

**2010 BCBS of Western NY Benefit Comparison**

	<b>BCBS of WNY</b>	<b>Community Blue</b>	<b>Community Blue</b>
<u>Services</u>	<u>POS 7100</u>	<u>HMO 206</u>	<u>HMO 206 Plus</u>
<b>In-Network Deductible</b>	\$1500 Individual / \$3000 Family	N/A	N/A
<b>In-net. Out of Pocket Max</b>	\$5000 Individual / \$10,000 Family	N/A	N/A
<b>In-Network Co-Insurance</b>	N/A	N/A	N/A
<b>Referrals</b>	Not Required	Not Required	Not Required
<b>PCP Office Visit</b>	Covered in Full*	\$25 Copay	\$10 or \$20 Copay
<b>Specialist Visit</b>	Covered in Full*	\$25 Copay	\$40 or \$30 Copay
<b>Routine Eye Exams</b>	Covered in Full	\$25 Copay	\$30 Copay
<b>Eyewear</b>	Discounts Available	Discounts Available	Discounts Available
<b>Hospital Inpatient</b>	Covered in Full*	\$250 Copay	\$250 Copay
<b>Outpatient Surgery</b>	Covered in Full*	\$150 Copay	\$150 Copay
<b>Emergency Room Care</b>	Covered in Full*	\$100 Copay	\$100 Copay
<b>Outpatient Mental Health</b>	Covered in Full* (20 Visits)	\$25 Copay (20 Visits)	\$40 or \$30 Copay (20 Visits)
<b>Inpatient Mental Health</b>	Covered in Full* (30 day max)	\$250 Copay (30 day max)	\$250 Copay (30 day max)
<b>Prescription Coverage</b>	Tier 1/\$15* Tier 2/\$50* Tier 3/50%*	Tier 1/\$15 Tier 2/\$50 Tier 3/50%	Tier 1/\$15 Tier 2/\$50 Tier 3/50%
<b>Mandatory Mail Order</b>	2.5 times copay per 90 days	2.5 times copay per 90 days	2.5 times copay per 90 days
<b>Dependent Coverage</b>	To Age 19 (Students to 25)	To Age 19 (Students to 25)	To Age 19 (Students to 25)
<b>Extra Benefits</b>			
<b>Special Information</b>	Preventive Care not subject to Deductible Out-of-Network Coverage Available	Out-of-Network Coverage Available	Out-of-Network Coverage Available
<b>Single</b>	<b>\$275.52</b>	<b>\$452.49</b>	<b>\$452.49</b>
<b>Family of 2</b>	<b>\$748.02</b>	<b>\$1,240.16</b>	<b>\$1,240.16</b>
<b>Subscriber and Children</b>	<b>\$748.02</b>	<b>\$1,240.16</b>	<b>\$1,240.16</b>
<b>Family</b>	<b>\$748.02</b>	<b>\$1,240.16</b>	<b>\$1,240.16</b>

**\*Services subject to deductible**