

SUMMARY OF BENEFITS
for Town of Orchard Park
Encompass 65 HMO (formerly 402)
Offered by Labor-Management Healthcare Coalition

| Medical Services | Copay / Coinsurance |
|--|----------------------------|
| Primary care office visits for Medicare-covered services | \$10 copay |
| Routine physicals (1 every year) | \$0 copay |
| Diagnostic x-rays –PCP/Specialist | \$10/\$20 copay |
| Outpatient Facility | \$10 copay |
| Laboratory testing | \$0 copay |
| Chiropractic care | \$15 copay |
| Specialist visits for Medicare-covered services | \$20 copay |
| Podiatry services – medically necessary | \$15 copay |
| Podiatry services – routine up to 3 visits every year | \$15 copay |
| Bone mass measurement (people at risk) | \$0 copay |
| Colorectal screening exam (age 50 and older) | \$0 copay |
| Prostate cancer screening (age 50 and older) | \$0 copay |
| Immunizations – Hepatitis B vaccine, pneumonia vaccine (for people at risk) | \$0 copay |
| Immunizations – Influenza vaccine, H1N1 vaccine | \$0 copay |
| Diagnostic hearing exams | \$15 copay |
| Women's Services | |
| Medicare-covered pelvic exam (annually high risk) (low risk every 24 mos.) | \$0 copay |
| Medicare-covered Pap smear (one per year) same as above | \$0 copay |
| Mammogram – Medicare-covered screening (age 40 and older) | \$0 copay |
| Hospital Care | |
| Inpatient hospital care | \$250 copay |
| Outpatient surgery facility | \$50 copay |
| Radiation therapy – PCP/Specialist | \$10/\$20 copay |
| Facility | \$0 copay |
| Cardiac rehabilitation | \$15 copay |
| Occupational, speech, physical therapy | \$15 copay |
| Emergency room visit (waived if admitted to hospital) | \$50 copay |
| Emergency ambulance | \$50 copay |
| Mental Health Care | |
| Inpatient (190-day lifetime limit in aggregate with Substance Abuse Treatment) | \$0 copay |
| Outpatient visits | \$40 copay |
| Mental Health services with Psychiatrist | \$20 copay |
| Substance Abuse Treatment | |
| Inpatient detoxification and rehabilitation services | \$0 copay |
| Outpatient visits | 20% coinsurance |
| Other Services | |
| Diabetic self-monitoring training | \$0 copay |
| Durable medical equipment | 20% coinsurance |
| Home health care | \$0 copay |
| Prosthetic appliances | 20% copay |
| Skilled nursing facility (100 days each benefit period) | \$0 copay |
| For rehabilitation purposes – Not Long Term Care | |
| Urgent care facility | \$50 copay |
| Formulary Generic/Brand prescription drugs (up to a 30-day supply) | \$7/\$25/\$40 copay |
| Mail-Order Formulary Generic/Brand prescription drugs (up to 90-day supply) | \$7/\$25/\$40 copay |
| Out-of-Pocket Maximum | \$3,000 |
| Vision Care | |
| Routine vision exam (1 every year) | \$20 copay |
| Medical vision exam | \$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.

Revised 2015