



**LEOFF**  
Health & Welfare Trust

## LEOFF Health and Welfare Trust 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
<b>Deductible</b>	Individual \$1,000; Family \$3,000 Waived for services covered by Medicare	Individual \$1,000; Family \$3,000 Waived for services covered by Medicare
<b>Coinsurance (after Ded)</b>	Plan pays 80%; Member pays 20% Waived for services covered by Medicare	Plan pays 80%; Member pays 20% Waived for services covered by Medicare
<b>Total Maximum Out of Pocket</b>	\$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
<b>Physician Office Visit</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Professional X-ray/ Lab</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Preventive Care</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Hospital Inpatient</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Emergency Room</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Acupuncture</b>	Not Covered	Not Covered
<b>Ambulance</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Chemical Dependency and Mental Health</b>	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay
<b>Chiropractic Care</b>	\$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
<b>Home Health</b>	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
<b>Hospice</b>	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
<b>Inpatient Rehab &amp; Cardiac Rehab</b>	Pays balance after Medicare	Pays balance after Medicare
<b>Outpatient Physical, Speech, &amp; Occupational Therapy, &amp; Cardiac Rehab Care and Massage Therapy</b>	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)
<b>Skilled Nursing Facility</b>	Pays balance after Medicare - Limited to 60 days PCY	Pays balance after Medicare - Limited to 60 days PCY
<b>Routine Hearing Exam</b>	One exam PCY subject to \$25 copay; Test: Covered in Full	One exam PCY subject to \$25 copay; Test: Covered in Full
<b>98point6 (Text-based Primary Care)</b>	\$0 Copay	\$0 Copay
<b>Prescription Drugs</b>		
<b>Retail 30-day Supply</b>	\$20/\$50/30%/50%	Not Covered
<b>Mail Order 90-day Supply</b>	\$40/\$100/30%/50%	Not Covered
<b>Vision</b>		
<b>Exam</b>	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.
<b>Hardware</b>	Covered at 100% up to \$300 PCY	Covered at 100% up to \$300 PCY