511 Farber Lakes Drive, Buffalo, New York 14221 716 631 3001 www.independenthealth.com

Prepared by: Tracy D'Agostino
Benefit Consultant

Group Name: CHAMBER OF COMM - WYOMING CNTY
B1802F

Benefit Summary	**FlexFit Select Active Provider Network IHA**	**FlexFit Select Family Provider Network IHA**	**Additional Information**
Preventive Services			
Abdominal aortic aneurysm screen Bacteria Screening, Urine (pregnant woman 12-16 weeks) Basic metabolism test (general health panel) Bone mineral density measurements or tests Chlamydia screening Cholesterol test (lipid panel) Colonoscopy and sigmoidoscopy Fecal blood testing Gonorrhea Screening Hemoglobin and hematocrit testing HIV screening HPV screening Immunizations Lead screen in childhood and/or pregnancy Mammogram Pap smear Physical exam Prenatal and one postpartum visit Prostate test (Prostate Specific Antigen "PSA") Rh screen Rubella screening Syphilis Infection Screening Type2 Diabetes Screening in Adults Well child visit	$0	$0	All preventive services are covered in full with $0 member liability when performed by a participating provider. See independenthealth.com for additional information.
Physician and Other Services			
Office Visit	Adult: $15/$45 Child: $30/$45	Adult: $25/$45 Child: $0/$45	
Allergy Testing & Treatment	Adult: $15/$45 Child: $30/$45	Adult: $25/$45 Child: $0/$45	
Outpatient Surgical Procedures (in physician's office)	Adult: $15/$45 Child: $30/$45	Adult: $25/$45 Child: $0/$45	
Emergency & Urgent Care Services			
Emergency Room	$150	$150	Waived if admitted
Ambulance	$150	$150	Must be deemed medically necessary
Participating After Hours Care Centers	$45	$45	
Hospital Services			
Inpatient Hospital	$750	Adult: $750 Child: $0	Semi-private room, per admission
Inpatient Hospice	$0	$0	
Outpatient Surgical Procedures (Facility)	$150	$150	
Skilled Nursing Facility	$500	Adult: $500 Child: $0	Semi-private room, per admission Up to 45 days per contract year
Diagnostic Testing Services			
Laboratory Testing	$0	$0	

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Diagnostic Testing Services			
EKG	Adult: $15/$45 Child: $30/$45	Adult: $25/$45 Child: $0/$45	
Routine Radiology	$45	$45	
Advanced Radiology	$45	$45	Radiology services, other than X-rays, including but not limited to MRI, MRA, CT Scans, myocardial perfusion imaging and PET Scans.
Maternity Services			
Physician Services: Prenatal and Postnatal Care	Adult: $15/$45 Child: $30/$45	Adult: $25/$45 Child: $0/$45	Covered in full after the initial diagnosis
Inpatient Maternity	$750	$0	Semi-private room, per admission
Mental Health & Substance Abuse			
Inpatient Mental Health	$750	Adult: $750 Child: $0	Semi-private room, per admission Visit limits may apply based on diagnosis
Outpatient Mental Health	Adults: $15 Child: $25	Adults: $25 Child: $0	Visit limits may apply based on diagnosis
Inpatient Substance Abuse - Rehab	Not Covered	Not Covered	
Inpatient Substance Abuse - Detox	$750	Adult: $750 Child: $0	Semi-private room, per admission Visit limits may apply based on diagnosis
Outpatient Substance Abuse	Adults: $15 Child: $25	Adults: $25 Child: $0	Up to 60 visits per year Children: Up to age 19
Diabetic Supplies and Services			
Diabetic Equipment (e.g. Blood glucose monitor, etc.)	$15	$25	
Insulin and Other Oral Agents	$15	$25	Office visit copay or pharmacy rider copay, whichever is less
Diabetic Medical Supplies (Test Strips, Syringes, etc.)	$15	$25	
Rehabilitation Services			
Chiropractic Services	$45	$45	
Physical - Occupational - Speech Therapies	$45	$45	Up to 20 visits per contract year
Cardiac Rehabilitation	$45	$45	Up to 36 visits per event
Pulmonary Rehabilitation	$45	$45	Up to 24 visits per contract year

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Additional Services			
Durable Medical Equipment	50% copayment	50% copayment	$1000 maximum per contract year
Prosthetics and Appliances	50% copayment	50% copayment	
Chemotherapy	$45	$45	
Home Health Care	$45	$45	Up to 40 visits per contract year
Unique Benefits	$250 allowance per subscriber, per contract year, for a membership to a participating fitness club including traditional gyms, health clubs and fitness centers for men and women, complimentary alternative therapies to include: acupuncture, massage therapy, dietary counseling, yoga, pilates, tai chi and vitamins and herbs	$250 allowance per subscriber, per contract year, for activities provided at family oriented fitness centers and other organizations. Can be used on fees associated with sports and fitness programs for children including swim lessons, gymnastics, tumbling, basketball, soccer, tennis lessons, karate, and baby sitting clinics as well as school activity programs and day camp	
Prescription Drug Coverage			
Prescription Plan	$10/100%/100%	$10/100%/100%	Must be filled at a participating Pharmacy
Contraceptive Drugs & Devices	$0 copay for Tier 1 Oral Contraceptives	$0 copay for Tier 1 Oral Contraceptives	Must be filled at a participating Pharmacy
Maintenance Medications	2.5 copays for a 3 month supply	2.5 copays for a 3 month supply	Mail Order: Must be obtained from Walgreens or ExpressScripts. Retail Pharmacy: Must be filled at a participating Pharmacy.
Medicare Part D Creditable Coverage Status	Not Creditable	Not Creditable	For those who are Medicare eligible, this plan does not meet the standard level of prescription drug coverage determined by Medicare, therefore this plan does not provide you with CREDITABLE COVERAGE
Vision Services			
Medical Eye Exam	$45	$45	
Routine/ Refractive Exam	$10	$10	Once every 12 months

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Vision Services			
Standard Plastic Lenses	Single: $50 Bifocal: $70	Single: $50 Bifocal: $70	Contact EyeMed for additional options at 1-877-842-3348
Frames	40% discount	40% discount	Discount is based on retail pricing
Conventional Contact Lenses	15% discount	15% discount	Materials only
Laser Vision Correction	50% discount	50% discount	Up to $300 max
Dental Services			
Preventive and Routine	Not Covered	Not Covered	
Accidental Dental	Based on services rendered	Based on services rendered	Must be deemed medically necessary
Dependent Coverage			
Dependent Eligibility	26	26	Up to the end of the birthday month
Out-of-Network Information			
Deductible	$1500/$3000	$1000/$2000	
Coinsurance	30%	30%	
Out-of-Pocket Maximum	$5000/$10,000	$5000/$10,000	
Annual Maximum	Unlimited	Unlimited	
Lifetime Maximum	Not Applicable	Not Applicable	

Important Notes

Pre-Existing Conditions: Not Applicable

Pre-Certification: Certain services and benefits are subject to pre-certification. Member is responsible for contacting Independent Health for pre-certification.

This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more detailed information, consult your Group Health Contract, attached Riders (if any), or Certificate of Coverage.

All indicated benefits assume the member has appropriate authorization to receive services.

Certain benefits stated in this benefit summary are pending NYS approval.

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