

**Premium Rate Schedule & Contract Summary** 

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

Version Updated: 09/19/2018

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Plan ID: 78124NY0880010-00	Plan Name: Platinum Select	Enrollment Code: IOOT	
Rating Region: Rochester	Direct Pay		
Rate			
Plan Name: Platinum Select			
Plan Highlights	Predictable out-of-pocket costs without a deductible, includes ExerciseReward	Predictable out-of-pocket costs without a deductible, 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	ЮОТ	100Т	
Plan Type	Copay	Сорау	
HSA Eligibility	No		
Monthly Premium Single \$735.90 / Subscribe	r & Spouse \$1,471.79 / Subscriber & Children \$1,251.02 / Family \$2	2,097.30	
In-Network Benefits			
Deductible	None		
Coinsurance	None		
Annual Out of Pocket Maximum	\$6,350 Individual / \$12,700 Family		
Primary Care / Specialist Office Visit	\$15 copay per visit / \$25 copay per visit		
Hospital Benefit	Subject to \$750 copay per admission for unlimited days		
Emergency Room Care	\$150 copay per visit		
Urgent Care	\$25 copay per visit		
Prescription Drug	\$10/\$35/\$70	\$10/\$35/\$70	
Dependent Coverage To Age 26 Pediatric Dental Covera	ne Not Included		

## Dependent Coverage To Age ${f 26},$ Pediatric Dental Coverage ${f Not \ Included}$

A summary of benefits and coverage (SBC) can be found at excellususbcbs.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:

- 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.