



LEOFF

Health & Welfare Trust

2024	Plan F
Benefits	In Network
Deductible	\$100 Indiv \$200 Family
Coinsurance (after Ded)	Plan pays 90%; Member pays 10%
Total OOP Maximum	\$1,100 per person \$2,200 per Family
Physician Office Visit	\$10 copay
98point6 (Text-based Primary Care)	\$0 Copay
Virtual Visit	\$5 Copay
Professional X-ray/ Lab	Covered in Full
Preventive Care	Covered in Full
Hospital Inpatient	Subject to Ded, then Covered at 90%
Emergency Room	\$100 copay per visit, then Subject to Ded, then covered at 90%
Acupuncture	\$10 copay 24 visits PCY
Ambulance	Subject to Ded, then Covered at 90%
Chemical Dependency and Mental Health	Inpatient - Subject to Ded, then Covered at 90% Outpatient - \$10 copay
Chiropractic Care	\$10 copay 24 visits PCY
Inpatient Rehab & Cardiac Rehab	Subject to Ded, then Covered at 90% up to 30 days PCY.
Outpatient Physical, Speech, & Occupational Therapy, & Cardiac Rehab Care and Massage Therapy	Office Setting - \$10 copay Limited to a maximum of 60 visits PCY;
Skilled Nursing Facility	Subject to Ded, then Covered at 90% up to 60 days PCY.
Routine Hearing Exam	One exam PCY subject to \$10 Copay; Test: Covered in Full
Hearing Hardware	Under age 19: \$5,000 Covered in Full every 48 months
Prescription Drugs	
Ded/Max OOP	None
Retail 30-day Supply	\$5/\$25/\$50
Mail Order 90-day Supply	\$10/\$50/\$100
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