

2010 Univera Benefit Comparison for the Arcade Chamber

Services	Active Univera AU 5 2010
Deductible Coinsurance Out of Pocket Max.	\$1000/\$3000 Combined in & out of network 20% In Network/40% Out of Network \$3000/\$9000 Combined in & out of network
Referrals	Not Required
Office Visits	\$30 PCP \$50 Specialist
GYN Routine Exams	Covered in Full
Adult Physicals	Covered in Full
Well Child Visits	Covered in Full
Sick Child Visits	\$30 PCP/\$50 Specialist
X-rays	\$50 Copay
Mammograms	Covered in Full
Laboratory	Covered in Full
Hospital Inpatient	Subject to Deductible and Coinsurance
Maternity Care	Prenatal: Subject to Deductible and Coinsurance Delivery: Subject to Deductible and Coinsurance Routine Nursery: Covered in Full
<u>Mental Health</u> Inpatient: 30 day max. Outpatient: 20 visits	Subject to Deductible and Coinsurance \$50 Copay
Outpatient Surgery	Subject to Deductible and Coinsurance
Emergency Room	\$250 Copay
Routine Eye Exams	\$50 Copay
Eye Wear	\$60 Eyewear Allowance
Acupuncture	\$50 Copay (10 visit max)
Chiropractic	\$50 Copay
Durable Medical Equipment	50% Copay \$15,000 Annual Max. combined with Prosthetics
External Prosthetics	50% Copay \$15,000 Annual Max. combined with DME
Diabetic Supplies Insulin/Oral Agents	\$30 Copay
Prescription Drug	<u>Copay per 30 days</u> Tier 1/\$5 Tier 2/\$45 Tier 3/\$90 \$1000 brand maximum per member \$0 Generic for Children to 19
Out of Network Benefit	Subject to Deductible and 40% Coinsurance
Dependent Coverage	Age 19 (Student to 23)
Extra Benefits	Active Rewards: Earn up to \$1000 in per Family
<u>Employer Group Rates</u> Single Family	\$348.64 \$894.08
<u>Sole Proprietor Rates</u> Single Family	\$400.03 \$1,027.29

11/20/2009

This comparison is a brief summary of benefits. This is NOT a contract.