# Labor-Management Healthcare Coalition ®

### Value Plan

# Summary of Benefits POS 204

In-network deductible N/A In-network co-insurance N/A 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 \$1,000/\$2,000 Out-of-network co-insurance 25% Out-of-network out of pocket maximum \$2,500/\$5,000 Annual maximum Unlimited Lifetime maximum Unlimited Enefit administration Calendar year 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 \$10/\$15/\$20 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays		
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Option 90 - 90 day supply at retail 2.5 copays		
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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 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		

## **Labor-Management Healthcare Coalition** ®

#### Value Plan

## **Summary of Benefits**

<b>POS</b>	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	\$15	
Chemotherapy	\$15	
Dialysis	\$15	
Durable medical equipment	50% co-insurance	
Home care	Unlimited visits, Covered in full	
Hospice	Covered in full	
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 1/1/2025

<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 and exclusions that may apply.