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

Traditional Blue PPO 811

in-network deductible (N/A in-network co-insurance (N/A) Medical in-network co-insurance (S,125/510,250) Pharmacy in-network out-of-pocket maximum (S,125/53,450) Out-of-network dout-of-pocket maximum (S,200/54,000) Anual maximum (Unlimited) Undefinetwork coinsurance (S,200,500) Anual maximum (Unlimited) Unlimited Ulefitime maximum (Unlimited) Ulefitime maximum (Unlimited) Dependent age (S,200,500) Dependent age (S,200,500) Dependent/student coverage ends) (S,200,500) Mail order copay per 90-day supply at retail (S,200,500) Mail order copay per 90-day supply at retail (S,200,500) Medical Services Primary care physician copay (S,5 Specialist copay) (S,5 Specialist copay) (S,5 Specialist copay) (S,5 Depondent infull Allergy immuncherapy (Covered in full Allergy immuncherapy (Covered in full Allergy immuncherapy (Covered in full Aduet neuroin screening (Covered in full Aduet inmunciations (N accinations covered in full) Covered in full Aduet mamorgram (Covered in full Bone mineral density screening (Covered in full Routine endersity screening (Covered in full Routine ob/GVM (Covered in full Routine physical exam Physical exam Physical exam Physical exam Decovered in full Routine physical exam Physical exam Decovered in full Routine physical exam Decovered in full Physical exam Decovered in full Routine physical exam Decovered in full Phys	Deductibles/Maximums	
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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 Orchard Park - PBA Summary of Benefits

Traditional Blue PPO 811

Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	\$5
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$35
Ambulance - ground ambulance	Covered in full
Ambulance - air ambulance	Covered in full
Urgent care centers	\$5
Mental Health & Substance Abuse	
Inpatient mental health	Covered in full
Outpatient mental health	\$5
Inpatient alcohol & substance abuse detoxification	Covered in full
Inpatient alcohol & substance abuse rehabilitation	Covered in full
Outpatient alcohol & substance abuse	\$5
Other Services	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$5
Chemotherapy	\$5
Dialysis	\$5
Durable medical equipment	Covered in full
Home care (In-network unlimited visits)	\$5
Hospice	Covered in full
Physical, speech & occupational therapy	30 visits, \$5
Prosthetic and orthotic appliances	20% co-insurance
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.