Labor-Management Healthcare Coalition®

East Aurora School District Summary of Benefits

POS 204

In-network deductible In-network co-insurance In-network co-insurance N/A Medical in-network out-of-pocket maximum St,500/\$3,200 Out-of-network deductible St,000/\$3,200 Out-of-network deductible St,000/\$4,000 Out-of-network out-of-pocket maximum St,000/\$4,000 Out-of-network out of pocket maximum St,000/\$4,000 Out-of-network out of pocket maximum St,000/\$4,000 Annual maximum Unlimited Iteltime maximum Unlimited Iteltime maximum Unlimited Benefit administration Calendar year Dependent age St,000 Dependent age St,000 Dependent/Student coverage ends End of birth month Domestic partner Includes coverage for domestic partner only Prescription forug Prescription forug Prescription opay St,0/\$20/\$40 Mail order copay per 90-day supply 1 copay Medical Services Primary care physician copay St,0 St,000 St,000 St,000 Medical in-network out-of-pocket maximum St,000/\$3,200 All order copay per 90-day supply 3 covered in full Allergy immunotherapy St,0 St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order opay per 90-day supply 3 covered in full Allergy immunotherapy St,000 All order	Deductibles/Maximums	
Medical in-network out-of-pocket maximum S4,750/59,500 Pharmacy in-network out-of-pocket maximum S1,600/\$3,200 Out-of-network deductible S1,000/\$2,000 Out-of-network co-insurance 20% after deductible Out-of-network out of pocket maximum S2,000/\$4,000 Out-of-network out of pocket maximum Unlimited Uffetting maximum Unlimited Uffetting maximum Unlimited Un	In-network deductible	N/A
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Out-of-network co-insurance Out-of-network out of pocket maximum S,2,000/\$4,000 Annual maximum Unlimited Lifetime maximum Unlimited Benefit administration Dependent age Benefit administration Dependent age Dependent age Dependent/Student coverage ends Domestic partner Prescription Drug Prescription Copay Prescription Copay Prescription Copay S10/\$20/\$40 Mail order copay per 90-day supply Dotion 90 - 90 day supply at retail Dependent/Student coverage for domestic partner only Prescription Copay S10/\$20/\$40 Mail order copay per 90-day supply Dotion 90 - 90 day supply at retail Dependent/Student copay S15 Specialist copay S15 Specialist copay S15 Specialist copay S15 Pediatric visits for children up to age 19 Covered in full Allergy immunotherapy S15 Chiropractic Suboratory services S15 Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) S15 Pre & post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine mammogram Covered in full Routine ob/GYN Routine ob/GYN Routine paysmear Covered in full Routine paysical exam Covered in full	Pharmacy in-network out-of-pocket maximum	\$1,600/\$3,200
Out-of-network out of pocket maximum Annual maximum Unlimited Lifetime maximum 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 Allai order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Medical Services Primary care physician copay \$15 Specialist copay \$15 Specialist copay \$15 Specialist visits for children up to age 19 Covered in full Allergy immunotherapy \$15 Covered in full Allergy immunotherapy \$15 Covered in full Allergy immunotherapy \$25 Covered in full Allering in Statist Copay Prescription Statist Copay Prescription Statist Copay \$15 Covered in full Allergy immunotherapy \$15 Covered in full Allergy immunotherapy \$15 Covered in full Allergy immunotherapy \$25 Covered in full Allergy immunotherapy \$35 Covered in full Allergy immunotherapy \$45 Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full Covered in full Covered in full Routine physical exam Covered in full Covered in full	Out-of-network deductible	\$1,000/\$2,000
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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 Covered in full Allergy immunotherapy \$15 Chiropractic \$15 Laboratory services Covered in full \$15 Radiology (x-ray, MRI, CT & other high tech imaging) \$15 Pre & post natal care Covered in full Adult immunizations covered in full) Adult immunizations (flu vaccinations covered in full) Covered in full Covered in full Adult immunizations (flu vaccinations covered in full) Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine pap smear Routine pap smear Covered in full Routine pap smear	Lifetime maximum	Unlimited
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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 intial \$15 copay 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 DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay
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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) Pre & post natal care Covered in full after intial \$15 copay 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 Routine physical exam Covered in full	Medical Services	
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Well child visits and immunizations for children up to age 19 Allergy immunotherapy Chiropractic St5 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & 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 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	Specialist copay	\$15
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 intial \$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 Routine physical exam Covered in full	Pediatric visits for children up to age 19	Covered in full
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Laboratory services Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine colorectal cancer screening Routine mammogram Routine OB/GYN Routine pap smear Routine physical exam Covered in full	Allergy immunotherapy	\$15
Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$15 copay 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	Chiropractic	\$15
Pre & post natal care 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	Laboratory services	Covered in full
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	Radiology (x-ray, MRI, CT & other high tech imaging)	\$15
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Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Abdominal aortic aneurysm 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 Routine physical exam Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full
Routine mammogram Routine OB/GYN Covered in full Routine pap smear 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 Covered in full Covered in full Covered in full	Routine colorectal cancer screening	Covered in full
Routine pap smear Routine physical exam Covered in full PSA test Covered in full	Routine mammogram	Covered in full
Routine physical exam Covered in full PSA test Covered in full	Routine OB/GYN	Covered in full
PSA test Covered in full	Routine pap smear	Covered in full
	Routine physical exam	Covered in full
Routine eye exam Covered in full	PSA test	Covered in full
	Routine eye exam	Covered in full

Labor-Management Healthcare Coalition®

East Aurora School District Summary of Benefits

POS 204

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	\$15 copay
lesser of Rx or office visit copay)	этэ сорау
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
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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.