



LEOFF

Health & Welfare Trust

LEOFF Health and Welfare Trust Medical Benefits

2024

| | Plan A | Plan B | Plan FX | Plan F | Plan H |
|--|--|--|--|--|--|
| | In Network | In Network | In Network | In Network | In Network |
| Benefits | | | | | |
| Deductible | \$200 Indiv \$400 Family | \$1,500 Indiv \$3,000 Family | \$100 Indiv \$200 Family | \$100 Indiv \$200 Family | \$2,000 Indiv \$4,000 Family (Aggregating) |
| Coinsurance (after Ded) | Plan pays 80%; Member pays 20% | Plan pays 80%; Member pays 20% | Plan pays 80%; Member pays 20% | Plan pays 90%; Member pays 10% | Plan pays 80%; Member pays 20% |
| Total OOP Maximum | \$500 per Person \$1,000 per Family | \$2,000 per Person \$4,000 per Family | \$1,100 per Person \$2,200 per Family | \$1,100 per person \$2,200 per Family | \$3,425 per Person \$6,850 per Family (Aggregating) |
| Physician Office Visit | \$10 Copay | \$35 Copay | \$20 Copay | \$10 copay | Subject to Ded, then Covered at 80% |
| 98point6 (Text-based Primary Care) | \$0 Copay | \$0 Copay | \$0 Copay | \$0 Copay | \$5 Copay |
| Virtual Visit | \$5 Copay | \$20 Copay | \$10 Copay | \$5 Copay | Subject to Ded, then Covered at 80% |
| Professional X-ray/ Lab | First \$500 Covered in Full; thereafter Subject to Ded then Covered at 80% | First \$500 Covered in Full; thereafter Subject to Ded then Covered at 80% | First \$500 Covered in Full; thereafter Subject to Ded then Covered at 80% | Covered in Full | Subject to Ded, then Covered at 80% |
| Preventive Care | Covered in Full | Covered in Full | Covered in Full | Covered in Full | Covered in Full |
| Hospital Inpatient | Subject to Ded, then Covered at 80% | Subject to Ded, then Covered at 80% | Subject to Ded, then Covered at 80% | Subject to Ded, then Covered at 90% | Subject to Ded, then Covered at 80% |
| Emergency Room | \$100 Copay per visit, Subject to Ded, then Covered at 80% | \$200 Copay per visit, Subject to Ded, then Covered at 80% | \$200 Copay per visit, then Subject to Ded, then covered at 80% | \$100 copay per visit, then Subject to Ded, then covered at 90% | Subject to Ded, then Covered at 80% |
| Acupuncture | \$10 Copay 24 visits PCY | \$35 Copay 24 visits PCY | \$20 Copay 24 visits PCY | \$10 copay 24 visits PCY | Subject to Ded, then Covered at 80% 24 visits PCY |
| Ambulance | Subject to Ded, then Covered at 80% | Subject to Ded, then Covered at 80% | Subject to Ded, then Covered at 80% | Subject to Ded, then Covered at 90% | Subject to Ded, then Covered at 80% |
| Chemical Dependency and Mental Health | Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$10 Copay | Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$35 Copay | Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$20 Copay | Inpatient - Subject to Ded, then Covered at 90% Outpatient - \$10 copay | Subject to Ded, then Covered at 80% |
| Chiropractic Care | \$10 Copay 24 visits PCY | \$35 Copay 24 visits PCY | \$20 Copay 24 visits PCY | \$10 copay 24 visits PCY | Subject to Ded, then Covered at 80% 24 visits PCY |
| Inpatient Rehab & Cardiac Rehab | Subject to Ded, then Covered at 80% up to 30 days PCY | Subject to Ded, then Covered at 80% up to 30 days PCY | Subject to Ded, then Covered at 80% up to 30 days PCY | Subject to Ded, then Covered at 90% up to 30 days PCY. | 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 | Office Setting - \$35 Copay Limited to a maximum of 60 visits PCY | Office Setting - \$20 Copay Limited to a maximum of 60 visits PCY | Office Setting - \$10 copay Limited to a maximum of 60 visits PCY; | 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 | Subject to Ded, then Covered at 80% Limited to 60 days PCY | Subject to Ded, then Covered at 80% up to 60 days PCY. | Subject to Ded, then Covered at 90% up to 60 days PCY. | 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 | One exam PCY subject to \$35 Copay; Test: Covered in Full | One exam PCY subject to \$20 Copay; Test: Covered in Full | One exam PCY subject to \$10 Copay; Test: Covered in Full | Not Covered |
| Hearing Hardware | Under age 19: \$5,000 Covered in Full every 48 months | Under age 19: \$5,000 Covered in Full every 48 months | Under age 19: \$5,000 Covered in Full every 48 months | Under age 19: \$5,000 Covered in Full every 48 months | Not Covered |
| Prescription Drugs | Plan A | Plan B | Plan FX | Plan F | Plan H |
| Ded/Max OOP | None | None | None | None | Subject to the Medical Ded |
| Retail 30-day Supply | \$15/\$35/30% | \$15/\$35/30% | \$15/\$35/30% | \$5/\$25/\$50 | Subject to Ded, then Covered at 80% |
| Mail Order 90-day Supply | \$30/\$70/30% | \$30/\$70/30% | \$30/\$70/30% | \$10/\$50/\$100 | Subject to Ded, then Covered at 80% |
| Vision | | | | | |
| Exam | Under age 19: \$10 Copay (1 PCY) Age 19+: \$10 Copay (1 PCY) | Under age 19: \$35 Copay (1 PCY) Age 19+: One exam PCY Covered in Full | Under age 19: \$20 Copay (1 PCY) Age 19+: One exam PCY Covered in Full | Under age 19: \$10 Copay (1 PCY) Age 19+: One exam PCY Covered in Full | Under age 19: \$10 Copay (1 PCY) Age 19+: One exam PCY Covered in Full |
| Hardware | Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY | Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY | Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY | Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY | Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY |

This is a benefit summary for comparison purposes only. Please refer to the benefit booklet for detailed information.

