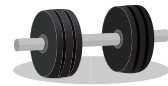


CERTIFIED HEALTH INSURANCE PLAN OPTIONS OFF EXCHANGE



Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



Get up to \$400 or \$600 a year toward qualified fitness facility dues and/or fitness classes with our ExerciseRewards™ Program



Need help choosing the right plan for you?
Call our dedicated Insurance Agents at 1-888-669-3913.

Plan Benefits & Features	Base (Catastrophic) Must be under age 30 or qualify for a hardship exemption	Bronze Standard HSA (HSA ** qualified)	Bronze Standard	Bronze Select (HSA ** qualified)	Silver Standard	Silver Select (HSA ** qualified)	Gold Standard	Gold Select	Platinum Standard	Platinum Select
Tax Credit Available	Not applicable	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Single Deductible (the deductible amount must be met first unless indicated otherwise)	\$7,350	\$5,500	\$4,000	\$5,000	\$2,000	\$2,250	\$600	\$750	\$0	\$0
Family Deductible (the deductible amount must be met first unless indicated otherwise)	\$14,700	\$11,000	\$8,000	\$10,000	\$4,000	\$4,500	\$1,200	\$1,500	\$0	\$0
Coinsurance	0%	50%	50%	50%	0%*	20%*	0%*	0%*	0%*	0%*
Single Out-of-pocket Maximum	\$7,350	\$6,550	\$7,150	\$6,550	\$6,750	\$6,350	\$4,000	\$6,350	\$2,000	\$6,350
Family Out-of-pocket Maximum	\$14,700	\$13,100	\$14,300	\$13,100	\$13,500	\$12,700	\$8,000	\$12,700	\$4,000	\$12,700
Preventive Care (Immunization, screenings)	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible	\$0 for most preventive services, not subject to the deductible
Doctor Visit	1st three visits are covered in full and not subject to the ded. Once you meet the deductible amount, visits are covered in full	Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	Once you reach the deductible amount you will pay 50% coinsurance (a percentage of cost for services)	\$30	Once you meet the deductible amount, then you pay coinsurance or a percentage of cost for these services	\$25	\$25	\$15	\$15
Specialist Visit	\$50				\$40		\$40	\$35	\$25	
Hospital Services	\$1,500				\$1,000		\$750	\$500	\$750	
Emergency Room	\$250				\$150		\$250	\$100	\$150	
Lab Work	\$30/\$50				\$25/\$40		\$40	\$15/\$35	\$25	
X-Ray	\$30/\$50	\$25/\$40	\$40	\$15/\$35	\$25					
Prescription Drugs		Once you meet the deductible amount, then you pay: \$10 for generic \$35 for brand \$70 for preferred brand	Once you meet the deductible amount, then you pay: \$10 for generic \$35 for brand \$70 for preferred brand	Once you meet the deductible amount, then you pay: \$10 for generic 40% for brand 50% for preferred brand	You pay: \$10 for generic \$35 for brand \$70 for preferred brand (not subject to the deductible)	Once you meet the deductible amount, then you pay: \$10 for generic \$45 for brand \$90 for preferred brand	You pay: \$10 for generic \$35 for brand \$70 for preferred brand	You pay: \$10 for generic \$30 for brand \$60 for preferred brand	You pay: \$10 for generic \$35 for brand \$70 for preferred brand	
Telemedicine - MDLIVE Program	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
Pediatric Vision	Covered*	Covered*	Covered*	Covered*	Covered*	Covered*	Covered*	Covered*	Covered*	Covered*
Rates										
Single	\$263.49	\$469.40	\$497.11	\$459.54	\$658.82	\$602.26	\$776.46	\$752.48	\$904.68	\$884.77
Single + Spouse	\$526.98	\$938.80	\$994.23	\$919.07	\$1,317.63	\$1,204.51	\$1,552.92	\$1,504.95	\$1,809.36	\$1,769.54
Single + Child(ren)	\$447.93	\$797.98	\$845.10	\$781.21	\$1,119.99	\$1,023.83	\$1,319.99	\$1,279.21	\$1,537.96	\$1,504.11
Single + Spouse + Child(ren)	\$750.95	\$1,337.79	\$1,416.77	\$1,309.67	\$1,877.63	\$1,716.43	\$2,212.92	\$2,144.55	\$2,578.35	\$2,521.59
Child Only	NA	\$193.39	\$204.81	NA	\$271.43	NA	\$319.90	NA	\$372.73	NA

Dependent through 29 rates available upon request.

* Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts

** Federal Poverty Level (FPL) is the minimum yearly income that a person or family needs in order to provide for their basic needs. The Department of Health and Human Services determines the FPL annually. Find out your estimated FPL using our tax credit calculator at ChooseExcellus.com

***An HSA or Health Savings Account is a tax-free funding account owned by you that helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses, chiropractor visits and more. Subsidized health plans are not eligible for health savings accounts.

-Any one person insured on a family plan will not pay more than \$7,350 in compliance with the Affordable Care Act.

All of the Standard plans are required by New York State. The benefits and out of pocket costs for the Standard plans will be the same for all health insurance companies. Provider networks will differ by insurance company.

Part of the Affordable Care Act is intended to improve dental coverage for children, including preventive, routine and some major dental coverage. Individuals purchasing medical coverage outside of the NY State of Health Marketplace, are required to purchase a medical plan with pediatric dental included, or a qualified stand-alone plan. By purchasing a medical plan with dental included, you can be sure your children will receive comprehensive coverage overseen by our staff of medical management experts, and both medical and pediatric dental services will count towards your out of pocket maximums.

New York State has identified the fitness facility reimbursement program as a required essential benefit that must be included for all plans, therefore the ExerciseRewards program cannot be removed from the plans. The rates shown do not include coverage for dependents through age 29 or pediatric dental benefits.

Central New York Region:

Broome County	Cortland County	Steuben County
Cayuga County	Onondaga County	Tioga County
Chemung County	Schuyler County	Tompkins County