# **Labor-Management Healthcare Coalition** ®

# Value Plan - PBA Summary of Benefits

#### **POS 204**

In-network deductible In-network co-insurance N/A  Nedical in-network co-insurance N/A  Nedical in-network cut-of-pocket maximum S1,725/53,450 Out-of-network deductible S1,000/52,000 Out-of-network co-insurance 25% Out-of-network out-of-pocket maximum S2,500/55,000 Annual maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Benefit administration Calendar year Dependent age 26 Dependent age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription Orug Prescription opay Mail order copay per 90-day supply 1 copay Mail order copay per 90-day supply at retail Dependent/Student copay S10/515/520 Mail order copay per 90-day supply 3 sinch sinc	Deductibles/Maximums	
Medical in-network out-of-pocket maximum  \$5,125/\$10,250  Pharmacy in-network deductible  \$1,000/\$2,000  Out-of-network deductible  \$1,000/\$2,000  Out-of-network deductible  \$1,000/\$2,000  Out-of-network deductible  \$2,500/\$5,000  Out-of-network out of pocket maximum  \$2,500/\$5,000  Out-of-network out of pocket maximum  \$2,500/\$5,000  Out-of-network out of pocket maximum  \$2,500/\$5,000  Unlimited  Unlimited  Unlimited  Unlimited  Unlimited  Benefit administration  Calendar year  Dependent age  \$26  End of birth month  Domestic partner  Prescription copay  Prescription ropay  Prescription ropay  \$10/\$15/\$20  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  \$15  Specialist copay  \$15  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Allorgy immunotherapy  \$15  Covered in full Addult immunizations (flu vaccinations covered in full)  Covered in full  Routine panysms exceening  Covered in full  Routine panysmsar	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum  \$1,725/\$3,450 Out-of-network deductible \$1,000/\$2,000 Out-of-network colisorance \$25% Out-of-network colisorance \$2,500/\$5,000 Annual maximum \$2,500/\$5,000 Annual maximum Unlimited Benefit administration Calendar year Dependent age \$26 Student age \$26 Dependent/Student coverage ends Demendent/Student coverage ends Prescription Drug Prescription Copay Prescription Copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Redical Services Primary care physician copay \$15 Specialist copay \$15 Specialist copay \$15 Specialist copay \$15 Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$15 State of the state o	In-network co-insurance	N/A
Out-of-network deductible \$1,000/\$2,000 Out-of-network co-insurance 25% Out-of-network co-insurance 52,500(55,000  Annual maximum Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Out-of-network administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Omestic partner No Coverage for domestic partner Prescription Drug Prescription Copay 510(515/\$20 Mail order copay 510(515/\$20 Mail order copay 99 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay 515 Specialist copay 515 Spec	Medical in-network out-of-pocket maximum	\$5,125/\$10,250
Out-of-network coinsurance     25%       Out-of-network out of pocket maximum     \$2,500/\$5,000       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       Prescription copay     \$10/\$15/\$20       Mail order copay per 90-day supply     1 copay       Option 90 - 90 day supply at retail     2.5 copays       Medical Services     ****Specialist copay       Primary care physician copay     \$15       Specialist copay     \$15       Vell child visits and immunizations for children up to age 19     \$15       Well child visits and immunizations for children up to age 19     Covered in full       Allergy immunotherapy     \$15       Chiropractic     \$15       Laboratory services     Covered in full       Radiology (x-ray, MRI, CT & other high tech imaging)     \$15       Pre & post natal care     Covered in full       Physician Services - Preventive       Abdominal aortic aneurysm screening     Covered in full       Adult immunizations (flu vaccinations covered in full	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450
Out-of-network out of pocket maximum  Annual maximum  Unlimited  Uffetime maximum  Unlimited  Unlimited  Unlimited  Unlimited  Dependent age  26  Student age  26  Student age  Annual maximum  Domestic partner  Prescription Drug  Prescription Drug  Prescription Copay  Mail order copay per 90-day supply  1 copay  Option 90 - 90 day supply at retail  Primary care physician copay  Specialist copay  Specialist copay  Specialist copay  Specialist copay  Specialist visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Specialist copay  Speci	Out-of-network deductible	\$1,000/\$2,000
Annual maximum Unlimited  Lifetime maximum Unlimited  Benefit administration  Dependent age  26  Student age  26  Student age  Dependent/Student coverage ends  End of birth month  Domestic partner  Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Option 90 - 90 day supply a retail  Dependent see  Primary care physician copay  Stop services  Primary care physician copay  Stop services  Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Stop services  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine oB/GYN  Routine pap smear  Routine pap smear  Covered in full  Routine pap smear  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Routine pap smear  Covered in full  Covered in full  Routine pap smear  Covered in full  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Covered in full  Routine pap smear  Covered in full  Covered in full  Routine pap smear  Covered in full  Covered in full	Out-of-network co-insurance	25%
Lifetime maximum  Benefit administration  Calendar year  Dependent age  26  Student age  26  Dependent/Student coverage ends  End of birth month  Domestic partner  Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Option 90 - 90 day supply at retail  Medical Services  Primary care physician copay  S15  Specialist copay  S15  Specialist copay  S15  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Covered in full  Alboratory services  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Physician Services - Preventive  Abdominal aortic aneurysm screening  Covered in full  Routine oBy/GYN  Covered in full  Routine mammogram  Covered in full  Routine pap smear	Out-of-network out of pocket maximum	\$2,500/\$5,000
Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Domestic partner No Coverage for domestic partner Prescription Drug Prescription Copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Dependent/Student copay Medical Services Primary care physician copay S15 Specialist copay S15 Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Well child visits and immunizations for children up to age 19 Allergy immunotherapy S15 Laboratory services Covered in full Radiology (x-ray, NRI, CT & other high tech imaging) Pre & post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine oB/GYN Covered in full Routine oB/GYN Covered in full Routine oB/GYN Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam	Annual maximum	Unlimited
Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Prescription Drug Prescription copay Prescription copay \$10/\$15/\$20 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 \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 \$15 Covered in full Allergy immunotherapy \$15 Chiropractic \$15 Laboratory services \$15 Laboratory services \$15 Radiology (x-ray, MRI, CT & other high tech imaging) \$15 Pre & post natal care Covered in full Adult immunizations covered in full) Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine ob/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Lifetime maximum	Unlimited
Student age 26  Dependent/Student coverage ends End of birth month  Domestic partner No Coverage for domestic partner  Prescription Drug  Prescription Copay \$10/\$15/\$20  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 \$15  Specialist copay \$15  Pediatric visits for children up to age 19 \$15  Well child visits and immunizations for children up to age 19 \$15  Well child visits and immunizations for children up to age 19 \$15  Chiropractic \$15  Chiropractic \$15  Caboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$15  Pre & post natal care Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening Covered in full  Bone mineral density screening Covered in full  Routine colorectal cancer screening Covered in full  Routine mammogram Covered in full  Routine pap smear Covered in full  Routine pap smear Covered in full  Routine pap smear Covered in full  Routine physical exam Covered in full	Benefit administration	Calendar year
Dependent/Student coverage ends Domestic partner Prescription Drug Prescription copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail Defialt Services Primary care physician copay Specialist copay Specialist copay Specialist copaty Specialis	Dependent age	26
Domestic partner  Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Option 90 - 90 day supply at retail  Medical Services  Primary care physician copay  S15  Specialist copay  S15  Specialist copay  S15  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Covered in full  Allergy immunotherapy  S15  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Routine colorectal cancer screening  Covered in full  Routine colorectal cancer screening  Covered in full  Routine oB/GYN  Routine OB/GYN  Routine physical exam  Covered in full  Routine physical exam	Student age	26
Prescription Drug Prescription copay \$10/\$15/\$20  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 \$15  Specialist copay \$15  Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$15  Chiropractic \$15  Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15  Pre & post natal care Covered in full after intial \$15 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine oB/GYN Covered in full Routine physical exam Covered in full Routine Covered in full Routine physical exam Covered in full	Dependent/Student coverage ends	End of birth month
Prescription copay \$10/\$15/\$20  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 \$15  Specialist copay \$15  Pediatric visits for children up to age 19 \$15  Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$15  Chiropractic \$15  Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15  Pre & post natal care Covered in full after intial \$15 copay Physician Services - Preventive  Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Domestic partner	No Coverage for domestic partner
Mail order copay per 90-day supply Option 90 - 90 day supply at retail 2.5 copays  Medical Services  Primary care physician copay \$15  Specialist copay \$15  Pediatric visits for children up to age 19 \$15  Well child visits and immunizations for children up to age 19  Covered in full Allergy immunotherapy \$15  Chiropractic \$15  Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15  Pre & post natal care Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Prescription Drug	
Option 90 - 90 day supply at retail  Addition Services  Primary care physician copay  Specialist copay  Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Well child visits and immunizations for children up to age 19  Covered in full  Allergy immunotherapy  S15  Chiropractic  Laboratory services  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Covered in full  Routine pap smear  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Prescription copay	\$10/\$15/\$20
Medical Services Primary care physician copay \$15  Specialist copay \$15  Pediatric visits for children up to age 19 \$15  Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$15  Chiropractic \$15  Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15  Pre & post natal care Covered in full after intial \$15 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay
Primary care physician copay \$15 Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$15 Chiropractic \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15 Pre & post natal care Covered in full after intial \$15 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Option 90 - 90 day supply at retail	2.5 copays
Specialist copay \$15 Pediatric visits for children up to age 19 \$15 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$15 Chiropractic \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15 Pre & post natal care Covered in full after intial \$15 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Medical Services	
Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Chiropractic  Laboratory services  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Covered in full  Routine mammogram  Covered in full  Routine DB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Primary care physician copay	\$15
Well child visits and immunizations for children up to age 19  Allergy immunotherapy  Chiropractic  Laboratory services  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Covered in full  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Specialist copay	\$15
Allergy immunotherapy  Chiropractic  Laboratory services  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Covered in full  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Pediatric visits for children up to age 19	\$15
Chiropractic \$15  Laboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$15  Pre & post natal care Covered in full after initial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening Covered in full  Adult immunizations (flu vaccinations covered in full) Covered in full  Bone mineral density screening Covered in full  Routine colorectal cancer screening Covered in full  Routine mammogram Covered in full  Routine OB/GYN Covered in full  Routine pap smear Covered in full  Routine physical exam Covered in full  Routine physical exam Covered in full  PSA test Covered in full	Well child visits and immunizations for children up to age 19	Covered in full
Laboratory services  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Allergy immunotherapy	\$15
Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Covered in full  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Covered in full  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Chiropractic	\$15
Pre & post natal care  Covered in full after intial \$15 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Laboratory services	Covered in full
Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Radiology (x-ray, MRI, CT & other high tech imaging)	\$15
Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  PSA test  Covered in full	Pre & post natal care	Covered in full after intial \$15 copay
Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Covered in full  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Physician Services - Preventive	
Bone mineral density screening  Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Abdominal aortic aneurysm screening	Covered in full
Routine colorectal cancer screening  Routine mammogram  Covered in full  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full  Covered in full  Covered in full  Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full
Routine mammogram  Covered in full	Bone mineral density screening	Covered in full
Routine OB/GYN  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full  Covered in full  Covered in full  Covered in full	Routine colorectal cancer screening	Covered in full
Routine pap smear  Routine physical exam  Covered in full  PSA test  Covered in full	Routine mammogram	Covered in full
Routine physical exam  Covered in full  PSA test  Covered in full	Routine OB/GYN	Covered in full
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** ®

## Value Plan - PBA Summary of Benefits

#### **POS 204**

10320	_
Hospital	
Inpatient hospital stay	\$250 deductible
Inpatient maternity stay	\$250 deductible
Outpatient surgery	\$15
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$100
Ambulance - ground ambulance	\$100
Ambulance - air ambulance	\$100
Urgent care centers	\$15
Mental Health & Substance Abuse	
Inpatient mental health	\$250 deductible *
Outpatient mental health	\$15
Inpatient alcohol & substance abuse detoxification	\$250 deductible *
Inpatient alcohol & substance abuse rehabilitation	\$250 deductible *
Outpatient alcohol & substance abuse	\$15
Other Services	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$15
Chemotherapy	\$15
Dialysis	\$15
Durable medical equipment	50% co-insurance
Home care	Unlimited visits, Covered in full
Hospice	Covered in full
Accupuncture (6 visits per calendar year)	Not Available
Massage (12 visits per calendar year)	Not Available
Routine podiatry care	\$15
Physical, speech & occupational therapy	30 visits per therapy, \$15
Prosthetic and orthotic appliances	50% co-insurance
Radiation therapy	\$15
Skilled nursing facility (Not Long Term Care-Rehab only)	Unlimited days, Covered in full

revised 1/1/2016

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.

<sup>\*</sup> deductible applies per person, up to a \$500 maximum per family per year