

Labor-Management Healthcare Coalition TM

Town of West Seneca

Summary of Benefits

Traditional Blue POS 201/201Plus

Deductibles/Maximums	POS 201	POS 201 Plus
In-network deductible	N/A	
In-network co-insurance	N/A	
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 coinsurance	20%	
Out-of-network out-of-pocket maximum	\$2,000/\$4,000	
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	
Prescription Drug	POS 201	POS 201 Plus
Prescription copay	\$1/\$10/\$25	
Mail order copay per 90-day supply	1copay	
Option 90 - 90 day supply at retail	2.5 copays	
Physician Services - Office	POS 201	POS 201 Plus
Primary care physician copay	\$5	\$0 or \$5
Specialist copay	\$10	\$15 or \$10
Pediatric visits for children up to age 19	Covered in full	
Well child visits and immunizations for children up to age 19	Covered in full	
Allergy immunotherapy	\$10	\$15 or \$10
Chiropractic	\$5	\$5
Laboratory services	Covered in full	
Radiology (X-ray, MRI, CT and other high-tech imaging)	Covered in full	
Pre and post natal care	Covered in full after initial primary care physician copay	
Physician Services - Preventive	POS 201	POS 201 Plus
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	

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Hospital	POS 201	POS 201 Plus
Inpatient hospital stay	Covered in full	
Inpatient maternity stay	Covered in full	
Outpatient surgery	\$10	\$15 or \$10
Emergency Hospital Care	POS 201	POS 201 Plus
Emergency room (copay waived if admitted to hospital)	\$35	
Ambulance - ground	Covered in full	
Ambulance - air	Covered in full	
Urgent care centers	\$5	\$0 or \$5
Mental Health and Substance Abuse	POS 201	POS 201 Plus
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	POS 201	POS 201 Plus
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$10	\$15 or \$10
Chemotherapy	\$10	\$15 or \$10
Dialysis	\$10	\$15 or \$10
Durable medical equipment	20% copay	
Home care	\$10	\$15 or \$10
Hospice	210 days, Covered in full	
Physical, speech and occupational therapy (30 visits)	\$10	\$15 or \$10
Prosthetic and orthotic appliances	20% copay	
Radiation therapy	\$10	\$15 or \$10
Skilled nursing facility	Unlimited days, Covered in full	
Lasik Eye Surgery (up to \$400 each eye)	50% copay	50% copay
Wellness Benefit	POS 201	POS 201 Plus
Wellness Card	\$250	

revised 1/1/2016 (0001, 0003, 0004, 0002, 0005, 0006)

****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.**