



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
ACTIVE AND SPECIAL III ACTIVE LABORERS AND THEIR ELIGIBLE DEPENDENTS
EFFECTIVE DECEMBER 1, 2004**

**COMPARISON OF
BENEFIT PLANS**

GENERAL INFORMATION	LABORERS MANAGED HEALTH CARE PLAN	KAISER PERMANENTE
Type of Plan	Managed Health Care Plan provides traditional, fee-for-service medical benefits. Managed Care 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. 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.	\$35 co-payment 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.
INPATIENT HOSPITAL BENEFITS		
Medical/Surgery	<p>Prudent Buyer Plan - 90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services during first 30* days of confinement per period of disability.</p> <p>Non-Prudent Buyer Plan - 70% (10% regular co-payment plus 20% penalty for not using a preferred provider) of first \$10,000 of covered charges, 100% thereafter during first 20* days of confinement per period of disability. (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>* - Means charges over the maximum 30 or 20 days allowed are payable under the Comprehensive Medical Benefits up to \$1million.</p>	100% after \$200 co-payment for all covered benefits and services at Kaiser Permanente medical facilities.
Mental Health	See Medical/Surgery benefits above.	100% after \$200 co-payment for up to 30 days per calendar year.
Extended Care Facility (Skilled Nursing Facility)	Same as Medical/Surgery above except each two days of confinement counts as one day in determining combined hospital/extended care facility day limit.	100% after \$200 co-payment for up to 100 days per benefit period, when authorized by a Plan physician.

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Alcohol and Substance Abuse	MUST BE PROVIDED BY PACIFICARE BEHAVIORAL HEALTH. 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	100% after \$200 co-payment for detoxification only. (Rehabilitation is not covered). Transitional Residential Recovery Services – up to 60 days per calendar year not to exceed 120 days in any 5-year period.
Utilization Review	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.	Automatic part of Plan procedures.
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	\$1,000,000 lifetime per individual with a \$2,000 Plan Year reinstatement. Lifetime maximum does not apply to Inpatient Hospital, Physical Exam and Prescription Drug benefits.	None. Some restrictions apply.
Participant's Out-of-Pocket Expense Plan Year 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% co-payment for hospital stay for charges by Prudent Buyer Plan providers only. Does not include Physician Visit or Emergency Room co-payment, 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
Outpatient Hospital Care	Prudent Buyer Plan - 90% of negotiated rates. Non-Prudent Buyer Plan – 70% of covered charges.	\$20 co-payment per visit for most outpatient services.
Emergency Room Hospital	Prudent Buyer Plan - 90% of negotiated rate after \$25 co-payment. Non-Prudent Buyer Plan - 70% of covered charges after \$50 co-payment. Co-payment waived under certain circumstances.	\$35 co-payment per visit. Waived if admitted.
Ambulatory Surgical Facility	Prudent Buyer Plan facility - 90% of negotiated rate. Non-Prudent Buyer Plan facility - 70% of covered charges.	100% after \$20 co-payment at a Kaiser Permanente medical facility.
Home Health Care	90% of negotiated rate. Must be pre-authorized by Blue Cross of California.	100% when authorized by Plan physician for part-time, intermittent care.
Hospice Care	90% of negotiated rate. Must be pre-authorized by Blue Cross of California.	100% when selected as alternative to traditional services and authorized by a Plan physician.
Ambulance	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.	No charge when medically necessary and authorized by a Kaiser Permanente Physician.
Office Visit	Prudent Buyer Plan Physician - 100% of negotiated rate after \$15	100% after \$20 co-payment per visit.

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	co-payment per visit. Non-Prudent Buyer Plan Physician - 70% of UC&R after \$15 co-payment per visit. Physician Office Visit co-payment does not apply to Physical Exam, Well Baby, Chiropractic Care or outpatient Mental Health visits.	
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 co-payment 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 co-payment.
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 co-payment 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 co-payment per visit, 20 visits per calendar year.
Alcohol and Substance Abuse	MUST BE PROVIDED BY PACIFICARE BEHAVIORAL HEALTH. 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 co-payment per visit. Outpatient Group Therapy - 100% after \$5 co-payment per visit.
Hearing Aids/Device	\$750 maximum payable per ear/device every 36 months	\$500 maximum payable for both ears every 36 months. \$20 co-payment 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 Managed Health Care 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.	
Vision Care	Vision Service (VSP) "Value Plan" benefits provided through Fund.	In addition to VSP benefits provided through Fund (see Managed

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	Payable every 12 months for exam and lenses, 24 months for frames. \$10 deductible for exam and \$20 deductible for lenses and frames. Active Plan – Refer to Group #00860000, Division 4, Class 2. Special III Plan - Refer to Group #00860000, Division 2, Class 1.	Health Care Plan), Kaiser provides benefit for an eye exam only after a \$20 co-payment per exam.
Prescription Drugs	Prescription Solutions benefits provided through Fund. <u>Retail</u> – Participant pays co-payment below per prescription. 30 day supply maximum per prescription. Generic - \$10; Formulary Brand Name - \$20; Non-Formulary Brand Name - \$30 <u>Mail Order</u> – Participant pays co-payment 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. 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.	\$15 co-payment 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. Prescriptions written by non-Kaiser physicians are not covered.
Dental Care	Benefits provided through Fund whether you enroll in Managed Health Care Plan or Kaiser Plan. Fund offers three optional Dental Plans: (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) 1. Indemnity Plan - administered by Delta Dental Plan of California. Free to choose any dentist but higher out-of-pocket cost if a non-Delta Dental dentist is used. Each dental procedure is payable based on "Table of Allowance" payable at 75% for major services, 100% for diagnostic, preventive and basic services up to a maximum of \$1,500 per individual per Plan Year. \$100 deductible for individual per Plan Year but not to exceed \$300 per family for major and basic services (no deductible for diagnostic and preventive care). Orthodontic care up to \$1,500 lifetime maximum for dependent children only. Refer to Group #2211-0001 for Active Plan or #2211-0002 for Special III Plan. 2. DeltaCare – a prepaid/Dental HMO Plan provided through PMI, an affiliate of Delta Dental. There is no cost except for co-payments on certain procedures. SERVICES MUST BE PROVIDED BY YOUR PANEL DELTA CARE DENTIST. No benefits will be paid if dental services are performed by other than your panel dentist. Refer to Group #00742-0001 for Active Plan or #00742-0002 for Special III Plan. 3. Bright Now! Dental – a prepaid/Dental HMO Plan. There is no cost except for 20% co-payment of average fees for major dental services and 20% co-payment of usual, customary and reasonable fees for services by a specialist. Maximum benefit payable of \$2,500 per individual per Plan Year. SERVICES MUST BE PROVIDED BY A BRIGHT NOW! DENTAL DENTIST. No benefits will be paid if dental services are performed by other than a Bright Now! Dental dentist. Refer to Group #NCLU 01 for Active Plan or Group #NCLU 02 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.

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