

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% copay
Outpatient surgery facility	\$25 copay	20% copay
Radiation therapy	\$15 copay	\$20 copay
Cardiac rehabilitation	\$20 copay	20% copay
Occupational, speech, physical therapy	\$20 copay	20% copay
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% copay
Outpatient visits	\$40 copay	50% copay
Mental Health services with psychiatrist	\$20 copay	20% copay
Substance Abuse Treatment		
Inpatient detoxification and rehabilitation services (190 day lifetime limit in a Psychiatric hospital)	\$0 copay	20% copay
Outpatient visits	20% copay	20% copay
Other Services		
Diabetic self-monitoring training	\$0 copay	\$20 copay
Durable medical equipment	20% copay	20% copay
Home health care	\$0 copay	10% copay
Prosthetic devices	\$0 copay	20% copay
Skilled nursing facility (100 days each benefit period) For rehabilitation purposes – Not Long Term Care	\$100 copay	20% copay
Formulary Generic/Brand prescription drugs (up to a 30 day supply)	\$10/\$20/\$95	N/A
Mail-Order Formulary Generic/Brand prescription drugs (up to 90 day supply)	\$10/\$20/\$95	
Deductible	N/A	\$3,000
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 for 2015