# Labor-Management Healthcare Coalition $^{\rm TM}$

# Town of West Seneca Summary of Benefits Traditional Blue POS 201/201Plus

Medical in-network co-insurance  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 coinsurance  \$2000/\$4,000  Annual maximum  Out-of-network coinsurance  \$2000/\$4,000  Annual maximum  Out-of-network coinsurance  \$2000/\$4,000  Annual maximum  Out-of-network coinsurance  Out-of-network	Deductibles/Maximums	POS 201	POS 201 Plus
Medical in-network out-of-pocket maximum Pharmacy in-network out-of-pocket maximum S1,725/53,450  Dut-of-network deductible S250/\$500  Dut-of-network coinsurance Dut-of-network coinsurance Dut-of-network out-of-pocket maximum S2,000/\$4,000  Annual maximum Unlimited Benefit administration Calendar year Dependent age Benefit administration Dependent age Benefit administration Dependent/Student coverage ends Domestic partner No Coverage for domestic partner Prescription Drug Prescription Drug Prescription Copay Adall order copay per 90-day supply Dition 90 - 90 day supply at retail Physician Services - Office Physician Services - Office Pos 201 Pos 201 Plus Primary care physician copay Specialist copay Specialist copay 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 Well child visits and immunizations for children up to age 19 Covered in full Covered in full Covered in full Covered in full Adult immunizations (flu vaccinations covered in full) Routine Day Smear Routine ObjGYN Routine pap smear Routine ObjGYN Routine pap smear Routine physical exam  Covered in full Routine physical exam  Covered in full Routine physical exam  Covered in full Routine physical exam	In-network deductible	N/A	
Pharmacy in-network out-of-pocket maximum Out-of-network deductible Out-of-network coinsurance Out-of-	In-network co-insurance	N/A	
Out-of-network deductible \$250/\$500 Out-of-network coinsurance 20% Out-of-network coinsurance 20% Out-of-network out-of-pocket maximum \$2,000/\$4,000 Annual maximum Unlimited Lifetime maximum Unlimited Denefit administration Calendar year Dependent age 26 Dependent ge 26 Dependent/Student coverage ends End of birth month Domestic partner Pos 201 Pos 201 Plus Prescription Drug POS 201 POS 201 Plus Prescription copay \$1,7\$10,7\$25 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply a retail 2.5 copays Physician Services - Office POS 201 Pos 201 Plus Primary care physician copay \$5 \$00 \$5 \$00 \$15 or \$10 Pos 201 Pus \$15 or \$10 Pos 201 Pos 201 Plus Primary care physician copay \$5 \$00 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5 \$5	Medical in-network out-of-pocket maximum	\$5,125/\$10,250	
Out-of-network coinsurance Out-of-network out-of-pocket maximum Annual maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Benefit administration Dependent age Dependent age 26 Student age 26 Dependent/Student coverage ends Demestic partner No Coverage for domestic partner Prescription Drug POS 201 POS 201 Plus Prescription copay Mail order copay per 90-day supply Deption 90 - 90 day supply at retail Physician Services - Office Pos 201 Pos 201 Plus Primary care physician copay Specialist copay Speci	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450	
Out-of-network out-of-pocket maximum  Annual maximum  Unlimited  Unlimited  Benefit administration  Calendar year  Dependent age  Dependent age  Dependent/Student coverage ends  Demestic partner  Pos 201  Pos 201 Plus  Prescription Copay  Mail order copay per 90-day supply  Option 90 - 90 day supply at retail  Physician Services - Office  Porliad visits and immunizations for children up to age 19  Allergy immunotherapy  Chiropractic  Braddology (X-ray, MRI, CT and other high-tech imaging)  Pos 201 Pos 201 Pos 201 Pos 201  Pos 201 Pos 201  S 15 or \$10  Covered in full	Out-of-network deductible	\$250/\$500	
Annual maximum  Lifetime maximum  Lifetim moximum  Lifetim maximum  Lifetim moximum  Lifetim moximum  Lifetim maximum  Lifetim moximum  Lifetim moximum  Lifetim moximum  L	Out-of-network coinsurance	20%	
Unlimited Benefit administration  Benefit administration  Dependent age  Student age  Dependent/Student coverage ends  Domestic partner  Prescription Drug  POS 201  POS 201 Plus  Prescription copay  Mail order copay per 90-day supply  Option 90 - 90 day supply at retail  Poss 201  POS 201 Plus  Poss 201	Out-of-network out-of-pocket maximum	\$2,000/\$4,000	
Benefit administration  Dependent age  Student age  Dependent/Student coverage ends  Domestic partner  Prescription Drug  POS 201  POS 201 Plus  Prescription copay  S1/\$10/\$25  Mail order copay per 90-day supply  Doption 90 - 90 day supply at retail  Pos 201  POS 201 Plus  Physician Services - Office  POS 201  POS 201 Plus  Primary care physician copay  \$5 \$0 or \$5  Specialist copay  \$10 \$15 or \$10  S15 or \$10  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  \$5  Laboratory services  Covered in full  Pre and post natal care  Covered in full after initial primary care physician copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Covered in full  Bone mineral density screening  Covered in full  Routine oolorectal cancer screening  Covered in full  Routine mammogram  Routine mammogram  Routine mammogram  Routine mammogram  Routine pap smear  Routine physical exam  Covered in full  Routine physical exam  Covered in full  Routine physical exam	Annual maximum	Unlin	nited
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 Pos 201 POS 201 Plus Primary care physician services - Office POS 201 Plus Primary care physician copay \$5 \$0 \$5 \$5 Specialist copay \$10 \$15 or \$10 Specialist copay \$10 \$15 or \$10 Sepecialist copay \$10 \$15 or \$10 Sepecialist visits for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$15 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$10 or \$10 Sepecialist visits and immunizations for children up to age 19 \$0.000 \$10 or \$10 o	Lifetime maximum	Unlin	nited
Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Drug POS 201 Plus Prescription copay \$1,510,525 Mail order copay per 90-day supply Option 90 - 90 day supply at retail POS 201 Plus Primary care physician Services - Office POS 201 Plus Pediatric visits for children up to age 19 Covered in full Allergy immunotherapy \$10 \$15 or \$10  Allergy immunotherapy \$10 \$15 or \$10  Allergy immunotherapy \$5 \$5  Abdoratory services Covered in full Pre and post natal care Covered in full Pre and post natal care Covered in full Abdult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine pap smear Routine pap smear Routine physical exam Covered in full	Benefit administration	Calenda	ar year
Dependent/Student coverage ends Demostric partner Demostric partner Demostric partner Prescription Drug POS 201 POS 201 POS 201 Plus Prescription copay S1/\$10/\$25 Mail order copay per 90-day supply Deption 90 - 90 day supply at retail Physician Services - Office Pos 201 Pos 201 Pos 201 Plus Primary care physician copay S5 Specialist copay S5 Specialist copay S10 S15 or \$5 Specialist copay S10 S15 or \$10	Dependent age	20	6
Prescription Drug POS 201 POS 201 Plus Prescription Drug POS 201 POS 201 Plus Prescription copay S1/\$10/\$25 Mail order copay per 90-day supply Option 90 - 90 day supply at retail Primary care physician Services - Office Primary care physician copay Pediatric visits for children up to age 19 Allergy immunotherapy Chiropractic S25 Baboratory services Covered in full Radiology (X-ray, MRI, CT and other high-tech imaging) Pre and post natal care Physician Services - Preventive Physician Services - Preventive Pos 201 Pos 201 Plus Pos 201 Pos 201 Plus Pos 201 Plus	Student age	20	6
Prescription Drug Prescription Copay S1/\$10\$25  Mail order copay per 90-day supply Doption 90 - 90 day supply at retail Primary care physician Services - Office Prediatric visits for children up to age 19 Evel dillergy immunotherapy Chiropractic S25 Exaboratory services Radiology (X-ray, MRI, CT and other high-tech imaging) Pres and post natal care Physician Services - Preventive Addominal aortic aneurysm screening Routine and sortic aneurysm screening Routine done and sortic aneurysm screening Routine done and sortic aneurysm screening Routine mammogram Routine DB/GYN Routine physical exam Routine pap smear Ro	Dependent/Student coverage ends	End of birth month	
Prescription copay \$1/\$10/\$25  Mail order copay per 90-day supply 1	Domestic partner	No Coverage for domestic partner	
Mail order copay per 90-day supply Option 90 - 90 day supply at retail Physician Services - Office POS 201 POS 201 Plus Primary care physician copay Specialist copay Pediatric visits for children up to age 19 Covered in full Allergy immunotherapy Chiropractic Sadiology (X-ray, MRI, CT and other high-tech imaging) Prey and post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Routine Colorectal cancer screening Routine Colorectal cancer screening Routine OB/GYN Routine physical exam Routine Pos 201 Pos 201 Plus Routine physical exam Routine pap smear Routine Pos 201 plus Routine pap smear	Prescription Drug	POS 201	POS 201 Plus
Option 90 - 90 day supply at retail  Physician Services - Office  POS 201  POS 201 Plus  Primary care physician copay  Specialist copay  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  Chiropractic  Specialist copay  Specialist copay  Specialist copay  Specialist copay  Pos 201  Covered in full	Prescription copay	\$1/\$1	0/\$25
Physician Services - Office POS 201 POS 201 Plus Primary care physician copay \$5 \$5 \$0 or \$5 \$0 or \$5 \$0 pecialist copay \$10 \$15 or \$10 \$15 or \$10 \$20 pecialist copay \$10 \$20 pecialist copay \$20 pecialist copay \$30 \$40 \$40 pecialist copay \$40 \$40 \$40 pecialist copay \$40 \$40 \$40 pecialist copay \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40	Mail order copay per 90-day supply	1co	pay
Primary care physician copay  Specialist copay  Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Covered in full  Chiropractic  Specialist copay  Specialist copay  Allergy immunotherapy  Specialist copay  Specialist copay  Specialist copay  Well child visits and immunizations for children up to age 19  Covered in full  Covered in full after initial primary care physician copay  Physician Services - Preventive  Pos 201  Pos 201 Plus  Adult immunizations (flu vaccinations covered in full)  Covered in full  Covered in full  Covered in full  Routine colorectal cancer screening  Covered in full  Routine mammogram  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Option 90 - 90 day supply at retail	2.5 cc	pays
\$10   \$15 or \$10	Physician Services - Office	POS 201	POS 201 Plus
Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Chiropractic  Alaboratory services  Covered in full  Radiology (X-ray, MRI, CT and other high-tech imaging)  Pre and post natal care  Covered in full  Adominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Routine pap smear  Routine physical exam  Covered in full  Routine physical exam  Covered in full	Primary care physician copay	\$5	\$0 or \$5
Well child visits and immunizations for children up to age 19  Allergy immunotherapy  \$10  \$15 or \$10  Chiropractic  \$5  \$5  Laboratory services  Covered in full  Radiology (X-ray, MRI, CT and other high-tech imaging)  Pre and post natal care  Covered in full after initial primary care physician copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  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	Specialist copay	\$10	\$15 or \$10
Allergy immunotherapy  Chiropractic  S5  S5  Laboratory services  Radiology (X-ray, MRI, CT and other high-tech imaging)  Pre and post natal care  Covered in full after initial primary care physician copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Routine pap smear  Routine physical exam  S10  \$15 or \$10  \$10  \$15 or \$10  \$15 or \$10  \$15 or \$10  \$10  \$15 or \$10  \$15 or \$10  \$10  \$15 or \$10  \$10  \$15 or \$10  \$10 or \$10  \$	Pediatric visits for children up to age 19	Covered	d in full
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	Well child visits and immunizations for children up to age 19	Covered	d in full
Laboratory services Radiology (X-ray, MRI, CT and other high-tech imaging)  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)  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	Allergy immunotherapy	\$10	\$15 or \$10
Radiology (X-ray, MRI, CT and other high-tech imaging)  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  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	Chiropractic	\$5	\$5
Pre and post natal care  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  Routine OB/GYN  Routine pap smear  Routine physical exam  Covered in full	Laboratory services		
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 OB/GYN Covered in full Routine pap smear Covered in full	Radiology (X-ray, MRI, CT and other high-tech imaging)	Covered in full	
Abdominal aortic aneurysm screening 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	Pre and post natal care	Covered in full after initial primary care physician copay	
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	Physician Services - Preventive	POS 201	POS 201 Plus
Bone mineral density screening  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine pap smear  Covered in full  Covered in full  Covered in full  Covered in full	Abdominal aortic aneurysm screening	Covered in full	
Routine colorectal cancer screening  Routine mammogram  Routine OB/GYN  Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full	
Routine mammogram  Covered in full  Routine OB/GYN  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	Routine colorectal cancer screening	Covered in full	
Routine physical exam Covered in full  Covered in full	Routine mammogram	Covered in full	
Routine physical exam Covered in full	Routine OB/GYN	Covered	d in full
	Routine pap smear	Covered	d in full
	Routine physical exam	Covered in full	
PSA test Covered in full	PSA test	Covered in full	
Routine eye exam Covered in full		Covered	a III Tuli

### Labor-Management Healthcare Coalition TM

### **Town of West Seneca Summary of Benefits**

#### **Traditional Blue POS 201/201Plus**

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)	\$3	35
Ambulance - ground	Covere	d 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	Covere	d 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)

<sup>\*\*</sup>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.