### **Labor-Management Healthcare Coalition TM**

## Core Plus Plan Summary of Benefits

#### **POS 208**

In-network deductible In-network co-insurance N/A Nedical in-network cout-of-pocket maximum S5.125/510,250 Pharmacy in-network out-of-pocket maximum S5.125/53,3450 Out-of-network deductible S500/51,000 Out-of-network co-insurance 20% Out-of-network out-of-pocket maximum S2.500/\$5,000 Out-of-network out-of-pocket maximum S2.500/\$5,000 Annual maximum Unlimited Unlimited Benefit administration Unlimited Benefit administration Calendar year Dependent age 26 Out-of-network out-of-pocket maximum Annual maximum Unlimited Benefit administration Calendar year Dependent age 26 Out-of-network out-of-pocket maximum Annual maximum Unlimited Benefit administration Calendar year Obependent age 26 Opependent age 26 Opependent/Student coverage ends Demestic partner No Coverage for domestic partner Prescription Drug Prescription Drug Prescription Orug Prescription	Deductibles/Maximums	
Medical in-network out-of-pocket maximum  \$5,125/\$10,250 Pharmacy in-network out-of-pocket maximum  \$1,725/\$3,450 Out-of-network deductible  Qut-of-network deductible Qut-of-network out of pocket maximum Qut-of-network out of pocket	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum Out-of-network deductible Out-of-network collisting Ou	In-network co-insurance	N/A
Out-of-network deductible \$500/\$1,000 Out-of-network co-insurance 20% Out-of-network co-insurance \$2,500/\$5,000 Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Enerlit 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 53/\$15/\$35 Mail order copay 99 0-day supply 1 copay 1 copay 90 0-day supply 90 0-day 90 0-day supply 90 0-day 90 0-day supply 90 0-day	Medical in-network out-of-pocket maximum	\$5,125/\$10,250
Out-of-network co-insurance Out-of-network out of pocket maximum Out-of-network out of pocket maximum Inlimited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Benefit administration Oependent age Oependent age Oependent/Student coverage ends Oeverage for domestic partner Oeverage for domestic	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450
Out-of-network out of pocket maximum  Annual maximum  Ulfetime maximum  Unlimited  Ulfetime maximum  Calendar year  Dependent age  26  Student age  26  Student age  26  Dependent/Student coverage ends  End of birth month  Domestic partner  Prescription Drug  Prescription Drug  Prescription copay  Alli order copay per 90-day supply  1 copay  Option 90 - 90 day supply at retail  2.5 copays  Medical Services  Primary care physician copay  \$20  Specialist copay  \$40  Pediatric visits for children up to age 19  Allergy immunotherapy  Allergy immunotherapy  \$40  Chiropractic  Laboratory services  Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full  Adult immunizations (flu vaccinations covered in full)  Routine colorectal cancer screening  Adult immunizations (flu vaccinations covered in full)  Routine objects  Routine pap smear  Covered in full  Routine objects  Covered in full  Routine pap smear  Covered in full  Routine physical exam  Covered in full	Out-of-network deductible	\$500/\$1,000
Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Calendar year Dependent age 26 Student age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Prescription Drug Prescription Orug Prescription copay S3/\$15/\$35 Mail order copa year 90-day supply 1 copay Option 90 - 90 day supply a retail Primary care physician copay Specialist copay Specialis	Out-of-network co-insurance	20%
Lifetime maximum  Benefit administration  Calendar year  Dependent age  26  Student age  26  Dependent/Student coverage ends  Demendent/Student coverage ends  Demendent/Student coverage ends  Demendent/Student coverage ends  Demendent/Student coverage ends  Domestic partner  Prescription Drug  Prescription Copay  Alia order copay per 90-day supply  1 copay  Option 90 - 90 day supply at retail  2.5 copays  Medical Services  Primary care physician copay  \$20  Specialist copay  \$40  Pediatric visits for children up to age 19  Well child visits and immunizations for children up to age 19  Allergy immunotherapy  \$40  Chiropractic  S40  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  Covered in full  Routine objects  Routine laborator screening  Covered in full  Routine objects  Covered in full  Routine mammogram  Covered in full  Routine mammogram  Covered in full  Routine pap smear  Routine pap smear  Covered in full  Routine pap smear  Routine pap smear  Covered in full  Routine pap smear	Out-of-network out of pocket maximum	\$2,500/\$5,000
Benefit administration  Calendar year  Dependent age  26  Student age  26  Dependent/Student coverage ends  End of birth month  No Coverage for domestic partner  Prescription Drug  Prescription Copay  Mail order copay per 90-day supply  Qption 90 - 90 day supply at retail  Medical Services  Primary care physician copay  Say 520  Specialist copay  Secialist copay Secialist copay  Secialist copay Secialist copay Secialist copay Secialist copay Se	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 \$3/\$15/\$35 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 \$20 Specialist copay \$20 Well child visits and immunizations for children up to age 19 \$20 Well child visits and immunizations for children up to age 19 \$20 Well child visits and immunizations for children up to age 19 \$40 Chiropractic \$40 Chiropractic \$40 Caboratory services Covered in full Allergy immunotherapy \$40 Covered in full after initial \$20 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 physical exam	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 \$3/\$15/\$35  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 \$20  Specialist copay \$40  Pediatric visits for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 \$40  Chiropractic \$40  Chiropractic \$40  Chaboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$40  Pre & post natal care Covered in full after initial \$20 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening Covered in full  Bone mineral density screening Covered in full  Routine paneram Covered in full  Routine Da/GYN Covered in full  Routine paneram Covered in full	Benefit administration	Calendar year
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  End of birth month  2.5 copays  Medical Services  Primary care physician copay  Salos 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  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  Covered in full  Allergy immunotherapy  \$40  Chiropractic  \$40  Covered in full after initial \$20 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 ammogram  Covered in full  Routine DB/GYN  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	Dependent age	26
Domestic partner  Prescription Drug  Prescription copay  Mail order copay per 90-day supply  Dotton 90 - 90 day supply at retail  Adult immunizations for children up to age 19  Laboratory services  Laboratory services  Back of September 19  Prescription Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Routine OB/GYN  Routine DB/GYN  Routine physical exam  Covered in full  Routine DB/GYN  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 physical exam	Student age	26
Prescription Drug Prescription copay \$3/\$15/\$35  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 \$20  Specialist copay \$40  Pediatric visits for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 \$20  Well child visits and immunizations for children up to age 19  Covered in full Allergy immunotherapy \$40  Chiropractic \$40  Chiropractic \$40  Chiropractic \$40  Cavered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$40  Pre & post natal care Covered in full after initial \$20 copay  Physician Services - Preventive  Abdominal aortic aneurysm screening Covered in full Adult immunizations (flu vaccinations covered in full) Covered in full Routine colorectal cancer screening Covered in full Routine oB/GYN Covered in full Routine physical exam Covered in full	Dependent/Student coverage ends	End of birth month
Prescription copay \$3/\$15/\$35  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 \$20  Specialist copay \$40  Pediatric visits for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 \$40  Covered in full  Allergy immunotherapy \$40  Chiropractic \$40  Laboratory services \$40  Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$40  Pre & post natal care Covered in full after initial \$20 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 mammogram Covered in full  Routine pap smear 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	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 Specialist copay Sedialist 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 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy S40 Chiropractic S40 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) S40 Pre & post natal care Covered in full after initial \$20 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 mammogram 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       2.5 copays         Medical Services       \$20         Specialist copay       \$40         Pediatric visits for children up to age 19       \$20         Well child visits and immunizations for children up to age 19       Covered in full         Allergy immunotherapy       \$40         Chiropractic       \$40         Laboratory services       Covered in full         Radiology (x-ray, MRI, CT & other high tech imaging)       \$40         Pre & post natal care       Covered in full after initial \$20 copay         Physician Services - Preventive       Covered in full after initial \$20 copay         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 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 physical exam       Covered in full         Routine physical exam       Covered in full	Prescription copay	\$3/\$15/\$35
Medical Services Primary care physician copay \$20  Specialist copay \$40  Pediatric visits for children up to age 19 \$20  Well child visits and immunizations for children up to age 19  Covered in full Allergy immunotherapy \$40  Chiropractic \$40  Chiropractic Sadiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care Covered in full after initial \$20 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	Mail order copay per 90-day supply	1 copay
Primary care physician copay \$20  Specialist copay \$40  Pediatric visits for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 Covered in full  Allergy immunotherapy \$40  Chiropractic \$40  Laboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$40  Pre & post natal care Covered in full after initial \$20 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 DB/GYN Covered in full  Routine pap smear 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 \$40  Pediatric visits for children up to age 19 \$20  Well child visits and immunizations for children up to age 19 Covered in full  Allergy immunotherapy \$40  Chiropractic \$40  Laboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$40  Pre & post natal care Covered in full after initial \$20 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 DB/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  \$40  Chiropractic  \$40  Laboratory services  Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging)  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 OB/GYN  Routine pap smear  Covered in full  Routine physical exam  Covered in full  Routine physical exam  Covered in full  Routine physical exam  Covered in full	Primary care physician copay	\$20
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  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	Specialist copay	\$40
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 pap smear Covered in full Routine physical exam Covered in full	Pediatric visits for children up to age 19	\$20
Chiropractic \$40  Laboratory services Covered in full  Radiology (x-ray, MRI, CT & other high tech imaging) \$40  Pre & post natal care Covered in full after initial \$20 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  Physician Services - Preventive  Abdominal aortic aneurysm screening  Adult immunizations (flu vaccinations covered in full)  Bone mineral density screening  Routine colorectal cancer screening  Routine mammogram  Routine DB/GYN  Routine pap smear  Routine physical exam  Covered in full  Routine pap smear  Covered in full	Allergy immunotherapy	\$40
Radiology (x-ray, MRI, CT & other high tech imaging)  Pre & post natal care  Covered in full after initial \$20 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	Chiropractic	\$40
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	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)	\$40
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	Pre & post natal care	Covered in full after initial \$20 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  Covered in full  Covered in full  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  Routine OB/GYN  Covered in full  Routine pap smear  Covered in full	Bone mineral density screening	Covered in full
Routine OB/GYN  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  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 TM**

# **Core Plus Plan Summary of Benefits**

#### **POS 208**

Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	\$75
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$50
Ambulance - ground ambulance	\$50
Ambulance - air ambulance	\$50
Urgent care centers	\$20
Mental Health & Substance Abuse	
Inpatient mental health	Covered in full
Outpatient mental health	\$40
Inpatient alcohol & substance abuse detoxification	Covered in full
Inpatient alcohol & substance abuse rehabiliatation	Covered in full
Outpatient alcohol & substance abuse	\$40
Other Services	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	\$40
Chemotherapy	\$40
Dialysis	Covered in full
Durable medical equipment	50% co-insurance
Home care	\$40
Hospice	Covered in full
Acupuncture (6 visits per calendar year)	\$40
Massage (12 visits per calendar year)	\$40
Physical, speech & occupational therapy	30 visits, \$40
Prosthetic and orthotic appliances	50% co-insurance
Radiation therapy	\$40
Skilled nursing facility (Not Long Term Care-Rehab only)	Unlimited days, Covered in full

revised 1/1/2016 (00400051, 00403439, 00403440/class 0006 & 0009)

<sup>\*\*</sup>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 & exclusions that may apply