

2010 Independent Health Benefit Comparison for the Greater Olean Area Chamber of Commerce

Services	FlexFit Select Active	FlexFit Select Family	FlexFit Select Independent
Referrals	Not Required	Not Required	Not Required
Office Visits	PCP: \$15 Adults/\$25 Children Specialist: \$40	PCP: \$25 Adults/\$0 Children Specialist: \$40	PCP: \$25 Specialist: \$40
GYN Routine Exams	Covered in Full	Covered in Full	Covered in Full
Adult Physicals	Covered in Full	Covered in Full	Covered in Full
Well Child Visits	Covered in Full	Covered in Full	Covered in Full
Sick Child Visits	\$25 Copay	\$0 Copay	\$25 Copay
X-rays	\$40 Copay	\$40 Copay	\$40 Copay
Mammograms	Covered in Full	Covered in Full	Covered in Full
Laboratory	Tier 1 Providers: \$0 Copay Tier 2 Providers: \$15 Adults/\$25 Children	Tier 1 Providers: \$0 Copay Tier 2 Providers: \$25 Adults/\$0 Children	Tier 1 Providers: \$0 Copay Tier 2 Providers: \$25
Hospital Inpatient	\$500 Copay	\$500 Copay (\$0 Children)	\$500 Copay
Maternity Care	Prenatal: Office Copay Hospital: \$500 Copay	Prenatal: Office Copay Hospital: \$0 Copay	Prenatal: Office Copay Hospital: \$500 Copay
<u>Mental Health</u>			
Inpatient	\$500 Copay	\$500 Copay (\$0 Children)	\$500 Copay
Outpatient	\$40 Copay	\$40 Copay	\$40 Copay
Outpatient Surgery	\$75 Copay	\$75 Copay	\$75 Copay
Emergency Room	\$150 Copay	\$150 Copay	\$150 Copay
Routine Eye Exams	\$10 Copay	\$5 Copay	\$20 Copay
Eyewear	Discounts Available	Discounts Available	Discounts Available
After Hours Care Centers	\$45 Copay	\$45 Copay	\$45 Copay
Chiropractic	\$25 Copay	\$25 Copay	\$25 Copay
Durable Medical Equipment	50% Copay \$1,000 Annual Max.	50% Copay \$1,000 Annual Max.	50% Copay \$1,000 Annual Max.
External Prosthetics	50% Copay \$1,000 Annual Max.	50% Copay \$1,000 Annual Max.	50% Copay \$1,000 Annual Max.
Diabetic Supplies	\$15 Copay	\$25 Copay	\$25 Copay
Insulin/Oral Agents	\$15 Copay	\$25 Copay	\$25 Copay
Prescription Drug	\$10 Copay Generic Drug Coverage Only	\$10 Copay Generic Drug Coverage Only	\$10 Copay Generic Drug Coverage Only
Out of Network Benefit	\$1,000/\$2,000 Deductible 30% Coinsurance	\$1,000/\$2,000 Deductible 30% Coinsurance	\$1,000/\$2,000 Deductible 30% Coinsurance
Out of Pocket Maximum	\$5,000 Single/\$10,000 Family	\$5,000 Single/\$10,000 Family	\$5,000 Single/\$10,000 Family
Dependent Coverage	Age 19	Age 23	Age 26
Extra Benefits	\$250 towards fitness club membership	\$250 towards family oriented fitness centers and child sports programs	\$250 towards alternative therapies
<u>2010 Rates</u>			
Single Family		\$431.96 \$1,066.41	