



Premium Rate Schedule & Contract Summary

Quote Effective: 01/01/2024 - 12/31/2024

Version Updated: 09/23/2023

Plan ID: 78124NY0900013-00	Plan Name: Bronze Select	Enrollment Code: IAN5
Rating Region: Rochester	Direct Pay	
Rate		
Plan Name: Bronze Select		
Plan Highlights	A deductible is applied to all covered medical and prescription drug benefits. Preventive services are covered in full. New for 2024, includes ThriveWell.	
Network Structure	This plan provides covered benefits at 100% of hospitals and more than 98% of local doctors in our 31-county network.	
Enrollment Code	IAN5	
Plan Type	Deductible HSA	
HSA Eligibility	Yes	
Monthly Premium Single \$544.84 / Subscriber & Spouse \$1,089.69 / Subscriber & Children \$926.23 / Family \$1,552.81		
In-Network Benefits		
Deductible	\$5,500 Individual / \$11,000 Family	
Coinsurance	Covered at 50%	
Annual Out of Pocket Maximum	\$7,500 Individual / \$15,000 Family	
Primary Care / Specialist Office Visit	Covered at 50%, subject to the deductible / Covered at 50%, subject to the deductible	
Hospital Benefit	Covered at 50% per admission for unlimited days, subject to the deductible	
Emergency Room Care	Covered at 50%, subject to the deductible	
Urgent Care	Covered at 50%, subject to the deductible	
Prescription Drug	\$10/40%/50%, subject to the plan deductible. Preventive drugs are not subject to the deductible; they are subject to the applicable copay or coinsurance.	
Dependent Coverage To Age 26, Pediatric Dental Coverage Included		
A summary of benefits and coverage (SBC) can be found at excellusbcs.com/sbcfinder , or you can call 1-888-264-7792 to request a copy to be mailed to you. You will need to key in the Plan ID# listed above.		
How To enroll:		
Complete the enrollment application included and mail to: Excellus Health Plan, Inc P.O. Box 21146 Eagan, MN 55121 Questions? Call 1-888-477-5804		
Our dedicated insurance advisors can help complete your enrollment application and answer your questions.		
Tips For Enrolling:		
<ul style="list-style-type: none">Carefully review the entire enrollment application to make sure it's filled out. An incomplete form will be returned and will delay your enrollment.Sign the completed enrollment form.Enclose a check or money order for the first month's premium made payable to Excellus Health Plan. The monthly premium amount you owe is shown above.Payment must be received and processed before the plan will become effective.		

For individual market plans under the Patient Protection and Affordable Care Act (PPACA)

In compliance with the Consolidated Appropriations Act, 2021, below is information about monthly commission payments Excellus BlueCross BlueShield makes to agents or brokers who assist members with enrolling in plan coverage. These monthly payments are made to the agent or broker and their agency, and are identified below. **These payments are included in monthly premiums and are not an additional cost to you.**

Medical Plans	Per Contract Per Month
	Agent or Broker
New and Renewing Platinum, Gold, Silver, Bronze, and Catastrophic	\$25

If you have questions about these payments, please call your agent or broker. If you have questions about your plan coverage, call Customer Care at the number on the back of your member card or visit ExcellusBCBS.com.

Our Health Plan complies with federal civil rights laws. We do not discriminate on the basis of race, color, origin, age, disability, or sex.

Atención: Si habla español, contamos con ayuda gratuita de idiomas disponible para usted. Consulte el documento adjunto para ver las formas en que puede comunicarse con nosotros.

注意：如果您说中文，我们可为您提供免费的语言协助。请参见随附的文件以获取我们的联系方式。

A nonprofit independent licensee of the Blue Cross Blue Shield Association

16264-22M
A11y CS 062122

