Labor-Management Healthcare Coalition ®

Town of Tonawanda Summary of Benefits

PPO 811

In-network deductible In-network co-insurance Interver	Deductibles/Maximums	
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 co-insurance 20% Out-of-network out of pocket maximum \$2,000/\$4,000 Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends Demestic partner Prescription Drug Prescription Drug Prescription Drug Prescription copay \$1/\$10/\$20 Mail order copa year 90-day supply 1 copay Option 90-90 day supply a treali 2.5 copays Medical Services Primary care physician copay \$5 Specialist copay \$5 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 Allergy immunotherapy \$5 Covered in full Pre & post natal care Covered in full Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine paysmear Covered in full Routine paysmear	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum Out-of-network deductible \$250/\$500 Out-of-network colinsurance 20% Out-of-network coinsurance Out-of-network coinsurance Out-of-network coinsurance Out-of-network out of pocket maximum Annual maximum Unlimited Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Dependent age Prescription copay Prescription copay Prescription copay Prescription copay Prescription copay All order copay per 90-day supply Quit on 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$5 Specialist copay Sp	In-network co-insurance	N/A
Out-of-network deductible \$250/\$500 Out-of-network co-insurance 20% Out-of-network co-insurance 52,000/\$4,000 Annual maximum Unlimited 1 Lifetime maximum Unlimited 1 Lifetime maximum Unlimited 1 Denefit administration Calendar year 26 Student age 26 Student age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription Copay 51/\$10/\$20 Mail order copay 97 Medical Services Primary care physician copay 55 Specialist copay 55 Specialist copay 55 Specialist copay 55 Specialist visits for children up to age 19 55 Well child visits and immunizations for children up to age 19 55 Covered in full Allergy immunotherapy 55 Caleboratory services 55 Laboratory services 65 Laboratory services 75 Radiology (x-xy, MRI, CT & other high tech imaging) Covered in full Covered in full Routine and and insurinzations for unlimited 10 Covered in full Routine name of unlimited 10 Covered in full Routine paysmear Covered in full Routine paysmear Covered in full Routine paysical exam Covered in full Footone paysical exam Covered in full Routine paysical exam Covered in full Footone paysical ex	Medical in-network out-of-pocket maximum	\$5,125/\$10,250
Out-of-network co-insurance Out-of-network out of pocket maximum St,000/\$4,000 Annual maximum Unlimited Uffetime maximum Unlimited Benefit administration Dependent age To Calendar year Dependent ge To Calendar year Dependent gear To Calendar year Dependent gear To Calendar year Dependent (Student coverage ends To Calendar year Dependent/Student coverage ends To Calendar year Dependent/Student coverage ends To Coverage for domestic partner Prescription Drug Prescription Copay Prescription Copay To Covered in full Radiology (x-ray, MR), CT & other high tech imaging) To Covered in full Covered in full Covered in full Routine Daf/STN Routine To Covered in full Routine Daf/STN Routine To Covered in full Routine Daf/STN Routine	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450
Out-of-network out of pocket maximum Annual maximum Ulfetime maximum Ulflimited Ulflimited Ulflimited Ulflimited Ulflimited Ulflimited Ulflimited Ulflimited Denefit administration Calendar year Dependent age 26 Student age 26 End of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription Copay Alli order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2,5 copays Medical Services Perimary care physician copay \$5 Specialist copay \$5 Pediatric visits for children up to age 19 Specialist visits for children up to age 19 Allergy immunotherapy \$5 Covered in full Allergy immunotherapy \$5 Covered in full Pre & post natal care Covered in full Pre & post natal care Covered in full Adult immunizations (flu vaccinations covered in full) Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Covered in full Routine pap smear Covered in full Covered in full Routine pap smear Covered in full Covered in full Routine pap smear Covered in full Covered in full Routine pap smear Covered in full	Out-of-network deductible	\$250/\$500
Annual maximum Unlimited Uffetime maximum Unlimited Unlimited Unlimited Unlimited Unlimited Dependent age 26 Student age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for 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 \$5 Specialist copay \$5 Specialist copay \$5 Seelist copay \$5 Well child visits and immunizations for children up to age 19 S5 Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full Adult immunizations screening Adult immunizations scovered in full Routine oB/GYN Routine maximogram Covered in full Routine oB/GYN Covered in full Routine oB/GYN Covered in full Routine paysmear Covered in full	Out-of-network co-insurance	20%
Lifetime maximum Benefit administration Calendar year Dependent age 26 Student age 26 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 Primary care physician copay Specialist c	Out-of-network out of pocket maximum	\$2,000/\$4,000
Benefit administration 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 Mail order copay per 90-day supply Qption 90 - 90 day supply at retail Primary care physician copay Specialist copay Sp	Annual maximum	Unlimited
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 \$1/\$10/\$20 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 \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Pre & post natal care Covered in full Pre & post natal care Covered in full Adult immunizations for user in full Adult immunizations (flu vaccinations covered in full) Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear	Lifetime maximum	Unlimited
Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription copay \$1/\$10/\$20 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 \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Chiropractic care \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine Day Service Covered in full Routine physical exam Covered in full	Benefit administration	Calendar year
Dependent/Student coverage ends 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 Special	Dependent age	26
Domestic partner Prescription Drug Prescription copay S1/\$10/\$20 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Medical Services Primary care physician copay \$5 Specialist copay \$5 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 Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & 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 mammogram Covered in full Routine physical exam Covered in full	Student age	26
Prescription Drug Prescription copay \$1/\$10/\$20 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Prescription copay Medical Services Primary care physician copay \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full Adolt immunizations (flu vaccinations 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 oB/GYN Covered in full Routine physical exam Covered in full Router proposed and full Routine physical exam Covered in full	Dependent/Student coverage ends	End of birth month
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Medical Services Primary care physician copay \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full effect in full Pre & post natal care Covered in full after intial \$5 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 mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay
Primary care physician copay \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening 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	Option 90 - 90 day supply at retail	2.5 copays
Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 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 Routine physical exam Covered in full	Medical Services	
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Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & 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 Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine Covered in full	Specialist copay	\$5
Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 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 OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Pediatric visits for children up to age 19	\$5
Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 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 OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Well child visits and immunizations for children up to age 19	Covered in full
Laboratory services Radiology (x-ray, MRI, CT & other high tech imaging) Pre & 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 DB/GYN Routine pap smear Routine pap smear Routine physical exam Covered in full	Allergy immunotherapy	\$5
Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$5 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	Chiropractic care	\$5
Pre & post natal care Covered in full after intial \$5 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 Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Laboratory services	Covered in full
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 OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Radiology (x-ray, MRI, CT & other high tech imaging)	Covered in full
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 & post natal care	Covered in full after intial \$5 copay
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Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Covered in full 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 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 Tonawanda Summary of Benefits

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	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	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$5
Chemotherapy	\$5
Dialysis	\$5
Durable medical equipment	Covered in full
Home care	200 visits, \$5
Hospice	Covered in full
Physical, speech & occupational therapy	60 visits, \$5
Prosthetic and orthotic appliances	20% co-insurance
Radiation therapy	\$5
Skilled nursing facility (Not Long Term Care-Rehab only)	Covered in full

revised 1/1/2016 (10661261, 10661278, 10661295, 10661262, 10661279, 10661296, 10661263, 10661280, 10661297)

^{**}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.