Care that brings everything and everybody, *together.*

Helping you support the team behind your success.



2027 Excellus BCBS Small Business Plan Designs At A Glance

Rochester: Q3 rates effective 7/1/2027 – 9/30/2027

Excellus | Everybody Benefits

Take a look at what's in store for 2027[1] and rediscover the great programs and services already available.



Wellbeing and incentive programs

Excellus BlueCross BlueShield offers members access to a wide range of reward and incentive programs, with savings on fitness, weight loss, travel and more.

Build healthy habits and earn rewards with ThriveWell℠

ThriveWell is a digital home base designed to engage teams in their health journey. Supported by Personify Health, it empowers employees to make small everyday changes, build healthy habits, have fun with friends and enjoy the lifelong rewards of improved overall wellbeing.



Care management

Personalized care management is at the core of our approach, building meaningful employee connections while supporting physical and emotional well being through flexible, individualized programs.

New! Woman and family health support through Ovia Health[2] by Labcorp

Ovia Health is a comprehensive solution that supports women and families through every stage of life — from fertility and pregnancy to postpartum, parenting and menopause. With personalized guidance, digital tools and 1:1 access to specialists and/or licensed health care professionals, Ovia Health connects members to the care and support they need for better health outcomes and greater confidence throughout their journey. Ovia Health is embedded in all Small Group plans.

Connect with a personalized care manager with Wellframe®

Wellframe provides employees with personalized, on demand care management through an easy to use mobile app. Members have direct access to a dedicated care manager, nurses and dietitians, all in one place. With personalized care plans, secure messaging, progress tracking, and proactive tips and reminders, Wellframe helps employees stay engaged, supported and on track with their health goals.



Virtual care and digital resources

Our suite of digital tools and other resources gives members instant access to benefits, tools and member-only resources.

New! Deductible removed for telemedicine

Members enrolled in a deductible plan can now access telemedicine 24/7 before meeting their deductible, improving access to timely, personalized care that is more convenient and affordable.

Members can take advantage of a broad range of telemedicine services, with the ability to connect to board-certified providers by phone or video — often within minutes.

Vori Health: virtual musculoskeletal care

- **Personalized care for back, neck and joint pain ($0 before deductible)** Virtual access to board-certified physical therapists and specialists who provide an individualized treatment plan, along with ongoing support to help reduce pain, restore movement and avoid unnecessary tests or procedures.

MD Live® virtual care

- **Urgent care ($0 before deductible)**
  Care for common conditions like colds, flu, sinus infections, cough, allergies and more.
- **Behavioral health support ($0 before deductible)**
  Access to mental health therapy and psychiatry.
- **Dermatology (specialist cost share before deductible)**
  Connect with board-certified dermatologists for thousands of skin, hair and nail conditions, including acne, rashes and eczema.



Pharmacy programs

We offer proven programs that make medications more affordable, support proper use, member health and deliver the lowest net cost.

New! Updating our preventive drug list for smarter, more sustainable coverage

Effective January 1, 2027, Excellus BCBS will update the preventive drug list to better align coverage on high value, clinically appropriate preventive medications. As part of this update, select non preferred drugs, multi source brands and high cost generics will no longer be included on the preventive drug list. These changes are designed to support more sustainable pharmacy costs while maintaining access to effective preventive care. This change applies to all groups regardless of renewal date.

New! Pharmacy Concierge

A high-touch program designed to control costs by optimizing medication use. Pharmacy Concierge leverages a dedicated, in-house team of pharmacists who proactively review pharmacy claims to identify savings opportunities across the population.

This team works directly with prescribing physicians to recommend lower-cost, clinically appropriate alternatives — ensuring members receive effective treatment at the best possible value.

Our comprehensive approach delivers measurable savings. The Pharmacy Concierge team evaluates a wide range of optimization opportunities, including:

- Multi-source brands
- High-cost generics
- Dose efficiency
- Dosage form optimization
- Channel optimization
- Specialty medications

New! Sempre Health

A smarter way for group plans to boost adherence and reduce costs for members managing chronic conditions. Sempre Health is an SMS-based program that helps eligible members save on prescriptions while improving medication adherence.

Enrollment is easy. Once signed up, members unlock copay discounts at their regular pharmacy by refilling their medications on time. With text reminders and increasing incentives, members are rewarded for staying adherent and keeping their refills on schedule.



Integrated benefits and services

Our partner, Lifetime Benefit Solutions[3] (LBS), a company that offers administrative services, is a national leader in workplace management solutions, providing tools and support that help groups remain compliant while improving efficiency and financial performance.

Health Savings Accounts (HSAs)

HSAs help employers keep health coverage affordable by offering a tax advantaged way for employees to save for current and future health care expenses, with no "use it or lose it" requirement. Through LBS, employers and employees can manage HSAs — along with eligible FSAs and HRAs — on a single, integrated platform. LBS delivers simple administration, flexible contributions and 24/7 access to account funds through an online portal or debit card.

[1] Subject to DFS approval
[2] Subject to final contract terms
[3] Lifetime Benefit Solutions is a company offering administrative services in the Excellus BCBS service area.

Q3 2027 Plans for Small Employer Groups

Additional package configurations and benefit combinations are available for quoting

Plan type	Copay				Hybrid	
SimplyBlue Plus plan name	**Platinum Standard**	**Platinum 2**	**Platinum 6**	**Gold 5**	**Platinum 4**	**Gold 14**
Deductible: single / family	No deductible	No deductible	No deductible	No deductible	**$400 / $800**	**$1,600 / $3,200**
Coinsurance: amount member pays after deductible	N/A	N/A	N/A	N/A	20%	20%
Out-of-pocket maximum: single / family	**$4,000 / $8,000**	**$5,500 / $11,000**	$6,550 / $13,100	$9,200 / $18,400	**$4,500 / $9,000**	**$8,000 / $16,000**
Aggregate design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical, Vision and Dental	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**					
Preventive care[3]	$0	$0	$0	$0	$0 DED waived	$0 DED waived
Primary care / specialist	$15 / $35	$15 / $40	$30 / $50	$40 / $70	**$20 / $30** DED waived	$25 / $40
Virtual care[5]**:** urgent care, behavioral health and physical therapy	$0	$0	$0	$0	**$0 DED waived**	**$0 DED waived**
Urgent care / ER	$55 / $100	$40 / $300	$50 / $250	$70 / $650	**$30** / $150 DED waived	$40 / $450
Diagnostic x-ray / lab	$35 / $35	$40 / **$40**	$50 / **$50**	$70 / $70	**$30 / $20** DED waived	$40 / $25
Outpatient mental health	$15	$0	$0	$0	$0 DED waived	$0 (3 visits DED waived)
Occupational, physical and speech therapy: (limit 60 visits per benefit year)	$25	$15	$30	$40	**$20** DED waived	$25
Hospital facility: inpatient / outpatient	$500 / $100	$500 / $300	$750 / $250	$1,500 / $650	20% / 20%	20% / 20%
Acupuncture: (limit 10 visits per year) **/ chiropractor**	Not covered / $35	$15 / $15	$30 / $30	$40 / $40	$20 / $20 DED waived	$25 / $25
Adult eye exam / eyewear: (limit 1 each per benefit year)	Not covered	$0 / $100	$0 / $100	$0 / $100	$0 / $100 DED waived	$0 / $100
Pediatric dental - preventive: exam / cleaning (limit 2 per benefit year)	$15 / $15	20% / $0	20% / $0	20% / $0	20% / $0 DED waived	20% / $0 DED waived
Pharmacy	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**					
Prescription Drugs: Tier 1 / Tier 2 / Tier 3	$10 / $30 / $60	$10 / $35 / $70	$5 / $35 / $70	$15 / 40% / 50%	$5 / $25 / $50 DED waived	$5 / $35 / $70 DED waived
Generic Rx kids under 19	$10	$0	$0	$0	$0 DED waived	$0 DED waived
Out-of-network coverage						
Single deductible	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Single out-of-pocket maximum	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000
Coinsurance: amount member pays after deductible	20%	20%	20%	20%	40%	40%
Rochester rates* **- effective 7/1/2027 - 9/30/2027**						
Single	$1,710.14	$1,700.52	$1,693.40	$1,475.64	$1,635.10	$1,398.59
Subscriber & spouse	$3,420.28	$3,401.04	$3,386.80	$2,951.28	$3,270.20	$2,797.18
Subscriber & child(ren)	$2,907.24	$2,890.88	$2,878.78	$2,508.59	$2,779.67	$2,377.60
Family	$4,873.90	$4,846.48	$4,826.19	$4,205.57	$4,660.04	$3,985.98
Enrollment code	**TME4**	**TMF0**	**TNF6**	**TMH6**	**TNC4**	**TMS8**

Benefits in blue represent a cost-share change from 2026 to 2027

The amounts listed are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived.

See notes on the last page.

Q3 2027 Plans for Small Employer Groups

Additional package configurations and benefit combinations are available for quoting

Plan type	Hybrid					
SimplyBlue Plus plan name	**Gold 17**	**Gold 19**	**Gold Standard**	**Silver 6**	**Silver 18**	**Silver Standard**
Deductible: single / family	**$1,300 / $2,600**	**$2,600 / $5,200**	**$1,200 / $2,400**	**$4,250 / $8,500**	$7,500 / $15,000	**$3,750 / $7,500**
Coinsurance: amount member pays after deductible	20%	20%	0%	25%	30%	0%
Out-of-pocket maximum: single / family	**$9,750 / $19,500**	**$8,600 / $17,200**	**$12,000 / $24,000**	**$10,000 / $20,000**	**$11,500 / $23,000**	**$12,000 / $24,000**
Aggregate design[4]	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL	INDIVIDUAL
Medical, Vision and Dental	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**					
Preventive care[3]	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived
Primary care / specialist	$40 / $70 DED waived	$40 / $60 DED waived	$25 / $40	$40 / $60	$70 / $100 DED waived	1 visit before DED[2] $30 / $65
Virtual care[5]**:** urgent care, behavioral health and physical therapy	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**
Urgent care / ER	$70 / $300 DED waived	$60 / $350 DED waived	$60 / $150	$60 / $450	$100 DED waived / 30%	$70 / $500
Diagnostic x-ray / lab	$70 / $40 DED waived	$60 / $40 DED waived	$40 / $40	$60 / $40	$100 / $70 DED waived	$75 / $50
Outpatient mental health	$0 DED waived	$0 DED waived	$25	$0 (3 visits DED waived)	$0 DED waived	$30[2]
Occupational, physical and speech therapy: (limit 60 visits per benefit year)	$40 DED waived	$40 DED waived	$30	$40	$70 DED waived	$30
Hospital facility: inpatient / outpatient	20% / 20%	20% / 20%	$1,000 / $100	25% / 25%	30% / 30%	$1,500 / $150
Acupuncture: (limit 10 visits per year) **/ chiropractor**	$40 / $40 DED waived	$40 / $40 DED waived	Not covered / $40	$40 / $40	$70 / $70 DED waived	Not covered / $65[2]
Adult eye exam / eyewear: (limit 1 each per benefit year)	$0 / $100 DED waived	$0 / $100 DED waived	Not covered	$0 / $100	$0 / $100 DED waived	Not covered
Pediatric dental - preventive: exam / cleaning (limit 2 per benefit year)	20% / $0 DED waived	20% / $0 DED waived	$25 / $25	20% / $0 DED waived	20% / $0 DED waived	$30 / $30
Pharmacy	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**					
Prescription Drugs: Tier 1 / Tier 2 / Tier 3	$10 / $45 / $90 DED waived	$5 / $45 / $90 DED waived	$10 / $35 / $70[6] DED waived	$5 / $45 / $90 DED waived	$10 / 40% / 50% DED waived	$15 / $40 / $75[6] DED waived
Generic Rx kids under 19	$0 DED waived	$0 DED waived	$10 DED waived	$0 DED waived	$0 DED waived	$15 DED waived
Out-of-network coverage						
Single deductible	$5,000	$5,000	**$6,000**	$5,000	**$12,000**	**$6,000**
Single out-of-pocket maximum	$10,000	$10,000	**$12,000**	**$12,000**	**$12,000**	**$12,000**
Coinsurance: amount member pays after deductible	40%	40%	40%	50%	0%	40%
Rochester rates* **- effective 7/1/2027 - 9/30/2027**						
Single	$1,416.19	$1,361.85	$1,460.58	$1,154.41	$1,004.05	$1,198.26
Subscriber & spouse	$2,832.38	$2,723.70	$2,921.16	$2,308.82	$2,008.10	$2,396.52
Subscriber & child(ren)	$2,407.52	$2,315.15	$2,482.99	$1,962.50	$1,706.89	$2,037.04
Family	$4,036.14	$3,881.27	$4,162.65	$3,290.07	$2,861.54	$3,415.04
Enrollment code	**TND0**	**TNH2**	**TMR2**	**TMU4**	**TNL0**	**TMP6**

Benefits in blue represent a cost-share change from 2026 to 2027

The amounts listed are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived.

See notes on the last page.

Q3 2027 Plans for Small Employer Groups

Additional package configurations and benefit combinations are available for quoting

Plan type	Deductible HSA					
SimplyBlue Plus plan name	**Gold 6** HSA Qualified	**Gold 21** HSA Qualified	**Silver 2** HSA Qualified	**Silver 16** HSA Qualified	**Silver 17** HSA Qualified	**Silver 19** HSA Qualified
Deductible: single / family	$2,000 / $4,000	**$2,500 / $5,000**	**$3,450 / $6,900**	$4,450 / $8,900	**$4,000 / $8,000**	**$4,000 / $8,000**
Coinsurance: amount member pays after deductible	20%	0%	**25%**	20%	20%	0%
Out-of-pocket maximum: single / family	**$5,000 / $10,000**	**$7,500 / $15,000**	**$8,700 / $17,400**	$8,500 / $17,000	**$8,000 / $16,000**	**$8,700 / $17,400**
Aggregate design[4]	FAMILY	FAMILY	FAMILY	INDIVIDUAL	FAMILY	FAMILY
Medical, Vision and Dental	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**					
Preventive care[3]	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived
Primary care / specialist	20% / 20%	$25[1] / $40	**25% / 25%**	20% / 20%	20% / 20%	$25[1] / $50
Virtual care[5]**:** urgent care, behavioral health and physical therapy	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**
Urgent care / ER	20% / 20%	$40 / $150	**25% / 25%**	20% / 20%	20% / 20%	$50 / $350
Diagnostic x-ray / lab	20% / 20%	$40 / $25	**25% / 25%**	20% / 20%	20% / 20%	$50 / $25
Outpatient mental health	$0	$0	$0	$0	$0	$0
Occupational, physical and speech therapy: (limit 60 visits per benefit year)	20%	$25	**25%**	20%	20%	$25
Hospital facility: inpatient / outpatient	20% / 20%	$500 / $150	**25% / 25%**	20% / 20%	20% / 20%	$500 / $350
Acupuncture: (limit 10 visits per year) **/ chiropractor**	20% / 20%	$25 / $25	**25% / 25%**	20% / 20%	20% / 20%	$25 / $25
Adult eye exam / eyewear: (limit 1 each per benefit year)	$0 / $100	$0 / $100	$0 / $100	$0 / $100	$0 / $100	$0 / $100
Pediatric dental - preventive: exam / cleaning (limit 2 per benefit year)	20% / $0 DED waived	20% / $0 DED waived	20% / $0 DED waived	20% / $0 DED waived	20% / $0 DED waived	20% / $0 DED waived
Pharmacy	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**					
Prescription Drugs: Tier 1 / Tier 2 / Tier 3	$5 / $45 / $90 (Preventive Rx: DED waived)	$5 / $45 / $90 (Preventive Rx: DED waived)	$10 / $45 / $90 (Preventive Rx: DED waived)	$5 / $45 / $90 (Preventive Rx: DED waived)	$5 / $35 / $70 (Preventive Rx: DED waived)	$5 / $45 / $90 (Preventive Rx: DED waived)
Generic Rx kids under 19	$0	$0	$0	$0	$0	$0
Out-of-network coverage						
Single deductible	$5,000	$5,000	$5,000	$5,000	$5,000	$5,000
Single out-of-pocket maximum	$10,000	$10,000	$10,000	$10,000	$10,000	$10,000
Coinsurance: amount member pays after deductible	40%	40%	40%	40%	40%	40%
Rochester rates* **- effective 7/1/2027 - 9/30/2027**						
Single	$1,361.88	$1,337.18	$1,167.58	$1,150.68	$1,156.32	$1,169.79
Subscriber & spouse	$2,723.76	$2,674.36	$2,335.16	$2,301.36	$2,312.64	$2,339.58
Subscriber & child(ren)	$2,315.20	$2,273.21	$1,984.89	$1,956.16	$1,965.74	$1,988.64
Family	$3,881.36	$3,810.96	$3,327.60	$3,279.44	$3,295.51	$3,333.90
Enrollment code	**TMJ2**	**TNP2**	**TMK8**	**TNI8**	**TNK4**	**TNN6**

Benefits in blue represent a cost-share change from 2026 to 2027

The amounts listed are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived.

See notes on the last page.

Q3 2027 Plans for Small Employer Groups

Additional package configurations and benefit combinations are available for quoting

Plan type	Deductible HSA				Deductible
SimplyBlue Plus plan name	**Silver 20** HSA Qualified	**Bronze 3** HSA Qualified	**Bronze 4** HSA Qualified	**Bronze 5** HSA Qualified	**Bronze 7**
Deductible: single / family	**$7,350 / $14,700**	**$6,500 / $13,000**	**$8,700 / $17,400**	**$6,500 / $13,000**	**$11,750 / $23,500**
Coinsurance: amount member pays after deductible	0%	50%	0%	0%	0%
Out-of-pocket maximum: single / family	**$7,350 / $14,700**	**$8,500 / $17,000**	**$8,700 / $17,400**	**$8,500 / $17,000**	**$11,750 / $23,500**
Aggregate design[4]	FAMILY	FAMILY	FAMILY	FAMILY	FAMILY
Medical, Vision and Dental	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**				
Preventive care[3]	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived	$0 DED waived
Primary care / specialist	0% / 0%	50% / 50%	0% / 0%	$40 / $60	0% / 0%
Virtual care[5]**:** urgent care, behavioral health and physical therapy	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**	**$0 DED waived**
Urgent care / ER	0% / 0%	50% / 50%	0% / 0%	$60 / $500	0% / 0%
Diagnostic x-ray / lab	0% / 0%	50% / 50%	0% / 0%	$60 / $40	0% / 0%
Outpatient mental health	$0	$0	$0	$0	$0
Occupational, physical and speech therapy: (limit 60 visits per benefit year)	0%	50%	0%	$40	0%
Hospital facility: inpatient / outpatient	0% / 0%	50% / 50%	0% / 0%	$1,000 / $500	0% / 0%
Acupuncture: (limit 10 visits per year) **/ chiropractor**	Not covered / 0%	50% / 50%	0% / 0%	$40 / $40	Not covered / 0%
Adult eye exam / eyewear: (limit 1 each per benefit year)	Not covered	$0 / $100	$0 / $100	$0 / $100	Not covered
Pediatric dental - preventive: exam / cleaning (limit 2 per benefit year)	$0 / $0 DED waived	20% / $0 DED waived	$0 / $0 DED waived	20% / $0 DED waived	$0 / $0 DED waived
Pharmacy	**The amounts listed below are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived**				
Prescription Drugs: Tier 1 / Tier 2 / Tier 3	0% / 0% / 0% (Preventive Rx: DED waived)	$10 / 40% / 50% (Preventive Rx: DED waived)	0% / 0% / 0% (Preventive Rx: DED waived)	$10 / $45 / $90 (Preventive Rx: DED waived)	0% / 0% / 0% (Preventive Rx: DED waived)
Generic Rx kids under 19	0%	$0	0%	$0	0%
Out-of-network coverage					
Single deductible	$10,000	$10,000	$10,000	$10,000	**$12,000**
Single out-of-pocket maximum	$10,000	$10,000	$10,000	$10,000	**$12,000**
Coinsurance: amount member pays after deductible	0%	0%	0%	0%	0%
Rochester rates* **- effective 7/1/2027 - 9/30/2027**					
Single	$1,041.06	$988.73	$956.32	$1,011.08	$823.41
Subscriber & spouse	$2,082.12	$1,977.46	$1,912.64	$2,022.16	$1,646.82
Subscriber & child(ren)	$1,769.80	$1,680.84	$1,625.74	$1,718.84	$1,399.80
Family	$2,967.02	$2,817.88	$2,725.51	$2,881.58	$2,346.72
Enrollment code	**TNS4**	**TMM4**	**TMN0**	**TMZ2**	**TNQ8**

Benefits in blue represent a cost-share change from 2026 to 2027

The amounts listed are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived.

See notes on the last page.

Benefits in blue represent a cost-share change from 2026 to 2027

The amounts listed are the copays or coinsurance after the deductible is met, unless otherwise noted as DED waived.

* Rates include dependent to 26 and coverage for domestic partner, family planning and pediatric dental coverage.

[1] Diagnostic PCP Visits $10.

[2] Silver Standard: One eligible visit is covered before the deductible with the applicable copay, and the copay counts toward the deductible. Eligible visits (in person or via telehealth) include primary care, specialist, outpatient mental health, outpatient substance use treatment, autism behavioral analysis, chiropractic care. Urgent care and office surgery visits are not eligible.

[3] Preventive Care covered at 100% before deductible: Eligible in-network preventive services, including recommended screenings, immunizations, annual wellness visits, and preventive counseling, are covered at no cost when provided in accordance with ACA preventive care guidelines.

[4] 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.

[5] Virtual care services offered through our providers MD Live for acute care, urgent care, behavioral health and dermatology. And our partner Vori Health provides virtual physical therapy/MSK treatment services.

[6] 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.

Ovia Health by Labcorp is an independent company offering digital women's health solutions to Excellus BlueCross BlueShield members. Pending contract finalization.

Wellframe is an independent company that provides a health and wellness support mobile app to Excellus BCBS members.

Vori Health is an independent company that offers virtual musculoskeletal (back, neck and joint) health care and physical therapy services to Excellus BCBS members.

MDLIVE Medical Group (DE), P.A, MDLIVE Medical Group, PA and other MD Live related independent professional entities provide the clinical services made available by MD Live.

MD Live is an independent company providing virtual care services to Excellus BCBS members.

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