

Daemen College HDHP- Plan Comparison

BC/BS of WNY Coplay Plan POS 8200		Univera Coplay Plan Deductible 3	
In-Network	Out-of-Network	In-Network	Out-of-Network

Medical Services

Office Visits	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Routine Physicals	Covered in full	Subject to the deductible and coinsurance	Covered in full	Subject to the deductible and coinsurance
Well Child Visits and Immunizations	Covered in full	Subject to the deductible and coinsurance	Covered in full	0% coinsurance
Diagnostic X-Rays	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Laboratory Testing	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Chiropractic Care	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Specialist Visits	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance

Women's Services

Maternity Care (Pre & Post-Natal Care)	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Routine Gynecological Visits	Covered in full	Subject to the deductible and coinsurance	Covered in full	Subject to the deductible and coinsurance
Routine Mammograms	Covered in full	Subject to the deductible and coinsurance	Covered in full	Subject to the deductible and coinsurance
Routine Pap Smears	Covered in full	Subject to the deductible and coinsurance	Covered in full	Subject to the deductible and coinsurance

Hospital Care

Inpatient Stay	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Outpatient Surgery Facility	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Chemotherapy, Radiation Therapy, Inhalation Therapy	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Occupational, Speech, Physical Therapy	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance (30 aggregate visits)
Emergency Room Visits	Subject to the deductible and coinsurance	Covered as in-network	Subject to the deductible and coinsurance	Covered as in-network
Emergency Ambulance (medically necessary)	Subject to the deductible and coinsurance	Covered as in-network	Subject to the deductible and coinsurance	Covered as in-network

Daemen College HDHP- Plan Comparison

BC/BS of WNY Copay Plan POS 8200		Univera Copay Plan Deductible 3	
In-Network	Out-of-Network	In-Network	Out-of-Network

Mental Health Care

Inpatient	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Outpatient	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance

Substance Abuse Treatment

Inpatient	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Outpatient	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance

Other Services

Diabetic Supplies and Equipment	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Durable Medical Equipment	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Home Health Care	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Hospice	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Skilled Nursing Facility	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Urgent Care Center	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance	Subject to the deductible and coinsurance
Prescription Drugs	\$10/\$50/\$100, after deductible 2.5 copays per 90 day supply	Not covered	\$10/\$50/\$100, after deductible 2 copays per 90 day supply	Not covered

Vision Care

Routine Vision Exam	Covered in full	Not covered	Covered in full	Subject to the deductible and coinsurance
---------------------	-----------------	-------------	-----------------	---

Dependent Coverage

Dependent/Student Coverage to Age	26/26	26/26	26/26	26/26
-----------------------------------	-------	-------	-------	-------

Deductible	\$1,500/\$3,000 (True Family) Combined In & Out of Network	\$1,500/\$3,000 (True Family) Combined In & Out of Network	\$1,500/\$3,000 (True Family)	\$1,500/\$3,000 (True Family)
Coinsurance	80%/20%	60%/40%	80%/20%	60%/40%
Out-of-Pocket Maximum	\$4,000/\$8,000 (Embedded)	\$5,000/\$10,000 (Embedded)	\$6,350/\$12,700 (True Family with \$6,650 per person cap)	\$12,700/\$25,400 True Family

This analysis is for comparison purposes only. Please refer to carrier rates and benefit highlights.