



BUFFALO NIAGARA PARTNERSHIP

Businesses United For Growth

The Partnership's full-time insurance department helps your company retain quality employees and save money by handling the administration of group health insurance: insurance quarterly billings, facilitating employee enrollment, and answering employee questions about health insurance coverage.

Program Fees:

\$18.00 per subscriber contract per quarter for those enrolled in medical plan only.

\$18.00 if enrolled in dental or vision only, and \$24.00 for subscribers in both medical and dental.

\$25.00 application fee required for all new applicants (fee waived at open enrollment).

Applications are due 30 days prior to the month beginning coverage.

Community Blue applications are required 35 days prior.

Program fees are non-refundable.

Insurance rates reflected on this summary do not include the program fees listed above. This comparison has been prepared as a guide to assist you in evaluating the program. This is not a complete comparison or contract and in no way details all the benefits, limitations, or exclusions.

See separate page for Dental and Vision info

GROUP INSURANCE PROGRAM SUMMARY

Rates in effect until 2/28/09

Updated 12/2007

For more information call the Buffalo Niagara Partnership Insurance department at 716/541-1714 or 716/541-1715.

Blue Cross/Blue Shield of WNY		
<u>Community Blue 102 Plus</u>	<u>Community Blue 104</u>	<u>Blue Cross Comprehensive</u>
<p>Sngl: \$ 936.36 qtr. Fam: \$ 2,596.35 qtr.</p> <p>Co-payment: \$20 doctor/\$20 specialist visits \$0 No co-pay for Kids (18 & under) \$500 Hospital in-patient care \$100 emergency room charge \$100 ambulance charge \$75 outpatient surgery/procedures</p> <p>Prescription Drugs: \$7 Generic (Tier 1) \$30 Brand Name (Tier 2) 50% Non-Formulary (Tier 3) \$0 Tier 1 Oral Contraceptives</p> <p>Chiropractic: \$20 co-pay</p> <p>Dependent Children: Covered to age 19; full time students to age 25 (proof required)</p> <p>Vision: Routine Eye Exam: \$20 co-pay</p> <p>Out of Network Coverage: Subject to \$1,000 single/\$2,000 family deductible and 30% co-ins. OOP Max \$5,000 sgl/\$10,000 fam.</p> <p>Extra Benefits: 3 months fitness club membership \$25 co-pay</p> <p>NO REFERRALS REQUIRED Using in-network specialist</p>	<p>Sngl: \$ 797.67 qtr. Fam: \$2,211.69 qtr.</p> <p>Co-payment: \$25 doctor /\$40 specialist visits \$0 No co-pay for Kids (18 & under) \$500 Hospital in-patient care \$100 emergency room charge \$100 ambulance charge \$75 outpatient surgery/procedures</p> <p>Prescription Drugs: \$15 Generic (Tier 1) \$50 Brand Name (Tier 2) 50% Non-Formulary (Tier 3) \$0 Tier 1 Oral Contraceptives</p> <p>Chiropractic: \$40 co-pay</p> <p>Dependent Children: Covered to age 19; full time students to age 25 (proof required)</p> <p>Vision: Routine Eye Exam: \$30 co-pay</p> <p>Out of Network Coverage: Subject to \$1,000 single/\$2,000 family deductible and 30% co-ins. OOP Max \$5,000 sgl/\$10,000 fam.</p> <p>Extra Benefits: 3 months fitness club membership \$25 co-pay</p> <p>NO REFERRALS REQUIRED Using in-network specialist</p>	<p>Sngl: \$ 2,311.02 qtr. Fam: \$ 5,405.40 qtr.</p> <p>Co-payment: Most services subject to \$250/500 deductible and 20% coinsurance Traditional insurance which allows freedom of choice for all doctors and hospitals</p> <p>Prescription Drugs: \$5 Generic (Tier 1) \$30 Brand Name (Tier 2) \$40 Non-Formulary (Tier 3)</p> <p>Chiropractic: Subject to deductible and coinsurance when medically necessary. After 15 visits, prior authorization is required.</p> <p>Dependent Children: Covered to age 19.</p> <p>Out of Network Coverage: Subject to \$250 single/\$500 family deductible and 20% co-ins. OOP Max \$500 sgl/\$1,000 fam</p>

Independent Health Plans

FlexFit Select Active	FlexFit Select Family	FlexFit Select Independent	Encompass D	Passport Plan Select
<p>Sngl: \$ 1,101.60 qtr. Fam: \$ 2,809.08 qtr.</p> <p>Co-payment: \$15 doctor visits (adult over 18) \$0/\$25 well/sick child (0-18 yrs) \$40 specialist office visit \$ 500 Hospital in-patient care \$50 emergency room charge \$50 ambulance charge \$75 outpatient surgery/procedures</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$100 Non-Formulary (Tier 3) \$0 Tier 1 Oral Contraceptives</p> <p>Chiropractic: \$25 co-pay</p> <p>Vision: Routine Eye Exam: \$10 co-pay Adult & Children Eyewear: EyeMed Discounts Lasik surgery 50% co-pay up to \$300 (\$150 per eye)</p> <p>Dependent Children: All eligible unmarried children covered to age 19.</p> <p>Out of Network Coverage: Subject to \$1,000 single/\$2,000 family deductible and 30% co-ins. OOP Max \$5,000 sgl/\$10,000 fam.</p> <p>Extra Benefits: Up to \$250 credit per calendar year for health club membership (See IH Website: Independenthealth.com)</p>	<p>Sngl: \$ 1,101.60 qtr. Fam: \$ 2,809.08 qtr.</p> <p>Co-payment: \$25 doctor visits (adult over 18) \$ 0 well/sick child (0-18 yrs) \$40 specialist office visit \$ 500 Hospital in-patient care \$0 Hospital in-patient (0-18 yrs) \$75 emergency room charge \$50 ambulance charge \$75 outpatient surgery/procedures</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$100 Non-Formulary (Tier 3) \$0 Tier 1 Oral Contraceptives</p> <p>Chiropractic: \$25 co-pay</p> <p>Vision: Routine Eye Exam: \$ 5 co-pay Adult & Children Eyewear: EyeMed discounts Lasik surgery 50% co-pay up to \$300 (\$150 per eye)</p> <p>Dependent Children: All eligible unmarried children covered to age 23.</p> <p>Out of Network Coverage: Subject to \$1,000 single/\$2,000 family deductible and 30% co-ins. OOP Max \$5,000 sgl/\$10,000 fam.</p> <p>Extra Benefits: Up to \$250 credit per calendar year for family activities , also health club membership (See IH website).</p>	<p>Sngl: \$ 1,101.60 qtr. Fam: \$ 2,809.08 qtr.</p> <p>Co-payment: \$ 25 doctor visits \$0/\$25 well child/sick child \$40 specialist office visit \$ 500 Hospital in-patient care \$75 emergency room charge \$50 ambulance charge \$75 outpatient surgery/procedures</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$100 Non-Formulary (Tier 3) \$0 Tier 1 Oral Contraceptives</p> <p>Chiropractic: \$25 co-pay</p> <p>Vision: Routine Eye Exam: \$20 co-pay Adult & Children Eyewear: EyeMed discounts Lasik surgery 50% co-pay up to \$300 (\$150 per eye)</p> <p>Dependent Children: All eligible unmarried children covered to age 26.</p> <p>Out of Network Coverage: Subject to \$1,000 single/\$2,000 family deductible and 30% co-ins. OOP Max \$5,000 sgl/\$10,000 fam.</p> <p>Extra Benefits: Up to \$250 credit per calendar year subject to 50% co-pay for alternative therapies (See IH website)</p>	<p>Sngl: \$ 1,160.58 qtr. Fam: \$ 2,959.50 qtr.</p> <p>Co-payment: \$25 doctor visits \$0/\$25 well child/sick child \$40 specialist office visit \$500 Hospital in-patient \$75 emergency room charge \$50 ambulance charge \$75 outpatient surgery/procedures</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$100 Non-Formulary (Tier 3) \$ 0 Tier 1 Oral Contraceptives</p> <p>Chiropractic: \$40 co-pay</p> <p>Vision: Routine Eye Exam: \$20 co-pay adults and children Eyewear: EyeMed discounts</p> <p>Dependent Children: All eligible unmarried children covered to age 19.</p> <p>Out of Network Coverage: Subject to \$500 single/\$1,000 family deductible and 25% co-ins. OOP Max \$2,000 sgl/\$4,000 fam.</p>	<p>Sngl: \$ 514.86 qtr. Fam: \$ 1,312.86 qtr.</p> <p>Co-payment: \$35 office visits</p> <p>Deductible: \$2,000/\$4,000 Hospitalization and all services not covered by co-pay.</p> <p>Coinsurance Options: 80%/20% in-network 60%/40% out-of-network</p> <p>OOP Maximum: \$4,000/\$8,000</p> <p>Lifetime Maximum: \$1,000,000</p> <p>Prescription Drugs: \$7 Generic (Tier 1) 100% Brand Name (Tier 2) 100% Non-Formulary (Tier 3) \$ 0 Tier 1 Oral Contraceptives</p> <p>Dependent Children: All eligible unmarried children covered to age 19.</p> <p>NO VISION COVERAGE.</p> <p>* Pre-existing condition clause applies to this plan.</p>

Univera Health Plans

<u>Value Plus</u>	<u>Simply Univera</u>	<u>Solutions B Healthy Choices</u>	<u>Solutions B Family First</u>
<p>Sngl: \$ 1,038.24 qtr. Fam: \$ 2,803.95 qtr.</p> <p>Co-payment: \$25 doctor visits/specialists \$15 Lifetime Health Center \$0 No co-pay for Kids (18 & under) \$500 Hospital in-patient \$75 emergency room charge \$75 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$50 Non-Formulary (Tier 3)</p> <p>Vision: Routine Eye Exam: \$20 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19</p> <p>Out of Network Coverage: Freedom to use “out-of-network” physician, subject to \$300/\$600 deductible and 25% co-insurance OOP Max \$3,500/\$7,000</p>	<p>Sngl: \$ 907.86 qtr. Fam: \$ 2,451.87 qtr.</p> <p>Co-payment: \$25 doctor /\$40 specialists visits \$500 Hospital in-patient \$100 emergency room charge \$100 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$7 Generic (Tier 1) \$50 Brand Name (Tier 2) \$100 Non-Formulary (Tier 3)</p> <p>Vision: Routine Eye Exam \$40 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19</p> <p>Out of Network Coverage: Not Included</p>	<p>Sngl: \$ 1,035.09 qtr. Fam: \$ 2,879.31 qtr.</p> <p>Co-payment: \$20 doctor visits \$40 specialist visits \$500 Hospital in-patient \$100 emergency room charge \$100 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$30 Brand Name (Tier 2) \$50 Non-Formulary (Tier 3) \$0 Oral Contraceptives</p> <p>Vision: Routine Eye Exam: \$40 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19</p> <p>Out of Network Coverage: Freedom to use “out-of-network” physician, subject to \$300/\$600 deductible and 25% co-insurance OOP Max \$3,500/\$7,000</p> <p>Extra Benefits: Up to \$250 annual allowance toward a Health club membership, LASIK eye surgery or teeth whitening at participating providers (See Univera Website: univerahealthcare.com)</p>	<p>Sngl: \$ 1,035.09 qtr. Fam: \$ 2,879.31 qtr.</p> <p>Co-payment: \$25 doctor visits \$40 specialists visits \$0 No co-pay for Kids (18 & under) \$500 Hospital in-patient \$100 emergency room charge \$100 ambulance charge \$75 ambulatory surgery</p> <p>Prescription Drugs: \$10 Generic (Tier 1) \$0 Generic for Kids (18 & Under) \$30 Brand Name (Tier 2) \$50 Non-Formulary (Tier 3) \$0 Oral Contraceptives</p> <p>Vision: Routine Eye Exam: \$40 co-pay</p> <p>Dependent Children: All eligible unmarried children covered to age 19; full time students to age 26</p> <p>Out of Network Coverage: Freedom to use “out-of-network” physician, subject to \$300/\$600 deductible and 25% co-insurance OOP Max \$3,500/\$7,000</p> <p>Extra Benefits: Up to \$250 annual allowance toward massage therapy visits and “Swim and Gym” programs at participating providers (See Univera Website: univerahealthcare.com)</p>

*For more information call the Buffalo Niagara Partnership Insurance department
at 716/541-1714 or 716/541-1715*