



**2012 BCBS of WNY Benefit Comparison  
Cuba Chamber of Commerce**

<u>Services</u>	<b>POS Plans</b>	
	<u>POS 250D</u>	<u>POS 8100</u>
<b>Annual Deductible</b>	\$1,000 Single/\$2,000 Family	\$1,500 Single/\$3,000 Family
<b>Annual Out of Pocket Max</b>	\$5,000 Single/\$10,000 Family	\$4,000 Single/\$8,000 Family
<b>Coinsurance</b>	20%	20%
<b>Referrals</b>	Not Required	Not Required
<b>PCP Office Visit</b>	\$25 Copay	20% Coinsurance*
<b>Specialist Visit</b>	\$40 Copay	20% Coinsurance*
<b>Routine Eye Exams</b>	Covered in Full	Covered in Full
<b>Eyewear</b>	Discounts Available	Discounts Available
<b>Hospital Inpatient</b>	20% Coinsurance*	20% Coinsurance*
<b>Outpatient Surgery</b>	20% Coinsurance	20% Coinsurance*
<b>Emergency Room Care</b>	20% Coinsurance*	20% Coinsurance*
<b>Outpatient Mental Health</b>	\$40 Copay (20 Visits)	20% Coinsurance* (20 Visits)
<b>Inpatient Mental Health</b> 30 Day Annual Max	20% Coinsurance*	20% Coinsurance*
<b>Prescription Coverage</b>	Tier 1/\$15 Tier 2/\$50 Tier 3/50%	Tier 1/\$15* Tier 2/\$50* Tier 3/50%*
<b>Dependent Coverage</b>	To Age 26	To Age 26
<b>Extra Benefits</b>	Not Available	Not Available
<b>Special Information</b>	Preventive Care Covered in Full Out of Network Benefits Available	Preventive Care Covered in Full Out of Network Benefits Available HSA Compatible
<b>Single</b>	<b>\$336.50</b>	<b>\$263.80</b>
<b>Family</b>	<b>\$870.51</b>	<b>\$671.63</b>

**\*Services subject to deductible.**