

2021 Medical Plan Rates and Benefits Comparison

<b>Health Plan Name</b>	<b>Employee Only</b>	<b>Full Family</b>	<b>Individual Annual Deductible</b>	<b>Family Annual Deductible</b>	<b>Individ Annual Out-of-pocket Max</b>	<b>Family Annual Out-of-pocket Max</b>
LEOFF Health & Welfare Trust Plan F	\$821.92	\$2,533.10	\$100	\$200	\$1,100	\$2,200
LEOFF Health & Welfare Trust Plan FX	\$787.09	\$2,425.77	\$100	\$200	\$1,100	\$2,200
LEOFF Health & Welfare Trust Plan B	\$671.01	\$2,068.01	\$1,500	\$3,000	\$2,000	\$4,000
PEBB Uniform Medical Plan Classic	\$767.09	\$1,988.84	\$250	\$750	\$2,000	\$4,000
PEBB Uniform Medical Plan CDHP	\$693.89	\$1,734.78	\$1,400	\$2,800	\$4,200	\$8,400
PEBB Uniform Medical Plan Plus	\$734.16	\$1,898.30	\$125	\$375	\$2,000	\$4,000
PEBB Uniform Medical Plan Select	\$698.87	\$1,801.25	\$750	\$2,250	\$3,500	\$7,000
AWC HealthFirst 250*	\$772.98	\$2,253.80	\$250	\$750	\$3,000	\$6,000
AWC HealthFirst 500*	\$726.40	\$2,119.64	\$500	\$1,500	\$3,500	\$7,000
AWC HDHP*	\$537.52	\$1,577.84	\$1,500	\$3,000	\$5,000	\$10,000

\* AWC numbers are based on the Well City rate. Without this designation the amounts would be 2% higher.

