Labor-Management Healthcare Coalition ®

Town of West Seneca

Summary of Benefits

POS 226D

Deductibles/Maximums	
In-network deductible	$500 / $1,000
In-network co-insurance	N/A
Medical in-network out-of-pocket maximum	$4,000/$8,000
Pharmacy in-network out-of-pocket maximum	$1,350/$2,700
Out-of-network deductible	$5,000 / $10,000
Out-of-network co-insurance	40%
Out-of-network out of pocket maximum	$10,000 / $20,000
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	$10 / $35 / $70
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	$25 copayment after deductible
Specialist copay	$40 copaymnet after deductible
Pediatric visits for children up to age 19	$25 copayment after deductible
Well child visits and immunizations for children up to age 19	Covered in full
Telemedicine	$25 copayment after deductible
Allergy immunotherapy	$25/$40 copayment after deductible
Chiropractic care	$40 copay after deductible
Laboratory services	Covered in full after deductible
Radiology (x-ray, MRI, CT & other high tech imaging)	$25/$40 copayment after deductible
Pre & post natal care (initial visit)	$25/$40 copayment after deductible
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
PSA test	Covered in full
Routine eye exam	Covered in full

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POS 226D

Hospital	
Inpatient hospital stay	$500 per admission, not to exceed $500 single/$1,000 family after deductible
Inpatient maternity stay	$500 per admission, not to exceed $500 single /$1,000 family after deductible
Outpatient surgery (in physicians office)	$25 copay /$40 copay after deductible
Outpatient surgery (Facility)	$100 copayment after deductible
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	$150 copaymnet after deductible
Ambulance - ground ambulance	$150 copaymnet after deductible
Ambulance - air ambulance	$150 copaymnet after deductible
Urgent care centers	$50 copayment after deductible
Mental Health & Substance Abuse	
Inpatient mental health	$500 per admission, not to exceed $500 single/$1,000 family after deductible
Outpatient mental health	$25 copayment after deductible
Inpatient alcohol & substance abuse detoxification	$500 per admission, not to exceed $500 single/$1,000 family after deductible
Inpatient alcohol & substance abuse rehabilitation	$500 per admission, not to exceed $500 single/$1,000 family after deductible
Outpatient alcohol & substance abuse	$25 copayment after deductible
Other Services	
Chemotherapy Outpatient Facility	$40 copayment after deductible
Dialysis	$40 copayment after deductible
Durable medical equipment	20% coinsurance after deductible
Home health care	$40 copayment after deductible; 365 visits per plan yr aggregate IN + OON
Hospice	Covered in full after deductible; 210 visits aggregate IN + OON
Pulmonary Rehabilitation	$40 copayment after deductible; 24 visits per plan yr in a 12 week period , Aggregate IN + OON
Physical, speech & occupational therapy	$40 copayment after deductible; 30 visits, aggregate IN & OON with PT/ST/OT, per plan year
Prosthetic and orthotic appliances	20% coinsurance after deductible
Skilled nursing facility (Not Long Term Care-Rehab only); Unlimited days	$500 per admission, not to exceed $500 single/$1,000 family after deductible

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***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.*