Labor-Management Healthcare Coalition ® Town of Tonawanda Hourly Employees Summary of Benefits POS 204 - Hourly/Salaried

in-network deductibleN/AIn-network co-insuranceN/AWedical in-network out-of-pocket maximum\$1,725/53,450Out-of-network dout-of-pocket maximum\$2,000/54,000Out-of-network co-insurance20%Out-of-network out of pocket maximum\$2,000/54,000Annual maximumUnlimitedLifterim enaximumUnlimitedBenefit administrationCalendar yearDependent age26Student age26Dependent/Student coverage endsField of birth monthDomestic partnerNo Coverage for domestic partnerPrescription copay\$5/\$15/\$35Mail order copay of all supply1 copayOption 90-00 day supply at tatil2.5 copaysMedical investors\$15Pedical row space\$15Pedical row space\$15Pedict visits for children up to age 19\$15Selecial stor visits\$15Pedict visits for children up to age 19Covered in fullAllergy immunotherapyCovered in fullAllerdy servicesCovered in fullRediogy (ervay, MR, Ct & other high tech imaging)Covered in fullPrescription ServicesCovered in fullRediog ServicesCovered in fullRediogy (ervay, MR, Ct & other high tech imaging)Covered in fullPrescription ServicesCovered in fullRediog (ervay, MR, Ct & other high tech imaging)Covered in fullPrescription ServicesCovered in fullRediog (ervay, MR, Ct & other high tech imaging)Covered in	Deductibles/Maximums	
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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 Hourly Employees Summary of Benefits POS 204 - Hourly/Salaried

Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	\$15
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	\$15
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	\$15
Chemotherapy	\$15
Dialysis	Covered in full
Durable medical equipment	Covered in full
Home care	\$15
Hospice	Covered in full
Physical, speech & occupational therapy	30 visits, \$15
Prosthetic and orthotic appliances	20% co-insurance
Radiation therapy	\$15
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.