

# SIMPLYBLUE PLUS HYBRID

Designed to deliver a blend of predictability and flexibility

**Like a relatively new house, 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	Plan Features	Single Limit*		Office Visit			Hospital Visit		Emergency Care		Prescription Copay	Product Design Name*
		Deductible	Out-of-Pocket Maximum	Primary Care	Specialist	Coinsurance	Inpatient	Outpatient	Urgent Care	Emergency Room		
<b>SVA9</b>	Platinum 4	\$250	\$2,000	\$15	\$25	20%	20%**	20%**	\$25	\$150	\$5/\$25/\$50	Hybrid Non-Standard C
<b>SVC5</b>	Gold 17	<b>\$1,000</b>	\$8,150	<b>\$30</b>	<b>\$50</b>	20%	20%**	20%**	<b>\$50</b>	\$250	<b>\$10/\$45/\$90</b>	Hybrid Non-Standard C
<b>SVE1</b>	Gold 18	<b>\$1,100</b>	<b>\$8,250</b>	<b>\$40</b>	<b>\$50</b>	20%	20%**	20%**	<b>\$60</b>	\$250	<b>\$10/\$45/\$90</b>	Hybrid Non-Standard C
<b>SVI3</b>	Gold 19	\$2,250	\$6,850	\$40	\$60	20%	20%**	20%**	\$60	\$350	\$5/\$45/\$90	Hybrid Non-Standard C
<b>SUI9</b>	Silver Standard	\$1,300	<b>\$8,500</b>	\$30**	\$50**	0%	\$1,500**	\$150**	\$70**	<b>\$300**</b>	\$10/\$35/\$70	Hybrid Standard
<b>SUL5</b>	Gold Standard	\$600	\$4,000	\$25**	\$40**	0%	\$1,000**	\$100**	\$60**	\$150**	\$10/\$35/\$70	Hybrid Standard
<b>SUN1</b>	Gold 13	\$850	<b>\$8,000</b>	\$15**	<b>\$40**</b>	20%	20%**	20%**	<b>\$40**</b>	\$200**	<b>\$5/\$35/\$70</b>	Hybrid Non-Standard A
<b>SUO7</b>	Gold 14	\$1,000	\$5,500	\$25**	\$40**	20%	20%**	20%**	\$40**	\$250**	\$5/\$35/\$70	Hybrid Non-Standard A
<b>SUQ3</b>	Silver 6	\$2,500	\$8,000	\$40**	\$60**	25%	25%**	25%**	\$60**	\$350**	\$5/\$45/\$90	Hybrid Non-Standard A
<b>SVO7</b>	Silver 18	<b>\$7,500</b>	<b>\$8,250</b>	\$50	\$75	30%	30%**	30%**	\$75	\$650	<b>\$10/40%/50%</b>	Hybrid Non-Standard C

Benefits in orange represent a cost share change from 2020 to 2021.

\*Enrollment Code change from 2020 to 2021 - Revised 10/19/2020.

\*\*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](http://ExcellusBCBS.com).



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## SimplyBlue Plus Hybrid Product Design

For all hybrid plan designs, some covered services apply coinsurance and others apply a copay; prescription drug and preventive services are never subject to the deductible. They differ in how other costs for care are shared with the member — whether they prefer stable, blended, or value maximizing choices.

For Standard and Non-Standard A, all medical services are subject to the deductible.

The Non-Standard C product design is different because not all medical services are subject to the deductible. Generally, most physician and outpatient services are not subject to the deductible.

SimplyBlue Plus Hybrid Designs															
Key Features	Preventive Services <sup>+</sup>	Inpatient Hospital Care	Outpatient Surgery	Other Outpatient Services	Primary Care Physician Services*	Lab Tests	X-rays	Covered Therapists	Mental Health Visits	Chiropractor	Emergency Room	Ambulance	Freestanding Urgent Care Center	Prescription Drugs	Diabetic Drugs
<b>Covered in Full No Copay</b>	•														
<b>Subject to Deductible</b>		•	•	A S	A S	A S	A S	A S	A S	A S	A S	A S	A S		A S
<b>PCP Copay</b>				•	•	A C			•						•
<b>Specialist Copay</b>				•		S	•	A C		•			A C		
<b>Coinsurance Applies</b>		A C	A C												
<b>Out-of-Pocket Maximum</b>		•	•	•	•	•	•	•	•	•	•	•	•	•	•

• = All Designs    A = Hybrid Non-Standard A    C = Hybrid Non-Standard C    S = Hybrid Standard

This is not a contract. It is intended to highlight the coverage of this program.

Benefits are determined by the terms of the contract. All benefits are subject to medical necessity.

<sup>+</sup> For covered Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act refer to the United States Preventive Services Task Force list of items and services rated "A" or "B".

\* Services performed by a Primary Care Physician. Services may include Office Surgery, Diagnostic Office Visits, Office & Outpatient Consultations, Allergy Testing, Allergy Treatment, Treatment of Diabetes Insulin & Supplies, Diabetic Education, and Diabetic Equipment.

The following services apply unique cost shares that are not represented in the chart, please refer to your full benefit summary for detail. Including: Urgent Care for standard plans, Emergency Services including ambulance, outpatient surgery services, covered therapies for standard plans, and prescription drug fills.

Coverage for adult vision including exams and eyewear is included in all non-standard plans. Standard plans do not cover this benefit.