



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
ACTIVE AND SPECIAL III PARTICIPANTS AND THEIR ELIGIBLE DEPENDENTS
EFFECTIVE MARCH 1, 2007**

**COMPARISON OF
BENEFIT PLANS**

GENERAL INFORMATION	LABORERS DIRECT PAYMENT PLAN	KAISER PERMANENTE
Type of Plan	Direct Payment Plan provides traditional, fee-for-service medical benefits. Direct Payment Plan offers benefits at lower costs when you use the Prudent Buyer Plan Network of hospitals, physicians, laboratory, radiology and ambulatory surgical facilities.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.
Geographical Area Covered	United States, its territories & possessions. Services outside United States may be covered if due to emergency.	See enclosed letter which advises if this plan is available to you.
Choice of Physicians	Unlimited. Use of Prudent Buyer Plan physicians results in lower out-of-pocket expenses.	Members must use a Kaiser Permanente Physician.
Specialized Care In-Network	You select any specialist.	Self-referral to specialists such as allergy, dermatology, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.
Specialized Care Outside Network	You select any specialist.	Covered in full if Kaiser Permanente Physician refers you to outside specialist.
Out-Of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions.	\$100 copayment for worldwide emergency coverage for unforeseen illness or injury. Waived if admitted.
Claim Forms	None.	None except for out-of-plan emergency care from non-Kaiser Permanente providers.
COMPREHENSIVE MEDICAL BENEFITS		
Plan Deductible	\$150 per individual, maximum of \$450 per family per Plan Year. Does not apply to Inpatient Hospital, Physical Exam and Prescription Drug benefits.	None.
Plan Maximum	\$1,500,000 lifetime per individual with a \$2,000 Plan Year reinstatement. Lifetime maximum does not apply to Physical Exam and Prescription Drug benefits.	None. Some restrictions apply.
Plan Year Out-of-Pocket Expense Maximum	\$3,000 per individual up to \$6,000 per family per Plan Year. Out-of-Pocket includes your Plan Year deductible, your co-insurance and the 10% copayment for hospital stay for charges by Prudent Buyer Plan providers only. Does not include Physician Visit or Emergency Room copayment, penalties for not using a Prudent Buyer Plan hospital or not obtaining a Utilization Review, your co-insurance for charges by non-Prudent Buyer Plan providers, Plan exclusions and limitations.	Not Applicable

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<p>Inpatient Hospital Medical/Surgery</p> <p>Mental Health</p> <p>Skilled Nursing Facility (Extended Care)</p> <p>Alcohol and Substance Abuse</p> <p>Utilization Review</p>	<p>Prudent Buyer Plan - 90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services.</p> <p>Non-Prudent Buyer Plan - 70% (10% regular copayment plus 20% penalty for not using a preferred provider) of first \$10,000 of covered charges, 100% thereafter. (Exception: Emergency admission and participants residing outside the service area - payable at 90% instead of 70%. Refer to footnote #1 for definition of Service Area.)</p> <p>Same as Medical/Surgery above.</p> <p>Same as Medical/Surgery above.</p> <p>MUST BE PROVIDED BY CLAREMONT BEHAVIORAL SERVICES. ADULT: 1st Treatment: 100% of contracted rate, 30 days max. 2nd Treatment: 50% of contracted rate, 30 days max. ADOLESCENT: 1 Treatment: 100% of contracted rate, 45 days max. \$10,000 Lifetime per adult; \$12,500 Lifetime per adolescent</p> <p>Automatic part of Plan procedures when admitted to a participating hospital. Required for ALL hospital or extended care admissions. 20% penalty of 1st \$10,000 payable charges for non-compliance.</p>	<p>100% after \$200 copayment for all covered benefits and services at Kaiser Permanente medical facilities.</p> <p>100% after \$200 copayment for up to 30 days per calendar year.</p> <p>100% after \$200 copayment for up to 100 days per benefit period, when authorized by a Plan physician.</p> <p>100% after \$200 copayment for detoxification only. (Rehabilitation is not covered).</p> <p>Transitional Residential Recovery Services – up to 60 days per calendar year not to exceed 120 days in any 5-year period.</p> <p>Automatic part of Plan procedures.</p>
<p>Outpatient Hospital Care</p>	<p>Prudent Buyer Plan - 90% of negotiated rates. Non-Prudent Buyer Plan – 70% of covered charges.</p>	<p>\$20 copayment per visit for most outpatient services.</p>
<p>Emergency Room Hospital</p>	<p>Prudent Buyer Plan - 90% of negotiated rate after \$25 copayment. Non-Prudent Buyer Plan - 70% of covered charges after \$50 copayment. Copayment waived under certain circumstances.</p>	<p>\$100 copayment per visit. Waived if admitted.</p>
<p>Ambulatory Surgical Facility</p>	<p>Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - 70% of covered charges.</p>	<p>100% after \$20 copayment at a Kaiser Permanente medical facility.</p>
<p>Home Health Care</p>	<p>90% of negotiated rate. Must be pre-authorized by Blue Cross of California.</p>	<p>100% when authorized by Plan physician for part-time, intermittent care.</p>
<p>Hospice Care</p>	<p>90% of negotiated rate. Must be pre-authorized by Blue Cross of California.</p>	<p>100% when selected as alternative to traditional services and authorized by a Plan physician.</p>
<p>Ambulance</p>	<p>Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R. Exception: If life threatening condition, payable at 90% of UC&R.</p> <p>Air ambulance may be covered if due to a life threatening condition.</p>	<p>No charge when medically necessary and authorized by a Kaiser Permanente Physician.</p>

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Office Visit	Prudent Buyer Plan Physician - 100% of negotiated rate after \$15 copayment per visit. Non-Prudent Buyer Plan Physician - 70% of UC&R after \$15 copayment per visit. Physician Office Visit copayment does not apply to Physical Exam, Well Baby, Chiropractic Care or outpatient Mental Health visits.	100% after \$20 copayment per visit.
Surgery Physician Fee	Prudent Buyer Plan Physician - 90% of negotiated rate. Non-Prudent Buyer Plan Physician - 70% of UC&R.	Inpatient - 100%; Outpatient - 100% after \$20 copayment per visit.
Physical Exam/ Well Baby	Laborer or Spouse - \$200 maximum per Plan Year. Dependent Child older than age 2 - \$100 maximum per Plan Year. Well Baby charges for dependent children up to age 2 are payable as routine office visit and not subject to \$100 max per Plan Year.	100% after \$20 copayment.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R. Immunizations are covered for dependent children only.	100%
Diagnostic Lab Tests, X-Ray, MRI, CT Scan	Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - 70% of UC&R.	100%.
Mental Health	Maximum of 40 visits per Plan Year. Prudent Buyer Plan provider - 50% of negotiated rate. Non-Prudent Buyer Plan provider - 50% of UC&R.	100% after \$20 copayment per individual or group visit. Limited to 20 visits per calendar year. Unlimited for AB88 conditions.
Chiropractic Benefits	\$40 per visit, limit of 20 visits per Plan Year. \$100 maximum for x-rays per Plan Year.	\$5 copayment per visit, 20 visits per calendar year.
Outpatient Alcohol and Substance Abuse Treatment	MUST BE PROVIDED BY CLAREMONT BEHAVIORAL SERVICES. Visits 1 - 10: 100% of contracted rate Visits 11 - 25: 85% of contracted rate Visits 26 - 40: 70% of contracted rate Visits 41 - 50: 50% of contracted rate	Outpatient Individual Therapy - 100% after \$20 copayment per visit. Outpatient Group Therapy - 100% after \$5 copayment per visit.
Hearing Aids/Device	\$750 maximum payable per ear/device every 36 months	\$500 maximum payable for both ears every 36 months. \$20 copayment for hearing test.
Durable Medical Equipment	Must be prescribed by a physician. Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	100% when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.
OTHER BENEFITS		
Death, Accidental Death and Dismemberment Benefits	Benefits will be provided whether you enroll in Direct Payment Plan or Kaiser Plan. Employee Death: \$15,000 plus additional \$15,000 if death is a result of an accident. Employee Injury/Dismemberment - \$7,500 to \$15,000 depending upon part or parts of body. Dependent Spouse Death: \$7,500. Dependent Child Death: \$500 for age 24 hours but less than 2 years of age; \$750 for age 2 years but less than 5 years of age; \$1,000 for age 5 years but less than 19 years of age.	

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Vision Care	<p>Vision Service (VSP) "Value Plan" benefits provided through Fund. Payable every 12 months for exam and lenses, 24 months for frames. \$10 deductible for exam and \$20 deductible for lenses and frames.</p> <p>Active Plan – Refer to Group #00860000, Division 4, Class 2. Special III Plan - Refer to Group #00860000, Division 2, Class 1.</p>	<p>In addition to VSP benefits provided through Fund (see Direct Payment Plan), Kaiser provides benefit for an eye exam only after a \$20 copayment per exam.</p>
Prescription Drugs	<p>Prescription Solutions benefits provided through Fund.</p> <p><u>Retail</u> – Participant pays copayment below per prescription. 30 day supply maximum per prescription. Generic - \$10 Formulary Brand Name - \$20 Non-Formulary Brand Name - \$30</p> <p><u>Mail Order</u> – Participant pays copayment below per prescription. 90 day supply maximum per prescription. Generic - \$20 Formulary Brand Name - \$40 Non-Formulary Brand Name - \$60 Mail Order is mandatory for maintenance drugs.</p> <p>If a generic equivalent is available and Participant or Physician prefer brand name, Participant is responsible for the difference in cost between generic and brand name.</p>	<p>\$15 copayment per prescription for a 100 day supply (30-day supply limit for certain drugs) of generic or prescribed, medically necessary brand name drugs in accordance with Health Plan Formulary guidelines and when obtained at a Plan pharmacy.</p> <p>Prescriptions written by non-Kaiser physicians are not covered.</p>
Dental Care	<p>Benefits provided through Fund whether you enroll in Direct Payment Plan or Kaiser Plan. Fund offers four optional Dental Plans - see attached Dental Plans Comparison. (Note to Special III Plan Participants: Certain employers are not contributing for dental coverage. Call the Fund Office to check if your employer is making contribution).</p> <ol style="list-style-type: none"> 1. Delta Dental Plan of California. Refer to Group #2211-0001 for Active Plan or #2211-0002 for Special III Plan. 2. DeltaCare PMI. Refer to Group #00742-0001 for Active Plan or #00742-0002 for Special III Plan. 3. Bright Now! Dental. Refer to Group #NCLU 01 for Active Plan or Group #NCLU 02 for Special III Plan. 4. Pacific Union Dental. Refer to Group #95487 for Active Plan or Group #95486 for Special III Plan. 	
Toll-Free Numbers	1-800-244-4530	1-800-464-4000 (English) or 1-800-788-0616 (Spanish). Refer to Group #: 32900-0000 for Active Plan, 32900-0001 for Special III Plan

This comparison of benefits is intended only as a summary of the benefits provided by each plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from each to plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Fund's Rules and Regulations or Kaiser's contract.

¹Preferred Provider Plan (Prudent Buyer Plan) Service Area extends to all 46 Northern California Counties.



**LABORERS HEALTH AND WELFARE TRUST FUND
COMPARISON OF DENTAL PLANS EFFECTIVE MARCH 1, 2007**

Plan Features	Delta Dental of California		Bright Now!	Pacific Union Dental	DeltaCare PMI
	Delta Dental Premier	Delta Dental PPO			
Type of Plan	Traditional FEE-FOR-SERVICE Plan. Dental procedures paid according to a Table of Allowances. You pay the difference between the allowance and the dentist's fees.	PPO Plan. Dentists in the Delta Dental PPO plan negotiate fees that are even lower than the Delta Dental Premier plan. Dental procedures paid according to a Table of Allowances. You pay the difference between dentist's fees and allowance.	Pre-paid HMO type Plan. You select a Bright Now! dentist who provides all services including referrals to Specialists.	Pre-paid HMO type Plan. You select a Pacific Union dentist who provides all services including referrals to Specialists.	Pre-paid HMO type Plan. You select a PMI dentist who provides all services including referrals to Specialists.
Area Covered	More than 9,000 Northern California Delta Dental Premier dentists.	For list of PPO dentists in your area, call Delta Dental at 1-800-765-6003. (Network is limited).	Roseville, Modesto, Fresno, Visalia, Oakland, Daly City, Fremont, Martinez, Salinas, San Jose, Pinole, Belmont, Rohnert Park, Clovis, Sacramento. Call 1-888-274-4486 for office locations.	Dental Offices throughout Northern California. Call 1-800-999-3367 for a Pacific Union dentist in your area.	Dental Offices throughout Northern California. Call 1-800-422-4234 for a PMI dentist in your area.
Choice of Dentists	Any dentist, however, you pay less out-of-pocket costs when you use a Delta Dental Premier dentist because fees are pre-negotiated and dentist cannot charge more than the pre-negotiated amount.	Visit a Delta Dental PPO dentist for lower out-of-pocket costs. You are free to use any dentist though you pay lower out-of-pocket costs when you use a Delta Dental Premier dentist and even lower costs when you use a Delta Dental PPO dentist.	Bright Now! dentist only. All services and referrals must be provided by a Bright Now! dentist. No benefits will be paid if dental services are performed by other than a Bright Now! dentist.	Pacific Union dentist only. All services and referrals must be provided by a Pacific Union dentist. No benefits will be paid if dental services are performed by other than a Pacific Union dentist.	PMI dentist only. All services and referrals must be provided by a PMI dentist. No benefits will be paid if dental services are performed by other than a PMI dentist.
Plan Year Deductible	\$100 per person \$300 per family	\$100 per person \$300 per family	None	None	None
Plan Year Maximum	\$1,500 per person	\$1,500 per person	\$2,500 per person	No maximum	No maximum
Out of Pocket Costs	Dental procedures paid according to a Table of Allowance. You pay the difference between dentist's fees and allowance.	Dental procedures paid according to a Table of Allowance. You pay the difference between dentist's fees and allowance.	Minimal copayments	Minimal copayments	Minimal copayments
Orthodontic Benefits	\$1,500 lifetime maximum for dependent children only.	\$1,500 lifetime maximum for dependent children only.	Start up fee of \$350. 00. Member's copayment up to \$2,045.00. Coverage for member, spouse and children.	Start up fee of \$350. 00. Member's copayment up to \$2,250.00. Coverage for member, spouse and children starting at age 10.	Start up fee of \$350.00. Coverage for adults is up to \$1,800.00 and children is up to \$1,600.00.

