

# Labor-Management Healthcare Coalition®

## Town of West Seneca - PBA

### Summary of Benefits

#### Traditional 901 with Major Medical

<b>Deductibles/Maximums</b>	
Major medical deductible	\$50/\$100
Major medical co-insurance	20%
Major medical out-of-pocket maximum (excluding deductible)	\$500/ \$1,000
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	Covered under major medical
<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 for the first \$100, then covered under major medical
Radiology (x-ray, MRI, CT & other high tech imaging)	Covered in full
Pre & post natal care	Covered in full
<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

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#### Traditional 901 with Major Medical

<b>Hospital</b>	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	Covered in full
<b>Emergency Hospital Care</b>	
Emergency room (copay waived if admitted to hospital)	Covered in full
Ambulance - ground ambulance	Covered under major medical
Ambulance - air ambulance	Covered under major medical
Urgent care centers	Covered in full
<b>Mental Health &amp; Substance Abuse</b>	
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
<b>Other Services</b>	
Cardiac rehabilitation	Covered under major medical
Chemotherapy (Drugs - 20% coinsurance subject to deductible)	Administration - Covered in Full
Dialysis	Covered in full
Durable medical equipment	Covered under major medical
Home care	Covered in full
Hospice	Covered in full
Physical, speech & occupational therapy	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 1/1/2025

*\*\*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.*