



**2012 Independent Health Benefit Comparison: Cuba Chamber of Commerce**

	<b>FlexFit Select</b>	
<u>Services</u>	<u>Active Option</u>	<u>Family Option</u>
<b>Annual Deductible</b>	N/A	N/A
<b>Annual Out of Pocket Max</b>	N/A	N/A
<b>Coinsurance</b>	N/A	N/A
<b>Referrals</b>	Not Required	Not Required
<b>PCP Office Visit</b>	\$15 Adults/\$30 Children	\$25 Adults/\$0 Children
<b>Specialist Visit</b>	\$45 Copay	\$45 Copay
<b>Routine Eye Exams</b>	\$10 Copay	\$10 Copay
<b>Eyewear</b>	\$50 Plastic Lenses 40% Discount on Frames	\$50 Plastic Lenses 40% Discount on Frames
<b>Hospital Inpatient</b>	\$750 Copay	\$750 Adults/\$0 Children
<b>Outpatient Surgery</b>	\$150 Copay	\$150 Copay
<b>Emergency Room Care</b>	\$150 Copay	\$150 Copay
<b>Outpatient Mental Health</b>	\$15 Adults/\$25 Children	\$25 Adults/\$0 Children
<b>Inpatient Mental Health</b> 30 Day Annual Max	\$750 Copay	\$750 Adults/\$0 Children
<b>Prescription Coverage</b>	\$10 Copay Generic Drug Coverage Only	\$10 Copay Generic Drug Coverage Only
<b>Dependent Coverage</b>	To Age 26	To Age 26
<b>Extra Benefits</b>	\$250 allowance for a fitness club membership or approved alternative therapies	\$250 allowance for children sports/fitness center programs
<b>Special Information</b>	Preventive Care Covered in Full Out of Network Benefits Available	Preventive Care Covered in Full Out of Network Benefits Available
<b>Single</b>	<b>\$491.22</b>	<b>\$491.22</b>
<b>Family</b>	<b>\$1,210.06</b>	<b>\$1,210.06</b>