

LEOFF TRUST 2017
MEDICARE SUPPLEMENTAL PLANS
Effective Jan. 1, 2017

<u>Benefits</u>	PLAN MSP PLUS	
	MSP Plans are Medicare Supplemental Plans for Retirees that must be enrolled in Medicare Part A and Part B to be eligible	
Deductible	Individual \$1,000; Family \$3,000 - Waived for services covered by Medicare	
Coinsurance (after Ded)	Plan pays 80%; Member pays 20% Waived for services covered by Medicare	
Total Maximum Out of Pocket	\$7,150 per person - Combined maximum with prescription drugs; Waived for services covered by Medicare	
Physician Office Visit	Pays balance after Medicare	
Professional X-ray/ Lab	Pays balance after Medicare	
Preventive Care	Pays balance after Medicare	
Hospital Inpatient	Pays balance after Medicare	
Emergency Room	Pays balance after Medicare	
Acupuncture	Not Covered	
Ambulance	Pays balance after Medicare	
Chemical Dependency and Mental Health	Inpatient - Subject to Ded, then Covered at 80% Outpatient - \$25 copay	
Chiropractic Care	\$25 copay up to maximum of 24 visits PCY or Balance after Medicare	
Home Health	Pays balance after Medicare or Subject to Ded then Covered at 80% 130 visits PCY	
Hospice	Pays balance after Medicare or Subject to Ded then Covered at 80% to 6 months per lifetime	
Naturopathy	Not Covered	
Inpatient Rehab & Cardiac Rehab	Pays balance after Medicare	
Outpatient Physical, Speech, & Occupational Therapy, & Cardiac Rehab Care and Massage Therapy	Pays balance after Medicare - up to \$3,000 for outpatient facility charges and 60 visits PCY for Outpatient Visits (Massage Therapy - not covered)	
Skilled Nursing Facility	Pays balance after Medicare - Limited to 60 days PCY	
<u>Prescription Drugs</u>		
Retail 30-day Supply	\$20/\$40/\$60	
Mail Order 90-day Supply	\$40/\$80/\$120	
<u>Routine Hearing Exam</u>	one exam PCY subject to \$25 copay; Test: Covered in Full	
<u>Vision</u>		
Exam	Pays balance after Medicare. Subject to \$25 copay if not covered by Medicare.	
Hardware	Covered at 100% up to \$300 PCY	
<u>RATES</u>		<u>MSP Plus</u>
Employee Only	\$780.00	
Emp/Spouse	\$1,560.00	

This is a summary for comparison purposes only. Please refer to the benefit booklet for detailed information.