

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

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)	\$45 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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<b>Diagnostic Testing Services</b>	
Lab Services	Covered in Full
X-Rays	\$10 copayment
Advanced Radiology	\$10 copayment
Diagnostic Tests	\$10/\$20 copayment
Radiation Therapy	Covered in Full
<b>Mental Health &amp; Substance Abuse</b>	
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
<b>Rehabilitation Services</b>	
Chiropractic - Medicare Covered	\$15 copayment
Physical/Occupational/Speech Therapies	\$15 copayment per visit
Cardiac Rehabilitation	\$15 copayment
Pulmonary Rehabilitation	\$20 copayment
<b>Additional Services</b>	
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
<b>Vision Services</b>	
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.*