

**These products are only available to groups that currently have them in their portfolio.**

	<b>Community Blue</b>	<b>BCBS of WNY</b>
<u>Services</u>	<u>HMO 104 Plus</u>	<u>Aqua</u>
<b>In-Network Deductible</b>	N/A	\$1000 Individual / \$2000 Family
<b>In-Net. Out of Pocket Max</b>	N/A	\$3500 Individual / \$7000 Family
<b>In-Network Co-Insurance</b>	N/A	20%
<b>Referrals</b>	Not Required	Not Required
<b>PCP Office Visit</b>	\$25 Copay	20% Coinsurance*
<b>Specialist Office Visit</b>	\$40 Copay	20% Coinsurance*
<b>Routine Eye Exams</b>	\$30 Copay	Covered in Full
<b>Eyewear</b>	Discounts Available	Discounts Available
<b>Hospital Inpatient</b>	\$250 Copay	Covered in Full**
<b>Outpatient Surgery</b>	\$75 Copay	20% Coinsurance*
<b>Emergency Room Care</b>	\$100 Copay	20% Coinsurance*
<b>Oupatient Mental Health</b>	\$40 Copay (20 Visits)	20% Coinsurance* (20 day max)
<b>Inpatient Mental Health</b>	\$250 Copay (30 day max)	Covered in Full (30 day max)**
<b>Prescription Coverage</b>	Tier 1/\$15 Tier 2/\$50 Tier 3/50% 2.5 times copay per 90 days	Tier 1/\$15* Tier 2/\$50* Tier 3/50%* 2.5 times copay per 90 days
<b>Dependent Coverage</b>	To Age 19/25	To Age 19/25
<b>Extra Benefits</b>	Dental: 1 cleaning & exam every 6 months - \$40 Copay	Dental: 2 cleanings & 1 set bitewing x-rays per year 20%*
<b>Special Information</b>		\$250 Single/\$500 Family towards Health & Wellness **First Dollar Benefits: \$500 Single, \$1000 family - BCBS WNY will pay prior to member paying the deductible
<b>Single</b>	<b>\$364.33</b>	<b>\$249.48</b>
<b>Family of 2</b>	<b>\$994.68</b>	<b>\$676.66</b>
<b>Subscriber and Children</b>	<b>\$994.68</b>	<b>\$676.66</b>
<b>Family</b>	<b>\$994.68</b>	<b>\$676.66</b>

**\*Services subject to Deductible**