

**UB FOUNDATION
HMO PLAN HIGHLIGHTS
CALENDAR YEAR 2004**

	Community Blue		Independent Health				Univera
	HMO 202	HMO 202 Plus	Encompass B	Flex Fit Active	Flex Fit Family	Flex Fit Independent	
Co-Pay Amounts:							
Office Visit Primary	\$10	Choose Your Copay \$0 or \$5	\$10	\$20 (age 0-18) \$10 (age 19+)	Primary (age 0-18) \$0 Primary (age 19+) \$15	\$20	\$10
Specialist	\$10	\$20 or \$15	\$10	same as above	Specialist: \$20	\$20	\$10
Prescription Drugs:							
Generic Drugs	\$5	\$5	\$5	\$5	\$5	\$5	\$5
Brand Name Drugs	\$15	\$15	\$15	\$15	\$15	\$15	\$15
All Other Drugs	\$35	\$35	\$30	\$30	\$30	\$30	\$35
Durable Medical Equipment	50%	50%	50%	50%	50%	50%	50%
Other Highlights:							
Dependent/ Student Age	19/25	19/25	19/23	19	19/23	19/26	19/23
Out of Network Benefits*	no	yes	yes	yes	yes	yes	yes
Additional Benefits:	\$0 copay well child visits \$0 copay for generic contraceptives	\$0 copay well child visits \$0 copay for generic contraceptives	\$0 copay well child visits	\$250 for health club membership	\$250 for activity programs	\$250 for alternative therapies	\$0 copay for specified services for children under age 18

*NOTE: Out of network benefits differ between plans. Please refer to each carrier's open enrollment materials for plan details.