

Laborers' District Council Heavy and Highway Health and Welfare Fund Mental Health/Substance Use Disorder Benefits

ALLIED TRADE ASSISTANCE PROGRAM (ATAP) 2791 Southampton Road, Suite 100 Philadelphia, PA 19154 (800) 258-6376 OR (215) 677-8820					
Schedule of Benefits — Benefit Period January 1 through December 31					
Covered Benefits	Gold		Silver I		Bronze and Silver II
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Deductible (individual/family)*	\$0/\$0	\$500/\$1,500	\$0/\$0	\$500/\$1,500	\$0/\$0
Lifetime Maximum	None	None	None	None	None
Out-of-Pocket Maximum (individual/family)*	\$2,000/\$4,000	\$3,000/\$9,000	\$2,000/\$4,000	\$3,000/\$9,000	\$2,000/\$4,000
Coinsurance	None	70% of allowance, after deductible	None	70% of allowance, after deductible	None
Outpatient Physician/Professional - Office Visits - Psychiatric Testing - Psychotherapy - Substance Use Disorder	\$10 Copay	70% of allowance, after deductible	\$15 Copay	70% of allowance, after deductible	\$15 Copay
Outpatient Facility/Partial Day** - Psychiatric - Substance use disorder	\$20 copay	70% of allowance, after deductible	\$30 copay	70% of allowance, after deductible	\$30 copay
Inpatient Hospital Facility (in-network copay waived for 1 st admission)*** - Psychiatric - Psychotherapy - Substance use disorder - Substance detox	\$150 copay/day; max 5 copays/admission	70% of allowance, after deductible	\$150 copay/day; max 5 copays/admission	70% of allowance, after deductible	\$150 copay/day; max 5 copays/admission
Inpatient Hospital Days***	Unlimited	70	Unlimited	70	Unlimited

* The deductible and out-of-pocket maximum include member cost sharing for covered medical/surgical and mental health/substance use disorder services, but do not include any payments above the allowed amount for a specific provider, the amount for any services not covered, or payments towards other types of benefits under the Plan (e.g., dental, prescription, visions, etc.). The prescription benefits have a separate out-of-pocket maximum. Please keep in mind that the out-of-pocket maximum for out-of-network coverage accrues separately.

** For partial day coverage, if a member is stepped down from an inpatient unit as a part of a continuum of care plan into a partial hospitalization program, then the copay will be waived. If the member goes into a partial program without the initial hospital admission, then the copay will be applied.

*** Includes room and board, miscellaneous facility charges, testing, and pharmacological management. In-network inpatient copays are waived for 1st admission but applied to subsequent admission in a 12-month period. Inpatient hospital out-of-network 70 day maximum is combined with medical/surgical.

**For additional coverage information, regarding the specific benefits that
you are eligible for or enrolled in (including important exclusions),
please contact the Fund Administrator.**