

LEOFF Health and Welfare Trust
2021 Medical Benefits

| 2021 | PLAN MSP PLUS | PLAN MSP |
|--|---|---|
| Benefits | 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 |
| Deductible | Individual \$1,000; Family \$3,000 Waived for services covered by Medicare | Individual \$1,000; Family \$3,000 Waived for services covered by Medicare |
| Coinsurance (after Ded) | Plan pays 80%; Member pays 20% Waived for services covered by Medicare | Plan pays 80%; Member pays 20% Waived for services covered by Medicare |
| Total Maximum Out of Pocket | \$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 |
| Physician Office Visit | Pays balance after Medicare | Pays balance after Medicare |
| Professional X-ray/ Lab | Pays balance after Medicare | Pays balance after Medicare |
| Preventive Care | Pays balance after Medicare | Pays balance after Medicare |
| Hospital Inpatient | Pays balance after Medicare | Pays balance after Medicare |
| Emergency Room | Pays balance after Medicare | Pays balance after Medicare |
| Acupuncture | Not Covered | Not Covered |
| Ambulance | Pays balance after Medicare | Pays balance after Medicare |
| Chemical Dependency and Mental Health | Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay | Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay |
| Chiropractic Care | \$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 |
| Home Health | 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 |
| Hospice | 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 |
| Naturopathy | Not Covered | Not Covered |
| Inpatient Rehab & Cardiac Rehab | Pays balance after Medicare | Pays balance after Medicare |
| Outpatient Physical, Speech, & Occupational Therapy, & Cardiac Rehab Care and Massage Therapy | 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) |
| Skilled Nursing Facility | Pays balance after Medicare - Limited to 60 days PCY | Pays balance after Medicare - Limited to 60 days PCY |
| Routine Hearing Exam | One exam PCY subject to \$25 copay; Test: Covered in Full | One exam PCY subject to \$25 copay; Test: Covered in Full |
| 98point6 (Text-based Primary Care) | \$0 Copay | \$0 Copay |
| Prescription Drugs | | |
| Retail 30-day Supply | \$20/\$40/\$60 | Not Covered |
| Mail Order 90-day Supply | \$40/\$80/\$120 | Not Covered |
| Vision | | |
| Exam | 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. |
| Hardware | Covered at 100% up to \$300 PCY | Covered at 100% up to \$300 PCY |