

SUMMARY OF BENEFITS
Passport PPO (formerly PPO 201)
Offered by Labor-Management Healthcare Coalition

| | In-Network Copay | Out-of- Network Copay |
|---|---------------------|---|
| Medical Services | | |
| Primary care office visits for Medicare-covered services | \$15 copay | \$20 copay |
| Routine physicals (1 every year) | \$0 copay | \$20 copay |
| Diagnostic x-rays | \$15 copay | \$20 copay |
| Laboratory testing | \$0 copay | \$20 copay |
| Chiropractic care | \$15 copay | \$20 copay |
| Specialist visits for Medicare-covered services | \$15 copay | \$20 copay |
| Podiatry services – medically necessary | \$15 copay | \$20 copay |
| Podiatry services – routine up to 3 visits every year | \$15 copay | \$20 copay |
| Bone mass measurement (people at risk) | \$0 copay | \$20 copay |
| Colorectal screening exam (age 50 and older) | \$0 copay | \$20 copay |
| Prostate cancer screening (age 50 and older) | \$0 copay | \$20 copay |
| Immunizations – Hepatitis B vaccine, pneumonia vaccine (for people at risk) | \$0 copay | \$20 copay |
| Immunizations – Influenza vaccine, H1N1 vaccine | \$0 copay | \$0 copay |
| Diagnostic hearing exams | \$15 copay | \$20 copay |
| Women's Services | | |
| Medicare-covered pelvic exam (High risk annually) (Low risk every 24 mos.) | \$0 copay | \$20 copay |
| Medicare-covered pap smear (same as above) | \$0 copay | \$20 copay |
| Mammogram - Medicare-covered screening (ages 40 and older) | \$0 copay | \$20 copay |
| Hospital Care | | |
| Inpatient hospital care | \$100 copay | 20% coinsurance |
| Outpatient surgery facility | \$25 copay | 20% coinsurance |
| Radiation therapy | \$15 copay | \$20 copay |
| Cardiac rehabilitation | \$20 copay | 20% coinsurance |
| Occupational, speech, physical therapy | \$20 copay | 20% coinsurance |
| Emergency room visit (waived if admitted to hospital) | \$50 copay | \$50 copay |
| Emergency ambulance | \$50 copay | \$50 copay |
| Mental Health Care | | |
| Inpatient (190-day lifetime limit) | \$0 copay | 20% coinsurance |
| Outpatient visits | \$40 copay | 50% coinsurance |
| Mental Health services with psychiatrist | \$20 copay | 20% coinsurance |
| Substance Abuse Treatment | | |
| Inpatient detoxification and rehabilitation services (190 day lifetime limit in a Psychiatric hospital) | \$0 copay | 20% coinsurance |
| Outpatient visits | 20% coinsurance | 20% coinsurance |
| Other Services | | |
| Diabetic self-monitoring training | \$0 copay | \$20 copay |
| Durable medical equipment | 20% coinsurance | 20% coinsurance |
| Home health care | \$0 copay | 10% coinsurance |
| Prosthetic devices | \$0 copay | 20% coinsurance |
| Skilled nursing facility (100 days each benefit period) For rehabilitation purposes – Not Long-Term Care | \$100 copay | 20% coinsurance |
| Formulary Generic/Brand prescription drugs (up to a 30-day supply) | \$10/\$20/\$95 | Limited Coverage – see EOC for details |
| Mail-Order Formulary Generic/Brand prescription drugs (up to 90-day supply) | \$10/\$20/\$95 | Not Covered |
| Deductible | N/A | N/A |
| Out of Pocket Maximum (combined In & Out of Network) | \$3,000.00 | \$3,000.00 |
| Vision Care | | |
| Routine vision exam (1 every year) | \$0 copay | \$20 copay |
| Medical vision exam | \$15 copay | \$20 copay |

This is a summary of covered benefits and exclusions and is not intended as an actual contract. Copay, deductible and prescription plan variations may occur. Please check with your employer. Prescriptions available out of area from participating national pharmacy network.

Revised 9-20-18 dr