



General Announcement

September 28, 2016

To: Hod Carriers Local 166, Health & Welfare Trust Members

RE: Enrollment into Laborers Health and Welfare Trust Fund for Northern California
Health and Welfare Plan Benefits

Dear Participants and Eligible Dependents:

We are pleased to announce that, beginning October 1, 2016, the LABORERS FUNDS ADMINISTRATIVE OFFICE OF NORTHERN CALIFORNIA, INC. (LFAO/Fairfield) will administer health and welfare benefits for Hod Carriers Local 166 members, due to the Hod Carriers Local 166 H&W Trust being merged into the N.CA Laborers H&W Trust Fund.

Your Hod Carriers H&W Trust eligibility was based on a 6-month, 450-hour minimum requirement for the following 6-month period. In an effort to ease your transition to the N.CA LABORERS H&W PLANS, if you have at least 450 hours reported on your behalf between January 1 and June 30 of 2016—or if you have worked any hours in July 2016—you will be credited 770 hours to your new-LABORERS N.CA H&W TRUST hour bank and will be eligible as of October 1, 2016 under the N.CA LABORERS HEALTH AND WELFARE PLAN.

Based on information from your current plan enrollment, LFAO/Fairfield has automatically enrolled you according to the “**Automatic Enrollment**” sections below. In mid-October, you will receive a New Eligible packet which will explain your automatic enrollment and the additional options available to you.

MEDICAL

Automatic Enrollment – Because you are currently enrolled in the (Hod Carriers Local 166) Kaiser Permanente plan through your previous plan administrator, you will automatically be enrolled in the N.CA LABORERS H&W KAISER PERMANENTE PLAN, effective October 1st.

After your initial automatic enrollment, you have the option to change your medical plan twice per year to either the:

- Direct Payment Plan (PPO); or
- Kaiser Permanente plan (HMO) (*into which you will be automatically enrolled*).

Both of these N.CA LABORERS H&W PLANS have annual deductibles, which means instead of paying only your usual copayment for services, you’ll need to pay the full amount of allowed charges for most services until you reach your plan deductible—\$150 per individual, maximum of \$450 per family per Plan Yearⁱ (PPO) or Calendar Yearⁱⁱ (HMO), before the plans begin paying plan benefits. The deductible is waived for Medicare eligible participants and dependents.

Once you have fulfilled your annual deductible, you will be covered at a 90% rate for most services (see enclosed benefit comparison chart), after any applicable copayments, as opposed to your current 100% coverage rate, for the rest of the year.

DENTAL

Automatic Enrollment – Because you are currently enrolled in either the United Healthcare Dental HMO or PPO plan, you will automatically be enrolled in the N.CA LABORERS UNITEDHEALTHCARE DENTAL HMO PLAN, effective October 1st.

Since you are becoming newly eligible under this N.CA LABORERS H&W TRUST DENTAL PLAN, you may change your dental plan outside of the normal open enrollment period, any time between now and February 28th, for an effective date 1st of the month following receipt of your application.

During the normal open enrollment period, you have the option to change your dental plan, for a March 1st effective date, to:

- Delta Dental (PPO);
- DeltaCare USA (DHMO);
- Bright Now! (DHMO); or
- UnitedHealthcare Dental (DHMO) (*into which you will be automatically enrolled*).

VISION

Automatic Enrollment – The N.CA Laborers Health and Welfare Plan does not offer your current Vision Service Plan (VSP). Because you are currently enrolled in the (Hod Carriers, Local 166) Kaiser Permanente medical plan, and since you are going to be automatically enrolled in the N.CA LABORERS H&W KAISER PLAN, you will automatically be enrolled in the KAISER “VISION ESSENTIALS” PLAN, but you have the option to enroll in the ANTHEM BLUE CROSS “BLUE VIEW VISION” PLAN outside of the normal open enrollment period, any time between now and February 28th, for an effective date 1st of the month following receipt of your application.

If you change your medical plan to the Direct Payment Plan, you will automatically be enrolled in the Anthem Blue Cross “Blue View Vision” plan as Kaiser “Vision Essentials” is not available to those enrolled in the Direct Payment Plan.

During the normal open enrollment period, you have the option to change your vision plan, for a March 1st effective date, to:

- Anthem Blue Cross “Blue View Vision”
- Kaiser Permanente “Vision Essentials” (*into which you will be automatically enrolled*).

For a comparison of our Health and Welfare benefit plans, see the enclosed Comparison of Benefits Form. This announcement and the Comparison of Benefits Form are also available on the Trust Funds website at www.norcalaborers.org.

If you have questions about your NEW N.CA LABORERS HEALTH AND WELFARE BENEFITS, would like a Spanish translated version of this announcement and comparison of benefits chart or would like to change your medical, dental or vision plan, call the Trust Fund Office, Monday through Friday, 8:00 AM to 5:00 PM.

Sincerely,

Board of Trustees

This announcement is intended to be a brief summary of plan provisions; however, it cannot describe each and every provision that may be relevant to your situation. You should always refer to your plan booklet for the full details of your plan. You should keep all announcements with your plan booklet so it contains up-to-date information on the plan. Receipt of this announcement does not validate your eligibility under the plan. You should always call the Trust Fund Office to verify your eligibility prior to any service.

Grandfathered Health Plans under the Affordable Care Act (ACA)

The Laborers Health and Welfare Trust Fund—Active Plan and Special Plan for Active Employees—are “grandfathered health plans” under the **Patient Protection and Affordable Care Act (the Affordable Care Act) or ACA**. As permitted by the ACA, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted (March 23, 2010). Being a grandfathered health plan means that the Plans may not include certain consumer protections of the ACA that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at the Laborers Funds Administrative Office for Northern California, Inc. at the address indicated on page 1 of this announcement. The Plans are also governed by ERISA. You may also contact the **Employee **B**enefits **S**ecurity **A**dministration (EBSA), U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.**

ⁱ Plan Year applies to those enrolled in the Direct Payment Plan and is from March 1st – February 28th.

ⁱⁱ Calendar Year applies to those enrolled in the Kaiser Permanente plan and is from January 1st – December 31st.

ⁱⁱⁱ Normal open enrollment period is from December 1st – February 28th.



LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA
ACTIVE PLAN AND SPECIAL PLAN PARTICIPANTS AND THEIR ELIGIBLE DEPENDENTS
COMPARISON OF DIRECT PAYMENT PLAN AND KAISER PERMANENTE BENEFITS AS OF JUNE 1, 2016

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
When You Can Change Plans	You are free to change plans twice in a calendar year. You and your dependents must be enrolled in the same Plan – that is, you may not enroll in the Direct Payment Plan and your dependents enroll in Kaiser Permanente. To change medical plans, request an Active Plan & Special Plan Application Form from the Trust Fund Office, your Local Union or go to our website, www.norcalaborers.org , to print or order the form.	
Type of Plan	The Plan provides traditional, fee-for-service medical benefits and offers higher coverage when you use Anthem Blue Cross providers.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.
Geographical Area Covered	Expenses incurred outside the United States and its Territories are covered if due to Emergency Services. If the expense is covered, normal benefits will apply.	You may enroll in Kaiser Permanente if you live or work within Kaiser Service Area.
Choice of Physicians	Unlimited. Use of Anthem Blue Cross physicians result in lower out-of-pocket expenses.	Members must use a Kaiser Permanente Physician.
Specialized Care In-Network	You select any specialist.	Self-referral to specialists such as optometry, chemical dependency, psychiatry, and OB/Gyn. Your Kaiser Permanente physician refers you to other specialists. An outside specialist requires specific referral from your Plan Physician. Cost Sharing is consistent with Plan coverages required for services if provided by a Plan Provider or referred by a Kaiser Permanente Physician.
Specialized Care Outside Network	You select any specialist.	
Out-Of-Area Care	Out of network benefits apply to treatment anywhere in the United States, its territories and possessions. Services outside United States may be covered if due to emergency.	Cost Sharing for Emergency Care, Post-Stabilization Care and Out-of-Area Urgent Care from a Non-Plan Provider is the Cost Sharing for a plan provider.
Claim Forms	None.	Required for emergency care, post-stabilization care, and out-of-area urgent care from non-Kaiser Permanente providers.
Annual Deductible	\$150 per individual, maximum of \$450 per family per Plan Year. Does not apply to Inpatient Hospital, Physical Exam and Prescription Drug benefits. Deductible amount applied in December, January and February will be carried forward to following Plan Year.	\$150 per individual, maximum of \$450 per family per Calendar Year. Deductible amount applied in October, November and December will be carried forward to following Calendar Year.
Annual Benefit Limit	None. Some restrictions apply – see Chiropractic Care and Hearing Aids.	None. Some restrictions apply.
Annual Out-of-Pocket Expense Maximum	\$3,000/individual. \$6,000/family per Plan Year. Out-of-Pocket includes Plan deductible, coinsurance and copayment for hospital stay for charges by PPO providers only. Does not include Physician Visit or Emergency Room copayment, charges over Maximum Plan Allowance, penalties for not using a PPO hospital or not obtaining a pre-admission review for admission to a non-participating hospital, coinsurance for charges by non- PPO providers, Plan exclusions and limitations.	\$3,000/individual, \$6,000/family per Calendar Year.

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
Inpatient Hospital Medical/Surgery Mental Health Skilled Nursing Facility Alcohol and Substance Abuse Routine Total Hip or Knee Replacement Procedure Utilization Review	Not subject to Deductible. PPO Hospital - 90% of the first \$10,000 of negotiated rates, 100% thereafter for medically necessary hospital services. Non-PPO Hospital - 70% (10% regular copayment plus 20% penalty for not using a PPO) of first \$10,000 of allowed charges, 100% thereafter. (Exception: Emergency admission and participants residing outside the service area - payable at 90% instead of 70%) Same as Medical/Surgery above. Same as Medical/Surgery above. Same as Medical/Surgery above but subject to \$30,000 Maximum Plan Allowance. Higher out-of-pocket costs if you do not use a Value-Based Site hospital approved by the Plan. Required for most hospital stay. Non-PPO elective admissions only - 20% penalty of first \$10,000 of allowed charges for non-compliance.	Subject to deductible. 90% payable for all covered benefits and services at Kaiser Permanente medical facilities. 90% payable after deductible up to 100 days per Calendar Year. 90% Inpatient Detoxification after deductible for services at Kaiser Permanente medical facilities. Same as Medical/Surgery above. Automatic part of Plan procedures.
Outpatient Hospital Care	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital – 70% of allowed charges.	Subject to Deductible. 90% payable for most outpatient services.
Emergency Room Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rate after \$25 copayment. Non-PPO Hospital - 70% of allowed charges after \$50 copayment. Copayment waived under certain circumstances.	Subject to Deductible. 90% payable. Waived if admitted.
Ambulatory Surgery Center	Subject to Deductible. Anthem Blue Cross Facility - 90% of negotiated rate. Non-Anthem Blue Cross Facility - \$500 maximum payable per day.	Subject to Deductible. 90% payable.
Outpatient Hospital (Facility Charges) for Arthroscopic, Cataract, Colonoscopy	Subject to deductible. PPO Hospital - 90% of negotiated rates and subject to Maximum Plan Allowance (MPA) below. Exception: MPA does not apply if a Value-Based Site surgery center is used . Non-PPO Hospital – 70% of allowed charges and subject to MPA Arthroscopy \$6,000 * Cataract \$2,000 * Colonoscopy \$1,500	Subject to Deductible. 90% payable.
Physician Office Visit	Subject to Deductible. PPO Physician - 100% negotiated rate after \$15 copayment per visit. Non-PPO Physician - 70% allowed charge after \$15 copayment per visit.	Subject to Deductible. \$15 copayment per visit.
Home Health Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	100% payable up to 100 visits per Calendar Year when authorized by Plan physician for part-time, intermittent care.

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
Hospice Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	100% payable when selected as alternative to traditional services and authorized by a Plan physician.
Electronic/On-Line Medical Evaluation	Not subject to Deductible. Member must use a physician through LiveHealth Online Service. 100% of allowed charge after \$10 copayment per visit.	Not subject to deductible, 100% payable. Provided under certain circumstances to be determined during telephonic appointment intake.
Surgery Physician Fee	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 70% of allowed charge.	Subject to Deductible. 90% payable.
Physical Exam/ Well Baby	Not subject to Deductible, no Office Visit copayment. Participant or Spouse - \$300 maximum per exam. Child older than age 2 - \$200 maximum per exam. Well Baby charges for dependent children up to age 2 are payable as routine office visit and not subject to \$200 maximum per exam.	Not subject to Deductible. Adult - \$0 copayment per visit. Children up to 23 months - \$0 copayment per visit.
Physician Fee Emergency Room	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 70% of allowed charge if participant used a Non-PPO hospital, 90% of allowed charge if participant used a PPO hospital.	Subject to Deductible. (Waived if admitted). 90% payable.
Diagnostic Lab Tests, X-Ray, MRI, CT Scan	Subject to Deductible. PPO Facility - 90% of negotiated rate. Non-PPO Facility - 70% of allowed charge.	Subject to Deductible. \$10 copayment per encounter for most x-rays & lab. MRI, CT Scan and PET Scan - \$50 copayment.
Immunizations and Inoculations (Shots)	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	100% payable.
Outpatient Mental Health Visits	Subject to Deductible. PPO Physician - 100% negotiated rate after \$15 copayment per visit. Non-PPO Physician - 70% allowed charge after \$15 copayment per visit.	Subject to Deductible. Individual Therapy: 100% after \$15 copayment per visit. Group Therapy: 100% after \$7 copayment per visit.
Outpatient Alcohol and Substance Abuse Treatment	Subject to Deductible. PPO provider - 90% of negotiated rate. Non- PPO Provider - 70% of allowed charge.	Subject to Deductible. Individual Therapy: 100% after \$15 copayment per visit. Group Therapy: 100% after \$5 copayment per visit.
Chiropractic Care	Subject to Deductible. \$40 per visit up to 20 visits per Plan Year. X-rays limited to \$100 per Plan Year.	Not subject to Deductible. \$5 copayment per visit, 20 visits maximum per Calendar Year. \$50 maximum allowance for appliance.
Physical Therapy Occupational Therapy	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. \$15 copayment per visit.
Durable Medical Equipment	Subject to Deductible. Must be prescribed by a physician. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. 90% payable when prescribed by a Plan physician and in accordance with Health Plan DME formulary guidelines.

PLAN FEATURES	DIRECT PAYMENT PLAN	KAISER PERMANENTE
Hearing Aids/Device	Subject to Deductible. \$1,200 maximum payable per ear/device every 36 months.	Not subject to Deductible. \$1,000 maximum allowance every 36 months.
Ambulance	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge. Exception: If life threatening condition, 90% of allowed charge. Air ambulance may be covered if due to a life threatening condition.	Subject to Deductible. Emergency: 90% payable per trip when medically necessary. Non-Emergency: 90% payable per trip when medically necessary and authorized by a Kaiser Permanente Physician.
Vision Care	Participants enrolled in the Direct Payment Plan are automatically enrolled in Anthem Blue Cross "Blue View Vision" . The Trust Fund does not offer other vision plans. Refer to the Vision Plans summary of the benefits provided by Anthem Blue Cross. Active Plan - Refer to Group Number 1702560001 Special Plan - Refer to Group Number 1702560002	Participants enrolled in the Kaiser Permanente Plan are automatically enrolled in Kaiser "Vision Essentials" Plan but have an option to enroll in Anthem Blue Cross "Blue View Vision" during open enrollment (March 1 effective date). Refer to the Vision Plans summary of the benefits provided by Anthem Blue Cross or Kaiser.
Prescription Drugs	OptumRx benefits provided through Fund. <u>Retail</u> – Participant pays copayment below per prescription. 30 day supply maximum per prescription. Generic - \$10 Formulary Brand Name - \$20 * Non-Formulary Brand Name - \$30 <u>Mail Order</u> – Participant pays copayment below per prescription. 90 day supply maximum per prescription. Generic - \$20 Formulary Brand Name - \$40 * Non-Formulary Brand Name - \$60 <u>Mail Order</u> - mandatory for maintenance drugs. If a generic equivalent is available and Participant or Physician prefer brand name, Participant is responsible for the difference in cost between generic and brand name.	No deductible. Prescriptions written by non-Kaiser physicians are not covered. Generic: \$10 copayment per prescription for up to a 30 day supply. \$20 copayment per prescription for a 31 to 60 day supply. \$30 copayment per prescription for up to a 100 day supply. (30-day supply limit for certain drugs). Brand Name: \$20 copayment per prescription for up to a 30 day supply. \$40 copayment per prescription for a 31 to 60 day supply. \$60 copayment per prescription for up to a 100 day supply. (30-day supply limit for certain drugs). <u>Mail Order</u> – Participant pays \$20 generic, \$40 brand copayment for 100 day supply.
Dental	All Participants either enrolled in the Direct Payment Plan or Kaiser Permanente Plan are automatically enrolled in the Delta Dental Plan but have an option to enroll during open enrollment (March 1 effective date) in one of the three other dental plans offered by the Trust Fund Office. Refer to the attached Comparison of Dental Plans for summary of the benefits provided by each plan. 1. Delta Dental. Refer to Group #2211-0001 for Active or #2211-0002 for Special Plan. 2. DeltaCare USA. Refer to Group #00742-0001 for Active or #00742-0002 for Special Plan. 3. Bright Now! Refer to Group #NCLU 01 for Active or Group #NCLU 02 for Special Plan. 4. UnitedHealthCare Dental. Refer to Group #95487 for Active or Group #95486 for Special Plan.	
Death Benefits	Participant: Regular Death \$15,000 * Accidental Death \$15,000 * Dismemberment - \$7,500 to \$15,000 Dependents: Spouse Death \$7,500 * Child Death: \$1,000 regardless of age	
Toll-Free Numbers	1-800-244-4530	1-800-390-3507 (English) or 1-800-788-0616 (Spanish). Refer to Group #: 603306 for Active Plan, 603308 for Special Plan

This comparison of benefits is intended only as a summary of the benefits provided by each plan. All exclusions and limitations of benefit coverage have not been included and may vary slightly from each to plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Fund's Rules and Regulations or Kaiser's contract.

REVISED 5/9/2016



LABORERS HEALTH AND WELFARE TRUST FUND

FOR ACTIVE AND SPECIAL PLANS PARTICIPANTS

COMPARISON OF DENTAL PLANS EFFECTIVE JUNE 1, 2016

Plan Features	Delta Dental of California		Bright Now!	United HealthCare	DeltaCare USA
	Delta Dental Premier	Delta Dental PPO			
Type of Plan	Traditional FEE-FOR-SERVICE Plan. You may select any dentist, however, your out-of-pocket costs is greater if you use a non-Delta Dental Premier dentist.	PPO Plan. Dentists in the Delta Dental PPO Plan negotiate fees that are even lower than the Delta Dental Premier Plan.	Pre-paid HMO type Plan. You select a Bright Now! dentist who provides all services including referrals to Specialists.	Pre-paid HMO type Plan. You select a United HealthCare dentist who provides all services including referrals to Specialists.	Pre-paid HMO type Plan. You select a DeltaCare USA dentist who provides all services including referrals to Specialists.
Area Covered	More than 9,000 Northern California Delta Dental Premier dentists.	For list of PPO dentists in your area, call Delta Dental at 1-800-765-6003. (Network is limited).	Roseville, Modesto, Fresno, Visalia, Oakland, Daly City, Fremont, Martinez, Salinas, San Jose, Pinole, Belmont, Rohnert Park, Clovis, Sacramento. Call 1-888-274-4486 for locations.	Dental Offices throughout Northern California. Call 1-800-999-3367 for a United HealthCare dentist in your area.	Dental Offices throughout Northern California. Call 1-800-422-4234 for a DeltaCare USA dentist in your area.
Choice of Dentists	Any dentist, however, you pay less out-of-pocket costs when you use a Delta Dental Premier dentist because fees are pre-negotiated and dentist cannot charge more than the pre-negotiated amount.	Visit a Delta Dental PPO dentist for lower out-of-pocket costs. You are free to use any dentist though you pay lower out-of-pocket costs when you use a Delta Dental Premier dentist and even lower costs when you use a Delta Dental PPO dentist.	Bright Now! dentist only. All services and referrals must be provided by a Bright Now! dentist. No benefits will be paid if dental services are performed by other than a Bright Now! dentist.	United HealthCare dentist only. All services and referrals must be provided by a United HealthCare dentist. No benefits will be paid if dental services are performed by other than a United HealthCare dentist.	DeltaCare USA dentist only. All services and referrals must be provided by a DeltaCare USA dentist. No benefits will be paid if dental services are performed by other than a DeltaCare USA dentist.
Annual Deductible	\$100 per person, \$300 family Diagnostic and preventative services not subject to Plan Year Deductible.	\$100 per person, \$300 family Diagnostic and preventative services not subject to Plan Year Deductible.	None	None	None
Annual Maximum	\$2,500 per person	\$2,500 per person	No maximum	No maximum	No maximum
Out of Pocket Costs	100% payable for diagnostic and preventive services. 70% payable of usual, customary and reasonable (UC&R) charges for major services.	100% payable for diagnostic and preventive services. 70% payable of usual, customary and reasonable (UC&R) charges for major services.	Minimal co-payments	Minimal co-payments	Minimal co-payments
Orthodontic Benefits	\$1,500 lifetime maximum per person.	\$1,500 lifetime maximum per person.	Start up fee of \$350. Member's co-payment up to \$2,045. Coverage for member, spouse and children.	Start up fee of \$350. Member's co-payment up to \$2,250. Coverage for member, spouse and children starting at age 10.	Start up fee of \$350. Coverage for adults is up to \$1,800 and for children is up to \$1,600.



LABORERS HEALTH AND WELFARE TRUST FUND FOR ACTIVE AND SPECIAL PLANS PARTICIPANTS SUMMARY OF VISION BENEFITS EFFECTIVE JUNE 1, 2016

Direct Payment Plan Participants – Vision coverage for all Participants enrolled in the Direct Payment Plan are provided through Anthem Blue Cross Blue View Vision Plan. The Trust Fund **does not** offer other vision plans to Participants who are in the Direct Payment Plan. If you want to change to Kaiser Vision Essentials Plan, you have to switch your hospital-medical plan first to Kaiser Permanente Plan.

Kaiser Permanente Plan Participants – Vision coverage for all **NEW** Participants as of June 1, 2016 who are enrolled in the Kaiser Permanente Plan are provided through Kaiser Vision Essentials Plan. If you became eligible prior to June 1, 2016 and currently enrolled in Anthem Blue Cross Blue View Vision Plan, you must contact the Trust Fund Office if you want to switch to Kaiser Vision Essentials Plan. Kaiser Permanente Plan Participants are allowed to switch between Anthem Blue Cross Blue View Vision Plan and Kaiser Vision Essentials Plan every annual open enrollment period (December 1 - February 15 for a March 1 effective date).

Anthem Blue Cross Blue View Vision Summary of Benefit

Covered Benefit and Frequency Limitation	IN-NETWORK PROVIDER		NON-NETWORK PROVIDER
	Plan Allowance	Your Copay	
Routine Eye Exam <i>Every 12 months</i>	Covered in full	\$10	\$37 allowance only
Eyeglass Frame <i>Every 24 months</i>	\$145	You pay the balance after \$145 allowance less 20% discount	\$40 allowance only
Eyeglass Standard Lenses <i>Every 12 months</i> 1 pair only of Single, Bifocal, Trifocal or Lenticular lenses	Covered in full	\$20 (1 pair limit)	\$34 to \$68 allowance only depending on type of lenses
Contact Lenses (Conventional) <i>Every 12 months</i>	\$120	You pay the balance after \$120 allowance less 15% discount	\$100 allowance only

Kaiser Vision Essentials Summary of Benefit – Available effective June 1, 2016

Covered Benefit and Frequency Limitation	AT KAISER PERMANENTE OPTICAL CENTERS		
	Plan Allowance	Your Copay	Notes
Routine Eye Exam <i>No limit</i>	Covered in full	\$15	No copayment for preventive screenings
Eyeglass Frame <i>Every 24 months</i>	\$145	You pay the balance after \$145 allowance	Fashionable frames priced between \$40 to \$99
Eyeglass Standard Lenses <i>Every 12 months</i>	Covered in full		1 pair only of clear plastic, single, flat-top multifocal or lenticular lenses
Contact Lenses (Conventional) <i>Every 24 months</i>	\$120	You pay the balance after \$120 allowance	Order refills online at kp2020.org/noca