TWU-MTA
Health and Welfare Trust

Transport Workers Union

MTA HEALTH & WELFARE TRUST

Summary of Benefits for 2017/2018

Cigna Health insurance				
	Kelsey Care	**HMO**		**PPO**
Primary Benefits			**In-Network**	**Out-of-Network**
Out of Pocket Maximum	$2,500 Individual $5,000 Family	$2,500 Individual $5,000 Family	$3,000 Individual $6,000 Family	$6,000 individual $12,000 Family
	No Deductible	No Deductible	$1,000 individual $2,000 Family	$2,000 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 Hosptial	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 hosptial-20%	In the doctor's office - no charge outpatient hospital - 20%	70% after deductible 100% after deductible in emergency room	50% after deductible 100% after deductible in emergency room
Urgent care	50.00 per visit	100.00 per visit	250.00 per visit	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 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 5.00 per visit	Primary care doctor 40.00 per visit Specialty doctor 80.00 per visit	
Home Healthcare	No Charge	No Charge	70% after deductible	50% after deductible
Durable Medical Equip.	No Charge	No Charge	70% after deductible	50% after deductible
Hearing Aid	$1500 per ear once every three	$1500 per ear once every three	$1500 per ear once every three	$1500 per ear once every three
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

MONTHLY RATES