

# 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 (exculding 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

| Hospital   |                                  |
|--|----------------------------------|
| Inpatient hospital stay                                      | Covered in full                  |
| Inpatient maternity stay                                     | Covered in full                  |
| Outpatient surgery   | Covered in full                  |
| Emergency Hospital Care                                      |                                  |
| 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                  |
| 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                                       | 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.**