

# Labor-Management Healthcare Coalition®

## East Aurora School District

### Summary of Benefits

#### POS 204

Deductibles/Maximums	
In-network deductible	N/A
In-network co-insurance	N/A
Medical in-network out-of-pocket maximum	\$4,750/\$9,500
Pharmacy in-network out-of-pocket maximum	\$1,600/\$3,200
Out-of-network deductible	\$1,000/\$2,000
Out-of-network co-insurance	20% after deductible
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	Includes coverage for domestic partner only
Prescription Drug	
Prescription copay	\$10/\$20/\$40
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	\$15
Specialist copay	\$15
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	\$15
Chiropractic	\$15
Laboratory services	Covered in full
Radiology (x-ray, MRI, CT & other high tech imaging)	\$15
Pre & post natal care	Covered in full after initial \$15 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
PSA test	Covered in full
Routine eye exam	Covered in full

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Hospital	
Inpatient hospital stay	\$250 copay
Inpatient maternity stay	Covered in full
Outpatient surgery	\$75
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$50
Ambulance - ground ambulance	\$50
Ambulance - air ambulance	\$50
Urgent care centers	\$15
Mental Health & Substance Abuse	
Inpatient mental health	\$250 copay
Outpatient mental health	\$15
Inpatient alcohol & substance abuse detoxification	\$250 copay
Inpatient alcohol & substance abuse rehabilitation	\$250 copay
Outpatient alcohol & substance abuse	\$15
Diabetic Supplies and Services	
Diabetic Equipment	\$15 copay
Insulin and other oral agents (If administered by pharmacy vendor copay is lesser of Rx or office visit copay)	\$15 copay
Diabetic Medical Supplies (test strips, syringes, etc.)	\$15 copay
Other Services	
Cardiac rehabilitation	\$15
Chemotherapy	\$15
Dialysis	Covered in full
Durable medical equipment	50% co-insurance
Home care	\$15
Hospice	Covered in full
Physical, speech & occupational therapy (20 visits aggregate)	\$15
Prosthetic and orthotic appliances	20% co-insurance
Radiation therapy	\$15
Skilled nursing facility (Not long Term Care-Rehab only) (50 days)	\$250 copay

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.*