Labor-Management Healthcare Coalition ®

PPO 812

Summary of Benefits

In-network deductible N/A N-network co-insurance N/A Nedical in-network out-of-pocket maximum S1,725/53,450 Out-of-network out-of-pocket maximum S1,725/53,450 Out-of-network deductible S500/51,000 Out-of-network co-insurance 20% Out-of-network out of pocket maximum S2,500/55,000 Out-of-network out of pocket maximum Unlimited	Deductibles/Maximums	
Medical in-network out-of-pocket maximum S5,125/\$10,250 Pharmacy in-network out-of-pocket maximum S1,725/\$3,450 Out-of-network deductible S500/\$1,000 Out-of-network co-insurance Out-of-network out of pocket maximum S2,500/\$5,000 Out-of-network out of pocket maximum Unlimited Ufetime maximum Unlimited Ufetime maximum Unlimited Ufetime maximum Unlimited Un	In-network deductible	N/A
Pharmacy in-network out-of-pocket maximum Out-of-network deductible Out-of-network colisorance 20% Out-of-network coinsurance Out-of-network coinsurance Out-of-network coinsurance Out-of-network out of pocket maximum Annual maximum Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Dependent Tysudent coverage ends End of birth month Domestic partner Prescription Drug Prescription Copay S5/57/510 Mail order copay per 90-day supply Option 90 - 90 day supply at retail Addictionary order physician copay Specialist copay Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Allergy immunotherapy Chiropractic care Chiropractic care Allergy immunotherapy Saloo Chiropractic care Saloo Covered in full Addut immunizations (flu vaccinations covered in full) Bone mineral density screening Routine Day Govered in full Routine Day Screed in full	In-network co-insurance	N/A
Out-of-network deductible \$500/\$1,000 Out-of-network co-insurance 20% Out-of-network cout of pocket maximum \$22,500/\$5,000 Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Dependent age 26 Student age 26 Personghous one of the prescription Drug Prescription Drug Prescription Drug Prescription Oray 55/\$7/\$10 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$510 Specialist copay \$510 Specialist copay \$510 Well child visits and immunizations for children up to age 19 Well child visits and immunizations for children up to age 19 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services Covered in full Addit immunizations for Active Imaging) \$10 Covered in full Addit immunizations for Covered in full Bone mineral density screening Covered in full Routine paysmear Covered in full Routine DayScreen in full Routine DayScreen in Gull Routine DayGVN Covered in full Routine DayGva Covered in full	Medical in-network out-of-pocket maximum	\$5,125/\$10,250
Out-of-network co-insurance Out-of-network out of pocket maximum Out-of-network out of pocket maximum Unlimited Lifetime maximum Unlimited Unlimit	Pharmacy in-network out-of-pocket maximum	\$1,725/\$3,450
Out-of-network out of pocket maximum Annual maximum Unlimited Unlimited Unlimited Benefit administration Calendar year Dependent age 26 Student age 26 Student age Anoual reparter Dependent/Student coverage ends Demendent/Student coverage ends Domestic partner No Coverage for domestic partner Prescription Drug Prescription Drug Prescription Copay All order copay per 90-day supply Option 90 - 90 day supply at retail Medical Services Primary care physician copay Specialist copay Specialist copay Specialist copay Specialist copay Specialist copay Specialist copay Specialist copay	Out-of-network deductible	\$500/\$1,000
Annual maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Lifetime maximum Unlimited Enerfit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Domestic partner Prescription Drug Prescription Copay Mail order copay per 90-day supply Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay Specialist copay Specialis	Out-of-network co-insurance	20%
Lifetime maximum Benefit administration Calendar year Dependent age 26 Student age 26 Dependent/Student coverage ends No Coverage for domestic partner Prescription Cropay Prescription copay Prescription copay S5/\$7/\$10 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail Medical Services Primary care physician copay \$10 Specialist copay Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Allergy immunotherapy \$10 Chiropractic care \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Physician Services - Preventive Adduminal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine oB/GYN Routine oB/GYN Covered in full Routine mammogram Covered in full Routine pap smear Routine pap smear Covered in full Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear	Out-of-network out of pocket maximum	\$2,500/\$5,000
Benefit administration Dependent age 26 Student age 26 Dependent/Student coverage ends Dependent/Student coverage ends Dependent/Student coverage ends Domestic partner Prescription Drug Prescription Orapy Mail order copay per 90-day supply Option 90 - 90 day supply at retail Dependent/Student copay Medical Services Primary care physician copay Spicalist copay Spicalist copay Spicalist copay Spicalist copay Spicalist copay Pediatric visits for children up to age 19 Sull child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Chiropractic care Spicalist coraes Chiropractic care - 8 maintenance visits Spicalist copay Spicalist	Annual maximum	Unlimited
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Student age 26 Dependent/Student coverage ends End of birth month Domestic partner No Coverage for domestic partner Prescription Cropay Prescription Copay Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$10 Specialist copay \$10 Specialist copay \$10 Vell child visits for children up to age 19 \$10 Well child visits and immunizations for children up to age 19 \$10 Well child visits and immunizations for children up to age 19 \$10 Chiropractic care \$10 Chovered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full Adult immunizations (flu vaccinations covered in full) Adult immunizations (flu vaccinations covered in full) Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear Covered in full Routine pap smear 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 Routine physical exam	Benefit administration	Calendar year
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Domestic partner Prescription Drug Prescription copay Assignment of the state of	Student age	26
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Prescription copay \$5/\$7/\$10 Mail order copay per 90-day supply 1 copay Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay \$10 Specialist copay \$10 Pediatric visits for children up to age 19 \$10 Well child visits and immunizations for children up to age 19 \$10 Allergy immunotherapy \$10 Covered in full Allergy immunotherapy \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services \$10 Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 Pre & post natal care \$10 Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening \$10 Adult immunizations (flu vaccinations covered in full) \$10 Bone mineral density screening \$10 Covered in full Routine colorectal cancer screening \$10 Covered in full Routine oB/GYN \$10 Covered in full Routine physical exam \$10 Covered in full Routine physical exam \$10 Covered in full Routine physical exam \$10 Covered in full Router bysical exam \$10 Covered in full Covered in full Routine physical exam \$10 Covered in full Covered in full Routine physical exam \$10 Covered in full Covered in full Covered in full Routine physical exam \$10 Covered in full Covered in full	Domestic partner	No Coverage for domestic partner
Mail order copay per 90-day supply Option 90 - 90 day supply at retail 2.5 copays Medical Services Primary care physician copay Sto Specialist copay Sto Specialist copay Sto Well child visits for children up to age 19 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy Sto Chiropractic care Sto Chiropractic care Sto Chiropractic care Sto Chiropractic care Sto Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine physical exam Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full	Prescription Drug	
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Medical Services Primary care physician copay \$10 Specialist copay \$10 Pediatric visits for children up to age 19 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 Chiropractic care \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations 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 pap smear Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Mail order copay per 90-day supply	1 copay
Primary care physician copay \$10 Specialist copay \$10 Pediatric visits for children up to age 19 \$10 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 Chiropractic care \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Covered in full Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Option 90 - 90 day supply at retail	2.5 copays
Specialist copay \$10 Pediatric visits for children up to age 19 \$10 Well child visits and immunizations for children up to age 19 Covered in full Allergy immunotherapy \$10 Chiropractic care \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening 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	Medical Services	
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Well child visits and immunizations for children up to age 19 Allergy immunotherapy Chiropractic care \$10 Chiropractic care - 8 maintenance visits Laboratory services Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Routine mammogram Covered in full Routine DB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full Routine physical exam Covered in full	Specialist copay	\$10
Allergy immunotherapy Chiropractic care S10 Chiropractic care - 8 maintenance visits Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations 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 Routine physical exam Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full Covered in full Routine physical exam Covered in full	Pediatric visits for children up to age 19	\$10
Chiropractic care \$10 Chiropractic care - 8 maintenance visits \$10 Laboratory services Covered in full Radiology (x-ray, MRI, CT & other high tech imaging) \$10 Pre & post natal care Covered in full after intial \$10 copay 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 Routine physical exam Covered in full	Well child visits and immunizations for children up to age 19	Covered in full
Chiropractic care - 8 maintenance visits Laboratory services Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Routine pap smear Covered in full Routine physical exam Covered in full	Allergy immunotherapy	\$10
Laboratory services Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Covered in full Routine mammogram Covered in full Routine pap smear Covered in full Routine pap smear Covered in full	Chiropractic care	\$10
Radiology (x-ray, MRI, CT & other high tech imaging) Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Chiropractic care - 8 maintenance visits	\$10
Pre & post natal care Covered in full after intial \$10 copay Physician Services - Preventive Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations covered in full) Bone mineral density screening Covered in full Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Laboratory services	Covered in full
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 Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Radiology (x-ray, MRI, CT & other high tech imaging)	\$10
Abdominal aortic aneurysm screening Adult immunizations (flu vaccinations 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	Pre & post natal care	Covered in full after intial \$10 copay
Adult immunizations (flu vaccinations 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	Physician Services - Preventive	
Bone mineral density screening Routine colorectal cancer screening Routine mammogram Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Abdominal aortic aneurysm screening	Covered in full
Routine colorectal cancer screening Routine mammogram Covered in full Routine OB/GYN Covered in full Routine pap smear Covered in full Routine physical exam Covered in full	Adult immunizations (flu vaccinations covered in full)	Covered in full
Routine mammogram Covered in full	Bone mineral density screening	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 colorectal cancer screening	Covered in full
Routine pap smear Routine physical exam Covered in full PSA test Covered in full	Routine mammogram	Covered in full
Routine physical exam Covered in full PSA test Covered in full	Routine OB/GYN	Covered in full
PSA test Covered in full	Routine pap smear	Covered in full
	Routine physical exam	Covered in full
Routine eye exam Covered in full	PSA test	Covered in full
	Routine eye exam	Covered in full

Labor-Management Healthcare Coalition ®

PPO 812

Summary of Benefits

Hospital	
Inpatient hospital stay	\$100 deductible
Inpatient maternity stay	\$100 deductible
Outpatient surgery	\$10
Emergency Hospital Care	
Emergency room (copay waived if admitted to hospital)	\$50
Ambulance - ground ambulance	\$50
Ambulance - air ambulance	\$50
Urgent care centers	\$10
Mental Health & Substance Abuse	
Inpatient mental health	\$100 deductible
Outpatient mental health	\$10
Inpatient alcohol & substance abuse detoxification	\$100 deductible
Inpatient alcohol & substance abuse rehabilitation	\$100 deductible
Outpatient alcohol & substance abuse	\$10
Other Services	
Cardiac rehabilitation	\$10
Chemotherapy	\$10
Dialysis	\$10
Durable medical equipment	50% co-insurance
Home care	Unlimited visits, Covered in full
Hospice	Covered in full
Acupuncture (6 visits per calendar year)	\$10
Massage (12 visits per calendar year)	\$10
Routine podiatry care	\$10
	30 visits per therapy, \$10
Physical, speech & occupational therapy	
Physical, speech & occupational therapy Prosthetic and orthotic appliances	50% co-insurance
	50% co-insurance \$10
Prosthetic and orthotic appliances	

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.