



# 2022 HEALTH

Labor Management Healthcare Coalition™

# INSURANCE OPTIONS

Coverages	Enhanced Plan POS 202	Core Plan POS 203	Value Plan POS 204	Bronze Plan POS 8200
<b>MEDICAL SERVICES</b>				
Office Visits	\$8	\$10	\$15	deductible then 20% coinsurance
Routine Physicals	Covered in full			
Chiropractic Services	\$8	\$10	\$15	deductible then 20% coinsurance
Specialist visits	\$8	\$10	\$15	deductible then 20% coinsurance
Diagnostic x-rays	\$8	\$10	\$15	deductible then 20% coinsurance
Well child visits & immunizations	Covered in full			
Laboratory Testing	Covered in full			deductible then 20% coinsurance
Massage Therapy, 12 visits per calendar year	\$8	\$10	N/A	N/A
Acupuncture, 6 visits per calendar year	\$8	\$10	N/A	N/A
<b>HOSPITAL CARE</b>				
Inpatient stay semi private room	Covered in full	\$100 deductible	\$300 deductible	deductible then 20% coinsurance
Outpatient surgery facility	\$8	\$10	\$15	deductible then 20% coinsurance
Chemotherapy, radiation therapy, inhalation therapy	\$8	\$10	\$15	deductible then 20% coinsurance
Cardiac rehabilitation (24 visits per year)	\$8	\$10	\$15	deductible then 20% coinsurance
Occupational, speech, physical therapy	\$8 (30 visits per therapy)	\$10 (30 visits per therapy)	\$15 (20 visits per therapy)	deductible then 20% coinsurance (30 visits aggregate)
Urgent Care	\$8	\$10	\$15	deductible then 20% coinsurance
Emergency room (waived if admitted to hospital)	\$35	\$50	\$100	deductible then 20% coinsurance
Emergency ambulance (medically necessary)	\$35	\$50	\$100	deductible then 20% coinsurance

Coverages	Enhanced Plan POS 202	Core Plan POS 203	Value Plan POS 204	Bronze Plan POS 8200
WOMEN'S SERVICES				
Gynecological office visits	\$8	\$10	\$15	deductible then 20% coinsurance
Routine Mammograms	Covered in full			
Routine pap smear	Covered in full			
Maternity Care (prenatal & post-natal care)	Covered in full after initial co-pay	Covered in full after initial co-pay	Covered in full after initial co-pay	deductible then 20% coinsurance (30 visits aggregate)
MENTAL HEALTH CARE				
Inpatient (unlimited if medically necessary)	Covered in full	\$100 deductible	\$300 deductible	deductible then 20% coinsurance
Outpatient (unlimited if medically necessary)	\$8 co-pay	\$10 co-pay	\$15 co-pay	deductible then 20% coinsurance
SUBSTANCE ABUSE TREATMENT				
Inpatient (unlimited if medically necessary)	Covered in full	\$100 deductible	\$300 deductible	deductible then 20% coinsurance
Outpatient (unlimited if medically necessary)	\$8	\$10	\$15	deductible then 20% coinsurance
Inpatient Rehabilitation (unlimited if medically necessary)	Covered in full	\$100 deductible	300 deductible	deductible then 20% coinsurance
OTHER SERVICES				
Durable medical equipment	20% copay	50% copay	50% copay	deductible then 20% coinsurance
Home health care	Covered in full	Covered in full	Covered in full	deductible then 20% coinsurance
Hospice	Covered in full	Covered in full	Covered in full	deductible then 20% coinsurance
Prosthetic devices	20% co-pay	50% co-pay	50% co-pay	deductible then 20% coinsurance
PRESCRIPTION DRUG SERVICES				
One Copayment per 30 day supply Mail Order available per 90 day supply for 1 copay	\$0/\$7/\$10	\$5/\$7/\$10	\$10/\$15/\$20	deductible then 20% coinsurance
VISION CARE				
Routine vision eye exam	Covered in full			
DEPENDENT COVERAGE				
OUT OF NETWORK				
Deductible	\$300/\$600	\$500/\$1,000	\$1,000/\$2,000	\$2,000/\$4,000 (combined with IN)
Coinsurance	20%	20%	25%	40%
Out-of-Pocket maximum	\$2,000/\$4,000	\$2,500/\$5,000	\$2,500/\$5,000	Unlimited
Lifetime Maximum	None	None	None	None

“\*\*\*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.”

Federal and New York State law prohibits discrimination based on gender, gender identity, race, color, religion, national origin, age, or disability. Insurance plans provide coverage in accordance with NYS law 42 CFR Part 438, NYS Public Health Law Article 49, 18 NYCRR 505.2. For specific benefit information please contact BlueCross BlueShield of WNY. Please refer to [https://www.dfs.ny.gov/consumers/health\\_insurance/transgender\\_healthcare](https://www.dfs.ny.gov/consumers/health_insurance/transgender_healthcare) for further information on New York State insurance policies and programs.