



Premium Rate Schedule & Contract Summary

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

Version Updated: 09/19/2018

Plan ID: 78124NY0900013-00	Plan Name: Bronze Select	Enrollment Code: IPPE
Rating Region: Rochester	Direct Pay	
Rate		
Plan Name: Bronze Select		
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	IPPE	
Plan Type	Deductible HSA	
HSA Eligibility	Yes	
Monthly Premium Single \$379.13 / Subscriber & Spouse \$758.25 / Subscriber & Children \$644.51 / Family \$1,080.51		
In-Network Benefits		
Deductible	\$5,000 Individual / \$10,000 Family	
Coinsurance	Covered at 50%	
Annual Out of Pocket Maximum	\$6,550 Individual / \$13,100 Family	
Primary Care / Specialist Office Visit	Covered at 50%, subject to the deductible / Covered at 50%, subject to the deductible	
Hospital Benefit	Covered at 50% per admission for unlimited days, subject to the deductible	
Emergency Room Care	Covered at 50%, subject to the deductible	
Urgent Care	Covered at 50%, subject to the deductible	
Prescription Drug	\$10/40%/50%, subject to the plan deductible	
Dependent Coverage To Age 26 , Pediatric Dental Coverage 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. 		