Labor-Management Healthcare Coalition TM

Town of Tonawanda Summary of Benefits

PPO 811

In-network deductible In-network co-insurance In-netwo	Deductibles/Maximums	
Medical in-network out-of-pocket maximum \$5,125/\$10,250 Pharmacy in-network out-of-pocket maximum \$1,725/\$3,450 Out-of-network deductible \$250/\$500 Out-of-network col-insurance \$20% Out-of-network out of pocket maximum \$2,000/\$4,000 Annual maximum Unlimited Uffeitine maximum Unlimited Unlimite	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum Out-of-network deductible S250/5500 Out-of-network colinsurance 20% Out-of-network coinsurance Out-of-network coinsurance Out-of-network out of pocket maximum Annual maximum Unlimited Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Demendent age Birth date Domestic partner Prescription copay Prescription copay Prescription copay S1/\$10/\$20 Mail order copay per 90-day supply Option 90 - 90 day supply at retail Despendent copay S5/\$cialst copay S5-Specialst copa	In-network co-insurance	N/A
Out-of-network deductible \$250/\$500 Out-of-network co-insurance 20% Out-of-network co-insurance 52,000/\$4,000 Annual maximum Unlimited 1 Lifetime maximum Unlimited 1 Lifetime maximum Unlimited 1 Denefit administration Calendar year 26 Student age 26 Student age 26 Student age 26 Dependent/Student coverage ends Birth date 20 Denendent/Student coverage ends Birth date 20 Denendent/Student coverage for domestic partner Prescription Drug Prescription Copay S1/\$10,520 Mail order copay 97 Mail order copay 97 Mail order copay 97 Option 90 - 90 day supply a retail 2.5 copays Medical Services Primary care physician copay 55 Specialist copay 55 Spe	Medical in-network out-of-pocket maximum	\$5,125/\$10,250
Out-of-network co-insurance Out-of-network out of pocket maximum S2,000/\$4,000 Annual maximum Unlimited Uffetime maximum Unlimited Benefit administration Dependent age Dependent age Dependent age Dependent/Student coverage ends Demestic partner Prescription Copay Prescription Copay Prescription Copay S1/\$10/\$20 Mail order copay per 90-day supply Option 90 - 90 day supply a retail Defiaits copay Primary care physician copay S5 Specialist copay S5 Specialist copay S6 Vell child visits and immunizations for children up to age 19 Allergy immunotherapy S5 Chiropractic care S6 Laboratory services Covered in full Radiology (x-ray, MR), CT & other high tech imaging) Pres & post natal care Physician Services - Preventive Addominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Routine Day(S7N) Routine D	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450
Out-of-network out of pocket maximum Annual maximum Ulfetime maximum Ulfetime maximum Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends Demestic partner Prescription Drug Prescription Cropay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Definancy per sold in the	Out-of-network deductible	\$250/\$500
Annual maximum Unlimited Uffetime maximum Unlimited Unlimited Unlimited Unlimited Unlimited Dependent age 26 Student age 26 Student age 26 Dependent/Student coverage ends Birth date Domestic partner Prescription Drug Prescription Drug Prescription copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Dependent see Primary care physician copay Specialist c	Out-of-network co-insurance	20%
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Dependent age 26 Student age 26 Dependent/Student coverage ends Birth date Domestic partner No Coverage for domestic partner Prescription Drug Prescription copay Prescription copay \$1/\$10/\$20 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 \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full Adult immunizations (flu vaccinations covered in full) Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Lifetime maximum	Unlimited
Student age 26 Dependent/Student coverage ends Birth date Domestic partner No Coverage for domestic partner Prescription Drug Prescription copay \$1/\$10/\$20 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 \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 \$5 Chiropractic care \$5 Chiropractic care \$5 Laboratory services \$5 Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care \$C Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine pansmar Routine Da/GYN Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear	Benefit administration	Calendar year
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Domestic partner Prescription Drug Prescription copay S1/\$10/\$20 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Medical Services Primary care physician copay \$5 Specialist copay \$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 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine DB/GYN Routine DB/GYN Covered in full Routine physical exam Covered in full	Student age	26
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Medical Services Primary care physician copay \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram 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 Routine physical exam Covered in full Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay
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Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations 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 Routine physical exam Covered in full	Medical Services	
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Allergy immunotherapy \$5 Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 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 Routine physical exam Covered in full	Pediatric visits for children up to age 19	\$5
Chiropractic care \$5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pre & post natal care Covered in full after intial \$5 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 Routine Dhysical exam Covered in full	Well child visits and immunizations for children up to age 19	Covered in full
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Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations 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	Chiropractic care	\$5
Pre & post natal care Covered in full after intial \$5 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Laboratory services	Covered in full
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	Radiology (x-ray, MRI, CT & other high tech imaging)	Covered in full
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Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Abdominal aortic aneurysm screening	Covered in full
Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full
Routine mammogram Covered in full	Bone mineral density screening	Covered in full
Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Covered in full Covered in full	Routine colorectal cancer screening	Covered in full
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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 TM

Town of Tonawanda Summary of Benefits

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	Covered in full	
Inpatient alcohol & substance abuse detoxification	Covered in full	
Inpatient alcohol & substance abuse rehabilitation	Covered in full	
Outpatient alcohol & substance abuse	Covered in full	
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	200 visits, \$5	
Hospice	Covered in full	
Physical, speech & occupational therapy	60 visits, \$5	
Prosthetic and orthotic appliances	20% co-insurance	
Radiation therapy	\$5	
Skilled nursing facility (Not Long Term Care-Rehab only)	Covered in full	

revised 1/1/2016 (00302225, 0T22, 0T23 & 0T24)

^{**}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.