Gallagher

Ithaca Community Childcare Inc

Effective Date: 01/01/2027

	Excellus	Excellus	Excellus	Excellus	Excellus
	SimplyBlue Plus Gold 5 (PD)	SimplyBlue Plus Gold 17 (PD)	SimplyBlue Plus Silver 19 (PD)	SimplyBlue Plus Bronze 7 (PD)	SimplyBlue Plus Bronze 4 (PD)
	Option 1	Option 2	Options 3	Options 4	Option 5
Deductible					
Single	$0	$1,300	$4,000	$11,750	$8,700
Family	$0	$2,600	$8,000	$23,500	$17,400
Out-of-Pocket Maximum					
Single	$9,200	$9,750	$8,700	$11,750	$8,700
Family	$18,400	$19,500	$17,400	$23,500	$17,400
Coinsurance	0%	20%	0%	0%	0%
Preventative Services **according to Federal Guidelines*	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Physician Services					
Primary Care Physician	$40	$40	$10 after deductible	$0 after deductible	$0 after deductible
Specialist	$70	$70	$50 after deductible	$0 after deductible	$0 after deductible
Professional Services					
Hospitalization	Facility: $1,500 / Physician: $0	20% after deductible	Facility: $500 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible
Outpatient Surgery	Facility: $650 / Physician: $0	20% after deductible	Facility: $350 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible	Facility: $0 after deductible / Physician: $0 after deductible
Emergency Room	$650	$300	$350 after deductible	$0 after deductible	$0 after deductible
Urgent Care	$70	$70	$50 after deductible	$0 after deductible	$0 after deductible
Outpatient Diagnostic Lab	$70	$40	$25 after deductible	$0 after deductible	$0 after deductible
Outpatient Diagnostic X-Ray	$70	$70	$50 after deductible	$0 after deductible	$0 after deductible
Complex Imaging (MRI, MRA, CT)	$100	$100	$100 after deductible	$0 after deductible	$0 after deductible
Physical / Occupational Therapy	$40, 60 visits max	$40, 60 visits max	$25 after deductible, 60 visits max	$0 after deductible, 60 visits max	$0 after deductible, 60 visits max
Prescription					
Rx Deductible	In Network: None	In Network: None	In Network: Integrated	In Network: Integrated	In Network: Integrated
Rx Retail (Tier 1, Tier 2, Tier 3)	$15/40%/50%	$10/$45/$90	$5/$45/$90 after deductible	$0 after deductible	$0 after deductible
Rx Mail (Tier 1, Tier 2, Tier 3)	$37.50/40%/50%	$25/$112.50/$225	$12.50/$112.50/$225 after deductible	$0 after deductible	$0 after deductible
Rx Specialty	N/A	N/A	N/A	N/A	N/A
Out-of-Network					
Deductible (Single/Family)	$5,000 / $10,000	$5,000 / $10,000	$5,000 / $10,000	$12,000 / $24,000	$10,000 / $20,000
Out-of-Pocket Maximum (Single/Family)	$10,000 / $20,000	$10,000 / $20,000	$10,000 / $20,000	$12,000 / $24,000	$10,000 / $20,000

Tiered Rates	*Rate Details*	*Rate Details*	*Rate Details*	*Rate Details*	*Rate Details*
Subscriber	$1,313.82	$1,260.89	$1,041.51	$733.12	$851.45
Subscriber & Spouse	$2,627.63	$2,521.78	$2,083.02	$1,466.24	$1,702.90
Subscriber & Child(ren)	$2,233.49	$2,143.51	$1,770.57	$1,246.31	$1,447.46
Family	$3,744.37	$3,593.54	$2,968.31	$2,089.39	$2,426.63