



Chautauqua County Chamber of Commerce

Medical Insurance: How Our New Plans Compare to Existing Plans

Plan Comparisons

Univera Plans

The benefits innovations from Liazon and the Chautauqua Chamber of Commerce provide more choices at lower costs. The full suite of Bright Choices™ benefits available to you and your employees includes a choice of eight Medical plans from Univera in three categories:

- Active Univera Copay options, which are more traditional plans with no deductibles for medical services
- Active Univera Hybrid options, which have aspects of a copay plan along with a deductible for name brand drugs and major medical expenses
- Active Univera HSA options, which provide everyone with affordable, quality health insurance through low premium/high deductible plans that are qualified for Health Savings Accounts (HSAs)

These plans provide each employee with a range of choices and prices to meet their individual medical insurance needs. And all share such features as:

- Free preventive care
- Comprehensive provider network, both in the Southern Tier and throughout the U.S.
- No referrals required to see specialists
- ActiveRewards, an innovative program that encourages health and wellness with up to \$1,050 in annual Cash Back rewards per family
- Extended dependent rider that covers children up to age 26 regardless of student status
- Excellent prescription drug options, including \$0 generics for children and plans with no restrictions
- Some of the lowest rates available

Blue Cross Blue Shield and Independent Health Plans

These plans and rates are other options currently offered through the Chautauqua Chamber of Commerce. It is important to note that these plans will expire and no longer be offered after May 31, 2010.

Also note that the Independent Health plans do not offer any brand name drug coverage, while the Blue Cross Blue Shield plans require mandatory mail-order for prescriptions, along with generic-only or just 50% 3rd tier brand name drug coverage.



Provision	Active — Co-Pay 1	Active — Co-Pay 2	Active — Hybrid 1 (Co-Pay + Deductible)	Active — Hybrid 2 (Co-Pay + Deductible)	Active — Hybrid 3 (Co-Pay + Deductible)	Active — HSA 1 (Lower Deductible)	Active — HSA 2 (Moderate Deductible)	Active — HSA 3 (Higher Deductible)
Preventive Care (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	Free	Free	Free	Free	Free	Free	Free	Free
Physician Visit	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$25 (\$0 for Kids)	\$30 (\$0 for Kids)	\$30 (\$0 for Kids)	Deductible then 20%	Deductible then 0%	Deductible then 0%
Specialist Visit	\$40	\$50	\$40	\$50	\$50	Deductible then 20%	Deductible then 0%	Deductible then 0%
Hospital Stay	\$500	\$500	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Outpatient Surgery	\$250	\$250	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 20%	Deductible then 0%	Deductible then 0%
Maternity	Covered in Full*	Covered in Full*	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20% Nursery Care \$0	All Services Deductible then 20%	All Services Deductible then 0%	All Services Deductible then 0%
Emergency Room	\$250	\$250	\$150	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Ambulance	\$250	\$250	\$150	\$250	\$250	Deductible then 20%	Deductible then 0%	Deductible then 0%
Prescriptions (Generic Advantage Program applies)**	\$5/\$25/\$50 \$0 Generics for Kids	\$5/\$25/\$50 \$0 Generics for Kids	\$5/\$35/\$70 \$0 Generics for Kids	\$5/\$35/\$70 \$0 Generics for Kids	\$5/\$35/\$70 \$0 Generics for Kids	Deductible then \$5/\$35/\$70 \$0 Generics for Kids	Deductible then \$5/\$35/\$70 \$0 Generics for Kids	Deductible then 0%
Dependent Rider	Up to age 26 on all plans regardless of student status; Domestic partner covered.							
Deductible	In-Network: None Out-of-Network: \$500 Single \$1,500 Family	In-Network: None Out-of-Network: \$500 Single \$1,500 Family	In-Network: \$500 Single \$1,500 Family Out-of-Network: \$500 Single \$1,500 Family (Combined In/Out)	In-Network: \$1,000 Single \$3,000 Family Out-of-Network: \$1,000 Single \$3,000 Family (Combined In/Out)	In-Network: \$2,000 Single \$6,000 Family Out-of-Network: \$2,000 Single \$6,000 Family (Combined In/Out)	In-Network: \$1,300 Single \$2,600 Family Out-of-Network: \$1,300 Single \$2,600 Family (Combined In/Out)	In-Network: \$2,600 Single \$5,200 Family Out-of-Network: \$2,600 Single \$5,200 Family (Combined In/Out)	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family (Combined In/Out)
Coinsurance	In-Network: None Out-of-Network: 20%	In-Network: None Out-of-Network: 20%	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 20% Out-of-Network: 40%	In-Network: 0% Out-of-Network: 0%	In-Network: 0% Out-of-Network: 0%
Out-of-Pocket Maximum	In-Network: None Out-of-Network: \$1,500 Single \$4,500 Family (Applies only to deductible)	In-Network: None Out-of-Network: \$1,500 Single \$4,500 Family (Applies only to deductible)	In-Network: \$1,500 Single \$4,500 Family Out-of-Network: \$1,500 Single \$4,500 Family	In-Network: \$3,000 Single \$9,000 Family Out-of-Network: \$3,000 Single \$9,000 Family	In-Network: \$6,000 Single \$18,000 Family Out-of-Network: \$6,000 Single \$18,000 Family	In-Network: \$3,000 Single \$6,000 Family Out-of-Network: \$3,000 Single \$6,000 Family	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family	In-Network: \$5,500 Single \$11,000 Family Out-of-Network: \$5,500 Single \$11,000 Family
Premium (Monthly; Excluding Cash Back)	2-Tier Small Group \$418.68 Single \$1,100.48 Family 2-Tier Sole Proprietor \$481.47 Single \$1,265.52 Family	2-Tier Small Group \$396.50 Single \$1,043.26 Family 2-Tier Sole Proprietor \$455.98 Single \$1,199.77 Family	2-Tier Small Group \$371.85 Single \$978.85 Family 2-Tier Sole Proprietor \$427.62 Single \$1,125.65 Family	2-Tier Small Group \$336.32 Single \$884.62 Family 2-Tier Sole Proprietor \$386.76 Single \$1,017.27 Family	2-Tier Small Group \$305.44 Single \$802.71 Family 2-Tier Sole Proprietor \$351.26 Single \$923.15 Family	2-Tier Small Group \$230.97 Single \$611.71 Family 2-Tier Sole Proprietor \$265.62 Single \$703.49 Family	2-Tier Small Group \$208.01 Single \$551.53 Family 2-Tier Sole Proprietor \$246.59 Single \$653.01 Family	2-Tier Small Group \$143.04 Single \$378.49 Family 2-Tier Sole Proprietor \$164.48 Single \$435.22 Family
Cash Back	Cash Back program applies for all plans (up to \$525/year for Single and \$1,050 for Family).							

* Covered in Full beginning 1/1/2010. Through 2009, a \$500 co-pay applies per hospital admission and delivery.

** Under the Generic Advantage Program, if you purchase a brand name prescription drug that has a generic equivalent, then you must pay (\$5 dollar copay for generic drug) + (actual cost of brand name drug) – (actual cost of generic drug). This program does not apply to drugs that only have generic alternatives. Doctor's orders cannot override this policy.

These plans expire and will no longer be offered after May 31, 2010. You may enroll in any of the Univera plans on page 3 before that time.



Provisions	HMO 104+	POS 150D	HMO 206+	POS 7100
Preventive Care (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	\$20 for Physical, \$75 for Colonoscopy \$0 Other	\$25 for Physical, Deductible then 20% for Colonoscopy; \$0 Other	\$10/\$20/\$25 for Physical, \$75 for Colonoscopy \$0 Other	\$0
Physician Copay	\$25 (\$0 for kids)	\$25	\$10/\$20/\$25 (\$0 for kids)	Deductible then 0%
Specialist Copay	\$40	\$40	\$25/\$30/\$40	Deductible then 0%
Hospital Copay	\$250	Deductible then 20%	In-Network: \$250 Out-of-Network: \$500	Deductible then 0%
Outpatient Surgery	\$75	Deductible then 20%	\$75	Deductible then 0%
Maternity Services	Covered in Full	Hospital Admission: Deductible then 20%	Covered in Full	All Services Deductible then 0%
Emergency Room	\$100	Deductible then \$100	\$100	Deductible then 0%
Ambulance	\$100	Deductible then \$100	\$100	Deductible then 0%
Prescription Drug	\$7/100%/100% Mandatory Mail-Order	\$15/\$50/50% Mandatory Mail-Order	\$15/\$50/50% Mandatory Mail-Order	Deductible then \$15/\$50/50% Mandatory Mail-Order
Dependent Rider	19/25	19/25	19/25	19/25
Deductible	In-Network: None Out-of-Network: Single: \$1,000 Family: \$2,000	In-Network: Single: \$500 Family: \$1,000 Out-of-Network: Single: \$2,000 Family: \$4,000 (\$1 Million Lifetime Max)	In-Network: None Out-of-Network: Single: \$1,000 Family: \$2,000	In-Network: Single: \$1,500 Family: \$3,000 Out-of-Network: Single: \$1,500 Family: \$3,000
Coinsurance	In-Network: None Out-of-Network: 30%	In-Network: 20% Out-of-Network: 20%	In-Network: None Out-of-Network: 30%	In-Network: None Out-of-Network: 30%
Out-of-Pocket Maximum	In-Network: None Out-of-Network: Single: \$5,000 Family: \$10,000	In-Network: Single: \$2,000 Family: \$4,000 Out-of-Network: Single: \$10,000 Family: \$20,000	In-Network: None Out-of-Network: Single: \$5,000 Family: \$10,000	In-Network: Single: \$5,000 Family: \$10,000 Out-of-Network: Single: \$10,000 Family: \$20,000
Rewards	N/A			
Rates* — Small Group	Single: \$349.76 Family: 969.38	Single: \$267.80 Family: \$742.88	Single: \$443.24 Family: \$1,229.67	Single: \$268.24 Family: \$743.09

*Note: For all plans, except HMO 206, these rates are effective 6/1/2010. HMO 206 rates were effective 1/1/2010, and new 6/1/2010 rates will be higher.

These plans expire and will no longer be offered after May 31, 2010. You may enroll in any of the Univera plans on page 3 before that time.



Provisions	FlexFit Select Active	FlexFit Select Family	FlexFit Select Independent
Preventive Care (Physical, Well-Child Visit, Mammogram, Pap Smear, Colonoscopy)	\$0	\$0	\$0
Physician Copay	\$15 (\$25 for sick child visits)	\$25 (\$0 for sick child visits)	\$25 (\$25 for sick child visits)
Specialist Copay	\$40	\$40	\$40
Hospital Copay	\$500	\$500 (\$0 for kids)	\$500
Outpatient Surgery	\$75	\$75	\$75
Maternity Services	Inpatient: \$500 Pre/Post: \$15-\$40 Copays	Inpatient: \$0 Pre/Post: \$25-\$40 Copays	Inpatient: \$500 Pre/Post: \$25-\$40 Copays
Emergency Room	\$100	\$100	\$100
Ambulance	\$100	\$100	\$100
Prescription Drug	\$10 Generics Only No Brand Name Coverage	\$10 Generics Only No Brand Name Coverage	\$10 Generics Only No Brand Name Coverage
Dependent Rider	Age 19, regardless of student status.	Age 23, regardless of student status.	Age 26, regardless of student status.
Deductible	In-Network: None Out-of-Network: Single: \$1,000 Family: \$2,000	In-Network: None Out-of-Network: Single: \$1,000 Family: \$2,000	In-Network: None Out-of-Network: Single: \$1,000 Family: \$2,000
Coinsurance	In-Network: None Out-of-Network: 30%	In-Network: None Out-of-Network: 30%	In-Network: None Out-of-Network: 30%
Out-of-Pocket Maximum	In-Network: None Out-of-Network: Single: \$5,000 Family: \$10,000	In-Network: None Out-of-Network: Single: \$5,000 Family: \$10,000	Combined In- and Out-of-Network: Single: \$5,000 Family: \$10,000
Rewards	On each of these plans, a \$250 Wellness Card is available		
Rates* — Small Group	Single: \$422.96 Family: \$1,057.41	Single: \$422.96 Family: \$1,057.41	Single: \$422.96 Family: \$1,057.41

*Note: For all plans, these rates were effective 1/1/2010. Current rates will be higher.



Questions? Call:
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