

Labor-Management Healthcare Coalition®
Independent Health Encompass 65 HMO (formerly 401)
Summary of Benefits

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| Deductibles/Maximums | |
| Deductible | \$0 |
| Out-of-Pocket Maximum | \$3,000 In Network |
| Prescription Drug | |
| Prescription copay | \$5/\$10/\$95 |
| Mail order copay per 90-day supply | 1 copay |
| Option 90 - 90 day supply at retail | 2.5 copays |
| Preventive Services | |
| Abdominal aortic aneurysm screening | Covered in full |
| Annual Physical Exam | Covered in full |
| Basic Metabolism Test | Covered in full |
| Bone Mass Measurement | Covered in full |
| Cholesterol Test (Lipid Panel) | Covered in full |
| Colonoscopy and Sigmoidoscopy | Covered in full |
| Fecal Blood Testing | Covered in full |
| Flu Shot | Covered in full |
| Hemoglobin & Hematocrit Testing | Covered in full |
| Hepatitis B Vaccine | Covered in full |
| HIV Screening | Covered in full |
| HPV Screening | Covered in full |
| Mammogram | Covered in full |
| Pap Smear | Covered in full |
| Pneumonia Vaccine | Covered in full |
| Prenatal & Post-partum Visits | Covered in full |
| Prostate Exam (Prostate Specific Antigen "PSA") | Covered in full |
| Rh Screening | Covered in full |
| Rubella Screening | Covered in full |
| Physician and Other Services | |
| Primary Care Physician | \$10 copayment |
| Specialty Physician | \$20 copayment |
| Outpatient Surgery (PCP's Visit) | \$10 copayment |
| Outpatient Surgery (Specialist's office) | \$20 copayment |
| Telemedicine Program | \$20 copayment |
| Emergency & Urgent Care Services | |
| Worldwide Emergency Room (copay waived if admitted to hospital) | \$50 copayment |
| Ambulance | \$50 copayment |
| Urgent Care Center (U.S. Only) | \$50 copayment |
| Hospital and Other Family Services | |
| Inpatient Hospital | \$250 copayment per admission |
| Outpatient Surgical Procedures (Hospital Facility) | \$50 copayment |
| Skilled Nursing Facility (Not Long Term Care-Rehab only) | Covered in Full / 100 days max - benefit period |

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| Diagnostic Testing Services | |
| Lab Services | Covered in Full |
| X-Rays | \$10 copayment |
| Advanced Radiology | \$10 copayment |
| Diagnostic Tests | \$10/\$20 copayment |
| Radiation Therapy | Covered in Full |
| Mental Health & Substance Abuse | |
| Inpatient Mental Health | Covered in Full / 190 day lifetime limit |
| Outpatient Mental Health | \$40 copayment-Group Therapy/\$20 copayment-Psychiatrist |
| Inpatient Substance Abuse - Rehab | Covered in Full |
| Outpatient Substance Abuse | 20% Coinsurance |
| Rehabilitation Services | |
| Chiropractic - Medicare Covered | \$15 copayment |
| Physical/Occupational/Speech Therapies | \$15 copayment per visit |
| Cardiac Rehabilitation | \$15 copayment |
| Pulmonary Rehabilitation | \$20 copayment |
| Additional Services | |
| Durable Medical Equipment | 20% Coinsurance |
| Prosthetic Devices | 20% Coinsurance per item |
| Home Health Care | Covered in Full |
| Fitness Benefit | Silver Sneakers - \$0 activation fee |
| Renal Dialysis | Covered in Full |
| Diabetic Supplies | Lesser of \$10 or 20% coinsurance per item |
| Medicare Covered Podiatry Services | \$15 copayment |
| Routine Foot Care | \$15 copayment / 3 Limit - Year |
| Nutritional Therapy for ESRD or Diabetes | Covered in Full |
| Hearing Aids & Evaluation Exam | \$45 copayment/\$499 to \$2,799 copay per ear-per year |
| Vision Services | |
| Medical Eye Exam | \$20 copayment / EyeMed Provider |
| Routine / Refractive Exam | Covered in Full / EyeMed Provider |
| Eyewear - Routine - Annual Limit | \$150 Allowance / EyeMed Provider |
| Eyewear - Post Cataract Surgery | Covered in Full / EyeMed Provider |

revised 1/1/2025 dr

****This benefit summary is designed to highlight the benefits of the plan and DOES NOT detail all benefits, limitations, and exclusions. It is not a contract and may be subject to change. For more information, consult your Evidence of Coverage.**