

**Labor-Management Healthcare Coalition™**

**LMHF Bronze Plan  
Summary of Benefits**

**Healthy Balance POS 8200**

<b>Deductibles/Maximums</b>	
In-network deductible (Combined with out-of-network deductible)	\$2000/\$4000
In-network co-insurance	20% after deductible
In-network out-of-pocket maximum	\$4000/\$8000
Out-of-network deductible (Combined with in-network deductible)	\$2000/\$4000
Out-of-network co-insurance	40% after deductible
Out-of-network out-of-pocket maximum	Unlimited
Annual maximum	Unlimited
Lifetime maximum	Unlimited
Benefit administration	Calendar year benefits
Dependent age	26
Student age	26
Dependent/Student coverage ends	Birth date
Domestic partner	No coverage for domestic partner
<b>Prescription Drug</b>	
Prescription copay	Deductible then \$15/\$50/50%
Mail order copay per 90-day supply	1 copay
Option 90 - 90 day supply at retail	2.5 copays
<b>Physician Services - Office</b>	
Primary care physician copay	20% after deductible
Specialist copay	20% after deductible
Pediatric visits for children up to age 19	20% after deductible
Well child visits and immunizations for children up to age 19	Covered in full
Allergy immunotherapy	20% after deductible
Chiropractic	20% after deductible
Laboratory services	20% after deductible
Radiology (X-ray, MRI, CT and other high-tech imaging)	20% after deductible
Pre and post natal care	20% after deductible
<b>Physician Services - Preventive</b>	
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
PSA test	Covered in full
Routine eye exam	Covered in full

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<b>Hospital</b>	
Inpatient hospital stay	20% after deductible
Inpatient maternity stay	20% after deductible
Outpatient surgery	20% after deductible
<b>Emergency Hospital Care</b>	
Emergency room (copay waived if admitted to hospital)	20% after deductible
Ambulance - ground	20% after deductible
Ambulance - air	20% after deductible
Urgent care centers	20% after deductible
<b>Mental Health &amp; Substance Abuse</b>	
Inpatient mental health	20% after deductible
Outpatient mental health	20% after deductible
Inpatient alcohol and substance abuse detoxification	20% after deductible
Inpatient alcohol and substance abuse rehabilitation	20% after deductible
Outpatient alcohol and substance abuse	20% after deductible
<b>Other Services</b>	
Cardiac rehabilitation (24 visits within 12 weeks of acute episode)	20% after deductible
Chemotherapy	20% after deductible
Dialysis	20% after deductible
Durable medical equipment	20% after deductible
Home care	40 visits; 20% after deductible
Hospice	20% after deductible
Physical, speech and occupational therapy	30 visits; 20% after deductible
Prosthetic and orthotic appliances	20% after deductible
Radiation therapy	20% after deductible
Skilled nursing facility	60 days; 20% after deductible

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.*