I.B.E.W. LOCAL 332 HEALTH & WELFARE PLAN

ACTIVE PLAN – 2026 MEDICAL PLAN OPTIONS
BENEFIT SUMMARY COMPARISON

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.

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. Note: 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: ● Hospital admission ● Use of outpatient facility ● Certain diagnostic procedures ● Outpatient surgery	All preauthorizations must be coordinated through your Kaiser primary care physician.

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Benefits for Most Covered Services	After calendar-year deductible, plan pays:		You pay $15 copay per visit. No benefits are payable at non-Kaiser facilities, except in case of emergency.
	80% of Anthem Blue Cross negotiated rate.	60% of usual, customary and reasonable charges. Certain exceptions apply for services covered by the *No Surprises Act*. See description below.	
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. Preventive Care is paid at 100% of eligible expenses (see Preventive Care Benefits – Preventive Physical Exams). (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, with the exception of COVID-19 vaccinations.	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. Certain exceptions apply for services covered by the *No Surprises Act*. See description below.	
Emergency Room Facility Charges	80% of Anthem Blue Cross negotiated rate. No deductible applies.	80% of the lesser of billed charges or the Qualifying Payment Amount. Where proper notice and consent is obtained for certain post-stabilization services being paid at the out-of-network rate, 60% of usual, customary and reasonable charges.	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. Certain exceptions apply for services covered by the *No Surprises Act*. See description below.	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 40 visits per calendar year.		You pay $15 copay per visit for up to 40 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**		**Mental Health** **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. **Chemical Dependency** **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. ***Additional Coverage:*** Supplemental coverage is provided by Beat It! for Chemical Dependency after Kaiser benefits are exhausted.
	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.		
	After calendar-year deductible, plan pays:		
	Outpatient: 80% of Anthem Blue Cross's negotiated rate.	60% of usual, customary and reasonable charges. Certain exceptions apply for services covered by the *No Surprises Act*. See description below.	
	Inpatient: 80% of Anthem Blue Cross's negotiated rate.	If for emergency services, 80% of the lesser of billed charges or the Qualifying Payment Amount. Where proper notice and consent is obtained for certain post-stabilization services being paid at the out-of-network rate, 60% of usual, customary and reasonable charges. Non-emergency, 60% of usual, customary and reasonable charges. Certain exceptions apply for services covered by the *No Surprises Act*. See description below.	
	Psychiatric Residential Care benefits: 80% of Anthem Blue Cross's negotiated rate.	If for emergency services, 80% of the lesser of billed charges or the Qualifying Payment Amount. Where proper notice and consent is obtained for certain post-stabilization services being paid at the out-of-network rate, 60% of usual, customary and reasonable charges. Non-emergency, 60% of usual, customary and reasonable charges.	

		Certain exceptions apply for services covered by the *No Surprises Act*. See description below.	
Substance Abuse Disorder Services	**BEAT IT! PROGRAM FOR ALCOHOL AND SUBSTANCE ABUSE**		
	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. 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. 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.		
Employee Assistance Program (EAP)	**EMPLOYEE ASSISTANCE PROGRAM (EAP)**		
	The Employee Assistance Program (EAP) through Anthem Blue Cross is available to all eligible participants and their dependents, including members who have chosen the Kaiser HMO plan for medical coverage. For no charge, participants and their eligible dependents can access counseling, legal and financial consultant, ID recovery, emotional well-being resources, dependent care and daily living resources, and crisis consultant.		
Services Covered by the *No Surprises Act*	**NO SURPRISES ACT**		
	If you visit an out-of-network provider or facility in one of the situations described below, the out-of-network provider or facility may not balance bill you. Also, your cost-sharing will be the same as if you had visited an in-network provider or facility, meaning that once you have met your deductible, your coinsurance costs will be applied to your in-network out-of-pocket maximum and your coinsurance percentage will be the same as if you had visited an in-network provider or facility. Your coinsurance percentage will be applied to the lesser of the billed charge or the Qualifying Payment Amount. • Emergency Services at an out-of-network (unless you received proper notice and consent to out-of-network billing rates for certain post-stabilization services as allowed under the *No Surprises Act).* • Non-Emergency Services from an out-of-network provider at an in-network facility (unless you received proper notice and consent to out-of-network billing rates as allowed under the *No Surprises Act).* • Out-of-network air ambulance services. Qualifying Payment Amount means the Plan's median contracted rate for the same item or service in the same geographic region, as adjusted under DOL Regulation 2590.716-6(c).		

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Prescription Drugs	**Retail Drugs** (up to 30-day supply) – **Only at participating pharmacies** ● 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. **Mail Order Drugs** (up to 90-day supply) – **Only through MXP Pharmacy** ● 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. **Some drugs require preauthorization.** Medical plan deductible and coinsurance amounts do not apply to this benefit feature.		**Retail Drugs** (up to 30-day supply) – **Only at Kaiser pharmacy** ● Generic – You pay $10 copay. ● Brand – You pay $25 copay. **Mail Order Drugs** refills only (up to 100-day supply) – **Only through Kaiser Mail Order Service** ● Generic – You pay $20 copay. ● Brand – You pay $50 copay. ● Not all drugs are available through mail order. **Specialty Drugs** (up to 30-day supply) – ● You pay up to a maximum copay of $200.

All information contained in this Benefit Summary Comparison has been designed to give you a general overview of the Medical plan options and the Medical benefits provided effective January 1, 2025. 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) 288-4433 or toll-free, 1-800-541-8059.

PROVIDER CONTACT INFORMATION

	TRUST SELF-FUNDED MEDICAL INDEMNITY PLAN	KAISER GROUP #780
Member / Customer Service Phone, Email	**United Administrative Services** **(Plan Administrator)** (408) 288-4400 1-800-541-8059 www.uastpa.com **Anthem Blue Cross** **Preferred Provider Organization (PPO)** (Refer to Group #277786M001) (408) 288-4400 1-800-541-8059 www.anthem.com/ca	1-800-464-4000 www.kaiserpermanente.org

VISION SERVICE PLAN	BEAT IT! (Alcohol and Substance Abuse)	ANTHEM BLUE CROSS DENTAL PPO
1-800-877-7195 www.vsp.com	1-800-828-3939 www.beatiteap.com	(408) 288-4400 1-800-541-8059 www.anthem.com/ca

MAXORPLUS (Pharmacy Benefit Manager)	MXP PHARMACY (Mail Order Rx)	ANTHEM BLUE CROSS EMPLOYEE ASSISTANCE PROGRAM (EAP)
1-800-687-0707 www.maxorplus.com	1-800-687-8629 www.maxorplus.com	(800) 999-7222 www.anthemEAP.com company code: IBEW Local 332