# Labor-Management Healthcare Coalition ™ Town of Orchard Park - PBA Summary of Benefits

### **Traditional Blue PPO 811**

in-network deductibleI//AIn-network co-insuranceN/AMedical in-network out-of-pocket maximum\$5,125/510,250Pharmacy in network out-of-pocket maximum\$1,725/53,450Out-of-network deductible\$25,00/5500Out-of-network out-of-pocket maximum\$2,000/54,000Annual maximumUnlimitedUnt-of-network out-of-pocket maximumCalendar yearBenefit administrationCalendar yearDependent age26Student age26Dependent/Student coverage endsend of birth monthDomestic partnerCoverage for domestic partnerPrescription copay\$1/510/525Mail order copay per 90-day supply1 copayOption 90-90 day supply at retail25. copaysMedical lin-retains for children up to age 19\$5Specialist copay\$5Specialist copay\$5Vell child visits for children up to age 19Covered in fullAllery immunotherapy\$5Allery immunotherapy\$5Prescription species\$5Specialist copay servers\$5Specialist copay\$5Peld child visits and immunizations for children up to age 19Covered in fullAllery immunotherapy\$5Chiorpartic care\$5Specialist copay servers\$5Allerdo y keray, MRI, Cf & other high tech imaging)\$5Prescription covered in full\$6Allery immunotherapy\$6Chiorpartic care\$5Laborator y servers\$6 <th>Deductibles/Maximums</th> <th></th>	Deductibles/Maximums	
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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 ™ Town of Orchard Park - PBA Summary of Benefits

#### **Traditional Blue 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	\$5
Inpatient alcohol & substance abuse detoxification	Covered in full
Inpatient alcohol & substance abuse rehabilitation	Covered in full
Outpatient alcohol & substance abuse	\$5
Other Services	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$5
Chemotherapy	\$5
Dialysis	\$5
Durable medical equipment	Covered in full
Home care (In-network unlimited visits)	\$5
Hospice	Covered in full
Physical, speech & occupational therapy	30 visits, \$5
Prosthetic and orthotic appliances	20% co-insurance
Skilled nursing facility (Not Long Term Care-Rehab only)	50 days, Covered in full

#### 1/1/2016 (00316208/0T26,0T27,0T28)

\*\*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.