

# Labor-Management Healthcare Coalition®

## Town of Orchard Park

### Summary of Benefits

#### Traditional Blue POS 203/203 Plus

Deductibles/Maximums		
In-network deductible	N/A	
In-network co-insurance	N/A	
Medical in-network out-of-pocket maximum	\$5,125/\$10,250	
Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450	
Out-of-network deductible	\$250/\$500	
Out-of-network coinsurance	20%	
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	No coverage for domestic partner	
Prescription Drug		
Prescription copay	\$5/\$15/\$35	
Mail order copay per 90-day supply	1 copay	
Option 90 - 90 day supply at retail	2.5 copays	
Medical Services	POS 203	POS 203 Plus
Primary care physician copay	\$10	\$0 or \$5
Specialist copay	\$10	\$20 or \$15
Pediatric visits for children up to age 19	\$10	\$0 or \$5
Well child visits and immunizations for children up to age 19	Covered in full	
Allergy immunotherapy	\$10	\$20 or \$15
Chiropractic care	\$10	
Laboratory services	Covered in full	
Radiology (x-ray, MRI, CT & other high tech imaging)	\$10	\$20 or \$15
Pre & post natal care	Covered in full after initial PCP copay	
Physician Services - Preventive	POS 203	POS 203 Plus
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	POS 203	POS 203 Plus
Inpatient hospital stay		Covered in full
Inpatient maternity stay		Covered in full
Outpatient surgery	\$10	\$20 or \$15
Emergency Hospital Care	POS 203	POS 203 Plus
Emergency room (copay waived if admitted to hospital)		\$50
Ambulance - ground ambulance		Covered in full
Ambulance - air ambulance		Covered in full
Urgent care centers		PCP copay
Mental Health & Substance Abuse	POS 203	POS 203 Plus
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	POS 203	POS 203 Plus
Cardiac rehabilitation	\$10	\$20 or \$15
Chemotherapy	\$10	\$20 or \$15
Dialysis		Covered in full
Durable medical equipment		20% co-insurance
Home care	\$10	\$20 or \$15
Hospice		Covered in full
Physical, speech & occupational therapy (20 visits per calendar year)	\$10	\$20 or \$15
Prosthetic and orthotic appliances		20% co-insurance
Radiation therapy	\$10	\$20 or \$15
Skilled nursing facility (Not Long Term Care-Rehab only)		Covered in full
<i>revised 1/1/2025</i>		

*\*\*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.*