



**LEOFF**

Health & Welfare Trust

**2026**

**Plan F**

Benefits	In Network
<b>Deductible</b>	\$100 Indiv \$200 Family
<b>Coinsurance (after Ded)</b>	Plan pays 90%; Member pays 10%
<b>Total OOP Maximum</b>	\$1,100 per person \$2,200 per Family
<b>Physician Office Visit</b>	\$10 copay
<b>98point6 (Text-based Primary Care)</b>	\$0 Copay
<b>Virtual Visit</b>	\$5 Copay
<b>Professional X-ray/ Lab</b>	Covered in Full
<b>Preventive Care</b>	Covered in Full
<b>Hospital Inpatient</b>	Subject to Ded, then Covered at 90%
<b>Emergency Room</b>	\$100 copay per visit, then Subject to Ded, then covered at 90%
<b>Acupuncture</b>	\$10 copay 24 visits PCY
<b>Ambulance</b>	Subject to Ded, then Covered at 90%
<b>Chemical Dependency and Mental Health</b>	Inpatient - Subject to Ded, then Covered at 90% Outpatient - \$10 copay
<b>Chiropractic Care</b>	\$10 copay 24 visits PCY
<b>Inpatient Rehab &amp; Cardiac Rehab</b>	Subject to Ded, then Covered at 90% up to 30 days PCY.
<b>Outpatient Physical, Speech, &amp; Occupational Therapy, &amp; Cardiac Rehab Care and Massage Therapy</b>	Office Setting - \$10 copay Limited to a maximum of 60 visits PCY;
<b>Skilled Nursing Facility</b>	Subject to Ded, then Covered at 90% up to 60 days PCY.
<b>Routine Hearing Exam</b>	One exam PCY subject to \$10 Copay; Test: Covered in Full
<b>Hearing Hardware</b>	Under age 19: One device per year covered in full every 48 months
<b>Prescription Drugs</b>	
<b>Ded/Max OOP</b>	None
<b>Retail 30-day Supply</b>	\$10/\$25/\$45/30%
<b>Mail Order 90-day Supply</b>	\$20/\$50/\$90/30%
<b>Vision</b>	
<b>Exam</b>	Under age 19: \$10 Copay (1 PCY) Age 19+: One exam PCY Covered in Full
<b>Hardware</b>	Under age 19: One pair glasses/frames or contacts, Covered at 100% PCY Age 19+: Covered at 100% up to \$300 PCY