

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<p><b>Deductible</b></p> <ul style="list-style-type: none"> <li>The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits</li> <li>The deductible is never waived. However, some services are not subject to the Deductible as noted in the Schedule of Medical Benefits.</li> <li><b>Note:</b> 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.</li> </ul>		<p>\$250 individual \$500 Family</p>	<p>Not Applicable</p>	<p>Not Applicable</p>	<p>Not Applicable</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<p><b>Out-of-Pocket Limit</b> 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 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"> <li>The Out-of-Pocket Limit for cost sharing includes medical co-payments and coinsurance.</li> </ul>	<p>\$3,000 Individual \$6,000 Family</p>	<p>\$2,000 Individual \$4,000 Two-Party \$6,000 Family</p>	<p>\$2,000 Individual \$4,000 Family</p>	<p>Individual: \$6,000 Family: \$12,000</p> <p>The Out-of-Pocket Maximum does not include:</p> <p>(1) amounts charged for non-Covered services; (2) amounts exceeding applicable Plan benefit maximums or EME payments; or (3) penalties for not obtaining any required Prior Authorization or for the Member otherwise not complying with HPN's Managed Care Program.</p>
<p><b>Lifetime Maximum</b> The Lifetime Maximum is the most your health plan will pay towards your healthcare costs during your lifetime.</p>		Not Applicable	Not Applicable	Not Applicable	Not Applicable
<p><b>Hospital Services Inpatient</b></p>		90% after deductible	70%	<p>100% after a \$500 co-payment per diem</p> <p>Applies to a maximum of 3 days per admission</p>	<p>\$300 per admission Physician: \$100 co-payment per surgery</p> <p>Anesthesia: \$100 co-payment per surgery</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Physician Office Visits and Physician Home Visits</b>		\$10 co-payment, deductible does not apply	\$40 co-payment	\$20 co-payment	<b><u>Office Visit</u></b> \$5 co-payment for PCP, PA, PE or Convenient Care and Telemedicine visit <b><u>Home Visit</u></b> \$35 co-payment per visit
<b>Allergy Services</b>		<b><u>Office Visit</u></b> \$10 co-payment <b><u>Testing</u></b> \$10 co-payment <b><u>Treatment and Serum</u></b> 100%	<b><u>Office Visit</u></b> \$40 co-payment <b><u>Testing</u></b> No co-payment. Open Access: \$60 co-payment <b><u>Treatment and Serum</u></b> 100%	<b><u>Office Visit</u></b> \$20 co-payment, \$40 co-payment for specialist <b><u>Testing</u></b> \$20 co-payment <b><u>Treatment and Serum</u></b> \$20 co-payment for treatment, 100% for serum	<b><u>Office Visit</u></b> \$5 co-payment per visit <b><u>Testing</u></b> \$5 co-payment per visit <b><u>Treatment and Serum</u></b> \$5 co-payment per visit
<b>Ambulance Services (Ground vehicle emergency transportation)</b>		\$150 co-payment, deductible does not apply.	\$100 co-payment	\$50 co-payment	\$150 co-payment
<b>Chemotherapy or Radiation</b>		No co-payment	No co-payment	No co-payment for standard; 100% after a \$50 co-payment for complex	\$5 per day in addition to office visit co-payment
<b>Emergency Room and Physician Charges</b>		90% per visit after deductible, waived if admitted	\$100 co-payment, waived if admitted	\$100 co-payment, waived if admitted	\$150 co-payment, waived if admitted

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Chiropractic and Acupuncture Services Combined</b>		<p><u><b>Chiropractic</b></u> Not covered</p> <p><u><b>Acupuncture</b></u> 100% after a \$10 co-payment; covered as an alternative to standard treatment when prescribed by a Plan physician. It is primarily used as a component of a multidisciplinary pain management program for the treatment of chronic pain.</p>	<p><u><b>Chiropractic</b></u> 100% after a \$10 co-payment up to 30 visits per year</p> <p><u><b>Acupuncture</b></u> Not covered</p> <p>Discounts available through the Health Net Well Rewards Program</p>	<p><u><b>Chiropractic</b></u> 100% after a \$10 co-payment up to 20 visits per year</p> <p><u><b>Acupuncture</b></u> Not covered</p>	<p><u><b>Chiropractic</b></u> \$5 co-payment; up to 20 visits per member per calendar year. (requires pre-authorization)</p> <p><u><b>Acupuncture</b></u> Not covered</p>
<b>Family Planning</b>	<ul style="list-style-type: none"> <li>Reversal of a tubal ligation or vasectomy is not covered</li> </ul>	<p><u><b>Infertility</b></u> 50% of charges for diagnosis and treatment (does not accumulate toward out-of-pocket maximum)</p> <p><u><b>Contraceptive Devices, and Tubal Ligation</b></u> 100% after a \$30 co-payment</p> <p><u><b>Vasectomy and Elective Abortions</b></u> 90% after Deductible</p>	<p><u><b>Infertility</b></u> 50% of charges for diagnosis and treatment</p> <p><u><b>Contraceptive Devices</b></u> \$40 co-payment</p> <p><u><b>Tubal Ligation</b></u> \$150 co-payment per procedure</p> <p><u><b>Vasectomy</b></u> \$50 co-payment</p> <p><u><b>Elective Abortions</b></u> No co-payment</p>	<p><u><b>Infertility</b></u> Not covered</p> <p><u><b>Contraceptive Devices, and Tubal Ligation</b></u> \$100 co-payment per procedure</p> <p><u><b>Vasectomy</b></u> \$50 co-payment</p> <p><u><b>Elective Abortions</b></u> Up to 2<sup>nd</sup> trimester for \$125 co-payment. After 20 weeks not covered unless life threatening</p>	<p><u><b>Infertility</b></u> \$10 co-payment / consultation only</p> <p><u><b>Contraceptive Devices, and Tubal Ligation</b></u> \$100 co-payment for inpatient facility</p> <p><u><b>Vasectomy</b></u> \$100 co-payment for inpatient facility</p> <p><u><b>Elective Abortions</b></u> Not covered</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>For Health Net and UnitedHealthcare enrollees, prescription drug coverage is provided through OptumRx.</li> </ul>	<p><u><b>Retail 30-day Supply</b></u></p> <p><b>Generic Formulary</b> \$10 co-payment</p> <p><b>Formulary Brand Name</b> \$30 co-payment</p> <p><b>Non-Formulary Brand Name or Generic</b> Same as Formulary</p> <p><u><b>Mail Order 90-day Supply</b></u></p> <p><b>Generic Formulary</b> \$20 co-payment</p> <p><b>Formulary Brand Name</b> \$60 co-payment</p> <p><b>Non-Formulary Brand Name or Generic</b> Same as Formulary</p>	<p><u><b>Retail 30-day Supply</b></u></p> <p><b>Generic Formulary</b> \$10 co-payment</p> <p><b>Formulary Brand Name</b> \$20 co-payment</p> <p><b>Non-Formulary Brand Name or Generic</b> Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug.</p> <p><u><b>Mail Order 90-day Supply</b></u></p> <p><b>Generic Formulary</b> \$20 co-payment</p> <p><b>Formulary Brand Name</b> \$40 co-payment</p> <p><b>Non-Formulary Brand Name or Generic</b> Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug.</p> <p>Provided under OptumRx. Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency)</p>	<p><u><b>Retail 30-day Supply</b></u></p> <p><b>Generic Formulary</b> \$10 co-payment</p> <p><b>Formulary Brand Name</b> \$20 co-payment</p> <p><b>Non-Formulary Brand Name or Generic</b> Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug.</p> <p><u><b>Mail Order 90-day Supply</b></u></p> <p><b>Generic Formulary</b> \$20 co-payment</p> <p><b>Formulary Brand Name</b> \$40 co-payment</p> <p><b>Non-Formulary Brand Name or Generic</b> Not covered unless Pre-authorization is obtained. If preauthorized, paid as a formulary drug.</p> <p>Provided under OptumRx. Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency)</p>	<p><u><b>Retail 30-day Supply</b></u></p> <p><b>Tier I:</b> \$7 co-payment (Low Cost Option)</p> <p><b>Tier II:</b> \$30 co-payment (Midrange Cost Option)</p> <p><b>Tier III:</b> \$50 co-payment (High Cost Option)</p> <p><u><b>Mail Order 90-day Supply</b></u></p> <p><b>Tier I:</b> \$17.50 co-payment</p> <p><b>Tier II:</b> \$75 co-payment</p> <p><b>Tier III:</b> \$125 co-payment</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Hearing Care</b>	<p><b>Fee-for-Service Hearing Aids</b></p> <ul style="list-style-type: none"> <li>Coverage is limited to one device per ear, not more often than once every three years from the date of the last purchase.</li> <li>The \$2,000 maximum per hearing aid is a combined maximum for all Contract and Non-Contract charges.</li> <li>Allowed amount does not apply towards your out-of-pocket maximum.</li> <li>Replacement batteries are not covered.</li> </ul>	<p align="center"><u><b>Kaiser</b></u></p> <p align="center">Exam: \$10 co-payment</p> <p><u><b>Fee-for-Service Hearing Aids</b></u></p> <p align="center">100% of the lesser of \$2,000 per device or the Contract Rate. Deductible does not apply</p>	<p align="center"><u><b>Health Net</b></u></p> <p align="center">Exam: \$40 co-payment Open Access: \$60 co-payment</p> <p><u><b>Fee-for-Service Hearing Aids</b></u></p> <p align="center">100% of the lesser of \$2,000 per device or the Contract Rate. Deductible does not apply</p>	<p align="center"><u><b>UnitedHealthCare</b></u></p> <p align="center">Exam: \$20 co-payment Specialist: \$40 co-payment</p> <p align="center">Hearing Aids: \$50 Co-payment. \$5,000 annual benefit maximum per calendar year. Limited to one hearing aid (including repair/replacement) per hearing-impaired ear every three years.</p>	<p align="center"><u><b>Health Plan of Nevada</b></u></p> <p align="center">Exam: \$5 co-payment</p> <p align="center">Hearing Aids: No charge and limited to a single purchase of a type of hearing aid, including repair and replacement once every three years</p>
<b>Home Health Care</b>		No co-payment for part time intermittent care when prescribed by a Plan physician	100% after a \$40 co-payment  The co-payment begins with first visit. Limited to 100 visits per calendar year	100% after a \$10 co-payment  Limited to 100 visits per calendar year	\$35 co-payment for Physician/Nurse  (requires pre-authorization)
<b>Laboratory Services (in office or facility other than a Hospital)</b>		\$10 per encounter, deductible does not apply	No co-payment	No co-payment	Routine lab: \$5 co-payment Routine x-ray: \$10 co-payment

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Hospice</b>		No co-payment	No co-payment	100% after \$500 co-payment per day. Co-payment applies to a maximum 3 days per stay. (Prognosis of life expectancy is less than 1 year)	<p><b><u>Inpatient</u></b> \$300 co-payment per admission</p> <p><b><u>Outpatient</u></b> No charge</p> <p><b><u>Outpatient Respite</u></b> \$10 co-payment</p> <p>Inpatient/Outpatient Respite: Benefits are limited to a combined max benefit of five Inpatient days or five Outpatient visits per member, per 90 days of Home Hospice Care.</p>
<b>Outpatient Surgery</b>		90% after deductible	70%	\$250 co-payment	<p>\$50 co-payment per surgery for Ambulatory facility</p> <p>\$200 co-payment per surgery for Hospital facility</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Medical Supplies, Orthopedic Braces, Prosthetic Appliances</b>		<p><b><u>Durable Medical Equipment</u></b> 80%; deductible does not apply (does not accumulate toward out-of-pocket maximum)</p> <p><b><u>Orthopedic &amp; Prosthetic</u></b> No co-payment</p>	<p>No co-payment Limited to a benefit maximum of \$5,000 per calendar year</p>	<p>100% after a \$50 co-payment Limited to a benefit maximum of \$5,000 per calendar year</p>	<p><b><u>Durable Medical Equipment</u></b> No charge (limited to a single purchase of a type of DME, including repair and replacement once every three years)</p> <p><b><u>Orthopedic Devices</u></b> \$50 co-payment per device</p> <p><b><u>Prosthetics Devices</u></b> \$750 co-payment per device. Purchases are limited to a single purchase of a type of Prosthetic Device, including repair and replacement once every three years.</p> <p><b><u>Medical Supplies</u></b> No charge</p>
<b>Physical Therapy and Respiratory Therapy, Combined</b>		\$10 co-payment	<p>\$40 co-payment, limitations apply. Open Access: \$60 co-payment limited to \$1,500 per calendar year</p>	\$40 co-payment, limitations apply.	<p>\$5 co-payment; Limitations apply Inpatient Hospital Facility: \$300 per admission</p> <p>All inpatient and outpatient short term rehab is subject to a combined maximum benefit of 60 days / visits per member per calendar year</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Mental Health Treatment</b>		<p><b><u>Inpatient</u></b> 90% after deductible</p> <p><b><u>Outpatient</u></b> Individual: 100% after a \$10 co-payment; Group: 100% after a \$5 co-payment</p>	<p><b><u>Inpatient</u></b> 80% per admit Maximum benefit of 30 days per calendar year *</p> <p><b><u>Outpatient</u></b> Individual: 100% after \$30 co-payment (non-severe) and 100% after \$15 co-payment (severe) Group: 100% after \$15 co-payment (non-severe) and 100% after \$7.50 co-payment (severe) Maximum benefit of 20 outpatient visits per calendar year</p> <p>*Specific Mental Illness Diagnoses are covered with no day or visit limitations</p>	<p><b><u>Inpatient</u></b> 100% after a \$250 co-payment per day up to a maximum of 3 days per stay per calendar year*</p> <p><b><u>Outpatient</u></b> 100% after a \$40 co-payment*</p> <p>*Specific Mental Illness Diagnoses are covered with no day or visit limitations</p>	<p><b><u>Inpatient</u></b> \$300 co-payment per admission</p> <p><b><u>Outpatient</u></b> \$5 co-payment</p>
<b>Podiatry Exam</b>		<p><b><u>Office Visits</u></b> 100% after a \$10 co-payment; if medically necessary. Deductible does not apply.</p> <p><b><u>Orthotic appliances</u></b> No co-payment</p>	<p><b><u>Office Visits</u></b> 100% after a \$40 co-payment; if medically necessary</p> <p><b><u>Orthotic appliances</u></b> Covered only if incorporated into a cast, splint, brace or strapping of foot</p>	<p><b><u>Office Visits</u></b> 100% after a \$30 co-payment; if medically necessary</p> <p><b><u>Orthotic appliances</u></b> Covered only if incorporated into a cast, splint, brace or strapping of foot</p>	<p><b><u>Office Visits</u></b> \$10 co-payment</p> <p><b><u>Orthotic appliances</u></b> \$50 co-payment per device. Limited to a single purchase of a type of orthotic device, including repair and replacement, once every three years.</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Radiology, X-ray (Complex Services) including but not limited to MRI, PET and CAT scans</b>		\$50 co-payment	\$100 co-payment	\$50 co-payment	\$100 co-payment per test
<b>Radiology, X-ray (Non-Complex Services) in office or facilities other than Hospital</b>		\$10 co-payment	100%	100%	<u>Routine Lab</u> \$5 co-payment <u>Routine X-ray</u> \$10 co-payment
<b>Skilled Nursing Facility (SNF)</b>	<ul style="list-style-type: none"> <li>Participant payments for SNF do not accumulate to the annual Out-of-Pocket maximum</li> </ul>	90%, deductible does not apply.  Limited to a maximum benefit of 100-days per benefit period	Days 1-10: No co-payment Days 11-100: \$25 per day	100% after a \$200 co-payment per day Apply to a maximum of 3 days per stay.  Limited to 100-consecutive calendar days from the first treatment per disability.	\$300 co-payment per admission and up to 100 days per member per calendar year; co-payment waived if admitted from an acute care facility.
<b>Speech Therapy and Occupational Therapy combined</b>		100% after a \$10 co-payment. Limitations apply.	100% after a \$40 co-payment. Limitations apply.	100% after a \$40 co-payment. Limitations apply.	\$5 co-payment; Limitations apply  Inpatient Hospital Facility: \$300 per admission  All inpatient and outpatient short-term rehab is subject to a combined maximum benefit of 60 days / visits per member per calendar year.

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Substance Abuse Treatment</b>		<p align="center"><u><b>Inpatient</b></u></p> <p>90%; deductible applies to Detoxification Only</p> <p align="center"><u><b>Transitional Recovery Services</b></u></p> <p>100% after a \$100 per admission co-payment up to a maximum calendar year benefit of 60-days and no more than 120-days in a consecutive 5 year period in an approved non-residential facility</p> <p align="center"><u><b>Outpatient</b></u></p> <p>100% after a \$10 co-payment Individual / \$5 co-payment Group</p>	<p align="center"><u><b>Inpatient</b></u></p> <p>80% per admit; maximum benefit of 30 days per calendar year</p> <p align="center"><u><b>Outpatient</b></u></p> <p>100% after a \$30 co-payment Individual / 100% after a \$15 co-payment Group; Maximum benefits of 20 visits per calendar year</p>	<p align="center"><u><b>Inpatient</b></u></p> <p>100% after a \$500 per day co-payment; Applied to a maximum of 3 days per stay</p> <p align="center"><u><b>Transitional Recovery Services</b></u></p> <p>Prior Authorization Required (800) 999-9585</p> <p align="center"><u><b>Outpatient</b></u></p> <p>100% after a \$40 co-payment No Dependent Coverage</p>	<p align="center"><u><b>Inpatient</b></u></p> <p>\$300 co-payment per admission</p> <p align="center"><u><b>Outpatient</b></u></p> <p>\$5 co-payment per visit</p>
<b>Urgent Care</b>		100% after a \$10 co-payment, deductible does not apply	100% after a \$40 co-payment, waived if admitted	<p>Participating Provider: 100% after a \$20 co-payment</p> <p>Non-Participating Provider: 100% after a \$100 co-payment</p> <p>Waived if admitted. If you receive services in addition to urgent care, additional co-payments or co-insurance may apply.</p>	\$20 co-payment per visit

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>NON-MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Non-Medicare Retirees Residing in California</b>			<b>Non-Medicare Retirees Residing in Nevada</b>
		<b>Kaiser HMO</b>	<b>Health Net HMO</b>	<b>UnitedHealthCare HMO</b>	<b>Health Plan of Nevada HMO</b>
<b>Routine Health Exams Preventative Health Care</b>		100% after a \$10 co-payment, deductible does not apply	100% after a \$40 co-payment Open Access: \$60 co-payment	100% after \$20 co-payment 100% after \$40 co-payment for Specialist Office Visit	No co-payment (Preventive Care Services)
<b>Vision</b>	<ul style="list-style-type: none"> <li>Kaiser, Health Net, UnitedHealthcare and Health Plan of Nevada cover exam only</li> <li>Additional vision benefits available through either Vision Service Plan (VSP) or Spectera/UnitedHealthcare for additional premium amount</li> <li>VSP Customer Service (800) 877-7195</li> <li>Spectera/UnitedHealthcare Customer Service (800) 638-3120</li> </ul>	<p align="center"><u><b>Kaiser</b></u> Exam: \$10 co-payment</p> <p align="center"><u><b>VSP</b></u> Exam and glasses (lenses and frames) or contact lenses are available every 12 months Exam: \$25 co-payment Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u> Exam and lenses are available every 12 months; frame is available every 24 months Exam: \$10 co-payment each for exam and materials Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>	<p align="center"><u><b>Health Net</b></u> Exam: \$40 co-payment Open Access: \$60 co-payment</p> <p align="center"><u><b>VSP</b></u> Exam and glasses (lenses and frames) or contact lenses are available every 12 months Exam: \$25 co-payment Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u> Exam and lenses are available every 12 months; frame is available every 24 months Exam: \$10 co-payment each for exam and materials Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>	<p align="center"><u><b>UnitedHealthcare</b></u> Exam: \$40 co-payment Open Access: \$60 co-payment</p> <p align="center"><u><b>VSP</b></u> Exam and glasses (lenses and frames) or contact lenses are available every 12 months Exam: \$25 co-payment Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u> Exam and lenses are available every 12 months; frame is available every 24 months Exam: \$10 co-payment each for exam and materials Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>	<p align="center"><u><b>Health Plan of Nevada</b></u> Exam: \$5 co-payment</p> <p align="center"><u><b>VSP</b></u> Exam and glasses (lenses and frames) or contact lenses are available every 12 months Exam: \$25 co-payment Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u> Exam and lenses are available every 12 months; frame is available every 24 months Exam: \$10 co-payment each for exam and materials Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Deductible</b> 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
<b>Out-of-Pocket Limit</b> 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 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.	<ul style="list-style-type: none"> <li>The Out-of-Pocket Limit for cost sharing includes medical co-payments and coinsurance.</li> </ul>	Individual: \$1,500 Family: \$3,000	\$3,400 per person	\$2,500 per person	\$1,800 per person
<b>Lifetime Maximum</b> The Lifetime Maximum is the most your health plan will pay towards your healthcare costs during your lifetime.		Not Applicable	Not Applicable	Not Applicable	Not Applicable
<b>Hospital Services Inpatient</b>		No co-payment	No co-payment	No co-payment	\$100 co-payment per admit

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Physician Office Visits and Physician Home Visits</b>		<u>Office Visit</u> \$10 co-payment  <u>Home Visit</u> No co-payment	\$10 co-payment	No co-payment	<u>Primary Care</u> \$5 co-payment  <u>Specialist</u> \$20 co-payment
<b>Allergy Services</b>		<u>Office Visits/Testing</u> \$10 co-payment for office visits, no co-payment for testing  <u>Treatment and Serum</u> \$3 co-payment per injection	<u>Office Visits/Testing</u> \$10 co-payment for office visits, no co-payment for testing  <u>Treatment and Serum</u> No co-payment	<u>Office Visits/Testing</u> No co-payment for office visits and testing  <u>Treatment and Serum</u> Cover Medicare covered treatment	<u>Office Visits/Testing</u> \$5 co-payment for office visits, no co-payment for testing  <u>Treatment and Serum</u> No co-payment
<b>Ambulance Services (Ground vehicle emergency transportation)</b>		No co-payment if medically necessary	No co-payment	No co-payment	\$50 co-payment
<b>Chiropractic and Acupuncture Services Combined</b>		<u>Chiropractic</u> Not covered  <u>Acupuncture</u> \$10 co-payment ; covered as an alternative to standard treatment when prescribed by a Plan physician; primarily used as a component of a multidisciplinary pain management program	<u>Chiropractic</u> \$5 co-payment, limited to 20 visits per calendar year  <u>Acupuncture</u> Not covered	<u>Chiropractic</u> No co-payment  <u>Acupuncture</u> Not covered	<u>Chiropractic</u> 50% coinsurance, services limited to manual manipulation of the spine to correct subluxation  <u>Acupuncture</u> Not covered

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>For Health Net Seniority Plus and UnitedHealthcare enrollees, prescription drug coverage is provided under the Employer Group Waiver Plan (EGWP) through UnitedHealthcare.</li> </ul>	<u>Retail 30-day Supply</u> <b>Generic Formulary</b> \$10 co-payment <b>Formulary Brand Name</b> \$20 co-payment <b>Non-Formulary Brand Name or Generic</b> Not Applicable <u>Mail Order 90-day Supply</u> <b>Generic Formulary</b> \$20 co-payment <b>Formulary Brand Name</b> \$40 co-payment <b>Non-Formulary Brand Name or Generic</b> Not Applicable	<u>Retail 30-day Supply</u> <b>Generic Formulary</b> \$10 co-payment <b>Formulary Brand Name</b> \$20 co-payment <b>Non-Formulary Brand Name or Generic</b> \$40 co-payment <u>Mail Order 90-day Supply</u> <b>Generic Formulary</b> \$20 co-payment <b>Formulary Brand Name</b> \$40 co-payment <b>Non-Formulary Brand Name or Generic</b> \$80 co-payment  Provided under UnitedHealthcare EGWP. Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency)	<u>Retail 31-day Supply</u> <b>Preferred Generic/Non-Preferred Generic</b> No co-payment / \$6 co-payment <b>Preferred Brand Name</b> \$35 co-payment <b>Non- Preferred Brand Name</b> \$60 co-payment <u>Mail Order 90-day Supply</u> <b>Preferred Generic/Non-Preferred Generic</b> No co-payment / \$6 co-payment <b>Preferred Brand Name</b> \$35 co-payment <b>Non- Preferred Brand Name</b> Not covered  Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency)	<u>Retail 30-day Supply</u> <b>Generic Formulary</b> \$10 co-payment <b>Preferred Brand Name</b> \$20 co-payment <b>Non-Preferred Brand Name</b> \$40 co-payment <b>Specialty Drug</b> \$20% up to \$200 <u>Mail Order 90-day Supply</u> <b>Generic Formulary</b> \$20 co-payment <b>Preferred Brand Name</b> \$40 co-payment <b>Non- Preferred Brand Name</b> \$80 co-payment <b>Specialty Drug</b> \$20% up to \$200  Provided under UnitedHealthcare EGWP. Prescriptions from a Non-Network Pharmacy are not covered (limited exceptions for emergency)
<b>Emergency Room and Physician Charges</b>		<u>Northern California</u> \$35 co-payment <u>Southern California</u> \$20 co-payment	\$20 co-payment	\$25 co-payment	\$50 co-payment

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Home Health Care</b>		No co-payment for part time intermittent care when prescribed by a Plan physician	No co-payment	No co-payment	No co-payment per Medicare guidelines
<b>Hospice</b>		No co-payment	Covered under Medicare	Covered under Medicare	Covered under Medicare
<b>Hearing Care</b>	<p><b>Fee-for-Service Hearing Aids</b></p> <ul style="list-style-type: none"> <li>Coverage is limited to one device per ear, not more often than once every three years from the date of the last purchase.</li> <li>The \$2,000 maximum per hearing aid is a combined maximum for all Contract and Non-Contract charges.</li> <li>Allowed amount does not apply towards your out-of-pocket maximum.</li> <li>Replacement batteries are not covered.</li> </ul>	<p align="center"><b><u>Kaiser</u></b></p> <p align="center">\$10 co-payment for exam</p> <p><b><u>Fee-for-Service Hearing Aids</u></b></p> <p>100% of the lesser of \$2,000 per device or the Contract Rate. Deductible does not apply</p>	<p align="center"><b><u>Health Net</u></b></p> <p align="center">\$10 co-payment for exam</p> <p><b><u>Fee-for-Service Hearing Aids</u></b></p> <p>100% of the lesser of \$2,000 per device or the Contract Rate. Deductible does not apply</p>	<p align="center"><b><u>Health Plan of Nevada</u></b></p> <p>No co-payment for exam; limited to one exam every 12 months</p> <p><b><u>Health Plan of Nevada Hearing Aids</u></b></p> <p>\$330 co-payment for each behind the ear hearing aid. \$380 co-payment for each open fit in the canal hearing aid</p>	<p align="center"><b><u>UnitedHealthCare</u></b></p> <p>No co-payment for exam</p> <p>\$500 allowance every 36 months for hearing aids</p> <p><b><u>Fee-for-Service Hearing Aids</u></b></p> <p>As an additional benefit, 100% of the lesser of \$2,000 per device or the Contract Rate. Deductible does not apply</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Medical Supplies, Orthopedic Braces, Prosthetic Appliances</b>		No co-payment	No co-payment	<p><b><u>Prosthetics</u></b> No co-payment for durable medical equipment for insulin pumps &amp; associated supplies than 20% of Medicare approved charges</p> <p><b><u>Orthopedic Braces and Other Equipment and Supplies</u></b> 20% of Medicare approved charges</p>	20% coinsurance
<b>Mental Health Treatment</b>		<p><b><u>Inpatient</u></b> No co-payment</p> <p><b><u>Outpatient</u></b> \$10 co-payment</p>	<p><b><u>Inpatient</u></b> No co-payment and no lifetime maximum</p> <p><b><u>Outpatient</u></b> \$10 co-payment, unlimited visits per calendar year</p>	<p><b><u>Inpatient</u></b> No co-payment</p> <p><b><u>Outpatient</u></b> \$15 co-payment</p>	<p><b><u>Inpatient</u></b> \$100 co-payment per admit limited to 190-days per lifetime</p> <p><b><u>Outpatient</u></b> Individual: \$20 co-payment; Group: \$5 co-payment</p>
<b>Outpatient Surgery</b>		\$10 co-payment	No co-payment	No co-payment	\$50 co-payment
<b>Physical Therapy and Respiratory Therapy, Combined</b>		\$10 co-payment, limitations apply.	No co-payment, limitations apply.	\$15 co-payment, limitations apply.	No co-payment

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Podiatry Exam</b>		<u>Office Visits</u> \$10 co-payment, must be medically necessary  <u>Orthotic appliances</u> Per Medicare guidelines	<u>Office Visits</u> \$10 co-payment, must be medically necessary  <u>Orthotic appliances</u> Covered only if incorporated into a cast, splint, brace or strapping of foot	<u>Office Visits</u> No co-payment for each routine podiatry visit up to 4 visits each year  <u>Orthotic appliances</u> 20% coinsurance for each Medicare covered prosthetic or orthotic device	<u>Office Visits</u> \$20 co-payment.  <u>Orthotic appliances</u> Per Medicare guidelines
<b>X-Ray and Lab</b>		No co-payment	No co-payment	No co-payment	No co-payment
<b>Skilled Nursing Facility (SNF)</b>		No co-payment, limited to 100 days per benefit period	No co-payment, limited to 100 days per benefit period (duration of illness) in a Medicare certified bed	Days 1-20: No co-payment Date 21-100: \$25 co-payment	Days 1-20: No co-payment Date 21-100: \$25 co-payment
<b>Speech Therapy and Occupational Therapy combined</b>		\$10 co-payment, limitations apply.	No co-payment, limitations apply.	\$15 co-payment, limitations apply.	No co-payment

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Substance Abuse Treatment</b>		<p align="center"><u><b>Inpatient</b></u> No co-payment, detoxification only</p> <p><u><b>Transitional Recovery Services</b></u> No co-payment up to a maximum of 60-days per calendar year and no more than 120 days in any 5 consecutive years in an approved non-residential facility</p> <p align="center"><u><b>Outpatient</b></u> Individual: \$10 co-payment; Group: \$5 co-payment</p>	<p align="center"><u><b>Inpatient</b></u> No co-payment, acute medical conditions only</p> <p align="center"><u><b>Outpatient</b></u> \$10 co-payment, unlimited visits per calendar year</p>	<p align="center"><u><b>Inpatient</b></u> No co-payment</p> <p align="center"><u><b>Outpatient</b></u> \$15 co-payment</p>	<p align="center"><u><b>Inpatient</b></u> \$100 co-payment per admit</p> <p align="center"><u><b>Outpatient</b></u> Individual: \$20 co-payment; Group: \$5 co-payment</p>
<b>Urgent Care</b>		\$10 co-payment	\$20 co-payment		\$35 co-payment
<b>Routine Health Exams Preventative Health Care</b>		No co-payment	No co-payment \$10 co-payment for annual routine physical exam	No co-payment, limitations apply.	No co-payment

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>MEDICARE RETIREE MEDICAL BENEFITS</b>					
<b>Benefit Description</b>	<b>Explanations and Limitations</b>	<b>Medicare Retirees Residing in California</b>		<b>Medicare Retirees Residing in Nevada</b>	<b>Medicare Retirees Residing in Arizona, California or Nevada</b>
		<b>Kaiser Permanente Senior Advantage HMO</b>	<b>Health Net Seniority Plus HMO</b>	<b>Health Plan of Nevada Senior Dimensions HMO</b>	<b>UnitedHealthCare HMO</b>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Kaiser, Health Net and UnitedHealthcare cover exam only</li> <li>• Additional vision benefits available through either Vision Service Plan (VSP) or Spectera/UnitedHealthcare for additional premium amount</li> <li>• VSP Customer Service: (800) 877-7195</li> <li>• Spectera/UnitedHealthcare Customer Service: (800) 638-3120</li> </ul>	<p align="center"><u><b>Kaiser</b></u></p> <p>Exam: \$10 co-payment</p> <p>Glasses/Contact Lenses: \$175 allowance for every 24 months</p> <p align="center"><u><b>VSP</b></u></p> <p>Exam and glasses (lenses and frames) or contact lenses are available every 12 months</p> <p>Exam: \$25 co-payment</p> <p>Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u></p> <p>Exam and lenses are available every 12 months; frame is available every 24 months</p> <p>Exam: \$10 co-payment each for exam and materials</p> <p>Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>	<p align="center"><u><b>Health Net</b></u></p> <p>Exam: \$10 co-payment</p> <p>Glasses/Contact Lenses: \$100 allowance</p> <p align="center"><u><b>VSP</b></u></p> <p>Exam and glasses (lenses and frames) or contact lenses are available every 12 months</p> <p>Exam: \$25 co-payment</p> <p>Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u></p> <p>Exam and lenses are available every 12 months; frame is available every 24 months</p> <p>Exam: \$10 co-payment each for exam and materials</p> <p>Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>	<p align="center"><u><b>Health Plan of Nevada</b></u></p> <p>Not covered</p> <p align="center"><u><b>VSP</b></u></p> <p>Exam and glasses (lenses and frames) or contact lenses are available every 12 months</p> <p>Exam: \$25 co-payment</p> <p>Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u></p> <p>Exam and lenses are available every 12 months; frame is available every 24 months</p> <p>Exam: \$10 co-payment each for exam and materials</p> <p>Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>	<p align="center"><u><b>UnitedHealthcare</b></u></p> <p>Exam: \$20 co-payment (includes glaucoma testing)</p> <p>No co-payment for one pair of Medicare covered standard glasses or contact lenses after a cataract surgery</p> <p align="center"><u><b>VSP</b></u></p> <p>Exam and glasses (lenses and frames) or contact lenses are available every 12 months</p> <p>Exam: \$25 co-payment</p> <p>Glasses/Contact Lenses: \$150 allowance</p> <p align="center"><u><b>Spectera/UnitedHealthcare</b></u></p> <p>Exam and lenses are available every 12 months; frame is available every 24 months</p> <p>Exam: \$10 co-payment each for exam and materials</p> <p>Glasses/Contact Lenses: \$130 allowance (\$105 for contacts)</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN ARIZONA</b>			
<b>Benefit Description</b>	<b>Fee-For-Service Dental Plan Contract Provider Benefits</b>	<b>DeltaCare USA HMO Dental Plan</b>	<b>Sun Life Financial HMO Dental Plan</b>
<b>Choice of Providers</b>	<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><b>Delta Dental Customer Service (800) 765-6003</b></p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p><b>DeltaCare USA Customer Service (800) 422-4234</b></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 Sun Life Financial HMO Dental Provider.</p> <p><b>Sun Life Financial Customer Service (800) 443-2995</b></p>
<b>Deductible</b>  The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits	<p>\$50 per person</p> <p>\$150 per family</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<b>Maximum Calendar Year Benefit</b>  The Maximum Calendar Year Benefit is the most the Plan will pay during a calendar year for your covered dental benefits.	<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> <p>Limits do not apply to pediatric dental services to age 19.</p>	<p>No Maximum</p>	<p>No Maximum</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN ARIZONA</b>			
<b>Benefit Description</b>	<b>Fee-For-Service Dental Plan Contract Provider Benefits</b>	<b>DeltaCare USA HMO Dental Plan</b>	<b>Sun Life Financial HMO Dental Plan</b>
<b>Diagnostic, Preventative, Basic and Major Covered Services</b>	<p>PPO network: 100% for Diagnostic &amp; Preventative, Basic and Major services based on Delta Dental PPO contracted fees</p> <p>Premier network: 100% for Diagnostic &amp; Preventative; 80% for Basic and Major services based on Delta Dental Premier contracted fees</p> <p>Out-of-Network: 80% of Allowed Amount for Diagnostic &amp; Preventative; 50% 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>
<b>Orthodontia</b>	<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-\$90 co-payment</p> <p>Enrollee co-payment:</p> <ul style="list-style-type: none"> <li>• Comprehensive Adult Treatment: \$1,900</li> <li>• Comprehensive Child Treatment: \$1,700</li> </ul> <p>Orthodontic Takeover: Covered</p>	<p>Members receive a 25% discount from the Orthodontist</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN CALIFORNIA</b>				
<b>Benefit Description</b>	<b>Fee-For-Service Dental Plan Contract Provider Benefits</b>	<b>DeltaCare USA HMO Dental Plan</b>	<b>Health Net HMO Dental Plan</b>	<b>United Concordia HMO Dental Plan</b>
<b>Choice of Providers</b>	<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><b>Delta Dental Customer Service (800) 765-6003</b></p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p><b>DeltaCare USA Customer Service (800) 422-4234</b></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><b>Health Net Dental Customer Service (800) 880-8113</b></p>	<p>Participants must use an authorized United Concordia HMO Dental Provider.</p> <p><b>United Concordia Customer Service (866) 357-3304</b></p>
<b>Deductible</b>  The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits	<p>\$50 per person \$150 per family</p>	<p>Not Applicable</p>	<p>Not Applicable</p>	<p>Not Applicable</p>
<b>Maximum Calendar Year Benefit</b>  The Maximum Calendar Year Benefit is the most the Plan will pay during a calendar year for your covered dental benefits.	<p>PPO network: \$3,000 per person Premier network: \$2,000 per person Out-of-network: \$1,500 per person</p> <p>Limits do not apply to pediatric dental services to age 19.</p>	<p>No Maximum</p>	<p>No Maximum</p>	<p>No Maximum</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN CALIFORNIA</b>				
<b>Benefit Description</b>	<b>Fee-For-Service Dental Plan Contract Provider Benefits</b>	<b>DeltaCare USA HMO Dental Plan</b>	<b>Health Net HMO Dental Plan</b>	<b>United Concordia HMO Dental Plan</b>
<b>Diagnostic, Preventative, Basic, and Majored Covered Services</b>	<p><b>PPO Network:</b> 100% for Diagnostic &amp; Preventative, Basic and Major services based on Delta Dental PPO contracted fees.</p> <p><b>Premier Network:</b> 100% for Diagnostic &amp; Preventative; 80% for Basic and Major services based on Delta Dental Premier contracted fees.</p> <p><b>Out-of-Network:</b> 80% of Allowed Amount for Diagnostic &amp; Preventative; 50% 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>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>
<b>Orthodontia</b>	<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: No co-payment</p> <p>Enrollee Cost (Comprehensive Adult or Child Treatment):</p> <p>\$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</p>

**California Ironworkers Field Welfare Plan 1/1/2018 Open Enrollment Benefit Plan Comparison  
Retirees in HMO Plans**

<b>DENTAL BENEFITS FOR NON-MEDICARE AND MEDICARE RETIREES RESIDING IN NEVADA</b>		
<b>Benefit Description</b>	<b>Fee-For-Service Dental Plan Contract Provider Benefits</b>	<b>DeltaCare USA HMO Dental Plan</b>
<b>Choice of Providers</b>	<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><b>Delta Dental Customer Service: (800) 765-6003</b></p>	<p>Participants must use an authorized DeltaCare USA HMO Dental Provider</p> <p><b>DeltaCare USA Customer Service: (800) 422-4234</b></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>
<b>Deductible</b> The annual deductible is the amount of money you must pay each calendar year before the Plan begins to pay benefits	<p>\$50 per person</p> <p>\$150 per family</p>	Not Applicable
<b>Maximum Calendar Year Benefit</b> The Maximum Calendar Year Benefit is the most the Plan will pay during a calendar year for your covered dental benefits.	<p>PPO network: \$3,000 per person Premier network: \$2,000 per person Out-of-network: \$1,500 per person</p> <p>Limits do not apply to pediatric dental services to age 19.</p>	No Maximum
<b>Diagnostic, Preventative, Basic, and Majored Covered Services</b>	<p><b>PPO Network:</b> 100% for Diagnostic &amp; Preventative, Basic and Major services based on Delta Dental PPO contracted fees.</p> <p><b>Premier Network:</b> 100% for Diagnostic &amp; Preventative; 80% for Basic and Major services based on Delta Dental Premier contracted fees.</p> <p><b>Out-of-Network:</b> 80% of Allowed Amount for Diagnostic &amp; Preventative; 50% 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>
<b>Orthodontia</b>	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"> <li>• Comprehensive Adult Treatment: \$1,900</li> <li>• Comprehensive Child Treatment: \$1,700</li> </ul> <p>Orthodontic Takeover: Covered</p>