



Premium Rate Schedule & Contract Summary

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

Version Updated: 09/19/2018

Plan ID: 78124NY0890019-00	Plan Name: Gold Standard Plus 3	Enrollment Code: IMMW
Rating Region: Rochester	Direct Pay	
Rate		
Plan Name: Gold Standard 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	IMMW	
Plan Type	Hybrid	
HSA Eligibility	No	
Monthly Premium Single \$636.32 / Subscriber & Spouse \$1,272.65 / Subscriber & Children \$1,081.75 / Family \$1,813.53		
In-Network Benefits		
Deductible	\$650 Individual / \$1,300 Family	
Coinsurance	None	
Annual Out of Pocket Maximum	\$5,000 Individual / \$10,000 Family	
Primary Care / Specialist Office Visit	\$25 copay per visit, subject to deductible / \$40 copay per visit, subject to deductible	
Hospital Benefit	Subject to \$1000 copay per admission for unlimited days, subject to the deductible	
Emergency Room Care	\$150 copay per visit, subject to deductible	
Urgent Care	\$60 copay per visit, subject to deductible	
Prescription Drug	\$10/\$40/\$80	
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. 		