

# LEOFF Health and Welfare Trust

## 2018 Medical Benefits

	<b>Plan H</b>
<b>Benefits</b>	<b>In Network</b>
<b>Deductible</b>	\$2,000 Indiv \$4,000 Family (Aggregating)
<b>Coinsurance (after Ded)</b>	Plan pays 80%; Member pays 20%
<b>Total OOP Maximum</b>	\$3,425 per Person \$6,850 per Family (Aggregating)
<b>Physician Office Visit</b>	Subject to Ded, then Covered at 80%
<b>Professional X-ray/ Lab</b>	Subject to Ded, then Covered at 80%
<b>Preventive Care</b>	Covered in Full
<b>Hospital Inpatient</b>	Subject to Ded, then Covered at 80%
<b>Emergency Room</b>	Subject to Ded, then Covered at 80%
<b>Acupuncture</b>	Subject to Ded, then Covered at 80% 24 visits PCY
<b>Ambulance</b>	Subject to Ded, then Covered at 80%
<b>Chemical Dependency and Mental Health</b>	Subject to Ded, then Covered at 80%
<b>Chiropractic Care</b>	Subject to Ded, then Covered at 80% 24 visits PCY
<b>Home Health</b>	Subject to Ded, then Covered at 80% Limited to 130 visits PCY
<b>Hospice</b>	Subject to Ded, then Covered at 80% Limited to 6 month lifetime maximum
<b>Naturopathy</b>	Subject to Ded, then Covered at 80%
<b>Inpatient Rehab &amp; Cardiac Rehab</b>	Subject to Ded, then Covered at 80% up to 30 days PCY
<b>Outpatient Physical, Speech, &amp; Occupational Therapy, &amp; Cardiac Rehab Care and Massage Therapy</b>	Office Setting - Subject to Ded, then Covered at 80% Limited to a maximum of 60 visits PCY
<b>Skilled Nursing Facility</b>	Subject to Ded, then Covered at 80% Limited to 60 days PCY
<b>Routine Hearing Exam</b>	Not Covered
<b>Prescription Drugs</b>	<b>Plan H</b>
<b>Ded/Max OOP</b>	Subject to the Medical Ded
<b>Retail 30-day Supply</b>	Subject to Ded, then Covered at 80%
<b>Mail Order 90-day Supply</b>	Subject to Ded, then Covered at 80%
<b>Vision</b>	
<b>Exam</b>	Not Covered
<b>Hardware</b>	Not Covered