



LEOFF

Health & Welfare Trust

2026	Plan H
Benefits	In Network
Deductible	\$2,000 Indiv \$4,000 Family (Aggregating)
Coinsurance (after Ded)	Plan pays 80%; Member pays 20%
Total OOP Maximum	\$3,425 per Person \$6,850 per Family (Aggregating)
Physician Office Visit	Subject to Ded, then Covered at 80%
98point6 (Text-based Primary Care)	\$5 Copay
Virtual Visit	Subject to Ded, then Covered at 80%
Professional X-ray/ Lab	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	Subject to Ded, then Covered at 80%
Acupuncture	Subject to Ded, then Covered at 80% 24 visits PCY
Ambulance	Subject to Ded, then Covered at 80%
Chemical Dependency and Mental Health	Subject to Ded, then Covered at 80%
Chiropractic Care	Subject to Ded, then Covered at 80% 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 - Subject to Ded, then Covered at 80% 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	Not Covered
Hearing Hardware	Not Covered
Prescription Drugs	
Ded/Max OOP	Subject to the Medical Deductible
Retail 30-day Supply	Subject to Ded, then Covered at 80%
Mail Order 90-day Supply	Subject to Ded, then Covered at 80%
Vision	
Exam	Under age 19: \$10 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