



Carpenters Health & Welfare Trust Fund for California

Plan B & Flat Rate Comparison

BENEFITS AT A GLANCE

This summary is a brief description of Carpenters Health and Welfare Plan benefits. In all cases, the Plan Rules and Regulations, including any amendments, will be the basis for the payment of any benefits.

► When to Contact the Trust Fund Office	
When you have questions about: Eligibility, Benefits, COBRA, Disability, Life Insurance, Accidental Death & Dismemberment Claims (AD&D), Orthodontic Benefits	Direct line: (510) 633-0333 Toll Free: (888) 547-2054 Email: benefitservices@carpenterfunds.com Web: www.carpenterfunds.com
► Dental Benefit Contact	
Delta Dental (Delta Dental PPO) (800) 765-6003, Web: www.deltadentalins.com	
► Member Assistance Program (MAP)	
Offered through Anthem Blue Cross (PPO) Available to ALL Participants regardless of medical carrier option elected.	Anthem (800) 999-7222 Web: www.AnthemEAP.com
► Who to contact if you have questions about your Indemnity Medical Plan	
Claims	Direct line: (510) 633-0333 Toll Free: (888) 547-2054 Email: benefitservices@carpenterfunds.com Web: www.carpenterfunds.com
Hearing Aid Benefits	
Finding a contract provider	Anthem (800) 810-2583 Web: www.anthem.com
Finding a CT scan, imaging, MRI contract provider , help comparing cost and quality at facilities in your neighborhood.	Benefit Advisors (844) 437-0488
24 hour online doctor visit	LiveHealth Online: www.livehealthonline.com
For assistance with non-emergency medical questions	Anthem 24/7 NurseLine (800) 700-9184
Review Organization for Required Pre-Authorizations	Anthem Blue Cross (800) 274-7767 (Physicians Only)
Prescriptions	Express Scripts (800) 939-7093 Web: www.express-scripts.com Fund Office: (888) 547-2054
Vision Benefits	Vision Service Plan (VSP) (800) 877-7195 Web: www.vsp.com
► Who to contact if you have questions about your Kaiser Plan	
Kaiser Member Services (800) 464-4000, Web: members.kp.org	

Healthcare Reform: Carpenters Health and Welfare Trust Fund for California Indemnity Medical Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that certain consumer protections of the Affordable Care Act that apply to other plans may not be required. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Plan Administrator at 265 Hegenberger Rd., Suite 100, Oakland, CA 94621. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

► Your Choice of Plans	
Kaiser A Health Maintenance Organization (HMO) that provides prepaid medical, drug, vision and hearing aid benefits to Participants enrolled in this Plan with a guaranteed payment of these benefits. Participants must live within the Service Areas.	Indemnity Medical Plan A comprehensive benefit plan with an annual deductible and a limit on your annual out of pocket for covered expenses. After the out of pocket limit is reached for PPO providers each year, the Plan will pay 100% of PPO covered expenses for the remainder of the calendar year.
► Coverage Areas	
Kaiser See attached page for a zip code listing of covered areas.	Indemnity Medical Plan PPO facilities available throughout California and the U.S. Call 1(888) 547-2054 to verify PPO providers in California, or 1 (800) 810-2583 for PPO providers outside California.
► Choosing Physicians	
Kaiser Members choose a Physician on staff at a Kaiser Permanente facility located in their service area. Routine, preventive, and specialist care are provided at Kaiser Permanente facilities or by Kaiser contract providers.	Indemnity Medical Plan Members may use the providers of their choice; however to receive maximum benefits, Participants must use PPO providers.
► Coordination of Benefits	
Kaiser Does not apply.	Indemnity Medical Plan If the participant's spouse is employed and the employer offers insurance, the spouse must elect coverage. If he or she declines coverage, the Indemnity Plan will pay up to 20% of covered medical bills. The Fund will estimate the benefits of the other group plan at 80% of expenses incurred and will coordinate its benefits with the estimated benefits.
► Annual Deductible	
Kaiser None.	Indemnity Medical Plan Per person: PPO: \$128, Non-PPO: \$257 Maximum deductible per family: PPO: \$256, Non-PPO: \$514

► Annual Out of Pocket Limits	
Kaiser Limit on copayments Per person - \$1,500 Per family - \$3,000	Indemnity Medical Plan For Contract Providers, \$6,445 per person, not to exceed \$12,890 per family. There is no Out of Pocket Maximum for Non-Contract Provider charges.
► Copayments	
Kaiser Shown for each service	Indemnity Medical Plan Once the annual deductible is satisfied and until the out of pocket limit is met, the Plan pays: PPO at 80% of contract rates and Non-PPO at 60% of Allowed Charges for all benefits unless otherwise indicated. Allowed Charge: The dollar amount the Fund has determined it will allow for covered Medically Necessary services or supplies performed by Non-PPO Providers. Providers must be registered with the Centers for Medicare and Medicaid Services (CMS) to determine rate. Out-patient Non-CMS provider services are limited to a maximum payable of \$100 per appointment
MEDICAL & PRESCRIPTION DRUG ANNUAL MAXIMUM BENEFIT	
Kaiser None	Indemnity Medical Plan None
GENERAL BENEFITS	
► Hospital Services	
Kaiser \$250 per admission	<p>Indemnity Medical Plan</p> <p><u>Inpatient</u>: Subject to deductible and out of pocket limit.</p> <p>Maximum of \$30,000 is paid for facility fees associated with a knee or hip replacement surgery.</p> <p><u>Outpatient</u>: PPO: 80%, Non-PPO: 60% of Allowed Charge, however, if there was no choice in the hospital used due to an Emergency and patient was admitted from the Emergency Room, the benefit is 80% of Allowed Charges.</p> <p>If a hospital is used instead of an Ambulatory Surgery Center, there is a maximum payable of:</p> <p>\$6,000 for arthroscopies \$2,000 for cataract surgery \$1,500 for colonoscopies \$1,000 for endoscopies</p>

► Hospital Emergency Room	
Kaiser \$100 per visit, waived if admitted to hospital.	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: paid at 80%; Non-PPO: Paid at 60%, however, if there was no choice in the hospital used due to an Emergency, the benefit is 80% of Allowed Charges.
► Physician Office Visits	
Kaiser \$20 per visit	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
	Online physician visits are free of charge when you use www.livehealthyonline.com .
► Surgical Services	
Kaiser \$20 per procedure (Outpatient)	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► X-rays & Lab	
Kaiser No Charge	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► Maternity	
Kaiser \$5 per visit for scheduled prenatal visits and first postpartum visit; \$250 hospital admission copay for delivery.	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► Sterilization Benefits	
Kaiser Co-payment required	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge

► Allergy Testing and Treatment	
Kaiser \$20 per testing visit; \$3.00 per injection visit	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► Ambulance	
Kaiser No Charge	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 80% of Allowed Charge
► Home Health Care	
Kaiser No Charge, up to 100 visits per calendar year	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► Skilled Nursing Facilities	
Kaiser No Charge, up to 100 days per benefit period	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge Limited to 70 days per period of confinement. Utilization review is recommended.
► Short Term Therapy (Physical, Speech, Occupational)	
Kaiser \$20 per visit	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge

► Chiropractic	
Kaiser Self-referral; must use network providers. \$10 per visit, limited to 30 visits per year. \$50 allowance per calendar year for Chiropractic Appliances.	Indemnity Medical Plan Benefit for Participant and Spouse only. Maximum payment of \$25 per visit and 20 visits per calendar year. Subject to deductible. Out of pocket limit does not apply to charges over plan maximums.
► Acupuncture	
Kaiser Available with referral	Indemnity Medical Plan Maximum payment of \$35 per visit and 20 visits per calendar year. Subject to deductible. Out of pocket limit does not apply to charges over plan maximums.
► Podiatry	
Kaiser \$20 per visit	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► Durable Medical Equipment	
Kaiser No Charge	Indemnity Medical Plan Subject to deductible and annual out of pocket limit. PPO: Paid at 80% Non-PPO: Paid at 60% of Allowed Charge
► Vision Benefits	
Kaiser <u>Vision Exam</u> : \$20 per visit; Must use Kaiser Optical. <u>Glasses & Contact Lenses</u> : Maximum allowance of \$125 for glasses or contact lenses. Benefit renews every 24 months.	Indemnity Medical Plan <u>Vision Exam</u> : Through Vision Service Signature Choice Plan every 12 months after \$10 copay. <u>Glasses & Contact Lenses</u> : Covered through Vision Service Signature Choice Plan after \$25 copay for materials. Provides one pair of lenses every 12 months and frames every 24 months. Visually Necessary contact lenses paid in full if provided by a VSP doctor. For other elective contact lenses, Plan pays up to a \$105 allowance for professional fees and materials. <u>Safety Glasses</u> : ANSI Certified ProTech Safety eyewear is covered by Vision Service Plan after a \$25 co-payment.

► **Hearing Exam & Hearing Aids**

Kaiser \$20 copay for exam. Plan pays: \$2,500 allowance per device. One device per ear every 36 months.

Indemnity Medical Plan Maximum benefit limits: 80%, up to \$800 maximum for each ear, including the exam only if the hearing aid(s) are obtained. Hearing aids provided every 3 years. Not subject to deductible or out of pocket limit.

PRESCRIPTION BENEFITS

Kaiser

Retail Pharmacy

Generic Retail:
\$10 (30 days)
\$20 (31-60 days)
\$30 (61-100 days)

Brand Retail:
\$30 (30 days)
\$60 (31-60 days)
\$90 (61-100 days)

Specialty drugs have a 20% co-payment, not to exceed \$150 per 30-day supply.

Prescriptions from Non-Kaiser providers (other than Dentists if the drug is for dental care) or other than prescriptions obtained in conjunction with covered emergency care or out-of-area urgent care are NOT covered.

Mail Order

Generic Mail Refills:
\$10 (30 days)
\$20 (31-100 days)
Brand Mail Refills:
\$30 (30 days)
\$60 (31-100 days)

Specialty drugs have a 20% co-payment, not to exceed \$150 per 30-day supply.

Mail orders on reorder prescriptions only. Visit www.kp.org for information on obtaining refills.

Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.

Indemnity Medical Plan

Retail Pharmacy

Retail contract pharmacies only, unless there are none within 10 miles.

\$15 for formulary generic drug
\$15, PLUS cost difference between generic and brand for multi-source brand.

\$53 for single source formulary brand.

\$80 for non-formulary - Certain non-formulary drugs are not covered without prior authorization.

30 day supply.

Maintenance Prescriptions must be filled through the mail order program.

Mail Order

\$26 for formulary generic drug.

\$26 PLUS cost difference between generic and brand for multi-source brand.

\$106 for single source formulary brand.

\$133 for non-formulary. Certain non-formulary drugs are not covered without prior authorization.

90-day supply.

In general, the Plan will pay for all new brand name medications approved by the FDA at 50% for the first 24 months following FDA approval.

► **Prescription Drug Terminology**

Generic: A drug identified by its chemical name - an equivalent version of a brand name drug whose exclusive patent has expired.

Multi-Source Brand: A brand name drug that has a generic equivalent.

Single Source Formulary Brand: A brand name drug that has no generic equivalent and is placed on a list of preferred formulary drugs by the pharmacy benefit manager.

Non-Formulary Drug: A drug that is NOT on a list of preferred formulary drugs.

DENTAL BENEFITS

In-Network: Delta Dental PPO Dentist

Maximum* - \$2,500 per patient per calendar year

Diagnostic & Preventive - 100% Contract Rate; Basic Services - 80% Contract Rate

Crowns & Cast Restorations - 80% Contract Rate; Prosthodontics - 80% Contract Rate

Outside of Delta Dental PPO Network:

Maximum* - \$2,000 per patient per calendar year

Diagnostic & Preventive - 100% Contract Rate; Basic Services - 50% Contract Rate Crowns & Cast

Restorations - 50% Contract Rate; Prosthodontics - 50% Contract Rate

*The above maximums are not separate maximums.

ORTHODONTIC BENEFITS

Orthodontic Benefits for Dependent Children Only. Benefits covered by Indemnity Medical Plan, not Delta Dental.

Plan pays 50% of covered charges to a maximum of \$1,500 per dependent child to the age of 19.

PREVENTIVE CARE

► **Adult Physical Exam**

Kaiser No Charge

Indemnity Medical Plan

For Participant and Spouse only.

Subject to deductible and annual out of pocket limit.

PPO: Paid at 80%

Non-PPO: Paid at 60% of Allowed Charge

► **Well Child Care/Routine Physicals for Dependent Children**

Kaiser No Charge

Indemnity Medical Plan

Subject to deductible and out of pocket limit.

PPO: Paid at 80%

Non-PPO: Paid at 60% of Allowed Charge

For children over age 2, benefits are limited to one physical examination in any 12-month period.

► **Immunization**

Kaiser No Charge (Adults & Children)

Indemnity Medical Plan

Subject to deductible and annual out of pocket limit.

PPO: Paid at 80%

Non-PPO: Paid at 60% of Allowed Charge

MENTAL HEALTH CARE

► *Inpatient Care (including residential treatment)*

Kaiser \$250 per admission (up to 45 days per calendar year)

Indemnity Medical Plan

In-Network - No deductible.

Out-of-Network - No deductible.

Subject to annual out of pocket limit.

PPO: Paid at 90%

Non-PPO: Paid at 60% of Allowed Charge

All services must be pre-authorized or no benefits will be payable.

► *Outpatient Treatment at a Hospital Facility*

Kaiser \$20 individual / \$10 group visits.

Indemnity Medical Plan

In-Network - No deductible.

Out-of-Network - No deductible.

Subject to annual out of pocket limit.

PPO: Paid at 90%

Non-PPO: Paid at 60% of Allowed Charge

► *Mental Health Care: Office Visits*

Kaiser \$20 individual / \$10 group visits. Limited to 20 visits per year.

Indemnity Medical Plan

In-Network - No deductible.

Out-of-Network - No deductible.

Subject to annual out of pocket limit.

PPO: Paid at 100%

Non-PPO: Paid at 60% of Allowed Charge

ALCOHOL & CHEMICAL DEPENDENCY TREATMENT

► *Inpatient Hospitalization*

Kaiser - \$0 copay, covered at 100%.

Indemnity Medical Plan

In-Network - No deductible, 100%

Out-of-Network - No deductible, 60% of Allowed Charge

All services must be pre-authorized or no benefits are payable.

► *Outpatient Treatment*

Kaiser \$20 individual / \$5 group visits.

Indemnity Medical Plan

In-Network - No deductible, 100%

Out-of-Network - No deductible, 60% of Allowed Charge

All services must be pre-authorized or no benefits are payable.

MEMBER ASSISTANCE PROGRAM (MAP)

Provided by Anthem to all Participants regardless of your election to be in Kaiser or the Indemnity Plan option.

The Member Assistance Program (MAP) provides Counseling Sessions with an Anthem network counselor of 4 visits per incident at \$0 copay. Services such as relationship counseling, legal assistance, financial advice, identity protection, tobacco cessation coaching, as well as other work-life services.

Service Available	Examples of Available Services	Benefit
Counseling	<ul style="list-style-type: none">• Improve your personal and professional relationships• Manage Stress• Break a bad habit or start good one	Four free face-to-face counseling sessions per different concern
Legal Assistance	<ul style="list-style-type: none">• Personal business legal services• Criminal matters• IRS matters• Personal/family legal services	Thirty minute consultation per different concern then if additional services are needed, 25% discount
Financial Advice	<ul style="list-style-type: none">• Budgeting techniques• Debt counseling• Divorce planning• Retirement planning	Unlimited telephone consultations
Daily Living (child and elder care)	<ul style="list-style-type: none">• Child day care• Adult day care• Alzheimer's support• Skilled nursing facilities	Referral services

**NORTHERN CALIFORNIA SERVICE AREA
ZIP CODE RANGES
FOR KAISER PERMANENTE
NON-SENIOR ADVANTAGE (NON-KPSA)**

The Service Area is that portion of Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz*, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties within the following ZIP codes:

93230	93790-94	94247-50	94912-15	95103	95360-61	95630
93232	93844	94252	94920	95106	95363	95632-35
93242	93888	94254	94922-31	95108-13	95366-68	95638-41
93601-02	94002	94256-59	94933	95115-36	95376-78	95645
93604	94005	94261-63	94937-42	95138-41	95380-82	95648
93606-07	94010-11	94267-69	94945-57	95148	95385-87	95650-52
93609	94014-28	94271	94960	95150-61	95391	95655
93611-14	94030	94273-74	94963-66	95164	95397	95658-64
93616	94035	94277-80	94970-79	95170	95401-07	95667-74
93618-19	94037-44	94282-91	94999	95172-73	95409	95676-78
93623-27	94060-66	94293-98	95001*	95190-94	95416	95680-83
93630-31	94070	94301-06	95002	95196	95419	95686-88
93636-39	94074	94309	95003*	95201-15	95421	95690-98
93643-46	94080	94401-04	95005-07*	95219-20	95425	95703
93648-54	94083	94497	95008-09	95227	95430-31	95722
93656-57	94085-89	94501-03	95010*	95230-31	95433	95736
93660	94102-05	94505-31	95011	95234	95436	95741-42
93662	94107-12	94533-53	95013-15	95236-37	95439	95746-47
93666-69	94114-34	94555-83	95017-19*	95240-42	95441-42	95757-59
93673	94137	94585-92	95020-21	95253	95444	95762-63
93675	94139-47	94595-99	95026	95258	95446	95765
93701-12	94151	94601-15	95011	95267	95448	95776
93714-18	94158-61	94617-24	95035-38	95269	95450	95798-99
93720-30	94163-64	94649	95041*	95296-97	95452	95811-38
93737	94172	94659-62	95042	95304	95462	95840-43
93740-41	94177	94666	95044	95307	95465	95851-53
93744-45	94188	94701-10	95046	95313	95471-73	95860
93747	94203-09	94712	95050-56	95316	95476	95864-67
93750	94211	94720	95060-67*	95319-20	95486-87	95894
93755	94229-30	94801-08	95070-71	95322-23	95492	95899
93760-61	94232	94820	95073*	95326	95602-05	95903
93764-65	94234-37	94850	95076	95328-30	95607-21	95961
93771-79	94239-40	94901	95077*	95336-37	95623-26	
93786	94244	94903-04	95101	95350-58	95628	

*Effective 1/1/2017

Last updated 10/19/16