




Amherst
Chamber of
Commerce

 <p>BlueCross BlueShield</p> <p>HMO 206 Plus January – December 2010 Rates</p>	 <p>BlueCross BlueShield</p> <p>POS 7100 HSA Option January – December 2010 Rates</p>	 <p>Independent Health</p> <p>FlexFit Select January – December 2010 Rates</p>	 <p>Univera</p> <p>Univera Active January – December 2010 Rates</p>
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Health Insurance Comparative Chart

Preventative Care	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- Covered in full, not subject to deductible.	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- Covered in full, not subject to deductible.	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- Covered in full, not subject to deductible.	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- Covered in full.
Physician Visit	Customized Structure: 10/40 25/25 20/30	Deductible then covered in full.	Active age 19+ \$15/ age 0-18 \$25 Family age 19+ \$25/ age 0-18 \$0 Independent \$25	Four options to choose from: •\$15 PCP/\$25 Specialist •\$25 PCP/\$40 Specialist •\$30 PCP/\$50 Specialist •\$40 PCP/\$60 Specialist \$0 PCP Co-pay for kids to age 19
Specialist Visit	Customized Structure: 10/40 20/30 25/25	Deductible then covered in full.	\$40 Co-pay	\$50 Co-pay
Hospital Stay	\$250/\$500	Deductible then covered in full.	\$500 Co-pay/Admission \$0 age 0-18 Family option only	Subject to Deductible, covered at 80%
Outpatient Surgery	\$75	Deductible then covered in full.	\$100 Co-pay	Subject to Deductible, covered at 80%
Maternity	Co-Pay for initial visit then covered in full.	Deductible then covered in full.	Covered in full for physicians visits Active & Independent \$500 Hospital Co-pay Family \$0 Hospital Co-pay	Subject to Deductible, 80% coinsurance
Emergency Care	\$100 (waived if admitted)	Deductible then covered in full.	\$150 Co-pay	\$250 (waived if admitted)

Ambulance	\$100	Deductible then covered in full.	\$100 Co-pay	\$250
Prescription	Deductible then co-pay structure. Generic:\$15 Preferred Brand:\$50 Non-Preferred Brand:50% Mandatory Mail Order on all Maintenance Meds: 2.5 Co-pays per 90 day supply Health & Wellness Benefit:None	Deductible then co-pay structure. Generic:\$15 Preferred Brand:\$50 Non-Preferred Brand:50% Mandatory Mail Order on all Maintenance Meds: 2.5 Co-pays per 90 day supply Health & Wellness Benefit:None	Deductible: NA Tier 1:\$10 Tier 2:\$100% Tier 3:100% Mail Order: 2.5 Co-pay per 90 day supply Health & Wellness Benefit: \$250 Allowance (varies depending on plan selection)	Deductible: NA Tier 1:\$5, \$0 for children to age 19 Tier 2:\$45 Tier 3:\$90 w/a \$1,000 capper individual per year Mail Order: 3 co-pays per 90 day supply Health & Wellness Benefit: None
Dependent Rider	19/25 NA	19/25 Deductible then co-pay structure.	Active 19 Family 23 Independent 26	19/23
Deductible	Single:NA Family:NA	Single:\$1,500 Family:\$3,000	Single:NA Family:NA	Single:\$1,000 Family:\$3,000
Coinsurance	30%	30%	NA	20%
Out-of-pocket Maximum	Single:\$5,000 Family:\$10,000	Single:\$5,00 Family:\$10,000	Single: NA Family: NA	Single:\$3,000 Family:\$9,000
Premium (Quarterly)	Single:\$1,351.72 Family:\$3,711.73	\$820.81 \$2,235.31	Single: \$1290.88 Family: \$3194.23	Small Group Single:\$1,049.92 Family:\$2,686.24 Sole Proprieter Single:\$1,204.09 Family:\$3,085.87