

These plans are for illustration only and subject to change. They are not a contract and in all cases the contract language will prevail.

Olean Public Library HM BCBS vs IH 2nd Quarter 2023		Platinum POS Plus	Flex Fit Platinum Option 2	Gold Complete (HSA Qualified)	iDirect Gold Copay (HSA Qualified)	Silver POS 7100 (HSA Qualified)	iDirect Silver Copay (HSA Qualified)	iDirect Bronze MV (HSA Qualified)
Plan Features	Wellness	\$250 Gym Membership	Choice of Nutrition Benefit or \$250 Health Extras card	\$250 Gym Membership	Choice of Nutrition Benefit or \$250 Health Extras card	\$250 Gym Membership	Choice of Nutrition Benefit or \$250 Health Extras card	Choice of Nutrition Benefit or \$250 Health Extras card
In - Network	Deductible (single/family)	\$0	\$0	\$3,500/\$7,000	\$1,500/\$3,000	\$2,500/\$5,000	\$2,000/\$4,000	\$7,100/\$14,200
	Embedded/True Family	Embedded	N/A	True Family	True Family	True Family	True Family	Embedded
	Coinsurance	0%	0%	0%	0%	0%	0%	0%
	***Out-of-Pocket Maximum (single/family)	\$5,000/\$10,000	\$3,500/\$7,000	\$3,500/\$7,000	\$4,500/\$9,000	\$7,000/\$14,000	\$6,950/\$13,900	\$7,100/\$14,200
Out - of - Network	Embedded/True Family	Embedded	Embedded	True Family	Embedded	Embedded	Embedded	Embedded
	Deductible (single/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$7,500/\$15,000
	Embedded/True Family	Embedded	True Family	True Family	True Family	True Family	True Family	Embedded
	Coinsurance	50%	20%	50%	50%	50%	50%	50%
	***Out-of-Pocket Maximum (single/family)	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$10,000/\$20,000	\$15,000/\$30,000
Preventive Services	Immunizations, screenings, and routine physical exams	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Medical Services	PCP/Specialist	\$5/\$25	\$5/\$25	0% after Deductible	\$20/\$50 after Deductible	\$30/\$50 after Deductible	\$35/\$60 after Deductible	0% after Deductible
	Radiology	\$25	\$25/\$85	0% after Deductible	\$50/\$85 after Deductible	\$50 after Deductible	\$60/\$85 after Deductible	0% after Deductible
	Laboratory Testing	\$15	\$5	0% after Deductible	\$20 after Deductible	\$50 after Deductible	\$35 after Deductible	0% after Deductible
	Chiropractic Care	\$5	\$25	0% after Deductible	\$50 after Deductible	\$30 after Deductible	\$60 after Deductible	0% after Deductible
Maternity Services	Physician Services - Prenatal and One Postpartum Visit	\$5	\$0	0% after Deductible	\$0	\$30 after Deductible	\$0	\$0
	Inpatient Maternity	\$500 per admission	\$500 per admission	0% after Deductible	\$750 per admission after Deductible	\$1,000 per admission after Deductible	\$1,000 per admission after Deductible	0% after Deductible
Hospital Care	Inpatient Hospital	\$500 per admission	\$500 per admission	0% after Deductible	\$750 per admission after Deductible	\$1,000 per admission after Deductible	\$1,000 per admission after Deductible	0% after Deductible
	Outpatient Surgery	\$250	\$100	0% after Deductible	\$125 after Deductible	\$250 after Deductible	\$200 after Deductible	0% after Deductible
	Emergency Room Visit	\$250	\$150	0% after Deductible	\$150 after Deductible	\$250 after Deductible	\$250 after Deductible	0% after Deductible
	Urgent Care	\$100	\$75	0% after Deductible	\$75 after Deductible	\$75 after Deductible	\$75 after Deductible	0% after Deductible
Mental Health & Substance Abuse	Outpatient	\$5	\$5	0% after Deductible	\$20 after Deductible	\$25 after Deductible	\$35 after Deductible	0% after Deductible
	Inpatient	\$500 per admission	\$500 per admission	0% after Deductible	\$750 per admission after Deductible	\$1,000 per admission after Deductible	\$1,000 per admission after Deductible	0% after Deductible
Other Services	Durable Medical Equipment & Prosthetic Devices	50%	50%	0% after Deductible	50% after Deductible	50% after Deductible	50% after Deductible	0% after Deductible
	Physical, Speech, Occupational Therapy ****Limits May apply	\$5, 60 combined visits/PY	\$25, 60 combined visits/condition/PY	0% after Deductible, 60 combined visits/PY	\$50 after Deductible, 60 combined visits/condition/PY	\$30 after Deductible, 60 combined visits/PY	\$60 after Deductible, 60 combined visits/condition/PY	0% after Deductible, 60 combined visits/condition/PY
	Diabetic drugs, insulin, and supplies (blood glucose monitor, test strips, syringes, etc.)	\$5	\$5- Insulin; Diabetic Equipment & Medical Supplies \$0	0% after Deductible	\$0/\$20 after Deductible	\$30 after Deductible	\$0/\$35 after Deductible	\$0/0% after Deductible
	Routine Vision Exam ****Limits and Deductibles May apply	Adult: Member Discount with Davis Vision; Pediatric: \$0, one every year	Adult: \$40, one/year, Pediatric: \$40, one/year	Adult: Member Discount with Davis Vision; Pediatric: \$0, one every year	Adult: \$40, one/year, Pediatric: \$20, one/year	Adult: Member Discount with Davis Vision; Pediatric: \$0, one every year	Adult: \$40, one/year, Pediatric: \$20, one/year	Adult: \$40, one/year, Pediatric: \$20, one/year
Prescription Drugs*	Generic /Formulary/Non-Formulary	\$5/\$25/50%	\$5/\$30/\$100	0% after Deductible	\$10/\$40/50% after Deductible	\$10/\$40/50% after Deductible	\$15/\$50/50% after Deductible	0% after Deductible ^{NC}
Monthly Rates	Employee Only	\$741.20	\$707.67	\$592.26	\$587.77	\$552.43	\$533.28	\$456.40
	Employee & Child(ren)	\$1,260.04	\$1,203.04	\$1,006.84	\$999.21	\$939.13	\$906.58	\$775.88
	Employee & Spouse	\$1,482.40	\$1,415.34	\$1,184.52	\$1,175.54	\$1,104.86	\$1,066.56	\$912.80
	Family	\$2,112.42	\$2,016.86	\$1,687.94	\$1,675.14	\$1,574.43	\$1,519.85	\$1,300.74
Pediatric Dental	per child, per month	Included	\$15.44	Included	\$15.44	Included	\$15.44	\$15.44