Labor-Management Healthcare Coalition ®

Town of Clarence Summary of Benefits

Traditional Blue POS 205/205 Plus

In-network deductible	Deductibles/Maximums	Core	Plus	
In-network out-of-pocket maximum medical In-network out-of-pocket maximum fix In-network out-of-pocket maximum fix In-network out-of-pocket maximum fix In-network out-of-pocket maximum In-network coinsurance In-network coinsurance In-network out-of-pocket maximum	In-network deductible	N/A		
In-network out-of-pocket maximum Rx Out-of-network deductible Out-of-network deductible Out-of-network deductible Out-of-network out-of-pocket maximum Out-of-network out-of-pocket maximum S2,000/\$4,000 Annual maximum Unlimited Uffetime maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Out-of-network out-of-pocket maximum Out-of-network out-of-pocket out-of-poc	In-network co-insurance	N/A		
Out-of-network deductible \$500/\$1,000 Out-of-network coinsurance 20% Out-of-network coinsurance 20% Annual maximum \$2,000/\$4,000 Annual maximum Unlimited Uffetime maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Opendent/Student coverage ends end of birth month Domestic partner No Coverage for domestic partner Prescription copay Mail order copay \$7/\$25/\$40 Mail order copay \$7/\$25/\$540 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$20 \$10 or \$20 Specialist copay \$20 \$10 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Allergy immunotherapy Allergy immunotherapy Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Pre and post natal care Covered in full Adult immunizations (flu vaccinations covered in full) Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine pan smear	In-network out-of-pocket maximum medical	\$4,750/\$9,500		
Out-of-network coinsurance 20% Out-of-network out-of-pocket maximum \$2,000/\$4,000 Annual maximum Unlimited Lifetime maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends end of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription copay Prescription copay \$7/\$25/\$40 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$20 \$10 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Covered in full Allergy immunotherapy \$20 \$30 or \$20 Validicial services \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Laboratory services \$20 \$30 or \$20 Radiology (X-ray, MR), CT and other high-tech imaging) \$20 \$30 or \$20 Prysician Services - Preventive Abdominal a ortic aneutrysm screening Covered in full Adult immunizations (flu	In-network out-of-pocket maximum Rx	\$1,600/\$3,200		
Out-of-network out-of-pocket maximum Annual maximum Unlimited Uffetime maximum Unlimited Unlimit	Out-of-network deductible	\$500/\$1,000		
Annual maximum Unlimited Ulfetime maximum Unlimited Unli	Out-of-network coinsurance	20%		
Lifetime maximum Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends Demendent/Student coverage ends Demendent/Student coverage ends Demendent/Student coverage ends Demendent/Student coverage ends Domestic partner Prescription Drug Prescription Drug Prescription Copay S7/\$25/\$40 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$20 \$10 or \$20 \$5pecialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Preysician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (filu vaccinations covered in full) Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Routine pap smear Covered in full Routine pap smear Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear	Out-of-network out-of-pocket maximum	\$2,000/\$4,000		
Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Domestic partner Prescription Drug Prescription Drug Prescription copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Dependent/Student copay per 90-day supply Option 90 - 90 day supply at retail Dependent/Student copay S20 S10 or \$20 S20 S30 or \$20 S30 or \$20 S40 or \$	Annual maximum	Unlimited		
Dependent age 26 Student age 26 Dependent/Student coverage ends 26 Dependent/Student coverage ends end of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription copay Prescription copay \$7/\$25/\$40 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$20 \$10 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 \$20 \$30 or \$20 Pediatric visits for children up to age 19 \$20 \$30 or \$20 Pediatric visits and immunizations for children up to age 19 \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Characteria full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full Adult immunizations (flu vaccinations covered in full) \$20 \$30 or \$20 Covered in full Routine par screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full	Lifetime maximum	Unlimited		
Student age 26 Dependent/Student coverage ends end of birth month Domestic partner Prescription Drug Prescription copay Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$20 \$30 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full Allergy indrustical services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine pap smear Covered in full Routine physical exam	Benefit administration	Calendar year		
Dependent/Student coverage ends end of birth month Domestic partner Prescription Drug Prescription Copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Medical Services Primary care physician copay Specialist copay Specialist copay Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy S20 S30 or \$20 Chiropractic Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam	Dependent age	26		
Domestic partner Prescription Drug Prescription copay Mail order copay per 90-day supply Dottin 90 - 90 day supply at retail Medical Services Primary care physician copay \$20 \$10 or \$20 Specialist copay Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Well child visits and immunizations for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine palysical cancer screening Routine Da/GYN Routine Da/GYN Routine Da/GYN Routine pap smear Covered in full Routine physical exam	Student age	26		
Prescription Drug Prescription copay Prescription copay Prescription copay Prescription copay Prescription copay Potion 90 - 90 day supply at retail Prescription copay Prescription copay Primary care physician copay Primary care physician copay Primary care physician copay Primary care physician copay Prediatric visits for children up to age 19 Prescription immunications for covered in full Prescription immunications for covered i	Dependent/Student coverage ends	end of birth month		
Prescription copay \$77\$25/\$40 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$20 \$10 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chaboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full PSA test	Domestic partner	No Coverage for domestic partner		
Mail order copay per 90-day supply Option 90 - 90 day supply at retail Definition of the supply at retail and suppl	Prescription Drug			
Option 90 - 90 day supply at retail 2.5 copays Medical Services \$20 \$10 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Covered in full after initial PCP copay Adult immunizations (flu vaccinations covered in full) Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full<	Prescription copay	\$7/\$25/\$40		
Medical Services Primary care physician copay \$20 \$10 or \$20 Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay		
Primary care physician copay \$20 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	Option 90 - 90 day supply at retail	2.5 copays		
Specialist copay \$20 \$30 or \$20 Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Medical Services			
Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Primary care physician copay	\$20	\$10 or \$20	
Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$20 \$30 or \$20 Chiropractic Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine Mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Specialist copay	\$20	\$30 or \$20	
Allergy immunotherapy \$20 \$30 or \$20 Chiropractic \$20 \$30 or \$20 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Pediatric visits for children up to age 19	Covered in full		
Chiropractic \$20 \$30 or \$20 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) \$20 \$30 or \$20 Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine Ds/SA test Covered in full	Well child visits and immunizations for children up to age 19	Covered in full		
Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine colorectal cancer screening Routine mammogram Routine OB/GYN Routine pap smear Routine physical exam Covered in full	Allergy immunotherapy	\$20	\$30 or \$20	
Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial PCP copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Chiropractic	\$20	\$30 or \$20	
Pre and post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine colorectal cancer screening Routine mammogram Routine OB/GYN Routine pap smear Routine physical exam Pre and post natal care Covered in full after initial PCP copay Covered in full	Laboratory services	Covered in full		
Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Radiology (X-ray, MRI, CT and other high-tech imaging)	\$20	\$30 or \$20	
Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Pre and post natal care	Covered in full after initial PCP copay		
Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam PSA test Covered in full	Physician Services - Preventive			
Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Abdominal aortic aneurysm screening	Covered in full		
Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Covered in full Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full		
Routine mammogram Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Covered in full Covered in full	Bone mineral density screening	Covered in full		
Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Covered in full	Routine colorectal cancer screening	Covered in full		
Routine pap smear Routine physical exam Covered in full PSA test Covered in full	Routine mammogram	Covered in full		
Routine physical exam Covered in full PSA test Covered in full	Routine OB/GYN	Covered in full		
PSA test Covered in full	Routine pap smear	Covered in full		
	Routine physical exam	Covered in full		
Routine eye exam Covered in full	PSA test	Covered in full		
	Routine eye exam	Covered in full		

Labor-Management Healthcare Coalition ®

Town of Clarence Summary of Benefits

Traditional Blue POS 205/205 Plus

Hospital	Core	Plus
Inpatient hospital stay	\$500/\$1,000	
Inpatient maternity stay	Covered in full	
Outpatient surgery	Specialist copay	
Emergency Hospital Care		
Emergency room (copay waived if admitted to hospital)	\$100	
Ambulance - ground	\$50	
Ambulance - air	\$50	
Urgent care centers	Primary care physician copay	
Mental Health and Substance Abuse		
Inpatient mental health	\$500/\$1,000	
Outpatient mental health	\$20	\$10 or \$20
Inpatient alcohol & substance abuse detoxification	\$500/\$1,000	
Inpatient alcohol & substance abuse rehabilitation	\$500/\$1,000	
Outpatient alcohol & substance abuse	\$20	\$10 or \$20
Other Services		
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$20	\$30 or \$20
Chemotherapy	\$20	\$30 or \$20
Dialysis	\$20	\$30 or \$20
Durable medical equipment	20% coinsurance	
Home care	\$20	\$30 or \$20
Hospice	Covered in full	
Physical, speech and occupational therapy	20 visits, Specialist copay	
Post-mastectomy prosthetics	Covered in full	
Prosthetic and orthotic appliances	20% coinsurance	
Radiation therapy	\$20	\$30 or \$20
Skilled nursing facility	50 days, Inpatient copay	

revised 1/1/2020

^{**}This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.