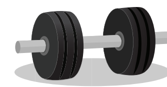
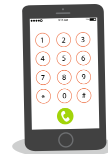
CERTIFIED HEALTH INSURANCE PLAN OPTIONS

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 1-866-613-8506.

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	Once you meet the deductible amount, then these services are covered in full				$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 $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 Through NY State of Health										
Single	$266.63	$474.98	$503.02	$465.01	$666.65	$609.43	$785.70	$761.42	$915.45	$895.29
Single + Spouse	$533.25	$949.97	$1,006.05	$930.02	$1,333.29	$1,218.85	$1,571.40	$1,522.85	$1,830.89	$1,790.59
Single + Child(ren)	$453.26	$807.48	$855.14	$790.51	$1,133.30	$1,036.03	$1,335.69	$1,294.42	$1,556.26	$1,522.01
Single + Spouse + Child(ren)	$759.88	$1,353.70	$1,433.62	$1,325.27	$1,899.94	$1,736.86	$2,239.24	$2,170.06	$2,609.02	$2,551.59
Child Only	NA	$195.70	$207.25	NA	$274.65	NA	$323.71	NA	$377.16	NA

Dependent through 29 rates available upon request.

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

**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

Below are additional Silver plan options that include cost-sharing reductions that reduce how much you pay when you get care. Eligibility is based on your Federal Poverty Level (FPL) which is determined by household income and size.

Plan Benefits & Features	Silver Standard	Silver Standard (200-250% FPL**)	Silver Select (HSA*** qualified)	Silver Select (200-250% FPL**)
Tax Credit Available	Yes	Yes	Yes	Yes
Single Deductible (the deductible amount must be met first unless indicated otherwise)	$2,000	$1,650	$2,250	$2,250
Family Deductible (the deductible amount must be met first unless indicated otherwise)	$4,000	$3,300	$4,500	$4,500
Coinsurance	0%*	0%*	20%*	20%*
Out-of -pocket Maximum	$6,750	$5,550	$6,350	$3,750
Family Out-of -pocket Maximum	$13,500	$11,100	$12,700	$7,500
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
Doctor Visit	$30	$30	Once you meet the deductible amount, then you pay coinsurance or a percentage of cost for these services	Once you meet the deductible amount, then you pay coinsurance or a percentage of cost for these services
Specialist Visit	$50	$50		
Hospital Services	$1,500	$1,500		
Emergency Room	$250	$250		
Lab Work	$30/$50	$30/$50		
X-Ray	$30/$50	$30/$50		
Prescription Drugs	You pay: $10 for generic $35 for brand $70 for preferred brand (not subject to the deductible)	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	Once you meet the deductible amount, then you pay: $5 for generic $45 for brand $90 for preferred brand
Telemedicine - MDLIVE Program	Included	Included	Included	Included
Pediatric Vision	Covered*	Covered*	Covered*	Covered*
Rates Through NY State of Health				
Single	$666.65	$666.65	$609.43	$609.43
Single + Spouse	$1,333.29	$1,333.29	$1,218.85	$1,218.85
Single + Child(ren)	$1,133.30	$1,133.30	$1,036.03	$1,036.03
Single + Spouse + Child(ren)	$1,899.94	$1,899.94	$1,736.86	$1,736.86
Child Only	$274.65	$274.65	NA	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.

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.

Utica Region:
Chenango County
Clinton County
Delaware County
Essex County
Franklin County
Fulton County
Hamilton County
Herkimer County
Jefferson County
Lewis County
Madison County
Montgomery County
Oneida County
Oswego County
Otsego County
St. Lawrence County

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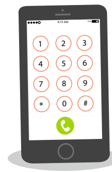

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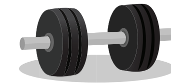
Get access to more top-quality doctors, hospitals and pharmacies locally and nationwide



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

Plan Benefits & Features	Bassett Preferred Gold** Available in Delaware, Herkimer, Oneida & Otsego Counties Only	Bassett Preferred Silver** Available in Delaware, Herkimer, Oneida & Otsego Counties Only
Tax Credit Available	Yes	Yes
Single Deductible (the deductible amount must be met first unless indicated otherwise)	$600	$2,000
Family Deductible (the deductible amount must be met first unless indicated otherwise)	$1,200	$4,000
Coinsurance	0%*	0%*
Out-of -pocket Maximum	$6,350	$6,850
Family Out-of -pocket Maximum	$12,700	$13,700
Preventive Care (Immunization, screenings)	$0 for most preventive services, not subject to the deductible	$0 for most preventive services, not subject to the deductible
Doctor Visit	$25	$30
Specialist Visit	$40	$50
Hospital Services	$750	$1,250
Emergency Room	$150	$250
Lab Work	$40	$50
X-Ray	$40	$50
Prescription Drugs	You pay: $5 for generic $35 for brand $70 for preferred brand	You pay: $10 for generic $45 for brand $90 for preferred brand (not subject to the deductible)
Telemedicine - MDLIVE Program	Included	Included
Pediatric Vision	Covered*	Covered*
Rates Through NY State of Health		
Single	$643.90	$540.56
Single + Spouse	$1,287.79	$1,081.12
Single + Child(ren)	$1,094.63	$918.95
Single + Spouse + Child(ren)	$1,835.11	$1,540.60
Child Only	NA	NA

Dependent through 29 rates available upon request.
* Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts
**Cost share shown applies when a Bassett provider or facility is used.

Plan Benefits & Features	Bassett Preferred Silver** Available in Delaware, Herkimer, Oneida & Otsego Counties Only	Bassett Preferred Silver** (200-250% FPL†)
Tax Credit Available	Yes	Yes
Single Deductible (the deductible amount must be met first unless indicated otherwise)	$2,000	$2,000
Family Deductible (the deductible amount must be met first unless indicated otherwise)	$4,000	$4,000
Coinsurance	0%*	0%*
Out-of -pocket Maximum	$6,850	$4,850
Family Out-of -pocket Maximum	$13,700	$9,700
Preventive Care (Immunization, screenings)	$0 for most preventive services, not subject to the deductible	$0 for most preventive services, not subject to the deductible
Doctor Visit	$30	$30
Specialist Visit	$50	$50
Hospital Services	$1,250	$1,250
Emergency Room	$250	$250
Lab Work	$50	$30
X-Ray	$50	$50
Prescription Drugs	You pay: $10 for generic $45 for brand $90 for preferred brand (not subject to the deductible)	You pay: $10 for generic $45 for brand $90 for preferred brand (not subject to the deductible)
Telemedicine - MDLIVE Program	Included	Included
Pediatric Vision	Covered*	Covered*
Rates Through NY State of Health		
Single	$540.56	$540.56
Single + Spouse	$1,081.12	$1,081.12
Single + Child(ren)	$918.95	$918.95
Single + Spouse + Child(ren)	$1,540.60	$1,540.60
Child Only	NA	NA

Dependent through 29 rates available upon request.
* Some benefits, such as pediatric vision and durable medical equipment may have different coinsurance amounts
** Cost share shown applies when a Bassett provider or facility is used.
† 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

Essential Plans - Rates as low as $0 a month for eligible individuals

Eligibility is based on your household size and income.** **Essential Plan 1 and 2 will now offer packages with and without vision and dental benefits.** If you choose to enroll in a plan that includes this coverage, there is an added monthly cost. Vision and dental benefits are always included with Essential Plan 3 and 4. To find out if you qualify for the Essential Plan, call our dedicated insurance agents**.**

Annual Income Eligibility for Essential Plan		
Household Size	Essential Plans 1 & 2 (139%-200%FPL)	Essential Plans 3 & 4 (under 100%-138% FPL***)
	$16,644 - $24,120	$0 - $16,643
	$22,412 - $32,480	$0 - $22,411
	$28,181 - $40,840	$0 - $28,180
	$33,949 - $49,200	$0 - $33,948
	$39,717 - $57,560	$0 - $39,716
	$45,486 - $65,920	$0 - $45,485

The benefits and out of pocket costs for the Essential Plans will be the same for all health insurance companies.

Plan Benefits & Features	Essential Plan 1 (151% - 200% FPL)	Essential Plan 1 Plus Vision and Dental (151% - 200% FPL)	Essential Plan 2 (139% - 150% FPL)	Essential Plan 2 Plus Vision and Dental (139% - 150% FPL)	Essential Plan 3 (100% - 138% FPL)	Essential Plan 4 (Below 100% FPL)
Deductible	$0	$0	$0	$0	$0	$0
Coinsurance	0%	0%	0%	0%	0%	0%
Out-of -pocket Maximum	$2,000	$2,000	$200	$200	$200	$0
Preventive Care (Immunization, screenings)	$0 for most preventive services	$0 for most preventive services	$0 for most preventive services	$0 for most preventive services	$0 for most preventive services	$0 for most preventive services
Doctor Visit	$15	$15	$0	$0	$0	$0
Specialist Visit	$25	$25	$0	$0	$0	$0
Hospital Services	$150	$150	$0	$0	$0	$0
Emergency Room	$75	$75	$0	$0	$0	$0
Lab Work	$25	$25	$0	$0	$0	$0
X-Ray	$25	$25	$0	$0	$0	$0
Adult Vision Exam	Not Available	$15	Not Available	$0	$0	$0
Glasses and Contact Lenses	Not Available	10%	Not Available	$0	$0	$0
Adult Dental Coverage Included	Not Available	Yes	Not Available	Yes	Yes	Yes
Prescription Drugs	You pay: $6 for generic $15 for brand $30 for preferred brand	You pay: $6 for generic $15 for brand $30 for preferred brand	You pay: $1 for generic $3 for brand $3 for preferred brand	You pay: $1 for generic $3 for brand $3 for preferred brand	You pay: $1 for generic $3 for brand $3 for preferred brand	You pay: $0 for generic $0 for brand $0 for preferred brand
Telemedicine - MDLIVE Program	$10	$10	$0	$0	$0	$0
Rates Through NY State of Health						
Single	$20	$47.62 to $47.79†	$0	$32.07 to $32.24†	$0	$0

*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.
**Other eligibility requirements must be met to enroll.
***Must be a lawfully present immigrant ("Qualified non-citizen" immigration status without a waiting period; Humanitarian statuses or circumstances (including Temporary Protected Status, Special Juvenile Status, asylum applicants, Convention Against Torture, victims of trafficking); Valid non-immigration visas; Legal status conferred by other laws (temporary resident status, LIFE Act, Family Unity individuals). To see a full list of eligible immigration statuses, please visit the web site at www.healthcare.gov/immigrants/immigration-status// or call the NY State of Health at 1-855-355-5777.)
†Rates for this plan will depend on what county you live in.

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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.