

# Health coverage made simple that *everybody* can rely on.

Helping you care for the team that powers your business forward.



**2026** Excellus BCBS Small Business  
Plan Designs At A Glance

Rochester: Q1 Rates Effective: 4/1/2026 – 6/30/2026

Excellus  **Everybody  
Benefits**

# Healthcare is changing. Your commitment to your team hasn't and neither has ours.

At Excellus BlueCross BlueShield, we recognize the pressures small businesses face in today's evolving health care landscape. Rising costs, coverage changes, and provider shortages can make it difficult to feel confident in your choices. We understand how challenging this is and we're here to listen, guide, and support you in navigating these complexities.

Our commitment is to help you offer meaningful and valuable benefits to employees while managing costs thoughtfully. Through wellness programs, personalized support, and resources like preventive care and tier 1 drugs at no cost, we aim to make coverage work harder for your employees.

We're committed to working together to support small businesses through health care uncertainty.

## What you need to know for 2026:



### NEW! Teledermatology

Teledermatology is now available through MDLIVE and will be included with 2026 renewal for groups that currently have MDLIVE. Get a diagnosis, treatment, and prescription (as needed) from a board certified dermatologist for more than 3,000 skin, hair, and nail conditions in an average turnaround time of 24 hours.



### ThriveWell<sup>SM</sup>

ThriveWell is a digital homebase dedicated to engaging teams in their health. Supported by Personify Health<sup>TM</sup>, it gives employees the tools to make small everyday changes, build healthy habits, have fun with friends, and experience the lifelong rewards of better overall wellbeing.

For Small Group, 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.



### Vori Health

Back pain can be disruptive – and 18% of those who seek help only complete one PT visit.<sup>1</sup> To support faster, more effective recovery, we offer digital musculoskeletal (MSK) care for back, neck and joint issues through our partner, Vori Health, a nationwide virtual-first specialty medical practice.



### Enhanced Diabetes management

Our Enhanced Diabetes Education Program offers structured, personalized support for members struggling with diabetes. Guided by the American Association of Diabetes Educators curriculum, certified diabetes care and education specialists help members build essential self-management skills across seven core areas. Engaged participants experience improved quality of life, a 70% reduction in ED visits and readmissions, and a 51% increase in primary care visits.<sup>2</sup>



### Core pharmacy suite

Our core pharmacy suite of back-end solutions serves as the foundation of our programs, offering clinical strategies that integrate right into your services. Through an approach that includes formulary management, cost and waste reduction, GLP-1 trend management, cancer care and specialty drug optimization, we're delivering an average savings of \$27.77 per member per month.<sup>3</sup>

<sup>1</sup> 2021-2022 Health plan data.

<sup>2</sup> Outcomes data is based on full year 2022 claims experience for members engaged in both the Enhanced Diabetes Education Program and the standard CM/DM for members with a primary diagnosis of Diabetes using a Pre/Post methodology.

<sup>3</sup> Based on 2023-2024 Health Plan Data Claims. An opt-in may be associated with programs for self-funded, minimum premium and article 47 groups.

## 2026 Plans for Small Employer Groups – Go to Blue on Demand for more details

PLAN TYPE	COPAY				HYBRID	
PLAN NAME	Platinum Standard	Platinum 2	Platinum 6	Gold 5	Platinum 4	Gold 14
Deductible: Individual/Family	\$0/\$0	\$0/\$0	\$0/\$0	\$0/\$0	\$250/\$500	<b>\$1,400/\$2,800</b>
Out-of-pocket max: Individual/Family	\$2,000/\$4,000	<b>\$5,000/\$10,000</b>	\$6,550/\$13,100	\$9,200/\$18,400	<b>\$3,000/\$6,000</b>	<b>\$7,500/\$15,000</b>
Per person in a family Out-of-pocket maximum <sup>2</sup> :	N/A	N/A	N/A	N/A	N/A	N/A
Aggregation design <sup>3</sup>	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Coinsurance	N/A	N/A	N/A	N/A	20%	20%
<b>MEDICAL</b>						
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0
Primary care visits	\$15	\$15	\$30	\$40	\$15	\$25*
Specialist visit	\$35	<b>\$40</b>	\$50	\$70	\$25	\$40*
Covered therapies	\$25	\$15	\$30	\$40	\$15	\$25*
Chiropractic care	\$35	\$15	\$30	\$40	\$15	\$25*
Telemedicine <sup>5</sup> /Teledermatology	Covered in full/ \$35	Covered in full/ \$40	Covered in full/ \$50	Covered in full/ \$70	Covered in full/ \$25	Covered in full*/ \$40*
Hospital facility: Inpatient/Outpatient	\$500/\$100	\$500/\$300	\$750/\$250	\$1,500/\$650	20%*/20%*	20%*/20%*
Urgent care	\$55	<b>\$40</b>	\$50	\$70	\$25	\$40*
Emergency room visit	\$100	\$300	\$250	\$650	\$150	\$450*
Annual eye exam: Pediatric/Adult	\$15/ Not Covered	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full/ Covered in full	Covered in full*/ Covered in full*
<b>PHARMACY</b>						
Prescription copayment <sup>4</sup>	\$10/\$30/\$60	\$10/\$35/\$70 \$0 generics for kids	\$5/\$35/\$70 \$0 generics for kids	\$15/ <b>40%</b> /50% \$0 generics for kids	\$5/\$25/\$50 \$0 generics for kids	\$5/\$35/\$70 \$0 generics for kids <sup>5</sup>
<b>OUT-OF-NETWORK COVERAGE</b>						
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-pocket maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	20%	20%	20%	20%	40%	40%
<b>ROCHESTER RATES**</b>						
Single	\$1,462.91	\$1,449.89	\$1,438.41	\$1,240.90	\$1,415.19	\$1,181.39
Subscriber & spouse	\$2,925.82	\$2,899.78	\$2,876.82	\$2,481.80	\$2,830.38	\$2,362.78
Subscriber & child(ren)	\$2,486.95	\$2,464.81	\$2,445.30	\$2,109.53	\$2,405.82	\$2,008.36
Family	\$4,169.29	\$4,132.19	\$4,099.47	\$3,536.57	\$4,033.29	\$3,366.96
<b>Enrollment Code</b>	<b>TIVO</b>	<b>TIX6</b>	<b>TJX2</b>	<b>TIZ2</b>	<b>TJT0</b>	<b>TJK4</b>

**Stable:** Designed for people who prefer the peace of mind of minimal out-of-pocket costs

**Blended:** Designed for people who want a blend of predictability in out-of-pocket costs and lower premium

**Value Maximizing:** Designed for people who want the lowest premium and most control over their health care expenses

## 2026 Plans for Small Employer Groups – Go to Blue on Demand for more details

PLAN TYPE (cont.)	HYBRID					
PLAN NAME	Gold 17	Gold 19	Gold Standard	Silver 6	Silver 18	Silver Standard
Deductible: Individual/Family	\$1,100/\$2,200	<b>\$2,500/\$5,000</b>	<b>\$775/\$1,550</b>	<b>\$3,600/\$7,200</b>	\$7,500/\$15,000	<b>\$2,450/\$4,900</b>
Out-of-pocket max: Individual/Family	\$8,250/\$16,500	<b>\$7,500/\$15,000</b>	<b>\$10,150/\$20,300</b>	<b>\$9,600/\$19,200</b>	<b>\$10,150/\$20,300</b>	<b>\$10,150/\$20,300</b>
Per person in a family Out-of-pocket maximum <sup>2</sup> :	N/A	N/A	N/A	N/A	N/A	N/A
Aggregation design <sup>3</sup>	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Coinsurance	20%	20%	0%	25%	30%	0%
<b>MEDICAL</b>						
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0
Primary care visits	\$40	\$40	\$25*	\$40*	<b>\$70</b>	\$30*, First visit NSD <sup>1</sup>
Specialist visit	<b>\$70</b>	\$60	\$40*	\$60*	\$100	\$65*, First visit NSD <sup>1</sup>
Covered therapies	\$40	\$40	\$30*	\$40*	<b>\$70</b>	\$30*
Chiropractic care	\$40	\$40	\$40*	\$40*	<b>\$70</b>	\$65*, First visit NSD <sup>1</sup>
Telemedicine <sup>5</sup> / Teledermatology	Covered in full/ \$70	Covered in full/ \$60	Covered in full*/ \$40*	Covered in full*/ \$60*	Covered in full/ \$100	Covered in full*, First visit NSD <sup>1</sup> /\$65*
Hospital facility: Inpatient/Outpatient	20%*/20%*	20%*/20%*	\$1,000*/\$100*	25%*/25%*	30%*/30%*	\$1,500*/\$150*
Urgent care	<b>\$70</b>	\$60	\$60*	\$60*	\$100	\$70*
Emergency room visit	<b>\$300</b>	\$350	\$150*	\$450*	30%*	\$500*
Annual eye exam: Pediatric/Adult	Covered in full/ Covered in full	Covered in full/ Covered in full	\$25*/ Not Covered	Covered in full*/ Covered in full*	Covered in full/ Covered in full	\$30*/ Not Covered
<b>PHARMACY</b>						
Prescription copayment <sup>4</sup>	\$10/\$45/\$90 \$0 generics for kids	\$5/\$45/\$90 \$0 generics for kids	\$10/\$35/\$70 <sup>6</sup>	\$5/\$45/\$90 \$0 generics for kids <sup>6</sup>	\$10/40%/50% \$0 generics for kids	\$15/\$40/\$75 <sup>6</sup>
<b>OUT-OF-NETWORK COVERAGE</b>						
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	<b>\$10,150/\$20,300</b>	\$5,000/\$10,000
Out-of-pocket maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	<b>\$10,150/\$20,300</b>	\$10,000/\$20,000	<b>\$10,150/\$20,300</b>	<b>\$10,150/\$20,300</b>
Coinsurance	40%	40%	40%	50%	0%	40%
<b>ROCHESTER RATES**</b>						
Single	\$1,199.33	\$1,145.21	\$1,258.66	\$978.92	\$858.83	\$1,058.77
Subscriber & spouse	\$2,398.66	\$2,290.42	\$2,517.32	\$1,957.84	\$1,717.66	\$2,117.54
Subscriber & child(ren)	\$2,038.86	\$1,946.86	\$2,139.72	\$1,664.16	\$1,460.01	\$1,799.91
Family	\$3,418.09	\$3,263.85	\$3,587.18	\$2,789.92	\$2,447.67	\$3,017.49
<b>Enrollment Code</b>	<b>TJV6</b>	<b>TJY8</b>	<b>TJI8</b>	<b>TJL0</b>	<b>TKD6</b>	<b>TJH2</b>

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## 2026 Plans for Small Employer Groups – Go to Blue on Demand for more details

PLAN TYPE (cont.)	DEDUCTIBLE HSA					
PLAN NAME	Gold 6	Gold 21	Silver 2	Silver 16	Silver 17	Silver 19
Deductible: Individual/Family	\$2,000/\$4,000	\$2,000/\$4,000	\$3,250/\$6,500	\$4,450/\$8,900	\$3,700/\$7,400	\$3,600/\$7,200
Out-of-pocket max: Individual/Family	\$4,000/\$8,000	\$5,500/\$11,000	\$8,500/\$17,000	\$8,500/\$17,000	\$7,400/\$14,800	\$8,000/\$16,000
Per person in a family Out-of-pocket maximum <sup>2</sup> :	\$8,000	\$8,500	\$8,500	N/A	\$8,500	\$8,500
Aggregation design <sup>3</sup>	FAMILY	FAMILY	FAMILY	INDIVIDUAL	FAMILY	FAMILY
Coinsurance	20%	0%	20%	20%	20%	0%
<b>MEDICAL</b>						
Preventive care	\$0	\$0	\$0	\$0	\$0	\$0
Primary care visits	20%*	\$25*	20%*	20%*	20%*	\$25*
Specialist visit	20%*	\$40*	20%*	20%*	20%*	\$50*
Covered therapies	20%*	\$25*	20%*	20%*	20%*	\$25*
Chiropractic care	20%*	\$25*	20%*	20%*	20%*	\$25*
Telemedicine <sup>5</sup> /Teledermatology	Covered in full*/20%*	Covered in full*/\$40*	Covered in full*/20%*	Covered in full*/20%*	Covered in full*/20%*	Covered in full*/\$50*
Hospital facility: Inpatient/Outpatient	20%*/20%*	\$500*/\$150*	20%*/20%*	20%*/20%*	20%*/20%*	\$500*/\$350*
Urgent care	20%*	\$40*	20%*	20%*	20%*	\$50*
Emergency room visit	20%*	\$150*	20%*	20%*	20%*	\$350*
Annual eye exam: Pediatric/Adult	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*
<b>PHARMACY</b>						
Prescription copayment <sup>4</sup>	\$5/\$45/\$90* preventive drugs not subject to deductible \$0* generics for kids	\$5/\$45/\$90* preventive drugs not subject to deductible \$0* generics for kids	\$10/\$45/\$90* preventive drugs not subject to deductible \$0* generics for kids	\$5/\$45/\$90* preventive drugs not subject to deductible \$0* generics for kids	\$5/\$35/\$70* preventive drugs not subject to deductible \$0* generics for kids	\$5/\$45/\$90* preventive drugs not subject to deductible \$0* generics for kids
<b>OUT-OF-NETWORK COVERAGE</b>						
Deductible: Individual/Family	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000
Out-of-pocket maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000
Coinsurance	40%	40%	40%	40%	40%	40%
<b>ROCHESTER RATES**</b>						
Single	\$1,143.53	\$1,152.50	\$975.70	\$942.47	\$966.91	\$983.39
Subscriber & spouse	\$2,287.06	\$2,305.00	\$1,951.40	\$1,884.94	\$1,933.82	\$1,966.78
Subscriber & child(ren)	\$1,944.00	\$1,959.25	\$1,658.69	\$1,602.20	\$1,643.75	\$1,671.76
Family	\$3,259.06	\$3,284.63	\$2,780.75	\$2,686.04	\$2,755.69	\$2,802.66
Enrollment Code	TJA8	TKG8	TJC4	TKA4	TKB0	TKF2

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## 2026 Plans for Small Employer Groups – Go to Blue on Demand for more details

PLAN TYPE (cont.)	DEDUCTIBLE HSA				DEDUCTIBLE
PLAN NAME	NEW! Silver 20	Bronze 3	Bronze 4	Bronze 5	Bronze 7
Deductible: Individual/Family	\$6,750/\$13,500	\$5,500/\$11,000	<b>\$8,500/\$17,000</b>	\$6,000/\$12,000	<b>\$10,600/\$21,200</b>
Out-of-pocket max: Individual/Family	\$6,750/\$13,500	\$7,500/\$15,000	<b>\$8,500/\$17,000</b>	\$7,500/\$15,000	<b>\$10,600/\$21,200</b>
Per person in a family Out-of-pocket maximum <sup>2</sup> :	\$8,500	<b>\$8,500</b>	<b>\$8,500</b>	<b>\$8,500</b>	<b>\$10,600</b>
Aggregation design <sup>3</sup>	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY
Coinsurance	0%	50%	0%	0%	0%
<b>MEDICAL</b>					
Preventive care	\$0	\$0	\$0	\$0	\$0
Primary care visits	0%*	50%*	0%*	\$40*	0%*
Specialist visit	0%*	50%*	0%*	\$60*	0%*
Covered therapies	0%*	50%*	0%*	\$40*	0%*
Chiropractic care	0%*	50%*	0%*	\$40*	0%*
Telemedicine <sup>5</sup> /Teledermatology	Covered in full*/0%*	Covered in full*/50%*	Covered in full*/0%*	Covered in full*/\$60*	Covered in full*/0%*
Hospital facility: Inpatient/Outpatient	0%*	50%*/50%*	0%*/0%*	\$1,000*/\$500*	0%*/0%*
Urgent care	0%*	50%*	0%*	\$60*	0%*
Emergency room visit	0%*	50%*	0%*	\$500*	0%*
Annual eye exam: Pediatric/Adult	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*	Covered in full*/Covered in full*
<b>PHARMACY</b>					
Prescription copayment <sup>4</sup>	0%* preventive drugs not subject to deductible \$0* generics for kids	\$10/40%/50%* preventive drugs not subject to deductible \$0* generics for kids	0%* preventive drugs not subject to deductible \$0* generics for kids	\$10/\$45/\$90* preventive drugs not subject to deductible \$0* generics for kids	0%* preventive drugs not subject to deductible \$0* generics for kids
<b>OUT-OF-NETWORK COVERAGE</b>					
Deductible: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,600/\$21,200
Out-of-pocket maximum: Individual/Family	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,600/\$21,200
Coinsurance	0%	0%	0%	0%	0%
<b>ROCHESTER RATES**</b>					
Single	\$833.80	\$845.20	\$782.82	\$851.12	\$699.53
Subscriber & spouse	\$1,667.60	\$1,690.40	\$1,565.64	\$1,702.24	\$1,399.06
Subscriber & child(ren)	\$1,417.46	\$1,436.84	\$1,330.79	\$1,446.90	\$1,189.20
Family	\$2,376.33	\$2,408.82	\$2,231.04	\$2,425.69	\$1,993.66
<b>Enrollment Code</b>	<b>TKJ0</b>	<b>TJD0</b>	<b>TJF6</b>	<b>TJQ8</b>	<b>TKI4</b>

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## Our Approach

# Take good care of your people, and they'll help you take good care of your business.

It's a simple concept – and it's why you want to provide great health coverage for employees. Coverage that helps them live healthier lives. Coverage that helps make the entire experience easy for everyone. Coverage that's as affordable as possible.

**But in a world where health plans seem more complex every day, how can you make sure that an idea that sounds simple is simple? That's where Excellus BlueCross BlueShield (BCBS) delivers.**

## Coordinated care. Complete coverage. Greater value. Everybody benefits.®

Health care works best when it works together. That's why Excellus BCBS provides a coordinated, caring, personalized, and holistic health plan experience that connects the dots for businesses and employees, improving care and helping to manage costs for everyone.

### So how do we do it? Our approach is built around three ideas

**1. People come first**  
We address all types of health conditions with members personally and proactively, with comprehensive programs and a combination of medical expertise and data.

**2. Service is simple**  
We make it easier for members to understand their benefits, and we help make claims management and processing more efficient and transparent for employers.

**3. Our network is unmatched. Period.**  
We bring the largest network to you and your clients, covering a wide range of providers across the country.





#### Benefits in blue represent a cost-share change from 2025 to 2026

\* Benefit is subject to the plan deductible.

\*\* Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental coverage. See Blue on Demand for other rates.

<sup>1</sup> For Silver Standard plan, one visit is covered before the deductible, subject to the applicable copay. The copay paid for the one visit counts towards the deductible. Any of the following types of visits, performed in person or using telehealth, counts towards the one pre-deductible visit: a primary care visit, specialist visit, outpatient mental health visit, outpatient substance use disorder visit, Autism behavioral analysis visit, or chiropractic care visit. Urgent care and office surgery do not count towards the one visit.

<sup>2</sup> Our Family Aggregation plans have an added layer protection preventing any individual from exceeding \$8,500 in personal out-of-pocket medical expenses each year. This cap applies to family plans with family aggregation, acting as a safeguard and providing more value in the event of high medical expenses for one individual.

<sup>3</sup> Aggregation Designs Defined:

Individual Aggregation: Each covered family member only needs to satisfy his or her individual deductible and/or out of pocket maximum, not the entire family amounts, before the health plan begins to contribute.

Family Aggregation: For family coverage, the entire family's annual deductible and/or out-of-pocket maximum must be met by one or any combination of covered members before the health plan begins to contribute.

<sup>4</sup> Insurance coverage for GLP-1 drugs may vary. More information on our policy is available on our website.

<sup>5</sup> Telemedicine services offered through our virtual care providers MDLIVE for acute care, urgent care, behavioral health and dermatology. And our partner Vori Health provides virtual physical therapy/MSK treatment services.

<sup>6</sup> For these Hybrid plans, diabetic drugs and supplies are subject to the medical deductible. Excludes Insulin.

This is not a contract nor a Summary of Benefits and Coverage (SBC). This benefit summary is intended to highlight the coverage of this program. Benefits are determined by the terms of the Member Certificate. All benefits are subject to medical necessity.

Personify Health is an independent company and offers a digital wellbeing service on behalf of Excellus BCBS.

Please note, this is not a contract. It is intended to highlight some of the options available under our medical plans. Benefits are determined by the terms of the member contract. All benefits are subject to medical necessity.

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