

GENERAL INFORMATION	LABORERS Direct Payment Plan	Health Net Regular Retiree Program Medicare & Non-Medicare Individuals	Health Net <i>Seniority Plus</i> Medicare-Risk Program	Kaiser Permanente Non-Medicare Individuals	Kaiser <i>Senior Advantage</i> Medicare-Risk Program	UnitedHealthcare <i>Secure Horizons</i> Medicare-Risk Program
Type of Plan	The Fund's Direct Payment Plan provides traditional, fee-for-service medical benefits. You may seek care from any hospital or physician you like. Direct Payment Plan offers benefits at lower costs when you use <i>Prudent Buyer Plan</i> providers. Plan benefits are reduced by Medicare payments for Medicare eligible participants.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician (PCP) coordinates all medical care needs. Medicare-eligible individuals can still receive Medicare benefits outside the Health Net program.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician (PCP) coordinates all medical care needs. All care must be provided through Health Net. Medicare will not pay for or provide benefits for services received outside the Health Net Seniority Plus Program.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area. Medicare will not pay for or provide benefits for services received outside the Kaiser Senior Advantage Program.	HMO provides all care through a network of contract hospitals, doctors and medical centers. A Primary Care Physician coordinates all medical care needs. Medicare will not pay for or provide benefits for services received outside the Secure Horizons Program.
Geographical Area Covered	Expenses incurred outside the United States and its Territories are covered if due to Emergency Services.	You must reside within Health Net Service Area. For Medicare individuals - you cannot elect this Plan if you live within Health Net Seniority Plus Plan Service Area.	You must reside within Health Net Seniority Plus Service Area.	You must reside within Kaiser Service Area.	You must reside within Kaiser Service Area.	You must reside within <i>Secure Horizons</i> Service Area.
Choice of Physicians	Unlimited. Use of a <i>Prudent Buyer Plan</i> physician may result in lower out-of-pocket expenses.	Each member selects a Participating Medical Group (PMG) within 30 miles of his or her residence; each member then selects a PCP from the PMG.	Each member selects a Participating Medical Group (PMG) within 30 miles of his or her residence; each member then selects a PCP from the PMG.	Each member may use any Kaiser Permanente Physician.	Each member may use any Kaiser Permanente Physician.	Each member selects a PCP within his or her zip code.
Specialized Care: In-Network	You may select any specialist.	Your PCP refers you to a Health Net specialist.	Your PCP refers you to a Health Net specialist.	Self-referral to specialists such as optometry, chemical dependency, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.	Self-referral to specialists such as optometry, chemical dependency, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists.	Your PCP refers you to a <i>Secure Horizons</i> specialist.
Outside Network	You may select any specialist.	Covered in full if authorized by your PMG.	Covered in full if authorized by your PMG.	An outside specialist is the Cost Sharing required for Services provided by a Plan Provider if referred by a Kaiser Permanente Physician.	An outside specialist is the Cost Sharing required for Services provided by a Plan Provider if referred by a Kaiser Permanente Physician.	Covered in full if <i>Secure Horizons</i> refers you.
Out-of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions.	Emergency services only. 100% after \$35 copayment. Waived if admitted.	Emergency services only. 100% after \$20 copayment. Waived if admitted.	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 and subject to authorization.	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 and subject to authorization.	Emergency services only. 100% after \$50 copayment. Waived if admitted.
Claim Forms	No claim forms when you use a <i>Prudent Buyer Plan</i> provider.	No claim forms except for out-of-area emergency services.	No claim forms except for out-of-area emergency services.	Required from non-Kaiser Permanente providers for emergency, out-of-area urgent care and post stabilization care.	Required from non-Kaiser Permanente providers for emergency, out-of-area urgent care and post stabilization care.	No claim forms except for out-of-area care.
Plan Deductible	\$150/person, \$450/family per Plan Year. Deductible applied in December, January and February will be carried forward to following Plan Year. Not applicable to individuals with Medicare.	None.	None.	None.	None.	None.
Plan Maximum	\$750,000 per person with a \$2,000 Plan Year reinstatement. Does not apply to Prescription Drug.	None. Some restrictions apply.	None. Some restrictions apply.	None. Some restrictions apply. \$1,500 maximum out-of-pocket per individual up to \$3,000 per family per year.	None. Some restrictions apply. \$1,500 maximum out-of-pocket per individual, \$3,000 per family per year.	None. Some restrictions apply.
Inpatient Hospital Medical/Surgery	No deductible. <i>Prudent Buyer Plan</i> : 85% of 1st \$10,000 and 100% thereafter of negotiated rates. <i>Non-Prudent Buyer Plan</i> : 65% of 1st \$10,000 and 100% thereafter of covered charges. (Exception: For emergencies and members residing outside California - payable at 85%)	100%.	100%.	100% for all covered benefits and services at Kaiser Permanente medical facilities.	100% for all covered benefits and services at Kaiser Permanente medical facilities.	100%.
Mental Health	Same as Medical/Surgery above	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	100% up to 45 days per Calendar Year; 190 days per Lifetime.	100% up to 45 days per Calendar Year; 190 days per Lifetime.	100% up to 190 days lifetime maximum.
Skilled Nursing Facility/ECF	Same as Medical/Surgery above	100% for up to 100 days per calendar year.	100% for up to 100 days per benefit period.	100% for up to 100 days per benefit period when authorized by a Plan physician.	100% for up to 100 days per benefit period when authorized by a Plan physician.	100% up to 100 days per benefit period , as long as determined medically necessary by your PCP.

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Utilization Review	Automatic part of Plan procedures when admitted to <i>Prudent Buyer Plan</i> hospital. Required for ALL hospital admissions. Penalty of 20% reduction of first \$10,000 of covered expenses for non-compliance.	Automatic part of Plan procedures.	Automatic part of Plan procedures.	Automatic part of Plan procedures.	Automatic part of Plan procedures.	Automatic part of Plan procedures.
Inpatient Alcohol and Substance Abuse	Administered by Claremont Behavioral Services ADULT: 30 days maximum for period June 1, 2011 – May 31, 2012. ADOLESCENT: 45 days maximum for period June 1, 2011 – May 31, 2012.	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	100% for detoxification only. Rehabilitation is not covered.	100% for detoxification only. Rehabilitation is not covered.	100% for detoxification only. Rehabilitation is not covered.
Outpatient Hospital Care	Subject to deductible. <i>Prudent Buyer Plan</i> - 90% of negotiated rates. <i>Non-Prudent Buyer Plan</i> - 90% of covered charges.	100%.	100%.	\$10 copayment per visit for most outpatient services.	\$10 copayment per visit for most outpatient services.	100%.
Emergency Room Hospital	Subject to deductible. <i>Prudent Buyer Plan</i> - 90% of negotiated rate after a \$25 copayment. <i>Non-Prudent Buyer Plan</i> - 90% of covered charges after a \$50 copayment. Copayment waived under certain circumstances.	100% after \$35 copayment. Waived if admitted.	100% after \$20 copayment. Waived if admitted.	\$50 copayment per visit. Waived if admitted.	\$50 copayment per visit. Waived if admitted.	\$50 copayment. Waived if admitted.
Ambulatory Surgical Facility	Subject to deductible. <i>Prudent Buyer Plan</i> - 90% of negotiated rates. <i>Non-Prudent Buyer Plan</i> - \$500 max per day.	100% upon referral by your PMG.	100% upon referral by your PMG.	100% at a Kaiser Permanente medical facility, subject to a \$10 copayment.	100% at a Kaiser Permanente medical facility, subject to a \$10 copayment.	Covered at <i>Secure Horizons</i> facility, subject to regular copayment.
Home Health Care	90% of covered charges - only upon referral by Case Management.	\$10 copayment per visit beginning on 31st day of care.	100%.	100% when authorized by a Plan physician for part-time intermittent care.	100% when authorized by a Plan physician for part-time intermittent care.	100% as medically necessary and as authorized by your PCP.
Hospice Care	90% of covered charges - only upon referral by Case Management.	100% when determined medically necessary by your PMG.	Covered by traditional Medicare.	100% when selected as alternative to traditional services and authorized by a Plan physician.	100% when selected as alternative to traditional services and authorized by a Plan physician.	210 days, may be extended.
Durable Medical Equipment	Subject to deductible. 75% of Schedule of Allowances – see footnote #1.	100%.	100%.	100% when prescribed by a Plan physician and in accordance with Health Plan DME Formulary guidelines.	100% when prescribed by a Plan physician and in accordance with Health Plan DME Formulary guidelines.	100% when prescribed by Plan physician.
Physician Fees: Office Visits	Subject to deductible. 75% of Schedule of Allowances – see footnote #1, less \$20 copayment per visit. No copayment for Medicare eligible individuals.	100% after \$15 copayment per visit.	100% after \$10 copayment per visit.	100% after \$10 copayment per visit.	100% after \$10 copayment per visit.	100% after \$5 copayment per visit.
Surgery	Subject to deductible. 75% of Schedule of Allowances – see footnote #1.	100%.	100%	Inpatient - 100% Outpatient - 100% after a \$10 copayment.	Inpatient - 100% Outpatient - 100% after a \$10 copayment.	100% in hospital.
Physical Exam	No deductible and Physician Office Visit copayment. \$300 maximum per Plan Year for retirees and their spouse only. Children not covered.	NOT COVERED	100% after \$10 copayment.	100% after a \$10 copayment.	100% after a \$10 copayment.	100%, no copayment.
Lab Test, X-Ray, MRI, CT Scan	Subject to deductible. 75% of Schedule of Allowances. See footnote #1.	100%.	100%.	100%.	100%.	100%.

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Chiropractic Benefits	Subject to deductible. \$40 per visit up to 20 visits per Plan Year. X-rays limited to \$100 per Plan Year.	NOT COVERED.	100% after \$5 copayment per visit, not to exceed 20 visits per calendar year. Annual benefit for chiropractic appliances is \$50.	NOT COVERED.	\$10 copayment per visit for manual manipulation for subluxation of the spine as diagnosed by x-ray and prescribed by a Plan physician.	100% after \$5 copayment per visit, up to 12 visits per year. Annual maximum benefit for chiropractic appliances is \$50.
Mental Health Outpatient	Subject to Deductible. Maximum of 40 visits per Plan Year. <i>Prudent Buyer Plan</i> provider - 50% of negotiated rate. <i>Non-Prudent Buyer Plan</i> provider – 50% of UC&R.	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	Individual Therapy: 100% after \$10 copayment per visit. Group Therapy: 100% after \$2 copayment per visit. Maximum 20 visits per Calendar Year. Unlimited for AB88 conditions.	Individual Therapy: 100% after \$10 copayment per visit. Group Therapy: 100% after \$2 copayment per visit. Unlimited for AB88 conditions.	100% after \$5 copayment per visit. No limit on number of visits as long as authorized by <i>Secure Horizons</i> .
Outpatient Substance Abuse Treatment	Administered by Claremont Behavioral Services. Visits 1-10: 100% of contracted rate. 11 - 25: 85%; 26 - 40: 70%. 41 - 50: 50%	Administered by Managed Health Network. Call 1-800-646-5610	Administered by Managed Health Network. Call 1-800-646-5610	Individual Therapy: 100% after \$10 copayment per visit. No visit limit. Group Therapy: 100% after \$5 copayment per visit. No visit limit.	Individual Therapy: 100% after \$10 copayment per visit. No visit limit. Group Therapy: 100% after \$5 copayment per visit. No visit limit.	100% after \$5 copayment per visit.
Vision Care	Optional vision benefit is available provided through VSP at an additional monthly cost of \$14. You must pay for this coverage for a minimum of 6 months . Payable every 12 months for exam, lenses and frames. \$10 deductible for exam and \$10 deductible for lenses and frames. Refer to Group #12133128, Division 0006, Class 0006.	Health Net provides for an eye exam only at 100% after a \$15 copayment per exam. Optional vision benefit is available provided through VSP at an additional monthly cost of \$14 – see Direct Payment Plan for benefits. You must pay for this coverage for a minimum of 6 months .	<i>Seniority Plus</i> provides for an eye exam at 100% after a \$10 copayment per exam; Frames up to \$100 allowance every two years; Lenses once every 12 months, if prescription changes. Optional vision benefit is available provided through VSP at an additional monthly cost of \$14 – see Direct Payment Plan for benefits. You must pay for this coverage for a minimum of 6 months .	Kaiser provides for an eye exam only at 100% after a \$5 copayment per exam. Optional vision benefit is available provided through VSP at an additional monthly cost of \$14 – see Direct Payment Plan for benefits. You must pay for this coverage for a minimum of 6 months .	<i>Senior Advantage</i> provides up to \$150 eyewear allowance every 24 months. Optional vision benefit is available provided through VSP at an additional monthly cost of \$14 – see Direct Payment Plan for benefits. You must pay for this coverage for a minimum of 6 months .	<i>Secure Horizons</i> provides for an eye exam at 100% after a \$5 copayment once a year; Frames and lenses \$130 allowance or contact lens \$175 allowance every two years. Optional vision benefit is available provided through VSP at an additional monthly cost of \$14 – see Direct Payment Plan for benefits. You must pay for this coverage for a minimum of 6 months .
Dental Care	Two optional dental benefits, Delta Dental and Delta Care USA, are available at an additional monthly cost of \$95 for Delta Dental or \$49 for Delta Care USA whether you enroll in the Direct Payment Plan or HMO Plan. See the enclosed Comparison of Dental Plans. You must pay for this coverage for a minimum of 6 months . You are allowed to change dental plans every March 1.					
Prescription Drugs	Prescription Solutions benefits provided through Fund. <u>Retail</u> – Participant pays copayment per prescription below. 30 day supply maximum per prescription: Generic - \$10 Formulary Brand Name - \$20 Non-Formulary Brand Name - \$30 <u>Mail Order</u> – Participant pays copayment per prescription below. 90 day supply maximum per prescription: Generic - \$20 Formulary Brand Name - \$40 Non-Formulary Brand Name - \$60 <u>Mail Order</u> is mandatory for maintenance drugs after 3 fills. <u>Maximum</u> - \$12,000 per calendar year combined retail and mail order. If a generic equivalent is available and you or Physician prefer brand name, you will pay for the difference in cost between generic and brand name.	Participant pays copayment per prescription below. 30 day supply maximum per prescription of generic or medically necessary prescribed brand name drugs listed in the Health Net Formulary at Health Net participating pharmacies. No maximum. Preferred Generic - \$10 Preferred Brand Name - \$25 Non-Preferred Brand Name - \$50 Injectable Drugs – 25%* Specialty Drugs – 25%* <u>Mail Order</u> – Participant pays copayment per prescription below. 90 day supply maximum per prescription: Preferred Generic - \$20 Preferred Brand Name - \$50 Non-Preferred Brand Name - \$100 Injectable Drugs – 25%* Specialty Drugs – 25%* * - Applies to Medicare members only	Participant pays copayment per prescription below. 30 day supply maximum per prescription of generic or medically necessary prescribed brand name drugs listed in the Health Net Formulary at Health Net participating pharmacies. No maximum. Preferred Generic - \$10 Preferred Brand Name - \$25 Non-Preferred Brand Name - \$50 Injectable Drugs – 25% Specialty Drugs – 25% <u>Mail Order</u> – Participant pays copayment per prescription below. 90 day supply maximum per prescription: Preferred Generic - \$20 Preferred Brand Name - \$50 Non-Preferred Brand Name - \$100 Injectable Drugs – 25% Specialty Drugs – 25%	Participant pays copayment per prescription below at Kaiser Permanente pharmacies; 100 day supply of generic or medically necessary prescribed brand name drugs in accordance with Health Plan Formulary guidelines. No maximum. Generic - \$5 Brand Name - \$15	Participant pays copayment per prescription below at Kaiser Permanente pharmacies; 100 day supply of generic or medically necessary prescribed brand name drugs in accordance with Health Plan Formulary guidelines. No maximum. Generic - \$5 Brand Name - \$15	Participant pays copayment per prescription below at any <i>Secure Horizons</i> participating pharmacy; 30 day supply. No maximum. Generic - \$7 Brand Name - \$14 <u>Mail Order</u> – Participant pays copayment per prescription below. 90 day supply maximum per prescription: Generic - \$14 Brand Name - \$28
Toll-Free Numbers	1-800-244-4530	1-800-638-3889	1-800-596-6565	1-800-390-3507 (English) 1-800-788-0616 (Spanish) Refer to Group 603307 when calling.	1-800-390-3507 (English) 1-800-788-0616 (Spanish) Refer to Group 603307 when calling.	1-888-422-6000

Revised 2/7/2012

¹Schedule of Allowances based on negotiated rates if *Prudent Buyer Plan* Provider used or UC&R if *Non-Prudent Buyer Plan* Provider used.

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 Plan to Plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Retired Laborers Direct Payment Plan's Rules and regulations or each HMO's contract.

**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
RETIRED PLAN RATE SHEET - MONTHLY SELF-PAYMENT RATES EFFECTIVE MARCH 1, 2012**

If you earned less than 10 years of Credited Service or you are under age 55 or you are a former Special Plan employee, your premium is 100% of the rate specified below. If you meet one of the following criteria, you will pay either 50% or 75% of the specified amount below:

- 50% -** You are age 55 or over (age 55 means the month following your 55th birthday) and earned 25 Years of Credited Service, or Regardless of age and Years of Credited Service, you were approved a Disability Pension based on a Social Security Disability Award, or Regardless of Years of Credited Service, you are age 70 (age 70 means the month following your 70th birthday)
- 75% -** You are age 55 or over (age 55 means the month following your 55th birthday) and earned 10 - 24 Years of Credited Service

NOTE: These rates DO NOT include the cost of coverage for dental and/or vision benefits. If you have elected dental and/or vision coverage, these benefits will be provided at an additional monthly cost of \$95 for Delta Dental or \$49 for Delta Care USA and \$14 for vision, or \$109 for both Delta Dental and vision, or \$63 for both Delta Care USA and vision.

TYPE OF COVERAGE	LABORERS Direct Payment Plan	HEALTH NET Regular Retiree Program	HEALTH NET SENIORITY PLUS Medicare Risk	UNITEDHEALTHCARE SECURE HORIZONS Medicare Risk	KAISER Non-Medicare Eligible	KAISER SENIOR ADVANTAGE Medicare Risk
One Medicare	\$329.00	\$484.00. Not available if you live within Health Net Seniority Plus Plan service area.	\$427.00	\$471.00	NOT AVAILABLE	\$353.00
One Non-Medicare	\$809.00	\$1,236.00	NOT AVAILABLE	NOT AVAILABLE	\$896.00	NOT AVAILABLE
Two Medicare	\$634.00	\$944.00. Not available if you live within Health Net Seniority Plus Plan service area.	\$829.00	\$917.00	NOT AVAILABLE	\$681.00
Two Non-Medicare	\$1,593.00	\$2,448.00	NOT AVAILABLE	NOT AVAILABLE	\$1,768.00	NOT AVAILABLE
One Medicare And One Non-Medicare	\$1,114.00	\$1,665.00. Not available if you live within Health Net Seniority Plus Plan service area.	\$1,620.00	NOT AVAILABLE	\$1,225.00	\$1,225.00
Family (3 or more)	\$1,114.00 - \$1,593.00 depending on type of coverage. Call the Fund Office for the specific rate.	\$3,394.00 assuming that <u>ALL</u> family members do not have Medicare. If your family mix is different or your type of coverage is not shown, call the Fund Office for the specific rate.	\$427.00 per Medicare eligible family member; Non-Medicare family member may enroll in Health Net "Regular Retiree" Program. Call the Fund Office for the specific rate.	\$471.00 per Medicare eligible family member.	\$2,764.00 assuming that <u>ALL</u> family members do not have Medicare. If your family mix is different or your type of coverage is not shown, call the Fund Office for the specific rate.	\$353.00 per Medicare eligible family member; Non-Medicare family member may enroll in Kaiser Non-Medicare Plan. Call the Fund Office for the specific rate.



**Laborers Health and Welfare Trust Fund for Northern California
220 Campus Lane * Fairfield, California 94534-1498
Telephone: (707) 864-2800 Toll-Free: (800) 244-4530
Website: <http://www.norcalaborers.org>**

TO: ALL RETIRED LABORERS AND THEIR ELIGIBLE DEPENDENTS COVERED UNDER THE RETIRED LABORERS PLAN EFFECTIVE MARCH 1, 2012

CHOICE OF MEDICAL PLANS

The Trust Fund offers Retired Laborers and their eligible dependents a choice of health plans. You and your eligible dependents may elect coverage under the Retired Laborers Direct Payment Plan or one of three health maintenance organizations (HMO's) available through the Fund. Your choices of medical plans are as follows:

- Laborers Direct Payment Plan
- Health Net
- Kaiser Permanente
- UnitedHealthcare Secure Horizons

An HMO provides benefits at either no cost to you or with limited copayments; however, it limits your choice of physicians. The Fund's Direct Payment Plan provides traditional fee-for-service benefits. Under the Laborers Direct Payment Plan, you may use any physician or hospital you wish, however, using a Prudent Buyer Plan provider may lower your out-of-pocket costs.

The Comparison of Benefits Plans is designed to help you choose a medical plan that suits your entire family's health care needs. We urge you to review the Comparison and accompanying Rate Sheet *before* selecting a plan. **You should be aware that you are allowed to change to any medical plan no more than twice every calendar year.**

Once you have selected a plan, complete a *Retired Plan Benefit Application Form* and mail it to the Fund Office at the above address. **IMPORTANT: IF YOU WISH TO ENROLL IN A "MEDICARE RISK" PROGRAM, YOU MUST COMPLETE A PLAN BENEFIT APPLICATION FORM AND THE HMO'S RETIRED PLAN BENEFIT APPLICATION FORM. AN HMO APPLICATION MUST BE COMPLETED FOR EACH INDIVIDUAL WISHING TO ENROLL IN A "MEDICARE RISK" PROGRAM.**

NOTIFY FUND OFFICE OF ANY CHANGE IN DEPENDENT STATUS

Whether you enroll in one of the HMO's or the Fund's Direct Payment Plan, you must notify the Fund Office of any change in dependent status by completing an Enrollment Form and submitting the required documents along with it. For example, if you want to add a dependent, such as a spouse, complete a new Enrollment Form and submit the appropriate document as requested on the form. If you want to delete a dependent, you must also submit a new Enrollment Form. If you fail to notify the Fund Office of a change in dependent status, it may delay payment of claims.

Enrollment Forms are available through your Local Union or by calling the Fund Office at the above telephone number.

If you need more information or have any questions concerning this insert, please do not hesitate to contact the Fund Office. The staff will be happy to assist you.

Sincerely,

BOARD OF TRUSTEES

FEBRUARY 7, 2012