



LEOFF

Health & Welfare Trust

2026	Plan A
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%; Mammography Covered in Full
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
Oupatient 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: One device per ear covered in full every 48 months
Prescription Drugs	
Ded/Max OOP	None
Retail 30-day Supply	\$15/\$30/\$50/30%
Mail Order 90-day Supply	\$30/\$60/\$100/30%
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