

**Labor-Management Healthcare Coalition®**

**LMHF Bronze Plan  
Summary of Benefits  
Healthy Balance POS 8200**

| Deductibles/Maximums  |                                  |
|---|----------------------------------|
| 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 |
| Prescription Drug   |                                  |
| 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                       |
| Physician Services - Office                                     |                                  |
| 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             |
| 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®

## LMHF Bronze Plan Summary of Benefits Healthy Balance POS 8200

| Hospital  |                                 |
|---|---------------------------------|
| Inpatient hospital stay                               | 20% after deductible            |
| Inpatient maternity stay                              | 20% after deductible            |
| Outpatient surgery                                    | 20% after deductible            |
| Emergency Hospital Care                               |                                 |
| 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            |
| Mental Health & Substance Abuse                       |                                 |
| 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            |
| Other Services  |                                 |
| Cardiac rehabilitation                                | 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   |

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*\*\*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.*