

2010 BCBS of WNY 'Frozen' Plans for the Arcade Area Chamber of Commerce

These plans are only available to groups that currently have these plans in their portfolio.

	HMO 102 Plus	POS 150D
Deductible	N/A	\$500 Single/\$1,000 Family
Coinsurance	N/A	20%
Out of Pocket Max	N/A	\$5,000 Single/\$10,000 Family
Referrals	None	None
Office Visits	\$20 PCP \$20 Specialist	\$25 PCP \$40 Specialist
Well Child Visits	Covered in Full	Covered in Full
Sick Child Visits	Covered in Full	\$25 Copay
GYN Routine Exams	\$20 Copay	\$25 Copay
Routine Mammograms	Covered in Full	Covered in Full
Laboratory	Covered in Full	Deductible and Coinsurance
X-rays	\$20 Copay	Deductible and Coinsurance
Hospital Inpatient	\$250 Per Admission	Deductible and Coinsurance
Maternity Care	Prenatal/Post-natal: CIF after initial visit copay Inpatient maternity care: Covered in Full	Prenatal/Post-natal: \$25 Copay Inpatient maternity care: 20% Coinsurance
Mental Health		
Inpatient	\$250 Per Admission	Deductible and Coinsurance
Outpatient: 20 visits	\$20 Copay	\$40 Copay
Outpatient Surgery	\$75 Copay	Deductible and Coinsurance
Emergency Room	\$100 Copay	\$100 After Deductible
Routine Eye Exams	\$20 Copay	\$30 Copay
Eye Wear	Discounts available	Discounts available
Acupuncture	Not Covered	Not Covered
Chiropractic	\$20 Copay	\$40 Copay
Durable Medical Eq	50% \$1,000 annual Max	50% After Deductible \$1,000 annual Max
External Prosthetics	50% \$1,000 annual Max	50% After Deductible \$1,000 annual Max
Diabetic Supplies	\$20 Copay	\$25 Copay
Insulin/Oral Agents	\$20 Copay	\$25 Copay
Prescription Drug	<u>Copay per 30 day supply</u>	<u>Copay per 30 day supply</u>
Mandatory Mail Order	Tier 1/ \$15 Tier 2/ \$50 Tier 3/ 50%	Tier 1/ \$15 Tier 2/ \$50 Tier 3/ 50%
Out of Network Benefit	Annual Deductible: \$1,000/\$2,000 Coinsurance: 30% OOP: \$5,000/\$10,000	Annual Deductible: \$2,000/\$4,000 Coinsurance: 40% OOP: \$10,000/\$20,000
	Please see full benefit summary for Annual and Lifetime Maximums	
Dependent Coverage	Age 19 / Students 25	Age 19 / Students 25
Rates		
Single	\$392.31	\$270.61
Family	\$1,071.73	\$734.87

The benefit summary is a brief summary of benefits. It is **NOT** a contract.