



LEOFF

Health & Welfare Trust

2026	Plan B
Benefits	In Network
Deductible	\$1,500 Indiv \$3,000 Family
Coinsurance (after Ded)	Plan pays 80%; Member pays 20%
Total OOP Maximum	\$2,000 per Person \$4,000 per Family
Physician Office Visit	\$35 Copay
98point6 (Text-based Primary Care)	\$0 Copay
Virtual Visit	\$20 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	\$200 Copay per visit, Subject to Ded, then Covered at 80%
Acupuncture	\$35 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 - \$35 Copay
Chiropractic Care	\$35 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 - \$35 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 \$35 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: \$35 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