

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Deductible</p> <ul style="list-style-type: none"> The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits. The deductible is never waived. However, some services are not subject to the Deductible. Note: Deductible does not accumulate to the Annual Out-of-Pocket Limit. However, the combined Out-of-Pocket Maximum on cost sharing (deductible and Out-of-Pocket Maximum) complies with the cost sharing limitations of the ACA. 	<p>Note that these deductibles are interchangeable, meaning you may use any portion of a Contract deductible to meet a Non-Contract deductible and vice versa.</p>	<p>\$250 Individual \$750 Family</p> <p>Does not apply to hearing exam, hearing aids, hospice, and prescription drugs.</p>	<p>\$500 Individual \$1,500 Family</p> <p>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</p>	<p>\$250 Individual \$750 Family</p> <p>Does not apply to hearing exam, hearing aids, hospice, and prescription drugs.</p>	<p>\$500 Individual \$1,500 Family</p> <p>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.</p>	<p>\$250 Individual \$750 Family</p> <p>Does not apply to hearing exam, hearing aids, hospice, and prescription drugs.</p>	<p>\$500 Individual \$1,500 Family</p> <p>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.</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Out-of-Pocket Limit</p> <p>The Out-of-Pocket Limit is the most you pay during a one year period (the calendar year) before your health plan starts to pay 100% for covered health benefits received from Contract providers.</p> <p>The Out-of-Pocket limit accumulates cost-sharing for any covered family member; however, no individuals in the family will be required to accumulate more than this Plan's out-of-pocket limit applicable to an individual with self-only coverage.</p>	<p>The Out-of-Pocket Limit for cost sharing includes medical co-payments and coinsurance. The Deductible does not accumulate to the Annual Out-of-Pocket Limit.</p> <p>Expenses that do not count towards the Out-of-Pocket Limit for cost sharing include: expenses you pay for skilled nursing facility, non-covered services (i.e. excluded services), vision care, dental care, orthodontia, penalties for failure to comply with pre-authorization requirements, expenses in excess of benefit maximums, balance billed amounts, and expenses for services from Non-Contract Providers.</p>	\$2,000 Individual \$6,000 Family	Unlimited	\$2,000 Individual \$6,000 Family	Unlimited	\$2,000 Individual \$6,000 Family	Unlimited
<p>Hospital Services Inpatient</p>	<ul style="list-style-type: none"> Pre-certification by Anthem Blue Cross is required for all inpatient procedures or you will pay an additional 10% coinsurance. To pre-certify your hospital stay, your physician's office should call Anthem Blue Cross at (800) 274-7767. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
<p>LiveHealth Online Telehealth Benefit</p>		No co-payment Deductible does not apply	No co-payment Deductible does not apply	No co-payment Deductible does not apply	No co-payment Deductible does not apply	No co-payment Deductible does not apply	No co-payment Deductible does not apply

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Physician Office Visits, Physician Home Services, and Physician Outpatient/Facility (Clinic Services)	Note that physicians' services to diagnose or treat an illness or injury that are provided in your physicians' office, a hospital, other facility, or at home are covered.	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Allergy Services		20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Ambulance Services (Ground vehicle emergency transportation) Covered services include: <ul style="list-style-type: none"> Local professional ambulance service. In the event an injury or illness requires treatment that is not available in a local hospital, the Plan covers medically required ambulance service to the nearest hospital that can provide appropriate treatment. Air and water ambulance if medically necessary. 	Transportation that is solely for the patient's convenience, personal preference (including taxi, limousine, railroad or other non-emergency vehicle) is not covered.	20% member coinsurance after deductible	20% member coinsurance after deductible (Non-Contract deductible applies)	20% member coinsurance after deductible	20% member coinsurance after deductible (Non-Contract deductible applies)	20% member coinsurance after deductible	20% member coinsurance after deductible (Non-Contract deductible applies)
Chemotherapy or Radiation	<ul style="list-style-type: none"> Pre-authorization is required by calling Pacific Health Alliance (PHA) Care Counseling services at (855) 754-7271. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Chiropractic and Acupuncture Services Combined	<ul style="list-style-type: none"> Limited to a combined annual limit of 24 visits for all Contracted and Non-Contracted providers. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Dental Services	<p>Most expenses for dental care are covered under the dental program. However, the medical program covers expenses related to treatment of an injury to a jaw or teeth when treatment occurs within six months after the date of an Accident applied without respect to when the individual is enrolled in the plan.</p> <p>Treatment of Temporomandibular Joint Dysfunction (TMJ) limited to a lifetime maximum of \$1,000.</p>	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Family Planning	<ul style="list-style-type: none"> Non-contract ambulatory surgical centers are limited to a maximum benefit of \$350 per day (less any applicable deductible). Services for treatment of infertility are not covered. Reversal of a tubal ligation or vasectomy is not covered. 	<p><u>Contraceptive Devices, and Tubal Ligation</u></p> <p>No charge (Deductible waived)</p> <p><u>Vasectomy and Elective Abortions</u></p> <p>20% member coinsurance after deductible</p>	40% member coinsurance after deductible	<p><u>Contraceptive Devices, and Tubal Ligation</u></p> <p>No charge (Deductible waived)</p> <p><u>Vasectomy and Elective Abortions</u></p> <p>20% member coinsurance after deductible</p>	40% member coinsurance after deductible	<p><u>Contraceptive Devices, and Tubal Ligation</u></p> <p>No charge (Deductible waived)</p> <p><u>Vasectomy and Elective Abortions</u></p> <p>20% member coinsurance after deductible</p>	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Prescription Drugs through OptumRx</p> <p>Out-of-Pocket Limit</p> <ul style="list-style-type: none"> The Out-of-Pocket Limit is the most you pay during a one-year period (the calendar year) before your health plan starts to pay 100% for covered In-Network prescription drugs. <p>Retail (30-day supply)</p> <p>Mail Order (90-day supply)</p>	<p>Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency).</p> <p>Note that the Out-of-Pocket Limit accumulates cost-sharing for any covered family member; however, no one individual in the family will be required to accumulate more than this Plan's Out-of-Pocket limit applicable to an individual with self-only coverage.</p> <ul style="list-style-type: none"> Coverage is provided for those pharmaceuticals (drugs and medicines) approved by the US Food and Drug Administration (FDA) as requiring a prescription and are FDA approved for the condition, dose, route, duration and frequency, if prescribed by a Physician authorized by law to prescribe them. The mail-order program is mandatory for maintenance medication. After your 3rd prescription at a retail pharmacy for maintenance medication, you will be charged two copays for one prescription. 	<p>\$2,000 Individual \$4,000 Family</p> <p>Generic Formulary / Specialty Drug \$10 co-payment</p> <p>Formulary Brand Name / Specialty Drug \$20 co-payment</p> <p>Non-Formulary Brand Name or Generic / Specialty Drug Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug.</p> <p>Generic Formulary \$20 co-payment</p> <p>Formulary Brand Name \$40 co-payment</p> <p>Non-Formulary Brand Name or Generic Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug.</p>					

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Emergency Room and Physician Charges	<ul style="list-style-type: none"> You do not have to obtain pre-authorization before seeking emergency room treatment for an Emergency Medical Condition, though you or your family must call Blue Cross the next working day after admission to the hospital. 	20% member coinsurance after deductible	20% member coinsurance after deductible (Non-Contract deductible applies) Participant coinsurance limited to \$6,000 per occurrence. If it is determined, the patient does not have an Emergency Medical Condition, payment will be reduced to 40% member coinsurance and the \$6,000 coinsurance limit will not apply.	20% member coinsurance after Deductible	20% member coinsurance after deductible (Non-Contract deductible applies) Participant coinsurance limited to \$6,000 per occurrence. If it is determined, the patient does not have an Emergency Medical Condition, payment will be reduced to 40% member coinsurance and the \$6,000 coinsurance limit will not apply.	20% member coinsurance after Deductible	20% member coinsurance after deductible (Non-Contract deductible applies) Participant coinsurance limited to \$6,000 per occurrence. If it is determined, the patient does not have an Emergency Medical Condition, payment will be reduced to 40% member coinsurance and the \$6,000 coinsurance limit will not apply.
Urgent Care		20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Home Health Care		20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Laboratory Services (in office or facility other than a Hospital)	Lab services performed outside of your physician's office require pre-authorization by calling Pacific Health Alliance (PHA) Care Counseling services at (855) 754-7271	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Hearing Care	<ul style="list-style-type: none"> Coverage is limited to one device per ear, not more often than once every three years from the date of the last purchase. The \$2,000 maximum per hearing aid is a combined maximum for all Contract and Non-Contract charges. Allowed amount does not apply towards your out-of-pocket maximum. Replacement batteries are not covered. 	<p><u>Exam</u></p> <p>No charge up to a maximum benefit of one exam per calendar year. (Deductible does not apply)</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge. (Deductible does not apply)</p>	<p><u>Exam</u></p> <p>No charge up to a maximum benefit of one exam per calendar year. (Deductible does not apply)</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge. (Deductible does not apply)</p>	<p><u>Exam</u></p> <p>No charge up to a maximum benefit of one exam per calendar year. (Deductible does not apply)</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge. (Deductible does not apply)</p>	<p><u>Exam</u></p> <p>No charge up to a maximum benefit of one exam per calendar year. (Deductible does not apply)</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge. (Deductible does not apply)</p>	<p><u>Exam</u></p> <p>No charge up to a maximum benefit of one exam per calendar year. (Deductible does not apply)</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge. (Deductible does not apply)</p>	<p><u>Exam</u></p> <p>No charge up to a maximum benefit of one exam per calendar year. (Deductible does not apply)</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge. (Deductible does not apply)</p>
Hospice Covered services include:	<ul style="list-style-type: none"> Intermittent nursing care provided by a graduate registered nurse or licensed practical nurse under the supervision of a registered nurse for the terminally ill patient (an individual with less than six months to live). Medical social services provided prior to death by a licensed social worker. 	No charge Deductible does not apply	No charge Deductible does not apply	No charge Deductible does not apply	No charge Deductible does not apply	No charge Deductible does not apply	No charge Deductible does not apply

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Medical Supplies, Orthopedic Braces, Prosthetic Appliances</p> <p>Subject to approval by the Trust Fund Office, rental (or purchase, if cost effective) of Medically Necessary supplies, equipment and prosthetics. Coverage includes:</p> <ul style="list-style-type: none"> • Casts, splints, braces, crutches, and surgical dressings. • Blood, blood plasma, and its administration. • Oxygen and its administration. • Artificial limbs and eyes. • Breast prosthesis following a mastectomy; subsequent prosthesis ordered by a Physician. <p>Initial purchase of eyeglasses or contact lenses as a result of cataract surgery.</p>	<ul style="list-style-type: none"> • Durable Medical Equipment includes, but is not limited to, apnea monitors, blood sugar monitors, commodes, electric hospital beds with safety rails, electric and manual wheelchairs, nebulizers, oximeters, oxygen and supplies, and ventilators. • For females who are breastfeeding, coverage is provided for one standard manual or standard electric breast pump, plus the supplies needed to operate the breast pump. The cost of renting or purchasing breastfeeding equipment extends for the duration of breastfeeding for the child. Rental, purchase and repair is payable. • In lieu of a customized brace, the Fund will allow one over-the-counter brace if Medically Necessary, prescribed by a Physician and purchased within the first 31 days following a covered surgery or Accident. • Pre-authorization is required by calling Pacific Health Alliance (PHA) Care Counseling services at (855) 754-7271 for all medical supplies costing more than \$500. 	<p>Breast Pump</p> <p>No charge Deductible does not apply</p> <p>All Other</p> <p>20% member coinsurance after deductible</p>	<p>40% member coinsurance after deductible</p>	<p>Breast Pump</p> <p>100% Deductible does not apply</p> <p>All Other</p> <p>20% member coinsurance after deductible</p>	<p>40% member coinsurance after deductible</p>	<p>Breast Pump</p> <p>No charge Deductible does not apply</p> <p>All Other</p> <p>20% member coinsurance after deductible</p>	<p>40% member coinsurance after deductible</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Mental Health Treatment	<ul style="list-style-type: none"> Mental Health services are available in-network through Managed Health Network (MHN). All inpatient services (except emergency hospitalization) must be pre-authorized by MHN or you will pay an additional 10% coinsurance. In cases of emergency, the patient or a family member must contact MHN as soon as possible, but no later than 72 hours after an inpatient admission at (800) 977-7962. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Substance Abuse Treatment	<ul style="list-style-type: none"> Substance Abuse treatment is covered for the Retiree only. Dependents are not eligible for Substance Abuse treatment. Substance Abuse services are available through Managed Health Network (MHN). All inpatient services (except emergency hospitalization) must be pre-authorized by MHN or you will pay an additional 10% coinsurance. In cases of emergency, the patient or a family member must contact MHN as soon as possible, but no later than 72 hours after an inpatient admission at (800) 977-7962. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Outpatient Surgery	<ul style="list-style-type: none"> All surgeries performed in a non-contract ambulatory surgical centers are limited to a maximum benefit of \$350 per day (less any applicable Deductible). Pre-authorization is required by calling Pacific Health Alliance (PHA) Care Counseling services at (855) 754-7271. 	20% member coinsurance after deductible	40% member coinsurance after deductible limited to a maximum benefit of \$350 per day	20% member coinsurance after deductible	40% member coinsurance after deductible limited to a maximum benefit of \$350 per day	20% member coinsurance after deductible	40% member coinsurance after deductible limited to a maximum benefit of \$350 per day
Physical Therapy and Respiratory Therapy, Combined	<ul style="list-style-type: none"> Pre-authorization is required by calling Pacific Health Alliance (PHA) Care Counseling services at (855) 754-7271. Maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers combined) If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Podiatry Exam	<ul style="list-style-type: none"> Orthotic appliances for Dependents are not covered. 	<u>Office Visits</u> 20% member coinsurance after deductible <u>Orthotic Appliances for Retiree only</u> 20% member coinsurance after deductible up to a maximum benefit of \$200 per calendar year	<u>Office Visits</u> 40% member coinsurance after deductible <u>Orthotic Appliances for Retiree only</u> 40% member coinsurance after deductible up to a maximum benefit of \$200 per calendar year	<u>Office Visits</u> 20% member coinsurance after deductible <u>Orthotic Appliances for Retiree only</u> 20% member coinsurance after deductible up to a maximum benefit of \$200 per calendar year	<u>Office Visits</u> 40% member coinsurance after deductible <u>Orthotic Appliances for Retiree only</u> 40% member coinsurance after deductible up to a maximum benefit of \$200 per calendar year	<u>Office Visits</u> 20% member coinsurance after deductible <u>Orthotic Appliances for Retiree only</u> 20% member coinsurance after deductible up to a maximum benefit of \$200 per calendar year	<u>Office Visits</u> 40% member coinsurance after deductible <u>Orthotic Appliances for Retiree only</u> 40% member coinsurance after deductible up to a maximum benefit of \$200 per calendar year
Radiology, X-ray (Complex Services) including but not limited to MRI, PET and CAT scans	<ul style="list-style-type: none"> Pre-authorization is required by calling Pacific Health Alliance (PHA) Care Counseling service at (855) 754-7271 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible
Radiology, X-ray (Non-Complex Services) in office or facilities other than Hospital Covered services include: <ul style="list-style-type: none"> Radium, radioactive isotopes, and x-ray therapy. Diagnostic x-rays; and Mammograms. 	<ul style="list-style-type: none"> X-rays performed outside of your Physician's office require pre-authorization by calling Pacific Health Alliance (PHA) Care Counseling Service. 	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible	20% member coinsurance after deductible	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> Participant payments for SNF do not accumulate to the annual Out-of-Pocket maximum 	55% member coinsurance after deductible up to 55 days per calendar year	65% member coinsurance after deductible up to 55 days per calendar year	55% member coinsurance after deductible up to 55 days per calendar year	65% member coinsurance after deductible up to 55 days per calendar year	55% member coinsurance after deductible up to 55 days per calendar year	65% member coinsurance after deductible up to 55 days per calendar year
Speech Therapy and Occupational Therapy combined	<ul style="list-style-type: none"> Speech and Occupational therapy are only covered if prior authorization is obtained. Pre-authorization is required by calling Pacific Health Alliance (PHA) Care Counseling services at (855) 754-7271 	<p>20% member coinsurance after deductible up to a maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers)</p> <p>If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits.</p>	<p>40% member coinsurance after deductible up to a maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers)</p> <p>If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits.</p>	<p>20% member coinsurance after deductible up to a maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers)</p> <p>If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits.</p>	<p>40% member coinsurance after deductible up to a maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers)</p> <p>If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits.</p>	<p>20% member coinsurance after deductible up to a maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers)</p> <p>If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits.</p>	<p>40% member coinsurance after deductible up to a maximum benefit of 20 visits per calendar year (for all Contract and Non-Contract providers)</p> <p>If preauthorized by case management as Medically Necessary, the Fund may allow 20 additional therapy visits.</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Supplemental Accident Coverage	<ul style="list-style-type: none"> Charges must be incurred within 90-days of Accident (applied without respect to when the individual was enrolled in the Plan) 	Not Applicable	No charge, deductible does not apply up to \$300 for medical and \$100 for x-ray and lab services per Accident. Remaining covered charges are subject to normal Plan provisions for Non-Contract providers	Not Applicable	No charge, deductible does not apply up to \$300 for medical and \$100 for x-ray and lab services per Accident. Remaining covered charges are subject to normal Plan provisions for Non-Contract providers	Not Applicable	No charge, deductible does not apply up to \$300 for medical and \$100 for x-ray and lab services per Accident. Remaining covered charges are subject to normal Plan provisions for Non-Contract providers

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Wellness/Preventive Care for Children</p> <p>Covered Services include but are not limited to:</p> <ul style="list-style-type: none"> • Newborn screening lab tests (typically payable as part of hospitalization at birth); • At least 11 office visits payable during first 30 months of age, then annual office visits are payable from age 3 years through age 18 years; • Hemoglobin and lead blood tests in first year of life; • Screening for hepatitis B virus infection; • Application of fluoride varnish to the primary teeth of all infants and children up to age 5 starting at the age of primary tooth eruption, in primary care practices; • Tuberculosis (TB) skin test in first year of life; • Hemoglobin blood test in second year of life; and • CDC recommended immunizations. 		No charge Deductible does not apply	40% member coinsurance after deductible	No charge Deductible does not apply	40% member coinsurance after deductible	No charge Deductible does not apply	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Wellness/Preventive Care for Men</p> <p>Covered Services include but are not limited to:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening; • Colonoscopy, sigmoidoscopy or fecal occult blood test beginning at age 50 (including anesthesia services, a pre-op consult and a pathology exam on a polyp biopsy provided in connection with the procedure). • Five blood tests for cholesterol/lipid, blood sugar, gonorrhea, syphilis, HIV; • Screening for hepatitis B virus infection; • Tobacco Use screening for all adults and cessation interventions for tobacco users. This includes four (4) tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and • CDC recommended immunizations. 		No charge Deductible does not apply	40% member coinsurance after deductible	No charge Deductible does not apply	40% member coinsurance after deductible	No charge Deductible does not apply	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Wellness/Preventive Care for Women (including pregnant women)</p> <p>Covered Services include but are not limited to:</p> <ul style="list-style-type: none"> • Well women office visits; • Screening for gestational diabetes, HPV testing at least every 3 years starting at age 30, counseling on sexually transmitted infections, rental/purchase of breastfeeding equipment and necessary supplies, lactation support (for duration of breastfeeding); • Sterilization procedures, patient education and counseling; • Many services necessary for prenatal care; • Low-dose aspirin after 12 weeks of gestation for women who are at high risk for preeclampsia; • Screening mammogram for breast cancer; • Pap smear and Chlamydia screening; • Osteoporosis screening x-ray; 	<ul style="list-style-type: none"> • Colonoscopy, sigmoidoscopy or fecal occult blood test beginning at age 50 (including anesthesia, pre-op consult and pathology exam on a polyp biopsy provided in connection with the procedure); • Blood tests for cholesterol/lipid, blood sugar, gonorrhea, syphilis, HIV; • Screening for hepatitis B virus infection; • Tobacco use screening, cessation interventions for tobacco users and expanded counseling for pregnant tobacco users. This includes four (4) tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and • BRCA 1 and 2 lab test with family history of breast cancer 	No charge Deductible does not apply	40% member coinsurance after deductible	No charge Deductible does not apply	40% member coinsurance after deductible	No charge Deductible does not apply	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Weight Management</p> <ul style="list-style-type: none"> Bariatric surgeries include a variety of procedures intended to assist significant weight loss, including but not limited to: lap-band surgery, gastric bypass surgery, and gastric banding surgery. As a preventive counseling benefit in compliance with Health Reform, the Plan covers Physician prescribed intensive behavioral counseling interventions. For children age 6 years and older with obesity, the Plan covers Physician prescribed intensive behavioral counseling interventions to promote improvement in weight status at the visit frequency recommended by the child's in-network pediatrician. 	<ul style="list-style-type: none"> Surgical treatments for Morbid Obesity (such as bariatric surgery) may be covered under normal plan benefits (subject to any deductible, copays and/or coinsurance) if the surgery is performed at an Anthem Blue Distinction facility and is preauthorized by Anthem. Call Anthem at the number on the Important Contact Information for help finding a Blue Distinction facility. Charges for weight loss programs such as Weight Watchers and Jenny Craig's are not covered. 	<p><u>Preventive Counseling</u> No charge Deductible does not apply</p> <p><u>Surgical treatment</u> is subject to normal plan benefits</p>	40% member coinsurance after deductible	<p><u>Preventive Counseling</u> No charge Deductible does not apply</p> <p><u>Surgical treatment</u> is subject to normal plan benefits</p>	40% member coinsurance after deductible	<p><u>Preventive Counseling</u> No charge Deductible does not apply</p> <p><u>Surgical treatment</u> is subject to normal plan benefits</p>	40% member coinsurance after deductible

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

NON-MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid According to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Vision Service Plan (VSP)	<ul style="list-style-type: none"> Exams, lenses and frames (or contact lenses) are available every 12 months. VSP Customer Service: (800) 877-7195 	<u>Exams</u> \$25 co-payment <u>Frames (or Contact Lenses)</u> \$150 allowance	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.	<u>Exams</u> \$25 co-payment <u>Frames (or Contact Lenses)</u> \$150 allowance	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.	<u>Exams</u> \$25 co-payment <u>Frames (or Contact Lenses)</u> \$150 allowance	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.
Spectera/UnitedHealthcare Vision	<ul style="list-style-type: none"> Exams and lenses are available every 12 months; frames are available every 24 months. 2nd pair of glass or contact lens is available. Spectera Customer Service: (800) 638-3120 	<u>Exams</u> \$10 co-payment for exam and materials <u>Frames (or Contract Lenses)</u> \$130 allowance (or \$105 allowance)		<u>Exams</u> \$10 co-payment for exam and materials <u>Frames (or Contract Lenses)</u> \$130 allowance (or \$105 allowance)		<u>Exams</u> \$10 co-payment for exam and materials <u>Frames (or Contract Lenses)</u> \$130 allowance (or \$105 allowance)	

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Deductible <ul style="list-style-type: none"> The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits 		Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable	Not Applicable
Out-of-Pocket Limit The Out-of-Pocket Limit is the most you pay during a one year period (the calendar year) before your health plan starts to pay 100% for covered health benefits received from Contract providers.	The Out-of-Pocket Limit for cost sharing includes medical co-payments and coinsurance. Note that these Out-of-Pocket Limits are interchangeable, meaning you may use any portion of a Contract Out-of-Pocket Limit to meet a Non-Contract Out-of-Pocket Limit and vice versa.	\$600 Individual	\$1,800 Individual	\$600 Individual	\$1,800 Individual	\$600 Individual	\$1,800 Individual
Hospital Services Inpatient		\$250 co-payment per admit	40% member coinsurance of Allowable Charges	\$250 co-payment per admit	40% member coinsurance of Allowable Charges	\$250 co-payment per admit	40% member coinsurance of Allowable Charges
Physician Office Services, Physician Home Services and Physician Outpatient or Facility (Clinic Services)	Note that physicians' services to diagnose or treat an illness or injury that are provided in your Physician's office, a hospital, other facility, or at home are covered.	10% member coinsurance of Allowed Amount after \$20 co-payment	40% member coinsurance of Allowed Amount after \$20 co-payment	10% member coinsurance of Allowed Amount after \$20 co-payment	40% member coinsurance of Allowed Amount after \$20 co-payment	10% member coinsurance of Allowed Amount after \$20 co-payment	40% member coinsurance of Allowed Amount after \$20 co-payment

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Allergy Services		<u>Office Visits</u> 10% member coinsurance of Allowed Amount after \$20 co-payment <u>Treatment and Serum</u> 10% member coinsurance of Allowed Amount	<u>Office Visits</u> 40% member coinsurance of Allowed Amount after \$20 co-payment <u>Treatment and Serum</u> 40% member coinsurance of Allowed Amount	<u>Office Visits</u> 10% member coinsurance of Allowed Amount after \$20 co-payment <u>Treatment and Serum</u> 10% member coinsurance of Allowed Amount	<u>Office Visits</u> 40% member coinsurance of Allowed Amount after \$20 co-payment <u>Treatment and Serum</u> 40% member coinsurance of Allowed Amount	<u>Office Visits</u> 10% member coinsurance of Allowed Amount after \$20 co-payment <u>Treatment and Serum</u> 10% member coinsurance of Allowed Amount	<u>Office Visits</u> 40% member coinsurance of Allowed Amount after \$20 co-payment <u>Treatment and Serum</u> 40% member coinsurance of Allowed Amount
Ambulance Services (Ground vehicle emergency transportation) Covered services include: <ul style="list-style-type: none"> • Local professional ambulance service. • In the event an injury or illness requires treatment that is not available in a local hospital, the Plan covers medically required ambulance service to the nearest hospital that can provide appropriate treatment. • Air and water ambulance if Medically Necessary. 	Transportation that is solely for the patient's convenience, personal preference (including taxi, limousine, railroad or other non-emergency vehicle) is not covered.	10% member coinsurance after a \$50 co-payment.	10% member coinsurance after a \$50 co-payment.	10% member coinsurance after a \$50 co-payment.	10% member coinsurance after a \$50 co-payment.	10% member coinsurance after a \$50 co-payment.	10% member coinsurance after a \$50 co-payment.

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Chemotherapy or Radiation		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount
Chiropractic and Acupuncture Services Combined		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount
Dental Services	<p>Most expenses for dental care are covered under the dental program. However, the medical program covers expenses related to treatment of an injury to a jaw or teeth when treatment occurs within six months after the date of an Accident applied without respect to when the individual is enrolled in the plan.</p> <p>Treatment of Temporomandibular Joint Dysfunction (TMJ) limited to a lifetime maximum of \$1,000.</p>	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount
Family Planning	<ul style="list-style-type: none"> • Non-contract ambulatory surgical centers are limited to a maximum benefit of \$350 per day (less any applicable Deductible). • Services for treatment of infertility are not covered. • Reversal of a tubal ligation or vasectomy is not covered. 	<p><u>Contraceptive Devices and Tubal Ligation</u></p> <p>No charge Deductible waived</p> <p><u>Vasectomy and Elective Abortions</u></p> <p>10% member coinsurance</p>	40% member coinsurance of Allowed Amount	<p><u>Contraceptive Devices and Tubal Ligation</u></p> <p>No charge Deductible waived</p> <p><u>Vasectomy and Elective Abortions</u></p> <p>10% member coinsurance</p>	40% member coinsurance of Allowed Amount	<p><u>Contraceptive Devices and Tubal Ligation</u></p> <p>No charge Deductible waived</p> <p><u>Vasectomy and Elective Abortions</u></p> <p>10% member coinsurance</p>	40% member coinsurance of Allowed Amount

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Prescription Drugs</p> <ul style="list-style-type: none"> • Prescription drug coverage is provided under the Employer Group Waiver Plan (EGWP) through UnitedHealthcare. <p>Out-of-Pocket</p> <p>Retail 30-day Supply</p> <p>Mail Order 90-day Supply</p>	<p>Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency)</p>	<p>\$2,000 Individual</p> <p>\$4,000 Family</p> <p>Generic Formulary \$10 co-payment</p> <p>Formulary Brand Name \$20 co-payment</p> <p>Non-Formulary Brand Name or Generic \$40 co-payment</p> <p>Generic Formulary \$20 co-payment</p> <p>Formulary Brand Name \$40 co-payment</p> <p>Non-Formulary Brand Name or Generic \$80 co-payment</p>					

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Emergency Room and Physician Charges	<ul style="list-style-type: none"> You do not have to obtain pre-authorization before seeking emergency room treatment for an Emergency Medical Condition, though you or your family must call Blue Cross the next working day after admission to the hospital. 	10% member coinsurance of Allowed Amount after \$100 co-payment (waived if admitted)	10% member coinsurance of Allowed Amount after \$100 co-payment (waived if admitted)	10% member coinsurance of Allowed Amount after \$100 co-payment (waived if admitted)	10% member coinsurance of Allowed Amount after \$100 co-payment (waived if admitted)	10% member coinsurance of Allowed Amount after \$100 co-payment (waived if admitted)	10% member coinsurance of Allowed Amount after \$100 co-payment (waived if admitted)
Hearing Care	<ul style="list-style-type: none"> Coverage is limited to one device per ear, not more often than once every three years from the date of the last purchase. The \$2,000 maximum per hearing aid is a combined maximum for all Contract and Non-Contract charges. Allowed amount does not apply towards your out-of-pocket maximum. Replacement batteries are not covered. 	<p><u>Exam</u></p> <p>No charge of Contract Rate up to a maximum benefit of one exam per calendar year</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge</p>	<p><u>Exam</u></p> <p>No charge of Allowed Charges up to a maximum benefit of one exam per calendar year.</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge</p>	<p><u>Exam</u></p> <p>No charge of Contract Rate up to a maximum benefit of one exam per calendar year</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge</p>	<p><u>Exam</u></p> <p>No charge of Allowed Charges up to a maximum benefit of one exam per calendar year.</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge</p>	<p><u>Exam</u></p> <p>No charge of Contract Rate up to a maximum benefit of one exam per calendar year</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge</p>	<p><u>Exam</u></p> <p>No charge of Allowed Charges up to a maximum benefit of one exam per calendar year.</p> <p><u>Hearing Aids</u></p> <p>No charge of the lesser of \$2,000 per device or the Allowed Charge</p>
Home Health Care		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Hospice Covered services include: <ul style="list-style-type: none"> • Intermittent nursing care provided by a graduate registered nurse or licensed practical nurse under the supervision of a registered nurse for the terminally ill patient (an individual with less than six months to live). • Medical social services provided prior to death by a licensed social worker. 		No charge	No charge	No charge	No charge	No charge	No charge
Laboratory Services (in office/facility other than a Hospital)		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Medical Supplies, Durable Medical Equipment, Orthopedic Braces, Prosthetic Appliances</p> <p>Subject to approval by the Trust Fund Office, rental (or purchase, if cost effective) of Medically Necessary supplies, equipment and prosthetics. Coverage includes:</p> <ul style="list-style-type: none"> • Casts, splints, braces, crutches, and surgical dressings. • Blood, blood plasma, and its administration. • Oxygen and its administration. • Artificial limbs and eyes. • Breast prosthesis following a mastectomy; subsequent prosthesis ordered by a Physician. <p>Initial purchase of eyeglasses or contact lenses as a result of cataract surgery.</p>	<ul style="list-style-type: none"> • Durable Medical Equipment includes, but is not limited to, apnea monitors, blood sugar monitors, commodes, electric hospital beds with safety rails, electric and manual wheelchairs, nebulizers, oximeters, oxygen and supplies, and ventilators. • For females who are breastfeeding, coverage is provided for one standard manual or standard electric breast pump, plus the supplies needed to operate the breast pump. The cost of renting or purchasing breastfeeding equipment extends for the duration of breastfeeding for the child. Rental, purchase and repair is payable. • In lieu of a customized brace, the Fund will allow one over-the-counter brace if Medically Necessary, prescribed by a Physician and purchased within the first 31 days following a covered surgery or Accident. 	<p><u>Breast Pump</u></p> <p>No charge</p> <p><u>All Other</u></p> <p>10% member coinsurance of Allowed Amount</p>	<p>40% member coinsurance of Allowed Amount</p>	<p><u>Breast Pump</u></p> <p>No charge</p> <p><u>All Other</u></p> <p>10% member coinsurance of Allowed Amount</p>	<p>40% member coinsurance of Allowed Amount</p>	<p><u>Breast Pump</u></p> <p>No charge</p> <p><u>All Other</u></p> <p>10% member coinsurance of Allowed Amount</p>	<p>40% member coinsurance of Allowed Amount</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Mental Health Treatment</p> <ul style="list-style-type: none"> Mental Health services are available in-network through Managed Health Network (MHN). 		<p><u>Outpatient</u></p> <p>10% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>\$250 co-payment</p>	<p><u>Outpatient</u></p> <p>40% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>40% member coinsurance</p>	<p><u>Outpatient</u></p> <p>10% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>\$250 co-payment</p>	<p><u>Outpatient</u></p> <p>40% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>40% member coinsurance</p>	<p><u>Outpatient</u></p> <p>10% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>\$250 co-payment</p>	<p><u>Outpatient</u></p> <p>40% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>40% member coinsurance</p>
<p>Substance Abuse Treatment</p> <ul style="list-style-type: none"> Substance Abuse services are available in-network through Managed Health Network (MHN). 	<ul style="list-style-type: none"> Substance Abuse treatment is covered for the Retiree only. Dependents are not eligible for Substance Abuse treatment. Substance Abuse services are available through Managed Health Network (MHN). All inpatient services (except emergency hospitalization) must be pre-authorized by MHN or you will pay an additional 10% coinsurance. In cases of emergency, the patient or a family member must contact MHN as soon as possible, but no later than 72 hours after an inpatient admission at (800) 977-7962. 	<p><u>Outpatient</u></p> <p>10% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>\$250 co-payment</p>	<p><u>Outpatient</u></p> <p>40% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>40% member coinsurance</p>	<p><u>Outpatient</u></p> <p>10% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>\$250 co-payment</p>	<p><u>Outpatient</u></p> <p>40% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>40% member coinsurance</p>	<p><u>Outpatient</u></p> <p>10% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>\$250 co-payment</p>	<p><u>Outpatient</u></p> <p>40% member coinsurance after \$20 copay</p> <p><u>Inpatient</u></p> <p>40% member coinsurance</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Outpatient Surgery	<ul style="list-style-type: none"> All surgeries performed in a non-contract ambulatory surgical centers are limited to a maximum benefit of \$350 per day (less any applicable Deductible). 	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount up to a maximum benefit of \$350 per day	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount up to a maximum benefit of \$350 per day	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount up to a maximum benefit of \$350 per day
Physical Therapy and Respiratory Therapy, Combined		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount
Podiatry Exam	<ul style="list-style-type: none"> Orthotic appliances for Dependents are not covered. 	<p><u>Office Visits</u></p> <p>10% member coinsurance after a \$20 co-payment</p> <p><u>Orthotic Appliances for Retiree only</u></p> <p>10% member coinsurance of Allowed Amount up to a maximum benefit of \$200 per calendar year</p>	<p><u>Office Visits</u></p> <p>40% member coinsurance after a \$20 co-payment</p> <p><u>Orthotic Appliances for Retiree only</u></p> <p>40% member coinsurance of Allowed Amount up to a maximum benefit of \$200 per calendar year</p>	<p><u>Office Visits</u></p> <p>10% member coinsurance after a \$20 co-payment</p> <p><u>Orthotic Appliances for Retiree only</u></p> <p>10% member coinsurance of Allowed Amount up to a maximum benefit of \$200 per calendar year</p>	<p><u>Office Visits</u></p> <p>40% member coinsurance after a \$20 co-payment.</p> <p><u>Orthotic Appliances for Retiree only</u></p> <p>40% member coinsurance of Allowed Amount up to a maximum benefit of \$200 per calendar year</p>	<p><u>Office Visits</u></p> <p>10% member coinsurance after a \$20 co-payment.</p> <p><u>Orthotic Appliances for Retiree only</u></p> <p>10% member coinsurance of Allowed Amount up to a maximum benefit of \$200 per calendar year</p>	<p><u>Office Visits</u></p> <p>40% member coinsurance after a \$20 co-payment.</p> <p><u>Orthotic Appliances for Retiree only</u></p> <p>40% member coinsurance of Allowed Amount up to a maximum benefit of \$200 per calendar year</p>
Radiology, X-ray (Complex Services) including but not limited to MRI, PET and CAT scans		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Radiology, X-ray (Non-Complex Services) in office or facilities other than Hospital Covered services include: <ul style="list-style-type: none"> • Radium, radioactive isotopes, and x-ray therapy. • Diagnostic x-rays; and • Mammograms. 		10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount
Skilled Nursing Facility (SNF)	<ul style="list-style-type: none"> • Participant payments for SNF do not accumulate to the annual Out-of-Pocket maximum 	55% member coinsurance after deductible up to 55 days per calendar year	65% member coinsurance after deductible up to 55 days per calendar year	55% member coinsurance after deductible up to 55 days per calendar year	65% member coinsurance after deductible up to 55 days per calendar year	55% member coinsurance after deductible up to 55 days per calendar year	65% member coinsurance after deductible up to 55 days per calendar year
Speech Therapy and Occupational Therapy combined	<ul style="list-style-type: none"> • Speech and occupational therapy will only be covered if Medicare considers the services to be Medically Necessary. 	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount	10% member coinsurance of Allowed Amount	40% member coinsurance of Allowed Amount
Urgent Care		10% member coinsurance after a \$20 co-payment.	40% member coinsurance after a \$20 co-payment.	10% member coinsurance after a \$20 co-payment.	40% member coinsurance after a \$20 co-payment.	10% member coinsurance after a \$20 co-payment.	40% member coinsurance after a \$20 co-payment.

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Wellness/Preventive Care for Children</p> <p>Covered Services include but are not limited to:</p> <ul style="list-style-type: none"> • Newborn screening lab tests (typically payable as part of hospitalization at birth); • At least 11 office visits payable during first 30 months of age, then annual office visits are payable from age 3 years through age 18 years; • Hemoglobin and lead blood tests in first year of life; • Screening for hepatitis B virus infection; • Application of fluoride varnish to the primary teeth of all infants and children up to age 5 starting at the age of primary tooth eruption, in primary care practices; • Tuberculosis (TB) skin test in first year of life; • Hemoglobin blood test in second year of life; and • CDC recommended immunizations. 		No charge of Allowed Amount	40% member coinsurance of Allowable Charges	No charge of Allowed Amount	40% member coinsurance of Allowable Charges	No charge of Allowed Amount	40% member coinsurance of Allowable Charges

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Wellness/Preventive Care for Men</p> <p>Covered Services include but are not limited to:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening; • Colonoscopy, sigmoidoscopy or fecal occult blood test beginning at age 50 (including anesthesia services, a pre-op consult and a pathology exam on a polyp biopsy provided in connection with the procedure). • Five blood tests for cholesterol/lipid, blood sugar, gonorrhea, syphilis, HIV; • Screening for hepatitis B virus infection; • Tobacco Use screening for all adults and cessation interventions for tobacco users. This includes four (4) tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and • CDC recommended immunizations. 		No charge of Allowed Amount	40% member coinsurance of Allowable Charges	No charge of Allowed Amount	40% member coinsurance of Allowable Charges	No charge of Allowed Amount	40% member coinsurance of Allowable Charges

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Wellness/Preventive Care for Women (including pregnant women)</p> <p>Covered Services include but are not limited to:</p> <ul style="list-style-type: none"> • Well women office visits; • Screening for gestational diabetes, HPV testing at least every 3 years starting at age 30, counseling on sexually transmitted infections, rental/purchase of breastfeeding equipment and necessary supplies, lactation support (for duration of breastfeeding); • Sterilization procedures, patient education and counseling; • Many services necessary for prenatal care; • Low-dose aspirin after 12 weeks of gestation for women who are at high risk for preeclampsia; • Screening mammogram for breast cancer; • Pap smear and Chlamydia screening; • Osteoporosis screening x-ray; • Colonoscopy, sigmoidoscopy or fecal occult blood test beginning at age 50 (including anesthesia, pre-op consult and pathology exam on a polyp biopsy provided in connection with the procedure); • Blood tests for cholesterol/lipid, blood sugar, gonorrhea, syphilis, HIV; • Screening for hepatitis B virus infection; • Tobacco use screening, cessation interventions for tobacco users and expanded counseling for pregnant tobacco users. This includes four (4) tobacco cessation counseling sessions of at least 10 minutes each (including telephone counseling, group counseling and individual counseling) without prior authorization; and • BRCA 1 and 2 lab test with family history of breast cancer 	No charge of Allowed Amount	40% member coinsurance of Allowable Charges	No charge of Allowed Amount	40% member coinsurance of Allowable Charges	No charge of Allowed Amount	40% member coinsurance of Allowable Charges	

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
<p>Weight Management</p> <ul style="list-style-type: none"> Bariatric surgeries include a variety of procedures intended to assist significant weight loss, including but not limited to: lap-band surgery, gastric bypass surgery, and gastric banding surgery. As a preventive counseling benefit in compliance with Health Reform, the Plan covers Physician prescribed intensive behavioral counseling interventions. For children age 6 years and older with obesity, the Plan covers Physician prescribed intensive behavioral counseling interventions to promote improvement in weight status at the visit frequency recommended by the child's in-network pediatrician. 	<ul style="list-style-type: none"> Surgical treatments for Morbid Obesity (such as bariatric surgery) may be covered under normal plan benefits (subject to any deductible, copays and/or coinsurance) if the surgery is performed at an Anthem Blue Distinction facility and is preauthorized by Anthem. Call Anthem at the number on the Important Contact Information for help finding a Blue Distinction facility. Charges for weight loss programs such as Weight Watchers and Jenny Craig's are not covered. 	<p>Preventive Counseling</p> <p>No charge</p> <p>Surgical treatment is subject to normal plan benefits</p>	<p>40% member coinsurance of Allowable Charges</p>	<p>Preventive Counseling</p> <p>No charge</p> <p>Surgical treatment is subject to normal plan benefits</p>	<p>40% member coinsurance of Allowable Charges</p>	<p>Preventive Counseling</p> <p>No charge</p> <p>Surgical treatment is subject to normal plan benefits</p>	<p>40% member coinsurance of Allowable Charges</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

MEDICARE RETIREE MEDICAL BENEFITS

Important: Contract Providers are paid according to the PPO Contracted Rate. Non-Contract Providers are paid according to the Allowed Charge and could result in balance billing to you.

Benefit Description	Explanations and Limitations	Participants Residing in Arizona		Participants Residing in California		Participants Residing in Nevada or Residing Outside of CA, AZ, or NV	
		Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider	Contract Provider	Non-Contract Provider
Vision Service Plan (VSP)	<ul style="list-style-type: none"> Exams, lenses and frames (or contract lenses) are available every 12 months (2nd pair of glasses available to Employee only with additional \$25 materials co-payments). VSP Customer Service: (800) 877-7195 	<u>Exams</u> \$25 co-payment <u>Frames/Contact Lenses</u> \$150 allowance	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.	<u>Exams</u> \$25 co-payment <u>Frames/Contact Lenses</u> \$150 allowance	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.	<u>Exams</u> \$25 co-payment <u>Frames/Contact Lenses</u> \$150 allowance	VSP and Spectera provide limited reimbursement, according to a schedule of allowances for exams and materials. Please contact your vision plan for more information.
Spectera/UnitedHealthcare Vision	<ul style="list-style-type: none"> Exams and lenses are available every 12 months; frames are available every 24 months. Spectera Customer Service: (800) 638-3120 	<u>Exams</u> \$10 co-payment for exam and materials <u>Frames (or Contact Lenses)</u> \$130 allowance (or \$105 allowance)		<u>Exams</u> \$10 co-payment for exam and materials <u>Frames (or Contact Lenses)</u> \$130 allowance (or \$105 allowance)		<u>Exams</u> \$10 co-payment for exam and materials <u>Frames (or Contact Lenses)</u> \$130 allowance (or \$105 allowance)	

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN ARIZONA			
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan	Sun Life Financial HMO Dental
Choice of Providers	<p>Participants can visit any licensed dentist; however, costs are lowest when visiting a Delta Dental PPO Dentist.</p> <p>If participants do not 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 you still have cost protections that are not available when visiting a non-Delta Dental dentist.</p> <p>Delta Dental Customer Service (800) 765-6003</p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p>DeltaCare USA Customer Service (800) 422-4234</p> <p><i>Note: DeltaCare USA HMO Dental Plan dentists are not the same as Delta Dental PPO Dentist or a Delta Premier Dentist.</i></p>	<p>Participants must use an authorized Assurant Employee Benefits HMO Dental Provider</p> <p>Sun Life Financial Customer Service (800) 443-2995</p>
Deductible	\$50 per person \$150 per family	Not Applicable	Not Applicable
<ul style="list-style-type: none"> The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits 			
Maximum Calendar Year Benefit	<p><u>PPO Network</u> \$3,000 per person</p> <p><u>Premier Network</u> \$2,000 per person</p> <p><u>Out-of-Network</u> \$1,500 per person</p>	No Maximum	No Maximum
<ul style="list-style-type: none"> The Maximum Calendar Year Benefit is the most the Plan will pay during a calendar year for your covered dental benefits. 			

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN ARIZONA			
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan	Sun Life Financial HMO Dental
Diagnostic, Preventative, Basic, and Majored Covered Services	<p><u>PPO Network</u> No charge for Diagnostic & Preventative, Basic and Major services based on Delta Dental PPO contracted fees.</p> <p><u>Premier Network</u> No charge for Diagnostic & Preventative; 20% member coinsurance for Basic and Major services based on Delta Dental Premier contracted fees.</p> <p><u>Out-of-Network</u> 20% member coinsurance of Allowed Amount for Diagnostic & Preventative; 50% member coinsurance of Allowed Amount for Basic and Major services; Allowed Amount based on Delta standard reimbursement rates for non-Delta Dental dentists.</p>	<p>All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p> <p>Members must receive all services from their assigned DeltaCare USA provider.</p>	<p>All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p>
Orthodontia	<p>Plan pays 50% of Delta Dental PPO contracted fees up to a lifetime maximum of \$1,000 for dependent children only.</p>	<p>Ortho Extractions: \$0 to \$90 co-payment</p> <p>Enrollee Co-payment for:</p> <ul style="list-style-type: none"> • Comprehensive Adult: \$1,900 • Comprehensive Child: \$1,700 <p>Orthodontic Takeover: Covered</p>	<p>Members receive a 25% Discount from the Orthodontist</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN CALIFORNIA				
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan	Health Net HMO Dental Plan	United Concordia HMO Dental Plan
Choice of Providers	<p>Participants can visit any licensed dentist; however, costs are lowest when visiting a Delta Dental PPO Dentist.</p> <p>If participants do not 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 you still have cost protections that are not available when visiting a non-Delta Dental dentist.</p> <p>Delta Dental Customer Service (800) 765-6003</p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p>DeltaCare USA Customer Service (800) 422-4234</p> <p><i>Note: DeltaCare USA HMO Dental Plan dentists are not the same as Delta Dental PPO Dentist or a Delta Premier Dentist.</i></p>	<p>Participants must use an authorized Health Net HMO Dental Provider.</p> <p>Health Net Dental Customer Service (800) 880-8113</p>	<p>Participants must use an authorized United Concordia HMO Dental Provider.</p> <p>UCCI HMO Customer Service (866) 357-3304</p>
Deductible	\$50 per person \$150 per family	Not Applicable	Not Applicable	Not Applicable
<ul style="list-style-type: none"> The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits 				
Maximum Calendar Year Benefit	<p><u>PPO Network</u> \$3,000 per person</p> <p><u>Premier Network</u> \$2,000 per person</p> <p><u>Out-of-Network</u> \$1,500 per person</p>	No Maximum	No Maximum	No Maximum
<ul style="list-style-type: none"> The Maximum Calendar Year Benefit is the most the Plan will pay during a calendar year for your covered dental benefits. 				

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN CALIFORNIA				
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan	Health Net HMO Dental Plan	United Concordia HMO Dental Plan
Diagnostic, Preventative, Basic, and Majored Covered Services	<p><u>PPO Network</u> No charge for Diagnostic & Preventative, Basic and Major services based on Delta Dental PPO contracted fees.</p> <p><u>Premier Network</u> No charge for Diagnostic & Preventative; 20% member coinsurance for Basic and Major services based on Delta Dental Premier contracted fees.</p> <p><u>Out-of-Network</u> 20% member coinsurance of Allowed Amount for Diagnostic & Preventative; 50% member coinsurance of Allowed Amount for Basic and Major services; Allowed Amount based on Delta standard reimbursement rates for non-Delta Dental dentists.</p>	<p>All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p> <p>Members must receive all services from their assigned DeltaCare USA provider.</p>	<p>All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p>	<p>Pre-authorization is not required and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p>
Orthodontia	<p>Plan pays 50% of Delta Dental PPO contracted fees up to a lifetime maximum of \$1,000 for dependent children only.</p>	<p><u>Ortho Extractions</u> No co-payment</p> <p><u>Enrollee Cost (Comprehensive Adult or Child Treatment)</u> \$1,000 co-payment Orthodontic Takeover - is covered</p>	<p>\$1,450 co-payment for participants, plus \$250 co-payment for retention phase</p>	<p>\$1,500 co-payment for children, \$2,000 co-payment for adults; plus an additional \$240 co-payment for retention phase and a \$265 co-payment for records fee. Other copays may apply.</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN NEVADA		
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan
Choice of Providers	<p>Participants can visit any licensed dentist; however, costs are lowest when visiting a Delta Dental PPO Dentist.</p> <p>If participants do not 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 you still have cost protections that are not available when visiting a non-Delta Dental dentist.</p> <p>Delta Dental Customer Service: (800) 765-6003</p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p>DeltaCare USA Customer Service: (800) 422-4234</p> <p><i>Note: DeltaCare USA HMO Dental Plan dentists are not the same as Delta Dental PPO Dentist or a Delta Premier Dentist.</i></p>
Deductible <ul style="list-style-type: none"> The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits 	\$50 per person \$150 per family	Not Applicable
Maximum Calendar Year Benefit <ul style="list-style-type: none"> The Maximum Calendar Year Benefit is the most the Plan will pay during a calendar year for your covered dental benefits. 	<p><u>PPO Network</u> \$3,000 per person</p> <p><u>Premier Network</u> \$2,000 per person</p> <p><u>Out-of-Network</u> \$1,500 per person</p>	No Maximum

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN NEVADA		
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan
Diagnostic, Preventative, Basic, and Majored Covered Services	<p><u>PPO Network</u> No charge for Diagnostic & Preventative, Basic and Major services based on Delta Dental PPO contracted fees.</p> <p><u>Premier Network</u> No charge for Diagnostic & Preventative; 20% member coinsurance for Basic and Major services based on Delta Dental Premier contracted fees.</p> <p><u>Out-of-Network</u> 20% member coinsurance of Allowed Amount for Diagnostic & Preventative; 50% member coinsurance of Allowed Amount for Basic and Major services; Allowed Amount based on Delta standard reimbursement rates for non-Delta Dental dentists.</p>	<p>All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p> <p>Members must receive all services from their assigned DeltaCare USA provider.</p>
Orthodontia	Plan pays 50% of Delta Dental PPO contracted fees up to a lifetime maximum of \$1,000 for dependent children only.	<p>Ortho Extractions: \$0-\$90 co-payment</p> <p>Enrollee co-payment:</p> <ul style="list-style-type: none"> • Comprehensive Adult Treatment: \$1,900 • Comprehensive Child Treatment: \$1,700 <p>Orthodontic Takeover: Covered</p>

**California Ironworkers Field Welfare Plan 1/1/2021 Open Enrollment Benefit Plan Comparison
Retirees in the Fee-for-Service Plans**

DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING OUTSIDE OF ARIZONA, CALIFORNIA, AND NEVADA		
Benefit Description	Fee-For-Service Dental Plan Contract Provider Benefits	DeltaCare USA HMO Dental Plan
Choice of Providers	<p>Participants can visit any licensed dentist; however, costs are lowest when visiting a Delta Dental PPO Dentist.</p> <p>If participants do not 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 you still have cost protections that are not available when visiting a non-Delta Dental dentist.</p> <p>Delta Dental Customer Service: (800) 765-6003</p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p>DeltaCare USA Customer Service: (800) 422-4234</p> <p><i>Note: DeltaCare USA HMO Dental Plan dentists are not the same as Delta Dental PPO Dentist or a Delta Premier Dentist.</i></p>
Deductible	\$50 per person \$150 per family	Not Applicable
Maximum Calendar Year Benefit	<p>PPO network: \$3,000 per person</p> <p>Premier network: \$2,000 per person</p> <p>Out-of-network: \$1,500 per person</p>	No Maximum
Diagnostic, Preventative, Basic, and Majored Covered Services	<p>PPO Network: No charge for Diagnostic & Preventative, Basic and Major services based on Delta Dental PPO contracted fees.</p> <p>Premier Network: No charge for Diagnostic & Preventative; 20% member coinsurance for Basic and Major services based on Delta Dental Premier contracted fees.</p> <p>Out-of-Network: 20% member coinsurance of Allowed Amount for Diagnostic & Preventative; 50% member coinsurance of Allowed Amount for Basic and Major services; Allowed Amount based on Delta standard reimbursement rates for non-Delta dentists.</p>	<p>All services must be pre-authorized and referrals are necessary for specialized treatments. Please refer to the enrollment packet for specific co-payment information.</p> <p>Members must receive all services from their assigned DeltaCare USA provider.</p>
Orthodontia	Plan pays 50% of Delta Dental PPO contracted fees up to a lifetime maximum of \$1,000 for dependent children only.	<p>Ortho Extractions: \$0-\$90 co-payment</p> <p>Enrollee co-payment:</p> <ul style="list-style-type: none"> • Comprehensive Adult Treatment: \$1,900 • Comprehensive Child Treatment: \$1,700 <p>Orthodontic Takeover: Covered</p>