



Employee Benefits 2026

Excellus BCBS	SimplyBlue Plus Silver 2	Simply Blue Plus Gold 6	Simply Blue Plus Platinum 2	Dental Blue Options
Deductible	\$3,250 / \$6,500	\$2,000 / \$4,000	None	Deductible \$50 / \$150
Co-Insurance	Covered at 80%	Covered at 80%	None	Annual Max \$1,500
Out of Pocket Max	\$8,500 / \$17,000	\$4,000 / \$8,000	\$5,000 / \$10,000	Preventive Covered in Full
Annual Routine Physical	Covered in Full	Covered in Full	Covered in Full	12 Month waiting period for late entrants
Adult Routine Physical Exams	Covered in Full	Covered in Full	Covered in Full	Bitewing & full mouth x rays covered in full
Primary Care Office Visit	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	\$15 copay per visit	Fillings Covered at 80% subject to deductible
Specialist Visit	Covered at 80%, subject to deductible	Covered at 80%. Subject to deductible	\$40 copay per visit	Oral Surgery Covered at 80% subject to deductible
Inpatient Hospital	Covered at 80%, per admission for unlimited days, subject to deductible	Covered at 80%, per admission for unlimited days, subject to deductible	Subject to \$500 copay per admission for unlimited days	Periodontal Surgery Covered at 80% subject to deductible
Emergency Room / Urgent Care	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	\$300 copay per visit / \$30 copay per visit	Crowns Covered at 50% subject to deductible
Outpatient Surgery	Covered at 80%, subject to deductible	Covered at 80%, subject to deductible	\$300 copay per visit	Fixed, removable prosthetics Covered at 50% subject to deductible
Wellness Incentives	Thrivewell, powered by Virgin Pulse, offering rewards up to \$200 per subscriber and \$200 per spouse or domestic partner for a total rewards payout of up to \$400 per plan year.	Thrivewell, powered by Virgin Pulse, offering rewards up to \$200 per subscriber and \$200 per spouse or domestic partner for a total rewards payout of up to \$400 per plan year.	Thrivewell, powered by Virgin Pulse, offering rewards up to \$200 per subscriber and \$200 per spouse or domestic partner for a total rewards payout of up to \$400 per plan year.	Orthodontia covered with a lifetime max of \$1,500
Prescriptions	\$10/\$45/\$90, subject to the plan deductible, Preventive drugs are not subject to deductible.	\$5/\$45/\$90 subject to the plan deductible, Preventive drugs are not subject to deductible.	\$10/\$35/\$70	
2025 RATES	Per Pay	Per Pay	Per Pay	Per Pay
Single	\$66.44	\$143.83	\$285.09	\$18.49
EE + Spouse	\$516.31	\$671.08	\$953.55	\$48.20
EE + Child(ren)	\$381.35	\$512.91	\$753.04	\$48.20
Family	\$898.69	\$1119.25	\$1521.83	\$48.20



Employee Benefits 2026 – Continued

All benefits listed below are available the 1st of month following date of hire for full-time employment unless otherwise noted. *

OcuSight Eye Care Center Employer Paid Benefits 2026

OcuSight will pay \$383.42 per pay period towards your choice of group health insurance plan offerings. That equates to \$9969/year towards your health care. The remainder can be paid PRE-TAX via payroll deduction. See your cost on the back of this sheet.

Life and AD&D Insurance

- Fully Employer paid
- \$25,000 for all eligible employees

Employer paid Long Term Disability Insurance

- Fully Employer paid
- 60% of compensation to a maximum benefit of \$2500 after 90 days of disability. This coverage will coordinate with NYS Disability benefits.
- **Employees are eligible after 90 days of full-time employment. ***

OcuSight Eye Care Center Voluntary Employee Paid Benefits 2026

Voluntary Life and AD&D Insurance

- Employee paid
- Amounts in \$10,000 units to maximum of 5x annual income or \$500,000, 50% reduction at age 70
- Spousal insurance in \$5,000 units to 100% of employee insurance or \$500,000
- Children in \$2,000 units to a maximum of \$10,000

Short Term Disability Insurance

- Employee paid
 - 60% of weekly earnings to a maximum benefit of \$750 per week
- 7-day elimination period, benefits last 25 weeks

