



**LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
SPECIAL PLAN V PARTICIPANTS 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 and 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.	\$100 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 provided by non-Kaiser Permanente providers.
MAJOR MEDICAL BENEFITS		
Plan Deductible	<p>Prudent Buyer Plan providers - \$1,250 per individual, maximum of \$3,750 per family per Plan Year.</p> <p>Non-Prudent Buyer Plan providers - \$3,000 per individual per Plan Year. No family maximum.</p> <p>Major Medical Plan Deductible does not apply to Physical Exams, Substance Abuse Care provided by Pacificare Behavioral Health and Prescription Drug benefits.</p>	None.
Out-of-Pocket Plan Year Maximum	<p>Prudent Buyer Plan - \$11,250 per individual per Plan Year. \$11,250 Plan Year Out-of-Pocket Maximum comprised of Plan Year Deductible and co-insurance.</p> <p>Non-Prudent Buyer Plan – no maximum. Participant is responsible for Plan Deductible, 40% of Schedule of Allowances plus any amounts that exceed the Schedule of Allowances.</p>	None.
Plan Lifetime Maximum Benefit Payable	\$1,000,000 per individual. All expenses below under Major Medical Benefits are subject to the \$1,000,000 Plan Maximum.	None. Some restrictions apply.

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<p>Inpatient Hospital Medical/Surgery</p> <p>Mental Health</p> <p>Alcohol and Substance Abuse</p> <p>Extended Care Facility (Skilled Nursing Facility)</p>	<p>Prudent Buyer Plan - 80% of the negotiated rates for medically necessary hospital services. Non-Prudent Buyer Plan - 60% of covered charges* for medically necessary hospital services. (Penalty: 20% of first \$10,000 of covered charges if hospitalized as a non-emergency or elective admission when the participant resides in a Prudent Buyer Plan service area¹)</p> <p>See Medical/Surgery benefits above.</p> <p>MUST BE PROVIDED BY PACIFICARE BEHAVIORAL HEALTH</p> <p>ADULT: 1st Treatment: 100% of contracted rate, 30 days maximum. 2nd Treatment: 50% of contracted rate, 30 days maximum. \$10,000 Lifetime per adult</p> <p>ADOLESCENT: 1 Treatment: 100% of contracted rate, 45 days maximum. \$12,500 Lifetime per adolescent</p> <p>See Medical/Surgery benefits above.</p> <p>* - Covered charges include 100% of lowest semi-private room and ICU rate, 80% of lowest private room rate; 100% of miscellaneous charges.</p>	<p>\$500 co-payment per confinement, 100% thereafter for all covered benefits and services at Kaiser Permanente medical facilities.</p> <p>100% after \$500 co-payment for up to 45 days per calendar year.</p> <p>\$500 co-payment, 100% thereafter for detoxification only. (Rehabilitation is not covered)</p> <p>100% for up to 100 days per benefit period, when authorized by a Plan physician.</p>
Utilization Review	Automatic part of Plan procedures when admitted to a participating hospital. Required for ALL hospital admissions. 20% penalty of first \$10,000 of covered expenses for non-compliance.	Automatic part of Plan procedures.
Outpatient Hospital Care	Prudent Buyer Plan - 80% of negotiated rates. Non-Prudent Buyer Plan – 60% of covered charges.	\$30 co-payment per visit for most outpatient services.
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.
Emergency Room Hospital	Prudent Buyer Plan - 80% of negotiated rate after \$100 co-payment. Non-Prudent Buyer Plan - 60% of covered charges after \$100 co-payment. Co-payment waived under certain circumstances.	\$100 co-payment per visit. Waived if admitted.
Ambulatory Surgical Facility	Prudent Buyer Plan facility - 80% of negotiated rate. Non-Prudent Buyer Plan facility - 60% of covered charges.	100% thereafter at a Kaiser Permanente medical facility, after \$30 co-payment.

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Ambulance	Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R. Exception: If life threatening condition, payable at 80% 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 \$25 co-payment per visit. Non-Prudent Buyer Plan Physician - 70% of UC&R, no co-payment. Physician Office Visit co-payment does not apply to Physical Exam, Well Baby, Chiropractic Care or outpatient Mental Health visits.	100% after \$30 co-payment per visit.
Surgery Physician Fee	Prudent Buyer Plan Physician - 80% of negotiated rate. Non-Prudent Buyer Plan Physician - 60% of UC&R.	Inpatient - 100%; Outpatient - 100% after \$30 co-payment per visit.
Immunizations and Inoculations (Shots)	Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R. Immunizations are covered for dependent children only.	100%
Diagnostic X-Ray/MRI and Laboratory Tests	Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R.	100%.
Mental Health Outpatient	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 \$30 co-payment per 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.	NOT COVERED.
Alcohol and Substance Abuse - Outpatient	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	100% after \$30 co-payment per visit.
Durable Medical Equipment	Must be prescribed by a physician. Prudent Buyer Plan provider - 80% of negotiated rate. Non-Prudent Buyer Plan provider - 60% of UC&R.	20% co-payment when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.
Prescription Drugs	Prescription Solutions benefits provided through Fund. <u>Retail</u> - \$15 co-payment for Generic drugs; \$35 co-payment for Formulary Brand Name drugs; \$70 co-payment for Non-Formulary drugs; 30 day supply. <u>Mail Order</u> – \$30 co-payment for Generic drugs; \$70 co-payment for Formulary Brand Name drugs; \$140 co-payment for Non-Formulary drugs; 90 day supply. Mail Order is mandatory for maintenance drugs (long term for chronic illness) after 3 refills at Retail level. Retail and Mail Order – Subject to \$250 Plan Year deductible per individual.	\$10 co-payment for Generic drugs; \$25 for Brand name drugs. 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.

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OTHER BENEFITS		
Death & Accidental Death 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 parts of body. Spouse Death: \$7,500; 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.	
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 \$30 co-payment. \$5 co-payment per visit for Well Child preventive care (23 months or younger)
Vision Care	Vision Service Plan (VSP) "Value Plan" benefits provided through Fund. Refer to Group #00860000, Division 14, Class 7. (Note: Certain employers are not contributing for vision coverage. Call the Fund Office to check if your employer is making contribution.) Payable every 24 months for exam, lenses and frames. \$20 deductible for exam and \$25 deductible for lenses and frames.	In addition to VSP benefits provided through Fund (see Managed Health Care Plan), Kaiser provides benefit for an eye exam only after a \$30 co-payment per exam.
Dental Care	Benefits provided through Fund whether you enroll in Managed Health Care or Kaiser Plan. Fund offers three optional Dental Plans: (Note: 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, not to exceed \$300 per family for major and basic services (no deductible for diagnostic and preventive care). Orthodontic care is not available under this plan. Refer to Group #2211-0006. 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 #00742-003. 3. Bright Now! Dental – a prepaid/Dental HMO Plan. There is no cost, except a 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 03.	
Toll-Free Numbers	1-800-244-4530	1-800-464-4000 Refer to Group 600389. 1-800-788-0616 (Spanish)

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 Fund's Rules and Regulations or Kaiser's contract.

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

