

CANISIUS COLLEGE

Independent Health Plan			
Flex Fit Active	Flex Fit Family	Flex Fit Independent	

EMPLOYEE Annual Premium Rate Tier 1 - hired prior to 7/1/1998 Tier 2 - hired after 7/1/1998	Single \$390.24 (Tier 1 & 2) Family \$1,034.16 (Tier 1 & 2)	Single \$390.24 (Tier 1 & 2) Family \$1,034.16 (Tier 1 & 2)	Single \$390.24 (Tier 1 & 2) Family \$1,034.16 (Tier 1 & 2)
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Medical Services

Office Visits	\$10 (\$20 for dependents under age 19)	\$15 (\$0 for dependents under age 19)	\$20
Routine Physicals	\$10 (19 yrs of age & over) \$20 (up to 19 yrs of age)	\$15 (19 yrs of age & over) \$0 (up to 19 yrs of age)	\$5
Well Child Visits and Immunizations (to age 19)	Covered in full	Covered in full	Covered in full
Diagnostic X-Rays	Primary \$10 (\$20 for dependents under age 19) Specialist \$20	Primary \$15 (\$0 for dependents under age 19) Specialist \$20	\$20
Laboratory Testing	Covered in full	Covered in full	Covered in full
Chiropractic Care	\$20	\$20	\$20
Specialist Visits	\$20 No referrals required	\$20 No referrals required	\$20 No referrals required

Women's Services

Maternity Care (Pre/Post-Natal Care)	Covered in full	Covered in full	Covered in full
Gynecological Visits	\$10 (19 yrs of age & over) \$20 (up to 19 yrs of age)	\$15 (19 yrs of age & over) \$0 (up to 19 yrs of age)	\$5
Mammograms	Covered in full	Covered in full	Covered in full
Routine Pap Smears	Covered in full	Covered in full	Covered in full

Hospital Care

Inpatient Stay	Covered in full	Covered in full	Covered in full
Outpatient Surgery Facility	\$75	\$75	\$75
Chemotherapy, Radiation Therapy, Inhalation Therapy	\$20	\$20	\$20
Cardiac Rehabilitation	\$20 (36 visits per yr)	\$20 (36 visits per yr)	\$20 (36 visits per yr)

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Hospital Care continued			
Occupational, Speech, Physical Therapy	\$20 (20 aggregate visits)	\$20 (20 aggregate visits)	\$20 (20 aggregate visits)
Emergency Room Visits	\$40 copay (waived if admitted)	\$50 copay (waived if admitted)	\$50 copay (waived if admitted)
Emergency Ambulance	\$25	\$25	\$25
Mental Health Care			
Inpatient	Covered in full - limited to 30 days per member per calendar yr	Covered in full - limited to 30 days per member per calendar yr	Covered in full - limited to 30 days per member per calendar yr
Outpatient	\$20 copay (20 visits per member per yr)	\$20 copay (20 visits per member per yr)	\$20 copay (20 visits per member per yr)
Substance Abuse Treatment			
Inpatient	Detox covered in full. Inpatient Rehab not covered	Detox covered in full. Inpatient Rehab not covered	Detox covered in full. Inpatient Rehab not covered
Outpatient	\$20 (limited to 60 visits/calendar yr)	\$20 (limited to 60 visits/calendar yr)	\$20 (limited to 60 visits/calendar yr)
Other Services			
Diabetic Supplies and Equipment	\$10	\$15	\$20
Durable Medical Equipment	50% coinsurance with an annual allowance of \$1,000	50% coinsurance with an annual allowance of \$1,000	50% coinsurance with an annual allowance of \$1,000
Home Health Care	\$20	\$20	\$20
Hospice	Covered in full (210 days)	Covered in full (210 days)	Covered in full (210 days)
Prosthetic Devices	50% copay	50% copay	50% copay
Skilled Nursing Facility	Covered in full (45 days/calendar yr)	Covered in full (45 days/calendar yr)	Covered in full (45 days/calendar yr)
Prescription Drugs	\$5/\$25/\$40	\$5/\$25/\$40	\$5/\$25/\$40
Vision Care			
Routine Vision Exam	\$10 copay	\$5 copay	\$20 copay
Laser Vision Correction	50% copay, up to \$400 per eye	50% copay, up to \$400 per eye	50% copay, up to \$400 per eye

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Dependent Coverage

Dependent/Student Coverage to Age	19/19	23/23	26/26
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Lifestyle Benefit

\$250 Allowance	Debit Card for health club membership	Debit Card for family fitness programs	Debit Card for alternative therapies
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	Out-of-Network Only	Out-of-Network Only	Out-of-Network Only
Deductible	\$1000 / \$2000	\$500 / \$1000	\$250 / \$500
Coinsurance	80% / 20%	80% / 20%	80% / 20%
Out-of-Pocket Maximum	\$5000 / \$10,000	\$2500 / \$5000	\$1000 / \$2000
Lifetime Maximum	Unlimited	Unlimited	Unlimited

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