Labor-Management Healthcare Coalition ™

Town of Clarence

Summary of Benefits

Traditional Blue POS 205/205 Plus

Deductibles/Maximums	Core	Plus
In-network deductible	N/A	
In-network co-insurance	N/A	
In-network out-of-pocket maximum medical	$4,750/$9,500	
In-network out-of-pocket maximum Rx	$1,600/$3,200	
Out-of-network deductible	$500/$1,000	
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		
Prescription copay	$7/$25/$40	
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	$20	$10 or $20
Specialist copay	$20	$30 or $20
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	$20	$30 or $20
Chiropractic	$20	$30 or $20
Laboratory services	Covered in full	
Radiology (X-ray, MRI, CT and other high-tech imaging)	$20	$30 or $20
Pre and post natal care	Covered in full after initial PCP 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	
PSA test	Covered in full	
Routine eye exam	Covered in full	

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Summary of Benefits

Traditional Blue POS 205/205 Plus

Hospital	Core	Plus
Inpatient hospital stay	$500/$1,000	
Inpatient maternity stay	Covered in full	
Outpatient surgery	Specialist copay	
Emergency Hospital Care		
Emergency room (copay waived if admitted to hospital)	$100	
Ambulance - ground	$50	
Ambulance - air	$50	
Urgent care centers	Primary care physician copay	
Mental Health and Substance Abuse		
Inpatient mental health	$500/$1,000	
Outpatient mental health	$20	$30 or $20
Inpatient alcohol & substance abuse detoxification	$500/$1,000	
Inpatient alcohol & substance abuse rehabilitation	$500/$1,000	
Outpatient alcohol & substance abuse	$20	$30 or $20
Other Services		
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	$20	$30 or $20
Chemotherapy	$20	$30 or $20
Dialysis	$20	$30 or $20
Durable medical equipment	20% coinsurance	
Home care	$20	$30 or $20
Hospice	Covered in full	
Physical, speech and occupational therapy	20 visits, Specialist copay	
Post-mastectomy prosthetics	Covered in full	
Prosthetic and orthotic appliances	20% coinsurance	
Radiation therapy	$20	$30 or $20
Skilled nursing facility	50 days, Inpatient copay	

revised 1/1/2016 *(004040337, 0001 & A002)*

***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.*