

I.B.E.W. LOCAL #332 HEALTH & WELFARE PLAN
ACTIVE PLAN – 2015 MEDICAL PLAN OPTIONS
BENEFIT SUMMARY

Two Medical plan options are offered: 1) The Trust Self-Funded Medical Indemnity Plan (a PPO Plan) and 2) Kaiser Permanente (an HMO Plan). With two options, you are able to select the plan that works best for your needs.

MEDICAL

PLAN FEATURES	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN		KAISER HMO PLAN Group #780
	In-Network	Out-of-Network	
Provider Network	Anthem Blue Cross PPO	Use Any Provider	Kaiser Permanente
Network Service Area	California		California
Who Provides Care	To receive the highest level of benefits, use an Anthem Blue Cross PPO network provider. <u>Note:</u> If you are referred to an out-of-network provider by an in-network provider, out-of-network benefits still apply.		Kaiser Permanente doctors and facilities only
Calendar-Year Deductible	\$250 per person, up to \$750 per family	\$250 per person, up to \$750 per family	None
Calendar-Year Out-of-Pocket Maximum for Covered Expenses	\$3,000 per person, up to \$6,000 per family	\$6,000 per person, up to \$13,000 per family	\$1,500 per person, up to \$3,000 per family
Medical Plan Annual Maximum	Unlimited		Unlimited
Medical Plan Lifetime Maximum	Unlimited		Unlimited
Eligibility Age Limits for Dependent Children	Under age 26		Same
Preauthorization Requirements	Your physician is responsible for obtaining any required preauthorization through Anthem Blue Cross.	You or your physician must contact Anthem Blue Cross at least seven days before: <ul style="list-style-type: none"> • Hospital admission • Use of outpatient facility • Certain diagnostic procedures • Outpatient surgery 	All preauthorizations must be coordinated through your Kaiser physician.

MEDICAL

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Benefits for Most Covered Services	After calendar-year deductible, plan pays:		You pay \$15 copay per visit.
	80% of Anthem Blue Cross negotiated rate.	60% of usual, customary and reasonable charges.	No benefits are payable at non-Kaiser facilities, except in case of emergency.
Preventative Care Benefits – Preventative Physical Exams	100% of eligible expenses for annual preventative physical exam in an Anthem Blue Cross network provider doctor's office. Age frequency applies. No deductible applies.	No benefit provided out-of-network.	Plan pays 100%. Annual routine physical examinations for employment, sports, college entrance, etc. not covered.
Well Baby Care	80% of Anthem Blue Cross negotiated rate. (Infants through age 36 months) No deductible applies.	No benefit provided out-of-network	Plan pays 100%. (Infants through age 23 months)
Immunizations and Vaccinations	100% of eligible expenses for adults and children for physician-recommended immunizations and vaccinations.	No benefit provided out-of-network	Plan pays 100%. For children under 2 years of age, refer to Well Baby Care.
Diagnostic Test (X-Ray, Blood Work)	100% of Anthem Blue Cross PPO network provider services. Calendar-year deductible is waived.	60% of usual, customary and reasonable charges after calendar-year deductible is applied.	Plan pays 100%.
Imaging (CT / PET scans, MRI's)	80% of Anthem Blue Cross negotiated rate.	60% of usual, customary and reasonable charges after calendar-year deductible is applied.	Plan pays 100%.

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Inpatient Hospital and Outpatient Facility Services	After calendar-year deductible, plan pays:		Inpatient – Plan pays 100% after you pay \$100 copay per admission. Outpatient – Plan pays 100% after you pay \$15 copay per procedure.
	80% of Anthem Blue Cross negotiated rate.	60% of usual, customary and reasonable charges.	
Emergency Room Facility Charges	80% of Anthem Blue Cross negotiated rate. No deductible applies.	80% of usual, customary and reasonable charges. No deductible applies.	Plan pays 100% after you pay \$100 copay per emergency room visit. Copay is waived if you are admitted to hospital as inpatient.
Urgent Care Center Services	80% of Anthem Blue Cross negotiated rate.	60% of usual, customary and reasonable charges.	Plan pays 100% after you pay \$15 copay.
Ambulance	80% of Anthem Blue Cross negotiated rate.	60% of usual, customary and reasonable charges.	Plan pays 100% after you pay \$50 copay.
Infertility Treatment	No benefit provided.		Limited benefits. Contact Kaiser for specific coverage.
Chiropractic and Acupuncture Services	Regular in- and out-of-network benefits apply for up to 30 visits per calendar year limited to \$35 per visit.		You pay \$15 copay per visit for up to 30 visits per calendar year.
Physical Therapy (PT), Occupational Therapy (OT) and Speech Therapy (ST)	80% of Anthem Blue Cross negotiated rates.	60% of usual, customary and reasonable charges.	You pay \$15 copay per visit.

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Mental / Behavioral Health Services	MENTAL HEALTH BENEFIT		
	<p>Contact Anthem Blue Cross's Utilization Review department by calling 1-800-274-7767 for mental health services. Anthem Blue Cross works with a network of counseling and treatment providers throughout California. These include psychologists, psychiatrists, marriage and family counselors and social workers where needed, inpatient and outpatient hospitals, and facilities for mental health treatment.</p>		<p><u>Mental Health</u> Outpatient: \$15 copay per visit (individual basis) or \$7 copay per visit (group basis) at Kaiser facilities. Inpatient: \$100 copay per admission at Kaiser facilities.</p>
	After calendar-year deductible, plan pays:		
	<p>Outpatient: 80% of Anthem Blue Cross's negotiated rate for the first \$3,000 (\$6,000 family) of eligible expenses and 100% thereafter.</p>	<p>60% of usual, customary and reasonable charges.</p>	
	<p>Inpatient: 80% of Anthem Blue Cross's negotiated rate for the first \$3,000 (\$6,000 family) of eligible expenses and 100% thereafter.</p>	<p>If for emergency services, 80% of usual, customary and reasonable charges. Non-emergency, 60% of usual, customary and reasonable charges.</p>	
<p>Psychiatric Residential Care benefits: 80% of Anthem Blue Cross's negotiated rate for the first \$3,000 (\$6,000 family) of eligible expenses and 100% thereafter.</p>	<p>No benefit provided out-of-network.</p>		<p><u>Chemical Dependency</u> Detox: \$100 copay per admission at Kaiser facilities. Outpatient: \$15 copay per visit (individual basis) or \$5 copay per visit (group basis) at Kaiser facilities. <u>Additional Coverage:</u> Supplemental coverage is provided by Beat It! for Chemical Dependency <u>after</u> Kaiser benefits are exhausted.</p>
Substance Abuse Disorder Services	BEAT IT! PROGRAM FOR ALCOHOL AND SUBSTANCE ABUSE		
	<p>Beat It! Is a specialty program for the treatment of alcohol and substance abuse. This program is available to all eligible participants and their dependents, including members who have chosen the Kaiser HMO plan for medical coverage.</p> <p>This benefit covers inpatient treatment and outpatient counseling. Inpatient treatment at a facility approved by Beat It! is covered at 80% of covered charges of the first \$3,000 (\$6,000 per family unit) of eligible expenses and 100% (instead of 80%) of covered charges for the remainder of the calendar year. Outpatient counseling by an approved counselor provided by Beat It! is covered at 80% of covered charges after the applicable annual deductible (currently \$250 per person or a maximum of \$750 per family unit) has been satisfied.</p> <p>Inpatient treatment and outpatient counseling provided by an out-of-network provider is covered at 60% of all usual, customary, and reasonable charges in excess of the applicable annual deductible and coinsurance amounts.</p>		

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Prescription Drugs	<p>Retail Drugs (up to 30-day supply) – Only at participating pharmacies</p> <ul style="list-style-type: none"> • Generic – You pay \$10 copay. • Preferred Brand – You pay 20%; \$15 minimum up to a \$25 maximum copay. • Non-Preferred Brand – You pay 30%; \$30 minimum up to a \$75 maximum copay. <p>Mail Order Drugs (up to 90-day supply) – Only through Postal Prescription Services (PPS)</p> <ul style="list-style-type: none"> • Generic – You pay \$20 copay. • Preferred Brand – You pay 20%; \$40 minimum up to a \$75 maximum copay. • Non-Preferred Brand – You pay 30%; \$75 minimum up to a \$150 maximum copay. <p>Some drugs require preauthorization.</p> <p>Medical plan deductible and coinsurance amounts do not apply to this benefit feature.</p>		<p>Retail Drugs (up to 30-day supply) – Only at Kaiser pharmacy</p> <ul style="list-style-type: none"> • Generic – You pay \$10 copay. • Brand – You pay \$25 copay. <p>Mail Order Drugs refills only (up to 100-day supply) – Only through Kaiser Mail Order Service</p> <ul style="list-style-type: none"> • Generic – You pay \$20 copay. • Brand – You pay \$50 copay. • Not all drugs are available through mail order.

PROVIDER CONTACT INFORMATION

Member / Customer Service Phone, Email	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN	KAISER GROUP #780
	<p>United Administrative Services (Plan Administrator) (408) 288-4400 1-800-541-8059 www.uastpa.com</p> <p>Anthem Blue Cross Preferred Provider Organization (PPO) (Refer to Group #170017) (408) 288-4400 1-800-541-8059 www.anthem.com/ca</p>	<p>1-800-464-4000</p> <p>www.kaiserpermanente.org</p>

VISION SERVICE PLAN
<p>1-800-877-7195 www.vsp.com</p>

BEAT IT! (Alcohol and Substance Abuse)
<p>1-800-828-3939 www.beatiteap.com</p>

FIRST DENTAL HEALTH DENTAL PPO
<p>1-800-334-7244 www.firstdentalhealth.com</p>

RESTAT Rx (Pharmacy Benefit Manager)
<p>1-800-248-1062 www.restat.com</p>

POSTAL PRESCRIPTION SERVICES (Mail Order Rx)
<p>1-800-552-6694 www.ppsrx.com</p>

All information contained in this benefit summary has been designed to give you a general overview of the Medical plan options and the Medical benefits provided effective January 1, 2015. It does not, however, attempt to explain all the details, provisions, limitations, restrictions and exclusions of the Plan's Medical benefits. The Board of Trustees reserves the right to change or terminate the Plan or specific provisions of the Plan at any time. If there is any conflict between this benefit summary and the Plan's Summary Plan Description (SPD), the SPD prevails. For additional information about the Plan's benefits, please contact the Plan Administrator, United Administrative Services: (408) 288-4400 or toll-free, 1-800-541-8059.