



LEOFF

Health & Welfare Trust

| 2024 | Plan A |
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| Benefits | In Network |
| Deductible | \$200 Indiv \$400 Family |
| Coinsurance (after Ded) | Plan pays 80%; Member pays 20% |
| Total OOP Maximum | \$500 per Person \$1,000 per Family |
| Physician Office Visit | \$10 Copay |
| 98point6 (Text-based Primary Care) | \$0 Copay |
| Virtual Visit | \$5 Copay |
| Professional X-ray/ Lab | First \$500 Covered in Full; thereafter Subject to Ded then Covered at 80% |
| Preventive Care | Covered in Full |
| Hospital Inpatient | Subject to Ded, then Covered at 80% |
| Emergency Room | \$100 Copay per visit, Subject to Ded, then Covered at 80% |
| Acupuncture | \$10 Copay 24 visits PCY |
| Ambulance | Subject to Ded, then Covered at 80% |
| Chemical Dependency and Mental Health | Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$10 Copay |
| Chiropractic Care | \$10 Copay 24 visits PCY |
| Inpatient Rehab & Cardiac Rehab | 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 |
| Skilled Nursing Facility | Subject to Ded, then Covered at 80% Limited to 60 days PCY |
| Routine Hearing Exam | One exam PCY subject to \$10 Copay; Test: Covered in Full |
| Hearing Hardware | Under age 19: \$5,000 Covered in Full every 48 months |
| Prescription Drugs | |
| Ded/Max OOP | None |
| Retail 30-day Supply | \$15/\$35/30% |
| Mail Order 90-day Supply | \$30/\$70/30% |
| Vision | |
| Exam | Under age 19: \$10 Copay (1 PCY) Age 19+: \$10 Copay (1 PCY) |
| Hardware | Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY |