



2011 Independent Health Benefit Comparison: Greater Olean Area Chamber of Commerce

<u>Services</u>	<u>Independent Health</u>	
	<u>Active Option</u>	<u>Family Option</u>
Annual Deductible	N/A	N/A
Annual Out of Pocket Max	N/A	N/A
Co-Insurance	N/A	N/A
Referrals	Not Required	Not Required
PCP Office Visit	Adult: \$15 Copay Child: \$30 Copay	Adult: \$25 Child: \$0
Specialist Visit	\$45 Copay	\$45 Copay
Routine Eye Exams	\$10 Copay	\$10 Copay
Eyewear	\$50 Plastic Lenses 40% Discount on Frames	\$50 Plastic Lenses 40% Discount on Frames
Hospital Inpatient	\$750 Copay	\$750 Copay
Outpatient Surgery	\$150 Copay	\$150 Copay
Emergency Room Care	\$150 Copay	\$150 Copay
Outpatient Mental Health	Adult: \$15 Copay Child: \$25 Copay	Adult: \$25 Child: \$0
Inpatient Mental Health 30 Day Annual Max	\$750 Copay	\$750 Copay
Prescription Coverage	Tier 1 \$10 Tier 2 \$50 Tier 3 \$100	Tier 1 \$10 Tier 2 \$50 Tier 3 \$100
Dependent Coverage	To Age 26	To Age 26
Extra Benefits	\$250 allowance towards a fitness club, alternative therapies that include acupuncture, massage therapy, dietary counseling, yoga, pilates, tai chi, vitamins & herbs	\$250 allowance towards family/child sports programs-or- family gym memberships
Special Information	Out-of-Network Benefits Available Preventive Care Covered in Full	Out-of-Network Benefits Available Preventive Care Covered in Full
Single MONTHLY	\$533.52	\$533.52
Family	\$1,320.31	\$1,320.31

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.