



Carpenters Health & Welfare Trust Fund for California Retiree Plan Comparison

| QUICK REFERENCE | |
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| Information Needed: | Contact the Following: |
| Eligibility, Benefits, COBRA or Disability | Fund Office (510) 633-0333 or Toll Free (888) 547-2054 |
| Claims: Indemnity Medical Plan Hearing Aid Benefit (Indemnity & Health Net) | Fund Office (510) 633-0333 or Toll Free (888) 547-2054 www.carpenterfunds.com |
| Contract Provider Program – In California (Indemnity Medical Plan) | Fund Office (510) 633-0333 or Toll Free (888) 547-2054 www.anthem.com/ca |
| Contract Provider Program – Outside California (Indemnity Medical Plan) | BlueCard (800) 810-2583 www.bluecares.com |
| Review Organization for Required Pre-Authorizations – In or Outside California (Indemnity Medical Plan) | Anthem Blue Cross (800) 274-7767 Prudent Buyer Plan (for physicians only) |
| Prescription Drug Benefits (Indemnity Medical Plan) | Medco (800) 939-7093 www.medco.com Fund Office (888) 547-2054 |
| Vision Service Plan (Indemnity Medical Plan) | (800) 877-7195 www.vsp.com |
| Kaiser Foundation Health Plan | (800) 464-4000 http://my.kp.org/ca/carpenterfunds/index.html |
| Health Net | (800) 638-3889 www.healthnet.com |
| Dental Delta Dental (PPO) PMI Customer Relations | (800) 765-6003 (800) 422-4234 |

Healthcare Reform: Carpenters Health and Welfare Trust Fund for California believes this 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 your Plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. 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.

Please note: 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.

| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
|-----------------------------|---|--|--|
| | NOT YET ELIGIBLE FOR MEDICARE | | |
| Plan Selections | 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 Area. | A Health Maintenance Organization (HMO) that provides prepaid medical, drug, and vision benefits to Participants enrolled in this Plan with a guaranteed payment of these benefits. Participants must live within the Service Area. | The Indemnity Plan is a comprehensive benefit plan with an annual deductible and a limit on your annual out of pocket covered expenses. After the out of pocket limit is reached each year, the Plan will pay 100% of covered expenses for the remainder of the calendar year. |
| Choice of Physicians | 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. | Members choose a primary care physician from Health Net participating medical group (PMG) or an individual practice association (IPA). The primary care physician manages the member's routine and preventive care and refers patients to specialists as needed. | Members may use the providers of their choice. To receive maximum benefits, members must use PPO/contract providers. |
| Annual Deductible | None | None | Calendar Year - Per person PPO: \$100 Non-PPO: \$200 Maximum - Per family PPO: \$200 Non-PPO: \$400 |
| Annual Out of Pocket Limits | Limit on co-payments: Per person - \$1,500 Per family - \$3,000 | Limit on co-payments: Person - \$1,500 Per family of 3 or more - \$4,500 | For Contract Providers, \$1,000 per person, not to exceed \$2,000 per family. There is no Out of Pocket Maximum for Non-Contract Provider charges. |
| Co-Payments | Shown for each service | Shown for each service | Once annual deductible has been satisfied and until the out of pocket limit is met, the Plan pays: PPO at 90% of contract rates, Non-PPO at 70% of Allowed Charges for all benefits unless otherwise indicated. |

| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
|-------------------------|--|---|--|
| | NOT YET ELIGIBLE FOR MEDICARE | | |
| Plan Lifetime Maximum | None | None | \$250,000, with up to \$10,000 annual reinstatement |
| Hospital Services | No Charge | No Charge | Subject to deductibles and annual out of pocket limits. Benefits reduced by 25% if utilization review is not obtained. PPO: Paid at 90%, Non-PPO: Paid at 70% of Allowed Charge, however, if there was no choice in the hospital used due to an Emergency and if admitted from the Emergency Room, the benefit is 90% of Allowed Charge. |
| Hospital Emergency Room | \$50 per visit, waived if admitted to hospital. | \$50 per visit, waived if admitted to hospital. | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%, however, if there was no choice in the hospital used due to an Emergency, the benefit is 90% of Allowed Charge. |
| Physician Office Visits | \$20 per visit | \$20 per visit | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| Surgical Services | No Charge for inpatient surgery; \$20 per procedure for outpatient surgery | No Charge | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| X-rays & Lab | No Charge | No Charge | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| Maternity | \$5 per visit for scheduled prenatal care and first post partum visit | Co-payments for physician visits, hospital and surgery apply. | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| Sterilization Benefits | Co-payment required | Co-payment required | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |

| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
|--------------------------------------|---|--|--|
| NOT YET ELIGIBLE FOR MEDICARE | | | |
| Ambulance | No Charge | No Charge | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 90% |
| PREVENTIVE CARE | | | |
| Adult Physical Exam | \$20 per visit | \$20 per visit for a periodic health evaluation when recommended by the primary care physician. Annual routine physical exams are not covered (for example: examinations required by an employer or for school admission). | For Retiree and Spouse only. The following benefits are subject to plan deductibles and are paid at 90% PPO or 70% Non-PPO: Adult physical limited to \$250. Out of pocket limits do not apply to charges in excess of the benefit limits. Colonoscopy, Sigmoidoscopy, Mammograms and PSA test for Participants age 50 and over are covered at 90% of contract rates for PPO or 70% of Allowed Charge for Non-PPO. |
| Well Baby Care | \$5 per visit age 0-23 months; \$20 per visit after age 2 | \$20 per visit | Not covered |
| Female Routine Exam | \$20 per visit | \$20 per visit | See "Adult Physical Exam" above. Mammograms - PPO: paid at 90%. Non-PPO paid at 70%. |
| Immunization (Dependent Children) | No Charge (Adults and Children) | No Charge | Not covered |
| Allergy Testing and Treatment | \$20 per testing visit; \$3.00 per injection visit. | Allergy Testing - No Charge Allergy Injection - No Charge Allergy Serum - Not Covered | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| MENTAL HEALTH | | | |
| Inpatient | No Charge, up to 45 days per calendar year. | No Charge; limited to 30 days per calendar year, combined with alcohol and chemical dependency benefit. | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| Outpatient | \$20 individual / \$10 group visits. Limited to 20 visits per year. | \$30 per visit; Limited to 20 visits per year, combined with alcohol and chemical dependency benefit. | Not covered |

| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
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NOT YET ELIGIBLE FOR MEDICARE

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| Severe Mental Illness | The mental health co-payments and visit/day limits shown above do not apply to Severe Mental Illness or Serious Emotional Disturbance of a Child - services for these conditions are covered on the same basis as a medical condition. Exception: Health Net office visit copayment for severe conditions is \$15 per visit. | | |
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ALCOHOL & CHEMICAL DEPENDENCY TREATMENT

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|-----------|---|--|---|
| Inpatient | No Charge for prescribed residential rehabilitation, up to 30 days per calendar year. \$100 per admission for transitional residential recovery services, up to 60 days per year, not to exceed 120 days in any 5 consecutive calendar years. | No Charge; limited to 30 days per calendar year, combined with inpatient mental health days. | Benefits are limited to two treatments per individual. 100% for first treatment, 80% for second treatment. Must use PPO provider or no benefits are payable. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums. |
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| Outpatient | \$20 per visit; \$5 per visit for group visits. | \$30 per visit; Limited to 20 visits per year, combined with mental health benefit. | Maximum of \$2,500 for treatment received from a Non-Contract Facility if no outpatient program available from a Contract Facility in the Preferred Provider Service Area. Included in the above two treatment maximum. Subject to deductibles. Out of pocket limits do not apply to charges over maximums. |
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OTHER MEDICAL SERVICES

| | | | |
|------------------|---|--|---|
| Home Health Care | No Charge; up to 100 visits per calendar year | \$20 per visit; Co-payment begins on 31st day of service | Subject to deductible and annual out of pocket limit. PPO: paid at 90% Non-PPO: paid at 70%. Up to 70 days per period of confinement. |
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| Skilled Nursing Facilities | No Charge; Limited to 100 days per benefit period. | No Charge; Limited to 100 days per calendar year. | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
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| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
|--|--|---|---|
| NOT YET ELIGIBLE FOR MEDICARE | | | |
| Short Term Therapy (Physical, Speech, Occupational) | \$20 per visit | No Charge | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| Chiropractic | Self-referral; must use network providers; \$10 per visit, up to 30 visits per year. \$50 allowance per calendar year for Chiropractic Appliances. | Self-referral; must use network providers; \$10 per visit, up to 20 visits per year | Maximum payment of \$25 per visit and 20 visits per calendar year. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums. Benefits are payable for Participant and Spouse only. |
| Acupuncture | Available with referral | Contact Health Net's Well Choices Department 1(888)793-7746 for a listing of providers that offer a discount. (This is not a benefit). | Maximum payment of \$35 per visit and 20 visits per calendar year. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums. |
| Podiatry | \$20 per visit | Not Covered | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| Durable Medical Equipment | No Charge | No Charge | Subject to deductibles and out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%. |
| VISION BENEFITS | | | |
| Vision Exam | \$20 per visit; Must use Kaiser Optical | \$20 per visit; Must use contract provider. | Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 co-payment for exam. |
| Glasses and Contact Lenses | Must use Kaiser Optical. Maximum allowance of \$125 for glasses or contact lenses. Benefit renews every 24 months. | Lenses and Frames provided every 24 months up to a maximum allowance of \$60 for frames. Contact lenses provided in lieu of eyeglasses every 24 months up to a maximum allowance of \$100. Visually necessary contract lenses: Paid in full, must use contract providers. | Covered through Vision Service Signature Choice Plan after \$25 co-payment for materials. Provides one pair of lenses every 12 months and frames every 24 months. Visually necessary contact lenses paid in full when provided by a VSP doctor. For other elective contact lenses, plan pays up to a \$105 allowance for professional fees and materials. |

| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
|--------------------------------------|---|--|--|
| NOT YET ELIGIBLE FOR MEDICARE | | | |
| PRESCRIPTION DRUGS | | | |
| Retail Pharmacy | <p>\$10 for generic drug \$30 for formulary brand drug Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. Maximum 100-day supply</p> | <p>Retail contract pharmacies only. \$10 for generic drug \$35 for formulary brand drug \$50 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. 30-day supply</p> | <p>Contract pharmacies only. 30-day supply. \$10 for formulary generic drug \$10 PLUS cost difference between generic and brand for multi-source brand \$40 for single source formulary brand. \$60 for non-formulary - Certain non-formulary drugs are not covered without prior authorization. All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year.</p> |
| Mail Order | <p>\$10 for generic drug \$30 for formulary brand drug Maximum 100-day supply. Mail orders on re-order prescriptions only. Call your local Kaiser Pharmacy for further details or see Kaiser's website at http://my.kp.org/ca/carpenter_funds/index.html Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.</p> | <p>\$20 for generic drug \$70 for formulary brand drug \$100 for non-formulary drug 90-day supply Prescriptions from Non-Health Net providers, including Dentists, are NOT covered.</p> | <p>\$20 for formulary generic drug \$20 PLUS cost difference between generic and brand for multi-source brand \$80 for single source formulary brand \$100 for non-formulary - certain non-formulary drugs are not covered without prior authorization. 90-day supply All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year.</p> |
| Hearing Exam & Hearing Aids | <p>\$20 per visit; \$2,500 maximum for each hearing aid. Hearing aids are provided every 36 months.</p> | <p>\$20 per visit; Hearing aids covered under the Indemnity Plan.</p> | <p>Maximum benefit limits: 100%, up to \$800 maximum for each ear, including the exam only if the hearing aid(s) is obtained. Hearing aids provided every 3 years. (Not subject to deductibles or out of pocket limits.)</p> |

| BENEFIT | KAISER | HEALTH NET | INDEMNITY PLAN |
|----------------|--|--|--|
| | NOT YET ELIGIBLE FOR MEDICARE | | |
| Coverage Areas | See attached page for a zip code listing of covered areas. | See attached page for a zip code listing of covered areas. | PPO/Contract facilities available throughout California and the U.S. Call 1(888) 547-2054 (In California) or 1(800) 232-2527 (Outside California) to verify contract facilities. |

| BENEFIT | HEALTH NET | INDEMNITY PLAN |
|-----------------------------|--|--|
| MEDICARE COORDINATED | | |
| Plan Selections | A Health Maintenance Organization (HMO) that provides prepaid medical, drug, and vision benefits to Participants enrolled in this Plan with guaranteed payment of these benefits. Provider network limited. Participants must live within the Service Area. | An indemnity plan that provides supplemental benefits to Medicare. |
| Choice of Physicians | Members choose a primary care physician from Health Net participating medical group (PMG) or an individual practice association (IPA). The primary care physician manages the member's routine and preventive care and refers patients to specialists as needed. | Members may utilize the providers of their choice. |
| Annual Deductible | None | \$100 per person |
| Plan Lifetime Maximum | None | None |
| Co-Payments | Shown for each service | Hospital Services Benefit: Plan pays the Medicare Part A deductible for the first 60 days of each Medicare benefit period. Supplemental Medical Benefits for services for which benefits are provided by Part B of Medicare. For Services other than Outpatient Hospital or Facility Services: After the Plan's \$100 deductible, Plan pays 20% of Allowed Charges if the provider does not accept the Medicare assignment of benefits; or 20% of Medicare's allowable charges if the provider does accept the Medicare assignment of benefits. For Outpatient Hospital or Facility Services: Plan pays remainder of Medicare allowable charge after Medicare's payment, subject to Plan's \$100 deductible. |
| Hospital Services | No Charge | |
| Hospital Emergency Room | \$50 per visit, waived if admitted to hospital. | |
| Physician Office Visits | \$20 per visit | |
| Surgical Services | No Charge | |
| X-rays & Lab | No Charge | |
| Ambulance | No Charge | |
| PREVENTIVE CARE | | |
| Adult Physical Exam | \$20 per visit for a periodic health evaluation when recommended by the primary care physician. Annual routine physical exams are not covered (For example: Examinations required by an employer or for school admission) | See Physician Office Visits. Covered if covered by Medicare. |

| BENEFIT | HEALTH NET | INDEMNITY PLAN |
|--|---|---|
| MEDICARE COORDINATED | | |
| MENTAL HEALTH | | |
| Inpatient | No Charge. Limited to 30 days per calendar year, combined benefit for mental health and alcohol & chemical dependency. * | See Hospital Services Benefit. |
| Outpatient | \$30 per visit * Limited to 20 visits per calendar year. Combined for mental health and alcohol and chemical dependency benefit. | See Physician Office Visits; covered if covered by Medicare. |
| Severe Mental Illness | *The mental health co-payments and limits shown above do not apply to Severe Mental Illness or Serious Emotional Disturbances of a Child - services for these conditions require the same co-payments as a medical condition. Exception: Health Net office visit copayment for severe conditions is \$15 per visit. | See Physician Office Visits on previous page. Covered if covered by Medicare. |
| ALCOHOL & CHEMICAL DEPENDENCY TREATMENT | | |
| Inpatient | No Charge. Limited to 30 days per calendar year, combined benefit for mental health and alcohol & chemical dependency. | See Hospital Services Benefit. |
| Outpatient | \$30 per visit Limited to 20 visits per calendar year. Combined for mental health and alcohol and chemical dependency benefit. | See Physician Office Visits; covered if covered by Medicare. |
| OTHER MEDICAL SERVICES | | |
| Home Health Care | \$20 per visit; Co-payment begins on 31st day of service | No supplemental benefits provided for services covered by Part A of Medicare (i.e., the first 100 visits following a qualifying stay in a hospital or skilled nursing facility). See Physician Office Visits on previous page for services covered by Part B of Medicare. |
| Skilled Nursing Facilities | No Charge. Limited to 100 days per calendar year | See Hospital Services Benefit on previous page. Plan pays Medicare Part A deductible for first 60 days of each Medicare benefit period. No other supplemental benefits are provided. |
| Chiropractic | \$10 per visit Self-referral; limited to 20 visits per year. Must use network providers. | See Physician Office Visits. Benefits are only provided for Participant and Spouse only. |
| Durable Medical Equipment | No Charge | See Physician Office Visits. |

| BENEFIT | HEALTH NET | INDEMNITY PLAN |
|-----------------------------|---|---|
| MEDICARE COORDINATED | | |
| VISION BENEFITS | | |
| Vision Exam | \$20 per visit | Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 co-payment for exam. |
| Glasses and Contact Lenses | Lenses and Frames provided every 24 months up to a maximum allowance of \$60 for frames. Contact lenses provided in lieu of eyeglasses every 24 months up to a maximum allowance of \$100. Visually necessary contact lenses: Paid in full, must use contract providers | Covered through Vision Service Signature Choice Plan after \$25 co-payment for materials. Provides one pair of lenses every 12 months and frames every 24 months. Visually Necessary contact lenses paid in full when provided by a VSP doctor. For other elective contact lenses, Plan pays up to a \$105 allowance for professional fees and materials. |
| PRESCRIPTION DRUGS | | |
| Retail Pharmacy | 30-day supply \$10 for generic drug \$35 for formulary brand drug \$50 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. | Contract pharmacies only. 30-day supply \$10 for formulary generic drug \$10 PLUS cost difference between generic and brand for multi-source brand \$40 for single source formulary brand. \$60 for non-formulary - Certain non-formulary drugs are not covered without prior authorization. All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year. |
| Mail Order | 90-day supply \$20 for generic drug \$70 for formulary brand drug \$100 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. | 90-day supply \$20 for formulary generic drug \$20 PLUS cost difference between generic and brand for multi-source brand \$80 for single source formulary brand \$100 for non-formulary - certain non-formulary drugs are not covered without prior authorization. All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year. |

| BENEFIT | HEALTH NET | INDEMNITY PLAN |
|----------------------------------|---|--|
| | MEDICARE COORDINATED | |
| Hearing Exam & Hearing Aids | \$20 per visit Hearing aids covered under the Indemnity Plan. | 100%, 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 deductibles or out of pocket limits.) |
| Coverage Areas | See attached page for zip code listing of covered areas. | Providers covered by Medicare. |
| Where to go for more information | 1(800) 638-3889 www.healthnet.com | Trust Fund Office 1(888) 547-2054 or 1(510) 633-0333 www.carpenterfunds.com |

| BENEFIT | KAISER | HEALTH NET |
|---|---|---|
| MEDICARE SENIOR ADVANTAGE/SENIORITY PLUS | | |
| Plan Selections | 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 Area. | A Health Maintenance Organization (HMO) that provides prepaid medical, drug, and vision benefits to Participants enrolled in this Plan with a guaranteed payment of these benefits. Participants must live within the Service Area. |
| Choice of Physicians | 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. | Members choose a primary care physician from a Health Net participating medical group (PMG) or an individual practice association (IPA). The primary care physician manages the member's routine and preventive care and refers patient to specialists as needed. |
| Annual Deductible | None | None |
| Co-Payments | Shown below for each service | Shown below for each service |
| Plan Lifetime Maximum | None | None |
| Hospital Services | No Charge | No Charge for inpatient; \$20 per visit for outpatient services |
| Hospital Emergency Room | \$50 per visit, waived if admitted to hospital. | \$50 per visit, waived if admitted to hospital. \$20 per visit for Urgent Care Center. |
| Physician Office Visits | \$20 per visit | \$20 per visit |
| Surgical Services | No Charge for inpatient; \$20 per procedure for outpatient surgery. | No Charge inpatient; \$20 per visit to an ambulatory surgical center or outpatient hospital facility |
| X-rays & Lab | No Charge | No Charge |
| Ambulance | No Charge | No Charge |
| PREVENTIVE CARE | | |
| Adult Physical Exam | \$20 per visit | \$20 per visit |
| Allergy Testing and Treatment | \$20 per allergy testing visit; \$3.00 per injection visit | Allergy Testing - No Charge Allergy Injection - No Charge Allergy Serum - Not Covered |
| MENTAL HEALTH | | |
| Inpatient | No Charge, limited to lifetime maximum of 190 days as covered by Medicare. Thereafter, up to 45 days per calendar year | No Charge; limited to lifetime maximum of 190 days. |
| Outpatient | \$20 per visit for individual or \$10 for group therapy. | \$20 per visit. |

| BENEFIT | KAISER | HEALTH NET |
|--|---|---|
| MEDICARE SENIOR ADVANTAGE/SENIORITY PLUS | | |
| ALCOHOL & CHEMICAL DEPENDENCY TREATMENT | | |
| Inpatient | No Charge for prescribed residential treatment - limited to 30 days per calendar year. \$100 per admission for transitional residential recovery services, up to 60 days per year, not to exceed 120 days in any 5 consecutive years. | No Charge for prescribed residential treatment. |
| Outpatient | \$20 per individual visit; \$5 per group therapy visit | \$20 per visit |
| OTHER MEDICAL SERVICES | | |
| Home Health Care | No Charge | No Charge for Medicare-covered visits |
| Skilled Nursing Facilities | No Charge Up to 100 days per benefits period | No Charge Up to 100 days per benefit period |
| Short Term Therapy (Physical, Speech, Occupational) | \$20 per visit | No Charge |
| Chiropractic | \$10 per visit, up to 30 visits per year when using American Specialty Health Plans chiropractic plan or \$20 per visit for Medicare-covered visits. \$50 allowance per calendar year for Chiropractic Appliances. | \$10 per visit, up to 20 visits per year when using Chiropractic Network; or #20 for each Medicare-covered visit. |
| Acupuncture | Available with referral | Contact Health Net's Well Choices Department 1(888)793-7746 for a listing of providers that offer a discount. (This is not a benefit). |
| Durable Medical Equipment | No Charge | No Charge |
| VISION BENEFITS | | |
| Vision Exam | \$20 per visit Must use Kaiser Optical | \$20 per visit |
| Glasses and Contact Lenses | Must use Kaiser Optical. Maximum allowance of \$150 for glasses or contact lenses. Benefit renews every 24 months. | Lenses and Frames provided every 24 months up to a maximum allowance of \$100 for frames, no charge for lenses. Contact lenses provided every 24 months up to a maximum allowance of \$100. Must use contract providers. No charge for glasses or contact lenses after cataract surgery. Visually necessary contact lenses: Paid in full, must use contract providers |

| BENEFIT | KAISER | HEALTH NET |
|---|---|---|
| MEDICARE SENIOR ADVANTAGE/SENIORITY PLUS | | |
| PRESCRIPTION DRUGS | | |
| Retail Pharmacy | \$10 for generic drug \$20 for formulary brand drug Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. Maximum 100-day supply | \$10 for generic drug \$20 for formulary brand drug \$35 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. 30-day supply |
| Mail Order | \$10 for generic drug \$20 for formulary brand drug Maximum 100-day supply. Mail orders on reorder prescriptions only. Call your local Kaiser Pharmacy for further details or see Kaiser's website at http://my.kp.org/ca/carpenterfunds/index.html Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. | \$10 for generic drug \$20 for formulary brand drug \$35 for non-formulary drug 90-day supply Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. |
| Hearing Exam & Hearing Aids | \$20 per visit; \$2,500 allowance for each hearing aid. Hearing aids are provided every 36 months. | \$20 per visit; Hearing aids covered under the Indemnity Plan. |
| Coverage Areas | See attached page for a zip code listing of covered areas. | See attached page for a zip code listing of covered areas. |
| Where to go for more information | 1(800) 464-4000 http://my.kp.org/ca/carpenterfunds/index.html | 1(800) 638-3889 http://www.healthnet.com |

**DENTAL BENEFITS
VOLUNTARY PLAN FOR RETIREES WHO CHOOSE TO PURCHASE COVERAGE**

| | Retiree Only | Retiree & One Depend- net | Retiree & More than One Dependent |
|--|--------------|------------------------------|--------------------------------------|
| Delta Dental PPO Group #1533 | \$39.00 | \$69.00 | \$115.00 |
| DeltaCare/PMI (Pre-paid dental HMO plan) Group #00907-0001 | \$27.00 | \$43.00 | \$59.00 |

DEFINITIONS

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|-------------------------------|---|
| 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. |
| Allowed Charge | The dollar amount the Fund has determined it will allow for covered Medically Necessary services or supplies performed by Non-Contract Providers. |

Kaiser Service Areas

| | | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 90001-84 | 91046 | 91778 | 92274-78 | 92801-09 | 93599 | 94199 | 95020-21 | 95436 |
| 90086-91 | 91066 | 91780 | 92282 | 92811-12 | 93601-02 | 94203-09 | 95026 | 95439 |
| 90093-96 | 91077 | 91784-86 | 92284-86 | 92814-17 | 93604 | 94211 | 95030-33 | 95441-42 |
| 90101 | 91101-10 | 91788-93 | 92305 | 92821-23 | 93606-07 | 94229 | 95035-38 | 95444 |
| 90103 | 91114-18 | 91795 | 92307-08 | 92825 | 93609 | 94230 | 95042 | 95446 |
| 90189 | 91121 | 91801-03 | 92313-18 | 92831-38 | 93611-14 | 94232 | 95044 | 95448 |
| 90201-02 | 91123-26 | 91901-03 | 92320-22 | 92840-46 | 93616 | 94234-37 | 95046 | 95450 |
| 90209-13 | 91129 | 91908-17 | 92324-26 | 92850 | 93618-19 | 94239 | 95050-56 | 95452 |
| 90220-24 | 91182 | 91921 | 92329 | 92856-57 | 93623-27 | 94240 | 95070-71 | 95462 |
| 90230-32 | 91184-85 | 91931-33 | 92331 | 92859-61 | 93630-31 | 94244 | 95101 | 95465 |
| 90239-42 | 91188-89 | 91935 | 92333-37 | 92863 | 93636-39 | 94246-50 | 95103 | 95471-73 |
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| 90270 | 91224-26 | 91987 | 92354 | 93001-07 | 93662 | 94267-69 | 95148 | 95602-05 |
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| 90301-10 | 91333-35 | 92037-40 | 92391-95 | 93060-66 | 93720-30 | 94293-98 | 95196 | 95638-41 |
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| 90401-11 | 91340-46 | 92049 | 92399 | 93099 | 93744-45 | 94309 | 95215 | 95648 |
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| 90620-24 | 91367 | 92064-65 | 92418 | 93215-16 | 93755 | 94501-03 | 95230-31 | 95658-64 |
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| 90650-52 | 91380-81 | 92074-75 | 92501-09 | 93224-26 | 93771-80 | 94555-83 | 95240-42 | 95680-83 |
| 90660-62 | 91383-87 | 92078-79 | 92513-19 | 93230 | 93784 | 94585-92 | 95253 | 95686-88 |
| 90670 | 91390 | 92081-85 | 92521-22 | 93232 | 93786 | 94595-99 | 95258 | 95690-98 |
| 90680 | 91392-96 | 92090-93 | 92530-32 | 93238 | 93790-94 | 94601-15 | 95267 | 95703 |
| 90701-03 | 91401-13 | 92096 | 92543-46 | 93240-43 | 93844 | 94617-24 | 95269 | 95722 |
| 90706-07 | 91416 | 92101-24 | 92548 | 93249-52 | 93888 | 94649 | 95296-97 | 95736 |
| 90710-17 | 91423 | 92126-32 | 92551-57 | 93261 | 94002 | 94659-62 | 95304 | 95741-42 |
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| 90723 | 91436 | 92142-43 | 92567 | 93268 | 94010 | 94701-10 | 95313 | 95757-59 |
| 90731-34 | 91470 | 92145 | 92570-72 | 93276 | 94011 | 94712 | 95316 | 95762-63 |
| 90740 | 91482 | 92147 | 92581-87 | 93280 | 94013-28 | 94720 | 95319-20 | 95765 |
| 90742-49 | 91495-96 | 92149-50 | 92589-93 | 93285 | 94030 | 94801-08 | 95323 | 95776 |
| 90755 | 91499 | 92152-55 | 92595-96 | 93287 | 94035 | 94820 | 95326 | 95798 |
| 90801-10 | 91501-08 | 92158-79 | 92599 | 93301-09 | 94037-44 | 94850 | 95328-30 | 95799 |
| 90813-15 | 91510 | 92182 | 92602-07 | 93311-14 | 94060-66 | 94901 | 95336-37 | 95811-38 |
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| 90846-47 | 91708-11 | 92210-11 | 92646-63 | 93518-19 | 94101-05 | 94927-31 | 95380-82 | 95899 |
| 90848 | 91715-16 | 92220 | 92672-79 | 93531-32 | 94107-12 | 94933 | 95385-87 | 95903 |
| 90853 | 91722-24 | 92223 | 92683-85 | 93534-36 | 94114-34 | 94937-42 | 95391 | 95961 |
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| 91001 | 91737 | 92234-36 | 92690-94 | 93543-44 | 94139 | 94960 | 95401-07 | |
| 91003 | 91739-41 | 92240-41 | 92697-98 | 93550-53 | 94140-47 | 94963-66 | 95409 | |
| 91006-12 | 91743-50 | 92247-48 | 92701-08 | 93560-61 | 94151 | 94970-79 | 95416 | |
| 91016-17 | 91752 | 92252-56 | 92711-12 | 93563 | 94156 | 94999 | 95419 | |
| 91020-21 | 91754-56 | 92258 | 92728 | 93581 | 94158-64 | 95002 | 95421 | |
| 91023-25 | 91758-59 | 92260-64 | 92735 | 93584 | 94172 | 95008-09 | 95425 | |
| 91030-31 | 91761-73 | 92268 | 92780-82 | 93586 | 94177 | 95011 | 95430-31 | |
| 91040-43 | 91775-76 | 92270 | 92799 | 93590-91 | 94188 | 95013-15 | 95433 | |

Kaiser Medicare Service Areas

| | | | | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 90001-84 | 91003 | 91601-12 | 92134-40 | 92427 | 93030-36 | 93636-39 | 94229-30 | 95008-09 | 95385-87 | 95798-99 |
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| 90093-96 | 91016-17 | 91701-02 | 92145 | 92513-19 | 93060-66 | 93648-54 | 94234-37 | 95013-15 | 95397 | 95840-43 |
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| 90209-13 | 91046 | 91729-35 | 92182 | 92551-57 | 93215-16 | 93673 | 94254 | 95042 | 95421 | 95899 |
| 90220-24 | 91066 | 91737 | 92184 | 92562-64 | 93220 | 93675 | 94256-59 | 95044 | 95425 | 95903 |
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| 90245 | 91114-18 | 91752 | 92195-99 | 92581-87 | 93230 | 93720-30 | 94271 | 95070-71 | 95436 | |
| 90247-51 | 91121 | 91754-56 | 92201-03 | 92589-93 | 93232 | 93741 | 94273-74 | 95101 | 95439 | |
| 90254-55 | 91123-26 | 91758-59 | 92210-11 | 92595-96 | 93238 | 93744-45 | 94277 | 95103 | 95441-42 | |
| 90260-67 | 91129 | 91761-73 | 92220 | 92599 | 93240-43 | 93747 | 94279-80 | 95106 | 95444 | |
| 90270 | 91182 | 91775-76 | 92223 | 92602-07 | 93250-52 | 93750 | 94282-91 | 98108-13 | 95446 | |
| 90272 | 91184-85 | 91778 | 92230 | 92609-10 | 93261 | 93755 | 94293-98 | 95115-36 | 95448 | |
| 90274-75 | 91188-89 | 91780 | 92234-36 | 92612 | 93263 | 93760-61 | 94301-06 | 95138-41 | 95450 | |
| 90277-78 | 91199 | 91784-86 | 92240-41 | 92614-20 | 93268 | 93764-65 | 94309 | 95148 | 95452 | |
| 90280 | 91201-10 | 91788-93 | 92247-48 | 92623-30 | 93276 | 93771-80 | 94401-04 | 95150-61 | 95462 | |
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| 90501-10 | 91313 | 91921 | 92270 | 92688 | 93311-14 | 93888 | 94555-83 | 95196 | 95487 | |
| 90601-10 | 91316 | 91931-33 | 92276 | 92690-94 | 93380 | 94002 | 94585-92 | 95201-13 | 95492 | |
| 90620-24 | 91319-22 | 91935 | 92282 | 92697-98 | 93383-90 | 94005 | 94595-99 | 95215 | 95602-05 | |
| 90630-33 | 91324-31 | 91941-47 | 92305 | 92701-08 | 93501-02 | 94010-11 | 94601-15 | 95219-20 | 95607-21 | |
| 90637-40 | 91333-35 | 91950-51 | 92307-08 | 92711-12 | 93504-05 | 94013-28 | 94617-24 | 95227 | 95623-26 | |
| 90650-52 | 91337 | 91962-63 | 92313-18 | 92728 | 93510 | 94030 | 94649 | 95230-31 | 95628 | |
| 90660-62 | 91340-46 | 91976-80 | 92320-22 | 92735 | 93518-19 | 94035 | 94659-62 | 95234 | 95630 | |
| 90670 | 91350-62 | 91987 | 92324-26 | 92780-82 | 93531-32 | 94037-44 | 94666 | 95236-37 | 95632-35 | |
| 90680 | 91364-65 | 92007-11 | 92329 | 92799 | 93534-36 | 94060-66 | 94701-10 | 95240-42 | 95638-41 | |
| 90701-03 | 91367 | 92013-14 | 92331 | 92801-09 | 93539 | 94070 | 94712 | 95253 | 95645 | |
| 90706-07 | 91371-72 | 92018-27 | 92333-37 | 92811-12 | 93543-44 | 94074 | 94720 | 95258 | 95648 | |
| 90710-17 | 91376-77 | 92029-30 | 92339-41 | 92814-17 | 93550-53 | 94080 | 94801-08 | 95267 | 95650-52 | |
| 90720-23 | 91380-81 | 92033 | 92344-46 | 92821-23 | 93560-61 | 94083 | 94820 | 95269 | 95655 | |
| 90731-34 | 91383-87 | 92037-40 | 92350 | 92825 | 93563 | 94085-89 | 94850 | 95296-97 | 95658-64 | |
| 90740 | 91390 | 92046 | 92352 | 92831-38 | 93581 | 94101-05 | 94901 | 95304 | 95667-74 | |
| 90742-49 | 91392-96 | 92049 | 92354 | 92840-46 | 93584 | 94107-12 | 94903-04 | 95307 | 95676-78 | |
| 90755 | 91401-13 | 92051-52 | 92357-59 | 92850 | 93586 | 94114-34 | 94912-15 | 95313 | 95680-83 | |
| 90801-10 | 91416 | 92054-58 | 92369 | 92856-57 | 93590-91 | 94137 | 94920 | 95316 | 95686-88 | |
| 90813-15 | 91423 | 92064-65 | 92371-78 | 92859-61 | 93599 | 94139-47 | 94922-25 | 95319-20 | 95690-98 | |
| 90822 | 91426 | 92067-69 | 92382 | 92863 | 93601-02 | 94151 | 94927-31 | 95323 | 95703 | |
| 90831-35 | 91436 | 92071-72 | 92385-86 | 92865-71 | 93604 | 94156 | 94933 | 95326 | 95722 | |
| 90840 | 91470 | 92074-75 | 92391-95 | 92877-83 | 93606-07 | 94158-64 | 94937-42 | 95328-30 | 95736 | |
| 90842 | 91482 | 92078-79 | 92397 | 92885-87 | 93609 | 94172 | 94945-57 | 95336-37 | 95741-42 | |
| 90844 | 91495-96 | 92081-85 | 92399 | 92899 | 93611-14 | 94177 | 94960 | 95350-61 | 95746-47 | |
| 90846-48 | 91499 | 92090-93 | 92401-08 | 93001-07 | 93616 | 94188 | 94963-66 | 95363 | 95757-59 | |
| 90853 | 91501-08 | 92096 | 92410-15 | 93009-12 | 93618-19 | 94199 | 94970-79 | 95366-68 | 95762-63 | |
| 90895 | 91510 | 92101-24 | 92418 | 93015-16 | 93623-27 | 94203-09 | 94999 | 95376-78 | 95765 | |
| 91001 | 91521-23 | 92126-32 | 92423-24 | 93020-22 | 93630-31 | 94211 | 95002 | 95380-82 | 95776 | |

Health Net Commercial HMO Service Area

| | | | | | | | | |
|-----------|-----------|-----------|----------|-----------|----------|----------|----------|----------|
| 90000-102 | 91340-46 | 92247-48 | 93093-94 | 93673-75 | 95290 | 95645 | 96274 | 96619 |
| 90111 | 91350-62 | 92252-56 | 93100-99 | 93700-99 | 95301 | 95648 | 96276-77 | 96621 |
| 90118 | 91364-67 | 92258 | 93201-08 | 94001-03 | 95303-04 | 95650-53 | 96280 | 96630 |
| 90141 | 91370-72 | 92260-64 | 93210 | 94005-06 | 95307 | 95655 | 96282 | 96637 |
| 90172 | 91375-77 | 92268 | 93212 | 94010-12 | 95312-13 | 95658 | 96286-87 | 96650-52 |
| 90174 | 91380-88 | 92270 | 93214-27 | 94014-31 | 95315-17 | 95660-64 | 96290 | 96654 |
| 90176-77 | 91390 | 92274 | 93230-32 | 94035 | 95319-20 | 95667-68 | 96292 | 96656 |
| 90185 | 91392-96 | 92276-78 | 93234-35 | 94037-45 | 95322-24 | 95670-73 | 96298 | 96658-59 |
| 90200-02 | 91399-649 | 92282 | 93237-45 | 94059-67 | 95326 | 95677-84 | 96301-03 | 96680 |
| 90209-13 | 91651-99 | 92284-86 | 93247 | 94070-71 | 95328-31 | 95686-88 | 96305 | 96685 |
| 90220-24 | 91701-02 | 92292 | 93249-52 | 94074 | 95333-34 | 95690-91 | 96311 | 96690 |
| 90230-33 | 91706 | 92301-03 | 93254-58 | 94080-83 | 95336-37 | 95693-98 | 96315 | 96692 |
| 90239-42 | 91708-11 | 92305-18 | 93260-63 | 94085-91 | 95339-44 | 95700-01 | 96319 | 96699 |
| 90245 | 91714-16 | 92320-22 | 93265-68 | 94096-99 | 95348 | 95703-04 | 96323-24 | |
| 90247-51 | 91718-20 | 92324-27 | 93270-72 | 94203-531 | 95350-58 | 95709 | 96327-28 | |
| 90254-55 | 91722-24 | 92329-31 | 93274-80 | 94533-53 | 95360-61 | 95712-14 | 96331 | |
| 90260-67 | 91729-35 | 92333-37 | 93282-83 | 94555-83 | 95363 | 95717 | 96333-36 | |
| 90270 | 91737 | 92339-50 | 93285-88 | 94586-776 | 95365-69 | 95722 | 96338 | |
| 90272 | 91739-41 | 92352-62 | 93290-92 | 94778-915 | 95374 | 95726-27 | 96340-41 | |
| 90274-78 | 91743-50 | 92365 | 93300-91 | 94920 | 95376-78 | 95736 | 96343-44 | |
| 90280 | 91752 | 92367-78 | 93399 | 94922-31 | 95380-82 | 95741-43 | 96346 | |
| 90290-96 | 91754-56 | 92380-83 | 93427 | 94933-34 | 95384-88 | 95746-47 | 96351 | |
| 90300-612 | 91758-78 | 92385-88 | 93429 | 94937-42 | 95391 | 95757-59 | 96356 | |
| 90620-24 | 91780 | 92390-427 | 93434 | 94945-57 | 95400-09 | 95762-63 | 96358 | |
| 90630-33 | 91784-86 | 92500-23 | 93436-38 | 94960 | 95412-13 | 95765 | 96361 | |
| 90637-40 | 91788-93 | 92530-32 | 93440-41 | 94963-66 | 95416 | 95776 | 96366-67 | |
| 90650-65 | 91795 | 92536 | 93454-58 | 94969-99 | 95419 | 95798-99 | 96369-71 | |
| 90670-71 | 91797-874 | 92539 | 93460 | 95001-03 | 95421 | 95800-91 | 96397 | |
| 90680 | 91876-99 | 92543-46 | 93463-64 | 95005-11 | 95425 | 95893-99 | 96401 | |
| 90701-04 | 91901-03 | 92548-57 | 93501-05 | 95013-21 | 95430-31 | 95924 | 96404-05 | |
| 90706-07 | 91905-06 | 92561-64 | 93510 | 95026 | 95433 | 95937 | 96408 | |
| 90710-17 | 91908-17 | 92567 | 93516 | 95030-33 | 95436 | 95945-46 | 96411 | |
| 90720-21 | 91921 | 92570-72 | 93518-19 | 95035-38 | 95439 | 95949 | 96431-32 | |
| 90723 | 91931-35 | 92581-87 | 93523-24 | 95041-42 | 95441-42 | 95959-60 | 96434-35 | |
| 90731-34 | 91941-48 | 92589-93 | 93531-32 | 95044 | 95444 | 95975 | 96438 | |
| 90740 | 91950-51 | 92595-96 | 93534-39 | 95046 | 95446 | 96202 | 96455 | |
| 90742-899 | 91962-63 | 92599 | 93543-44 | 95050-56 | 95448 | 96208-10 | 96460 | |
| 91001-03 | 91976-80 | 92601-07 | 93550-53 | 95060-67 | 95450 | 96212-13 | 96468 | |
| 91006-12 | 91990-91 | 92609-10 | 93560-61 | 95070-71 | 95452 | 96218 | 96483 | |
| 91016-17 | 91994 | 92612-35 | 93563 | 95073 | 95462 | 96220-21 | 96488 | |
| 91020-21 | 92001-14 | 92637 | 93581-82 | 95076-77 | 95465 | 96224-25 | 96501-03 | |
| 91023-25 | 92016-75 | 92640-70 | 93584-86 | 95100-99 | 95471-73 | 96230-31 | 96515 | |
| 91030-31 | 92077-86 | 92672-81 | 93590-91 | 95201-13 | 95476 | 96235-36 | 96519 | |
| 91040-43 | 92088-93 | 92683-88 | 93596 | 95215-20 | 95480 | 96239 | 96528 | |
| 91046 | 92100-99 | 92690-94 | 93599 | 95227 | 95486-87 | 96244-45 | 96545 | |
| 91050-51 | 92201-03 | 92697-98 | 93601-16 | 95230-31 | 95492 | 96248 | 96553 | |
| 91066-77 | 92210-11 | 92700-899 | 93618-22 | 95234 | 95497 | 96251 | 96555-58 | |
| 91100-99 | 92220 | 93001-16 | 93624-31 | 95236-37 | 95602-21 | 96259 | 96570-71 | |
| 91301-13 | 92223 | 93020-24 | 93634-54 | 95240-42 | 95623-28 | 96261 | 96601-02 | |
| 91316 | 92230 | 93030-36 | 93656-57 | 95253 | 95630-39 | 96263-64 | 96605 | |
| 91319-31 | 92234-36 | 93040-44 | 93660-62 | 95258 | 95641 | 96266 | 96610-15 | |
| 91333-37 | 92240-41 | 93060-67 | 93664-70 | 95267-69 | 95643 | 96270-71 | 96617 | |

Health Net's Medicare/Seniority Plus Service Area

| | | | | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| 90001-84 | 90895 | 91499 | 92078-79 | 92385-86 | 92877-83 | 93539 | 94060-66 | 94586-92 | 95227 |
| 90086-89 | 90899 | 91501-08 | 92081-86 | 92391-95 | 92885-87 | 93543-44 | 94070 | 94595-98 | 95230-31 |
| 90091 | 91001 | 91510 | 92088 | 92397-98 | 92899 | 93550-56 | 94074 | 94601-15 | 95234 |
| 90093-96 | 91003 | 91521-23 | 92090-93 | 92401-08 | 93013-14 | 93558 | 94080 | 94617-24 | 95236-37 |
| 90099 | 91006-07 | 91526 | 92096 | 92410-15 | 93067 | 93560-63 | 94083 | 94649 | 95240-42 |
| 90101 | 91008-12 | 91601-12 | 92101-24 | 92418 | 93101-03 | 93581 | 94085-89 | 94659-62 | 95253 |
| 90103 | 91016-17 | 91614-18 | 92126-32 | 92423-24 | 93105-11 | 93584 | 94101-05 | 94666 | 95258 |
| 90189 | 91020-21 | 91701-02 | 92134-40 | 92424 | 93116-18 | 93586 | 94107-12 | 94701-10 | 95267 |
| 90201-02 | 91023-25 | 91706 | 92142-43 | 92427 | 93120-21 | 93590-92 | 94114-34 | 94712 | 95269 |
| 90209-13 | 91030-31 | 91708-11 | 92145 | 92501-09 | 93130 | 93596 | 94137 | 94720 | 95296-97 |
| 90220-24 | 91040-43 | 91714-16 | 92147 | 92513-19 | 93140 | 93599 | 94139-47 | 94801-08 | 95304 |
| 90230-33 | 91046 | 91722-24 | 92149-50 | 92521-22 | 93150 | 93602 | 94151 | 94820 | 95307 |
| 90239-42 | 91066 | 91729-35 | 92152-55 | 92530-32 | 93160 | 93605-09 | 94153-54 | 94850 | 95313 |
| 90245 | 91077 | 91737 | 92158-79 | 92536-46 | 93190 | 93611-13 | 94156 | 94922-23 | 95316 |
| 90247-51 | 91101-10 | 91739-41 | 92182 | 92548-49 | 93199 | 93616 | 94158-64 | 94926-28 | 95319-20 |
| 90254-55 | 91114-18 | 91743-50 | 92184 | 92551-57 | 93203 | 93618-22 | 94171-72 | 94931 | 95322-23 |
| 90260-67 | 91121 | 91752 | 92186-87 | 92561-64 | 93205-06 | 93624-28 | 94177 | 94951-55 | 95326 |
| 90270 | 91123-26 | 91754-56 | 92190-99 | 92567 | 93210 | 93630-31 | 94188 | 94972 | 95328-30 |
| 90272 | 91129 | 91758-59 | 92201-03 | 92570-72 | 93215-16 | 93634 | 94199 | 94975 | 95336-37 |
| 90274-75 | 91182 | 91761-73 | 92202-03 | 92581-87 | 93220 | 93640-42 | 94203-09 | 94999 | 95350-58 |
| 90277-78 | 91184-85 | 91775-76 | 92210-11 | 92589-93 | 93222 | 93646 | 94211 | 95001-03 | 95360-61 |
| 90280 | 91188-89 | 91778 | 92220 | 92595-96 | 93224-26 | 93648-52 | 94229-30 | 95005-11 | 95363 |
| 90290-96 | 91199 | 91780 | 92223 | 92599 | 93234 | 93654 | 94232 | 95013-15 | 95366-68 |
| 90301-12 | 91201-10 | 91784-86 | 92225-26 | 92602-07 | 93238 | 93656-57 | 94234-37 | 95017-21 | 95376-77 |
| 90401-11 | 91214 | 91788-93 | 92230 | 92609-10 | 93240-43 | 93660 | 94239-40 | 95023 | 95378 |
| 90501-10 | 91221-22 | 91795 | 92234-36 | 92612 | 93245 | 93662 | 94244-50 | 95026 | 95380-82 |
| 90601-10 | 91224-26 | 91797 | 92239-42 | 92614-20 | 93249-52 | 93664 | 94252 | 95030-33 | 95385-87 |
| 90620-24 | 91301-11 | 91801-04 | 92247-48 | 92623-30 | 93255 | 93667-68 | 94254 | 95035-38 | 95391 |
| 90630-33 | 91313 | 91896 | 92252-56 | 92637 | 93263 | 93675 | 94256-59 | 95041-42 | 95397 |
| 90637-40 | 91316 | 91899 | 92258 | 92646-63 | 93268 | 93701-12 | 94261-63 | 95044 | 95401-07 |
| 90650-52 | 91321-22 | 91901-03 | 92260-64 | 92672-79 | 93276 | 93714-18 | 94267-69 | 95046 | 95409 |
| 90660-62 | 91324-31 | 91905-06 | 92267-68 | 92683-85 | 93280 | 93720-30 | 94271 | 95050-56 | 95412 |
| 90670-71 | 91333-35 | 91908-17 | 92270 | 92688 | 93283 | 93740-41 | 94273-74 | 95060-67 | 95416 |
| 90680 | 91337 | 91921 | 92274-78 | 92690-94 | 93285 | 93744-45 | 94277-80 | 95070-71 | 95419 |
| 90701-04 | 91340-46 | 91931-35 | 92280 | 92697-98 | 93287 | 93747 | 94282-91 | 95073 | 95421 |
| 90706-07 | 91350-57 | 91941-48 | 92282 | 92701-08 | 93301-09 | 93750 | 94293-99 | 95076-77 | 95425 |
| 90710-17 | 91361-62 | 91950-51 | 92284-86 | 92711-12 | 93311-14 | 93755 | 94301-06 | 95101 | 95430-31 |
| 90720-21 | 91364-65 | 91962-63 | 92292 | 92725 | 93380-90 | 93760-61 | 94309 | 95103 | 95433 |
| 90723 | 91367 | 91976-80 | 92301 | 92728 | 93427 | 93764-65 | 94401-04 | 95106 | 95436 |
| 90731-34 | 91371-72 | 91987 | 92304-05 | 92735 | 93436-38 | 93771-80 | 94497 | 95108-13 | 95439 |
| 90740 | 91376 | 92003-04 | 92307-18 | 92780-82 | 93440-41 | 93784 | 94501-03 | 95115-36 | 95441-42 |
| 90742-49 | 91380-88 | 92007-11 | 92320-27 | 92799 | 93460 | 93786 | 94505-07 | 95138-41 | 95444 |
| 90755 | 91390 | 92013-14 | 92329 | 92801-09 | 93463-64 | 93790-94 | 94509-31 | 95148 | 95446 |
| 90801-10 | 91392-96 | 92018-30 | 92331-42 | 92811-12 | 93501-02 | 93844 | 94533-53 | 95150-61 | 95448 |
| 90813-15 | 91401-13 | 92033 | 92344-47 | 92814-17 | 93504-05 | 93888 | 94555-57 | 95164 | 95450 |
| 90822 | 91416 | 92036-40 | 92350 | 92821-23 | 93510 | 94002 | 94560-61 | 95170 | 95452 |
| 90831-35 | 91423 | 92046 | 92352 | 92825 | 93516 | 94005 | 94563-66 | 95172-73 | 95462 |
| 90840 | 91426 | 92049 | 92354-59 | 92831-38 | 93518-19 | 94010-11 | 94568-72 | 95190-94 | 95465 |
| 90842 | 91436 | 92051-52 | 92363-66 | 92840-46 | 93523-24 | 94013-28 | 94575 | 95196 | 95471-73 |
| 90844 | 91470 | 92054-61 | 92368-69 | 92850 | 93527-28 | 94030 | 94577-80 | 95201-13 | 95476 |
| 90846-48 | 91482 | 92064-72 | 92371-78 | 92856-57 | 93531-32 | 94035 | 94582-83 | 95215 | 95480 |
| 90853 | 91495-96 | 92074-75 | 92382 | 92859-71 | 93534-36 | 94037-44 | 94585-92 | 95219-20 | 95486-87 |

Self-Pay Rates Effective January 1, 2010

| Non-Medicare Retiree | Retirement Effective Date | Cost of Coverage | Health Net | | | | Cost of Coverage | Kaiser | | | | Cost of Coverage | Indemnity | | | |
|-------------------------------|---------------------------|------------------|-------------------------------|--------------------------|--------------------------|-------------------------------|------------------|---------------------------------------|--------------------------|--------------------------|-------------------------------|------------------|-------------------------------|--------------------------|--------------------------|-------------------------------|
| | | | Less than 10 years of Service | 10 - 20 Years of Service | 20 - 25 Years of Service | More than 25 Years of Service | | Retiree Self Pay if Years of Service: | | | | | Less than 10 years of Service | 10 - 20 Years of Service | 20 - 25 Years of Service | More than 25 Years of Service |
| | | | | | | | | Less than 10 years of Service | 10 - 20 Years of Service | 20 - 25 Years of Service | More than 25 Years of Service | | | | | |
| Surviving Spouse Retiree Only | Pre 7/1994 | \$949.94 | \$950 | \$950 | \$950 | \$950 | \$823.43 | \$824 | \$824 | \$824 | \$824 | \$770.79 | \$771 | \$771 | \$771 | \$771 |
| | 8/94 - 12/2008 | | N/A | \$553 | \$509 | \$465 | | N/A | \$477 | \$439 | \$400 | | N/A | \$424 | \$386 | \$347 |
| | 1/1/2009 or later | | N/A | \$604 | \$566 | \$527 | | N/A | \$477 | \$439 | \$400 | | N/A | \$424 | \$386 | \$347 |
| Retiree One Dependent | | | Health Net | | | | | Kaiser | | | | | Indemnity | | | |
| Without Medicare | Pre 7/1994 | \$1,899.87 | \$1,016 | \$928 | \$839 | \$751 | \$1,646.86 | \$884 | \$807 | \$731 | \$654 | \$1,528.47 | \$765 | \$688 | \$612 | \$535 |
| | 8/94 - 12/2008 | | N/A | \$1,105 | \$1,016 | \$928 | | \$960 | \$960 | \$884 | \$807 | | N/A | \$841 | \$765 | \$688 |
| | 1/1/2009 or later | | N/A | \$1,213 | \$1,137 | \$1,060 | | N/A | \$960 | \$884 | \$807 | | N/A | \$841 | \$765 | \$688 |
| With Medicare | Pre 7/1994 | \$1,271.09 | \$695 | \$637 | \$579 | \$522 | \$1,545.56 | \$915 | \$852 | \$789 | \$725 | \$1,060.26 | \$531 | \$478 | \$425 | \$372 |
| | 8/94 - 12/2008 | | N/A | \$753 | \$695 | \$637 | | \$978 | \$978 | \$915 | \$852 | | N/A | \$584 | \$531 | \$478 |
| | 1/1/2009 or later | | N/A | \$795 | \$742 | \$689 | | N/A | \$1,070 | \$1,017 | \$964 | | N/A | \$584 | \$531 | \$478 |
| With Risk | Pre 7/1994 | \$1,248.37 | \$698 | \$643 | \$588 | \$532 | \$1,156.02 | \$627 | \$574 | \$521 | \$468 | N/A | N/A | N/A | N/A | N/A |
| | 8/94 - 12/2008 | | N/A | \$753 | \$698 | \$643 | | \$680 | \$680 | \$627 | \$574 | | N/A | N/A | N/A | N/A |
| | 1/1/2009 or later | | N/A | \$773 | \$720 | \$667 | | N/A | \$680 | \$627 | \$574 | | N/A | N/A | N/A | N/A |

Self-Pay Rates Effective January 1, 2010

| Non-Medicare Retiree More than One Dependent | Retirement Effective Date | Cost of Coverage | Health Net | | | | Cost of Coverage | Kaiser | | | | Cost of Coverage | Indemnity | | | |
|--|---------------------------|------------------|-------------------------------|--------------------------|--------------------------|-------------------------------|------------------|---------------------------------------|--------------------------|--------------------------|-------------------------------|------------------|-------------------------------|--------------------------|--------------------------|-------------------------------|
| | | | Less than 10 years of Service | 10 - 20 Years of Service | 20 - 25 Years of Service | More than 25 Years of Service | | Retiree Self Pay if Years of Service: | | | | | Less than 10 years of Service | 10 - 20 Years of Service | 20 - 25 Years of Service | More than 25 Years of Service |
| | | | | | | | | Less than 10 years of Service | 10 - 20 Years of Service | 20 - 25 Years of Service | More than 25 Years of Service | | | | | |
| No Dependent with Medicare | Pre 7/1994 | \$2,752.53 | \$1,472 | \$1,343 | \$1,215 | \$1,087 | \$2,329.10 | \$1,448 | \$1,360 | \$1,272 | \$1,184 | \$1,763.13 | \$882 | \$794 | \$706 | \$618 |
| | 8/94 - 12/2008 | | N/A | \$1,600 | \$1,472 | \$1,343 | | \$1,536 | \$1,536 | \$1,448 | \$1,360 | | N/A | \$970 | \$882 | \$794 |
| | 1/1/2009 or later | | N/A | \$1,960 | \$1,872 | \$1,784 | | N/A | \$1,536 | \$1,448 | \$1,360 | | N/A | \$970 | \$882 | \$794 |
| One Dependent With Medicare | Pre 7/1994 | \$2,123.75 | \$1,150 | \$1,053 | \$955 | \$858 | \$2,227.80 | \$1,343 | \$1,254 | \$1,166 | \$1,077 | \$1,294.92 | \$648 | \$583 | \$518 | \$454 |
| | 8/94 - 12/2008 | | N/A | \$1,248 | \$1,150 | \$1,053 | | \$1,432 | \$1,432 | \$1,343 | \$1,254 | | N/A | \$713 | \$648 | \$583 |
| | 1/1/2009 or later | | N/A | \$1,542 | \$1,477 | \$1,412 | | N/A | \$1,646 | \$1,581 | \$1,516 | | N/A | \$713 | \$648 | \$583 |
| One Dependent With Risk | Pre 7/1994 | \$2,101.03 | \$1,153 | \$1,058 | \$964 | \$869 | \$1,838.26 | \$1,124 | \$1,052 | \$981 | \$909 | N/A | N/A | N/A | N/A | N/A |
| | 8/94 - 12/2008 | | N/A | \$1,248 | \$1,153 | \$1,058 | | \$1,195 | \$1,195 | \$1,124 | \$1,052 | | N/A | N/A | N/A | N/A |
| | 1/1/2009 or later | | N/A | \$1,520 | \$1,455 | \$1,390 | | N/A | \$1,257 | \$1,192 | \$1,127 | | N/A | N/A | N/A | N/A |
| More than One Dependent with | Pre 7/1994 | \$1,588.84 | \$959 | \$896 | \$833 | \$769 | \$2,264.88 | \$1,465 | \$1,465 | \$1,465 | \$1,445 | \$1,262.55 | \$632 | \$569 | \$506 | \$442 |
| | 8/94 - 12/2008 | | N/A | \$950 | \$879 | \$808 | | \$1,406 | \$1,406 | \$1,311 | \$1,215 | | N/A | \$695 | \$632 | \$569 |
| | 1/1/2009 or later | | N/A | \$1,022 | \$959 | \$896 | | N/A | \$1,698 | \$1,635 | \$1,572 | | N/A | \$695 | \$632 | \$569 |
| More than One Dependent with Risk | Pre 7/1994 | \$1,543.42 | \$885 | \$819 | \$753 | \$687 | \$1,485.80 | \$856 | \$793 | \$730 | \$666 | N/A | N/A | N/A | N/A | N/A |
| | 8/94 - 12/2008 | | N/A | \$951 | \$885 | \$819 | | \$919 | \$919 | \$856 | \$793 | | N/A | N/A | N/A | N/A |
| | 1/1/2009 or later | | N/A | \$976 | \$913 | \$850 | | N/A | \$919 | \$856 | \$793 | | N/A | N/A | N/A | N/A |

| Self-Pay Rates Effective January 1, 2010 | | | | | | | |
|--|-------------------------|------------------|-------------------------------|------------------------|---------|------------------|-------------------------------|
| Medicare Retiree | Medicare Effective Date | Health Net | | Kaiser Plus Surcharge* | | Indemnity | |
| | | Cost of Coverage | Medicare Retiree Self Payment | Cost of Coverage | | Cost of Coverage | Medicare Retiree Self Payment |
| Surviving Spouse | | \$321.15 | \$322 | \$823.43 | \$824 | \$297.08 | \$298 |
| Retiree Only | Pre 1/1/2009 | \$321.15 | \$174 | \$823.43 | \$672 | \$297.08 | \$149 |
| | Post 1/1/2009 | | \$174 | | \$676 | | \$149 |
| Retiree Plus One Dependent | | Health Net | | Kaiser Plus Surcharge* | | Indemnity | |
| Without Medicare | Pre 1/1/2009 | \$1,271.08 | \$695 | \$1,646.86 | \$1,121 | \$1,054.76 | \$528 |
| | Post 1/1/2009 | | \$745 | | \$1,121 | | \$528 |
| With Medicare | Pre 1/1/2009 | \$642.30 | \$350 | \$1,545.56 | \$1,069 | \$586.55 | \$294 |
| | Post 1/1/2009 | | \$350 | | \$1,254 | | \$294 |
| With Risk | Pre 1/1/2009 | \$619.58 | \$328 | \$1,156.02 | \$851 | N/A | N/A |
| | Post 1/1/2009 | | \$328 | | \$864 | | N/A |
| Retiree Plus More than One Dependent | | Health Net | | Kaiser Plus Surcharge* | | Indemnity | |
| No Dependent with Medicare | Pre 1/1/2009 | \$2,123.74 | \$1,150 | \$2,329.10 | \$1,615 | \$1,289.42 | \$645 |
| | Post 1/1/2009 | | \$1,480 | | \$1,685 | | \$645 |
| One Dependent With Medicare | Pre 1/1/2009 | \$1,494.96 | \$829 | \$2,227.80 | \$1,496 | \$821.21 | \$411 |
| | Post 1/1/2009 | | \$1,085 | | \$1,818 | | \$411 |
| One Dependent With Risk | Pre 1/1/2009 | \$1,472.24 | \$832 | \$1,838.26 | \$1,278 | N/A | N/A |
| | Post 1/1/2009 | | \$1,063 | | \$1,429 | | N/A |
| More than One Dependent with | Pre 1/1/2009 | \$960.05 | \$557 | \$2,264.88 | \$1,465 | \$788.84 | \$395 |
| | Post 1/1/2009 | | \$567 | | \$1,872 | | \$395 |
| More than One Dependent with Risk | Pre 1/1/2009 | \$914.63 | \$521 | \$1,485.80 | \$1,028 | N/A | N/A |
| | Post 1/1/2009 | | \$521 | | \$1,092 | | N/A |

*(Eligible for Medicare but for what ever reason have not assigned Part A and/or Part B to Kaiser) (Premium Rates same as Non-Medicare PLUS SURCHARGE.)

[Self Pay Rate equals full cost of Non-Medicare, Plus Surcharge, MINUS the Risk subsidy. Surcharge added to these numbers manually by Benefit Services because of the numerous combinations of possibilities.]

