

2010 BCBS of WNY Benefit Comparison for the Orleans Chamber of Commerce

Services	BCBS of Western New York POS 7100 HSA compatible	Community Blue 206 HMO	Community Blue 206 HMO Plus Pick your copays* (\$10/\$40 or \$20/\$30)	HMO 104 Plus 'Frozen' Plan This plan is only available to groups that currently have this plan in their profolio.
Deductible	\$1,500 Single/\$3,000 Family	N/A	N/A	N/A
Coinsurance	0%	N/A	N/A	N/A
Out of Pocket Max.	\$5,000 Single/\$10,000 Family	N/A	N/A	N/A
Referrals	Not Required	Not Required	Not Required	Not Required
Office Visits	\$0 Copay after deductible \$0 Copay after deductible	\$25 PCP \$25 Specialist	\$10 or \$20 PCP \$40 or \$30 Specialist	\$25 PCP \$40 Specialist
GYN Routine Exams	Covered in Full	\$25 Copay	\$10 or \$20 Copay	\$25 Copay
Adult Physicals	Covered in Full	\$25 Copay	\$10 or \$20 Copay	Covered in Full
Well Child Visits	Covered in Full	Covered in full to age 19	Covered in full to age 19	Covered in Full
Sick Child Visits	\$0 Copay after deductible	\$25 Copay	\$10 or \$20 Copay	\$25 Copay
X-rays	\$0 Copay after deductible	\$25 Copay	\$40 or \$30 Copay	\$40 Copay
Mammograms	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Laboratory	\$0 Copay after deductible	Covered in Full	Covered in Full	\$40 Copay
Hospital Inpatient	\$0 Copay after deductible	\$250 Copay	\$250 Copay	\$250 Copay
Maternity Care	Prenatal: \$0 Copay after deductible Delivery: \$0 Copay after deductible Hospital: \$0 Copay after deductible	Prenatal: CIF after initial visit Copay Delivery: \$0 Copay Hospital: \$0 Copay	Prenatal: CIF after initial visit Copay Delivery: \$0 Copay Hospital: \$0 Copay	Prenatal: CIF after initial visit Copay Delivery: \$0 Copay Hospital: \$0 Copay
Mental Health				
Inpatient: 30 day max	\$0 Copay after deductible	\$250 Copay	\$250 Copay	\$250 Copay
Outpatient: 20 visits	\$0 Copay after deductible	\$25 Copay	\$40 or \$30 Copay	\$40 Copay
Outpatient Surgery	\$0 Copay after deductible	\$150 Copay	\$150 Copay	\$75 Copay
Emergency Room	\$0 Copay after deductible	\$100 Copay	\$100 Copay	\$100 Copay
Routine Eye Exams	Covered in Full	\$25 Copay	\$30 Copay	\$30 Copay
Eyewear	Discounts available	Discounts available	Discounts available	Discounts available
Chiropractic	\$0 copay after deductible	\$25 Copay	\$40 or \$30 Copay	\$40 Copay
Durable Medical Equipment	\$0 Copay after deductible (\$1,000 max)	50% Copay (\$1,000 annual max)	50% Copay (\$1,000 annual max)	50% Copay (\$1,000 annual max)
External Prosthetics	\$0 Copay after deductible (\$1,000 max)	50% Copay (\$1,000 annual max)	50% Copay (\$1,000 annual max)	50% Copay (\$1,000 annual max)
Diabetic Insulin & Supplies	\$0 Copay after deductible	\$25 Copay	\$10 or \$20 Copay	\$25 Copay
Prescription Drug	Copays after deductible is met:			
	Tier 1/\$15 Copay	Tier 1/\$15	Tier 1/\$15	Tier 1/\$15
	Tier 2/\$50 Copay	Tier 2/\$50	Tier 2/\$50	Tier 2/\$50
	Tier 3/50% Copay	Tier 3/50%	Tier 3/50%	Tier 3/50%
Mail Order Mandatory for Maintenance Drugs	Mail Order: 2.5 copays for 90 day supply	Mail order: 2.5 copays for 90 day supply	Mail order: 2.5 copays for 90 day supply	Mail order: 2.5 copays for 90 day supply
Out of Network Benefit	Deductible: \$1,500/\$3,000 Coinsurance: 30% OOP Max. \$10,000/\$20,000	Deductible: \$1,000/\$2,000 Coinsurance: 30% OOP Max. \$5,000/\$10,000	Deductible: \$1,000/\$2,000 Coinsurance: 30% OOP Max. \$5,000/\$10,000	Deductible: \$1,000/\$2,000 Coinsurance: 30% OOP Max. \$5,000/\$10,000
Dependent Coverage	Age 19 (Students to 25)	Age 19 (Students to 25)	Age 19 (Students to 25)	Age 19 / Students 25
Rates				
Single	\$275.27	\$452.24	\$452.24	\$364.08
Family	\$746.77	\$1,238.91	\$1,238.91	\$993.43

*Please indicate Copay combination selection on enrollment form