

**Labor-Management Healthcare Coalition™**

**Town of Tonawanda  
Summary of Benefits**

**Traditional 901**

<b>Deductibles/Maximums</b>	
Major medical deductible	\$250/\$500
Major medical co-insurance	20%
Major medical out-of-pocket maximum (excluding deductible)	\$500/ \$1,000
Pharmacy out-of-pocket maximum	\$6,250/\$12,500
Out-of-network deductible	N/A
Out-of-network co-insurance	N/A
Out-of-network out of pocket maximum	N/A
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	No Coverage for domestic partner
<b>Prescription Drug</b>	
Prescription copay	\$10
Mail order copay per 90-day supply	1 copay
Option 90 - 90 day supply at retail	2.5 copays
<b>Medical Services</b>	
Primary care physician copay	Covered under major medical
Specialist copay	Covered under major medical
Pediatric visits for children up to age 19	Covered under major medical
Well child visits and immunizations for children up to age 19	Covered in full
Allergy immunotherapy	Covered under major medical
Chiropractic	Covered under major medical
Laboratory services	Covered in full
Radiology (x-ray, MRI, CT & other high tech imaging)	Covered in full
Pre & post natal care	Covered under major medical
<b>Physician Services - Preventive</b>	
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
PSA test	Covered in full
Routine eye exam	Covered in full

# Labor-Management Healthcare Coalition <sup>TM</sup>

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### Traditional 901

Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	Covered in full
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	Covered in full
Ambulance - ground ambulance	Covered in full
Ambulance - air ambulance	Covered in full
Urgent care centers	Covered in full
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)	Covered under major medical
Chemotherapy (Administration)	Covered in full
Dialysis	Covered in full
Durable medical equipment	Covered under major medical
Home care	200 visits, Covered in full
Hospice	Covered in full
Physical, speech & occupational therapy	60 visits, Covered under major medical
Prosthetic and orthotic appliances	Covered under major medical
Radiation therapy	Covered in full
Skilled nursing facility (Not Long Term Care-Rehab only)	Covered under major medical

revised 1/1/2016 (00302225, 0721 & 0725)

\*\*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.