## **Labor-Management Healthcare Coalition TM**

# Town of Orchard Park - PBA Summary of Benefits

#### Traditional Blue POS 203/203 Plus

N/A   Medical in-network cot-of-pocket maximum   \$5,125/\$10,250   Sharmacy in-network out-of-pocket maximum   \$5,125/\$10,250   Sharmacy in-network out-of-pocket maximum   \$1,725/\$3,450   Sharmacy in-network out-of-pocket maximum   \$2,50/\$500   Sharmacy in-network out-of-pocket maximum   \$2,000/\$4,000   Sharmacy in-network out-of-pocket maximum   \$2,000/\$4,000   Sharmacy in-network out-of-pocket maximum   Sharmacy in-network out-of-pocket in-network	Deductibles/Maximums				
Medical in-network out-of-pocket maximum S5,125/\$10,250 Pharmacy in-network out-of-pocket maximum S1,725/\$3,450  Dut-of-network deductible S250/\$500 Dut-of-network coinsurance 20% Out-of-network coinsurance 20% Out-of-network out-of-pocket maximum S2,000/\$4,000 Annual maximum Unlimited Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Student age 26 Dependent/Student coverage ends Demestic partner Covergage for domestic partner Prescription Drug Prescription Copay Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Redical Services POS 203 POS 203 Plus Primary care physician copay S1/S10/\$25 Specialist copay S10 S20 or \$5 Specialist copay S10 S20 or \$5 Specialist visits for children up to age 19 S10 S20 or \$5 SWell child visits and immunizations for children up to age 19 Covered in full Laboratory services Covered in full Radiology (x-ray, MR), CT & other high tech imaging) Priva Covered in full Abdominal aortic aneurysm screening Covered in full Abdominal aortic aneurysm screening POS 203 POS 203 Plus Covered in full Abdominal aortic aneurysm screening Covered in full	In-network deductible	N/A	N/A		
Pharmacy in-network out-of-pocket maximum  Dut-of-network deductible  Qut-of-network coinsurance  Qut-of-network c	In-network co-insurance	N/A			
Out-of-network deductible       \$250/\$500         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       Covergage for domestic partner         Prescription Drug       Prescription Copay         Prescription copay       \$1/\$10/\$25         Mail order copay per 90-day supply       1 copay         Option 90 - 90 day supply at retail       2.5 copays         Medical Services       POS 203       POS 203 Plus         Primary care physician copay       \$10       \$0 or \$5         Specialist copay       \$10       \$20 or \$15         Specialist copay       \$10       \$0 or \$5         Specialist copay       \$10       \$20 or \$15         Pediatric visits for children up to age 19       \$10       \$0 or \$5         Well child visits and immunizations for children up to age 19       Covered in full         Allergy immunotherapy       \$10       \$20 or \$15	Medical in-network out-of-pocket maximum	\$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     Covergage for domestic partner       Prescription Drug       Prescription copay     \$1/\$10/\$25       Mail order copay per 90-day supply     1 copay       Option 90 - 90 day supply at retail     2.5 copays       Medical Services     POS 203     POS 203 Plus       Primary care physician copay     \$10     \$0 or \$5       Specialist copay     \$10     \$0 or \$5       Pediatric visits for children up to age 19     \$10     \$0 or \$5       Well child visits and immunizations for children up to age 19     Covered in full       Allergy immunotherapy     \$10     \$20 or \$15       Chiropractic care     \$10     \$20 or \$15       Laboratory services     Covered in full     \$20 or \$15       Radiology (x-ray, MRI, CT & other high tech imaging)     \$10     \$20 or \$15       PPR & post natal care     covered in full after initial PCP copay       Physician Services - Preventive     POS 20	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450			
Out-of-network out-of-pocket maximum  Annual maximum  Unlimited  Unlimited  Unlimited  Unlimited  Benefit administration  Calendar year  Dependent age  26  Student age  Dependent/Student coverage ends  Dependent/Student coverage for domestic partner  Coverage for domestic partner  Coverage for domestic partner  Dependent/Student coverage ends  Dependent/Student age  Pos 203 Pos 203 Plus  Pos 203 Pos 203 Plus  Pos 203 Pos 203 Plus  Dependent/Student age  Dependent/Stud	Out-of-network deductible	\$250/\$5	\$250/\$500		
Annual maximum  Lifetime maximum  Lifetime maximum  Lifetime maximum  Lifetime maximum  Lifetime maximum  Calendar year  Dependent age  26  Student age  Dependent/Student coverage ends  Dependent/Student coverage for domestic partner  Covergage for domestic partner  Covergage for domestic partner  Dependent/Student coverage for domestic partner  Prescription Drug  Prescription Drug  Prescription Copay  Student Copay  Pos 203  POS 203 Plus  Prelimary care physician copay  Student copay	Out-of-network coinsurance	20%			
Lifetime maximum  Benefit administration  Calendar year  Dependent age  26  Student age  Dependent/Student coverage ends  Demendent/Student coverage ends  Developed by the month of the month  Domestic partner  Covergage for domestic partner  Prescription Drug  Prescription Drug  Prescription Copay  \$1\(\subset \$\subset \text{\$\subset \t	Out-of-network out-of-pocket maximum	\$2,000/\$4,000			
Benefit administration  Calendar year  Dependent age  Student age  Dependent/Student coverage ends  Dependent/Student end of birth month  Dependent end of birth month  Depend	Annual maximum	Unlimited			
Dependent age 26 Student age 26 Dependent/Student coverage ends end of birth month Domestic partner Covergage for domestic partner  Prescription Drug Prescription copay \$1/\$10/\$25 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays  Medical Services POS 203 POS 203 Plus Perliarry care physician copay \$10 \$20 or \$5 Specialist copay \$10 \$20 or \$5 Specialist copay \$10 \$20 or \$15 Pediatric visits for children up to age 19 \$10 \$20 or \$5 Well child visits and immunizations for children up to age 19 \$10 \$20 or \$5 Well child visits and immunizations for children up to age 19 \$10 \$20 or \$15 Chiropractic care \$10 \$20 or \$15 Chiropractic care \$10 \$20 or \$15 Chaboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15 Per & post natal care covered in full after initial PCP copay Physician Services - Preventive POS 203 POS 203 Plus Abdominal aortic aneurysm screening Covered in full	Lifetime maximum	Unlimited			
Student age 26 Dependent/Student coverage ends end of birth month Domestic partner  Prescription Drug  Prescription copay \$1/\$10/\$25  Mail order copay per 90-day supply 1 copay Doption 90 - 90 day supply at retail 2.5 copays  Medical Services POS 203 POS 203 PUS  Prediatric visits for children up to age 19 \$10 \$20 or \$15  Puell child visits and immunizations for children up to age 19 \$10 \$20 or \$15  Chiropractic care \$10 \$20 or \$15  Chiropractic care \$10 \$20 or \$15  Chaboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15  Pres & post natal care Covered in full after initial PCP copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Covered in full  Covered in full  Covered in full  Covered in full after initial PCP copay  Physician Services - Preventive  POS 203 POS 203 PIUS  Covered in full  Covered in full	Benefit administration	Calendar year			
Dependent/Student coverage ends  Dependent/Student coverage ends  Dependent/Student coverage for domestic partner  Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Deption 90 - 90 day supply at retail  Dependent/Student copay  Deption 90 - 90 day supply at retail  Dependent/Student copay  Deption 90 - 90 day supply at retail  Dependent/Student copay  Deption 90 - 90 day supply at retail  Dependent/Student copay  Deption 90 - 90 day supply at retail  Dependent/Student copay  Deption 90 - 90 day supply  Deption 90 - 90 day supply at retail  Dependent/Student copay  Deption 90 - 90 day supply  Deption 90 - 90 day supply 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	Dependent age	26			
Domestic partner  Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Option 90 - 90 day supply at retail  Medical Services  POS 203  POS 203  POS 203 Plus  Primary care physician copay  \$10  \$20 or \$5  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  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  \$10  \$20 or \$15  Chiropractic care  \$10  \$10  \$20 or \$15  Chiropractic care  \$10  \$10  \$20 or \$15  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after initial PCP copay  Physician Services - Preventive  POS 203  POS 203 Plus  Abdominal aortic aneurysm screening	Student age	26			
Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Doption 90 - 90 day supply at retail  Medical Services  POS 203  POS 203 Plus  Primary care physician copay  Specialist copay  Prediatric 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  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  \$10  \$20 or \$15  Chiropractic care  \$10  \$10  \$10  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after initial PCP copay  Physician Services - Preventive  POS 203  POS 203 Plus  Abdominal aortic aneurysm screening	Dependent/Student coverage ends	end of birth	end of birth month		
Prescription copay \$1/\$10/\$25  Mail order copay per 90-day supply 1 copay  Option 90 - 90 day supply at retail 2.5 copays  Medical Services POS 203 POS 203 Plus  Primary care physician copay \$10 \$0 or \$5  Specialist copay \$10 \$20 or \$15  Pediatric visits for children up to age 19 \$10 \$0 or \$5  Well child visits and immunizations for children up to age 19 \$10 \$0 or \$5  Well child visits and immunizations for children up to age 19 \$10 \$20 or \$15  Chiropractic care \$10 \$20 or \$15  Chiropractic care \$10 \$20 or \$15  Chaboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15  Per & post natal care covered in full after initial PCP copay  Physician Services - Preventive POS 203 POS 203 Plus  Abdominal aortic aneurysm screening Covered in full	Domestic partner	Covergage for dom	Covergage for domestic partner		
Mail order copay per 90-day supply  Option 90 - 90 day supply at retail  Option 90 - 90 day supply at retail  Medical Services  POS 203  POS 203 Plus  Primary care physician copay  \$10  \$0 or \$5  Specialist copay  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  \$10  \$20 or \$15  Chiropractic care  \$10  \$10  \$10  \$20 or \$15  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  \$10  \$20 or \$15  Covered in full after initial PCP copay  Physician Services - Preventive  POS 203  POS 203 Plus  Abdominal aortic aneurysm screening  Covered in full	Prescription Drug				
Doption 90 - 90 day supply at retail  Medical Services POS 203 POS 203 PIUS Primary care physician copay \$10 \$0 or \$5 Specialist copay \$10 \$20 or \$15 Pediatric visits for children up to age 19 \$10 \$0 or \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 \$20 or \$15 Chiropractic care \$10 \$20 or \$15 Chiropractic care \$10 \$10 \$20 or \$15 Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after initial PCP copay Physician Services - Preventive POS 203 POS 203 PIUS Abdominal aortic aneurysm screening Covered in full	Prescription copay	\$1/\$10/\$	\$1/\$10/\$25		
Medical ServicesPOS 203POS 203 PlusPrimary care physician copay\$10\$0 or \$5Specialist copay\$10\$20 or \$15Pediatric visits for children up to age 19\$10\$0 or \$5Well child visits and immunizations for children up to age 19Covered in fullAllergy immunotherapy\$10\$20 or \$15Chiropractic care\$10\$10Laboratory servicesCovered in fullRadiology (x-ray, MRI, CT & other high tech imaging)\$10\$20 or \$15Pre & post natal carecovered in full after initial PCP copayPhysician Services - PreventivePOS 203POS 203 PlusAbdominal aortic aneurysm screeningCovered in full	Mail order copay per 90-day supply	1 copay			
Primary care physician copay \$10 \$0 or \$5 Specialist copay \$10 \$20 or \$15 Pediatric visits for children up to age 19 \$10 \$0 or \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 \$20 or \$15 Chiropractic care \$10 \$10 \$20 or \$15 Chiropractic care \$10 \$10 Caboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15 Pre & post natal care \$20 or \$15 Pre & post natal care \$20 or \$15 Prox Physician Services - Preventive \$20 or \$15 Prox Prox Prox Preventive \$200 or \$15 Prox Prox Prox Prox Prox Prox Prox Prox	Option 90 - 90 day supply at retail	2.5 copays			
Specialist copay \$10 \$20 or \$15 Pediatric visits for children up to age 19 \$10 \$0 or \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 \$20 or \$15 Chiropractic care \$10 \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15 Pre & post natal care covered in full after initial PCP copay Physician Services - Preventive POS 203 POS 203 Plus Abdominal aortic aneurysm screening Covered in full	Medical Services	POS 203	POS 203 Plus		
Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Covered in full  Allergy immunotherapy  S10  \$20 or \$15  Chiropractic care  \$10  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Physician Services - Preventive  Abdominal aortic aneurysm screening  \$20 or \$15  Covered in full after initial PCP copay  POS 203  POS 203 PIUS  Covered in full	Primary care physician copay	\$10	\$0 or \$5		
Well child visits and immunizations for children up to age 19  Allergy immunotherapy  \$10 \$20 or \$15  Chiropractic care \$10 \$10  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  Covered in full  \$20 or \$15  Covered in full  \$20 or \$15  Covered in full after initial PCP copay  POS 203  POS 203 POS 203 Plus  Covered in full	Specialist copay	\$10	\$20 or \$15		
Allergy immunotherapy \$10 \$20 or \$15 Chiropractic care \$10 \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15 Pre & post natal care covered in full after initial PCP copay Physician Services - Preventive POS 203 POS 203 Plus Abdominal aortic aneurysm screening Covered in full	Pediatric visits for children up to age 19	\$10	\$0 or \$5		
Chiropractic care \$10 \$10  Laboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$10 \$20 or \$15  Pre & post natal care covered in full after initial PCP copay  Physician Services - Preventive POS 203 POS 203 Plus  Abdominal aortic aneurysm screening 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  Covered in full  \$20 or \$15  covered in full after initial PCP copay  POS 203  POS 203 POS 203 Plus  Covered in full	Allergy immunotherapy	\$10	\$20 or \$15		
Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Physician Services - Preventive  Abdominal aortic aneurysm screening  \$10 \$20 or \$15  covered in full after initial PCP copay  POS 203 POS 203 Plus  Covered in full	Chiropractic care	\$10	\$10		
Pre & post natal care covered in full after initial PCP copay  Physician Services - Preventive POS 203 POS 203 Plus  Abdominal aortic aneurysm screening Covered in full	Laboratory services	Covered in full			
Physician Services - Preventive POS 203 POS 203 Plus Abdominal aortic aneurysm screening Covered in full	Radiology (x-ray, MRI, CT & other high tech imaging)	\$10	\$20 or \$15		
Abdominal aortic aneurysm screening Covered in full	Pre & post natal care	covered in full after initial PCP copay			
	Physician Services - Preventive	POS 203	POS 203 Plus		
	Abdominal aortic aneurysm screening	Covered in full			
Adult immunizations (flu vaccinations covered in full)	Adult immunizations (flu vaccinations covered in full)	Covered in full			
Bone mineral density screening Covered in full	Bone mineral density screening				
Routine colorectal cancer screening Covered in full	Routine colorectal cancer screening	Covered in full			
Routine mammogram Covered in full	Routine mammogram	Covered in full			
Routine OB/GYN Covered in full	Routine OB/GYN	Covered in full			
Routine pap smear Covered in full	Routine pap smear	Covered in full			
Routine physical exam Covered in full	Routine physical exam	Covered in full			
PSA test Covered in full	PSA test	Covered in full			
Routine eye exam Covered in full	Routine eye exam	Covered in full			

## **Labor-Management Healthcare Coalition TM**

#### Town of Orchard Park - PBA Summary of Benefits

#### **Traditional Blue POS 203/203 Plus**

Traditional Diac 1 05 205/205 1 1d5				
Hospital	POS 203	POS 203 Plus		
Inpatient hospital stay	Covered in full			
Inpatient maternity stay	Covered in full			
Outpatient surgery	\$10	\$20 or \$15		
Emergency Hospital Care	POS 203	POS 203 Plus		
Emergency room (copay waived if admitted to hospital)	\$50	\$50		
Ambulance - ground ambulance	Covered i	Covered in full		
Ambulance - air ambulance	Covered in full			
Urgent care centers	\$10	\$0 or \$5		
Mental Health & Substance Abuse	POS 203	POS 203 Plus		
Inpatient mental health	Covered in full			
Outpatient mental health	Covered in full			
Inpatient alcohol & substance abuse detoxification	Covered i	Covered in full		
Inpatient alcohol & substance abuse rehabilitation	Covered in full			
Outpatient alcohol & substance abuse	Covered in full			
Other Services	POS 203	POS 203 Plus		
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$10	\$20 or \$15		
Chemotherapy	\$10	\$20 or \$15		
Dialysis	Covered in full			
Durable medical equipment	20% co-insurance			
Home care (In-Network unlimited visits)	\$10	\$20 or \$15		
Hospice	Covered in full			
Physical, speech & occupational therapy (20 aggregate visits)	\$10	\$20 or \$15		
Prosthetic and orthotic appliances	20% co-insurance			
Radiation therapy	\$10	\$20 or \$15		
Skilled nursing facility (Not Long Term Care-Rehab only)	50 days, Covered in full			

1/1/2016 (00316208/0024,0025,0026)

<sup>\*\*</sup>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.