



Amherst  
Chamber of  
Commerce

 <b>BlueCross BlueShield</b> <b>HMO 206 Plus</b>	 <b>BlueCross BlueShield</b> <b>POS 7100 HSA Option</b>	 <b>Independent Health</b> <b>FlexFit Select</b>	 <b>Univera Healthcare</b> <b>Univera Active</b>
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## 2010 Health Insurance Comparative Chart

<b>Preventative Care</b>	Abdominal Aortic Aneurysm Screening, Adult & Child Immunizations, Bone Mineral Density, Colonoscopy, Colorectal Cancer Screening, Mammogram, OB/GYN, Pap Smear, PSA Test, Routine Physical, Vision Exam, Well Child Visit	Abdominal Aortic Aneurysm Screening, Adult & Child Immunizations, Bone Mineral Density, Colonoscopy, Colorectal Cancer Screening, Mammogram, OB/GYN, Pap Smear, PSA Test, Routine Physical, Vision Exam, Well Child Visit.  <b>Covered in full, not subject to deductible.</b>	Abdominal Aortic Aneurysm Screening, Adult & Child Immunizations, Basic Metabolism Test (General Health Panel), Bone Mineral Density, Chlamydia screening, Cholesterol Test (Lipid Panel), Colonoscopy & Sigmoidoscopy, Fecal blood testing, Hemoglobin & hematocrit testing, HIV screening, HPV Screening, lead screen in childhood and/or pregnancy, Mammogram, Pap Smear, Prenatal and one post partum visit, PSA Test, Rh Screen, Routine Physical, Rubella screening, Well Child Visit.  <b>Covered in full.</b>	Abdominal Aortic Aneurysm Screening, Adult & Child Immunizations, Bone Mineral Density, Colonoscopy, Colorectal Cancer Screening, Mammogram, OB/GYN, Pap Smear, PSA Test, Routine Physical, Vision Exam, Well Child Visit.  <b>Covered in full.</b>
<b>Physician Visit</b>	<b>Customized Structure:</b>  \$10/\$40 \$25/\$25 \$20/\$30	Deductible then covered in full.	<b>Active:</b> Age 19+ \$15 Age 0-18 \$25  <b>Family:</b> Age 19+ \$25 Age 0-18 \$0  <b>Independent:</b> \$25	\$30  \$0 PCP Copay for children to age 19
<b>Specialist Visit</b>	<b>Customized Structure:</b>  \$10/\$40 \$20/\$30 \$25/\$25	Deductible then covered in full.	\$40 Copay	\$50 Copay
<b>Hospital Stay</b>	\$250/\$500	Deductible then covered in full.	\$500 Copay/Admission Family: \$0 age 0-18	Subject to Deductible, covered at 80%
<b>Outpatient Surgery</b>	\$75	Deductible then covered in full.	\$100 Copay	Subject to Deductible, covered at 80%
<b>Maternity</b>	Copay for initial visit, then covered in full.	Deductible then covered in full.	Covered in full for physicians visits	Subject to Deductible, 80% coinsurance

			<b>Active &amp; Independent:</b> \$500 Hospital Copay  <b>Family:</b> \$0 Hospital Copay	
<b>Emergency Care</b>	\$100 (waived if admitted)	Deductible then covered in full.	\$150 Copay	\$250 (waived if admitted)
<b>Ambulance</b>	\$100	Deductible then covered in full.	\$100 Copay	\$250
<b>Prescription</b>	Generic:\$15 Preferred Brand:\$50 Non-Preferred Brand:50%  <b>Mandatory Mail Order on all Maintenance Meds:</b> 2.5 Copays per 90 day supply	<b>Deductible then Copay structure.</b>  Generic:\$15 Preferred Brand:\$50 Non-Preferred Brand:50%  <b>Mandatory Mail Order on all Maintenance Meds:</b> 2.5 Copays per 90 day supply	Tier 1:\$10 Tier 2:100% Tier 3:100%  Mail Order: 2.5 Copay per 90 day supply  <b>Health &amp; Wellness Benefit:</b> \$250 Allowance (varies depending on plan selection)	Tier 1:\$5, \$0 for children to age 19 Tier 2:\$45 Tier 3:\$90 (\$1,000 cap per individual per year)  Mail Order: 3 Copays per 90 day supply
<b>Dependent Rider</b>	19/25	19/25	<b>Active:</b> 19 <b>Family:</b> 23 <b>Independent:</b> 26	19/23
<b>Out-of-Network Deductible</b>	Single: \$1,000 Family: \$2,000	Single:\$1,500 Family:\$3,000  Combined In & Out-of-Network	Single: NA Family: NA	Single:\$1,000 Family:\$3,000  Combined In & Out-of-Network
<b>Coinsurance</b>	30%	In Network: 0% Out-of-Network: 30%	NA	In Network: 20% Out-of-Network: 40%
<b>Out-of-pocket Maximum</b>	Single:\$5,000 Family:\$10,000	<b>In Network</b> Single:\$5,000 Family:\$10,000  <b>Out-of-Network</b> Single: \$10,000 Family: \$20,000	Single: NA Family: NA	Single:\$3,000 Family:\$9,000  Combined In & Out-of-Network
<b>Premium (Quarterly)</b>	Single:\$1,351.72 Family:\$3,711.73	Single: \$820.81 Family: \$2,235.31	Single: \$1,290.88 Family: \$3,194.23	<b>Small Group</b> Single:\$1,049.92 Family:\$2,686.24  <b>Sole Proprietor</b> Single:\$1,204.09 Family:\$3,085.87