Labor-Management Healthcare Coalition ®

Town of Tonawanda Summary of Benefits PPO 811

in-network deductibleN/AIn-network co-insuranceN/AWedical in-network out-of-pocket maximum\$1,225/31,0250Pharmasy in-network dot-of-pocket maximum\$1,225/33,450Out-of-network deductible20%Out-of-network dot of pocket maximum2010Out-of-network dot of pocket maximum\$2,000/54,000Annual maximumUnlimitedLifetime maximumUnlimitedBenefit administrationCalendar yearDependent age26Student age26Dependent/Student coverage endsField of birth monthDomestic partnerNo Coverage for domestic partnerPrescription copay\$1/5/10/\$20Mail order copay per 90-day supply1 copayOption 90-ody supply at retail2.5 copaysMedical lin-extres\$5Specialist copay\$5Pedictiv visits for children up to age 19Covered in fullAllery inmunotherapySSVeli child visits and inmunizations for children up to age 19Covered in fullAllery inmunotherapyCovered in fullPrisciption servicesSSLaboratory servicesCovered in fullAduit inmunizations for children up to age 19Covered in fullPrisciption servicesCovered in fullRobio servicesCovered in fullRobio servicesSSLaboratory servicesCovered in fullRobio servicesCovered in fullRobio servicesCovered in fullRobio servicesCovered in full	Deductibles/Maximums	
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Pharmacy in-network out-of-pocket maximum\$1,725/\$3,450Out-of-network deductible	In-network co-insurance	N/A
Out-of-network deductible\$250/\$500Out-of-network co-insurance20%Out-of-network co-insurance20%Out-of-network co-insurance20%Out-of-network co-insurance32,000/\$4,000Annal maximumUnlimitedUlfetime maximumUnlimitedBenefit administrationCalendar yearDependent age26Student age26Dependent/Student coverage endsEnd of birth monthDomestic partnerNo Coverage for domestic partnerPrescription Drug1Prescription copay\$1/\$10/\$20Mail order copay per 90-day supply1Option 90 - 90 day supply a retail2.5 copaysMedical Services\$5Primary care physician copay\$5Specialist copay\$5Vell child visits and immunizations for children up to age 19Covered in fullAllergy immunotherapyS5Chiropractic care\$5Laboratory servicesCovered in fullRadiology (r-xy, MRI, CT & other high tech imaging)Covered in fullPre & post natal careCovered in fullPre & post natal care screeningCovered in fullRoutine anderys screeningCovered in fullRoutine colored a fullCovered in fullRoutine pays mareCovered in fullRoutine paysnearCovered in full	Medical in-network out-of-pocket maximum	\$5,125/\$10,250
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Routine physical examCovered in fullPSA testCovered 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	\$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 1/1/2025

**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.