

SimplyBlue Plus

Deductible HSA D Plan



With the advantage of moderate premiums, this plan offers a blend of predictability and cost savings through a mix of deductibles and fixed copays. So you'll get the confidence of a comprehensive plan with more freedom than you might expect.



What's covered in full?

Here are some commonly used preventive care services* that are covered in full:

- Adult annual physical examinations
- Adult immunizations
- Bone mineral density measurements or testing
- Family planning and reproductive health services
- Mammograms
- Well-baby and well-child care
- Well-woman examinations



Deductibles and your plan

Your plan includes a deductible.

A deductible health plan is designed to help keep monthly premium costs low for you and your family. Your plan includes a deductible, which means you will pay a negotiated, allowed amount that must be met before the insurance company pays for covered services. This deductible applies to all medical care and prescription drugs, but does not apply to Preventive Care services*, which are covered in full. After your deductible is met, you will pay a copay for most medical services. Preventive drugs do not apply to the deductible.

Medical diagnosis-driven services for certain chronic conditions are covered in front of the deductible (applicable cost shares, such as copays and/or coinsurance may apply).



Prescription drugs and your plan

Prescription drugs are subject to the deductible, which means you will pay a negotiated, allowed amount for your prescription drugs until you've reached the deductible. After your deductible is met, you will pay a copay. Preventive drugs do not apply to the deductible.



Member benefits

NEW! Deductible removed for Telemedicine

Our partnership with MD Live virtual care and Vori Health gives you convenient access to urgent care, behavioral health, physical therapy and dermatology, 24/7/365 from the comfort of your home — visits are now provided to members before deductible at low to no cost.

NEW! Pharmacy Concierge

A high-touch program designed to control costs by optimizing medication use. Pharmacy Concierge leverages a dedicated, in-house team of pharmacists who proactively review pharmacy claims to identify savings opportunities across the population.

This team works directly with prescribing physicians to recommend lower-cost, clinically appropriate alternatives — ensuring members receive effective treatment at the best possible value.

Our comprehensive approach delivers measurable savings. The Pharmacy Concierge team evaluates a wide range of optimization opportunities, including:

- Channel optimization
- Dose efficiency
- Dosage form optimization
- High-cost generics
- Multi-source brands
- Specialty medications

NEW! Sempre Health

A smarter way for group plans to boost adherence and reduce costs for members managing chronic conditions. Sempre Health is an SMS-based program that helps eligible members save on prescriptions while improving medication adherence.

Enrollment is easy. Once signed up, members unlock copay discounts at their regular pharmacy by refilling their medications on time. With text reminders and increasing incentives, members are rewarded for staying adherent and keeping their refills on schedule.

New! Updating our preventive drug list for smarter, more sustainable coverage

Effective January 1, 2027, Excellus BCBS will update the preventive drug list to better align coverage on high value, clinically appropriate preventive medications. As part of this update, select non preferred drugs, multi source brands, and high cost generics will no longer be included on the preventive drug list. These changes are designed to support more sustainable pharmacy costs while maintaining access to effective preventive care. This policy change applies to all groups regardless of renewal date.

New! Woman and family health support through Ovia Health

Ovia Health by Labcorp is a comprehensive solution that supports women and families through every stage of life — from fertility and pregnancy to postpartum, parenting, and menopause. With personalized guidance, digital tools and 1:1 access to specialists and/or licensed health care professionals, Ovia Health connects members to the care and support they need for better health outcomes and greater confidence throughout their journey. Ovia Health is embedded in all Small Group plans.

Bright Beginnings

Access to maternity support, through our Care Management team, while navigating the health care system, with a focus on early intervention, prenatal education, and personalized support during and after pregnancy.

Blue365®

Exclusive discounts on health-related products and services such as fitness gear, exercise programs, weight-loss programs and more.

BlueCard®

Access to care when you travel in the United States and its territories, Canada and Mexico.

Our network

Access to more top-quality doctors, hospitals and pharmacies — locally and nationwide.

Pharmacy home delivery

Save time and money by having your prescriptions delivered to your home.

Building healthy habits with ThriveWellSM

A digital homebase dedicated to engaging teams in health and wellbeing. Our partnership with Personify Health gives employees the tools to make small everyday changes to their wellbeing that are focused on the area they want to improve the most. They'll build healthy habits, have fun with friends and experience the lifelong rewards of better health and wellbeing.

ThriveWell is embedded in all plans, offering rewards of up to \$200 per subscriber and \$200 per spouse, or domestic partner, for a total rewards payout of up to \$400 per plan year.

Connect with a personalized Care Manager with Wellframe[®]

A convenient way for our Care Managers to provide confidential, proactive, one-on-one, text-based outreach to members using a smartphone or tablet.

Welvie[®] My SurgerySM

To inform, empower and give employees and their covered family members what they need to make the best surgery decisions possible.



Other things to know about your plan

1

How does the money I pay toward my deductible add up (or aggregate)?

When only covering yourself, you will pay the single deductible amount. If you are covering more than one person, the entire family's deductible must be met by one or any combination of covered members. Once you meet your deductible, the plan begins paying on your claims.

2

How much will I pay out-of-pocket for this plan? And how does it add up (or aggregate)?

- To help limit your out-of-pocket costs, all of our plans have a maximum amount that any one person will pay. This is called an out-of-pocket maximum.
- This amount varies, depending on the plan you have. Log into **ExcellusBCBS.com/Member** to view your benefits and see your coverage amount.
- If you are covering more than one person, one or any combination of family members will need to meet the full family maximum.
- Once this amount is met, care is covered in full for everyone on the plan. Any individual will not pay more than \$8,700.

3

What kind of funding accounts work with this plan?

This plan qualifies for a Health Savings Account (HSA).

Important terms

Coinsurance

Coinsurance is similar to a copay, but instead of a fixed-dollar amount, you pay a percentage of the negotiated, allowed amount. For example: You need crutches, and your bill is \$100. If your coinsurance is 15%, that means you pay \$15, and the insurance company pays the remaining \$85.

Copays

A fixed amount you pay each time you use a medical service, like a doctor's visit. For example: If your plan's coverage includes a \$20 copay for a Primary Care Provider (PCP), you pay \$20 for each visit to your PCP, and the insurance company pays for the rest.

Deductible

An amount of money you have to pay before the health insurance company will make any payment toward your health care services. For example: If you have a \$3,000 deductible, you pay 100% of the negotiated, allowed amount of your first \$3,000 in medical bills.

After you reach your deductible amount, you may pay a portion of your health care costs, and your health insurance company will pay the rest.

Out-of-pocket maximum

An annual limit on the amount of money that you pay for health care services, not including your monthly premiums.

Health Savings Account (HSA)

When you enroll in an HSA-qualified plan, you are eligible to open a tax-free health savings account, which will help you cover the costs associated with your plan.

What is an HSA?

- An HSA helps you pay for qualified medical expenses such as lab fees, prescription drugs, contact lenses and more.
- The money you put into your HSA is not subject to federal income tax when you make the deposit.
- If you're under 65 and you withdraw money from your HSA for non-qualified medical expenses, you will be taxed at your income tax rate plus 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 treatments
- Dental x-rays
- Eyeglasses
- Lab tests
- Prescription drugs

For a complete list of qualified medical expenses, visit [IRS.gov](https://www.irs.gov). Coverage of all services is subject to the terms of your HDHP.

Who owns my HSA? You.

Who funds my HSA? You and/or your employer.

Are there contribution limits? In 2027, the maximum is \$4,500 for single coverage and \$9,000 for family.

Can I transfer my HSA if I switch jobs? Yes, you own the account.

To learn more about your benefits and register your account, visit ExcellusBCBS.com/Member



- View your benefits
- Check your claims
- Download the Excellus BCBS app for 24/7 access to telemedicine and information regarding your health plan including your deductible status
- Check referrals and authorizations

