



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
ACTIVE PLAN AND SPECIAL PLAN PARTICIPANTS AND THEIR ELIGIBLE DEPENDENTS
COMPARISON OF DIRECT PAYMENT PLAN AND KAISER PERMANENTE BENEFITS AS OF MARCH 1, 2010**

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
When You Can Change Plans	You are free to change plans twice in a calendar year. You and your dependents may not split coverage – that is, you may not enroll in the Direct Payment Plan and your dependents enroll in Kaiser Permanente. To change medical plans, request an Active Plan & Special Plan Application Form from the Fund Office or your Local Union or go to our website, www.norcalaborers.org , to print or order the form on-line.	
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.	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 and possessions. Services outside United States may be covered if due to emergency.	You may enroll in Kaiser Permanente if you live or work within Kaiser Service Area.
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 optometry, chemical dependency, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.
Specialized Care Outside Network	You select any specialist.	An outside specialist is the Cost Sharing required for Services provided by a Plan Provider if referred by a Kaiser Permanente Physician.
Out-Of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions.	Cost Sharing for Emergency Care, Post-Stabilization Care and Out-of-Area Urgent Care from a Non-Plan Provider is the Cost Sharing for a plan provider
Claim Forms	None.	Required for emergency care, post-stabilization care, and out-of-area urgent care from non-Kaiser Permanente providers.
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. Deductible amount applied in December, January and February will be carried forward to following Plan Year.	\$150 per individual, maximum of \$450 per family per Calendar Year. Deductible amount applied in October, November and December will be carried forward to following Calendar Year.
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.	\$3,000 per individual up to \$6,000 per family per Calendar Year.

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Inpatient Hospital Medical/Surgery Mental Health Skilled Nursing Facility Alcohol and Substance Abuse	Deductible does not apply. Prudent Buyer Plan - 90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services. 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%.) Same as Medical/Surgery above. Same as Medical/Surgery above. 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	Subject to deductible. 90% payable for all covered benefits and services at Kaiser Permanente medical facilities. 90% payable after deductible up to 30 days per Calendar Year. 90% payable after deductible up to 100 days per Calendar Year. 90% Inpatient Detoxification after deductible for services at Kaiser Permanente medical facilities.
Outpatient Hospital Care	Subject to Deductible. Prudent Buyer Plan - 90% of negotiated rates. Non-Prudent Buyer Plan – 70% of covered charges.	Subject to Deductible. 90% payable for most outpatient services.
Emergency Room Hospital	Subject to Deductible. 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.	Subject to Deductible. 90% payable. Waived if admitted.
Ambulatory Surgical Facility	Subject to Deductible. Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - \$500 maximum payable per day.	Subject to Deductible. 90% payable.
Home Health Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	100% payable up to 100 2-hour visits per Calendar Year when authorized by Plan physician for part-time, intermittent care.
Hospice Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	100% payable when selected as alternative to traditional services and authorized by a Plan physician.
Physician Office Visit	Subject to Deductible. 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.	Subject to Deductible. \$15 copayment per visit .

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Surgery Physician Fee	Subject to Deductible. Prudent Buyer Plan Physician - 90% of negotiated rate. Non-Prudent Buyer Plan Physician - 70% of UC&R.	Subject to Deductible. 90% payable.
Physician Fee Emergency Room	Subject to Deductible. Prudent Buyer Plan physician - 90% of negotiated rate. Non-Prudent Buyer Plan physician - 70% of UC&R if participant used a Non-PPO hospital, 90% of UC&R if participant used a PPO hospital.	Subject to Deductible. (Waived if admitted). 90% payable.
Diagnostic Lab Tests, X-Ray, MRI, CT Scan	Subject to Deductible. Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - 70% of UC&R.	Subject to Deductible. \$10 copayment per encounter for most x-rays & lab. MRI, CT Scan and PET Scan - \$50 copayment.
Physical Exam/ Well Baby	No deductible, no Office Visit copayment. Laborer or Spouse - \$300 maximum per Plan Year. Child older than age 2 - \$200 maximum per Plan Year. Well Baby charges for dependent children up to age 2 are payable as routine office visit and not subject to \$200 maximum per Plan Year.	No deductible. Adult - \$0 copayment per visit . Children up to 23 months - \$0 copayment per visit.
Immunizations and Inoculations (Shots)	Subject to Deductible. Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	100% payable.
Outpatient Mental Health Services	Subject to Deductible. Maximum of 40 visits per Plan Year. Prudent Buyer Plan provider - 50% of negotiated rate. Non-Prudent Buyer Plan provider – 50% of UC&R.	Maximum of 20 visits per Calendar Year. Individual Therapy: 100% after \$15 copayment per visit. Group Therapy: 100% after \$5 copayment per visit.
Outpatient Alcohol and Substance Abuse Treatment	MUST BE PROVIDED BY CLAREMONT BEHAVIORAL SERVICES. Visits 1 - 10: 100% of contracted rate; Visits 11 - 25: 85% Visits 26 - 40: 70%; Visits 41 - 50: 50%	Individual Therapy: 100% after \$15 copayment per visit. Group Therapy: 100% after \$5 copayment per visit. Transitional Care up to 60 day per Calendar Year not to exceed 120 days within a 5 Year period.
Chiropractic Benefits	Subject to Deductible. No Office Visit copayment. \$40 per visit up to 20 visits, \$100 maximum for x-rays per Plan Year.	No deductible. \$15 copayment per visit, \$50 maximum allowance, 20 visits maximum per Calendar Year.
Physical Therapy Occupational Therapy	Subject to Deductible. Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	Subject to Deductible. \$15 copayment per visit.
Hearing Aids/Device	Subject to Deductible. \$750 maximum payable per ear/device every 36 months	No deductible. \$1,000 maximum allowance every 36 months.
Ambulance	Subject to Deductible. 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. Air ambulance may be covered if due to a life threatening condition.	Subject to Deductible. Emergency: 90% payable per trip when medically necessary. Non-Emergency: 90% payable per trip when medically necessary and authorized by a Kaiser Permanente Physician.
Durable Medical Equipment	Subject to Deductible. Must be prescribed by a physician. Prudent Buyer Plan provider - 90% of negotiated rate. Non-Prudent Buyer Plan provider - 70% of UC&R.	No deductible. 90% payable when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.

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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 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. You pay \$15 copayment per exam – no deductible.</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>No deductible. Prescriptions written by non-Kaiser physicians are not covered.</p> <p>Generic: \$10 copayment per prescription for up to a 30 day supply. \$20 copayment per prescription for a 31 to 60 day supply. \$30 copayment per prescription for up to a 100 day supply. (30-day supply limit for certain drugs).</p> <p>Brand Name: \$20 copayment per prescription for up to a 30 day supply. \$40 copayment per prescription for a 31 to 60 day supply. \$60 copayment per prescription for up to a 100 day supply. (30-day supply limit for certain drugs).</p> <p><u>Mail Order</u> – Participant pays \$20 generic/\$40 brand copayment for 100 day supply.</p>
Dental	<p>Fund offers four optional Dental Plans - see Dental Plans Comparison. (Note to Special 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. Refer to Group #2211-0001 for Active or #2211-0002 for Special Plan. 2. DeltaCare USA. Refer to Group #00742-0001 for Active or #00742-0002 for Special Plan. 3. Bright Now! Refer to Group #NCLU 01 for Active or Group #NCLU 02 for Special Plan. 4. Pacific Union Dental. Refer to Group #95487 for Active or Group #95486 for Special Plan. 	
Death, Accidental Death and Dismemberment Benefits	<p>Participant Death: \$15,000 plus additional \$15,000 if death is a result of an accident. Participant Injury/Dismemberment - \$7,500 to \$15,000 depending upon part or parts of body.</p> <p>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.</p>	
Toll-Free Numbers	1-800-244-4530	1-800-390-3507 (English) or 1-800-788-0616 (Spanish). Refer to Group #: 603306 for Active Plan, 603308 for Special 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.

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¹Preferred Provider Plan (Prudent Buyer Plan) Service Area extends to ALL California Counties.