Labor-Management Healthcare Coalition TM

Value Plan Summary of Benefits

POS 204

In-network deductible In-network co-insurance Interver	Deductibles/Maximums	
Medical in-network out-of-pocket maximum \$5,125/\$10,250 Pharmacy in-network out-of-pocket maximum \$1,726/\$3,450 Out-of-network deductible Qut-of-network deductible Qut-of-network out of pocket maximum Qut-of-network out-of-network out-of-netw	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum S1,725/S3,450 Out-of-network deductible S1,000/S2,000 Out-of-network col-insurance 25% Out-of-network col-insurance Un-initied S2,500/S5,000 Annual maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Prescription Copay Prescription Copay Prescription Copay S10/S15/S20 Mail order copay per 90-day supply Option 90 - 90 day supply at retail Redical Services Primary care physician copay Specialist copay Specialist copay Specialist copay S15 Specialist copay S15 Specialist copay S16 Mell child visits and immunizations for children up to age 19 Allergy immunotherapy S15 Sladiology (x-ray, MRI, CT & other high tech imaging) Pres & post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Routine Colorectal cancer screening Covered in full Routine Colorectal cancer screening Covered in full Routine Colorectal cancer screening Covered in full Routine DayState Routine Physicial exam Covered in full Routine DayState Covered in full	In-network co-insurance	N/A
Out-of-network deductible \$1,000/\$2,000 Out-of-network co-insurance 25% Out-of-network vo ut of pocket maximum \$2,500/\$5,000 Annual maximum Unlimited Uffetime maximum Unlimited Uffetime maximum Unlimited Unlimited Unlimited Unlimited Dependent age 26 Student age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Drug Prescription Copay 510/\$15/\$20 Mail order copay 90-049 supply 1 copay	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 Infinited Unlimited Unlimited Unlimited Unlimited Unlimited Unlimited Benefit administration Oependent age Oependent age Oependent age Oependent/Student coverage ends Oeverage for domestic partner Prescription Drug Prescription Copay Student ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply at retail Oepondent ocpay Option 90 - 90 day supply Option 90 - 90	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450
Out-of-network out of pocket maximum Annual maximum Ulifetime maximum Unlimited Ufetime maximum Unlimited Ufetime maximum Unlimited Unli	Out-of-network deductible	\$1,000/\$2,000
Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends End of birth month Domestic partner Prescription Drug Prescription Drug Prescription copay Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 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 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 Adult immunizations (flu vaccinations covered in full) Covered in full Adult immunizations (flu vaccinations covered in full) Routine olorectal cancer screening Covered in full Routine olof/GYN Covered in full Routine pap smear Covered in full Covered in full Covered in full Routine pap smear	Out-of-network co-insurance	25%
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 Demestic partner Prescription Drug Prescription Copay 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 Allergy immunotherapy \$15 Chiropractic \$15 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 pan smear Covered in full Routine ob/CYN Covered in full Routine pan smear Routine pap smear Routine pap smear Covered in full Routine pap smear Routine pap smear Routine pap smear Routine pap smear Covered in full Routine pap smear Routine pap smear Routine pap smear 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 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 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 Allergy immunotherapy \$15 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Abdominal aortic aneurysm screening 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 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 Covered in full	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 \$10/\$515/\$20 Mail order copay per 90-day supply \$2.5 copays Medical Services Primary care physician copay \$15 Specialist copay \$15 Specialist 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 Covered in full 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) Covered in full Routine colorectal cancer screening Covered in full Routine objCYN Covered in full Routine ObjCYN Covered in full Routine pap smear Covered in full Routine pap smear Routine physical exam 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	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 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$15 Pre & post natal care Covered in full Adult immunizations (for children up to age 19) 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 pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear	Benefit administration	Calendar year
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Domestic partner Prescription Drug Prescription copay Mail order copay per 90-day supply Dottion 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 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 Routine colorectal cancer screening Routine OB/GYN Routine OB/GYN Routine physical exam Covered in full Routine physical exam	Student age	26
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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 oB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full Covered in full 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 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 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 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	
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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 Routine physical exam Covered in full	Specialist copay	\$15
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	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 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	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 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	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	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 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 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	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	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 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 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

Value Plan Summary of Benefits

POS 204

Hospital	
Inpatient hospital stay	\$300 deductible
Inpatient maternity stay	\$300 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	\$300 deductible
Outpatient mental health	\$15
Inpatient alcohol & substance abuse detoxification	\$300 deductible
Inpatient alcohol & substance abuse rehabilitation	\$300 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	20 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 Actives (00999194, 00400674, 00402041, 00402531, 00400051, 00403439, 00403440/0001) Retirees (00999194, 00402041, 00402531/0006) (00400051, 00403439, 00403440/0005)

^{**}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.