



LEOFF
Health & Welfare Trust

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Medical Benefits

2026

	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
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/\$50/30%/50%	Not Covered
Mail Order 90-day Supply	\$40/\$100/30%/50%	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