

**LEOFF Health and Welfare Trust
PLAN 1 January 1, 2010**

Benefits:	LEOFF TRUST Plan 1	
	PPO	Non PPO
Lifetime Maximum	\$2,000,000	
Deductible	\$100 per person; \$200 Family	\$200 per person; \$400 Family
Coinsurance (after Ded)	Plan pays 80% Member pays 20% up to \$400 per person	Plan pays 50%, Member pays 50%, no maximum limit
Total Out of Pocket Maximum Includes Deductible + Coinsurance Copays do not apply	\$500 per person; \$1,000 per Family	Unlimited
Physician Office Visit	\$5 copay then 100%	50% after Ded
Professional X-ray/ Lab	100% (Ded Waived)	50% after Ded
Routine Mammography & PSA Testing	100% (Ded Waived)	50% (Ded Waived)
Physician Inpatient	80% after Ded	50% after Ded
Preventive Care	100% to \$300 PCY (Ded Waived). Maximum includes adult/child exams subject to \$5 copay then paid at 100%.	Not Covered
Immunizations	100% (Ded Waived)	Not Covered
Chemical Dependency and Mental Health Inpatient & Outpatient Benefits	80% after Ded	50% after Ded
Anesthesia for Dental Procedures - Special conditions apply	80% after Ded	50% after Ded
Maternity	Subscriber & Spouse Only	Subscriber & Spouse Only
Newborn Nursery Care	80% after Ded	50% after Ded
Mastectomy Care	80% after ded	50% after ded
Mammogram	100% (Ded Waived)	50% after Ded
Routine Colorectal Cancer Screening	Covered under \$300 Preventative Care Benefit	Not Covered
Chiropractic Care	\$5 copay then 100%	50% after Ded
Acupuncture	\$5 copay then 100%	50% after Ded
Massage Therapy - Medically Necessary requires a prescription	Covered under Outpatient Rehab Care	Covered under outpatient Rehab Care
Inpatient Rehab	80% after ded up to \$30,000 per calendar year maximum	50% after ded up to \$30,000 per calendar year maximum
Outpatient Rehab	Included physical therapy, occupational, speech therapy, cardiac and pulmonary rehab and chronic pain -	Included physical therapy, occupational, speech therapy, cardiac and pulmonary rehab and chronic pain -
Outpatient Rehab Facility	80% after Ded up to a combined 45 visits per calendar year maximum	50% after Ded up to combined 45 visit per calendar year maximum
Professional Rehab Office Setting	\$5 copay then 100% up to 45 visits per calendar year	50% after Ded up to 45 visits per calendar year
TMJ	Office visit - \$5 copay then 100% - all other services covered at 80% after ded-limited to \$1,000 per calendar year/\$5,000 lifetime maximum	50% after ded-limited to \$1,000 per calendar year/\$5,000 lifetime maximum

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Transplants	Covered as any other condition after a 6 month benefit waiting period to a maximum of \$250,000 lifetime maximum when provided by a FCHN provider or approved transplant provider	Covered as any other condition after a 6 month benefit waiting period to a maximum of \$250,000 lifetime maximum when provided by a FCHN provider or approved transplant provider
Ambulance	80% after Ded	80% after Ded
Retail 34-day Supply	\$10/20/40	50%
Mail Order 90-day Supply	\$20/40/80	Not Covered
Vision		
Exam	One Exam per calendar year subject of \$5 copay	50% after Ded
Hardware	Covered at 100% up to \$200 every 2 calendar years	
Dependent Limiting Age	To Age 25	To Age 25
Well Baby Care	Included In Preventative Care	Included In Preventative Care
Waiting Periods		
Pre-Existing Conditions	3 Months	3 Months
Transplant Procedures	6 Months	6 Months
Premiums:	LEOFF TRUST Plan 1 January 2010 Rates	
Employee	\$	556.55
Employee/Spouse	\$	1,186.10
Employee/Spouse/1 Child	\$	1,532.81
Employee/Spouse/2 children	\$	1,715.29
Employee/Spouse/3 children	\$	1,715.29
Employee/1 Child	\$	903.26
Employee/2 Children	\$	1,085.74
Employee/3 Children	\$	1,085.74