general wellness to anxiety and depression.



ProgenyHealth NICU Infant Program

A stay in the neonatal intensive care unit (NICU) is becoming all too common, with preterm births nearing 10% of all newborn deliveries. Our partnership with ProgenyHealth ensures our newest members receive the best care possible while helping contain the costs associated with their stay.

* 2019 Health of America Report, Blue Cross Blue Shield Association

Member-Centric Care

Diabetes Management

Diabetes is one of the top five chronic conditions in the United States, accounting for more than 20% of all health care spending.

As we're seeing today, people with diabetes are also at higher risk for contracting viral infections and having serious complications. That's why we've developed a comprehensive Diabetes Management Program that leverages technology to reach members where they are with the right level of care and support.



Pharmacist:

Works with the team to ensure safe and appropriate drug therapy while helping to reduce costs.



Registered Dietitian:

Educates members on the role nutrition plays in managing their diabetes and preventing complications.



Health Coach:

Motivates the members to use self-care tools and follow their diabetes care plan.



Licensed Social Worker:

Addresses social and economic barriers that may hinder the member's ability to manage their diabetes.



Medical Director:

Acts as liaison with physicians and hospitals and is a resource for care managers for complex diabetes management.



Registered Nurse Care Manager:

Provides coordinated diabetes education, support, and coaching to empower members to self-manage and improve quality of life.

93% member satisfaction for our Case/Disease Management Program

43% Improvement in gap closure rates for members engaged in Care Management

Higher-touch support for those who need it*

In addition to our standard Care Management Team we also have Certified Diabetes Care and Education Specialists (CDCES) on staff.

The CDCES will offer personalized coaching and clinical support, engaging members who have poorly managed conditions.

*Available to all fully insured group plans. Buy-up for self-funded and minimum premium groups.

Member-Centric Care

Experience a more comprehensive approach to diabetes management

When you live with diabetes, being able to reach professional support is essential. That's why all Excellus BCBS members receive access to the Wellframe® mobile app.

Get connected to diagnosis-specific programs

Care Managers connect members with Wellframe programs that best fit their needs. Wellframe® offers tailored modules for:

- Understanding Diabetes
- Diabetes Medication Management
- Managing Your Diabetes
- Hypo- and Hyperglycemia
- Good Nutrition/Exercise
- Important Tests and Exams
- Preventing Complications
- Coping Support Resources

All employees can:

- Direct message with a Care Manager
- Learn more about and manage their condition
- Conduct and track biometric screenings
- Create medication reminders and daily "to-do" lists
- Access educational articles and videos

EMPLOYEES AVERAGE
49 TEXTS

WITH CARE MANAGERS COMPARED TO JUST
4.5 PHONE CALLS, AND STAY CONNECTED LONGER

\$500-\$2,000+

SAVED PER EXCELLUS BCBS MEMBER BASED ON RISK TIER*



Wellframe is an independent company that provides a health and wellness support mobile app to Excellus BCBS members.

Member-Centric Care

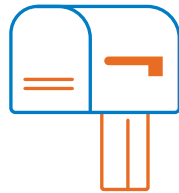
A glucose monitor and professional monitoring - free of charge

We've partnered with Express Scripts and LifeScan to offer Diabetes Remote Monitoring to help eligible members manage their blood sugar levels and prevent long-term complications. The blood glucose monitor and remote pharmacist monitoring are covered in full under your employee's benefit.

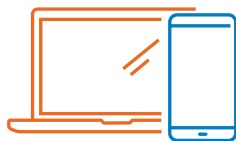
How it works:



Members are identified for the program by their pharmacy claims history.



Eligible members who opt into the program receive a complimentary Bluetooth-enabled OneTouch Verio Flex[®] meter from LifeScan.



Blood sugar readings from the meter are tracked through the OneTouch Reveal[®] mobile app and monitored by diabetes specialist pharmacists at Express Scripts.



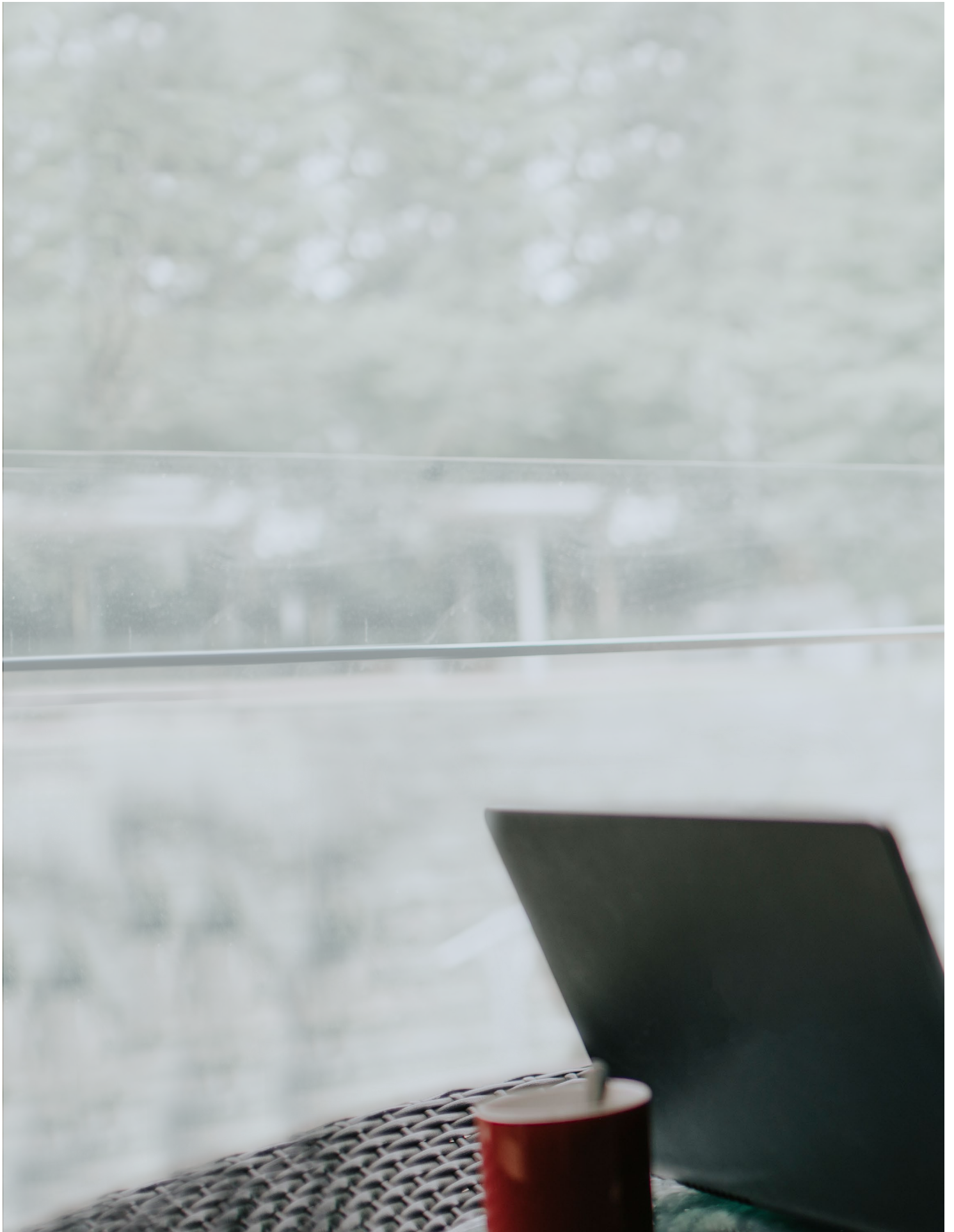
The Excelsus BCBS care team has access to the member's readings to better support their needs through our Diabetes Management Program.

In partnership with:



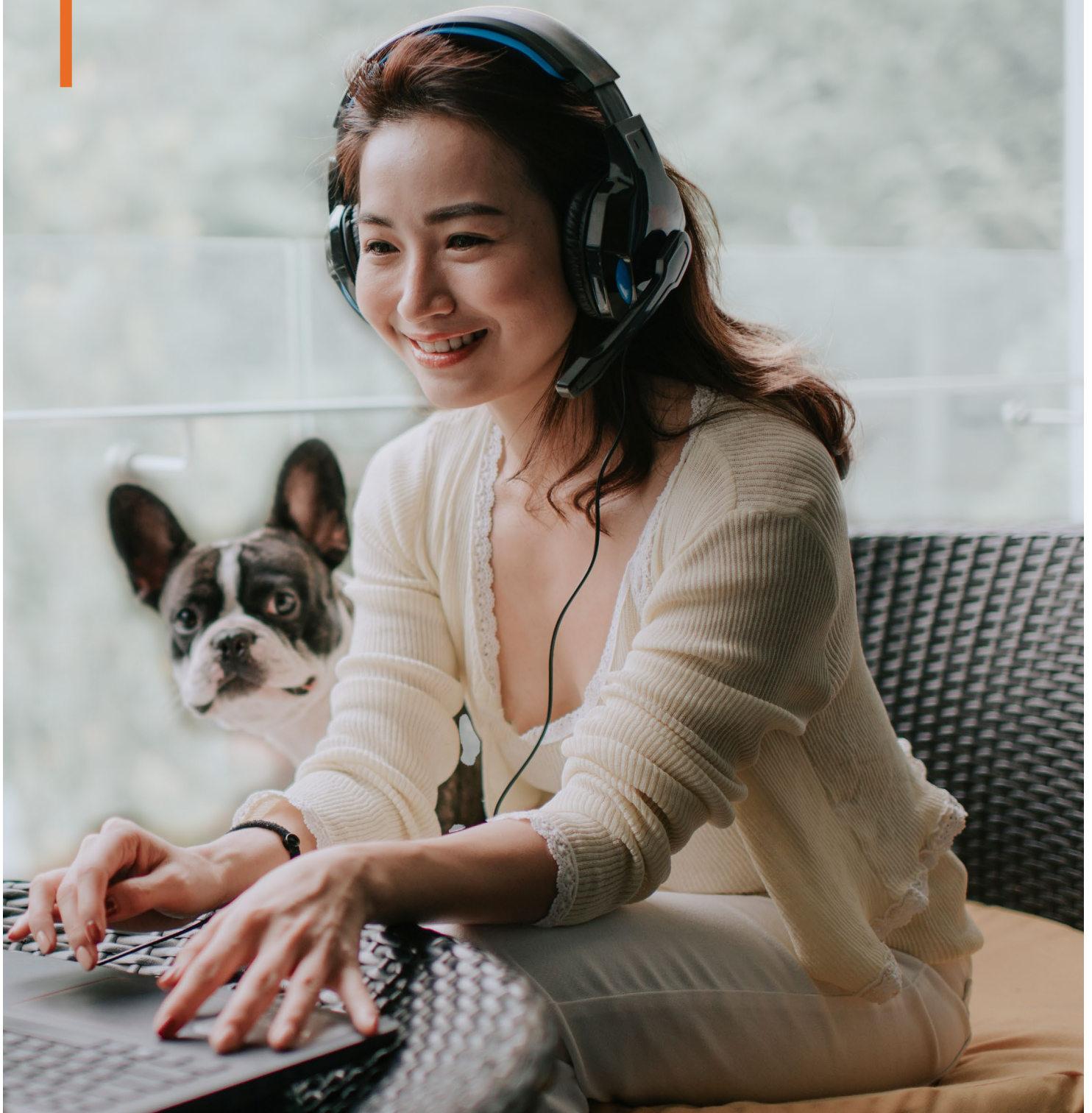
EXPRESS SCRIPTS[®]





SECTION 3

Self-Service Support Tools & Resources



WHAT'S NEW IN 2025

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SECTION 2

SECTION 3

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SECTION 5

SECTION 6

Self-Service Support Tools & Resources

Wellframe[®] mobile health management app

- As part of our Care Management outreach, members can connect conveniently via text with licensed health care professionals anytime for advice or support
- Guidance for things like general wellbeing, weight loss, smoking cessation, diabetes, high blood pressure and more
- Through one-on-one conversations and member data, we develop personalized care plans to keep healthy employees healthy and complex conditions in check

To learn more about how Wellframe[®] can improve outcomes and control costs, talk to your Excellus BCBS Account Managers today.



80%

of Excellus BCBS members on Wellframe have successfully addressed a health issue

\$500- \$2,000+

saved per Excellus BCBS member based on risk tier*

Employees average

49 texts

with care managers compared with just 4.5 phone calls, and stay connected longer



For Apple



For Android

Free mobile health support for smartphone or tablet

* 2018 health plan data provided by Wellframe
Wellframe is an independent company that provides a health and wellness support mobile app to Excellus BCBS members.

Self-service Support Tools & Resources

Empowering the whole team

When members sign up for an Excellus BCBS online member account, they get instant access to all their benefits, tools, member-only resources, and more.



Member Card(s)

View or order



Claims

Submit, view, and download



Find Providers

Find in-network doctors or specialists



Costs and Spending

Estimate medical costs, track deductibles, view out-of-pocket spending



Benefits and Coverage

View a summary



Get Rewards

Access available spending and rewards programs



Go Paperless

Receive available documents electronically



Register or Log In Today

Visit [ExcellusBCBS.com](https://www.ExcellusBCBS.com)

Members can take their health plan with them 24/7

Download the app!



5 Easy Steps

It's easy to get started with an online member account.

1. **Have member card handy**
2. **Visit our website or download our app**
3. **Complete registration**
4. **Choose username and password**
5. **Verify email** (Tip: An email will be sent during registration)

Every member will have access to personalized information based on their own plan. Creating an account is easy. **To get started, visit [ExcellusBCBS.com/Register](https://www.ExcellusBCBS.com/Register).**

Self-Service Support Tools & Resources

Telemedicine

We understand that absence from work due to both office visits and illnesses alike impacts your clients' business productivity and, ultimately, their profitability. But it's as important as ever to get the necessary medical and behavioral health care when it's needed.

If their primary doctor isn't available, telemedicine may be an option for them. Excellus BCBS provides 24/7/365 access to virtual medical and behavioral health care via our partner **MDLIVE®**.

If their primary doctor recommends physical therapy to decrease pain, virtual physical therapy might be a great option as a flexible way to access care. Our partnership with Vori Health works by designing a treatment plan so they can help people get back to living their life.

Our telemedicine program helps:



Reduce costs, while increasing employee access to high-quality health care



Decrease absenteeism and improve productivity by reducing visit times



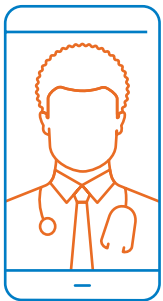
Increase member peace of mind by providing care in the comfort and safety of their home

Digital Physical Therapy

Members receive virtual access to a holistic team of specialty medical doctors, physical therapists, health coaches, and nutritionists.

Behavioral Health Services

Employees can also consult with a psychiatrist or choose from a variety of licensed therapists from the privacy of their home. Behavioral health appointments can be scheduled as needed or on a recurring basis with the same provider.



Telemedicine through MDLIVE will be covered in full for all Excellus BCBS members.

When to use telemedicine

- If a primary care doctor is not available
- Instead of going to the ER or an urgent care center (for a non-emergency issue)
- If traveling and in need of medical care

When to use Physical Therapy Telemedicine

If you have back, joint, or muscle pain that:

- Is associated with unexplained weight loss, a fever over 102°F,
- loss of bladder or bowel control, loss of strength or numbness,
- Is persistent or lasts longer than four weeks, or
- Is not relieved by position/posture or is getting worse over time.

Behavioral Health Telemedicine for

- Addiction
- Anxiety
- Bipolar Disorders
- Depression
- Eating Disorders
- Grief and Loss
- LGBTQ Support
- Panic Disorders
- Stress
- And more

Medical Telemedicine for:

- Allergies
- Asthma
- Cold and Flu
- Constipation
- Diarrhea
- Joint Aches
- Nausea
- Pink Eye
- Rashes
- And more

A cost share may apply for virtual services through an in-network provider.

MDLIVE is an independent company, offering telehealth services in the Excellus BlueCross BlueShield service area.

Vori Health is an independent company that offers virtual musculoskeletal (back, neck and joint) health care and physical therapy services to Excellus BlueCross BlueShield members.

Telemedicine

Make big moves in musculoskeletal (MSK) management

Musculoskeletal disorders (MSDs) are one of the leading drivers of health care expenses in the U.S. and are the second-highest cost for the health plan. Currently, in-person physical therapy (PT) compliance is a known issue, and the lack of follow-through creates greater downstream costs and complexity. Excellus BCBS offers virtual MSK (back, neck, and joint) health care and physical therapy services to our members. These services are administered by Vori Health, an independent company.

Virtual PT can help:

- **Reduce** unnecessary invasive treatments and trips to the emergency room, resulting in lower overall costs
- **Reduce** absenteeism, resulting in higher work productivity
- **Increase** physical therapy engagement, resulting in better quality of care
- **Increase** ease and speed of access to care, resulting in better compliance with treatment

The Virtual PT benefit is included for all Fully Insured groups and offered as a buy-up for Self-Funded and Minimum Premium groups.



In 2021,

\$800 million

was spent by the health plan for MSK-related costs*

(Not inclusive of direct and indirect costs related to workers' compensation)

MSDs accounted for a median of

8 days

away from work**

In 2021, an estimated

9.5 million

visits were made to the emergency room for MSK conditions***

* "Work-Related Musculoskeletal Disorders and Ergonomics," Centers for Disease Control and Prevention [CDC], 2019.

** Health Plan data

Self-service Support Tools & Resources

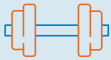
Vori Health is a nationwide specialty medical practice delivering a virtual-first, digital MSK solution to help your employees get back to their lives faster. With **Vori Health**, employees will get access to:



**Convenient
video visits**



**Medical evaluation
and diagnosis**



**Personalized treatment, including
physical therapy and more**

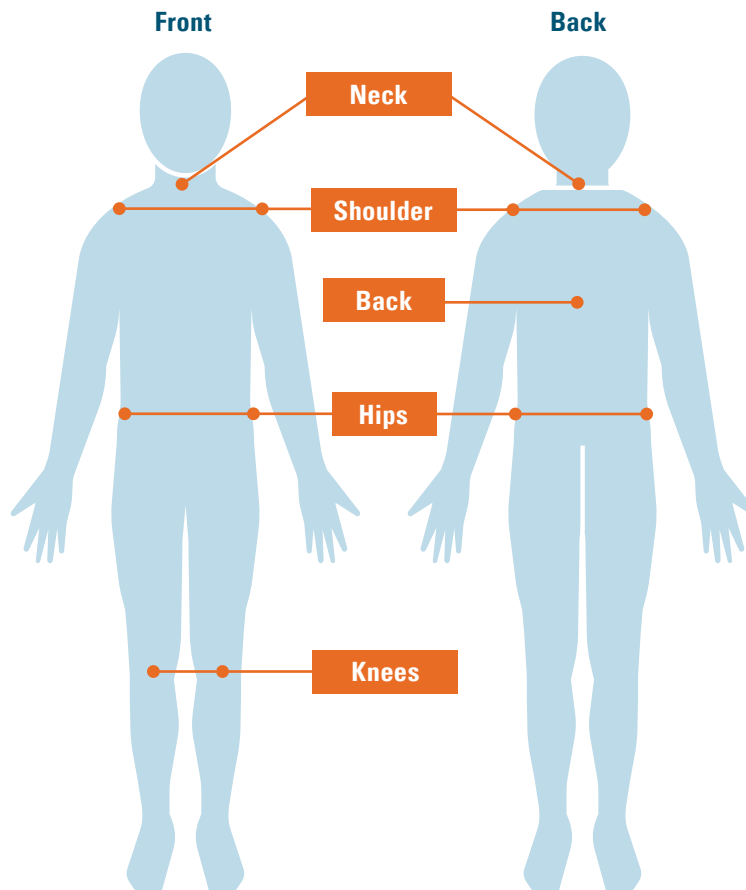


**Non-opioid pain medication
and imaging if needed**



**Support to help manage pain,
regain strength, and enjoy life**

Here are some of the common areas treated by Vori Health orthopedic specialists:



Vori Health is an independent company that offers virtual musculoskeletal (back, neck, and joint) health care and physical therapy services to Excellus BlueCross BlueShield members. Included for Fully Insured/Buy-up for Self-Funded and Minimum Premium

Self-Service Support Tools & Resources

Access Telemedicine 24/7/365

Telemedicine is a great option for non-life-threatening conditions when your doctor is not readily available.

Telemedicine Cost Shares

Plan Description	Small Business Plans	MDLIVE & Vori Health Cost Shares	
Stable	SimplyBlue Plus Standard Platinum	Covered in full	
	SimplyBlue Plus Platinum 2, 3, 6 SimplyBlue Plus Gold 1, 5		
Balanced	Blue Simplicity Gold	Covered in full	
Blended	SimplyBlue Plus Platinum 4 SimplyBlue Plus Gold 17, 19 SimplyBlue Plus Silver 18	Covered in full	
	SimplyBlue Plus Standard Gold and Silver SimplyBlue Plus Gold 14, 21 SimplyBlue Plus Silver 6, 19 SimplyBlue Plus Bronze 5	If you haven't met your deductible yet, you'll pay the allowable charge: Acute Care: \$50* Behavioral Health: No more than \$180 Digital Physical Therapy: \$200 for initial visit and \$50 for each additional visit up to 16 visits.	If you've met your deductible, covered in full
Value Maximizing	SimplyBlue Plus Gold 6 SimplyBlue Plus Silver 2, 16, 17 SimplyBlue Plus Bronze 3, 4, 7	If you haven't met your deductible yet, you'll pay the allowable charge: Acute Care: \$50* Behavioral Health: No more than \$180 Digital Physical Therapy: \$200 for initial visit and \$50 for each additional visit up to 16 visits.	If you've met your deductible, covered in full

* The allowable cost for MDLive acute care will be increasing on 4/1/25.

** A cost share may apply for telehealth services received through an in-network provider.



Self-Service Support Tools & Resources

Surgery decision support with Welvie

Improving health, enhancing care, and lowering costs

Surgery is often a huge decision – and at times, a scary one. While there have been many great advances in technology and practice, there are still very real risks. Adding to the concern, 50% of some surgeries may not be medically necessary.¹ It's a decision that requires careful consideration. Yet when a doctor mentions surgery, very few question it.

We offer Welvie My SurgerySM to inform, empower, and give employees and their covered family members what they need to make the best choices possible.

It pays to know Welvie – \$25, in fact.

Employees will get a \$25 Amazon gift card for completing Steps 1-3 of the Welvie My Surgery program and a short survey.

The gift card is available to them and any covered family members once every 365 days.

Help weighing their options

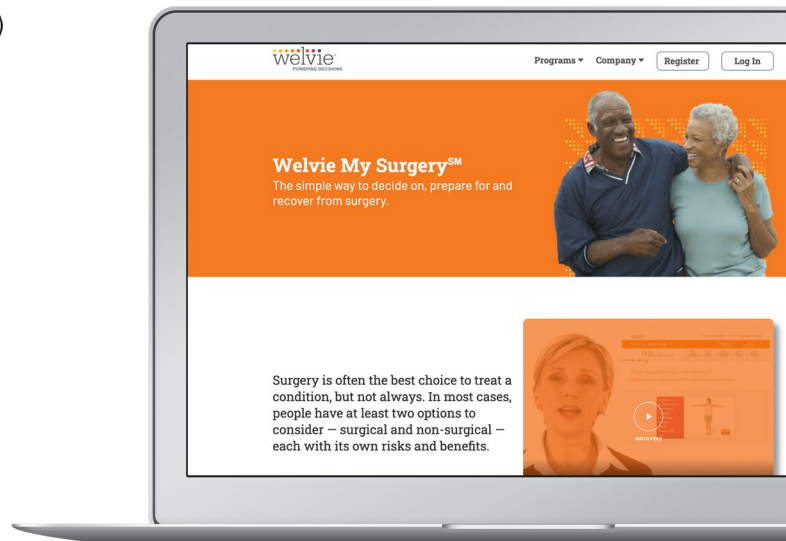
In six easy steps, Welvie My Surgery guides employees through the entire surgery decision-making process. They'll learn how to work with their doctor to:

- Make sure they have the correct diagnosis
- Explore surgical and non-surgical treatment options
- Prepare for and recover from surgery (if surgery is chosen)

Armed with these new insights, employees can have more meaningful conversations with their caregivers about creating the best possible outcome.

Proven results²

- 93% of participants say our programs helped prepare them to speak with their doctor
- 93% of participants would recommend the programs to friends and family
- 92% of participants plan to use our programs in the future



¹ Peter Whoriskey and Dan Keating, "Spinal Fusions Serve as Case Study for Debate over When Certain Surgeries Are Necessary," The Washington Post, October 27, 2013.

² "Evaluation of the Shared Decision Making (SDM) Health Care Innovations Awardees Third Annual Report," Acumen LLC, February 7, 2017.

Welvie is an independent company that provides a surgery decision program to Excellus BCBS members.

Self-Service Support Tools & Resources

Wellbeing for all, all in one place

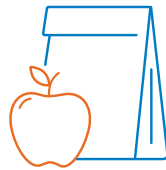
ThriveWell,* a digital home base dedicated to engaging teams in health and wellbeing, supported by Personify Health.

Our partnership with Personify Health will give employees the tools to make small, everyday changes to their wellbeing that are focused on the area they want to improve the most. They'll build healthy habits, have fun with friends, and experience the lifelong rewards of better health and wellbeing.

Within ThriveWell, employees will have the ability to:



Connect a fitness tracker so they can log activity and watch for small improvements over time.



Set their interests by choosing to work on areas that matter the most to them, like eating habits, sleep, physical activity, relationships, or finances.



See a clear picture of their health with a certified Health Risk Assessment (Health Check).



Add friends and family, connecting with up to 10 others to help encourage and motivate one another.



Gather coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.



Use the digital coaching tool to make simple changes to their health, one small step at a time.

ThriveWell will be available to employees through the Personify Health mobile app and web browser.

* Embedded for all Small Group plans.

Personify Health is an independent company and offers a digital wellbeing service on behalf of Excellus BlueCross BlueShield, a nonprofit independent licensee of the Blue Cross Blue Shield Association.

Self-Service Support Tools & Resources

Healthy employees help drive business forward

Our embedded rewards program is designed to provide employees with helpful incentives for getting and staying healthy.

90%

of members are more effective in their role at work*

18%

reduction in absenteeism*

\$1,029

per member average claims cost reduction*

ThriveWell Rewards	
Features	
Annual Rewards	\$400
Health Risk Assessment (Health Check)	✓
Health Risk Assessment (Health Check) Reward	\$25
Journeys® Digital Coaching	✓
Daily Cards	✓
Healthy Habits	✓
Challenges	✓
Fitness & Sleep Tracking	✓
Media Library	✓



*2018-2023 data provided by Personify Health

**Annual rewards are embedded for all small group plans. The total reflects the amount that can be earned for subscriber and spouse or domestic partner contract.

Self-Service Support Tools & Resources

It's easy to earn rewards by making healthy decisions.

Rewards are a combination of a points and levels game structure with the addition of specific action rewards. The action reward can be earned by completing the Health Risk Assessment (Health Check). This setup allows employees to focus on a few specific actions to earn a reward and will also give them a game experience of working through levels.

Employees will start by registering and setting up their online account for points.

As they complete healthy activities such as step tracking, Journeys, and Daily Cards, they'll move through levels and continue earning points. When they reach milestone levels, they'll unlock Rewards Cash rewards that they can redeem for gift cards and merchandise.

52%

of members reported decreased stress levels, critical for mental health*

68%

of members improve clinical health metrics across BMI, blood sugar levels, and blood pressure*

66%

of high-risk hypertensive members reduced blood pressure*

78%

of member respondents have developed more positive daily habits*



* 2018-2023 data provided by Personify Health



Integrated Benefits & Services



Integrated Benefits & Services

More complete wellbeing is in sight with Simply VisionSM plans

Vision and eye health are essential to overall wellbeing. Beyond helping employees see more clearly, regular eye exams can help catch underlying eye diseases and other health conditions like high blood pressure and diabetes early,¹ preventing permanent vision loss or blindness and preserving long-term eye health and quality of life. Through Simply Vision plans, Excellus BCBS can help make it affordable to make eye health a priority.

Simply Vision plans provide coverage that is:

Local

Our more than 85 years of experience serving our upstate New York neighbors gives us unique insight into what your clients and their teams want and need to get and stay healthy. As a nonprofit invested in our local community, we proudly pass savings directly on to our members and into things like community health programs or grants.

Comprehensive

Every Simply Vision plan includes low-cost eye exams to catch vision and health concerns early, plus benefits for corrective eyewear including frames, lenses, and contact lenses, as well as options for covering contact lens evaluations. All employees have access to great discounts on lens add-ons, additional pairs of eyeglasses, LASIK services, and other great extras just for being a member.²

Affordable

Competitively priced plan options and multiple contribution options give groups flexibility to select premiums that fit both their and their employees' budgets. And low member out-of-pocket costs, including fully covered and low-cost frame options, make it easier for employees to get care they need.

Convenient

Through our partner, Davis Vision, employees have access to a large network that includes nearly 900 provider locations in the local Excellus BCBS network area and 152,000+ points of access nationwide,³ including independent eye care professionals, four of the top five eyewear retailers, and online retailers.

Simple

Simplify your benefits administration with a single point of contact for all health care benefits, plus streamlined implementation and administration with combined enrollment forms and unified online bill pay system.

\$8 Billion

the annual cost in sick days, lost productivity, and medical bills due to vision disorders⁴



4 Vision Council of America, Vision in Business, 2016

Explore coverage options and compare plan designs within the Blue on Demand quote tool

1 "Vision Health Initiative: Keep an Eye on Your Vision Health," Centers for Disease Control and Prevention [CDC], October 2020.

2 Not all providers participate in Davis Vision Discounts, including the fixed lens option pricing. Members should contact their provider prior to scheduling an appointment to confirm if he/she offers the discount and fixed lens option pricing.

3 Davis Vision, January 2021

Davis Vision is an independent company providing vision benefit management services and access to their network.

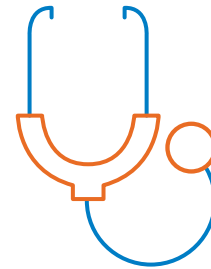
Dental Package Options

Dental issues can cause big problems for small business. In fact...



164 million

hours of work are lost in the U.S. every year due to dental disease¹



Up to 120

medical conditions like diabetes, heart disease and stroke^{2,3} can be detected with a simple checkup.

By combining your medical and dental benefits with Excellus BlueCross BlueShield, you can catch small problems early to keep costs in check. SimplyBlue Plus Dental offers a growing network of dentists to help your team be more proactive about care — and more productive in the workplace.

SimplyBlue Plus Dental Plans

- Range of package options to meet budget needs
- Provides Affordable Care Act (ACA) compliance in a standalone dental plan
- Deductibles as low as \$0
- Full family coverage
- No annual maximum for pediatric service

Dental Blue Options Plans

- Wide range of benefits with over 40 package options for maximum flexibility to tailor the perfect plan for your business
- Provides Affordable Care Act (ACA) compliance in conjunction with SimplyBlue Plus medical plans
- Deductibles as low as \$25
- Full family coverage

Both plans provide:

- National Dental GRID+ DenteMax network is included in all plan options.
- One-stop shop for comprehensive, coordinated medical and dental coverage
- Broad and growing network of dental providers includes over 80% participation in the Rochester area
- Competitive rates
- Local carrier with strong ties to the community

¹ U.S. Department of Health and Human Services [DHHS]. "Oral Health in America."

² Little, James W., Falace, Donald A., Miller, Craig S., & Rhodus, Nelson L., "Dental Management of the Medically Compromised Patient (8th Ed.)," 2012.

³ CDC, "Oral Health: Preventing Cavities, Gum Disease, and Tooth Loss," 2009.



SimplyBlue Plus Dental Packages

Affordable Care Act (ACA)-compliant dental plans that are designed specifically for Small Groups

SimplyBlue Plus Dental Plan Options

Package ID	SBPD-1500-PPO		SBPD-1000-PPO		SBPD-1000B-PPO		SBPD-750-PPO	
	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)	Pediatric (up to age 19)	Adult (19 and over)
Deductible enrollee/2+ enrollees	None	None	\$25/\$75	\$75/\$225	\$25/\$75	\$75/\$225	\$25/\$75	\$100/\$300
Out-of-Pocket Maximum enrollee/2+ enrollees	\$350/700 ¹	N/A	\$350/700 ¹	N/A	\$350/700 ¹	N/A	\$350/700 ¹	N/A
Annual Maximum	N/A	\$1,500	N/A	\$1,000	N/A	\$1,000	N/A	\$750
Preventive Services	\$0 copay	100%	100%	100%	100%*	100%*	100%*	100%*
Basic Services	\$25 copay	50%	50%*	50%*	50%*	50%*	50%*	50%*
Major Services	\$100 copay	50%	50%*	50%*	50%*	50%*	50%*	N/A
Orthodontics²	\$300 copay	N/A	50%*	N/A	50%*	N/A	50%*	N/A

*Subject to plan deductible

¹ out-of-pocket maximum applies to in-network benefits only

² Service requires prior authorization and must be medically necessary

Adult benefits subject to plan Annual Maximum

Same coverage for in- and out-of-network; out-of-network is subject to balance billing (excluding out-of-pocket maximum)

Service categories vary between Adult and Pediatric coverage.

Integrated Benefits & Services

Dental Blue Options Plan

Pediatric Dental coverage for members up to age 19 can be included in all Small Business medical plans. Dental Blue Options lets you add full family coverage to complement your Pediatric Dental coverage.

Pediatric Dental coverage through Small Business medical plans brings you:

- Convenient compliance with Affordable Care Act (ACA) mandates
- Full range of diagnostic, palliative, and therapeutic services, but not as robust as our Dental Blue Options plan
- Varied cost share by plan, subject to medical deductible
 - Standard = PCP Copay
 - Non-Standard = 100%/80%/50%/50%
 - Preventive cleanings and exams are not subject to the in- or out-of-network deductible on Non-Standard Hybrid plans and Non-Standard Deductible HSA plans
- Preventive services including cleanings, fluoride treatments, and sealants
- Routine exams, X-rays, and fillings
- Restorative root canals, stainless steel crowns, stabilization of cleft palate
- Orthodontics to treat serious medical conditions



Dental Blue Options Plans

Package ID	Plan Type	Ded	Annual Max	Class I	Class II	Class IIA	Class III	Class IV	Ortho Max
DBOE-1-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	50%	\$2,000
DBOE-2-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$2,000
DBOE-3-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOE-4-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOE-5-26/26	Employer Sponsored	\$50	\$1,000	0%	50%	50%	50%	50%	\$1,000
DBOE-6-26/26	Employer Sponsored	\$50	\$1,000	0%	50%	50%	50%	N/A	N/A
DBOE-7-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	20%	N/A	N/A	N/A
DBOE-11-26/26*	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOE-12-26/26*	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	50%	\$2,000
DBOE-15-26/26	Employer Sponsored	\$25	\$1,000	0%	15%	15%	50%	50%	\$1,000
DBOE-22-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A
DBOE-28-26/26**	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOE-29-26/26*	Employer Sponsored	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOE-30-26/26*	Employer Sponsored	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A
DBOE-32-26/26**	Employer Sponsored	\$50	\$1,000	INN: 0% OON: 30%"	INN: 20% OON: 50%"	INN: 20% OON: 50%"	50%	N/A	N/A
DBOE-40-26/26	Employer Sponsored	\$25	\$1,250	0%	0%	0%	20%	N/A	N/A
DBOE-41-26/26	Employer Sponsored	\$50	\$1,000	20%	50%	50%	50%	50%	\$750
DBOE-42-26/26	Employer Sponsored	\$25	\$1,250	0%	20%	50%	50%	50%	\$1,500
DBOE-43-26/26	Employer Sponsored	\$50	\$1,250	0%	20%	50%	50%	50%	\$1,000
DBOE-44-26/26	Employer Sponsored	\$25	\$2,000	0%	0%	0%	20%	50%	\$2,000
DBOE-18E-26/26	Employer Sponsored	\$50	\$1,000	0%	20%	50%	50%	N/A	N/A
DBOE-6E-26/26	Employer Sponsored	\$50	\$1,500	0%	20%	50%	50%	50%	\$1,000
DBOV-1E-26/26	Voluntary	\$50	\$1,500	0%	20%	20%	50%	50%	\$1,500
DBOV-3-26/26	Voluntary	\$50	\$1,000	0%	20%	20%	50%	50%	\$1,000
DBOV-4-26/26	Voluntary	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOV-6-26/26	Voluntary	\$50	\$1,000	0%	50%	50%	50%	N/A	N/A
DBOV-13-26/26	Voluntary	\$50	\$1,000	0%	20%	50%	50%	N/A	N/A
DBOV-16-26/26**	Voluntary	\$50	\$1,000	INN: 0% OON: 30%"	INN: 20% OON: 50%"	INN: 20% OON: 50%"	50%	N/A	N/A
DBOV-17-26/26**	Voluntary	\$50	\$1,000	INN: 0% OON: 30%"	INN: 20% OON: 50%"	INN: 20% OON: 50%"	50%	INN: 50% OON: 50%"	\$1,000
DBOV-18-26/26*	Voluntary	\$50	\$1,000	0%	20%	20%	50%	N/A	N/A
DBOV-19-26/26*	Voluntary	\$50	\$1,500	0%	20%	20%	50%	N/A	N/A

Disclaimer: Values shown reflect member responsibility

* Syracuse and Utica Only. Plan has out-of-network coverage at UCR90

** Rochester Only

Integrated Benefits & Services

Dental Blue Options Annual Maximum Rollover Plans

Regular dental visits can greatly reduce the occurrence of major oral health issues, saving money for both employers and employees. The Dental Annual Maximum Rollover from Excellus BCBS incentivizes preventive care by rewarding employees with funds they can roll over to use as needed in the future.

2025 DENTAL ANNUAL MAXIMUM ROLLOVER PACKAGES

Package ID	Plan Type	Ded	Annual Maximum	Annual Max Rollover Threshold	Rollover	Rollover Account Maximum	Benefit Classes Class I/II/IIA/III/IV	Ortho Max
			The Annual Maximum Rollover design is based on the dental plan annual maximum	Maximum claims amount that the member can incur in order to earn the rollover	The dollar amount added to the plan annual maximum for future years	The maximum amount of rollover dollars that may be kept in the rollover account		
DBOER-1-26/26	Employer Sponsored	\$50	\$1,000	\$500	\$250	\$1,000	0%/20%/20%/50%/NA	N/A
DBOER-2-26/26	Employer Sponsored	\$50	\$1,000	\$500	\$250	\$1,000	0%/20%/20%/50%/50%	\$1,000
DBOER-3-26/26	Employer Sponsored	\$75	\$750	\$350	\$125	\$500	0%/20%/20%/50%/NA	N/A
DBOER-4-26/26	Employer Sponsored	\$50	\$1,500	\$500	\$250	\$1,000	0%/20%/20%/50%/50%	\$2,000
DBOER-5-26/26	Employer Sponsored	\$50	\$1,500	\$500	\$250	\$1,000	0%/20%/20%/50%/NA	N/A
DBOVR-1-26/26	Voluntary	\$50	\$1,000	\$500	\$250	\$1,000	0%/20%/20%/50%/NA	N/A
DBOVR-2-26/26	Voluntary	\$50	\$1,000	\$500	\$250	\$1,000	0%/20%/20%/50%/50%	\$1,000
DBOVR-3-26/26	Voluntary	\$75	\$750	\$350	\$125	\$500	0%/20%/20%/50%/NA	N/A

Let's take a look at how it works:



1. Employees can roll over a portion of their unused amount in their annual maximum to the next year if they submit at least one paid dental claim, and do not exceed the rollover threshold

2. This incentivizes employees to visit the dentist for preventive care, which can help minimize major dental issues

3. Funds that roll over are added to the next year's annual maximum to be used for future treatment



SECTION 5

Small Business Plans



WHAT'S NEW IN 2025

SECTION 1

SECTION 2

SECTION 3

SECTION 4

SECTION 5

SECTION 6

Small Business Plans

A Full Spectrum of Designs

Finding the right fit

With four types of plans and multiple options, we have coverage that's right for every group and every member. Simply narrow down your client's personal approach using four product profiles. You'll see we've used these colors — orange, light blue, blue and green — throughout the guide to help make it easier to select products with the right profile and features.

STABLE

A comprehensive approach to health insurance, this product design features premiums that cover nearly all your health care costs, even major claims, with very few out-of-pocket costs throughout the year. So you're never surprised by a big bill, and you rarely have to think about your coverage. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something stable, this plan might fit:

- **Copay Standard**
- **Copay Non-Standard A**
- **Copay Non-Standard B**

BALANCED

These plans balance the predictability of higher copays with the up-front cost savings of lower premiums—without the need for a deductible. So you get a straightforward plan free from complicated deductible tracking throughout the year. These plans can also be combined with an FSA or an HRA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something balanced, one of these plans might fit:

- **Copay Non-Standard E**

BLENDED

With the advantage of moderate premiums, these plans use a blend of deductibles and fixed copays to achieve a combination of predictability and cost savings. So you get the confidence of a comprehensive plan with more freedom than you might expect. Some of these plans can also be combined with an HSA, allowing you to pay for medical expenses with pretax dollars.

If your client is looking for something blended, one of these plans might fit:

- **Hybrid Standard**
- **Hybrid Non-Standard A**
- **Hybrid Non-Standard C**
- **Hybrid Non-Standard F**
- **Deductible HSA Non-Standard B**
- **Deductible HSA Non-Standard D**

VALUE MAXIMIZING

For those who enjoy managing and maximizing their money, this product design features the lowest monthly premiums and greatest ability to control your own costs. It requires more planning and engagement, which many people embrace, and can sometimes be combined with an HSA — allowing you to pay for medical expenses with pre-tax dollars.

If your client is looking for something value maximizing, one of these plans might fit:

- **Deductible HSA Non-Standard A**
- **Deductible Non-Standard A**

Small Business Plans

Small Business Plan Design Details

Plan Designs	STABLE	BALANCED	BLENDED			VALUE MAXIMIZING
	Designed for convenience.	Designed for people who want the confidence of an easy-to-understand plan with a lower premium.	A blended plan design that helps bridge the difference between traditional copay plans and high deductible plans.			Designed so members can take control of their health care dollars.
	Copay Non-Standard A Copay Non-Standard B Copay Standard	Copay Non-Standard E	Hybrid Standard Hybrid Non-Standard A	Hybrid Non-Standard C Hybrid Non-Standard F	Deductible HSA Non-Standard B Deductible HSA Non-Standard D	Deductible HSA Non-Standard A Deductible Non-Standard A
Design Description	<p>What makes these plans stable:</p> <ul style="list-style-type: none"> • There is no deductible. • You will pay a set copay for covered services.* 	<p>What makes this plan balanced:</p> <ul style="list-style-type: none"> • There is no deductible. • Works like a traditional copay plan only with six distinct copay levels. • The copays are higher which lowers the up-front costs. 	<p>What makes these plans blended:</p> <ul style="list-style-type: none"> • There is a deductible; it applies to all medical services to reduce premium payments. • After the deductible is met, the plan acts like a copay plan to bring predictability.* 	<p>What makes these plans blended:</p> <ul style="list-style-type: none"> • There is a deductible; it applies to inpatient services and outpatient surgery to balance out-of-pocket costs on covered services and premium payments. Emergency services are also subject to deductible for Hybrid Non-Standard F. • Pay only a set copay for all other services not subject to the deductible.* 	<p>What makes these plans blended:</p> <ul style="list-style-type: none"> • Lowest premium of our Balanced plans. • All services and drugs are subject to a deductible to lower the premium. • After the deductible is met, the plan acts like a copay plan to bring predictability.* 	<p>What makes these plans value maximizing:</p> <ul style="list-style-type: none"> • All services and drugs are subject to a deductible to lower the premium. • Coinsurance is applied to all services after the deductible to lower the premium. • Deductible HSA Non-Standard A plans are HSA qualified
Plan Features	<p>Stable highlighted features include:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • A set copay on Inpatient and ER visits • Low urgent care copays • Telehealth services covered in full 	<p>Balanced highlighted features include:</p> <ul style="list-style-type: none"> • Easy to understand copay levels Level 1: free annual checkups and preventive services Level 2: Primary Care Services Level 3: Specialist Visits, Urgent Care, X-Rays Level 4: Emergency Room services Level 5: Outpatient Surgery Level 6: Inpatient Hospital Services 	<p>Blended highlighted features include:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth services covered in full 	<p>Blended highlighted features include:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth services covered in full • Pay a PCP copay for lab tests 	<p>Blended highlighted features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth service covered in full once the deductible has been satisfied, otherwise a \$50 copay will apply.** 	<p>Value maximizing features include:</p> <p>Low or no out-of-pocket on:</p> <ul style="list-style-type: none"> • Free annual health checkups • Free preventive services • Telehealth service covered in full once the deductible has been satisfied, otherwise a \$50 copay will apply.**
Aggregation Design	Individual aggregation provides stability for total out-of-pocket costs for all members of a family.	Individual aggregation provides stability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Individual aggregation provides predictability for total out-of-pocket costs for all members of a family.	Family aggregation applies to this plan to lower premiums.	Family aggregation applies to plans at lower premiums. Individual aggregation applies to plans at a slightly higher premium.

* Services related to eyewear, hearing, durable medical equipment, and external prosthetics are subject to coinsurance.

** The \$50 allowable charge does not apply to behavioral health services. The allowable costs for behavioral health services vary but do not exceed \$180. This means a member who has not met their deductible will not pay more than \$180.

Small Group Portfolio Map

Product Classification	PPO												
Product Components	Small Business Products												
In-network Structure	In-network												
Plan Types	Copay				Hybrid				Deductible	Deductible HSA			
Plan Aggregation Design	Copay 1 Individual Aggregation				Hybrid 1 Individual Aggregation		Hybrid 9 Individual Aggregation		Deductible 4 Family Aggregation	Deductible HSA 3 Individual Aggregation	Deductible HSA 4 Family Aggregation		
Product Design	Copay Standard	Copay Non-Standard A	Copay Non-Standard B	Copay Non-Standard E	Hybrid Standard	Hybrid Non-Standard A	Hybrid Non-Standard C	Hybrid Non-Standard F	Deductible Non-Standard A	Deductible HSA Non-Standard A	Deductible HSA Non-Standard A	Deductible HSA Non-Standard B	Deductible HSA Non-Standard D
Product Packages	Standard Platinum	Platinum 2, 3, 6	Gold 1, 5	Blue Simplicity Gold	Standard Gold Standard Silver	Gold 14 Silver 6	Platinum 4 Gold 17, 19	Silver 18	Bronze 7	Silver 16	Gold 6 Silver 2, 17 Bronze 3, 4	Bronze 5	Gold 21 Silver 19
Package Options	Package Options Dependent Age Family Planning Domestic Partner Pediatric Dental												

The Small Group portfolio also offers an HMO option to Small Groups with out-of-area headquarters and a Healthy NY EPO to eligible small businesses. Contact your Account Service Manager for more information.

Small Business Plans

Product Components

All Small Business plans include the 10 Essential Health Benefits (EHBs) all groups must cover:

The following is a list of general categories of EHBs covered by our Small Business plans:

1. Prescription Drugs
2. Rehabilitative and Habilitative Services, as well as Devices
3. Emergency Services
4. Maternity and Newborn Care
5. Preventive and Wellness Services, as well as Chronic Disease Management
6. Pediatric Dental and Vision Care
7. Mental Health and Substance Use Disorder Services
8. Hospitalization
9. Ambulatory Patient Services
10. Laboratory Services

For a specific list of EHBs, as determined by the NYS benchmark plan, please visit www.cms.gov/ccio/resources/data-resources/ehb.html.



Small Business Plans

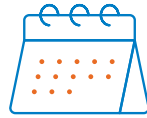
Covered in Full Preventive Care

Tracking your preventive screenings offers peace of mind. Excellus BCBS members are covered in full for all preventive screenings, which can help confirm they're healthy or improve earlier disease detection.



Well-Baby and Well-Child Care

Routine physical examinations, including vision and hearing screenings, developmental assessment, anticipatory guidance, and laboratory tests.



Adult Annual Physical Examinations

Annual physical examinations and preventive care and screenings, including blood pressure screening for adults, cholesterol screening, colorectal cancer screening, and diabetes screening.



Adult Immunizations

Adult immunizations recommended by the Advisory Committee on Immunization Practices (ACIP) are covered and not subject to deductible.



Well-Woman Examinations

Routine gynecological examination, breast examination, and annual Pap test, including laboratory and diagnostic services.

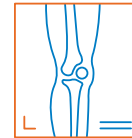
Mammograms

One baseline screening mammogram and one annual screening.



Family Planning and Reproductive Health Services

FDA-approved contraceptive methods prescribed by a provider are covered. Prescription drugs and devices approved by FDA, or generic equivalents as approved substitutes, are also covered.



Bone Mineral Density Measurements or Testing

We cover bone mineral density measurements or tests.



Age and gender restrictions can apply. For the full list of preventive care services and qualifying requirements, visit www.healthcare.gov/coverage/preventive-care-benefits.

Small Business Plans

Additional Preventive Care

Medical diagnosis-driven services for certain chronic conditions are covered in front of the deductible for HDHPs (applicable cost shares, such as copays and/or coinsurance may apply).

Preventive Care for Specified Conditions	For Individuals Diagnosed with
Blood pressure monitor	Hypertension
Retinopathy screening	Diabetes
Peak flow meter	Asthma
Glucometer	Diabetes
Hemoglobin A1c testing	Diabetes
International Normalized Ratio (INR) testing	Liver disease and/or bleeding disorders
Low-density Lipoprotein (LDL) testing	Heart disease

Note: These are medical preventive services only. Rx preventive services are not included.



Small Business Plans

Pediatric Dental



For plans that cover pediatric dental, we cover the following dental care services for members up to 19 years of age:

- **Emergency Dental Care.** Emergency treatment required to alleviate pain and suffering caused by dental disease or trauma, not subject to our preauthorization.
- **Preventive Dental Care.** Procedures that help prevent oral disease from occurring, including cleanings, topical fluoride application, sealants, and unilateral and bilateral space maintainers.
- **Routine Dental Care.** Routine dental care provided in the office of a dentist, including dental examinations, x-rays, simple extractions, and in-office conscious sedation.
- **Major Dental Care.** Endodontics, including procedures for treatment of diseased pulp chambers and pulp canals; Periodontics, including services in anticipation of, or leading to medically necessary orthodontics; and certain Prosthodontic services.
- **Orthodontics.** Medically necessary procedures only. Used to help restore oral structures to health and function and to treat serious medical conditions such as cleft palate and cleft lip, craniofacial anomalies, and other significant skeletal dysplasias. Preauthorization is required.

Benefit highlights:

- **All Non-Standard, Hybrid and Deductible HSA Plans.** In- and out-of-network preventive exams and cleanings are not subject to the deductible.

Pediatric Vision



All our plans offer the following coverage for members up to 19 years of age:

- **Vision Care.** Emergency, preventive, and routine vision care.
- **Vision Examinations.** One vision examination per 12-month period, unless more frequent examinations are medically necessary.
- **Prescribed Lenses and Frames.** Standard prescription lenses or contact lenses one time per 12-month period, unless more frequent changes in lenses or contact lenses are medically necessary.

Benefit highlights:

- **All Non-Standard plans** will include pediatric annual eye exams covered in full (subject to deductible, where applicable)

Member cost share will vary based on the package.

Small Business Plans

In-Network Structure

All Excellus BCBS Small Business plans provide coverage through our vast network of doctors and hospitals.

A “network” refers to a group of doctors and hospitals that have agreed to accept payment in exchange for serving members.

Our plans give members the freedom to choose from all doctors and hospitals “in-network,” without more expensive out-of-pocket costs. This is important to consider, as many employees are living in and commuting from a variety of locations.

With our Small Business Plans, members get:



Savings with contracted providers (in-network)



Access to non-contracted providers (out-of-network), but costs will be higher



Small Business Plans

Understanding Product Classifications and Plan Types

Health insurance products are classified based on where services are administered and the type of coverage the member receives. Historically, many plans were Health Maintenance Organizations (HMOs), and were sometimes viewed as restrictive in that they required members to have a Primary Care Physician (PCP) to coordinate care with specialists within a specific network of doctors and hospitals. All Excellus BCBS Small Business plans are PPOs (Preferred Provider Organizations) to give members more choices and more control.

PPO

Members receive services from a vast network of PPO doctors and hospitals.

- 100% of hospitals and 99% of local doctors participate in our 31-county network.
- Members benefit from unsurpassed discounts when receiving care in our PPO network.
- Members may receive care outside of the PPO network, but typically pay more for this care. Balance billing is available out-of-network.
- No need to list a PCP or request referrals to a specialist
- Analysis and recovery
- Accountable Cost and Quality Agreement (ACQA) and provider collaborations

We chose to build our Small Business products as PPO's to take advantage of the flexibility and control.

Exclusive Provider Organization (EPO)

Members receive services from a network of EPO doctors and hospitals for a prearranged discounted rate, but there is no coverage for care received out-of-network unless it is an emergency service or dialysis.

HMO

Members choose a Primary Care Physician and are required to get referrals to see specialists and other doctors except in emergencies. Members must receive services in the HMO network.

Point of Service (POS)

Members receive services from participating network providers or from providers outside the network. Deductible and/or coinsurance typically apply for out-of-network care.

Indemnity

Members receive services from any doctor or hospital. The insurance company reimburses doctor or hospital for each covered service, and deductibles and coinsurance typically apply.



Small Business Plans

Plan Types

There are three plan types available

Each plan type covers qualified preventive services in full without being subject to the deductible that may be applicable.

Name	Description	HSA-Qualified (Y/N)	Rx Subject to Medical Deductible (Y/N)
Copay	<ul style="list-style-type: none"> There is no in-network deductible. Members pay a fixed dollar amount for most services. 	No	No
Hybrid	<ul style="list-style-type: none"> Members must first pay in- and out-of-network deductibles on applicable medical care before the health plan begins to pay. Once the deductible is met, the member pays either a copay or coinsurance, depending on plan design. Prescription drug fills are not subject to the medical deductible. Diabetic drugs fall under the medical contract, on some hybrid plans, and are subject to deductible before copays/coinsurance applies. 	No	No
Deductible HSA	<ul style="list-style-type: none"> Members must first pay the deductible for all medical care before the health plan begins to pay. Prescription drug fills are subject to the medical deductible. Preventive Rx fills will not be subject to the deductible on non-standard plans. 	Yes	Yes
Deductible	<ul style="list-style-type: none"> Members must first pay the deductible for applicable medical care before the health plan begins to pay Prescription drug fills are subject to the medical deductible Deductibles and/or out-of-pocket maximum amounts exceed IRS limits; therefore plans are not eligible to pair with HSA accounts. (You can always pair any plan with an HRA account.) 	No	Yes

Small Business Plans

Plan Aggregation Design

The chart below explains the differences between Excellus BCBS Small Business plan aggregation designs

Aggregation Design Name	Deductible			Out-of-Pocket Maximum (OOPM)			Visit/Day Limit Accumulation In- & Out-of-Network
	Which aggregation rule applies?	How do in- and out-of-network deductibles accumulate?	Which services apply to the deductible?	Which aggregation rule applies?	How do in- and out-of-network OOPM deductibles accumulate?	Which services apply to the OOPM?	How do visit/day limits accumulate?
Copay 1	Individual	N/A	N/A	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Hybrid 1	Individual	Separately	All medical, pediatric dental, and vision	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Hybrid 9	Individual	Separately	Applicable medical, pediatric dental, and vision	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Deductible HSA 3	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Individual	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Deductible HSA 4	Family	Separately	All services (medical, pediatric dental, vision, and Rx)	Family	Separately	All services (medical, pediatric dental, vision, and Rx)	Together
Deductible 4	Family	Separately	All services (medical, pediatric dental, vision, and Rx)	Family	Separately	All services (medical, pediatric dental, vision, and Rx)	Together

Small Business Plans

Understanding Our Aggregation Options

As members move through the year, it's important to understand how medical expenses add up and whether the cost will be the responsibility of the member or the health plan.

Aggregation refers to how payments toward health care services add up and are counted against a member's deductibles and out-of-pocket maximums. Depending on the plan features, aggregation may be determined on an individual or family basis.

Deductible Aggregation

Individual Aggregation

Each covered family member only needs to satisfy their own individual deductible, not the entire family deductible, before plan benefits kick in. This option is often more attractive to families because claims for individuals will be covered when that individual meets their single deductible, regardless of whether or not other family members have met theirs.

Family Aggregation

While this option typically helps keep monthly premiums lower, family aggregation means the entire family's annual deductible must be met by one or any combination of covered members before a copay or coinsurance is applied for any family member.

Out-of-Pocket Max Aggregation

The Same Rules Apply to Out-of-Pocket Maximums (OOPM)

- If a plan has individual aggregation, the single deductible level must be => the family deductible minimum for that year, or \$3,300 in 2025.
- If a plan has family aggregation, the single deductible level must be => the individual minimum for that year, or \$1,650 in 2025.

Per Person OOPM Cap

All Excellus Small Group plans include an extra layer of protection preventing any individual from exceeding \$8,300 in personal out-of-pocket medical expenses each year. This cap applies to family plans with family aggregation, acting as a safeguard and providing more value in the event of high medical expenses for one individual.

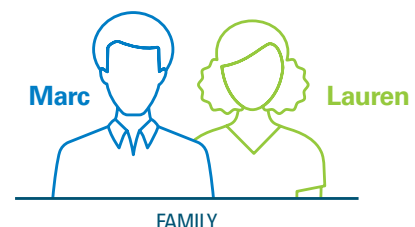
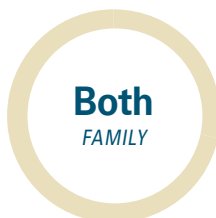
Let's take a look at two examples on the next page

Consider this, Lauren and Marc are on a family plan that includes the following cost shares:

INDIVIDUAL DEDUCTIBLE: **\$3,000**
FAMILY DEDUCTIBLE: **\$6,000**

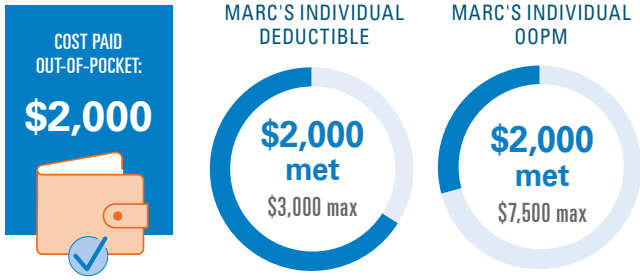
COINSURANCE: **20%**
(ONCE DEDUCTIBLE IS MET)

INDIVIDUAL OOPM: **\$7,500**
FAMILY OOPM: **\$15,000**

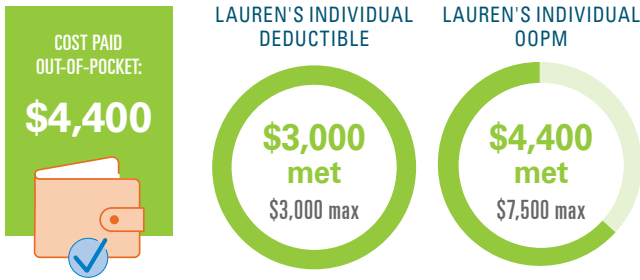


EXAMPLE 1: INDIVIDUAL AGGREGATION

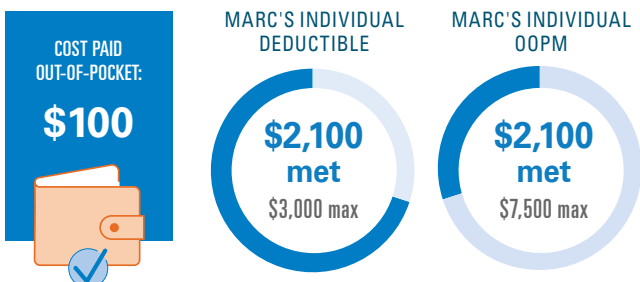
In January, **Marc** needs a minor surgical procedure that costs \$2,000. Since this is Marc's first medical expense this year, his individual deductible applies. He will pay **100% of the costs (\$2,000)**.



In May, **Lauren** is admitted to the hospital for an emergency procedure that costs \$10,000. Since this is Lauren's first medical expense this year, her individual deductible applies. **She will pay 100% (\$3,000) of her deductible plus 20% coinsurance (\$1,400) for the remaining balance.**



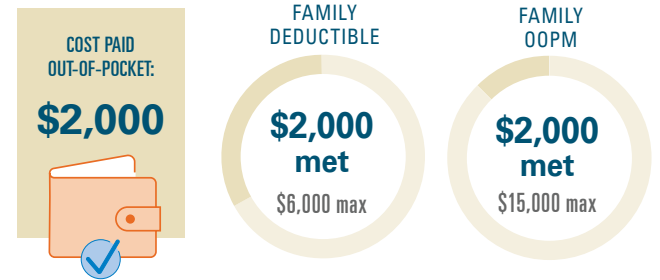
In August, **Marc** visits the doctor, resulting in a \$100 charge. Since Marc's deductible has not been met, he will continue to pay toward his individual deductible. He will pay **100% of the costs (\$100)**.



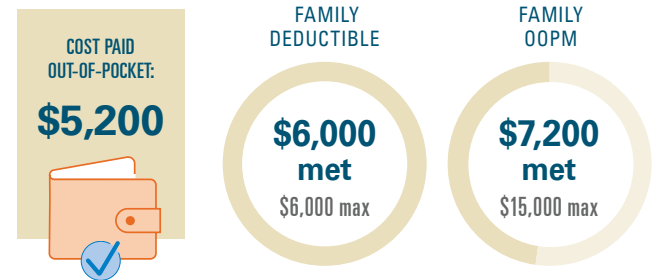
If Marc reaches his deductible, **Excellus BCBS will start paying 80%** of covered expenses. If Lauren and/or Marc reach their individual \$7,500 OOPM, their individual covered health care services will be covered in full by Excellus BCBS.

EXAMPLE 2: FAMILY AGGREGATION

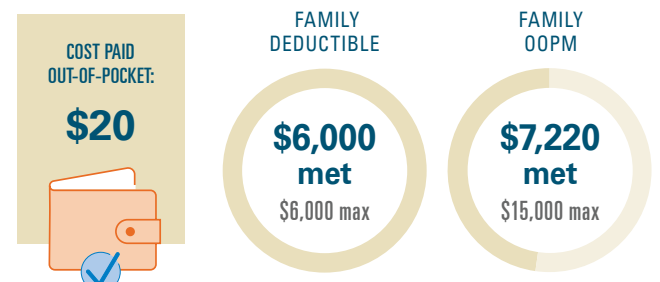
In January, **Marc** needs a minor surgical procedure that costs \$2,000. Since this is the family's first medical expense this year, the deductible applies. He will pay **100% of the costs (\$2,000)**.



In May, **Lauren** is admitted to the hospital for an emergency procedure that costs \$10,000. Since the family deductible applies, **Lauren will pay 100% of the first \$4,000 to meet the family deductible plus 20% coinsurance (\$1,200) for the remaining balance.**



In August, **Marc** visits the doctor, resulting in a \$100 charge. **Since the family deductible has been met, Marc will pay 20% coinsurance (\$20) of the total allowed cost.**



If Lauren and Marc reach their OOPM together through any combination of their health care expenses, **Excellus BCBS will pay 100%** of covered medical expenses for the rest of the plan year.

Reminder: Even though the family OOPM is \$15,000 and can be reached through any combination of family members' expenses, the **Per Person Individual OOPM Cap** mentioned earlier applies here. Meaning, if Lauren's procedure had cost considerably more, she would never owe more than \$8,300 in individual expenses in a year, due to this extra layer of protection.

Small Business Plans

Small Business Plan Updates for 2025

To comply with 2025 HCR guidelines, some benefit coverage is changing. See below for a summary of what is changing. If your plan is not listed below, there were no changes to the plan.

The changes identified below will be implemented on a group's renewal date beginning 1/1/2025. Groups and members will be notified of the changes in their Annual Rate Notice(s).

What's New 2025:

- \$0 Diabetic Insulin on all plans (not subject to the deductible)
- \$0 Cardiac and Pulmonary Rehabilitation Services on all Non-Standard plans subject to the deductible, where applicable
- \$0 Tier 1 drugs for Children up to age 19 on all Non-Standard plans subject to the deductible, where applicable

Small Business Copay Plan Adjustments

Plan Name	Coverage	Impacted Benefits	2024 Benefits	2025 Benefits
SimplyBlue Plus Platinum 2	In-Network	Single out-of-pocket maximum	\$5,500	\$4,200
		Rx	\$5/\$35/\$70	\$10/\$35/\$70
Simply Blue Plus Gold 1	In-Network	Single out-of-pocket maximum	\$9,450	\$9,200
Simply Blue Plus Gold 5	In-Network	Single out-of-pocket maximum	\$9,400	\$9,200
Blue Simplicity	In-Network	Advanced Imaging	Level 4 \$250	Level 3 \$100
	Out-of-Network	Advanced Imaging	Level 4 \$300	Level 3 \$150
	In-Network	Single out-of-pocket maximum	\$8,250	\$8,750

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 \$9,200 in compliance with HHS guidelines.

Any one person insured on a HSA family plan will not pay more than \$8,300 in compliance with IRS guidelines.

Small Business Hybrid Plan Adjustments

Plan Name	Coverage	Impacted Benefits	2024 Benefits	2025 Benefits
SimplyBlue Plus Platinum 4	In-Network	Single out-of-pocket maximum	\$2,000	\$2,250
SimplyBlue Plus Gold 14	In-Network	Single Deductible	\$1,100	\$1,200
SimplyBlue Plus Standard Gold	In-Network	Single out-of-pocket maximum	\$5,900	\$7,900
Healthy New York EPO	In-Network	Single out-of-pocket maximum	\$5,900	\$7,900
SimplyBlue Plus Silver 6	In-Network	Single out-of-pocket maximum	\$9,450	\$9,200
SimplyBlue Plus Standard Silver	In-Network	Single out-of-pocket maximum	\$9,450	\$9,200
SimplyBlue Plus Silver 18	In-Network	Single out-of-pocket maximum	\$9,250	\$9,200
		PCP Copay	\$50	\$60
		Diagnostic and Routine Laboratory and Pathology	\$50	\$60
		PT/OT/ST Copay	\$50	\$60

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 \$9,200 in compliance with HHS guidelines.
 Any one person insured on a HSA family plan will not pay more than \$8,300 in compliance with IRS guidelines.



Small Business Deductible HDHP Plan Adjustments

Plan Name	Coverage	Impacted Benefits	2024 Benefits	2025 Benefits
SimplyBlue Plus Gold 6	In-Network	Single out-of-pocket maximum	\$3,600	\$3,800
SimplyBlue Plus Gold 21	In-Network	Diagnostic office visits	\$25*	\$10*
SimplyBlue Plus Silver 19	In-Network	Diagnostic office visits	\$25*	\$10*
SimplyBlue Plus Bronze 4	In-Network	Single Deductible	\$8,000	\$8,300
		Single out-of-pocket maximum	\$8,000	\$8,300

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 \$9,200 in compliance with HHS guidelines.

Any one person insured on a HSA family plan will not pay more than \$8,300 in compliance with IRS guidelines.

* Benefit is subject to the deductible



Small Business Plans

Preferred Packages

Preferred Packages are a way for employers to offer our most popular plans at every metal level, or every plan type. This approach, takes the guesswork out of selecting plans for employees.

So, whether the organization consists of families shopping for Platinum level plans, or couples interested in a higher deductible Bronze plan, they will all have access to choose from four plans with a range of benefits and price points.

Benefits of Preferred Packages include:

- One option at every metal level and all plan types
- Expedited underwriting and enrollment processes
- One rate sheet for all packages
- Tools to help employees compare plans

Plan Name	SimplyBlue Plus Platinum 2 STABLE	SimplyBlue Plus Gold 17 BLENDED	SimplyBlue Plus Silver 2 VALUE MAXIMIZING	SimplyBlue Plus Bronze 4 VALUE MAXIMIZING
Plan Type	Copay	Hybrid	Deductible HSA	Deductible HSA
Primary Care	\$15	\$40	20% after deductible	0% after deductible
Specialist	\$30	\$60	20% after deductible	0% after deductible
Single Deductible	None	\$1,100	\$3,200	\$8,300
Coinsurance	None	20%	20%	0%
Single OOPM	\$4,200	\$8,250	\$8,000	\$8,300
I/P Copay	\$500	20% after deductible	20% after deductible	0% after deductible
ER	\$300	\$250	20% after deductible	0% after deductible
RX	\$10/\$35/\$70	\$10/\$45/\$90	\$10/\$45/\$90 after deductible	\$0 after deductible

Benefits in orange represent a cost share change from 2024 to 2025

Small Business Plans

Small Business Copay Plans

Designed for convenience and predictability

- Preventive services such as routine physicals, screenings, and vaccinations are covered in full.
- You are responsible for paying a flat dollar amount for most covered health care services in-network, other than preventive care, like going to the doctor when you're sick or getting a prescription filled.

A copay insurance plan may be right if:

- Member prefers the convenience and predictability of copays. This type of plan will have higher monthly premiums and lower out-of-pocket costs.
- Member tends to have high medical costs. They may prefer a plan without a high deductible and the protection of an out-of-pocket maximum.

Available Package		Office Visit		Hospital Visit		Emergency Care		Prescription Fills	Single Limit*	
Enrollment Code	Plan Name	Primary Care	Specialist	Inpatient	Outpatient	Urgent Care	Emergency Room	Cost share per Tier	Out-of-Pocket Maximum	Product Design Name*
TFG2	SimplyBlue Plus Platinum Standard	\$15	\$35	\$500	\$100	\$55	\$100	\$10/\$30/\$60	\$2,000	Copay Standard
TFH8	SimplyBlue Plus Platinum 2	\$15	\$30	\$500	\$300	\$30	\$300	\$10 /\$35/\$70	\$4,200	Copay Non-Standard A
TFK0	SimplyBlue Plus Platinum 3	\$25	\$40	\$500	\$150	\$40	\$150	\$5/\$35/\$70	\$4,500	Copay Non-Standard A
TGK6	SimplyBlue Plus Platinum 6	\$30	\$50	\$750	\$250	\$50	\$250	\$5/\$35/\$70	\$6,550	Copay Non-Standard A
TFJ4	SimplyBlue Plus Gold 1	\$30	\$60	\$1,250	\$650	\$60	\$650	\$15/40%/50%	\$9,200	Copay Non-Standard B
TFM6	SimplyBlue Plus Gold 5	\$40	\$70	\$1,500	\$650	\$70	\$650	\$15/\$100/50%	\$9,200	Copay Non-Standard A
TGU2	Blue Simplicity Gold	\$50	\$100	\$4,000	\$1,000	\$100	\$250	\$10/\$50/\$100	\$8,750	Copay Non-Standard E

Benefits in orange represent a cost share change from 2024 to 2025
Enrollment code change from 2024 to 2025

*The product design designates if a service is covered and if it is, how it is covered. See the next page for more detail on the product designs for these plans.

All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

*The Family out-of-pocket maximum is two times the Individual amount. Enrollment codes shown include: Dependent to age 26; Pediatric Dental coverage; Domestic partner coverage; Family planning coverage.

For other variations, see Blue on Demand at [ExcellusBCBS.com](https://www.excellusbcbs.com).

Small Business Plans

Small Business Hybrid

Designed to deliver a blend of predictability and flexibility for convenience

Hybrid plans represent a blended approach to coverage.

- Member is responsible for meeting deductible before the health plan starts contributing.
- Prescription drug fills are not subject to the deductible (diabetic drugs are subject to the medical deductible for some plans. See next page for more detail on the product design).
- Preventive services such as routine physicals, screenings, and vaccinations are covered in full (not subject to the deductible).

A hybrid plan may be right if a member is:

- Looking for a less expensive plan, but not ready to move to a high deductible plan
- Willing to pay a deductible before the health plan starts contributing
- Looking for a plan with no deductible applied to prescription drugs

Available Package		Single Limit*		Office Visit			Hospital Visit		Emergency Care		Prescription Fills	Product Design Name*
Enrollment Code	Plan Name	Deductible	Out-of-Pocket Maximum	Primary Care	Specialist	Coinsurance	Inpatient	Outpatient	Urgent Care	Emergency Room	Cost Share per Tier	
TGH4	SimplyBlue Plus Platinum 4	\$250	\$2,250	\$15	\$25	20%	20%**	20%**	\$25	\$150	\$5/\$25/\$50	Hybrid Non-Standard C
TFX8	SimplyBlue Plus Gold 14	\$1,200	\$7,000	\$25**	\$40**	20%	20%**	20%**	\$40**	\$450**	\$5/\$35/\$70	Hybrid Non-Standard A
TGI0	SimplyBlue Plus Gold 17	\$1,100	\$8,250	\$40	\$60	20%	20%**	20%**	\$60	\$250	\$10/\$45/\$90	Hybrid Non-Standard C
TGM2	SimplyBlue Plus Gold 19	\$2,250	\$6,850	\$40	\$60	20%	20%**	20%**	\$60	\$350	\$5/\$45/\$90	Hybrid Non-Standard C
TFW2	SimplyBlue Plus Gold Standard	\$600	\$7,900	\$25**	\$40**	0%	\$1,000**	\$100**	\$60**	\$150**	\$10/\$35/\$70	Hybrid Standard
TFU6	SimplyBlue Plus Silver Standard	\$2,100	\$9,200	\$30**	\$65**	0%	\$1,500**	\$150**	\$70**	\$500**	\$15/\$40/\$75	Hybrid Standard
TFZ4	SimplyBlue Plus Silver 6	\$3,250	\$9,200	\$40**	\$60**	25%	25%**	25%**	\$60**	\$450**	\$5/\$45/\$90	Hybrid Non-Standard A
TGQ0	SimplyBlue Plus Silver 18	\$7,500	\$9,200	\$60	\$100	30%	30%**	30%**	\$100	30%**	\$10/40%/50%	Hybrid Non-Standard F

Benefits in orange represent a cost share change from 2024 to 2025

Enrollment code change from 2024 to 2025

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All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

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**Benefit is subject to the plan deductible.

Small Business Plans

Small Business Deductible HDHP Plans

Designed so members can take control of their health care dollars

Our HSA plans are also deductible plans, with a special way to save for expenses.

- Deductible is higher than other insurance plans, and premium is lower.
- Member can deposit the money saved on premiums into a tax-favored health savings account (HSA) to help pay deductible (subject to federal limits).
- Unspent savings roll over year after year and earn interest.

An HSA plan may be right for those who:

- Want more control over how health care dollars are spent
- Prefer an up-front deductible (to offset the lower premium)
- Are comfortable handling higher out-of-pocket costs and managing savings to cover the costs as they occur
- Want a health plan that also offers tax savings

All Medical (non preventive) and prescription drug services are subject to the plan deductible.						
Available Package		Single Limit*		Plan Features		
Enrollment Code	Plan Name	Deductible	Out-of-Pocket Maximum	Coinsurance	Prescription Cost Share	Product Design Name*
TFO2	SimplyBlue Plus Gold 6	\$1,800	\$3,800	20%	\$5/\$45/\$90**	Deductible HSA Non-Standard A
TGV8	SimplyBlue Plus Gold 21	\$2,000	\$5,500	N/A	\$5/\$45/\$90**	Deductible HSA Non-Standard D
TFP8	SimplyBlue Plus Silver 2	\$3,200	\$8,000	20%	\$10/45/\$90**	Deductible HSA Non-Standard A
TGN8	SimplyBlue Plus Silver 16	\$3,300	\$7,500	20%	\$5/\$45/\$90**	Deductible HSA Non-Standard A
TGP4	SimplyBlue Plus Silver 17	\$3,600	\$6,600	20%	\$5/\$35/\$70**	Deductible HSA Non-Standard A
TGS6	SimplyBlue Plus Silver 19	\$3,350	\$7,750	N/A	\$5/\$45/\$90**	Deductible HSA Non-Standard D
TFR4	SimplyBlue Plus Bronze 3	\$5,500	\$7,500	50%	\$10/40%/50%**	Deductible HSA Non-Standard A
TFS0	SimplyBlue Plus Bronze 4	\$8,300	\$8,300	0%	\$0**	Deductible HSA Non-Standard A
TGE2	SimplyBlue Plus Bronze 5	\$6,000	\$7,500	N/A	\$10/\$45/\$90**	Deductible HSA Non-Standard B
TGX4	SimplyBlue Plus Bronze 7	\$9,200	\$9,200	0%	0%**	Deductible Non-Standard A

Benefits in orange represent a cost share change from 2024 to 2025
Enrollment code change from 2024 to 2025

*The product design designates if a service is covered and if it is, how it is covered. See the next page for more detail on the product designs for these plans. All benefits shown are in-network. Out-of-network benefits are available but not shown here. In- and out-of-network deductibles and out-of-pocket maximums accumulate separately.

*The Family out-of-pocket maximum is two times the Individual amount. Enrollment codes shown include: Dependent to age 26; Pediatric Dental coverage; Domestic partner coverage; Family planning coverage.

**Benefit is subject to the plan deductible.

For other variations, see Blue on Demand at [ExcellusBCBS.com](https://www.excellusbcbs.com).

Small Business Plans

Package Options

Clients may choose the following options for their Small Business health plan.

	Eligibility	Plan Variations Created With These Options
Dependent through Age 29	<ul style="list-style-type: none"> The dependent is unmarried Is not insured or eligible for coverage under an employer-sponsored health benefit plan Lives, works, or resides in New York State for our service area 	Standard coverage is to age 26; plan options are made available with this rider to extend through age 29 for an additional cost
Domestic Partner	<ul style="list-style-type: none"> Included in the base contract Employers may choose not to offer this coverage 	Plans include coverage for eligible domestic partner for no additional cost
Family Planning Benefits are mandated essential health benefits*	<ul style="list-style-type: none"> Included in the base contract Includes coverage for things like oral contraceptives, sterilization procedures for men, family planning, and certain travel and lodging expenses to access covered services that may not be available to you due to a law or regulation in the State where you reside Coverage can only be removed for groups obtaining a religious exemption 	All plans must include sterilization for men, family planning services for women, over-the-counter and generic oral contraceptives, and abortion
Pediatric Dental Benefits are mandated essential health benefits*	<ul style="list-style-type: none"> Coverage can only be removed for groups providing evidence of other qualified coverage 	All plans must have pediatric dental coverage that includes checkups (fluoride, sealant, fillings), basic dental care (x-rays, simple extractions), major dental (endodontics), and orthodontia (medically necessary)

* Removal of Family Planning or Pediatric Dental benefits requires group exception or Excellus SimplyBlue Plus Dental plan.

SECTION 6

Broker and Employer Tools & Resources



Broker and Employer Tools

Enroll and Update

Enroll and Update is an online benefit management program for brokers, employers, and employees that offers increased collaboration opportunities, streamlines the service process, and is intuitive and easy to use.

Highlights of the Enroll and Update tool

- Add new hires; access, enroll, or decline coverage; manage terminations
- Prepare enrollment reports such as coverage detail, transaction history, and employee census
- Schedule reports
- Check the status of employees' benefits quickly and easily
- Approve employee transactions right from the home screen
- Save and come back to enrollment transactions

Enjoy more convenience with online bill pay and invoicing

With Excellus BCBS, groups have 24/7 online access to bill payment and invoicing services. Plus, we've recently added enhanced features, redesigned our invoices, and simplified the user experience.

Improved Payment Options

- View current and past invoices or download as PDF or CSV
- Make a full or partial payment
- Set up automatic payments
- Pay invoices with different bank accounts
- View complete payment history

Easy-to-Manage Settings

- Get real-time payment status and balance updates
- Receive confirmation of payment or share receipts via email
- Choose to have invoices delivered on paper, online, or both
- Activate email notifications for when an invoice is available

Simpler Invoices

We've redesigned our invoice with a cleaner, simpler design that is easier to understand and use.

Sales Hub

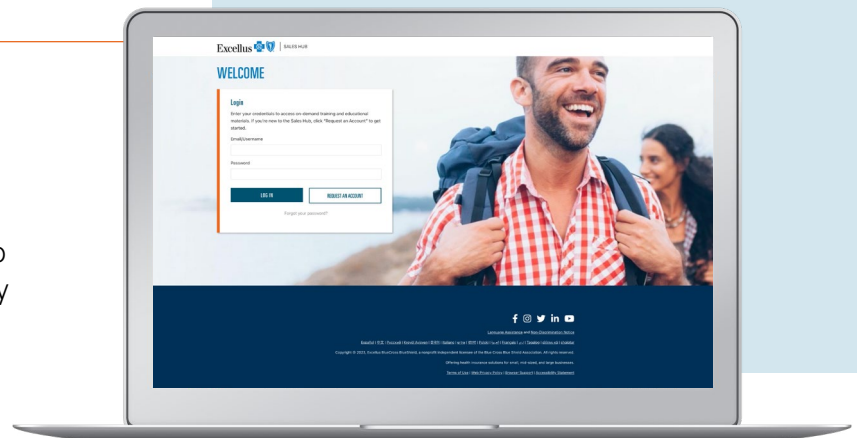
With our Sales Hub, you have a virtual destination for on-demand training videos and educational materials. And we recently updated the experience to make it easier to access more of the resources you need.

Topics covered include:

- New broker education
- Annual Open Enrollment updates
- New product offerings

Explore it today at

ExcellusForBusiness.com/SalesHub



Broker and Employer Tools & Resources

Blue on Demand

With four categories of plans and multiple options, we have coverage that's right for every group and every member. Simply narrow down your client's personal approach and then select the plan with the specific features needed.

Two Great Ways to Shop

1 Shop by Medical Plans

Find information about Stable, Balanced, Blended, and Value Maximizing plans. Every package is color-coded, so you can easily identify what category it falls into.

The screenshot shows the 'Blue on Demand' interface for 'Shop by Medical Plans'. It displays a table of four plans with columns for 'COVERAGE', 'ADD TO APP', 'DOWNLOAD', 'Plan Type', 'HSA Eligible', and 'Plan Name'. The plans are color-coded: SimpleBlue Plus Gold 1 (orange), Blue Simplicity Gold (blue), SimpleBlue Plus Silver 1 (blue), and SimpleBlue Plus Gold 2 (green). Below the table is a 'LEVEL SUMMARY' and a 'DETAIL SUMMARY' section.

2 Shop by Preferred Packages

Every package is color-coded, so you can easily see which categories are covered with our Preferred Packages.

The screenshot shows the 'Blue on Demand' interface for 'Shop by Preferred Packages'. It displays a table of four packages with columns for 'CONTINUE', 'ADD TO APP', 'DOWNLOAD', 'Package ID (Enrollment Code)', 'Plan Type', 'HSA Eligible', 'Aggregation Design', and 'Plan Highlights'. The packages are color-coded: SimplyBlue Plus Platinum 2 (orange), SimplyBlue Plus Gold 3.7 (blue), SimplyBlue Plus Silver 2 (blue), and SimplyBlue Plus Bronze 4 (green).

CONTINUE	SimplyBlue Plus Platinum 2	SimplyBlue Plus Gold 3.7	SimplyBlue Plus Silver 2	SimplyBlue Plus Bronze 4
ADD TO APP	Print Package SEC	Print Package SEC	Print Package SEC	Print Package SEC
DOWNLOAD	78124NY0980025-00 (THMC)	78124NY0990249-00 (TWWZ)	78124NY1000057-00 (TRPP)	78124NY1000169-00 (TQQV)
Package ID (Enrollment Code)				
Plan Type	Copy	Hybrid	Deductible HSA	Deductible HSA
HSA Eligible	No	No	Yes	Yes
Aggregation Design	Individual Aggregation	Individual Aggregation	Family Aggregation	Family Aggregation
Plan Highlights	Predictable out-of-pocket costs without a deductible. Includes ActiVest® EversaveRewards.	A deductible is applied to select covered medical benefits; prescription drugs are not subject to the deductible. Preventive services are covered in full. Includes ActiVest® EversaveRewards.	A deductible is applied to all covered medical and prescription drug benefits; preventive services are covered in full. Plan includes ActiVest® EversaveRewards.	A deductible is applied to all covered medical and prescription drug benefits; preventive services are covered in full. Plan includes ActiVest® EversaveRewards.

The benefits of choosing one of our Preferred Packages:

- One option at every metal level and all plan types to cover Stable, Blended, or Value Maximizing needs
- Expedited underwriting and enrollment processes
- One rate sheet for all packages
- Tools to help employees compare plans

Explore coverage options and compare plan designs within the Blue on Demand quote tool by logging into your Excellus BCBS account.

Broker and Employer Tools & Resources

Employer Toolkits

Specifically for business owners and HR teams, **ExcellusForBusiness.com** is their source for a growing library of turnkey toolkits, downloads, videos, handouts, and fact sheets. We've built it to make sure your clients and their employees get everything they can from their health care plan.

Employer Toolkits Include:



Telemedicine



Behavioral Health



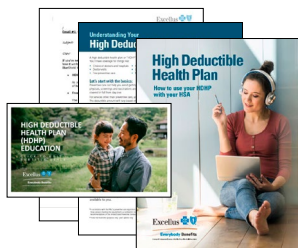
Online Member Account



Wellframe



Preventive Care



High Deductible



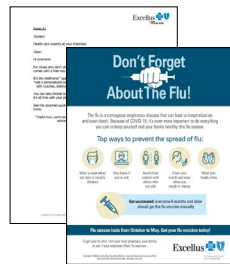
Diabetes



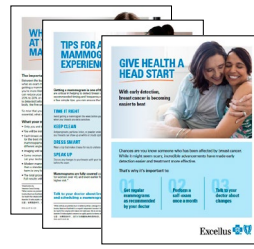
Maternity Care



Primary Care Provider



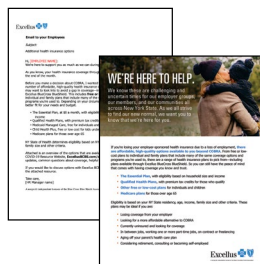
Flu Shot



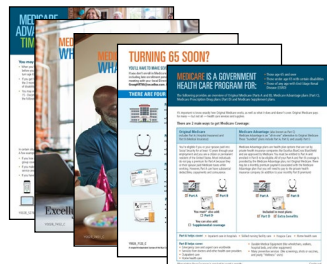
Breast Health



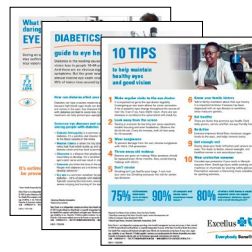
Health Equity



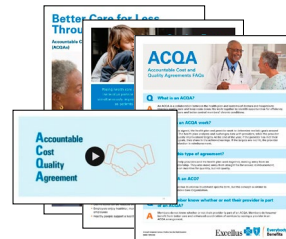
Individual Coverage Options Beyond COBRA



Individual Medicare



Vision



ACQA

Broker and Employer Tools & Resources

Brochures and Sell Sheets

Available through WebCRD, Blue on Demand, and your account service consultant

2025 Small Business Plan Designs At-A-Glance

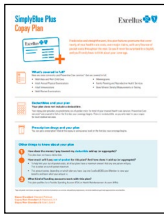


Rochester: Q1: B-6532
Q2: B-7531
Q3: B-7534
Q4: B-7539

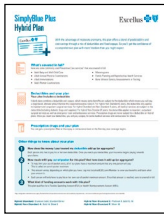
Syracuse: Q1: B-6534
Q2: B-7533
Q3: B-7535
Q4: B-7537

Utica: Q1: B-6535
Q2: B-7532
Q3: B-7536
Q4: B-7538

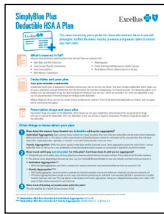
2025 Small Business Excellus SimplyBlue Plus Member Flyers



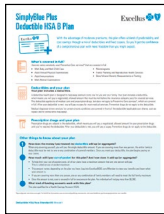
Copay
B-7840



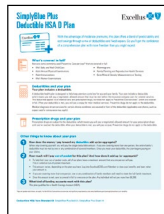
Hybrid Plans
B-7843



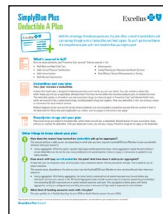
Deductible
HSA A Plans
B-7842



Deductible
HSA B Plans
B-7841



Deductible
HSA D Plans
B-8667



Deductible
A Plans
B-8668

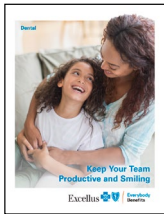
Product Brochures



Commercial
Value Story
B-8631



Pharmacy
B-8572



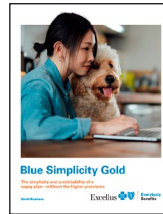
Dental
B-5989



Wellbeing
B-7219

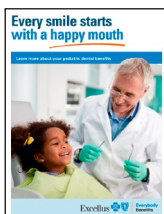


Group
Medicare
B-6284



Blue Simplicity
B-7838

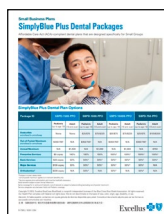
Dental



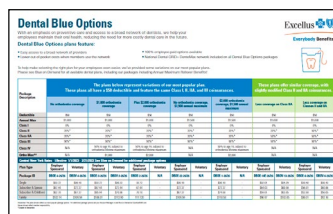
Pediatric
Dental Brochure
B-6259



Small Group
Dental Blue
Options Sell Sheet
B-4872



Excellus
SimplyBlue Plus
Dental Brochure
B-7085



Small Business
Dental Products At-A-Glance

Rochester: Q1: B-7564
Q2: B-7889
Q3: B-7892
Q4: B-7895

Syracuse: Q1: B-7563
Q2: B-7891
Q3: B-7894
Q4: B-7897

Utica: Q1: B-7565
Q2: B-7890
Q3: B-7893
Q4: B-7896

Vision



Simply Vision
Group Brochure
B-7746



Simply Vision
Member Flyer
B-7747



Davis Vision
Discount Flyer
Simply Vision
B-7906

Pharmacy



Preventive Rx
Sell Sheet
B-4925

For more helpful
resources, visit
ExcellusforBusiness.com



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B-6531 / 19318-24M