



2011 BCBS of WNY Benefit Comparison: Greater Olean Area Chamber of Commerce

	Community Blue	Community Blue
Services	POS 250D	POS 7100
Annual Deductible	\$1,000 Single / \$2,000 Family	\$1,500 Single / \$3,000 Family
Annual Out of Pocket Max	\$5,000 Single / \$10,000 Family	\$5,000 Single / \$10,000 Family
Co-Insurance	20% Coinsurance	N/A
Referrals	Not Required	Not Required
PCP Office Visit	\$25 Copay	\$25 Copay*
Specialist Visit	\$40 Copay	\$25 Copay*
Routine Eye Exams	Covered in Full	Covered in Full
Eyewear	40% off retail frames; 15% off conventional contacts	40% off retail frames; 15% off conventional contacts
Hospital Inpatient	20% Coinsurance*	\$500 Copay*
Outpatient Surgery	20% Coinsurance	\$75 Copay*
Emergency Room Care	20% Coinsurance*	\$50 Copay*
Outpatient Mental Health	\$40 Copay	\$25 Copay*
Inpatient Mental Health 30 Day Annual Max	20% Coinsurance*	\$500 Copay*
Prescription Coverage	Tier 1 \$15 Tier 2 \$50 Tier 3 50%	After Deductible: Tier 1 \$15 Tier 2 \$50 Tier 3 50%
Dependent Coverage	To Age 26	To Age 26
Extra Benefits	N/A	N/A
Special Information	Out-of-Network Benefits Available Preventive Care Covered in Full	Out-of-Network Benefits Available Preventive Care Covered in Full
Single Family	\$290.11 \$794.01	\$266.22 \$733.55

*Services subject to deductible.

This comparison is intended to be a brief summary of benefits only. It is not a contract. In the event of a dispute, the subscriber contract will control.