

**LEOFF Health and Welfare Trust**  
2019 Medical Benefits

2019	PLAN MSP PLUS	PLAN MSP
<u>Benefits</u>	Medicare Supplemental Plan -must be enrolled in Medicare Part A and Part B to be eligible	Medicare Supplemental Plan -must be enrolled in Medicare Part A, Part B and Part D to be eligible
<b>Deductible</b>	Individual \$1,000; Family \$3,000 Waived for services covered by Medicare	Individual \$1,000; Family \$3,000 Waived for services covered by Medicare
<b>Coinsurance (after Ded)</b>	Plan pays 80%; Member pays 20% Waived for services covered by Medicare	Plan pays 80%; Member pays 20% Waived for services covered by Medicare
<b>Total Maximum Out of Pocket</b>	\$7,150 per person - Combined maximum with prescription drugs; Waived for services covered by Medicare	\$3,000 per person - Waived for services covered by Medicare
<b>Physician Office Visit</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Professional X-ray/ Lab</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Preventive Care</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Hospital Inpatient</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Emergency Room</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Ambulance</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Chemical Dependency and Mental Health</b>	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay
<b>Chiropractic Care</b>	\$25 copay up to maximum of 24 visits PCY or Balance after Medicare	\$25 copay up to maximum of 24 visits PCY or Balance after Medicare
<b>Home Health</b>	Pays balance after Medicare or Subject to Ded then Covered at 80% 130 visits PCY	Pays balance after Medicare or Subject to Ded then Covered at 80% 130 visits PCY
<b>Hospice</b>	Pays balance after Medicare or Subject to Ded then Covered at 80% to 6 months per lifetime	Pays balance after Medicare or Subject to Ded then Covered at 80% to 6 months per lifetime
<b>Naturopathy</b>	Not Covered	Not Covered
<b>Inpatient Rehab &amp; Cardiac Rehab</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Outpatient Physical, Speech, &amp; Occupational Therapy, &amp; Cardiac Rehab Care and Massage Therapy</b>	Pays balance after Medicare - up to \$3,000 for outpatient facility charges and 60 visits PCY for Outpatient Visits (Massage Therapy - not covered)	Pays balance after Medicare - up to \$3,000 for outpatient facility charges and 60 visits PCY for Outpatient Visits (Massage Therapy - not covered)
<b>Skilled Nursing Facility</b>	Pays balance after Medicare - Limited to 60 days PCY	Pays balance after Medicare - Limited to 60 days PCY
<b>Routine Hearing Exam</b>	One exam PCY subject to \$25 copay; Test: Covered in Full	One exam PCY subject to \$25 copay; Test: Covered in Full
<b><u>Prescription Drugs</u></b>		
<b>Retail 30-day Supply</b>	\$20/\$40/\$60	Not Covered
<b>Mail Order 90-day Supply</b>	\$40/\$80/\$120	Not Covered
<b><u>Vision</u></b>		
<b>Exam</b>	Pays balance after Medicare. Subject to \$25 copay if not covered by Medicare.	Pays balance after Medicare. Subject to \$25 copay if not covered by Medicare.
<b>Hardware</b>	Covered at 100% up to \$300 PCY	Covered at 100% up to \$300 PCY