



Premium Rate Schedule & Contract Summary

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

Version Updated: 09/19/2018

Plan ID: 78124NY0890016-00	Plan Name: Gold Select	Enrollment Code: IOOX
Rating Region: Rochester	Direct Pay	
Rate		
Plan Name: Gold Select		
Plan Highlights	A deductible is applied to all covered medical benefits, prescription drugs are not subject to the deductible. 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	IOOX	
Plan Type	Hybrid	
HSA Eligibility	No	
Monthly Premium Single \$620.98 / Subscriber & Spouse \$1,241.96 / Subscriber & Children \$1,055.67 / Family \$1,769.78		
In-Network Benefits		
Deductible	\$750 Individual / \$1,500 Family	
Coinsurance	None	
Annual Out of Pocket Maximum	\$6,350 Individual / \$12,700 Family	
Primary Care / Specialist Office Visit	\$25 copay per visit, subject to deductible / \$40 copay per visit, subject to deductible	
Hospital Benefit	Subject to \$750 copay per admission for unlimited days, subject to the deductible	
Emergency Room Care	\$250 copay per visit, subject to deductible	
Urgent Care	\$40 copay per visit, subject to deductible	
Prescription Drug	\$10/\$35/\$70	
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. 		