Labor-Management Healthcare Coalition ®

Enhanced Plan Summary of Benefits POS 202

in-network deductibleN/AIn-network co-insuranceN/AMedical in-network out-of-pocket maximum\$\$,125/\$1,0250Pharmacy in-network out-of-pocket maximum\$1,725/\$3,450Out-of-network deductible\$300/\$600Out-of-network out-of-pocket maximum\$300/\$600Out-of-network out of pocket maximum\$300/\$600Unlimited\$300/\$600Unlimited\$300/\$600Unlimited\$300/\$600Benefit administration\$2000/\$4,000Dependent age\$26Student age\$26Dependent/Student coverage endsEnd of birth monthDomestic partnerNo Coverage for domestic partnerPrescription Drug\$0/\$7/\$10Mail order copay per 90-day supply\$0/\$7/\$10Mail order copay per 90-day supply at retail\$2.5 copaysOption 90 - 90 day supply at retail\$8Pecialitic visits for children up to age 19\$8Medical Services\$8Pelatric visits for children up to age 19\$8Well child visits and immunizations for children up to age 19\$8Chiropractic care\$8Chiropractic care\$8Chiropractic care\$8Laboratory services\$8Laboratory services\$8Covered in full\$8Laboratory servi	Deductibles/Maximums	
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Chiropractic care - 8 maintenance visits\$8Laboratory servicesCovered in fullRadiology (x-ray, MRI, CT & other high tech imaging)\$8	Allergy immunotherapy	\$8
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	Laboratory services	Covered in full
Dro & noct notal cara	Radiology (x-ray, MRI, CT & other high tech imaging)	\$8
Covered in full after infiai \$8 Copay	Pre & post natal care	Covered in full after intial \$8 copay
Physician Services - Preventive	Physician Services - Preventive	
Abdominal aortic aneurysm screening Covered in full	Abdominal aortic aneurysm screening	Covered in full
Adult immunizations (flu vaccinations covered in full) Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full
Bone mineral density screening 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 mammogram	Covered in full
Routine OB/GYN Covered in full	Routine OB/GYN	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
PSA test Covered in full	PSA test	Covered in full
Routine eye exam Covered in full	Routine eye exam	Covered in full

Labor-Management Healthcare Coalition ®

Enhanced Plan Summary of Benefits POS 202

Hospital	
Inpatient hospital stay	Covered in full
Inpatient maternity stay	Covered in full
Outpatient surgery	\$8
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$35
Ambulance - ground ambulance	\$35
Ambulance - air ambulance	\$35
Urgent care centers	\$8
Mental Health & Substance Abuse	
Inpatient mental health	Covered in full
Outpatient mental health	\$8
Inpatient alcohol & substance abuse detoxification	Covered in full
Inpatient alcohol & substance abuse rehabilitation	Covered in full
Outpatient alcohol & substance abuse	\$8
Other Services	
Cardiac rehabilitation	\$8
Chemotherapy	\$8
Dialysis	\$8
Durable medical equipment	20% co-insurance
Home care	Unlimited visits, Covered in full
Hospice	Covered in full
Acupuncture (6 visits per calendar year)	\$8
Massage (12 visits per calendar year)	\$8
Routine podiatry care	\$8
Physical, speech & occupational therapy	30 visits per therapy, \$8
Prosthetic and orthotic appliances	20% co-insurance
Radiation therapy	\$8
Skilled nursing facility (Not Long Term Care-Rehab only)	Unlimited days, Covered in full

revised 1/1/2025

**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.