

2010 Univera Benefit Option for the Greater Olean Area Chamber of Commerce

Services	Active Univera AU 5 Not HSA Compatible
Deductible Coinsurance Out of Pocket Max.	\$1,000/\$3,000 Combined In & Out of Network 20% In Network/40% Out of Network \$3,000/\$9,000 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
Mental Health Inpatient: 30 day Annual 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
Eyewear	\$60 Allowance
Acupuncture	\$50 Copay (10 visit max)
Chiropractic	\$50 Copay
Durable Medical Equipment & External Prosthetics	50% Copay \$15,000 Annual Max. combined
Diabetic Insulin and Supplies	\$30 Copay (per 30 day supply)
Prescription Drug	Tier 1/\$5 Tier 2/\$45 Tier 3/\$90 \$1,000 Brand Name maximum per member \$0 Generic for Children to 19
Dependent Coverage	Age 19 (Student to 23)
Extra Benefits www.univerahealthcare.com	Active Rewards: Earn up to \$1,000 per family
Employer Group Rates	
Single	\$351.64
Family	\$897.08
Sole Proprietor Rates	
Single	\$403.03
Family	\$1,030.29

11/20/2009

This is intended to be a brief summary of benefits only.

It is not a contract. In the event of a dispute, subscriber contract will control.