

Benefit Highlights 2026

Excellus BCBS	Simply Blue Plus Gold 14	Simply Blue Plus Silver 16	Simply Blue Plus Bronze 4
Deductible	\$1,400 / \$2,800	\$4,450 / \$8,900	\$8,500 / \$17,000
Co-Insurance	Covered at 80%	Covered at 80%	Covered at 100%
Out of Pocket Max	\$7,500 / \$15,000	\$9,000 / \$18,000	\$8,500 / \$17,000
Annual Routine Physical	Covered in Full	Covered in Full	Covered in Full
Preventive Care	Covered in Full	Covered in Full	Covered in Full
PCP Office Visit / Specialist Visit	Copay/\$25/\$40 subject to the deductible	Covered at 80% subject to the deductible	Covered at 100% subject to the deductible
Inpatient Hospital Visit	Covered at 80% subject to the deductible	Covered at 80% subject to the deductible	Covered at 100% subject to the deductible
Emergency Room	\$450 subject to the deductible	Covered at 80% subject to the deductible	Covered at 100% subject to the deductible
Urgent Care	\$40 Copay subject to the deductible	Covered at 80% subject to the deductible	Covered at 100% subject to the deductible
Outpatient Surgery	Covered at 80% subject to the deductible	Covered at 80% subject to the deductible	Covered at 100% subject to the deductible
Prescriptions	\$5 / \$35 / \$70 NOT subject to the deductible	\$5 / \$45 / \$90 subject to the deductible <i>Preventive drugs are NOT subject to the deductible</i>	Covered at 100% subject to the deductible <i>Preventive drugs are NOT subject to the deductible</i>
HSA Eligible	NO	YES	YES
2026 RATES	REMEMBER: TAYLOR IS PAYING \$100/week . THIS IS YOUR NET COST!		
Single	\$167.28	\$ 113.23	\$ 77.11
Self + Spouse	\$ 434.57	\$ 326.46	\$ 254.22
Self + Child(ren)	\$ 354.38	\$ 262.49	\$ 201.08
Family	\$ 661.76	\$ 507.70	\$ 404.76

Carrier	Additional Benefits	Weekly Cost	
(Dental) Excellus BCBS Dental Blue Options	Cleanings and Exam covered @ 100%, Annual Deductible \$50 single/\$150 family \$1,500 annual maximum per individual. Implants & Crowns covered @ 50%, subject to deductible). ORTHODONTIA included!!	Single	\$11.43
		Self w/ Spouse	\$22.85
		Self w/ Child(ren)	\$23.03
		Family	\$36.76
(Vision) VSP Signature Plan	Well Vision Exam \$20 copay* Glass or Plastic lenses \$20 materials copay* Lens Enhancements covered after a copay* Frames OR Contacts covered up to \$150* (*through a VSP Network Provider)	Single	\$3.57
		Self + Spouse	\$5.72
		Self + Children	\$5.84
		Family	\$9.41



Benefit Highlights 2026 (Continued)

The Standard Voluntary Life and AD&D Insurance:

- Employee paid PRE-Tax deduction up to \$50,000 on self ONLY
- Eligible after 30 days of active employment
- **Guarantee Issue Life Insurance coverage: up to \$150,000 for employee if applied for within 30 days of eligibility date**
 - Coverage in \$10,000 increments to maximum of 5x annual income or \$350,000
 - Life Benefit Reduction: 65% at age 65 and 50% at age 70
- Spouse coverage: \$5,000 increments to 100% of employee's life insurance or \$150,000
 - \$10,000 maximum guarantee issue
 - Life Benefit Reduction: 65% at age 65 and 50% at age 70
- Child coverage: \$2,000 increments to a maximum of \$10,000 through age 25
- Employee must be covered for Life to insure dependents for Life

The Standard Voluntary Specified Disease Insurance (Critical Illness w/Cancer)

- Employee paid AFTER-Tax deduction
- Eligible after 30 days of active employment
- Covers children at 50% of your benefit at NO COST.
- Spouse can ALSO apply for ½ your benefit!
- FLAT \$10,000 or \$20,000 benefit.
- Pays a lump sum benefit at first diagnosis of a covered illness.
- Each year collect a \$50 screening benefit!
- Plan will be underwritten