

Labor-Management Healthcare Coalition®

Town of Lancaster Summary of Benefits PPO Plan 2

Deductibles/Maximums	
In-network deductible	N/A
In-network co-insurance	N/A
Medical in-network out-of-pocket maximum	\$1,000/\$2,000
Pharmacy in-network out-of-pocket maximum	\$1,000/\$2,000
Out-of-network deductible	\$250/\$500
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	No Coverage for domestic partner
Prescription Drug	
Prescription copay	\$5/\$25/\$45
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	\$20
Specialist copay	\$20
Office visits for children up to age 19	Covered in full
Well child visits and immunizations for children	Covered in full
Allergy testing	\$20
Chiropractic services	\$20
Laboratory services	Covered in full
Routine Radiology	\$20
Physician Services - Preventive	
Well child visits & immunizations	Covered in full
Adult immunizations	Covered in full
Bone density screening	Covered in full
Colonoscopy screening	Covered in full
Mammography screening	Covered in full
Routine Eye Exam	Covered in full
Routine GYN visit	Covered in full
Routine pap smear	Covered in full
Adult physical exam	Covered in full
Prostate cancer screening	Covered in full
Pre/Post-Natal care	Covered in full

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Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgical procedures	\$75
Emergency Hospital Care	
Emergency room	\$75
Ambulance	\$50
Urgent Care	\$20
Mental Health & Substance Abuse	
Inpatient mental health	Covered in full
Outpatient mental health	\$20
Inpatient alcohol & substance abuse detoxification	Covered in full
Inpatient alcohol & substance abuse rehabilitation	Covered in full
Outpatient alcohol & substance abuse	\$20
Diabetic Supplies and Services	
Diabetic Equipment	Medical: Covered in full / Pharmacy: Rx copay
Insulin and other oral agents	Pharmacy: Rx copay
Diabetic Medical Supplies (test strips, syringes, etc,)	Medical: Covered in full / Pharmacy: Rx copay
Other Services	
Cardiac rehabilitation	\$20
Pulmonary rehabilitation	\$20
Chemotherapy & Radiation Therapy	\$20
Dialysis	\$20
Durable medical equipment	20% co-insurance
Home care	\$20
Hospice	Covered in full
Physical, speech & occupational therapy	\$20
Prosthetics and appliances	20% co-insurance
Skilled nursing facility (50 days) (Not long Term Care-Rehab only)	Covered in full

***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.*

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