

LEOFF Health and Welfare Trust

LEOFF H&W Trust Plan 5		Plan 5
<u>PPO</u>	<u>Non PPO</u>	
Lifetime Maximum	\$2,000,000	
Deductible	Employee Only - \$2,000 Employee & Family - \$4,000	
Coinsurance (after Ded)	EMPLOYEE ONLY: Plan pays 50%; Member pays 50% of \$2,000 (or \$1,000 Coinsurance) EMPLOYEE & FAMILY: Plan pays 50%; Member pays 50% of \$4,000 (or \$2,000 coinsurance)	Plan pays 30%; Member pays 70%
Total OOP Maximum	TOTAL OOP = Deductible PLUS Coinsurance: Employee Only - \$3,000 Employee & Family - \$6,000	No Out of Pocket Limits
Physician Office Visit	50% after Ded	30% after Ded
Physician X-ray Lab	50% after Ded	30% after Ded
Physician Inpatient	50% after Ded	30% after Ded
Preventive Care	100% to \$300 PCY (Ded Waived)	Not Covered
Hospital Inpatient	50% after Ded	30% after Ded
Hospital Outpatient	50% after Ded	30% after Ded
Emergency Room	50% after Ded (In and Out of Network ER services covered for life threatening/accidental injury only)	
Mammogram	100% (Ded Waived)	30% after Ded
Prostate Cancer Screening	100% (Ded Waived)	30% after Ded
Acupuncture	50% after Ded up to 16 visits PCY	30% after Ded
Ambulance	50% after Ded	
Chemical Dependency -	50% after Ded - combined maximum of \$11,841 every 24 months	30% after Ded
Chiropractic Care	50% after Ded up to 30 visits PCY, x-rays limited to \$100 PCY	30% after Ded
Durable Medical Equip & Supplies	50% after Ded	30% after Ded
Hearing Aid Benefit	50% after Ded Exam One/24 months; Hardware -not covered	30% after Ded
Home Health	50% after Ded - Limited to 130 visits PCY	30% after Ded
Hospice	50% after Ded - Limited to 6 months PCY	30% after Ded
Home Infusion	50% after Ded	30% after Ded
Massage Therapy	50% after Ded up to 16 visits PCY	30% after Ded
Maternity and Newborn	Covered as any other condition	30% after Ded
Necessary Medical Supplies	50% after Ded	30% after Ded
Mental Health Treatment	Outpatient - 50% after Ded up to 20 visits PCY. Inpatient - 50% after Ded up to 7 days PCY	30% after Ded
Inpatient Rehab & Cardiac Rehab	50% after Ded - up to 30 days PCY.	30% after Ded
Outpatient physical, Speech, & Occupational Therapy, & Cardiac Rehab Care	50% after Ded up to 45 visits PCY	30% after Ded
Skilled Nursing Facility	50% after Ded - Limited to 60 days PCY	30% after Ded
TMJ	50% after Ded - Limited to \$1,000 PCY & \$5,000/lifetime	30% after Ded
Transplant Benefit	Covered as any other condition after 6 month benefit waiting period to maximum of \$250,000/lifetime when provided by a FCHN provider or any Approved Transplant Center.	
Prescription Drugs	Par Pharmacy	Non Par Pharmacy
Retail 34-day Supply	\$15/30/45 each 30 day supply	\$15/30/45 each 30 day supply then 30%
Mail Order 90-day Supply	50% after Ded	Not Covered
Vision		
Exam	50% limited to one PCY	30% after Ded
Hardware	50% up to \$200 per 2 Calendar Years	