2021 Medical Plan Rates and Benefits Comparison

Health Plan Name	Employee Only	Full Family	Individual Annual Deductible	Family Annual Deductible	Individ Annual Out-of-pocket Max	Family Annual Out-of-pocket Max
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.

2021 Medical Plan Rates and Benefits Comparison

Health Plan Name	Hospital Inpatient Services	Hospital Outpatient Services	Physician Inpatient	Physician Office Visit	Prescriptions (Generic)	Prescriptions (Brand)	Prescriptions (Non- Formulary)
LEOFF Health & Welfare Trust Plan F	10% after deductible	10% after deductible	10% after deductible	\$10 copay	\$5 copay	\$25 copay	\$50 copay
LEOFF Health & Welfare Trust Plan FX	20% after deductible	20% after deductible	20% after deductible	\$20 copay	\$15 copay	\$35 copay	30% coinsurance
LEOFF Health & Welfare Trust Plan B	20% after deductible	20% after deductible	20% after deductible	\$35 copay	\$15 copay	\$35 copay	30% coinsurance
PEBB Uniform Medical Plan Classic	deductible; \$200/day copay w \$600/year max/person	15% after deductible	15% after deductible	15% after deductible	10% up to \$25	deductible (\$100 indiv/\$300 family) then 30% up to \$75	
PEBB Uniform Medical Plan CDHP	15% after deductible	15% after deductible	15% after deductible	15% after deductible	15% after deductible	15% after deductible	
PEBB Uniform Medical Plan Plus	deductible; \$200/day copay w \$600/year max/person	15% after deductible	15% after deductible	\$0	10% up to \$25	30% up to \$75	
PEBB Uniform Medical Plan Select	deductible; \$200/day copay w \$600/year max/person	20% after deductible	20% after deductible	20% after deductible	10% up to \$25	deductible (\$250 indiv/\$750 family) then 30% up to \$75	
AWC HealthFirst 250*	10% after deductible	10% after deductible	10% after deductible	10% after deductible	\$5 copay	\$25 copay	\$50 copay
AWC HealthFirst 500*	20% after deductible	20% after deductible	20% after deductible	20% after deductible	\$10 copay	1 7	50% coinsurance
AWC HDHP*	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible