



# Carpenters Health & Welfare Trust Fund for California Retiree Plan 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.

<b>► When to Contact the Trust Fund Office</b>	
When you have questions about: Eligibility, Benefits, COBRA	Direct line: (510) 633-0333 Toll Free: (888)547-2054 Email: <a href="mailto:benefitservices@carpenterfunds.com">benefitservices@carpenterfunds.com</a> Web: <a href="http://www.carpenterfunds.com">www.carpenterfunds.com</a>
<b>► Dental Benefit Contact</b>	
Delta Dental (PPO) (800) 765-6003, Web: <a href="http://www.deltadentalins.com">www.deltadentalins.com</a> DeltaCare USA Customer Relations (800)422-4234	
<b>► Who to contact if you have questions about your Indemnity Medical Plan</b>	
Claims	Direct line: (510) 633-0333 Toll Free: (888) 547-2054 Email: <a href="mailto:benefitservices@carpenterfunds.com">benefitservices@carpenterfunds.com</a> Web: <a href="http://www.carpenterfunds.com">www.carpenterfunds.com</a>
Hearing Aid Benefits	
Finding a contract provider	Anthem (800) 810-2583 Web: <a href="http://www.anthem.com">www.anthem.com</a>
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: <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>
For assistance with non-emergency medical questions	Anthem 24/7 NurseLine (800) 700-9184
Review Organization for Required Pre-Authorizations—In or Outside California	Anthem Blue Cross (800) 274-7767 (Physicians Only)
Prescriptions	Express Scripts (800) 939-7093 Web: <a href="http://www.express-scripts.com">www.express-scripts.com</a> Fund Office: (888)547-2054
Vision Benefits	Vision Service Plan (VSP) (800) 877-7195 Web: <a href="http://www.vsp.com">www.vsp.com</a>
<b>► Who to contact if you have questions about your Kaiser Plan</b>	
Kaiser Member Services (800) 464-4000, Web: <a href="http://members.kp.org">members.kp.org</a>	
<b>► Who to contact if you have questions about your Health Net Plan</b>	
Health Net Member Services (800) 638-3889, Web: <a href="http://www.healthnet.com">www.healthnet.com</a>	

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 that 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](http://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**

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> 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.</p>	<p><b>Health Net</b> <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> 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.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE:</b> A comprehensive benefit plan with an annual deductible and a limit on your annual out of pocket for covered PPO expenses. After the out of pocket limit is reached each year, the Plan will pay 100% of PPO covered expenses for the remainder of the calendar year. <b>MEDICARE COORDINATED:</b> An indemnity plan that provides supplemental benefits to Medicare.</p>
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**► Coverage Areas**

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> See attached page for a zipcode listing of covered areas.</p>	<p><b>Health Net</b> <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> See attached page for a zip codelisting of covered areas.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> PPO/Contract facilities available throughout California and the U.S. Call (888) 547-2054 (In California) or (800) 232-2527 (Outside California) to verify contract facilities.</p>
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**► Choosing Physicians**

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> 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.</p>	<p><b>Health Net</b> <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> 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.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE:</b> Members may use the providers of their choice. To receive maximum benefits, members must use PPO providers. <b>MEDICARE COORDINATED:</b> Members may utilize the providers of their choice.</p>
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**► Annual Deductible**

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> None.</p>	<p><b>Health Net</b> <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> None.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE:</b> Calendar Year – Per person - PPO: \$128 Non-PPO: \$257 Maximum - Per family PPO: \$256 Non-PPO: \$414 <b>MEDICARE COORDINATED:</b> \$128 per person</p>
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**► Annual Out of Pocket Limits**

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> Limit on co-payments:                  Per person - \$1,500                  Per family - \$3,000</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b> Limit on co-payments:                  Per person - \$1,500                  Per family of 3 or more - \$4,500</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> For Contract Providers, \$1,289 per person, not to exceed \$2,578 per family. <b>There is no Out of Pocket Maximum for Non-Contract Provider charges.</b></p>
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**► Copayments**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>                  Shown for each service</p>	<p><b>Health Net</b>  <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b>                  Shown for each service</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> 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. 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.</p> <p><b>MEDICARE COORDINATED:</b>                  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 \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts 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 \$128 deductible.</p>
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**MEDICAL & PRESCRIPTION DRUG ANNUAL MAXIMUM BENEFIT**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>                  None</p>	<p><b>Health Net</b>  <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b>                  None</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> None  <b>MEDICARE COORDINATED:</b> None</p>
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## GENERAL BENEFITS

### ► *Hospital Services*

<p><b>Kaiser</b>  <b>NON-MEDICARE AND  MEDICARE SENIOR ADVANTAGE:</b>  No Charge</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND  MEDICARE COORDINATED:</b> No  Charge</p> <p><b>MEDICARE SENIORITY PLUS:</b> No  Charge for inpatient; \$20 per visit for  outpatient services</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to  deductibles and annual out of  pocket limits.  PPO: Paid at 90%  Non-PPO: Paid at 70%, of the  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.  Maximum of \$30,000 is paid for  facility fees associated with a knee  or hip replacement surgery.</p> <p><b>MEDICARE COORDINATED:</b> 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.</p>
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### ► *Hospital Emergency Room*

<p><b>Kaiser</b>  <b>NON-MEDICARE AND  MEDICARE SENIOR ADVANTAGE:</b>  \$50 per visit, waived if admitted to  hospital.</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND  MEDICARE COORDINATED:</b> \$50  per visit, waived if admitted to  hospital.</p> <p><b>MEDICARE SENIORITY PLUS:</b> \$50  per visit, waived if admitted to  hospital. \$20 per visit for Urgent  Care Center.</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to  deductibles and out of pocket limits.  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, the benefit is 90%  of Allowed Charge.</p> <p><b>MEDICARE COORDINATED:</b> For  Outpatient Hospital or Facility  Services: Plan pays remainder of  Medicare allowable charge after  Medicare's payment, subject to  Plan's \$128 deductible.</p>
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► **Physician Office Visits**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND</b>  <b>MEDICARE SENIOR ADVANTAGE:</b>          \$20 per visit</p>	<p><b>Health Net</b>  <b>NON-MEDICARE,</b>  <b>MEDICARE COORDINATED, AND</b>  <b>MEDICARE SENIORITY PLUS:</b> \$20          per visit</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductibles and out of pocket limits.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge</p> <p>On-line physician visits are free of charge when you use <a href="http://www.livehealthonline.com">www.livehealthonline.com</a>.</p> <p><b>MEDICARE COORDINATED:</b>          After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.</p>
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► **Surgical Services**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND</b>  <b>MEDICARE SENIOR ADVANTAGE:</b>          No          Charge for inpatient surgery; \$20 per procedure for outpatient surgery</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND</b>  <b>MEDICARE COORDINATED:</b>          No Charge</p> <p><b>MEDICARE SENIORITY PLUS:</b>          No Charge inpatient; \$20 per visit to an ambulatory surgical center or outpatient hospital facility</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductibles and out of pocket limits.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge</p> <p>If a hospital is used instead of an Ambulatory Surgery Center, there is a maximum payable of:          \$6,000 for arthroscopies          \$2,000 for cataract surgery          \$1,500 for colonoscopies          \$1,000 for endoscopies</p> <p><b>MEDICARE COORDINATED:</b>          After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.</p>
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► **X-rays & Lab**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>          No Charge</p>	<p><b>Health Net</b>  <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b>          No Charge</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductibles and out of pocket limits.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b>          After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.</p>
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► **Maternity**

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> \$5 per visit for scheduled prenatal care and first post-partum visit</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b> Copayments for physician visits, hospital and surgery apply.</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductibles and out of pocket limits.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge</p>
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► **Sterilization Benefits**

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b>          Copayment required</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b>          Copayment required</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge</p>
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► **Allergy Testing and Treatment**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>          \$20 per testing visit; \$3.00 per injection visit.</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND MEDICARE SENIORITY PLUS:</b>          Allergy Testing &amp; Injections - No Charge; Allergy Serum - Not Covered</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits.          PPO: Paid at 90%          Non- PPO: Paid at 70% of Allowed Charge</p>
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► **Ambulance**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>          No Charge</p>	<p><b>Health Net</b>  <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b>          No Charge</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits.          PPO: Paid at 90%          Non- PPO: Paid at 90% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b>          After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.</p>
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► **Home Health Care**

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> No Charge; up to 100 visits per calendar year</p> <p><b>MEDICARE SENIOR ADVANTAGE:</b>          No Charge</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> \$20 per visit; Co-payment begins on 31st day of service</p> <p><b>MEDICARE SENIORITY PLUS:</b> No Charge for Medicare-covered visits</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and annual out of pocket limit.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b> See Physician Office Visits on previous page for services covered by Part B of Medicare.</p>
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► **Skilled Nursing Facilities**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>          No Charge; Limited to 100 days per benefit period.</p>	<p><b>Health Net</b>  <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> No Charge; Limited to 100 days per calendar year.</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits.          PPO: Paid at 90%          Non-PPO: Paid at 70% of Allowed Charge          Up to 70 days per period of confinement.</p> <p><b>MEDICARE COORDINATED:</b> 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.</p>
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► **Short Term Therapy (Physical, Speech, Occupational)**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>                  \$20 per visit</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND MEDICARE SENIORITY PLUS:</b> No Charge</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits.                  PPO: Paid at 90%                  Non- PPO: Paid at 70% of Allowed Charge</p>
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► **Chiropractic**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>                  Self-referral; must use network providers; \$10 per visit, up to 30 visits per year. \$50 allowance per calendar year for Chiropractic Appliances.</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> Self-referral; must use network providers; \$10 per visit, up to 20 visits per year  <b>MEDICARE SENIORITY PLUS:</b> \$10 per visit, up to 20 visits per year when using Chiropractic Network; or \$20 for each Medicare-covered visit.</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Maximum payment of \$25 per visit and 20 visits per calendar year. Subject to deductible. Out of pocket limits do not apply to charges over plan maximums. Benefits are payable for Participant and Spouse only.  <b>MEDICARE COORDINATED:</b> See Physician Office Visits. Benefits are provided for Participant and Spouse only.</p>
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► **Acupuncture**

<p><b>Kaiser</b>  <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b>                  Available with referral</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND MEDICARE SENIORITY PLUS:</b>                  Contact Health Net's Well Choices Department (888) 793-7746 for a listing of providers that offer a discount. (This is not a benefit).</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Maximum payment of \$35 per visit and 20 visits per calendar year. Subject to deductible. Out of pocket limits do not apply to charges over plan maximums.</p>
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► **Podiatry**

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> \$20 per visit</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b> Not Covered</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits.                  PPO: Paid at 90%                  Non- PPO: Paid at 70% of Allowed Charge</p>
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► **Durable Medical Equipment**

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> No Charge</p>	<p><b>Health Net</b> <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> No Charge</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE:</b> Subject to deductible and out of pocket limits. PPO: Paid at 90% Non- PPO: Paid at 70% of Allowed Charge  <b>MEDICARE COORDINATED:</b> See Physician Office Visits.</p>
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► **Vision Benefits**

<p><b>Kaiser</b> <b>NON-MEDICARE:</b> Exam: \$20 per visit; Must use Kaiser Optical. Glasses &amp; Lenses: Maximum allowance of \$125 for glasses or contact lenses. Benefit renews every 24 months.  <b>MEDICARE SENIOR ADVANTAGE:</b> Exam: \$20 per visit Must use Kaiser Optical. Glasses &amp; Lenses: Must use Kaiser Optical.  Maximum allowance of \$150 for glasses or contact lenses. Benefit renews every 24 months.</p>	<p><b>Health Net</b> <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> Exam: \$20 per visit; Must use contract provider. 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.  <b>MEDICARE SENIORITY PLUS:</b> Exam: \$20 per visit Glasses &amp; Lenses: 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.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE &amp; MEDICARE COORDINATED:</b> Exam: Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 copayment for exam.  Glasses &amp; Lenses: 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.</p>
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► **Hearing Exam & Hearing Aids**

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> \$20 per visit; \$2,500 maximum for each hearing aid. Hearing aids are provided every 36 months.</p>	<p><b>Health Net</b> <b>NON-MEDICARE, MEDICARE COORDINATED, AND MEDICARE SENIORITY PLUS:</b> \$20 per visit; Hearing aids covered under the Indemnity Plan.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> 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>
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## PRESCRIPTION BENEFITS

<p><b>Kaiser</b> <b>NON-MEDICARE:</b></p> <p><b><u>Retail Pharmacy</u></b> \$10 for generic drug \$30 for formulary brand drug Specialty drugs have a 20% co-payment, not to exceed \$150 per 30-day supply. Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. Maximum 100-day supply</p> <p><b><u>Mail Order Pharmacy</u></b> \$10 for generic drug \$30 for formulary brand drug Specialty drugs have a 20% co-payment, not to exceed \$150 per 30-day supply. Maximum 100-day supply. Mail orders on reorder prescriptions only. Call your local Kaiser Pharmacy for further details or see Kaiser's website at <a href="http://www.members.kp.org">www.members.kp.org</a>. Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.</p> <p><b>MEDICARE SENIOR ADVANTAGE:</b> <b><u>Retail Pharmacy</u></b> \$10 for generic drug \$20 for formulary brand drug Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. Maximum 100-day supply</p> <p><b><u>Mail Order Pharmacy</u></b> \$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 <a href="http://members.kp.org">members.kp.org</a> Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.</p>	<p><b>Health Net</b> <b>NON-MEDICARE AND</b> <b>MEDICARE COORDINATED:</b></p> <p><b><u>Retail Pharmacy</u></b> 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><b><u>Mail Order Pharmacy</u></b> \$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><b>MEDICARE SENIORITY PLUS:</b> <b><u>Retail Pharmacy</u></b> \$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</p> <p><b><u>Mail Order Pharmacy</u></b> \$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.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE:</b></p> <p><b><u>Retail Pharmacy</u></b> Contract pharmacies only. 30-day supply. \$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 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. Certain drugs are not covered without prior authorization. <b><i>Maintenance medications: Plan allows 2 fills of medication at retail then additional fills must be submitted by mail order.</i></b></p> <p><b><u>Mail Order Pharmacy</u></b> \$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 drugs are not covered without prior authorization. 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.</p> <p><b><u>MEDICARE COORDINATED:</u></b> <b>A deductible of \$360 must be satisfied before the following copayment rates apply:</b></p> <p><b>Medicare Part D Initial Stage</b> <b>Generic Drugs:</b> \$10 - 31-day supply (retail) \$30 - 90-day supply (retail) \$20 - 90-day supply (mail order) <b>Preferred Drugs:</b> \$40 - 31-day supply (retail) \$120 - 90-day supply (retail) \$80 - 90-day supply (mail order) <b>Non-Preferred Drugs:</b> \$60 - 31-day supply (retail) \$180 - 90-day supply (retail) \$120 - 90-day supply (mail order)</p> <p><b>Medicare Part D Coverage Gap Stage:</b> You pay 40% for Brand drugs or 51% for Generic drugs.</p> <p><b>Medicare Part D as Catastrophic Coverage Stage :</b> Generic Drugs: You pay the greater of a \$2.95 minimum copay or 5% coinsurance. All other drugs: You pay the greater of a \$7.40 minimum copay or 5% coinsurance.</p>
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**► 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 – Voluntary Plan for Retirees Who Choose to Purchase Coverage**

<b>Premium Rates</b>	<b>Retiree Only</b>	<b>Retiree &amp; One Dependent</b>	<b>Retiree &amp; More than One Dependent</b>
<b>Delta Dental PPO</b> Group #10294 Available nationwide	\$47.00	\$84.00	\$139.00
<b>DeltaCare USA</b> (Pre-paid dental HMO plan) Group #00907 Available in California Only	\$29.00	\$47.00	\$65.00

## PREVENTIVE CARE

### ► *Adult Physical Exam*

<p><b>Kaiser</b>  <b>NON-MEDICARE AND</b>  <b>MEDICARE SENIOR ADVANTAGE:</b>                  No Charge</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND</b>  <b>MEDICARE COORDINATED:</b> \$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).</p> <p><b>MEDICARE SENIORITY PLUS:</b> \$20 per visit</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> For Retiree and Spouse only. Subject to deductibles and out of pocket limits.                  PPO: Paid at 90%                  Non- PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b> See Physician Office Visits. Covered if covered by Medicare.</p>
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### ► *Well Child Care/Routine Physicals for Dependent Children*

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> No Charge</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b> \$20 per visit</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Not covered</p>
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### ► *Immunization (Dependent Children)*

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> No Charge                  (Adults and Children)</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b> No Charge</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Not covered</p>
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## MENTAL HEALTHCARE

### ► *Mental Health Care: Inpatient, Partial and Day Treatment*

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> No Charge, up to 45 days per calendaryear.</p> <p><b>MEDICARE SENIOR ADVANTAGE:</b>          No Charge, limited to lifetime maximum of 190 days as covered by Medicare. Thereafter, up to 45 days per calendaryear</p>	<p><b>Health Net</b>  <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> No Charge; limited to 30 days per calendar year, combined with alcohol and chemical dependency benefit.</p> <p><b>MEDICARE SENIORITY PLUS:</b> No Charge; limited to lifetime maximum of 190 days.</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductibles and out of pocket limits.          PPO: Paid at 90%          Non- PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b> See Hospital ServicesBenefit.</p>
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### ► *Mental Health Care: Outpatient*

<p><b>Kaiser</b>  <b>NON-MEDICARE:</b> \$20 individual / \$10 group visits. Limited to 20 visits per year.</p> <p><b>MEDICARE SENIOR ADVANTAGE:</b>          \$20 per visit for individual or \$10for grouptherapy.</p>	<p><b>Health Net</b>  <b>NON-MEDICARE:</b> \$30 per visit; Limited to 20 visits per calendar year, combined with alcohol and chemical dependencybenefit.</p> <p><b>MEDICARE SENIORITY PLUS:</b> \$20 per visit.</p>	<p><b>Indemnity Medical Plan</b>  <b>NON-MEDICARE:</b> Subject to deductibles and out of pocket limits.          PPO: Paid at 90%          Non- PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b> See Physician Office Visits; Covered if covered by Medicare.</p>
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## ALCOHOL & DEPENDENCY TREATMENT

### ► *Alcohol & Chemical Dependency Treatment – Inpatient*

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> 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.</p>	<p><b>Health Net</b> <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> No Charge; limited to 30 days per calendar year, combined with inpatient mental health days.</p> <p><b>MEDICARE SENIORITY PLUS:</b> No Charge for prescribed residential treatment.</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE COORDINATED:</b> Benefits for inpatient and outpatient treatment are limited to two treatments per individual.</p> <p>PPO: First Treatment: 100% Subsequent Treatment: 90%</p> <p>Non-CMS registered providers are not covered under the Plan. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums.</p> <p>Non-PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b> See Hospital Services Benefit</p>
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### ► *Alcohol & Chemical Dependency Treatment – Outpatient*

<p><b>Kaiser</b> <b>NON-MEDICARE AND MEDICARE SENIOR ADVANTAGE:</b> \$20 per visit; \$5 per visit for group visits.</p>	<p><b>Health Net</b> <b>NON-MEDICARE AND MEDICARE COORDINATED:</b> \$30 per visit; Limited to 20 visits per year, combined with mental health benefit.</p> <p><b>MEDICARE SENIORITY PLUS:</b> \$20 per visit</p>	<p><b>Indemnity Medical Plan</b> <b>NON-MEDICARE:</b> Benefits for inpatient and outpatient treatment are limited to two treatments per individual.</p> <p>PPO: First Treatment: 100% Subsequent Treatment: 90%</p> <p>Non-CMS registered providers are not covered under the Plan. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums.</p> <p>Non-PPO: Paid at 70% of Allowed Charge</p> <p><b>MEDICARE COORDINATED:</b> See Physician Office Visits; covered if covered by Medicare.</p>
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**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	95030-33	95269	95450	95798-99
93720-30	94163-64	94649	95035-38	95269	95452	95811-38
93737	94172	94659-62	95041*	95296-97	95452	95811-38
93740-41	94177	94666	95042	95304	95462	95840-43
93744-45	94188	94701-10	95044	95307	95465	95851-53
93747	94203-09	94712	95046	95313	95471-73	95860
93750	94211	94720	95050-56	95316	95476	95864-67
93755	94229-30	94801-08	95055-67*	95319-20	95486-87	95894
93760-61	94232	94820	95060-67*	95322-23	95492	95899
93764-65	94234-37	94850	95070-71	95326	95602-05	95903
93771-79	94239-40	94901	95073*	95326	95607-21	95961
93786	94244	94903-04	95076	95328-30	95623-26	
			95077*	95336-37	95628	
			95101	95350-58		

\*Effective 1/1/2017

Last updated 10/19/16

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

The Service Area is only 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, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties within the following ZIP codes:

93230	93764-65	94232	94801-08	95115-36	95363	95630
93232	93771-79	94234-37	94820	95138-41	95366-68	95632-35
93238	93786	94239-40	94850	95148	95376-78	95638-41
93242	93790-94	94244	94901	95150-61	95380-82	95645
93261	93844	94247-50	94903-04	95164	95385-87	95648
93601-02	93888	94252	94912-15	95170	95391	95650-52
93604	94002	94254	94920	95172-73	95397	95655
93606-07	94005	94256-59	94922-31	95190-94	95401-07	95658-64
93609	94010-11	94261-63	94933	95196	95409	95667-74
93611-14	94014-28	94267-69	94937-42	95201-13	95416	95676-78
93616	94030	94271	94945-57	95215	95419	95680-83
93618-19	94035	94273-74	94960	95219-20	95421	95686-88
93623-27	94037-44	94277-80	94963-66	95227	95425	95690-98
93630-31	94060-66	94282-91	94970-79	95230-31	95430-31	95703
93636-39	94070	94293-98	94999	95234	95433	95722
93643-46	94074	94301-06	95002	95236-37	95436	95736
93648-54	94080	94309	95008-09	95240-42	95439	95741-42
93656-57	94083	94401-04	95011	95253	95441-42	95746-47
93660	94085-89	94497	95013-15	95258	95444	95757-59
93662	94102-05	94501-03	95020-21	95267	95446	95762-63
93666-69	94107-12	94505-31	95026	95269	95448	95765
93673	94114-34	94533-53	95030-33	95296-97	95450	95776
93675	94137	94555-83	95035-38	95304	95452	95798-99
93701-12	94139-47	94585-92	95042	95307	95462	95811-38
93714-18	94151	94595-99	95044	95313	95465	95840-43
93720-30	94158-61	94601-15	95046	95316	95471-73	95851-53
93737	94163-64	94617-24	95050-56	95319-20	95476	95860
93740-41	94172	94649	95070-71	95322-23	95486-87	95864-67
93744-45	94177	94659-62	95076	95326	95492	95894
93747	94188	94666	95101	95328-30	95602-05	95899
93750	94203-09	94701-10	95103	95336-37	95607-21	95903
93755	94211	94712	95106	95350-58	95623-26	95961
93760-61	94229-30	94720	95108-13	95360-61	95628	



# Health Net's Commercial HMO Service Area

90001-84	91121	91905-06	92352	93009	93581	94261-63	95190-94	95630-39
90086-89	91123-26	91908-17	92354	93010-16	93584	94267-69	95196	95641
90091	91129	91921	92356-59	93020-24	93586	94271	95201-13	95645
90093-96	91182	91931-35	92365	93030-36	93590-91	94273-74	95215	95648
90099	91184-85	91941-48	92368-69	93040-44	93596	94277-80	95219-20	95650-53
90101	91188-89	91950-51	92371-78	93060-67	93599	94282-91	95227	95655
90201-02	91199	91962-63	92382	93094	93601-16	94293-99	95230-31	95658
90209-13	91201-10	91976-80	92385-86	93101-03	93618-22	94301-06	95234	95660-64
90220-24	91214	92003-04	92391-95	93105-06	93624-28	94309	95236-37	95667-68
90230-33	91221-22	92007-11	92397-99	93107-11	93630-31	94401-04	95240-42	95670-73
90239-42	91224-26	92013-14	92401-08	93116-18	93634-54	94497	95253	95677-84
90245	91301-11	92018-30	92410-13	93120-21	93656-57	94501-03	95258	95686-88
90247-51	91313	92033	92415	93130	93660-62	94505-31	95267	95690-91
90254-55	91316	92036-40	92418	93140	93664-70	94533-53	95269	95693-98
90260-67	91319-22	92046	92423	93150	93673	94555-83	95296	95701
90270	91324-31	92049	92427	93160	93675	94585-92	95301	95703
90272	91333-35	92051-52	92501-09	93190	93701-12	94595-99	95303-04	95709
90274-75	91337	92054-61	92513-19	93199	93714-18	94601-15	95307	95712-14
90277-78	91340-46	92064-72	92521-22	93201-08	93720-30	94617-24	95312-13	95722
90280	91350-62	92074-75	92530-32	93210	93737	94649	95315-17	95726
90290-96	91364-65	92078-79	92536	93212	93740-41	94659-62	95319-20	95736
90301-12	91367	92081-86	92539	93215-16	93744-45	94666	95322-24	95741-42
90401-11	91371-72	92088	92543-46	93218-19	93747	94701-10	95326	95746-47
90501-10	91376-77	92091-93	92548-49	93220-27	93750	94712	95328-30	95757-59
90601-10	91380-87	92101-24	92551-57	93230	93755	94720	95333-34	95762-63
90620-24	91390	92126-32	92561-64	93232	93760-61	94801-08	95336-37	95765
90630-33	91392-96	92134-40	92567	93234-35	93764-65	94820	95340-41	95776
90637-40	91401-13	92142-43	92570-72	93237-45	93771-79	94850	95343-44	95798-99
90650-52	91416	92145	92581-87	93247	93786	94901	95348	95811-38
90660-62	91423	92147	92589-93	93249-52	93790-94	94903-04	95350-58	95840-43
90670-71	91426	92149-50	92595-96	93254-58	94002	94912-15	95360-61	95851-53
90680	91436	92152-55	92599	93260-63	94005	94920	95363	95860
90701-04	91470	92158-79	92602-07	93265-68	94010-11	94922-31	95365-69	95864-67
90706-07	91482	92182	92609-10	93270-72	94014-28	94933	95374	95887
90710-17	91495-96	92186-87	92612	93274-80	94030	94937-42	95376-78	95894
90720-21	91499	92190-93	92614-20	93282	94035	94945-57	95380-82	95899
90723	91501-08	92195-99	92623-30	93283	94037-44	94960	95385-88	95924
90731-34	91510	92201-03	92637	93285-87	94060-66	94963-66	95391	95937
90740	91521-23	92210-11	92646-63	93290-92	94070	94970-79	95401-07	95945-46
90742-49	91526	92220	92672-79	93301-09	94074	94998-99	95409	95949
90755	91601-12	92223	92683-85	93311-14	94080	95001-03	95412	95959-60
90801-10	91614-18	92230	92688	93380	94083	95005-11	95416	95975
90813-15	91701-02	92234-36	92690-94	93383-90	94085-89	95013-15	95419	
90822	91706	92240-41	92697-98	93427	94102-05	95017-21	95421	
90831-35	91708-11	92247-48	92701-08	93429	94107-12	95026	95425	
90840	91714-16	92252-56	92711-12	93434	94114-34	95030-33	95430-31	
90842	91722-24	92258	92728	93436-38	94137	95035-38	95433	
90844	91729-35	92260-64	92735	93440-41	94139-47	95041-42	95436	
90846-48	91737	92268	92780-82	93454-58	94151	95044	95439	
90853	91739-41	92270	92799	93460	94153-53	95046	95441-42	
90895	91743-50	92274	92801-09	93463-64	94156	95050-56	95444	
90899	91752	92276-78	92811-12	93501-02	94158-64	95060-67	95446	
91001	91754-56	92282	92814-17	93504-05	94171-72	95070-71	95448	
91003	91758-59	92284-86	92821-23	93510	94177	95073	95450	
91006-12	91761-73	92301	92825	93516	94188	95076-77	95452	
91016-17	91775-76	92305	92831-38	93518-19	94203-09	95101	95462	
91020-21	91778	92307-18	92840-46	93523-24	94211	95103	95465	
91023-25	91780	92320-22	92850	93531-32	94229-30	95106	95471-73	
91030-31	91784-86	92324-27	92856-57	93534-36	94232	95108-13	95476	
91040-43	91788-93	92329	92859-71	93539	94234-37	95115-36	95480	
91046	91795	92331	92877-83	93543-44	94239-40	95138-41	95486-87	
91066	91801-04	92333-37	92885-87	93550-53	94244-50	95148	95492	
91077	91896	92339-42	92899	93560-61	94252	95150-61	95497	
91101-10	91899	92344-47	93001-07	93563	94254	95164	95602-21	
91114-18	91901-03	92350			94256-59	95170	95623-28	
						95172-73		

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## Health Net's Medicare/Seniority Plus Service Area

90001-84	90895	91495-96	92064-72	92363-66	92814-17	93460	93764-65	94401-04	95103	95430-31	95776
90086-91	90899	91499	92074-75	92368-69	92821-23	93463-64	93771-79	94497	95106	95433	95798-99
90093-96	91001	91501-08	92078-79	92371-78	92825	93501-02	93786	94501-03	95108-13	95436	95811-38
90099	91003	91510	92081-86	92382	92831-38	93504-05	93790-94	94505-07	95115-36	95439	95840-43
90101	91006-12	91521-23	92088	92385-86	92840-46	93510	93844	94509-31	95138-41	95441-42	95851-53
90189	91016-17	91526	92091-93	92391-95	92850	93516	93888	94533-53	95148	95444	95860
90201-02	91020-21	91601-12	92096	92397-99	92856-57	93518-19	94002	94555-57	95150-61	95446	95864-67
90209-13	91023-25	91614-18	92101-24	92401-08	92859-71	93523-24	94005	94560-61	95164	95448	95887
90220-24	91030-31	91701-02	92126-32	92410-13	92877-83	93527-28	94010-11	94563-66	95170	95450	95894
90230-33	91040-43	91706	92134-40	92415	92885-87	93531-32	94014-28	94568-72	95172-73	95452	95899
90239-42	91046	91708-11	92142-43	92418	92899	93534-36	94030	94575	95190-94	95462	95912
90245	91066	91714-16	92145	92423	93013-14	93539	94035	94577-80	95196	95465	95937
90247-51	91077	91722-24	92147	92427	93067	93543-44	94037-44	94582-83	95201-13	95471-73	
90254-55	91101-10	91729-35	92149-50	92501-09	93101-03	93550-56	94060-66	94585-92	95215	95476	
90260-67	91114-18	91737	92152-55	92513-19	93105-11	93558	94070	94595-98	95219-20	95480	
90270	91121	91739-41	92158-79	92521-22	93116-18	93560-63	94074	94601-15	95227	95486-87	
90272	91123-26	91743-50	92182	92530-32	93120-21	93581	94080	94617-24	95230-31	95492	
90274-75	91129	91752	92186-87	92536	93130	93584	94083	94649	95234	95497	
90277-78	91182	91754-56	92190-93	92539	93140	93586	94085-89	94659-62	95236-37	95602-12	
90280	91184-85	91758-59	92195-99	92543-46	93150	93590-92	94102-05	94666	95240-42	95615-18	
90290-96	91188-89	91761-73	92201-03	92548-49	93160	93596	94107-12	94701-10	95253	95620-21	
90301-12	91199	91775-76	92210-11	92551-57	93190	93599	94114-34	94712	95258	95624-28	
90401-11	91201-10	91778	92220	92561-64	93199	93602	94137	94720	95267	95630-32	
90501-10	91214	91780	92223	92567	93203	93605-09	94139-47	94801-08	95269	95637-39	
90601-10	91221-22	91784-86	92225-26	92570-72	93205-06	93611-13	94151	94820	95296-97	95641	
90620-24	91224-26	91788-93	92230	92581-87	93210	93616	94154	94850	95304	95645	
90630-33	91301-11	91801-04	92234-36	92589-93	93215-16	93618-22	94158-64	94922-23	95307	95648	
90637-40	91313	91896	92239-42	92595-96	93220	93624-28	94172	94926-28	95313	95650	
90650-52	91316	91899	92247-48	92599	93222	93630-31	94177	94931	95316	95652-53	
90660-62	91321-22	91901-03	92252-56	92602-07	93224-26	93634	94188	94951-55	95319-20	95655	
90670-71	91324-31	91905-06	92258	92609-10	93234	93640-42	94203-09	94972	95322-23	95658	
90680	91333-35	91908-17	92260-64	92612	93238	93646	94211	94975	95326	95660-63	
90701-04	91337	91921	92267-68	92614-20	93240-43	93648-52	94229-30	94999	95328-30	95670-71	
90706-07	91340-46	91931-35	92270	92623-30	93245	93654	94232	95001-03	95336-37	95673	
90710-17	91350-57	91941-48	92274	92637	93249-52	93656-57	94234-37	95005-11	95350-58	95677-81	
90720-21	91361-62	91950-51	92276-78	92646-63	93255	93660	94239-40	95013-15	95360-61	95683	
90723	91364-65	91962-63	92280	92672-79	93263	93662	94244-50	95017-21	95363	95686-88	
90731-34	91367	91976-80	92282	92683-85	93268	93664	94252	95023	95366-68	95690-91	
90740	91371-72	91987	92284-86	92688	93276	93667-68	94254	95026	95376-78	95693-98	
90742-49	91376	92003-04	92301	92690-94	93280	93675	94256-59	95030-33	95380-82	95701	
90755	91380-87	92007-11	92304-05	92697-98	93283	93701-12	94261-63	95035-38	95385-87	95703	
90801-10	91390	92013-14	92307-18	92701-08	93285	93714-18	94267-69	95041-42	95391	95713-15	
90813-15	91392-96	92018-30	92320-27	92711-12	93287	93720-30	94271	95044	95397	95717	
90822	91401-13	92033	92329	92728	93301-09	93737	94273-74	95046	95401-07	95722	
90831-35	91416	92036-40	92331-42	92735	93311-14	93740-41	94277-80	95050-56	95409	95736	
90840	91423	92046	92344-47	92780-82	93380	93744-45	94282-91	95060-67	95412	95741-42	
90842	91426	92049	92350	92799	93383-90	93747	94293-99	95070-71	95416	95746-47	
90844	91436	92051-52	92352	92801-09	93427	93750	94301-06	95073	95419	95757-59	
90846-48	91470	92054-61	92354	92811-12	93436-38	93755	94309	95076-77	95421	95763	
90853	91482		92356-59		93440-41	93760-61		95101	95425	95765	

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# Health Net's Service Area

90001-84	91188-89	92007-11	92543-46	93265-68	93940	94912-15	95485-88	96031-35
90086-91	91199	92013-14	92548-49	93270-72	93942-44	94920	95490	96037-41
90093-96	91201-10	92018-30	92551-57	93274-80	93950	94922-31	95492-94	96044
90099	91214	92033	92561-64	93282-83	93953-55	94933	95497	96046-52
90101	91221-22	92036-40	92567	93285-87	93960	94937-42	95501-03	96054-59
90189	91224-26	92046	92570-72	93290-92	93962	94945-57	95511	96061-65
90201-02	91301-11	92049	92581-87	93301-09	94002	94960	95514	96067-71
90209-13	91313	92051-52	92589-93	93311-14	94005	94963-66	95518-19	96073-76
90220-24	91316	92054-61	92595-96	93380	94010-11	94970-79	95521	96078-80
90230-33	91319-22	92064-72	92599	93383-90	94014-28	94998-99	95524-28	96084-97
90239-42	91324-31	92074-75	92602-07	93401-03	94030	95001-15	95531-32	96099
90245	91333-35	92078-79	92609-10	93405-10	94035	95017-21	95534	96101
90247-51	91337	92081-86	92612	93412	94037-44	95023-24	95536-38	96103-30
90254-55	91340-46	92088	92614-20	93420-24	94060-66	95026	95540	96132-37
90260-67	91350-62	92091-93	92623-30	93426-30	94070	95030-33	95542-43	96140-43
90270	91364-65	92096	92637	93432-38	94074	95035-39	95545-56	96145-46
90272	91367	92101-24	92646-63	93440-58	94080	95041-46	95558-60	96148
90274-75	91371-72	92126-32	92672-79	93460-61	94083	95050-56	95562-65	96150-52
90277-78	91376-77	92134-40	92683-85	93463-65	94085-89	95060-67	95567-71	96154-58
90280	91380-87	92142-43	92688	93475	94102-05	95070-71	95573	96160-62
90290-96	91390	92145	92690-94	93483	94107-12	95073	95585	
90301-12	91392-96	92147	92697-98	93501-02	94114-34	95075-77	95587	
90401-11	91401-13	92149-50	92701-08	93504-05	94137	95101	95589	
90501-10	91416	92152-55	92711-12	93510	94139-47	95103	95595	
90601-10	91423	92158-79	92725	93512-19	94151	95106	95601-21	
90620-24	91426	92182	92728	93522-24	94154	95108-13	95623-42	
90630-33	91436	92186-87	92735	93526-32	94158-64	95115-36	95644-46	
90637-40	91470	92190-93	92780-82	93534-36	94172	95138-41	95648	
90650-52	91482	92195-99	92799	93539	94177	95148	95650-56	
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90670-71	91499	92210-11	92811-12	93549-56	94203-09	95164	95701	
90680	91501-08	92220	92814-17	93558	94211	95170	95703	
90701-04	91510	92222-23	92821-23	93560-63	94229-30	95172-73	95709	
90706-07	91521-23	92226-27	92825	93581	94232	95190-94	95712-15	
90710	91526	92230-36	92831-38	93584	94234-37	95196	95717	
90711-17	91601-12	92239-40	92840-46	93586	94239-40	95201-13	95720-22	
90720-21	91614-18	92247-64	92850	93590-92	94244-50	95215	95724	
90723	91701-02	92266-68	92856-57	93596	94252	95219-34	95726	
90731-34	91706	92270	92859-83	93599	94254	95236-37	95728	
90740	91708-11	92273-78	92885-87	93601-16	94256-59	95240-42	95735-36	
90742-49	91714-16	92280-86	92899	93618-28	94261-63	95245-49	95741-42	
90755	91722-24	92301	93001-07	93630-31	94267-69	95251-55	95746-47	
90801-10	91729	92304-05	93009-16	93633-54	94271	95257-58	95757-59	
90813-15	91730-35	92307-18	93020-24	93656-57	94273-74	95267	95762-63	
90822	91737	92320-29	93030-36	93660-62	94277-80	95269	95765	
90831-35	91739-41	92331-42	93040-44	93664-70	94282-91	95296-97	95776	
90840	91743-50	92344-47	93060-67	93673	94293-99	95301	95798-99	
90842	91752	92350	93094	93675	94301-06	95303-07	95811-38	
90844	91754-56	92352	93099	93701-12	94309	95309-13	95840-43	
90846-48	91758-59	92354	93101-03	93714-18	94401-04	95315-30	95851-53	
90853	91761-73	92356-59	93105-11	93720-30	94497	95333-38	95860	
90895	91775-76	92363-66	93116-18	93737	94501-03	95340-41	95864-67	
90899	91778	92368-69	93120-21	93740-41	94505-31	95343-48	95887	
91001	91780	92371-78	93130	93744-45	94533-53	95350-58	95894	
91003	91784-86	92382	93140	93747	94555-83	95360-61	95899	
91006-12	91788-93	92384-86	93150	93750	94585-92	95363-70	95901	
91016-17	91795	92389	93160	93755	94595-99	95372-83	95903	
91020-21	91801-04	92391-95	93190	93760-61	94601-15	95385-89	95910	
91023-25	91896	92397-99	93199	93764-65	94617-24	95391	95912-20	
91030-31	91899	92401-08	93201-08	93771-79	94649	95397	95922-30	
91040-43	91901-03	92410-13	93210	93786	94659-62	95401-07	95932	
91046	91905-06	92415	93212	93790-94	94666	95409-10	95934-51	
91066	91908-17	92418	93215-16	93844	94701-10	95412	95953-63	
91077	91921	92423	93218-27	93888	94712	95415-33	95965-84	
91101-10	91931-35	92427	93230	93901-02	94720	95435-37	95986-88	
91114-18	91941-48	92501-09	93232	93905-08	94801-08	95439	95991-93	
91121	91950-51	92513-19	93234-35	93912	94820	95441-46	96001-03	
91123-26	91962-63	92521-22	93237-47	93915	94850	95448-54	96006-11	
91129	91976-80	92530-32	93249-52	93920-28	94901	95456-73	96013-17	
91182	91987	92536	93254-58	93930	94903-04	95476	96019-25	
91184-85	92003-04	92539	93260-63	93932-33		95480-82	96027-29	

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## Health Net's Primary (Rural) EPO Service Area

92222	95422-24	95901
92227	95426-29	95903
92231-33	95432	95910
92243-44	95435	95912-20
92249-51	95437	95922-23
92257	95443	95925-30
92259	95445	95932
92266	95449	95934-36
92273	95451	95938-44
92275	95453-54	95947-48
92281	95456-61	95950-51
92283	95463-64	95953-58
93401-03	95466-70	95961-63
93405-10	95481-82	95965-74
93412	95485	95976
93420-24	95488	95978-84
93428	95490	95987-88
93430	95493-94	95991-93
93432-33	95501-03	96001-03
93435	95511	96007-09
93442-49	95514	96011
93451-53	95518-19	96013
93461	95521	96016-17
93465	95524-26	96019-22
93475	95528	96028-29
93483	95534	96033
93623	95536-37	96035
95221-26	95540	96040
95228-29	95542	96047
95232-33	95545-47	96049
95245-49	95549-51	96051
95251-52	95553-56	96055-56
95254-55	95558-60	96059
95257	95562	96061-63
95305-06	95564-65	96065
95309-11	95569-71	96068-71
95318	95573	96073-76
95321	95585	96078-80
95325	95587	96084
95327	95589	96087-90
95329	95601	96092
95335	95629	96095-96
95338	95640	96099
95345-47	95642	96103
95364	95644-45	96105-06
95370	95654	96109
95372-73	95659	96113-14
95375	95665-66	96117-119
95379	95668-69	96121-30
95383	95674-76	96132
95389	95685	96135-37
95410	95689	
95415	95692	
95417-18	95699	
95420	95836	

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**JANUARY 1, 2017 CARPENTERS HEALTH & WELFARE RATES FOR  
AFTER 01/2009 RETIREES**

	Retiree Only	Dependent without Medicare	Dependent with medicare	Dependent with Risk	No Dependent with Medicare	1 Dependent with Medicare	1 Dependent with Risk	More Than 1 Dependent with Medicare	More than 1 Dependent with Risk
<b>MEDICARE ADVANTAGE (RISK) RETIREES:</b>									
HEALTH NET	\$278	\$1,431	\$624	\$563	\$2,656	\$1,878	\$1,842	\$1,026	\$903
KAISER	\$179	\$876	N/A	\$364	\$1,708	N/A	\$1,196	N/A	\$609
<b>MEDICARE COORDINATED RETIREES:</b>									
HEALTH NET	\$339	\$1,492	\$686	\$624	\$2,692	\$1,913	\$1,878	\$1,088	\$965
INDEMNITY	\$217	\$704	\$425	N/A	\$854	\$575	N/A	\$569	N/A
<b>IF RETIRED ON OR AFTER 01/01/09 with 10 to 19 Years:</b>									
HEALTH NET	\$1,194	\$2,396	\$1,561	\$1,500	\$3,732	\$2,898	\$2,836	\$1,979	\$1,856
KAISER	\$739	\$1,485	N/A	\$945	\$2,332	N/A	\$1,792	N/A	\$1,205
INDEMNITY	\$547	\$1,083	\$776	N/A	\$1,248	\$941	N/A	\$935	N/A
<b>IF RETIRED ON OR AFTER 01/01/09 with 20 to 25 Years:</b>									
HEALTH NET	\$1,144	\$2,297	\$1,490	\$1,429	\$3,619	\$2,812	\$2,750	\$1,894	\$1,771
KAISER	\$689	\$1,386	N/A	\$874	\$2,219	N/A	\$1,706	N/A	\$1,120
INDEMNITY	\$497	\$984	\$705	N/A	\$1,135	\$855	N/A	\$850	N/A
<b>IF RETIRED ON OR AFTER 01/01/09 with 25 and more:</b>									
HEALTH NET	\$1,095	\$2,199	\$1,420	\$1,359	\$3,505	\$2,727	\$2,665	\$1,809	\$1,686
KAISER	\$640	\$1,288	N/A	\$804	\$2,105	N/A	\$1,621	N/A	\$1,035
INDEMNITY	\$448	\$886	\$635	N/A	\$1,021	\$770	N/A	\$765	N/A

**JANUARY 1, 2017 CARPENTERS HEALTH & WELFARE RETIREE  
RETIREMENTS BEFORE 01/2009 RETIREE SELF-PAY RATES**

	Retiree Only	Dependent without Medicare	Dependent with medicare	Dependent with Risk	No Dependent with Medicare	1 Dependent with Medicare	1 Dependent with Risk	More Than 1 Dependent with Medicare	More than 1 Dependent with Risk
<b>MEDICARE ADVANTAGE (RISK) RETIREES:</b>									
HEALTH NET	\$278	\$1,431	\$624	\$563	\$2,656	\$1,878	\$1,842	\$1,026	\$903
KAISER	\$179	\$876	N/A	\$364	\$1,708	N/A	\$1,196	N/A	\$609
<b>MEDICARE COORDINATED RETIREES:</b>									
HEALTH NET	\$339	\$1,492	\$686	\$624	\$2,692	\$1,913	\$1,878	\$1,088	\$965
INDEMNITY	\$217	\$704	\$425	N/A	\$854	\$575	N/A	\$569	N/A
<b>NON-MEDICARE RETIREES: LESS THAN 10 YEARS PENSION ELIGIBILITY CREDITS: IF RETIRED BEFORE 07/01/94</b>									
HEALTH NET	\$1,144	\$2,297	\$1,490	\$1,429	\$3,471	\$2,692	\$2,656	\$1,894	\$1,771
KAISER	\$689	\$1,386	N/A	\$874	\$2,219	N/A	\$1,706	N/A	\$1,120
INDEMNITY	\$497	\$984	\$705	N/A	\$1,135	\$855	N/A	\$850	N/A
<b>10 TO 19 YEARS PENSION ELIGIBILITY CREDITS: IF RETIRED BEFORE 07/01/94</b>									
HEALTH NET	\$1,095	\$2,199	\$1,420	\$1,359	\$3,342	\$2,595	\$2,561	\$1,809	\$1,686
KAISER	\$640	\$1,288	N/A	\$804	\$2,105	N/A	\$1,621	N/A	\$1,035
INDEMNITY	\$448	\$886	\$635	N/A	\$1,021	\$770	N/A	\$765	N/A
<b>IF RETIRED ON OR AFTER 07/01/94</b>									
HEALTH NET	\$1,194	\$2,396	\$1,561	\$1,500	\$3,599	\$2,790	\$2,751	\$1,979	\$1,856
KAISER	\$739	\$1,485	N/A	\$945	\$2,332	N/A	\$1,792	N/A	\$1,205
INDEMNITY	\$547	\$1,083	\$776	N/A	\$1,248	\$941	N/A	\$935	N/A
<b>20 to 25 YEARS PENSION ELIGIBILITY CREDITS IF RETIRED BEFORE 07/01/94</b>									
HEALTH NET	\$1,045	\$2,101	\$1,349	\$1,288	\$3,214	\$2,497	\$2,467	\$1,724	\$1,601
KAISER	\$590	\$1,190	N/A	\$733	\$1,992	N/A	\$1,535	N/A	\$950
INDEMNITY	\$398	\$788	\$564	N/A	\$908	\$684	N/A	\$680	N/A
<b>IF RETIRED ON OR AFTER 07/01/94</b>									
HEALTH NET	\$1,144	\$2,297	\$1,490	\$1,429	\$3,471	\$2,692	\$2,656	\$1,894	\$1,771
KAISER	\$689	\$1,386	N/A	\$874	\$2,219	N/A	\$1,706	N/A	\$1,120
INDEMNITY	\$497	\$984	\$705	N/A	\$1,135	\$855	N/A	\$850	N/A
<b>25 OR MORE YEARS PENSION ELIGIBILITY CREDITS IF RETIRED BEFORE 07/01/94</b>									
HEALTH NET	\$995	\$2,002	\$1,279	\$1,218	\$3,086	\$2,400	\$2,372	\$1,639	\$1,516
KAISER	\$540	\$1,091	N/A	\$663	\$1,878	N/A	\$1,450	N/A	\$865
INDEMNITY	\$348	\$689	\$494	N/A	\$794	\$599	N/A	\$595	N/A
<b>IF RETIRED ON OR AFTER 07/01/94</b>									
HEALTH NET	\$1,095	\$2,199	\$1,420	\$1,359	\$3,342	\$2,595	\$2,561	\$1,809	\$1,686
KAISER	\$640	\$1,288	N/A	\$804	\$2,105	N/A	\$1,621	N/A	\$1,035
INDEMNITY	\$448	\$886	\$635	N/A	\$1,021	\$770	N/A	\$765	N/A

