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Version Updated: 05/01/2025

Print Package: HIOS ID (Enrollment Code)	()
Plan Name:	
Rating Region:	
Rate	
For the Benefits described in the Agreement, the Plan will charge and Group will pay the following premium rates:	
Dependent Coverage To Age , Pediatric Dental Coverage , Domestic Partner Coverage , Family Planning Coverage	
Rates quoted herein are subject to change due to our implementation of the provisions of the Federal Patient Protection and Affordable Care Act.	
The Sales Representative providing this quote is a New York State licensed insurance producer employed by Excellus Health Plan. The individual represents Excellus Health Plan in this transaction and will be compensated by Excellus Health Plan in part based on this sale. The amount of compensation is based on a number of factors, including the contract selected and the volume of sales. You may request information about the expected compensation from your Sales Representative.	
*The NYS Department of Financial Services has approved our rate filing for quarterly community rates. All Rates will be considered to be on a 12 month period from the effective date of coverage unless otherwise instructed by Excellus Health Plan. The above rates are effective for the Initial Term of the Agreement. Rates for any Renewal Term will be provided to Group in a rate renewal notice.	
Please complete this section if you have selected a plan that does not include pediatric dental coverage.	
A). Have you obtained dental coverage, not offered by Excellus BCBS, that provides essential pediatric dental benefits through a NY State of Health certified dental plan?	
Yes No	
B.) If you answered 'yes', please provide the name of the company issuing the essential pediatric dental coverage. _____	
If you change this dental coverage at any time, you must notify Excellus BCBS to confirm continued coverage of essential pediatric benefits.	
If you answered 'no' please be aware the ACA requires essential pediatric dental coverage.	

Signature: \_\_\_\_\_Title: \_\_\_\_\_Date: \_\_\_\_\_

Group Name: \_\_\_\_\_Total Employees: \_\_\_\_\_Total Eligible: \_\_\_\_\_

Coverage Effective Date: \_\_\_\_\_

Broker: \_\_\_\_\_

Plan Overview	

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Plan Benefits	

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. All day and visit limits are combined limits for both in and out of network benefit. +Preventive Services coverage required by the Federal Patient Protection and Affordable Care Act are not quoted herein. Please refer to the United States Preventive Services Task Force list of items and services rated "A" or "B" that are covered pursuant to the Federal Patient Protection and Affordable Care Act requirements.

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association