

Insurance Company/Plan	Single Rate	Family Rate
Blue Cross Dental Plus	\$ 39.34	\$ 98.40
Dental Pay Plus	\$ 43.26	\$ 114.82
Community Blue HMO 104 (Closed Plan, Unless business is already enrolled, available for new hires)	\$312.45	\$ 866.46
Community Blue POS 150D (Closed Plan, Unless business is already enrolled, available for new hires)	\$196.32	\$ 544.86
Community Blue 206/206 Plus	\$392.05	\$1087.76
Community Blue POS 7100 Plan 4 (HAS Qualified HDHP)	\$209.79	\$581.33
Independent Health Flex Fit Active	\$367.71	\$937.66
Simply Univera	\$344.74	\$884.55
Sole Proprietor Univera Rates	Single	Family
Simply Univera	\$396.47	\$1028.78
VSP Vision Plan	\$ 9.50	\$ 19.16

FEES (Added to premium per person)

.....Monthly \$10.00 (\$6.00 Administration Fee and \$4.00 EMS Billing Fee)

.....Quarterly \$18.00 Administration Fee (not prorated)

GREATER EAST AURORA CHAMBER OF COMMERCE MEDICAL INSURANCE COMPARISON CHART	Independent Health Flex Fit Select Options			Univera
	Flex Fit – Active Age 19	Flex Fit – Family Age 23	Flex Fit – Independent Age 26	Simply Univera * NO OUT OF NETWORK COVERAGE –19/23 Students
<i>Doctor office visits</i>	Primary 0-18: \$25 Primary 19+: \$15 OB/GYN: \$25	Primary 0-18: \$0 Primary 19+: \$25 OB/GYN: \$25	Primary all ages: \$25 copay OB/GYN \$25	\$30 copay OB/GYN: \$30
<i>Specialist</i>	\$40 copay all ages	\$40 copay all ages	\$40 copay all ages	Specialist \$50
<i>X-rays</i>	\$40 copay	\$40 copay	\$40 copay	\$30 Per Visit
<i>Pre-post natal maternity care</i>	Covered in full	Covered in full	Covered in full	Single - \$500 Copay per admission Family Plan \$500 Copay per admission
<i>Maternity Radiology Tests</i>	\$25 copay	\$25 copay	\$25 copay	
<i>Hospital Delivery/Newborn</i>	\$500 copay	\$0 copay	\$500 copay	
<i>Out patient lab procedures</i>	Covered in full	Covered in full	Covered in full	Covered in Full
<i>Emergency room visits (waived if admitted)</i>	\$100 copay	\$100 copay	\$100 copay	\$100 copay
<i>In-patient hospitalization</i>	\$500 copay	\$0 (0-18) \$500 (19+) copay	\$500 copay	\$500 Copay per admission
<i>Prescriptions</i>	\$10 / 100% / 100 %	\$10 / 100% / 100 %	\$10 / 100% / 100 %	\$7/\$50/\$100 * \$1000 annual maximum per member

	Community Blue HMO 100 (104 Plus)	Community Blue POS 150D	Community Blue POS 7100 Dependents/Students 19/25	Community Blue 206 206 Plus Dependent/Student 19/25
<i>Doctor office visits</i>	\$25 copay- OBGYN - \$25 copay \$40 Specialist copay	\$25 copay – OBGYN - \$25 copay \$40 Specialist copay	\$0 copay after deductible Pediatric Primary Visits to age 19yrs Covered in full; Genecologists/Specialists \$0 copay after deductible	\$25 \$10/\$20 Pediatric Primary up to 19 yrs. Covered in Full Specialist: \$25 \$40/\$30
<i>X-rays</i>	\$40 copay	Deductible & Coinsurance (Deductible \$500/\$1,000) (Coinsurance \$5,000/\$10,000)	\$0 copay after deductible Routine Mammograms & Pap Smears covered in full	\$25 \$40/\$30 Routine Mammograms/Pap Smears Covered in Full
<i>Pre-post natal maternity care</i>	Cover in full, delivery subject to copay, \$25	Cover in full after \$25 Copay	\$0 copay after deductible; Covered In Full after deductible	Covered in Full after copay for initial visit
<i>Out patient lab procedures</i>	Cover in full	Deductible & Coinsurance (\$500/\$1,000) (\$5,000/\$10,000)	\$0 copay after deductible	\$75 \$75
<i>Emergency room visits</i>	\$100 copay	Deductible & \$100 copay	\$0 copay after deductible, (waived if admitted)	\$100 \$100
<i>In-patient hospitalization</i>	\$500 copay	Deductible & 20% Coinsurance (\$500/\$1,000) (\$5,000/\$10,000)	\$0 copay after deductible	\$250/\$500 \$250/\$500
<i>Prescriptions</i>	\$15/\$50/50% copay	\$15/\$50/50%	\$15/\$50/50%	\$15/\$50/50%

This comparison is based on information provided, in part, by parties other than the insurance carriers. It is not a complete analysis and is to be read in conjunction with the appropriate contracts and corresponding brochures. The brief description of most benefits does not include all relevant conditions, limitations and exclusions. For complete information, refer to the appropriate contracts. Whenever this comparison differs from language in the contract, the contract language shall prevail. Any member applying for insurance must do so within 30 days of joining the Chamber and any new employees must apply within 30 days of hire date or within 30 days of end of probation period, if applicable. If these dates are missed, you can participate at the annual Open Enrollment effective January 1st.