California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description **For Non-Medicare Retirees**	**Fee-For-Service** **Contract Provider** **Benefits**	**Fee-For-Service** **Non-Contract Provider** **Benefits**	**Kaiser Permanente HMO** **Northern and Southern** **California**	**Health Net** **HMO Plan Benefits**	**UnitedHealthcare** **HMO Plan Benefits**
Choice of Providers	If you live in California, your Contract Provider Network is the Anthem Blue Cross Prudent Buyer network. If you or your dependents live outside of California, or if you are travelling outside California, your network of hospitals and doctors is the National BlueCard network. Participants who use a Contract physician, hospital, or other provider will pay the least for services.	If you use a physician or other Provider who is not in the Contract Provider Network, you are using a Non-Contract (or Non-Contracting) Provider. Participants who use a Non-Contracting physician, hospital, or other provider; will pay more for services.	Participants must use a Kaiser provider. Services rendered by non-Kaiser providers are not covered, except in cases of emergency. Each family member may choose a different primary physician.	Participants must use a Health Net provider; each family member may choose a different primary care physician You may use the Open Access option to access any physician in the Health Net Network for an additional co-payment and no referral is required.	Participants must use a UnitedHealthcare provider. Services rendered by non-UnitedHealthcare providers are not covered, except in cases of emergency. Each family member may choose a different primary physician.
Calendar Year Deductible *The Fund's Calendar Year Deductible is never waived. However, some services are not subject to the Deductible.	Individual: $250* Family: $750* Does not apply to hearing exam, hearing aids, hospice, and prescription drugs.	Individual: $500* Family: $1,500* Does not apply to hearing exam, hearing aids, hospice, and prescription drugs. . In addition, balance billing and excluded services do not count toward either deductible.	Individual: $250 Family: $500	Not Applicable	Not Applicable
Lifetime Maximum	$1,000,000	$1,000,000	Not Applicable	Not Applicable	Not Applicable
Annual Out-Of-Pocket Maximum	Individual: $2,000 Family: $6,000 Certain expenses do not count towards the Out-of-Pocket Maximum. For more information, see your Summary Plan Description.	None Your out-of-pocket expenses for services received at Non-Contract Providers are unlimited.	Individual: $3,000 Family: $6,000	Individual: $2,000 Two party: $4,000 Family: $6,000	Individual: $2,000 Family: $6,000

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description For Non-Medicare Retirees	**Fee-For-Service Contract Provider Benefits**	**Fee-For-Service Non-Contract Provider Benefits**	**Kaiser Permanente HMO Northern and Southern California**	**Health Net HMO Plan Benefits**	**UnitedHealthcare HMO Plan Benefits**
Contract Rate & Allowable Charges	Contract Rate: The amount that the Provider has agreed by contract to accept for the services provided.	Allowable Charges: For Non-Contract Providers, the Allowable Charge is the lesser of the charge billed by the Provider or the maximum amount the Board of Trustees has determined is an appropriate payment for the service(s) rendered. For Non-Contract Providers, the Plan generally pays 60% of the Allowable Charges. You are generally responsible for 40% of the Allowable Charges plus any charges over the Plan's Allowable Charge. NOTE: Providers' charges are often higher than the Plan's Allowable Charge. You are responsible for any charges above the Plan's Allowable Charge.	Not Applicable	Not Applicable	Not Applicable
Pre-Authorization & Pre-Certification Requirements	Certain services and procedures require pre-authorization from Pacific Health Alliance ("PHA") or from Anthem. If you fail to obtain pre-authorization or pre-certification when it is required, the Plan's payment percentage will be reduced by 10%, and you will be responsible for an additional 10% coinsurance. Inpatient hospitalization (except for emergencies and childbirth) requires pre-certification by Anthem (800) 274-7767. Outpatient surgeries and procedures, and various other services, require pre-authorization from PHA (855) 754-7271.		See the Evidence of Coverage booklet provided by Kaiser	See the Evidence of Coverage booklet provided by Health Net	See the Evidence of Coverage booklet provided by UnitedHealthcare
Description/Definition of Co-payment & Co-insurance	**Co-payments** are fixed dollar amounts (for example, $20) you pay for covered health care, usually when you receive the service. **Co-insurance** is your share of the costs of a covered service, calculated as a percent of the allowed amount for the service.				

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description For Non-Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente HMO Northern and Southern California	Health Net HMO Plan Benefits	UnitedHealthcare HMO Plan Benefits
Emergency Room and **ER Physicians Charges**	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	90% per visit **Deductible applies** Waived if admitted	100% after a $100 co-payment Waived if admitted	100% after a $100 co-payment Not waived if admitted
Emergency Ground Ambulance	80% of Contract Rate **Deductible applies**	80% of Allowable Charges **Deductible applies**	100% after a $150 co-payment per trip **Deductible does not apply**	100% after a $100 co-payment	100% after a $50 co-payment
Urgent Care	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	100% after a $10 co-payment; **Deductible does not apply**	100% after a $40 co-payment	100% after a $100 co-payment Not waived if admitted
Skilled Nursing Facility * Not subject to the Out-of-Pocket Maximum.	45% of Contract Rate up to 55 days per disability and admission must occur after a 5-day or more inpatient hospital stay; patient must be admitted to the SNF within 7-days of the hospital discharge **Deductible applies***	35% of Allowable Charges up to 55 days per disability and admission must occur after a 5-day or more inpatient hospital stay; patient must be admitted to the SNF within 7-days of the hospital discharge **Deductible applies***	90% **Deductible does not apply** Limited to a maximum benefit of 100-days per calendar period	Days 1-10: No co-payment Days 11-100: $25 per day	100% after a $200 co-payment per day Apply to a maximum of 3 days per stay Limited to 100-consecutive calendar days from the first treatment per disability
Home Health Care	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	No co-payment for part time intermittent care when prescribed by a Plan physician	100% after a $40 co-payment The copayment begins with first visit. Limited to 100 visits per calendar year	100% after a $10 co-payment Limited to 100 visits per calendar year
Inpatient Hospital (including Physician Services) (Not including hospitalization for routine hip or knee replacements, both of which are Inpatient Hospital MAC Procedures) To Pre-Certify your hospital stay, call Anthem Blue Cross at (800) 274-7767	80% of Contract Rate **Deductible applies** Pre-certification by Anthem Blue Cross required.	60% of Allowable Charges **Deductible applies** Pre-certification by Anthem Blue Cross required.	90% per admit **Deductible applies**	70% per admit	100% after a $500 co-payment per day Apply to a maximum of 3 days per stay

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description **For Non-Medicare Retirees**	**Fee-For-Service** **Contract Provider** **Benefits**	**Fee-For-Service** **Non-Contract Provider** **Benefits**	**Kaiser Permanente HMO** **Northern and Southern** **California**	**Health Net** **HMO Plan Benefits**	**UnitedHealthcare** **HMO Plan Benefits**
Inpatient Hospital MAC Procedures For these procedures only: 1. Routine total hip replacement 2. Routine total knee replacement	80% of MAC **Deductible applies** The MAC is the lesser of the contract rate or $30,000. Pre-certification by Anthem required. If you use a Value-Based Site, the Hospital will hold its charges under $30,000. If you do not use a Value-based Site, you will be responsible for payment of any charges above the MAC.	60% of MAC **Deductible applies** The MAC is the lesser of the Allowed Charge or $30,000. Pre-certification by Anthem required. After deductible, you are responsible for your 40% Coinsurance. You are also responsible for payment of all charges above MAC.	90% per admit **Deductible applies**	70% per admit	100% after a $500 co-payment per day Apply to a maximum of 3 days per stay
Physician Office Visits	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	100% after a $10 co-payment **Deductible does not apply**	100% after a $40 co-payment	100% after a $20 co-payment
Physician Home Visits	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	No co-payment **Deductible does not apply**	100% after a $50 co-payment	100% after a $40 co-payment
X-ray and Lab Services	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	$10 per encounter **Deductible does not apply**	No co-payment	No co-payment
Podiatry Exam	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	100% after a $10 co-payment; if medically necessary **Deductible does not apply**	100% after a $40 co-payment; if medically necessary	100% after a $30 co-payment; if medically necessary
Orthotic Appliances	Not covered	Not covered	No co-payment	Covered only if incorporated into a cast, splint, brace or strapping of foot	Covered only if incorporated into a cast, splint, brace or strapping of foot

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description **For Non-Medicare Retirees**	**Fee-For-Service** **Contract Provider** **Benefits**	**Fee-For-Service** **Non-Contract Provider** **Benefits**	**Kaiser Permanente HMO** **Northern and Southern** **California**	**Health Net** **HMO Plan Benefits**	**UnitedHealthcare** **HMO Plan Benefits**
Chiropractic and Acupuncture Services	80% of Contract Rate up to a maximum benefit of $2,000 per calendar year* **Deductible applies** * The $2,000 maximum is a combined annual limit for all contract and non-contract chiropractic and acupuncture services.	60% of Allowable Charges up to a maximum benefit of $2,000 per calendar year* **Deductible applies** * The $2,000 maximum is a combined annual limit for all contract and non-contract chiropractic and acupuncture services.	Chiropractic: Not covered Acupuncture: 100% after a $10 co-payment; covered as an alternative to standard treatment when prescribed by a Plan physician. It is primarily used as a component of a multidisciplinary pain management program for the treatment of chronic pain.	Chiropractic: 100% after a $10 co-payment up to 30 visits per year Acupuncture: Not covered Discounts available through the Health Net Well Rewards Program	Chiropractic: 100% after a $30 co-payment up to 30 visits per year Acupuncture: Not covered
Outpatient Surgery (Facility Fee) For Procedures Not Subject to MAC (Outpatient procedures subject to MAC are: Arthroscopies, Cataract Surgeries, and Colonoscopies).	80% of Contract Rate; **Deductible applies** Pre-authorization required by calling Pacific Health Alliance (PHA) Care Counseling service at (855) 754-7271.	Maximum benefit of $350 per day; **Deductible applies** You are responsible for any charges in excess of the Plan's maximum payment of $350 per day. Pre-authorization required by calling Pacific Health Alliance (PHA) Care Counseling service at (855) 754-7271.	90% **Deductible applies**	70% (hospital/ambulatory surgery center)	100% after a $250 co-payment

Outpatient Surgery – MAC Procedures (Facility Fee) **MAC applies to the following three procedures::** • Arthroscopy • Cataract • Surgery Colonoscopy	80% of the lesser of the MAC limit or the Contract Rate; **Deductible applies** **MAC Limits are:** **For Arthroscopy: $6,000 per procedure** **For Cataract Surgery: $2,000 per procedure** **For Colonoscopy: $1,500 per procedure** Remember, if you use a **Value-Based Site**, the facility will hold its charges under the MAC limit. You are responsible for payment of any charges in excess of the MAC.	Maximum benefit of $350 per day for all Non-Contract outpatient surgical procedures; **Deductible applies** You are responsible for payment of any charges in excess of the Plan's maximum payment of $350 per day.	Not Applicable	Not Applicable	Not Applicable
Physician/Surgeon Fee for Outpatient Surgery	80% of Contract Rate; **Deductible applies** Pre-authorization by PHA required.	60% of Allowable Charges; **Deductible applies** Pre-authorization by PHA required.	90% **Deductible applies**	70% (hospital/ambulatory surgery center)	100% after a $250 co-payment
Complex Imaging (MRI, PET & CT scans)	80% of Contract Rate; **Deductible applies**	60% of Allowable Charges; **Deductible applies**	100% after a $10 per encounter	100% after a $100 copayment	100% after a $50 co-payment

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description For Non-Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente HMO Northern and Southern California	Health Net HMO Plan Benefits	UnitedHealthcare HMO Plan Benefits
Physical Therapy & Respiratory Therapy, Combined	80% of Contract Rate up to a maximum benefit of $2,000 per calendar year **Deductible applies** Pre-authorization by PHA required	60% of Allowable Charges up to a maximum benefit of $2,000 per calendar year **Deductible applies** Pre-authorization by PHA required.	100% after a $10 co-payment	100% after a $40 copayment limitations apply; Open Access: $60 copayment limited to $1,500 per calendar year	100% after a $40 co-payment Limitations apply
Speech Therapy & Occupational Therapy, Combined	Only covered if the case manager determines that speech/occupational therapy is medically necessary	Only covered if the case manager determines that speech/occupational therapy is medically necessary	100% after a $10 co-payment Limitations apply	100% after a $40 co-payment Limitations apply	100% after a $40 co-payment Limitations apply
Medical Supplies, Orthopedic Braces, Prosthetic Appliances	80% of Contract Rate **Deductible applies** Pre-authorization from PHA is required for equipment/ supplies costing over $500.	60% of Allowable Charges **Deductible applies** Pre-authorization from PHA is required for equipment/ supplies costing over $500.	DME: 80%; **Deductible does not apply** (does not accumulate toward out-of-pocket maximum) Orthopedic & Prosthetic: No co-payment	No copayment Limited to a benefit maximum of $5,000 per calendar year	100% after a $50 copayment Limited to a benefit maximum of $5,000 per calendar year
Chemotherapy/Radiation	80% of Contract Rate; **Deductible applies**	60% of Allowable Charges; **Deductible applies**	100% after a $10 co-payment; **Deductible does not apply**	No-copayment	No-copayment for standard; 100% after a $50 co-payment for complex
Family Planning					
Infertility	Not covered	Not covered	50% of charges for diagnosis and treatment (does not accumulate toward out-of-pocket maximum)	Not covered	Not covered
Vasectomy (reversal is not covered)	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	90%; **Deductible applies**	100% after a $50 co-payment	100% after a $50 co-payment
Tubal Ligation (reversal is not covered)	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	90%; **Deductible applies**	100% after a $150 per procedure	100% after a $100 co-payment
Elective Abortions	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	90%; **Deductible applies**	100% after a $150 per procedure	1st Trimester $125 co-payment 2nd Trimester $125 co-payment After 20 weeks not covered unless life threatening

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description For Non-Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente HMO Northern and Southern California	Health Net HMO Plan Benefits	UnitedHealthcare HMO Plan Benefits
Care for Allergies					
Office Visit	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	100% after a $10 co-payment	100% after a $40 co-payment	100% after a $20 co-payment; $40 co-payment for specialist
Testing	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	100% after a $10 co-payment	No co-payment Open Access: $60 co-payment	100% after a $20 co-payment; No co-payment for Serum
Treatment and Serum	80% of Contract Rate **Deductible applies**	60% of Allowable Charges **Deductible applies**	No co-payment	No co-payment	100% after a $20 co-payment; No co-payment for Serum
Immunizations	Covered under routine care and preventive healthcare	Covered under routine care and preventive healthcare	No co-payment	No co-payment 20% co-payment if for foreign travel or occupational purposes	No co-payment Most immunizations covered with office visit co-payment
Hearing Care					
Exams	100% of Contract Rate up to a maximum benefit of $100 per calendar year* **Deductible does not apply**	100% of Allowable Charges up to a maximum benefit of $100 per calendar year **Deductible does not apply**	100% after a $10 co-payment Exam only	100% after a $40 co-payment Open Access: $60 co-payment	100% after a $20 co-payment
Hearing Aids	100% of Allowed Amount (Allowed Amount is limited to $2,000 per device)*; limited to coverage once every three years from the date of last purchase** **Deductible does not apply** *Charges applied to the $100 calendar year maximum are the combined total of PPO and Non-PPO charges for hearing exams ** Charges applied to the maximum Allowed Amount of $2,000 per device are the total of all contract and non-contract charges for hearing aid devices.	100% of Allowed Amount (Allowed Amount is limited to $2,000 per device)*; limited to coverage once every three years from the date of last purchase** **Deductible does not apply** *Charges applied to the $100 calendar year maximum are the combined total of PPO and Non-PPO charges for hearing exams **Charges applied to the $2,000 maximum are the combined total of PPO and Non-PPO charges for hearing aid devices.	See Fee-For-Service	See Fee-For-Service	See Fee-For-Service

Benefit Description For Non-Medicare Retirees	**Fee-For-Service Contract Provider Benefits**	**Fee-For-Service Non-Contract Provider Benefits**	**Kaiser Permanente HMO Northern and Southern California**	**Health Net HMO Plan Benefits**	**UnitedHealthcare HMO Plan Benefits**
Hospice	100% of Contract Rate Limitations apply; refer to Plan SPD; **Deductible does not apply**	100% of Allowable Charges Limitations apply; refer to Plan SPD; **Deductible does not apply**	No co-payment	No co-payment	Paid in full if prognosis of life expectancy is less than 1 year
Routine Health Exams Preventative Health Care	80% of Contract Rate up to a maximum benefit of $300 per calendar year* **Deductible applies** *Charges applied to the $300 calendar year maximum are the combined total of PPO and Non-PPO charges for routine preventive health care. Charges for immunizations are included in routine preventive care	60% of Allowable Charges up to a maximum benefit of $300 per calendar year* **Deductible applies** *Charges applied to the $300 calendar year maximum are the combined total of PPO and Non-PPO charges for routine preventive health care. Charges for immunizations are included in routine preventive care	100% after a $10 co-payment **Deductible does not apply**	100% after a $40 co-payment Open Access: $60 co-payment	No co-payment for preventive care
Routine Female Care					
Examinations	80% of Contract Rate* **Deductible applies**	60% of Allowable Charges* **Deductible applies**	100% after a $10 co-payment **Deductible does not apply**	100% after a $40 co-payment Open Access: $60 co-payment	No co-payment
Pap Tests	80% of Contract Rate* **Deductible applies**	60% of Allowable Charges* **Deductible applies**	100% after a $10 co-payment **Deductible does not apply**	100% after a $40 co-payment	No co-payment
Mammogram	80% of Contract Rate* **Deductible applies** * The combined maximum benefit for all PPO and Non-PPO charges for routine female care is limited to $300 per calendar year	60% of Allowable Charges* **Deductible applies** *The combined maximum benefit for all PPO and Non-PPO charges for routine female care is limited to $300 per calendar year	100% after a $10 co-payment **Deductible does not apply**	100% after a $40 co-payment	No co-payment

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

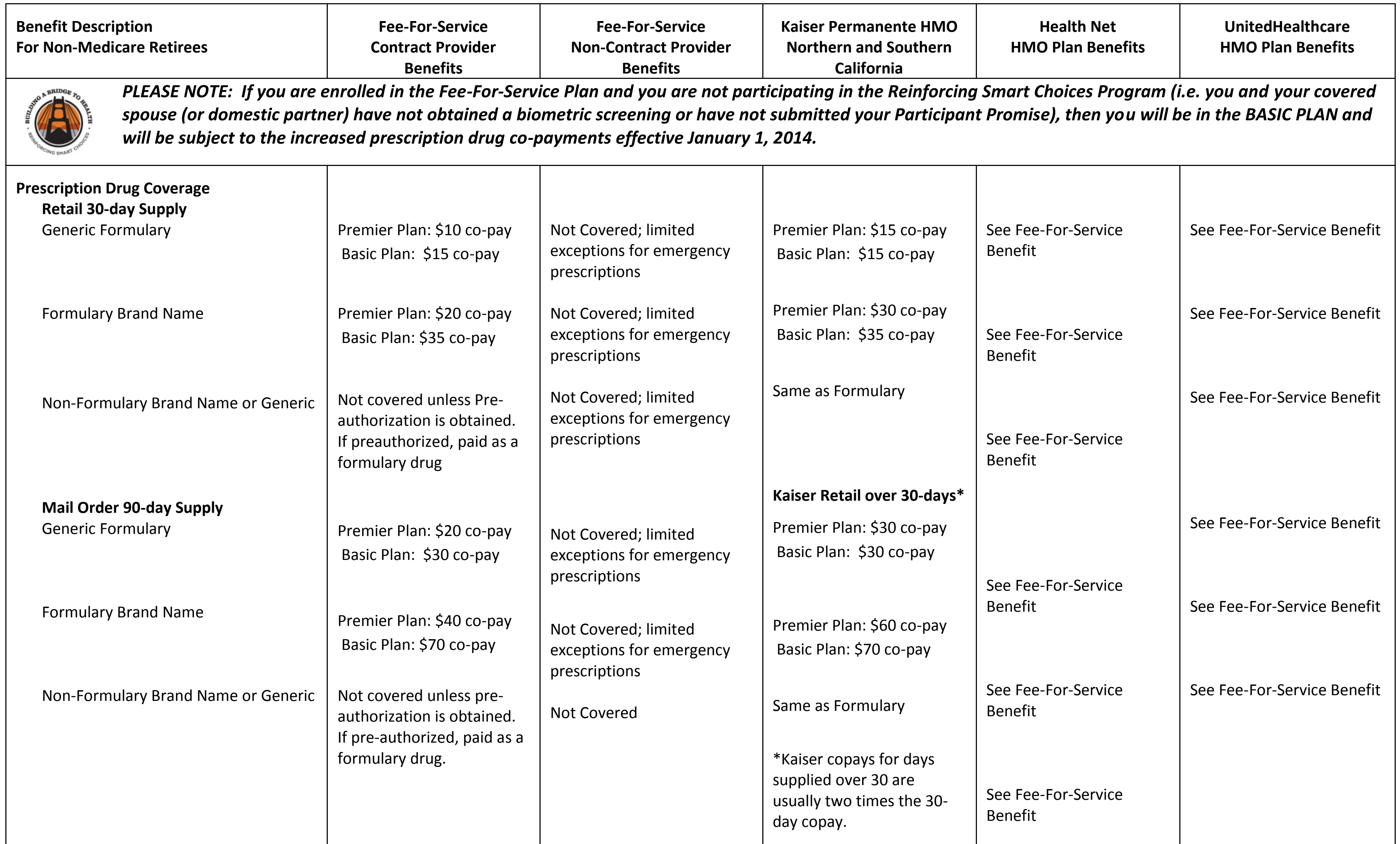
Benefit Description For Non-Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente HMO Northern and Southern California	Health Net HMO Plan Benefits	UnitedHealthcare HMO Plan Benefits
Well Baby Care	80% of Contract Rate up to a maximum benefit of $600 per calendar year* **Deductible applies** *Charges applied to the $600 calendar year maximum are the combined total of PPO and Non-PPO charges for well baby care and immunizations	60% of Allowable Charges up to a maximum benefit of $600 per calendar year* **Deductible applies** *Charges applied to the $600 calendar year maximum are the combined total of PPO and Non-PPO charges for well baby care and immunizations	No co-payment through 23 months of age **Deductible does not apply**	100% after a $40 co-payment through 30 days of life Open Access: $60 co-payment	No co-payment for children under two years of age; including immunizations 100% after a $20 co-payment for children age two and above
Substance Abuse					
Inpatient	Not covered	Not covered	90%; deductible applies to Detoxification Only	80% per admit maximum benefit of 30 days per calendar year	100% after a $500 per day copayment; Applied to a maximum of 3 days per stay Prior Authorization Required (800) 999-9585
Transitional Recovery Services	Not covered	Not covered	100% after a $100 per admission copayment up to a maximum calendar year benefit of 60-days and no more than 120-days in a consecutive 5 year period in an approved non-residential facility		
Outpatient	Not covered	Not covered	100% after a $10 co-payment Individual / $5 co-payment Group	100% after a $30 co-payment Individual / 100% after a $15 co-payment Group Maximum benefits of 20 visits per calendar year	100% after a $40 co-payment No Dependent Coverage

Benefit Description For Non-Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente HMO Northern and Southern California	Health Net HMO Plan Benefits	UnitedHealthcare HMO Plan Benefits
Mental Health Inpatient	Not covered	Not covered	90%; **Deductible applies**	80% per admit Maximum benefit of 30 days per calendar year *	100% after a $250 co-payment per day up to a maximum of 3 days per stay per calendar year*
Outpatient	Not covered	Not covered	Individual: 100% after a $10 co-payment; Group: 100% after a $5 co-payment	Individual 100% after $30 co-payment (non-severe) 100% after $15 co-payment (severe) Group 100% after $15 co-payment (non-severe) 100% after $7.50 co-payment (severe) Maximum benefit of 20 outpatient visits per calendar year *Specific Mental Illness Diagnoses are covered with no day or visit limitations	100% after a $40 co-payment* *Specific Mental Illness Diagnoses are covered with no day or visit limitations
Supplemental Accident Benefit	Not Applicable	100% of Allowable Charges incurred within 90-days of an accident up to $300 for medical and $100 for X-ray and lab services per accident; documentation must be provided to the Trust Fund Office. **Deductible does not apply** Charges remaining after the supplemental accident benefit has been paid will be subject to normal Plan provisions for Non-PPO claims – including coinsurance levels, calendar year deductible, and other applicable Plan provisions.	Not covered	Not covered	Not covered

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California

Benefit Description **For Non-Medicare Retirees**	**Fee-For-Service** **Contract Provider** **Benefits**	**Fee-For-Service** **Non-Contract Provider** **Benefits**	**Kaiser Permanente HMO** **Northern and Southern** **California**	**Health Net** **HMO Plan Benefits**	**UnitedHealthcare** **HMO Plan Benefits**
Vision Care **Vision Service Plan (VSP)** Customer Service: (800) 877-7195 Frequency Exam Glasses/Contact Lenses **Spectera/UnitedHealthcare Vision** Customer Service (800) 638-3120 Frequency Exam Glasses/Contact Lenses	Exam and glasses (or contact lenses) are available every 12 months $25 co-payment $150 allowance Exam and lenses are available every 12 months, frame is available every 24 months. $10 co-payment each for exam and materials $130 allowance ($105 for contacts)	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.	Exam: $10 co-payment Glasses/Contact Lenses: Not covered Additional benefits available through either Vision Service Plan or Spectera Vision for an additional premium amount; See Fee-For-Service Benefits	Exam: $40 co-payment Open Access $60 co-payment Glasses/Contact Lenses: Not covered Additional benefits available through either Vision Service Plan or Spectera Vision for an additional premium amount; See Fee-For-Service Benefits	Exam: $40 co-payment Glasses/Contact Lenses: Not covered Additional benefits available through either Vision Service Plan or Spectera Vision for an additional premium amount; See Fee-For-Service Benefits

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Non-Medicare Retired Participants Residing in California



Benefit Description For Non-Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente HMO Northern and Southern California	Health Net HMO Plan Benefits	UnitedHealthcare HMO Plan Benefits
PLEASE NOTE: If you are enrolled in the Fee-For-Service Plan and you are not participating in the Reinforcing Smart Choices Program (i.e. you and your covered spouse (or domestic partner) have not obtained a biometric screening or have not submitted your Participant Promise), then you will be in the BASIC PLAN and will be subject to the increased prescription drug co-payments effective January 1, 2014.					
Prescription Drug Coverage					
Retail 30-day Supply					
Generic Formulary	Premier Plan: $10 co-pay Basic Plan: $15 co-pay	Not Covered; limited exceptions for emergency prescriptions	Premier Plan: $15 co-pay Basic Plan: $15 co-pay	See Fee-For-Service Benefit	See Fee-For-Service Benefit
Formulary Brand Name	Premier Plan: $20 co-pay Basic Plan: $35 co-pay	Not Covered; limited exceptions for emergency prescriptions	Premier Plan: $30 co-pay Basic Plan: $35 co-pay	See Fee-For-Service Benefit	See Fee-For-Service Benefit
Non-Formulary Brand Name or Generic	Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug	Not Covered; limited exceptions for emergency prescriptions	Same as Formulary	See Fee-For-Service Benefit	See Fee-For-Service Benefit
Mail Order 90-day Supply			**Kaiser Retail over 30-days***		
Generic Formulary	Premier Plan: $20 co-pay Basic Plan: $30 co-pay	Not Covered; limited exceptions for emergency prescriptions	Premier Plan: $30 co-pay Basic Plan: $30 co-pay	See Fee-For-Service Benefit	See Fee-For-Service Benefit
Formulary Brand Name	Premier Plan: $40 co-pay Basic Plan: $70 co-pay	Not Covered; limited exceptions for emergency prescriptions	Premier Plan: $60 co-pay Basic Plan: $70 co-pay	See Fee-For-Service Benefit	See Fee-For-Service Benefit
Non-Formulary Brand Name or Generic	Not covered unless pre-authorization is obtained. If pre-authorized, paid as a formulary drug.	Not Covered	Same as Formulary *Kaiser copays for days supplied over 30 are usually two times the 30-day copay.	See Fee-For-Service Benefit	See Fee-For-Service Benefit

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Medicare Retired Participants Residing in California

Benefit Description For Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente Senior Advantage HMO Northern & Southern California	Health Net Seniority Plus HMO Plan Benefits	UnitedHealthcare Secure Horizons HMO Plan Benefits
Choice of Providers	Participants can use any provider; however, in order to receive the higher PPO Plan benefits, services must be received from an Anthem Blue Cross contracted provider. Medicare pays primary.	Services received from a non-Anthem Blue Cross provider are subject to the non-PPO level of benefits which could result in higher out-of-pocket expenses. Medicare pays primary.	Participants must go to a Kaiser Senior Advantage provider and each family member may choose a different primary physician	Participants must go to a Health Net Seniority Plus provider and each family member may choose a different primary physician	Participants must go to a PacifiCare Secure Horizons provider and each family member may choose a different primary physician
Calendar Year Deductible	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Lifetime Maximum	Not applicable	Not applicable	Not applicable	Not applicable	Not applicable
Annual Out of Pocket Maximum	$600 per person	$1,800 per person	Individual: $1,500 Family: $3,000	individual: $3,400	$1,800 per person
Inpatient Hospital (including Physician Services)	$250 co-payment per admit	60% of Allowable Charges	No co-payment	No co-payment	$100 co-payment per admit
Emergency Room & ER Physicians Charges	90% of Allowed Amount after a $100 co-payment (copay waived if patient is admitted)	90% of Allowable Charges after a $100 co-payment (copay waived if patient is admitted)	Southern: $20 co-payment Northern: $35 co-payment	$20 co-payment	$50 co-payment
Emergency Ground Ambulance	90% of Allowed Amount after a $50 co-payment	90% of Allowable Charges after a $50 co-payment	No co-payment if medically necessary	No co-payment	$50 co-payment
Urgent Care	90% of Allowed Amount after a $20 co-payment	60% of Allowable Charges after a $20 co-payment	$10 co-payment	$20 co-payment	$35 co-payment
Skilled Nursing Facility * Not subject to the Out-of-Pocket Maximum.	45% of Allowed Amount up to 55 days per disability and admission must occur after a 5-day or more inpatient hospital stay; patient must be admitted to the SNF within 7-days of the hospital discharge*	35% of Allowable Charges up to 55 days per disability and admission must occur after a 5-day or more inpatient hospital stay; patient must be admitted to the SNF within 7-days of the hospital discharge*	No co-payment up to 100-days per benefit period	No co-payment (Limited to 100 days per benefit period (spell of illness) in a Medicare certified bed	Days 1-20: No co-payment Days 21-100: $25 co-payment
Home Health Care	90% of Allowed Amount	60% of Allowable Charges	No co-payment for part-time intermittent care when prescribed by a Plan physician	No co-payment	No co-payment per Medicare guidelines

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Medicare Retired Participants Residing in California

Benefit Description For Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente Senior Advantage HMO Northern and Southern California	Health Net Seniority Plus HMO Plan Benefits	UnitedHealthcare Secure Horizons HMO Plan Benefits
Physician Office/Home Visits	90% of Allowed Amount after a $20 co-payment	60% of Allowable Charges after a $20 co-payment	$10 co-payment (office) No co-payment (home)	$10 co-payment	Primary Care $5 co-payment Specialist $20 co-payment
Hospice	100% of Allowed Amount	100% of Allowable Charges	No co-payment	Covered under Medicare	Covered under Medicare
X-ray and Lab	90% of Allowed Amount	60% of Allowable Charges	No co-payment	No co-payment	No co-payment
Outpatient Surgery	90% of Allowed Amount	60% of Allowable Charges Ambulatory Surgical Centers are limited to a maximum benefit of $350 per day; **Deductible applies**	$10 co-payment	No co-payment	$50 co-payment per surgery
Podiatry					
Exam	90% of Allowed Amount after a $20 co-payment	60% of Allowable Charges after a $20 co-payment	$10 co-payment Must be medically necessary	$10 co-payment Must be medically necessary	$20 co-payment
Orthotic Appliance	90% of Allowed Amount	Not covered	Per Medicare guidelines	Covered only if incorporated into a cast, splint, brace or strapping of foot	Per Medicare guidelines
Chiropractic and Acupuncture					
Chiropractic	90% of Allowed Amount	60% of Allowable Charges	Not covered	$5 co-payment Limited to 20 visits per calendar year	50% Medicare covered
Acupuncture	90% of Allowed Amount	60% of Allowable Charges	$10 co-payment ; covered as an alternative to standard treatment when prescribed by a Plan physician; primarily used as a component of a multidisciplinary pain management program	Not covered	Not covered

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Medicare Retired Participants Residing in California

Benefit Description For Medicare Retirees	Fee-For-Service PPO Contract Provider Benefits	Fee-For-Service PPO Non-Contract Provider Benefits	Kaiser Permanente Senior Advantage HMO Northern and Southern California	Health Net Seniority Plus HMO Plan Benefits	UnitedHealthcare Secure Horizons HMO Plan Benefits
Outpatient Physical, Respiratory and Speech Therapy	90% of Allowed Amount	60% of Allowable Charges	$10 co-payment Limitations apply	No co-payment Limitations apply	No co-payment
Routine Preventative Care Exams	100% of Allowed Amount with no maximum calendar year benefit	60% of Allowable Charges up to a maximum calendar year benefit of $300	No co-payment	No co-payment $10 co-payment for annual routine physical exam	No co-payment
Immunizations	100% of Allowed Amount	60% of Allowable Charges	No co-payment	No co-payment 20% co-payment if for foreign travel or occupational purposes	No co-payment
Periodic Female Care					
Examinations	100% of Allowed Amount with no maximum calendar year benefit	60% of Allowable Charges up to a maximum calendar year benefit of $300	$10 co-payment	$10 co-payment	No co-payment
Pap Tests/Mammogram	100% of Allowed Amount with no maximum calendar year benefit	60% of Allowable Charges up to a maximum calendar year benefit of $300	No co-payment	No co-payment	No co-payment
Care for Allergies					
Office Visit/Testing	90% of Allowed Amount after a $20 co-payment	60% of Allowable Charges after a $20 co-payment	$10 co-payment/No co-payment	$10 co-payment/No co-payment	$5 co-payment/No co-payment
Treatment and Serum	90% of Allowed Amount	60% of Allowable Charges	$3 co-payment per injection	No co-payment	No co-payment
Durable Medical Equipment					
Prosthetics, Orthopedic Braces, Other Equipment and Supplies	90% of Allowed Amount	60% of Allowable Charges	No co-payment	No co-payment	80%

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Medicare Retired Participants Residing in California

Benefit Description For Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente Senior Advantage HMO Northern and Southern California	Health Net Seniority Plus HMO Plan Benefits	UnitedHealthcare Secure Horizons HMO Plan Benefits
Hearing Care					
Exams	100% of Allowed Amount up to a maximum benefit of $100 per calendar year	100% of Allowable Charges up to a maximum benefit of $100 per calendar year	$10 co-payment	$10 co-payment Exam only	No co-payment
Hearing Aids	100% of Allowed Amount (Allowed Amount is limited to $2,000 per device)*; limited to coverage once every three years from the date of the last purchase. Your payments made towards allowable charges above the cap do not apply towards your out-of-pocket maximum.	100% of Allowed Amount (Allowed Amount is limited to $2,000 per device)*; limited to coverage once every three years from the date of the last purchase. Your payments made towards allowable charges above the cap do not apply towards your out-of-pocket maximum.	See Medicare Retiree Fee-For-Service	See Medicare Retiree Fee-For-Service	$500 allowance every 36 months
Substance Abuse					
Inpatient	Not covered	Not covered	No co-payment Detoxification only	No co-payment; Acute medical conditions only	$100 co-payment per admit
Transitional Recovery Services	Not covered	Not covered	$100 per admission up to a maximum of 60-days per calendar year and no more than 120 days in any 5 consecutive years in an approved non-residential facility		
Outpatient	Not covered	Not covered	Individual: $10 co-payment Group: $5 co-payment	$10 co-payment; unlimited visits per calendar year	Individual: $20 co-payment Group: $5 co-payment
Mental Health					
Inpatient	Not covered	Not covered	No co-payment Limited to 45-days per calendar year	No co-payment No lifetime maximum	$100 co-payment per admit Limited to 190-days per lifetime
Outpatient	Not covered	Not covered	$10 co-payment	$10 co-payment; Unlimited visits per calendar year	Individual: $20 co-payment Group: $5 co-payment

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Medicare Retired Participants Residing in California

Benefit Description For Medicare Retirees	Fee-For-Service Contract Provider Benefits	Fee-For-Service Non-Contract Provider Benefits	Kaiser Permanente Senior Advantage HMO Northern and Southern California	Health Net Seniority Plus HMO Plan Benefits	UnitedHealthcare Secure Horizons HMO Plan Benefits
Vision Care		VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.	Exam: $10 co-payment Glasses/Contact Lenses: $175 allowance Additional benefits available through either Vision Service Plan or Spectera Vision for an additional premium amount; See Fee-For-Service Benefits	Exam: $10 co-payment Glasses/Contact Lenses: $100 allowance Additional benefits available through either Vision Service Plan or Spectera Vision for an additional premium amount; See Fee-For-Service Benefits	Exam: $20 co-payment (includes glaucoma testing) Glasses: $75 allowance (Medicare covered after a cataract surgery) Contact Lenses: Covered in lieu of glasses Additional benefits available through either Vision Service Plan or Spectera Vision for an additional premium amount; See Fee-For-Service Benefits
Vision Service Plan (VSP)	Customer Service: (800) 877-7195				
Frequency	Exam and glasses (or contact lenses) are available every 12 months				
Exam	$25 co-payment				
Glasses/Contact Lenses	$150 allowance				
Spectera/UnitedHealthcare Vision	Customer Service (800) 638-3120				
Frequency	Exam and lenses are available every 12 months, frame is available every 24 months.				
Exam	$10 co-payment each for exam and materials				
Glasses/Contact Lenses	$130 allowance ($105 for contacts)				
Prescription Drugs					
Retail	30 days supply	Not covered	30 days supply	See Fee-For-Service benefits	See Fee-For-Service benefits
Generic	$10 co-payment		$10 co-payment	See Fee-For-Service benefits	See Fee-For-Service benefits
Preferred Brand Name	$20 co-payment		$20 co-payment	See Fee-For-Service benefits	See Fee-For-Service benefits
Non-Preferred Brand Name	$40 co-payment		Not applicable	See Fee-For-Service benefits	See Fee-For-Service benefits
Mail Order	90 days supply	Not covered	100 days supply	See Fee-For-Service benefits	See Fee-For-Service benefits
Generic	$20 co-payment		$20 co-payment	See Fee-For-Service benefits	See Fee-For-Service benefits
Preferred Brand Name	$40 co-payment		$40 co-payment	See Fee-For-Service benefits	See Fee-For-Service benefits
Non-Preferred Brand Name	$80 co-payment		Not applicable	See Fee-For-Service benefits	See Fee-For-Service benefits

California Ironworkers Field Welfare Plan 1/1/2014 Open Enrollment Benefit Plan Comparison
Medicare and Non-Medicare Retired Participants Residing in California

DENTAL BENEFITS				
Benefit Description for Medicare and Non-Medicare Retirees (additional premium required for all plans)	**United Concordia HMO Dental Plan**	**DeltaCare USA HMO Dental Plan**	**Health Net HMO Dental Plan**	**Fee for Service Delta Dental Contract Provider Benefits**
Choice of Providers	Participants must use an authorized United Concordia HMO Dental Provider. UCCI HMO Customer Service (866) 357-3304	Participants must use an authorized DeltaCare USA HMO Dental Provider DeltaCare USA Customer Service (800) 422-4234	Participants must use an authorized Health Net HMO Dental Provider. Health Net Dental Customer Service (800) 880-8113	Participants can visit any licensed dentists, however costs are lowest when visiting a Delta Dental PPO Dentist. If participants do not choose to use a Delta Dental PPO Dentist, they still have access to a Delta Dental Premier Dentist. You may pay more when seeing a Premier dentist than a PPO dentist, but still have cost protections that are not available when visiting a non-Delta Dental dentist. Delta Dental Customer Service (800) 765-6003
Calendar Year Deductible	Not Applicable	Not Applicable	Not Applicable	$50 per person $150 per family
Maximum Calendar Year Benefit	No Maximum	No Maximum	No Maximum	PPO network: $3,000 per person Premier network: $2,000 per person Out-of-network: $1,500 per person Limits do not apply to pediatric dental services to age 19
Diagnostic, Preventative, Basic and Major Covered Services	All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.	All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information Members must receive all services from their assigned DeltaCare USA provider.	All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information	PPO network: 100% for Diagnostic & Preventative, Basic and Major services based on Delta Dental PPO contracted fees Premier network: 100% for Diagnostic & Preventative; 80% for Basic and Major services based on Delta Dental Premier contracted fees Out-of-Network: 80% for Diagnostic & Preventative; 50% for Basic and Major services based on Delta standard non-par reimbursement for non-Delta Dental dentists
Orthodontia	$1,500 co-payment for participants under age 19 ($2,000 copay for participants age 19 and older), plus an additional $250 for retention phase	Ortho Extractions / No co-payment Enrollee Cost $1,000 for Comprehensive Adult/Child Treatment Orthodontic Takeover Covered	$1,450 co-payment for participants, plus $250 for retention phase	Plan pays 50% of Delta Dental PPO contracted fees up to a lifetime maximum of $1,000 for dependent children only