

Transport Workers Union - MTA Health & Welfare Trust

Summary of Benefits for 2015/2016

Cigna Health Insurance

	Kelsey Care	HMO	In-Network	PPO
Primary Benefits			Out-Of-Network	
	No Deductible	No Deductible	1,000.00 - Individual 2,000.00 - Family	2000.00 -Individual 4000.00 - Family
Primary Care Office Visit	20.00 co-pay	25.00 co-pay	40.00 co-pay	50% after deductible
Specialty Care Office Visit	40.00 co-pay	50.00 co-pay	80.00 co-payment	50% after deductible
Inpatient Hospital	20% no deductible	20% no deductible	500.00 co-pay per admission 70% after deductible	500.00 co-pay per admission 50% after deductible
Outpatient Hospital	20% no deductible	20% no deductible	250.00 co-pay 70% after deductible	250.00 co-pay 50% after deductible
Emergency Room	150.00 per visit co-payment waived if admitted	200.00 per visit co-payment waived if admitted	300.00 per visit co-payment waived if admitted	300.00 per visit co-payment waived if admitted
Lab and X-Ray	in the doctor's office - no charge outpatient hospital facility - 20% 50.00 per visit	in the doctor's office - no charge outpatient hospital facility - 20% 100.00 per visit	70% after deductible 100% after deductible in emergency room 250.00 per visit	50% after deductible 100% after deductible in emergency room 250.00 per visit
Ambulance	No Charge	No Charge	70% after deductible	70% after deductible
Preventive Care	No Charge	No Charge	No Charge	50% after deductible
Mamogram/PSA/Pap	No Charge	No Charge	No Charge	50% after deductible
Smear/Maternity Screening	No Charge	No Charge	No Charge	50% after deductible
Physical/occupational/ cognitive /speech therapy	primary care doctor - 20.00 per visit specialty care - 40.00 per visit	primary care doctor - 25.00 per visit specialty care doctor - 50.00 per visit	primary care doctor - 40.00 per visit specialty doctor - 80.00 per visit	
Home Health Care	No Charge	No Charge	70% after deductible	50% after deductible
Durable Medical Equipment	No Charge	No Charge	70% after deductible	50% after deductible
Pharmacy	10.00 generic 25.00 preferred brand name 50.00 non-preferred	10.00 generic 25.00 preferred brand name 50.00 non-preferred	10.00 generic 25.00 preferred brand name 50.00 non-preferred	50% of retail value