



**Premium Rate Schedule & Contract Summary**

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

**Version Updated: 09/19/2018**

<b>Plan ID: 78124NY0880003-00</b>	<b>Plan Name: Platinum Standard</b>	<b>Enrollment Code: INNU</b>
<b>Rating Region: Rochester</b>	<b>Direct Pay</b>	
<b>Rate</b>		
<b>Plan Name: Platinum Standard</b>		
<b>Plan Highlights</b>	Predictable out-of-pocket costs without a deductible, includes ExerciseRewards and Active&Fit Direct program.	
<b>Network Structure</b>	This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network.	
<b>Enrollment Code</b>	INNU	
<b>Plan Type</b>	Copay	
<b>HSA Eligibility</b>	No	
<b>Monthly Premium Single \$754.40 / Subscriber &amp; Spouse \$1,508.80 / Subscriber &amp; Children \$1,282.48 / Family \$2,150.04</b>		
<b>In-Network Benefits</b>		
<b>Deductible</b>	None	
<b>Coinsurance</b>	None	
<b>Annual Out of Pocket Maximum</b>	\$2,000 Individual / \$4,000 Family	
<b>Primary Care / Specialist Office Visit</b>	\$15 copay per visit / \$35 copay per visit	
<b>Hospital Benefit</b>	Subject to \$500 copay per admission for unlimited days	
<b>Emergency Room Care</b>	\$100 copay per visit	
<b>Urgent Care</b>	\$55 copay per visit	
<b>Prescription Drug</b>	\$10/\$30/\$60	
Dependent Coverage To Age <b>26</b> , Pediatric Dental Coverage <b>Included</b>		
A summary of benefits and coverage (SBC) can be found at <a href="http://excellusbcbs.com/sbcfinder">excellusbcbs.com/sbcfinder</a> , 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.		
<b>How To enroll:</b> Complete the enrollment application included and mail to: Excellus Health Plan, Inc P.O. Box 21146 Eagan, MN 55121		
Questions? Call <b>1-888-477-5804</b> Our dedicated insurance advisors can help complete your enrollment application and answer your questions.		
<b>Tips For Enrolling:</b>		
<ul style="list-style-type: none"> <li>• Carefully review the entire enrollment application to make sure it's filled out. An incomplete form will be returned and will delay your enrollment.</li> <li>• Sign the completed enrollment form.</li> <li>• 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.</li> <li>• <b>Payment must be received and processed before the plan will become effective.</b></li> </ul>		