

LEOFF Health and Welfare Trust
2017 Medical Benefits

Benefits:	Plan A	Plan B	Plan E	Plan F	Plan H
	In Network	In Network	In Network	In Network	In Network
Deductible	\$200 Indiv; \$400 Family	\$1,500 Indiv; \$3,000 Family	\$400 Indiv; \$800 Family	\$100 Indiv; \$200 Family	\$2,000 Indiv; \$4,000 Family (Aggregating)
Coinsurance (after Ded)	Plan pays 80%; Member pays 20%	Plan pays 80%; Member pays 20%	Plan pays 80%; Member pays 20%	Plan pays 90%; Member pays 10%	Plan pays 80%; Member pays 20%
Total OOP Maximum	\$500 per person; \$1,000 per family	\$2,000 per person; \$4,000 per family	\$1,200 per person; \$2,400 per family	\$1,100 per person; \$2,200 per Family	\$3,425 per Person; \$6,850 per Family
Physician Office Visit	\$10 copay	\$20 copay	\$15 copay	\$10 copay	Subject to Ded, then Covered at 80%
Professional X-ray/ Lab	Covered in Full	Covered in Full	Covered at 80% Ded waived	Covered in Full	Subject to Ded, then Covered at 80%
Preventive Care	Covered in Full	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Hospital Inpatient	Subject to Ded, then Covered at 80%	Subject to Ded, then Covered at 80%	Subject to Ded, then Covered at 80%	Subject to Ded, then Covered at 90%	Subject to Ded, then Covered at 80%
Emergency Room	\$50 copay per visit, Subject to Ded, then Covered at 80%	\$100 copay per visit, Subject to Ded, then Covered at 80%	\$100 copay per visit, then Subject to Ded, then Covered at 80%	\$100 copay per visit, then Subject to Ded, then covered at 90%	Subject to Ded, then Covered at 80%
Acupuncture	\$10 copay 24 visits PCY	\$20 copay 24 visits PCY	\$15 copay 24 visits PCY	\$10 copay 24 visits PCY	Subject to Ded, then Covered at 80% 24 visits PCY
Ambulance	Subject to Ded, then Covered at 80%	Subject to Ded, then Covered at 80%	Subject to Ded, then Covered at 80%	Subject to Ded, then Covered at 90%	Subject to Ded, then Covered at 80%
Chemical Dependency and Mental Health	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$10 copay	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$20 copay	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$15 copay	Inpatient - Subject to Ded, then Covered at 90% Outpatient - \$10 copay	Subject to Ded, then Covered at 80%
Chiropractic Care	\$10 copay 24 visits PCY	\$20 copay 24 visits PCY	\$15 copay 24 visits PCY	\$10 copay 24 visits PCY	Subject to Ded, then Covered at 80% (24 visits PCY)
Home Health	Subject to Ded, then Covered at 80% Limited to 130 visits PCY	Subject to Ded, then Covered at 80% Limited to 130 visits PCY	Subject to Ded, then Covered at 80% Limited to 130 visits PCY	Subject to Ded, then Covered at 90% Limited to 130 visits PCY	Subject to Ded, then Covered at 80% Limited to 130 visits PCY
Hospice	Subject to Ded, then Covered at 80% Limited to 6 months lifetime max.	Subject to Ded, then Covered at 80% Limited to 6 months lifetime max.	Subject to Ded, then Covered at 80% Limited to 6 months lifetime max.	Subject to Ded, then Covered at 90% Limited to 6 months lifetime max.	Subject to Ded, then Covered at 80% Limited to 6 month lifetime maximum
Naturopathy	\$10 copay	\$20 copay	\$15 copay	\$10 copay	Subject to Ded, then Covered at 80%
Inpatient Rehab & Cardiac Rehab	Subject to Ded, then Covered at 80% up to 30 days PCY.	Subject to Ded, then Covered at 80% up to 30 days PCY.	Subject to Ded, then Covered at 80% up to 30 days PCY.	Subject to Ded, then Covered at 90% up to 30 days PCY.	Subject to Ded, then Covered at 80% up to 30 days PCY
Outpatient Physical, Speech, & Occupational Therapy, & Cardiac Rehab Care and Massage Therapy	Office Setting - \$10 copay Limited to a maximum of 60 visits PCY;	Office Setting - \$20 copay Limited to a maximum of 60 visits PCY;	Office Setting - \$15 copay Limited to a maximum of 60 visits PCY;	Office Setting - \$10 copay Limited to a maximum of 60 visits PCY;	Office Setting - Subject to Ded, then Covered at 80% Limited to a maximum of 60 visits PCY;
Skilled Nursing Facility	Subject to Ded, then Covered at 80% Limited to 60 days PCY	Subject to Ded, then Covered at 80% Limited to 60 days PCY	Subject to Ded, then Covered at 80% Limited to 60 days PCY	Subject to Ded, then Covered at 90% up to 60 days PCY.	Subject to Ded, then Covered at 80% Limited to 60 days PCY
Prescription Drugs					
Ded/Max OOP	None	None	None	None	Subject to the Medical Ded
Retail 30-day Supply	\$10/\$25/\$50	\$5/\$25/\$50	\$15/\$35	\$5/\$25/\$50	Subject to Ded, then Covered at 80%
Mail Order 90-day Supply	\$20/\$50/\$100	\$10/\$50/\$100	\$30/\$70	\$10/\$50/\$100	Subject to Ded, then Covered at 80%
Routine Hearing Exam	one exam PCY subject to \$10 copay; Test: Covered in Full	one exam PCY subject to \$20 copay; Test: Covered in Full	one exam PCY subject to \$15 copay; Test: Covered in Full	one exam PCY subject to \$10 copay; Test: Covered in Full	Not Covered
Vision					
Exam	one exam PCY subject to \$10 copay	one exam PCY Covered in Full	one exam PCY subject to \$15 copay	one exam PCY Covered in Full	Not Covered
Hardware	Covered at 100% up to \$300 PCY	Covered at 100% up to \$300 PCY	Covered at 100% up to \$300 PCY	Covered at 100% up to \$300 PCY	Not Covered

This is a summary for comparison purposes only. Please refer to the benefit booklet for detailed information.