

LEOFF Health & Welfare Trust

Plan #3	Retiree with Medicare
	(Pays Balances after Medicare)
Lifetime Maximum	\$2,000,000
Deductible	Individual \$1,000; Family \$3,000 - Waived for services covered by Medicare
Coinsurance (after Ded)	Plan pays 80%; Member pays 20% of \$10,000: Members 20% = \$2000 per person Waived for services covered by Medicare
Total OOP Maximum	\$3,000 per person - Waived for services covered by Medicare
Physician Office Visit	Pays balance after Medicare
Physician X-ray Lab	Pays balance after Medicare
Physician Inpatient	Pays balance after Medicare
Preventive Care	\$25 copay up to maximum of \$300 PCY
Hospital Inpatient	Pays balance after Medicare
Hospital Outpatient	Pays balance after Medicare
Emergency Room	Pays balance after Medicare
Mammogram	Pays balance after Medicare
Prostate Cancer Screening	Pays balance after Medicare
Acupuncture	Not covered
Ambulance	Pays balance after Medicare
Chemical Dependency -	Pays balance after Medicare
Chiropractic Care	\$25 copay up to maximum of 24 visits PCY OR Balance after Medicare
Durable Medical Equip & Supplies	Pays balance after Medicare up to \$10,000 PCY
Home Health	Pays balance after Medicare OR *80% to 130 visits PCY
Hospice	Pays balance after Medicare OR *80% to 6 months per lifetime
Home Infusion	Pays balance after Medicare
Massage Therapy	Not covered
Necessary Medical Supplies	Pays balance after Medicare
Mental Health Treatment	Pays balance after Medicare
Inpatient Rehab & Cardiac Rehab	Pays balance after Medicare
Outpatient physical, Speech, & Occupational Therapy, & Cardiac Rehab Care	Pays balance after Medicare
Skilled Nursing Facility	Pays balance after Medicare
TMJ	Covered as any other condition to \$1,000 PCY/\$5,000 lifetime
Transplant Benefit	Covered as any other condition after 6 month waiting period to maximum of \$250,000/ lifetime
Prescription Drugs	
Retail 34-day Supply	\$15/30/45
Mail Order 90-day Supply	\$30/60/90
Retiree/Spouse with Medicare	
Retiree	\$258.00
Retiree/Spouse	\$516.00