Labor-Management Healthcare Coalition ®

Town of West Seneca Summary of Benefits Traditional Blue POS 201/201Plus

In-network deductible In-network co-insurance N/A Medical in-network out-of-pocket maximum S5,125/\$10,250 Pharmacy in-network out-of-pocket maximum S5,125/\$50 Out-of-network deductible S250/\$500 Out-of-network co-insurance Dut-of-network co-insurance Dependent Q2,000/\$4,000 Dut-of-network out-of-network out-of-	Deductibles/Maximums	POS 201	POS 201 Plus	
Medical In-network out-of-pocket maximum Pharmacy in-network out-of-pocket maximum St,725/S3,450 Out-of-network deductible S250/\$500 Out-of-network coinsurance Out-of-network out-of-pocket maximum S2,000/\$4,000 Annual maximum Unlimited Benefit administration Dependent age C6 Student age Dependent age Dependent age Dependent oper and substitution Domestic partner Prescription Drug Prescription Drug Prescription Oray Mall order copay per 90-day supply Option 90 - 90 day supply at retail Physician Services - Office Prediatric visits for children up to age 19 Pediatric visits for children up to age 19 Allergy immunotherapy S10 S15 or \$10 S15 or \$10 S16 or \$10 S16 or \$10 S17 or	In-network deductible	N/	N/A	
Pharmacy in-network out-of-pocket maximum Out-of-network deductible Out-of-network deductible Out-of-network coinsurance Out-of-network coinsurance Out-of-network out-of-pocket maximum S2,000/\$4,000 Annual maximum Unlimited Lifetime maximum Benefit administration Dependent age Dependent age Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage for domestic partner Prescription Drug POS 201 POS 201 POS 201 PIUS Prescription copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Physician Services - Office POS 201 Pos 201 Pos 201 POS 201 PUS Primary care physician copay S5 Specialist copay S9 Specialist copay S1/\$10/\$25 Specialist copay S1/\$10 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	In-network co-insurance	N/	N/A	
Out-of-network deductible \$250/\$500 Out-of-network coinsurance 20% Out-of-network coinsurance 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 Dependent/Student coverage ends Poseum Pos 201 Prescription Drug Pos 201 Pos 201 Plus Prescription Drug Pos 201 Pos 201 Pos 201 Plus Prescription copay S1/\$10/\$25 Mail order copay per 90-day supply 1 1copay Option 90 - 90 day supply at retail Private Toopay Option 90 - 90 day supply at retail Pos 201 Pos 201 Plus Privary care physician copay \$5 \$0 or \$5 Specialist copay \$10 \$15 or \$10 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 Chiropractic \$5 \$5 S5 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Covered in full Adult immunizations covered in full Routine post natal care Pos 201 Pos 201 Plus Physician Services - Preventive Pos 201 Pos 201 Plus Routine post natal care Covered in full Routine nammogram Covered in full Routine nammogram 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	Medical in-network out-of-pocket maximum	\$5,125/\$	\$5,125/\$10,250	
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 POS 201 POS 201 Plus Prescription copay \$1/\$10/\$25 Wall order copay per 90-day supply 1copay Option 90 - 90 day supply at retail 2.5 copays Physician Services - Office POS 201 POS 201 Plus Primary care physician copay \$10 \$15 or \$10 Specialist copay \$10 \$15 or \$10 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 \$10 \$15 or \$10 Allergy immunotherapy \$10 \$5 \$5 Laboratory services Covered in full Radiology (X-ray, MR), CT and other high-tech imaging) Covered in full Pres and post natal care POS 201 Plus Physician Servic	Pharmacy in-network out-of-pocket maximum	\$1,725/	\$1,725/\$3,450	
Out-of-network out-of-pocket maximum Annual maximum Unlimited Unlimited Unlimited Unlimited Unlimited Calendar year Dependent age 26 Student age Dependent/Student coverage ends Demestic partner Prescription Drug POS 201 POS 201 POS 201 Plus Prescription copay All/S10/S25 Mail order copay per 90-day supply Option 90 - 90 day supply at retail Pos 201 Pos 201 Pos 201 Pos 201 Plus Primary care physician copay \$ 5 \$ \$0 or \$5 Specialist copay Pediatric visits for children up to age 19 Allergy immunotherapy Allergy immunotherapy S10 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Out-of-network deductible	\$250/	\$250/\$500	
Annual maximum Lifetime maximum Benefit administration Calendar year Dependent age 26 Dependent/Student coverage ends Domestic partner Prescription Drug Prescription Copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Physician Services - Office Poliatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Allergy immunotherapy Chiropactic Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pres and post natal care Physician Services - Preventive Pos 201 Pos	Out-of-network coinsurance	20	20%	
Lifetime maximum Benefit administration Calendar year Dependent age 26 Student age Dependent/Student coverage ends End of birth month Domestic partner Prescription Drug PoS 201 PoS 201 Plus Prescription copay Allier of a young and a younghy at retail Primary care physician copay Specialist copay Specialist copay Well child visits and immunizations for children up to age 19 Allergy immunotherapy Allergy immunotherapy Prescription Services Covered in full Allergy immunotherapy Prescription opay Alloropatic Laboratory services Covered in full after initial primary care physician copay Physician Services Covered in full after initial primary care physician copay Physician Services Covered in full after initial primary care physician copay Physician Services Covered in full after initial primary care physician copay Physician Services Covered in full after initial primary care physician copay Physician Services - Preventive Pos 201 Plus Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine pan smar Routine Dol/SVN Routine ammogram Covered in full Routine pap smear Routine pap smear Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear	Out-of-network out-of-pocket maximum	\$2,000/	\$2,000/\$4,000	
Benefit administration Calendar year Dependent age Student age Dependent/Student coverage ends No Coverage for domestic partner Prescription Drug POS 201 POS 201 Plus Prescription copay \$1\\$10\\$25 copay Pos 201 Pos 201 Plus Prescription Supply at retail Pos 201 Pos 201 Plus Primary care physician copay Specialist copay Specialist copay Specialist copay Specialist copay Specialist copay Specialist co	Annual maximum	Unlin	Unlimited	
Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Prescription Drug POS 201 POS 201 Plus Prescription Copay \$1/\$10/\$25 Mail order copay per 90-day supply 1copay Option 90 - 90 day supply at retail 2.5 copays Physician Services - Office POS 201 POS 201 Plus Primary care physician copay \$5 \$ \$0 or \$5 Specialist copay \$5 \$ \$5 Specialist copay \$5 \$5 Specialist c	Lifetime maximum	Unlin	Unlimited	
Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Drug POS 201 POS 201 Plus Prescription copay S1/\$10/\$25 Mail order copay per 90-day supply 1copay Option 90 - 90 day supply at retail 2.5 copays Physician Services - Office POS 201 POS 201 Plus Primary care physician copay \$5 \$0 or \$5 Specialist copay \$10 \$15 or \$10 Pediatric visits for children up to age 19 Covered in full Allergy immunotherapy \$10 \$15 or \$10 Chiropractic \$5 \$5 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Covered in full Pre and post natal care Covered in full Adult immunizations (flu vaccinations covered in full) Adominal aortic aneurysm screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine DB/GYN Covered in full Routine physical exam Covered in full Routine paysmear Covered in full	Benefit administration	Calenda	Calendar year	
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Domestic partner Prescription Drug POS 201 POS 201 Plus Prescription copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Primary care physician copay S15 Specialist copay Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Allergy immunotherapy Allergy immunotherapy Chiropractic S5 Specialist copay Pos 201 Pos 201 Pos 201 Plus Primary care physician copay S10 S15 or \$10 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 S10 S15 or \$10 Chiropractic S5 Specialist copay Pos 201 Pos 201 Plus Adulonation acritic aneury services Covered in full after initial primary care physician copay Physician Services - Preventive Pos 201 Pos 201 Pos 201 Plus Adult immunizations (flu vaccinations covered in full) Routine ammogram 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 physical exam	Student age	26	26	
Prescription Drug \$10,5201 Plus Prescription copay \$1,510,525 Mail order copay per 90-day supply 1	Dependent/Student coverage ends	End of bir	End of birth month	
Prescription copay \$1/\$10/\$25 Mail order copay per 90-day supply 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Domestic partner	No Coverage for domestic partner		
Mail order copay per 90-day supply Option 90 - 90 day supply at retail Physician Services - Office POS 201 Pos 201 Pos 201 Plus Primary care physician copay \$5 Specialist copay \$10 S15 or \$10 Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$10 S15 or \$10 S15 or \$10 Covered in full Allergy immunotherapy \$10 S15 or \$10 Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Physician Services - Preventive POS 201 Rodult immunizations (flu vaccinations covered in full) 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 Routine Covered in full Routine physical exam Covered in full Routine Covered in full Routine Pos Roter Roter Preventive POS 201 POS 201 Pus Roter Preventive POS 201 POS 201 Pus Roter Preventive POS 201 POS 201 Pus Roter Preventive POS 201 Roter Preventive POS 201 POS 201 Pus Roter Preventive Roter Preve	Prescription Drug	POS 201	POS 201 Plus	
Option 90 - 90 day supply at retail 2.5 copays Physician Services - Office POS 201 POS 201 Plus Primary care physician copay \$5 \$0 or \$5 Specialist copay \$10 \$15 or \$10 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 \$10 \$15 or \$10 Chiropractic \$5 \$5 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Covered in full Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 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 pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Prescription copay	\$1/\$10	\$1/\$10/\$25	
Physician Services - Office POS 201 POS 201 Plus Primary care physician copay \$5 \$0 or \$5 Specialist copay \$10 \$15 or \$10 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 \$10 \$15 or \$10 Chiropractic \$5 \$5 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 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 pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1со _ї	1copay	
Primary care physician copay \$5 \$\$ \$0 or \$5 Specialist copay \$10 \$\$15 or \$10 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 \$10 \$\$15 or \$10 Chiropractic \$5 \$\$ S\$ Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 Plus 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 Covered in full Routine physical exam Covered in full	Option 90 - 90 day supply at retail	2.5 cc	2.5 copays	
Specialist copay \$10 \$15 or \$10 Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 \$15 or \$10 Chiropractic \$5 \$5 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 Routine mammogram Covered in full Routine OB/GYN Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine private in full Covered in full	Physician Services - Office	POS 201	POS 201 Plus	
Pediatric visits for children up to age 19 Covered in full Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$10 \$15 or \$10 Chiropractic \$5 \$5 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 Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine private the full Covered in full	Primary care physician copay	\$5	\$0 or \$5	
Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$10 \$15 or \$10 Chiropractic \$5 \$5 Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 Plus 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 DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Specialist copay	\$10	\$15 or \$10	
Allergy immunotherapy Chiropractic S5 S5 Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 Plus 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 Routine physical exam Covered in full	Pediatric visits for children up to age 19	Covered	Covered in full	
Chiropractic \$5 \$5 Laboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Covered in full Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 Plus 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 PSA test Covered in full	Well child visits and immunizations for children up to age 19	Covered	Covered in full	
Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 Plus 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	\$10	\$15 or \$10	
Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive POS 201 POS 201 Plus 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	Chiropractic	\$5	\$5	
Pre and post natal care Covered in full after initial primary care physician copay Physician Services - Preventive Abdominal aortic aneurysm screening 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 Covered in full	Laboratory services	Covered	Covered in full	
Physician Services - PreventivePOS 201POS 201 PlusAbdominal aortic aneurysm screeningCovered in fullAdult immunizations (flu vaccinations covered in full)Covered in fullBone mineral density screeningCovered in fullRoutine colorectal cancer screeningCovered in fullRoutine mammogramCovered in fullRoutine OB/GYNCovered in fullRoutine pap smearCovered in fullRoutine physical examCovered in fullPSA testCovered in full	Radiology (X-ray, MRI, CT and other high-tech imaging)	Covered	Covered in full	
Abdominal aortic aneurysm screening 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 Covered in full	Pre and post natal care	Covered in full after initial pr	Covered in full after initial primary care physician copay	
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	Physician Services - Preventive	POS 201	POS 201 Plus	
Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Covered in full 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	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	Adult immunizations (flu vaccinations covered in full)	Covered	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	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	Covered in full	
Routine pap smear Covered in full Routine physical exam Covered in full PSA test Covered in full	Routine mammogram	Covered	Covered in full	
Routine physical exam Covered in full PSA test Covered in full	Routine OB/GYN	Covered	Covered in full	
PSA test Covered in full	Routine pap smear	Covered	Covered in full	
PSA test Covered in full	Routine physical exam	Covered	Covered in full	
Routine eye exam Covered in full	PSA test	Covered	l in full	
	Routine eye exam	Covered	Covered in full	

Labor-Management Healthcare Coalition ®

Town of West Seneca Summary of Benefits

Traditional Blue POS 201/201Plus

Hospital	POS 201	POS 201 Plus	
Inpatient hospital stay	Covered in full		
Inpatient maternity stay	Covered in full		
Outpatient surgery	\$10	\$15 or \$10	
Emergency Hospital Care	POS 201	POS 201 Plus	
Emergency room (copay waived if admitted to hospital)	\$35		
Ambulance - ground	Covered in full		
Ambulance - air	Covered in full		
Urgent care centers	\$5	\$0 or \$5	
Mental Health and Substance Abuse	POS 201	POS 201 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 201	POS 201 Plus	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$10	\$15 or \$10	
Chemotherapy	\$10	\$15 or \$10	
Dialysis	\$10	\$15 or \$10	
Durable medical equipment	20% copay		
Home care	\$10	\$15 or \$10	
Hospice	210 days, Covered in full		
Physical, speech and occupational therapy (30 visits)	\$10	\$15 or \$10	
Prosthetic and orthotic appliances	20% copay		
Radiation therapy	\$10	\$15 or \$10	
Skilled nursing facility	Unlimited days, Covered in full		
Lasik Eye Surgery (up to \$400 each eye)	50% copay	50% copay	
Wellness Benefit	POS 201	POS 201 Plus	
Wellness Card	\$2	\$250	

revised 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.