



National strength.
Local focus.
Individual care.™

A nonprofit independent licensee of the Blue Cross Blue Shield Association

Version Updated: 10/16/2017
Rating Region: Rochester

SBC's	Application	Plan Name	Aggregation Design	Plan Highlights	Single / Family	Plan Type	HSA Eligible	Quote Effective	Primary Care Office Visit	Specialist Office Visit	Deductible	Coinsurance	Hospital benefits	Emergency room care	Prescription Drug Coverage	Out of pocket maximum	Out of network benefits
					\$0.00 / \$0.00												
					\$0.00 / \$0.00												
Click here	Click here	SimplyBlue Plus Standard Platinum	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$664.85 / \$1,894.83	Copay	No	01/01/2018 - 03/31/2018	\$15 copay per visit	\$35 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$100 copay per visit	\$10/\$30/\$60	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 80%, subject to the deductible
Click here	Click here	SimplyBlue Plus Platinum 2	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$672.20 / \$1,915.76	Copay	No	01/01/2018 - 03/31/2018	\$15 copay per visit	\$25 copay per visit	None	None	Subject to \$250 copay per admission for unlimited days	\$150 copay per visit	\$5/\$25/\$50	In-Network: \$6,350 Individual / \$12,700 Family	Covered at 80%, subject to the deductible
Click here	Click here	SimplyBlue Plus Gold 1	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$577.54 / \$1,645.98	Copay	No	01/01/2018 - 03/31/2018	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$1000 copay per admission for unlimited days	\$450 copay per visit	\$15/40%/50%	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 80%, subject to the deductible
Click here	Click here	SimplyBlue Plus Platinum 3	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$655.46 / \$1,868.07	Copay	No	01/01/2018 - 03/31/2018	\$25 copay per visit	\$40 copay per visit	None	None	Subject to \$500 copay per admission for unlimited days	\$150 copay per visit	\$5/\$35/\$70	In-Network: \$4,500 Individual / \$9,000 Family	Covered at 80%, subject to the deductible
Click here	Click here	SimplyBlue Plus Gold 5	Individual Aggregation	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards.	\$574.08 / \$1,636.12	Copay	No	01/01/2018 - 03/31/2018	\$40 copay per visit	\$60 copay per visit	None	None	Subject to \$750 copay per admission for unlimited days	\$250 copay per visit	\$15/\$50/50%	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 80%, subject to the deductible
Click here	Click here	SimplyBlue Plus	Individual Aggregation	A deductible is applied to	\$581.42 / \$1,657.05	Hybrid	No	01/01/2018 - 03/31/2018	\$25 copay per visit	\$40 copay per visit	In-Network: \$750	Covered at 80%	Covered at 80% per	\$250 copay per visit	\$5/\$30/\$70	In-Network: \$6,000 Individual	Covered at 60%, subject

		Gold 17	on	select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ExerciseRewards.						Individual / \$1,500 Family		admission for unlimited days, subject to the deductible			/ \$12,000 Family	to the deductible	
Click here	Click here	SimplyBlue Plus Gold 19	Individual Aggregation	A deductible is applied to select covered medical benefits, prescription drugs are not subject to the deductible. Preventive services are covered in full. Plan includes ExerciseRewards.	\$536.26 / \$1,528.34	Hybrid	No	01/01/2018 - 03/31/2018	\$40 copay per visit	\$60 copay per visit	In-Network: \$2,250 Individual / \$4,500 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	\$350 copay per visit	\$5/\$45/\$90	In-Network: \$6,850 Individual / \$13,700 Family	Covered at 60%, subject to the deductible
Click here	Click here	SimplyBlue Plus Silver 2	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$454.73 / \$1,295.99	Deductible HSA	Yes	01/01/2018 - 03/31/2018	Covered at 80%, subject to the deductible	Covered at 80%, subject to the deductible	In-Network: \$2,000 Individual / \$4,000 Family	Covered at 80%	Covered at 80% per admission for unlimited days, subject to the deductible	Covered at 80%, subject to the deductible	\$5/\$45/\$90, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible
Click here	Click here	SimplyBlue Plus Silver 4	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$442.24 / \$1,260.37	Deductible HSA	Yes	01/01/2018 - 03/31/2018	Covered at 85%, subject to the deductible	Covered at 85%, subject to the deductible	In-Network: \$2,500 Individual / \$5,000 Family	Covered at 85%	Covered at 85% per admission for unlimited days, subject to the deductible	Covered at 85%, subject to the deductible	\$5/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 70%, subject to the deductible
Click here	Click here	SimplyBlue	Family	A deductible	\$339.97 /	Deductible	Yes	01/01/2018 -	Covered at 50%,	Covered at 50%,	In-Network:	Covered at	Covered at	Covered at	\$10/40%/50%,	In-Network:	Covered at

		ue Plus Bronze 3	Aggregation	is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$968.91	tible HSA		03/31/2018	subject to the deductible	subject to the deductible	\$5,000 Individual / \$10,000 Family	50%	50% per admission for unlimited days, subject to the deductible	50%, subject to the deductible	subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	\$6,550 Individual / \$13,100 Family	50%, subject to the deductible
Click here	Click here	SimplyBlue Plus Bronze 5	Family Aggregation	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards.	\$352.81 / \$1,005.51	Deductible HSA	Yes	01/01/2018 - 03/31/2018	\$30 copay per visit, subject to deductible	\$50 copay per visit, subject to deductible	In-Network: \$5,500 Individual / \$11,000 Family	Covered at 100%	Subject to \$500 copay per admission for unlimited days, subject to the deductible	\$350 copay per visit, subject to deductible	\$10/\$35/\$70, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	In-Network: \$6,550 Individual / \$13,100 Family	Covered at 60%, subject to the deductible

This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical necessity.

+When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA appropriate cost share for the service will be applied. 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.

For technical web issues please contact our Web Help Desk at 1-800-278-1247