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Health & Welfare Trust

2019	Plan H
Benefits	In Network
Deductible	\$2,000 Individ \$4,000 Family (Aggregating)
Coinsurance (after Ded)	Plan pays 80%; Member pays 20%
Total OOP Maximum	\$3,425 per Person \$6,850 per Family (Aggregating)
Physician Office Visit	Subject to Ded, then Covered at 80%
Teladoc Virtual Visit <i>*NEW*</i>	Subject to Ded, then Covered at 80%
Professional X-ray/ Lab	Subject to Ded, then Covered at 80%
Preventive Care	Covered in Full
Hospital Inpatient	Subject to Ded, then Covered at 80%
Emergency Room	Subject to Ded, then Covered at 80%
Acupuncture	Subject to Ded, then Covered at 80% 24 visits PCY
Ambulance	Subject to Ded, then Covered at 80%
Chemical Dependency and Mental Health	Subject to Ded, then Covered at 80%
Chiropractic Care	Subject to Ded, then Covered at 80% 24 visits PCY
Home Health	Subject to Ded, then Covered at 80% Limited to 130 visits PCY
Hospice	Subject to Ded, then Covered at 80% Limited to 6 month lifetime maximum
Naturopathy	Subject to Ded, then Covered at 80%
Inpatient Rehab & Cardiac Rehab	Subject to Ded, then Covered at 80% up to 30 days PCY
Oupatient Physical, Speech, & Occupational Therapy, & Cardiac Rehab Care and Massage Therapy	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
Routine Hearing Exam	Not Covered
Hearing Hardware	Not Covered
Prescription Drugs	
Ded/Max OOP	Subject to the Medical Ded
Retail 30-day Supply	Subject to Ded, then Covered at 80%
Mail Order 90-day Supply	Subject to Ded, then Covered at 80%
Vision	
Exam	Not Covered
Hardware	Not Covered