Labor-Management Healthcare Coalition $^{\mathrm{TM}}$

City of Dunkirk Summary of Benefits

PPO 813

In-network deductible In-network co-insurance In-netwo	Deductibles/Maximums	
Medical in-network out-of-pocket maximum SA,750/\$9,500 Pharmacy in-network out-of-pocket maximum S1,600/\$3,200 Uot-of-network deductible S500/\$1,000 Out-of-network deductible Out-of-network out of pocket maximum S2,500/\$5,000 Out-of-network out of pocket maximum S2,500/\$5,000 Out-of-network out of pocket maximum Unlimited Uffetime maximum Unlimited Uffetime maximum Unlimited Uffetime maximum Unlimited Out-of-network out of pocket maximum Out-of-network out of pocket maximum Out-of-network out of pocket maximum Unlimited Uffetime maximum Unlimited Uffetime maximum Unlimited Out-of-network out of pocket maximum Out-of-network out of pocket maximum Out-of-network out of pocket maximum Unlimited Uffetime maximum Unlimited Uffetime maximum Unlimited Out-of-network out of pocket maximum Unlimited Out-of-network out of pocket maximum Unlimited Uffetime maximum Unlimited Out-of-network out of pocket maximum Unlimited Out-of-network out of pocket maximum Unlimited Out-of-network out of pocket maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Out-of-network out of pocket maximum Unlimited Un	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum Out-of-network deductible SS00/\$1,000 Out-of-network col-insurance 20% Out-of-network col-insurance Out-of-network col-insurance Out-of-network col-insurance Out-of-network out of pocket maximum Annual maximum Unlimited Benefit administration Dependent age 26 Student age 26 Dependent 3ge Pescription Coverage ends Birth date Domestic partner Prescription Copay S7/\$15/\$35 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 S15 Specialist copay Pediatric visits for children up to age 19 S15 Well child visits and immunizations for children up to age 19 Allergy immunotherapy Covered in full Chiropractic care S15 Laboratory services Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full Routine Days mear Routine DaySuppl Routine DaySuppl Covered in full Routine Colorectal cancer screening Covered in full Routine DaySuppl Routine DaySuppl Covered in full Routine DaySuppl Routine DaySuppl Covered in full Covered in full Routine DaySuppl Covered in full Covered in full Routine DaySuppl Covered in full Covered in full Routine DaySuppl Covered in full Covered in full	In-network co-insurance	N/A
Out-of-network deductible \$500/\$1,000 Out-of-network co-insurance 20% Out-of-network out of pocket maximum \$2,500/\$5,000 Annual maximum Unlimited Unlimited Unlimited Unlimited Benefit administration Calendar year Year Year Year Year Year Year Year Y	Medical in-network out-of-pocket maximum	\$4,750/\$9,500
Out-of-network co-insurance Out-of-network out of pocket maximum S2,500/\$5,000 Annual maximum Unlimited Uffetime maximum Unlimited Benefit administration Dependent age Dependent age Dependent age Dependent/Student coverage ends Demestic partner Prescription Drug Prescription Copay Prescription Copay Prescription Copay S7/\$15/\$35 Mail order copay per 90-day supply Dotton 90-90 day supply a retail Definition copay S15 Specialist copay Specialist	Pharmacy in-network out-of-pocket maximum	\$1,600/\$3,200
Out-of-network out of pocket maximum Annual maximum Ulfetime maximum Ulfetime maximum Ulfetime maximum Unlimited Ufetime maximum Unlimited Ulfetime maximum Unlimited Unlimited Ulfetime maximum Unlimited Unlimite	Out-of-network deductible	\$500/\$1,000
Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Benefit administration Dependent age 26 Student age 26 Student age 26 Dependent/Student coverage ends Birth date Domestic partner Prescription Drug Prescription Drug Prescription copay S7/\$15/\$35 Mail order copay per 90-day supply 1 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$15 Specialist copay \$15 Specialist copay \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Adult immunizations Services - Preventive Abdominal sortic aneurysm screening Covered in full Routine oB/GYN Covered in full Routine oB/GYN Covered in full Routine pay smear Routine oB/GYN Covered in full Routine pay smear Routine	Out-of-network co-insurance	20%
Lifetime maximum Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends Demendent/Student coverage ends Demendent/Student coverage ends 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 \$15 Specialist copay \$15 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 Covered in full Chiropractic care \$15 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 Covered in full Routine oB/GYN Routine pap smar Covered in full Routine pap smar Routine pap smar Covered in full Routine pap smar Routine pap smar Covered in full Routine pap smar	Out-of-network out of pocket maximum	\$2,500/\$5,000
Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Domestic partner Prescription Drug 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 \$15 Specialist copay \$15 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 Covered in full Chiropractic care \$15 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 Covered in full Routine objects Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear	Annual maximum	Unlimited
Dependent age 26 Student age 26 Dependent/Student coverage ends Birth date Domestic partner No Coverage for domestic partner Prescription Drug Prescription copay Prescription copay \$7/\$15/\$35 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 \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full after intial \$15 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Routine colorectal cancer screening Covered in full Routine density screening Covered in full Routine mammogram Covered in full Routine Del/GYN Covered in full Routine pap smear	Lifetime maximum	Unlimited
Student age 26 Dependent/Student coverage ends Birth date Domestic partner No Coverage for domestic partner Prescription Drug Prescription Copay \$7/\$15/\$35 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 \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 \$15 Covered in full Chiropractic care \$15 Laboratory services \$25 Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full after intial \$15 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine pay smar Covered in full Routine Da/GYN Covered in full Routine pay smar Covered in full Routine physical exam Covered in full Routine paysical exam Covered in full Routine physical exam	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 Dependent/Student copay Medical Services Primary care physician copay Specialist copay	Dependent age	26
Domestic partner Prescription Drug Prescription copay Prescription copay S7/\$15/\$35 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Medical Services Primary care physician copay \$15 Specialist copay S15 Specialist copay S15 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 Covered in full Chiropractic care S15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full Adult immunizations (rovered 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 mammogram Covered in full Routine D8/GYN Routine physical exam Covered in full Routine physical exam	Student age	26
Prescription Drug Prescription copay \$7/\$15/\$35 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 \$15 Specialist copay \$15 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 Covered in full Chiropractic care \$15 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 \$15 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 oB/GYN Covered in full Routine physical exam Covered in full	Dependent/Student coverage ends	Birth date
Prescription copay \$7/\$15/\$35 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 \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full after intial \$15 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 physical exam Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Domestic partner	No Coverage for domestic partner
Mail order copay per 90-day supply Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full after intial \$15 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 colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Prescription Drug	
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Medical Services Primary care physician copay \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 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 \$15 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 OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay
Primary care physician copay \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 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 \$15 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 DB/GYN 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 posterial cancer covered in full Routine posterial cancer screening Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Option 90 - 90 day supply at retail	2.5 copays
Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Covered in full Chiropractic care \$15 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 \$15 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 Covered in full Chiropractic care Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$15 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	Specialist copay	\$15
Allergy immunotherapy Covered in full Chiropractic care 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 \$15 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 DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Pediatric visits for children up to age 19	\$15
Chiropractic care \$15 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 \$15 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 Dhysical 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 physical exam Covered in full Routine physical exam Covered in full	Allergy immunotherapy	Covered in full
Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$15 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	\$15
Pre & post natal care Covered in full after intial \$15 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 \$15 copay
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	Physician Services - Preventive	
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	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 Routine OB/GYN Covered in full Routine pap smear Covered in full	Bone mineral density screening	Covered in full
Routine OB/GYN Routine pap smear Covered in full Routine physical exam Covered in full 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 TM

City of Dunkirk Summary of Benefits

PPO 813

Hospital		
Inpatient hospital stay	Covered in full	
Inpatient maternity stay	Covered in full	
Outpatient surgery	\$15	
Emergency Hospital Care		
Emergency room (copay waived if admitted to hospital)	\$50	
Ambulance - ground ambulance	\$50	
Ambulance - air ambulance	\$50	
Urgent care centers	\$35	
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)	\$15	
Chemotherapy	Covered in full	
Dialysis	Covered in full	
Durable medical equipment	Covered in full	
Home care	Covered in full	
Hospice	\$15	
Physical, speech & occupational therapy	60 aggregate visits , \$15	
Prosthetic and orthotic appliances	20% co-insurance	
Radiation therapy	Covered in full	
Skilled nursing facility (Not long Term Care-Rehab only)	120 days, Covered in full	

effective 4/1/2017 (00403973/0T05, 0T06 & 0T07)

^{**}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.