

**SUMMARY OF BENEFITS**  
**for Town of Orchard Park**  
**Passport PPO**

**offered by Labor-Management Healthcare Coalition**

	In-Network Copay	Out-of-Network Copay
<b>Medical Services</b>		
Primary care office visits for Medicare-covered services	\$0 copay	\$15 copay
Routine physicals (1 every year)	\$0 copay	\$15 copay
X-Rays	\$0 copay	\$20 copay
Laboratory testing	\$0 copay	\$20 copay
Chiropractic care	\$0 copay	\$20 copay
Specialist visits for Medicare-covered services	\$0 copay	\$20 copay
Podiatry services	\$0 copay	\$20 copay
MRI/MRA	\$0 copay	\$20 copay
Bone mass measurement (people at risk)	\$0 copay	\$20 copay
Colorectal screening exam (age 50 and older)	\$0 copay	\$20 copay
Prostate cancer screening (age 50 and older)	\$0 copay	\$20 copay
Immunizations - Hepatitis B vaccine, pneumonia vaccine (for people at risk)	\$0 copay	\$20 copay
Immunizations - Influenza vaccine, H1N1 vaccine	\$0 copay	\$0 copay
Diagnostic testing Non Lab (i.e. EKG)	\$0 copay	\$20 copay
Routine Hearing exam (1 per year)	\$0 copay	\$20 copay
<b>Women's Services</b>		
Medicare-covered pelvic exam (annually high risk) (low risk every 24 mos.)	\$0 copay	\$20 copay
Medicare-covered pap smear (one per year) same as above	\$0 copay	\$20 copay
Mammogram - Medicare-covered screening (ages 40 and older)	\$0 copay	\$20 copay
<b>Hospital Care</b>		
Inpatient hospital care	\$0 copay	20% copay
Outpatient surgery facility	\$0 copay	20% copay
Radiation therapy	\$0 copay	\$20 copay
Cardiac rehabilitation	\$0 copay	\$20 copay
Occupational, speech, physical therapy	\$0 copay	\$20 copay
Urgent care	\$0 copay	\$0 copay
Emergency room visit (waived if admitted to hospital)	\$0 copay	\$0 copay
Emergency ambulance	\$0 copay	\$0 copay
<b>Mental Health Care</b>		
Inpatient (190-day lifetime limit)	\$0 copay	20% copay
Outpatient visits	\$0 copay	20% copay
Mental Health services with psychiatrist	\$0 copay	20% copay
<b>Substance Abuse Treatment</b>		
Inpatient	\$0 copay	20% copay
Outpatient visits	\$0 copay	20% copay
<b>Other Services</b>		
Diabetic education & training	\$0 copay	\$20 copay
Durable medical equipment	\$0 copay	20% copay
Home health care	\$0 copay	\$10 copay
Prosthetic devices	\$0 copay	20% copay
Skilled nursing facility (100 days each benefit period)	\$0 copay	20% copay
Dialysis	\$0 copay	\$0 copay
Prescription drugs (Formulary Generic / Formulary Brand) (90 day mail order-one copay)	\$10/\$20/\$95	\$10/\$20/\$95
Deductible	N/A	N/A
Out of Pocket Maximum	\$3,000.00	\$3,000.00
<b>Vision Care</b>		
Routine vision exam (1 every year)	\$0 copay	\$20 copay
Medical vision exam	\$0 copay	\$20 copay

This is a summary of covered benefits and exclusions and is not intended as an actual contract. Copay, deductible and prescription plan variations may occur. Please check with your employer. Prescriptions available out of area from participating national pharmacy network.