Labor-Management Healthcare Coalition®
Town of Orchard Park
Summary of Benefits

Traditional Blue POS 203/203 Plus

Deductibles/Maximums		
In-network deductible	N/A	
In-network co-insurance	N/A	
Medical in-network out-of-pocket maximum	$5,125/$10,250	
Pharmacy in-network out-of-pocket maximum	$1,725/$3,450	
Out-of-network deductible	$250/$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 covergae for domestic partner	
Prescription Drug		
Prescription copay	$5/$15/$35	
Mail order copay per 90-day supply	1 copay	
Option 90 - 90 day supply at retail	2.5 copays	
Medical Services	**POS 203**	**POS 203 Plus**
Primary care physician copay	$10	$0 or $5
Specialist copay	$10	$20 or $15
Pediatric visits for children up to age 19	$10	$0 or $5
Well child visits and immunizations for children up to age 19	Covered in full	
Allergy immunotherapy	$10	$20 or $15
Chiropractic care	$10	
Laboratory services	Covered in full	
Radiology (x-ray, MRI, CT & other high tech imaging)	$10	$20 or $15
Pre & post natal care	Covered in full after intial PCP copay	
Physician Services - Preventive	**POS 203**	**POS 203 Plus**
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 OB/GYN	Covered in full	
Routine pap smear	Covered in full	
Routine physical exam	Covered in full	
PSA test	Covered in full	
Routine eye exam	Covered in full	

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Hospital	POS 203	POS 203 Plus
Inpatient hospital stay	Covered in full	
Inpatient maternity stay	Covered in full	
Outpatient surgery	$10	$20 or $15
Emergency Hospital Care	**POS 203**	**POS 203 Plus**
Emergency room (copay waived if admitted to hospital)	$50	
Ambulance - ground ambulance	Covered in full	
Ambulance - air ambulance	Covered in full	
Urgent care centers	PCP copay	
Mental Health & Substance Abuse	**POS 203**	**POS 203 Plus**
Inpatient mental health	Covered in full	
Outpatient mental health	Covered in full	
Inpatient alcohol & substance abuse detoxification	Covered in full	
Inpatient alcohol & substance abuse rehabilitation	Covered in full	
Outpatient alcohol & substance abuse	Covered in full	
Other Services	**POS 203**	**POS 203 Plus**
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	$10	$20 or $15
Chemotherapy	$10	$20 or $15
Dialysis	Covered in full	
Durable medical equipment	20% co-insurance	
Home care (In-network unlimited visits)	$10	$20 or $15
Hospice	Covered in full	
Physical, speech & occupational therapy (20 aggregate visits)	$10	$20 or $15
Prosthetic and orthotic appliances	20% co-insurance	
Radiation therapy	$10	$20 ror $15
Skilled nursing facility (Not Long Term Care-Rehab only)	50 days, Covered in full	

1/1/2016

***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.*