Labor-Management Healthcare Coalition ®

Town of Tonawanda Summary of Benefits POS 229

in-network deductible // A in-network deductible // A Medical in-network duct-of-pocket maximum // A Medical in-network duct-of-pocket maximum // A Medical in-network duct-of-pocket maximum // A Sta25/S10,250 Out-of-network ductible // S20/S500 Out-of-network ductible // S20/S500 Out-of-network ductible // S20/S500 Out-of-network ductible // S20/S500 Out-of-network ductible // S20/S500 Annual maximum // Unlimited // Unlimited // Unlimited // Unlimited // Unlimited // Unlimited // S200/S4000 Annual maximum // Unlimited // S200/S4000 Annual maximum // Unlimited // S200/S4000 Benefit administration // S200/S4000 Dependent age // S6 Student age // S6 Dependent/Student coverage ends // S6 Dependent/Student coverage ends // S6 Dependent/Student coverage ends // S6 Dependent/Student coverage ends // S6 S6 Second // S7 Mail order copay per 90-day supply // C0 S1/S10/S20 Mail order copay per 90-day supply at retail // S10/S20 Mail order copay per 90-day supply at retail // S10/S20 Mail order copay per 90-day supply at retail // S5 S6 S6 S6 S6 S6 S6 S6 S6 S6 S6	Deductibles/Maximums	
Medical in-network out-of-pocket maximum \$5,125/\$10,250 Pharmacy in-network out-of-pocket maximum \$2,30(5,500) Out-of-network deductible \$2,50(5,500) Out-of-network deductible \$2,50(5,500) Out-of-network co-insurance 20% Out-of-network out of pocket maximum Unlimited Lifetime maximum Unlimited Ulterian 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 \$1/\$10/\$20 Prescription Drug \$1/\$10/\$20 Mall order copay per 90-day supply 1 Option 90 - 90 day supply at retail 2.5 copays Medical Services 25 Periatric visits for children up to age 19 \$5 Pecialitic visits for children up to age 19 \$5 Velidid visits and immunizations for children up to age 19 Covered in full Alderage Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Covered in full Pediatric visits for children up to age 19 Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Cove	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum \$1,725/53,450 Out-of-network deductible 250/5500 Out-of-network col-insurance 20% Out-of-network col-insurance 20% Out-of-network col-insurance 20% Out-of-network col of pocket maximum \$2,000/\$4,000 Annual maximum Unlimited Ulerliem 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 Orag \$1,1510/\$20 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Welical Services 2 Primary care physician copay \$5 Specialist copay \$5 Specialist copay \$5 Pediatric visits for children up to age 19 \$5 Welical Services \$5 Laboratory services \$5 Laboratory services \$5 </td <td>In-network co-insurance</td> <td>N/A</td>	In-network co-insurance	N/A
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Routine physical examCovered in fullPSA testCovered 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 ®

Town of Tonawanda Summary of Benefits POS 229

Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	\$5
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$35
Ambulance - ground ambulance	Covered in full
Ambulance - air ambulance	Covered in full
Urgent care centers	\$5
Mental Health & Substance Abuse	
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	
Cardiac rehabilitation	\$5
Chemotherapy	\$5
Dialysis	Covered in full
Durable medical equipment	Covered in full
Home care	365 visits, \$5
Hospice	Covered in full
Physical, speech & occupational therapy	60 visits, \$5
Prosthetic and orthotic appliances	20% co-insurance
Radiation therapy	\$5
Skilled nursing facility (Not Long Term Care-Rehab only)	Covered in full

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.