



Premium Rate Schedule & Contract Summary

Quote Effective: 01/01/2019 - 12/31/2019

Version Updated: 09/19/2018

Plan ID: 78124NY0900024-00	Plan Name: Bronze Secure Plus 3	Enrollment Code: INNF
Rating Region: Rochester	Direct Pay	
Rate		
Plan Name: Bronze Secure Plus 3		
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. Plan includes ExerciseRewards and Active&Fit Direct program.	
Network Structure	This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network.	
Enrollment Code	INNF	
Plan Type	Deductible	
HSA Eligibility	No	
Monthly Premium Single \$336.51 / Subscriber & Spouse \$673.02 / Subscriber & Children \$572.06 / Family \$959.05		
In-Network Benefits		
Deductible	\$7,900 Individual / \$15,800 Family	
Coinsurance	Covered at 100%	
Annual Out of Pocket Maximum	\$7,900 Individual / \$15,800 Family	
Primary Care / Specialist Office Visit	Covered at 100%, subject to the deductible / Covered at 100%, subject to the deductible	
Hospital Benefit	Covered at 100% per admission for unlimited days, subject to the deductible	
Emergency Room Care	Covered at 100%, subject to the deductible	
Urgent Care	Covered at 100%, subject to the deductible	
Prescription Drug	\$0, subject to the plan deductible	
Dependent Coverage To Age 26 , Pediatric Dental Coverage Not Included		
A summary of benefits and coverage (SBC) can be found at excellusbcbs.com/sbcfinder , or you can call 1-855-646-8011 to request a copy to be mailed to you. You will need to key in the Plan ID# listed above.		
How To enroll: Complete the enrollment application included and mail to: Excellus Health Plan, Inc P.O. Box 21146 Eagan, MN 55121		
Questions? Call 1-888-477-5804 Our dedicated insurance advisors can help complete your enrollment application and answer your questions.		
Tips For Enrolling:		
<ul style="list-style-type: none"> • Carefully review the entire enrollment application to make sure it's filled out. An incomplete form will be returned and will delay your enrollment. • Sign the completed enrollment form. • Enclose a check or money order for the first month's premium made payable to Excellus Health Plan. The monthly premium amount you owe is shown above. • Payment must be received and processed before the plan will become effective. 		