Excellus | Everybody Benefits

Healthier tomorrows start *today.*

2027 Qualified Health Plans

Understanding your coverage options

Choosing the right health plan is an important step in managing your health and financial wellbeing. Understanding the key differences between the following plans will help you make an informed decision on which one is right for you and your family.

- **Standard Health Plans** are required by New York State. Coverage is comprehensive and includes benefits like preventive care, emergency services and prescription drugs. The benefits and out-of-pocket costs for Standard Plans are the same, no matter which health insurer you use. However, provider networks may be different. We have a large network of doctors, hospitals and pharmacies that you know and trust.

99% in-area physician participation

+2M unique in-network providers in the U.S.

- **Non-Standard Health Plans** offer more flexibility and may include additional benefits not found in standard plans – such as adult dental or vision coverage, or acupuncture perks. However, they may also have different cost structures.

Preventive care *covered in full!*

When you use an in-network provider, you will pay nothing out-of-pocket for routine services like annual checkups, immunizations, mammograms, cholesterol and Type 2 diabetes screenings, and more — even if you have a deductible.*

See the full list of covered preventive care services at **ExcellusBCBS.com/PreventiveCare**

What else is *covered*?

While plans differ, they are all designed to meet the needs of individuals and families. You will have coverage for things like:

- Hospitalization
- Maternity and newborn care
- Urgent care visits
- No-cost preventive care
- Doctor visits
- Specialty care
- Prescription drugs**
- Laboratory coverage
- Choice of doctors and hospitals
- Virtual care visits
- ThriveWell℠ health and wellbeing benefit, in partnership with Personify Health
- Pediatric vision and dental
- Some plans may also include adult dental and vision coverage (check plan details for complete information)

* A well visit or preventive service can sometimes turn into a "sick visit", in which out-of-pocket expenses for deductible, copay and/or coinsurance may apply. There may also be other services performed in conjunction with the above preventive care services that might be subject to deductible, copay and/or coinsurance. Does not include procedures, injections, diagnostic services, laboratory and X-ray services, or any other services not billed as preventive services.

** Insurance coverage for GLP-1 drugs may vary. For more information, call 1-888-669-3913 (TTY 711).

Important terms to know

These are some of the most common words and definitions you will see when you review plan information.

Premium — The monthly amount you pay for your healthcare coverage.

Deductible — The amount you pay out of your own pocket before your insurance pays for anything. The deductible is in addition to your monthly premium. Once you have met your deductible, your insurance will contribute to covered healthcare services.

Copay — This is a fixed amount you pay each time you use a medical service, such as a doctor's office visit, prescription refill or a hospital stay. For example, if your prescription drug coverage includes a $20 copay, you pay $20 for each prescription and your insurance pays the balance.

Coinsurance — Your share of the costs of a covered healthcare service, calculated as a percent. Coinsurance is similar to a copay, but instead of a fixed dollar amount, it is a percentage of the total bill. Let's say a visit to your doctor is $100. If your plan's coinsurance is 20%, then your payment is $20. We cover 80%, which means we pay the rest or $80.

Covered in full — 100% of the total cost is covered by us and you do not have to pay anything.

Out-of-pocket maximum — The most you will pay for covered healthcare costs in a year. Once you reach that amount, your plan pays 100% of covered expenses for the rest of the year.

Individual aggregation:

Deductible — Each covered family member only needs to satisfy their own individual deductible (not the entire family amount). Once this amount is met, the member will pay a copay or coinsurance for covered services.

Out-of-pocket maximum (OOPM) — Each covered family member only needs to satisfy their own OOPM. Once this amount is met, covered services are paid by the health plan.

Family aggregation:

Deductible — For plans covering more than one person, the entire family deductible must be met by one or any combination of covered members. Once this amount is met, members will pay a copay or coinsurance for covered services.

Out-of-pocket maximum (OOPM) — For plans covering more than one person, the entire family OOPM must be met by one or any combination of covered members. Once this amount is met, covered services are paid by the health plan for the entire family. Our family plans include protection preventing any individual from exceeding $8,700 in out-of-pocket medical expenses each year.

At-a-glance

Use this chart to help you understand the differences in each plan and which one may best fit your needs.

Feature	HDHP	Copay plan	Hybrid plan
Monthly premiums	Low	Medium	High
Deductibles	High	Low	Moderate
Out-of-pocket costs	High until deductible is met	Lower with copays	Balanced
Predictability	Low	High	Moderate
HSA eligibility	Yes	No	Depends
Best for	Healthy individuals	Frequent care users	Balanced needs

What is *right* for you?

Your health needs, budget, and lifestyle all play a role in choosing the right plan. Let's look at some specifics related to these plans, so you can find the coverage that fits you best.

Regardless of whether you choose a standard plan or non-standard plan, there are different cost share arrangements you should understand.

High-Deductible Health Plan (HDHP)

What it is

A High-Deductible Health Plan (HDHP) features lower monthly premiums but higher deductibles. You pay most medical costs out of pocket until you meet your deductible. After that, the plan begins to share costs, often through coinsurance (a percentage of the total left to pay).

Key features

- Lower monthly premiums
- Higher deductibles (minimums set by the IRS)
- Eligible for a Health Savings Account (HSA), which allows you to save pre-tax dollars for medical expenses
- Good for people who are generally healthy or want to save on premiums
- Example: You might pay $500/month in premiums, and have a $6,000 deductible before insurance kicks in

HSA eligible HDHPs

- Bronze Standard
- Bronze Select
- Bronze Secure Plus 3
- Silver Select
- Silver Select 2

Important things to remember

1. Preventive care is FREE and can help you avoid getting sick and improve your health. With an HDHP, most preventive services such as routine physicals, screenings and vaccinations are covered in full.* The deductible does not apply to preventive services or preventive drugs.
2. Deductible applies for services other than preventive care. This means you are responsible for paying out of pocket until you meet your deductible. The deductible amount will vary based on your plan, so make sure you know what that amount is.
3. Once you reach your deductible, you will be responsible for paying either a copay or coinsurance, depending on your plan. A copay is a set dollar amount. Coinsurance is a percentage of the remaining cost you owe. Once you pay your percentage, we will pay the rest.

Please refer to "Important terms to know" for definitions.

* In accordance with the PPACA preventive care regulations, full coverage (no cost share) will be applied for those services meeting the requirements as outlined in Grade A and B Recommendations of the United States Preventive Services Task Force.

Copay *Plan*

What it is

A copay plan offers predictable costs for routine care. You pay a fixed fee (copay) for services like doctor visits or prescriptions, regardless of whether you have met your deductible.

Key features

- Higher monthly premiums
- Fixed copays for services (e.g., $15 for a doctor visit)
- Better for people who use healthcare services frequently
- Example: You might pay $1,400/month in premiums, but only $15 per doctor visit

Plans with a copay

- Platinum Standard
- Platinum Select

Important things to remember

1. With a copay plan, preventive services such as routine physicals, screenings and vaccinations are covered in full.
2. For services other than preventive care, you are responsible for paying a flat dollar amount for most medical services, like going to the doctor when you are sick or getting a prescription filled. You will pay a copay for most covered services on the first day your coverage begins.
3. To help with your costs, there is an out-of-pocket maximum that limits how much you must pay out of your own pocket for healthcare services each year, not including monthly premiums. If you reach that maximum out-of-pocket amount, your care is then covered in full.

Hybrid Plan

What it is

A hybrid plan combines elements of both HDHPs and copay plans. These plans may offer copays for certain services (like primary care or prescriptions) while still having a higher deductible for other types of care.

Key features

- Moderate premiums and deductibles
- Copays for some services, coinsurance for others
- Designed to balance cost predictability and savings
- Example: You might pay $900/month in premiums, have a $2,500 deductible, and pay $30 for a primary care visit

Plans that are hybrid

- Silver Standard
- Gold Standard
- Gold Select

Important things to remember

1. Preventive services such as routine physicals, screenings, and vaccinations are covered in full.
2. Your plan includes a deductible. The deductible is the amount you have to reach first for all medical services, like going to the doctor when you are sick or if you have to go to the hospital. Your deductible amount may vary and is based on the type of plan you have. The deductible does not apply to most preventive services. Most of these services are covered in full on the first day your coverage begins. The deductible does apply to diabetic drugs and supplies (excluding insulin).
3. You can get a prescription filled at the copay level on the first day your coverage begins. You do not need to meet the deductible first. Once you reach your deductible, you will pay a copay for some services and coinsurance for others. Coinsurance is your share of the costs of a covered procedure or visit, calculated as a percent. You will have to pay a percentage of that service. We cover the rest.
4. To help protect you from high costs, there is an out-of-pocket maximum. This is a specific dollar amount that limits how much you must pay out of your own pocket during a certain time period.

Tax-free funding account

If you have a plan with a deductible, you may be eligible to open a tax-free Health Savings Account (HSA) which will help you cover the costs associated with your plan.

What is an HSA?

- An HSA 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
- The money you put into your HSA is not subject to federal income tax when you make the deposit
- There are limits to how much you can contribute. In 2027 the maximum is:
  - $4,500 for single coverage
  - $9,000 for family coverage
- If you are under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus have to pay a tax penalty

What can I buy with an HSA?

An HSA will pay for many items and services, including:

- Chiropractor visits
- Contact lenses
- Crutches
- Dental treatment
- Dental X-rays
- Eyeglasses
- Lab tests
- Prescription drugs

Plans that are HSA Eligible in 2027

- Bronze Standard
- Bronze Secure Plus 3
- Bronze Select
- Silver Select
- Silver Select 2

For a list of qualified medical expenses, visit IRS.gov. Coverage of all services is subject to the terms of your HDHP.

See what is new for 2027 and rediscover great programs and services already available

Wellbeing and incentive programs

ThriveWell℠ — Our health and wellbeing benefit, in partnership with Personify Health, allows you to focus on what matters to you most. Centered on the whole person, you can work on improving your eating and sleeping habits and physical activity. Earn Rewards Cash for completing a Health Risk Assessment and by earning reward points through healthy activities.

Blue365® — Enjoy exclusive discounts on health and wellness products and services from fitness to healthy eating to personal care, including vision and dental discounts.

Care management

New! **Ovia Health by Labcorp** — We have partnered with Ovia Health, a leading digital family health solution, to offer 24/7 support for reproductive health, family planning, pregnancy, parenthood and menopause transition — all in one platform.[1]

Wellframe® app — Text with health professionals for advice and guidance, create medication reminders, make daily "to-do" lists, access educational materials, and more. Available to members aged 12 and up.

24/7 Nurse Call Line — Get answers to your healthcare questions anytime day or night.

Virtual care

New! **Deductible removed for telemedicine** — Our deductible plans now offer access to telemedicine 24/7 before the deductible, improving access to timely, personalized care that is more convenient and affordable.

MD Live® virtual care: medical and behavioral health

- **Urgent care ($0 before deductible)** — Care for common conditions like colds, flu, sinus infections, cough, allergies, and more.
- **Behavioral health support ($0 before deductible)** — Access to mental health therapy and psychiatry.
- **Dermatology (specialist cost share before deductible)** — Connect with board-certified dermatologists for thousands of skin, hair and nail conditions, including acne, rashes and eczema.

Vori Health: Virtual physical therapy and musculoskeletal care

- **Personalized care for back, neck, and joint pain ($0 before deductible)** — Our partnership with Vori Health makes physical therapy and back, neck and joint care available remotely (available with our Qualified Health Plans).

[1] Subject to final contract terms.
Personify Health is a separate company and offers a digital wellbeing service on behalf of Excellus BlueCross BlueShield (BCBS).
Ovia Health by Labcorp is an independent company offering digital women's health solutions to Excellus BCBS members.
MDLIVE Medical Group (DE), P.A, MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live. MD Live is an independent company providing virtual care services to Excellus BCBS members.
Vori Health is an independent company that offers virtual physical therapy and back, neck and joint healthcare for eligible Excellus BCBS members.

Pediatric dental benefits

A healthy mouth is a happy mouth

Your new plan provides great oral health benefits for kids up to age 19, if you need them. These benefits are included in your medical health plan.

If your medical plan includes a deductible, you have to pay it first before you begin paying at the copay or coinsurance amount. The deductible amount will vary based upon your plan, so make sure you know what that amount is.

When you take your child to the dentist, simply show them your Excellus BCBS medical ID card. You can reduce your out-of-pocket costs by seeing a participating dentist.

Find a participating dentist by visiting our website at **ExcellusBCBS.com/FindADentist** or call Customer Care at **1-800-724-1675**.

Your child will have coverage for:

- **Preventive dental care** which provides coverage for cleanings, fluoride treatments and sealants to keep teeth healthy
- **Routine dental care** covering services such as exams, X-rays and fillings
- **Major restorative care** covering services such as dentures and treatment of a cleft palate, and root canals
- **Orthodontia care** is only covered under this plan to treat serious medical conditions such as cleft palate and cleft lip

How your pediatric dental benefits work with your medical plan

Find your plan to learn how your pediatric dental benefits work with your medical plan. The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as deductible waived.

Plan name	Preventive dental care*	Routine dental care	Major dental care	Orthodontic dental care
Bronze Standard	$50 copay, subject to medical deductible	$50 copay, subject to medical deductible	$50 copay, subject to medical deductible	$50 copay, subject to medical deductible
Bronze Select	You pay 20%, subject to medical deductible	You pay 20%, subject to medical deductible	You pay 50%, subject to medical deductible	You pay 50%, subject to medical deductible
Bronze Secure Plus 3	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full	Deductible, then covered in full
Silver Standard	$30 copay, subject to medical deductible	$30 copay, subject to medical deductible	$30 copay, subject to medical deductible	$30 copay, subject to medical deductible
Silver Select	You pay 20%, deductible waived*	You pay 20%, subject to medical deductible	You pay 50%, subject to medical deductible	You pay 50%, subject to medical deductible
Silver Select 2	You pay 20%, deductible waived*	You pay 20%, subject to medical deductible	You pay 50%, subject to medical deductible	You pay 50%, subject to medical deductible
Gold Standard	$25 copay, subject to medical deductible	$25 copay, subject to medical deductible	$25 copay, subject to medical deductible	$25 copay, subject to medical deductible
Gold Select	You pay 20%, deductible waived*	You pay 20%, subject to medical deductible	You pay 50%, subject to medical deductible	You pay 50%, subject to medical deductible
Platinum Standard	$15 copay	$15 copay	$15 copay	$15 copay
Platinum Select	You pay 20%	You pay 20%	You pay 50%	You pay 50%

*Preventive cleanings and exams are provided before the deductible, but your plan cost share still applies.

This is not a contract. This is intended to highlight the coverage of this plan. Benefits are determined by the terms of the member contract.

Pediatric dental benefits

Here's an example of how it would work if your plan has a $500 single deductible:

Your child has a cleaning at a participating dentist office

- Cost: $200
- Because you must reach your child's deductible first, the Plan pays: $0
- Child's deductible: $500
- **You pay out-of-pocket: $200**
- Leaving a deductible balance of: $300

Your child needs a minor medical surgical procedure done in an outpatient setting

- Cost: $2,500
- You must pay the child's deductible balance, which is: $300
- For outpatient surgical care, you have a copay of $250
- **You pay out-of-pocket: $550**
- Plan pays: $1,950
- Your child's deductible is now met for both medical and dental care

Your child has a cavity and has a filling with a participating dentist

- Cost: $150
- Fillings are "routine care" so you will pay 20% of the $150 or $30
- **You pay out-of-pocket: $30**
- Plan pays: $120

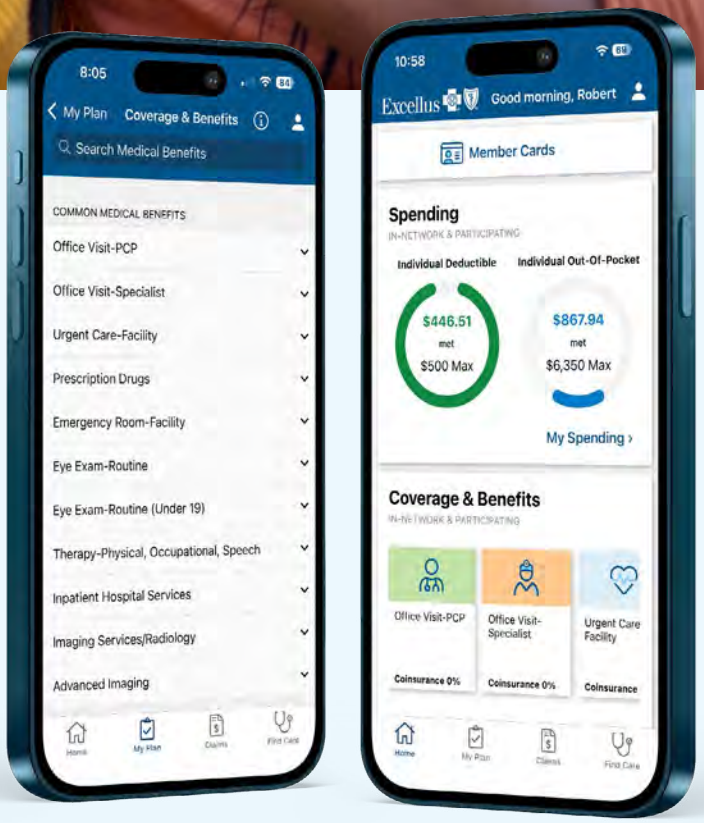
Your child has an oral exam, X-rays and a cleaning with a participating dentist

- Cost $250
- These services are "preventive and routine," so you will pay 20% of the $250 or $50
- **You pay out-of-pocket: $50**
- Plan pays: $200

Members can take their health plan with them 24/7

With the Excellus BCBS app, members can easily connect to care anytime, anywhere, making it simple to find support and manage their health in one convenient place.

Access 24/7 telemedicine, check benefits and deductible status, view claims, use digital ID cards, find a doctor, pay your bill and more.



Excellus

Enroll before the deadline. Visit **ChooseExcellus.com** or **call 1-888-669-3913** (TTY 711)

Excellus BlueCross BlueShield is a nonprofit independent licensee of the Blue Cross Blue Shield Association.

ATTENTION: Language assistance services and other aids, free of charge, are available to you. Call 1-800-650-4359 (TTY 711). ATENCIÓN: Dispone de servicios de asistencia lingüística y otras ayudas, gratis. Llame al 1-800-650-4359 (TTY 711).
请注意：您可以免费获得语言协助服务和其他辅助服务。请致电 1-800-650-4359 (TTY 711).

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