Laborers Funds Administrative Office of Northern California, Inc.
5672 Stoneridge Drive, Suite 100, Pleasanton, CA 94588 | Telephone: 707-864-2800 or 800-244-4530

TO: All Eligible Active Participants and Their Dependents in the Active and Special Active Plans
RE: Comparison of Medical-Hospital Plans - Effective June 1, 2024

The Laborers Health and Welfare Trust Fund for Northern California ("Fund") offers two (2) Medical-Hospital Plans ("Medical Plan") to Active Participants and their eligible dependents who have satisfied the eligibility requirements of either the Active Laborers Plan or the Special Plan for Active Employees ("Plan").

As an Active Participant, you are allowed to: (1) initially enroll in one of the two Medical Plans listed below, and (2) change between the two Medical Plans up to a maximum of two times per calendar year.

1. **Laborers Direct Payment Plan (provides medical and prescription drug coverage)** - this is a traditional fee-for-service benefits. You are allowed to use any provider but using participating hospitals and providers (PPO) may lower your out-of-pocket costs.

2. **Kaiser Permanente Plan (provides medical and prescription drug coverage)** - this is a **H**ealth **M**aintenance **O**rganization (HMO) plan. Kaiser provides benefits at no cost or with limited copayments to you, however, your choice is limited to Kaiser approved physicians and facilities only.

When you first become eligible, you are automatically enrolled in the Laborers Direct Payment Plan for medical-hospital coverage including prescription drugs. If you live or work within Kaiser's Service Area in Northern California, you may switch to the Kaiser Permanente Plan before or after you become eligible by submitting a Medical Plan Election form. **Whichever Medical Plan you choose, your dependents must be enrolled also in the same Medical Plan.** If you would like more information about the Kaiser Permanente Plan **before** you consider a Medical Plan change, call the Fund Office and request a Kaiser Permanente Plan booklet, otherwise a booklet will be automatically mailed to you after you submit a Medical Plan Election form to the Fund Office.

Enclosed is a Comparison and Summary of Medical Plans, see pages 2 - 6, that describes in summary the type of service, how much each Medical Plan covers and your out-of-pocket cost. The Comparison has been designed to help you understand the difference between the two Medical Plans so that you can decide which Medical Plan suits your entire family's health care needs. We urge you to review the Comparison ***before*** selecting a Medical Plan. Again, you are allowed to switch Medical Plans no more than twice per calendar year. To switch between Medical Plans, request a Medical Plan Election form from the Fund Office, your Local Union or go to our website, www.lfao.org, to print or order the form. For information about Dental and Vision Plans, please refer to the Comparison for Dental and for Vision Plans.

Regardless of what Medical Plan you choose, **you are required to complete a Medical Plan Election form**. A completed Medical Plan Election form must be mailed back directly to the Fund Office at the above address – **do not mail the form directly to Kaiser Permanente**.

It is important that you notify the Fund Office immediately if you want to delete an existing dependent or add a new dependent. An Enrollment Form is required to add or delete a dependent. You may obtain an Enrollment Form by either visiting the Fund Office or any Local Union office, call the Fund Office to request a form mailed to you or print a form by visiting the Trust Funds' website at www.lfao.org.

If you need more information or have any questions, please do not hesitate to contact the Fund Office.

Sincerely,

BOARD OF TRUSTEES

Revised 5/29/2024

General Information	LABORERS Direct Payment Plan	Kaiser Permanente
MEDICAL-HOSPITAL BENEFITS		
Type of Plan	The Direct Payment Plan provides traditional, fee-for-service medical benefits and offers higher coverage when you use Anthem Blue Cross participating hospitals and providers (PPO).	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 must either live or reside within Kaiser Service Area, usually within California. If you have any question whether your residence address is a Kaiser Service Area, contact the Trust Fund Office.
Choice of Physicians	Unlimited. Use of Anthem Blue Cross participating physicians result in lower out-of-pocket expenses.	Each member may use any Kaiser Permanente Physician.
Specialized Care: In-Network Outside Network	 You select any specialist. 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 a specific referral from your Plan Physician. Cost Sharing is consistent with Plan coverage required for services if provided by a Plan Provider or referred by a Kaiser Permanente Physician.
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 and subject to authorization.
Claim Forms	None.	Required from non-Kaiser Permanente providers for emergency, out-of-area urgent care and post stabilization care.
Annual Deductible	$150 per individual, maximum of $450 per family per Plan Year (March 1 – February 28). Does not apply to Inpatient Hospital, Physical Exam, Preventive Services, Urgent Care Services 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 (January 1 – December 31).
Lifetime Benefit Maximum	None, some restrictions apply.	None. Some restrictions apply.
Out-of-Pocket Annual Maximum Medical & Hospital Expenses Only	$3,000 per individual, maximum of $6,000 per family per Plan Year. Includes your deductible, coinsurance, and copayments for charges by **PPO providers only**. Does not include your coinsurance to Non-PPO providers, penalties for not using a PPO hospital or not obtaining a pre-admission review for admission to a Non-PPO hospital, Plan exclusions and limitations.	$3,000 per individual, maximum of $6,000 per family per Calendar Year.

General Information	LABORERS Direct Payment Plan	Kaiser Permanente
Inpatient Hospital Medical/Surgery Mental Health	Not subject to Deductible. PPO Hospital - 90% of 1st $10,000 and 100% thereafter of negotiated rates. Non-PPO Hospital - 70% (90% if emergency or patient resides outside California) of 1st $10,000 and 100% thereafter of allowed charges.	Subject to Deductible. 10% Coinsurance for all covered benefits and services at Kaiser Permanente medical facilities.
Total Hip or Knee Replacement Surgery	Same as Medical/Surgery above but not to exceed $30,000 **Maximum Plan Allowance**. Higher out-of-pocket costs if you do not use a **Value-Based Site** hospital approved by the Plan.	Same as Medical/Surgery above.
Skilled Nursing Facility/ECF	Same as Medical/Surgery above.	10% Coinsurance (up to 100 days per **benefit period** when authorized by a Plan physician).
Alcohol and Substance Abuse	Same as Medical/Surgery above.	10% Coinsurance for Inpatient Detoxification when authorized by a Plan physician.
Utilization Review	Automatic part of Plan procedures. Required for most hospital stay. Up to $2,000 penalty for non-compliance if Non-PPO Hospital is used.	Automatic part of Plan procedures.
Emergency Room Outpatient Hospital	Subject to Deductible. $25 copayment each for visits 1, 2 and 3, $200 each visit thereafter per calendar year whether PPO or Non-PPO Hospital is used. PPO Hospital - 90% of negotiated rates after copayment. Non-PPO Hospital - 70% of allowed charges after copayment. Copayment waived under certain circumstances.	Subject to Deductible. 10% Coinsurance. Note: This Cost Share does not apply if you are admitted directly to the hospital as an inpatient for covered Services (see "Hospital Services" for inpatient Cost Share).
Medical Care Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Subject to Deductible. Outpatient Surgery and certain other outpatient procedures: 10% Coinsurance.
Mental Health Care Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Subject to Deductible. Inpatient psychiatric hospitalization: 10% Coinsurance. Individual outpatient mental health evaluation and treatment: $15 per visit.
Substance Abuse Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Subject to Deductible. Inpatient detoxification: 10% Coinsurance. Individual outpatient substance use disorder evaluation and treatment: $15 per visit.
Urgent Care Facility Services	Not subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Urgent care consultations, evaluations and treatment: $15 per visit.
Arthroscopic, Cataract or Colonoscopy Procedure Facility Charges	Subject to Deductible. PPO Hospital - 90%***** of negotiated rates. Non-PPO Hospital - 70%***** of allowed charges. *** - Subject to Maximum Plan Allowance (MPA):** Arthroscopy $6,000 * Cataract $2,000 * Colonoscopy $1,500 Exception: **MPA** does not apply if a **Value-Based Site facility is used.**	See Outpatient surgery and certain other outpatient procedures from KP's Benefit Summary.

General Information	LABORERS Direct Payment Plan	Kaiser Permanente
Ambulatory Surgery Center	Subject to Deductible. PPO Facility - 90% of negotiated rates. Non-PPO Facility - $500 **Maximum Plan Allowance** per day.	See Outpatient surgery and certain other outpatient procedures from KP's Benefit Summary.
Physician Fees: Office Visits	Subject to Deductible and $15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Subject to Deductible. $15 copayment.
Electronic/On-line Telehealth	Including medical, mental health and substance abuse exams. 100% of allowed charge, no Deductible and Copayment. You must use a physician through LiveHealth Online Service.	No Charge - Provided under certain circumstances to be determined during telephonic appointment intake.
Surgery	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 70% of allowed charge.	Outpatient surgery and certain other outpatient procedures: 10% Coinsurance.
Emergency Room Physician	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 90% of allowed charge.	Emergency Department visits: 10% Coinsurance.
Mental Health Visits Outpatient	Subject to Deductible and $15 copayment per visit. PPO Physician - 100% of negotiated rate. Non-PPO Physician - 70% allowed charge.	Subject to Deductible. Individual outpatient mental health evaluation and treatment: $15 per visit. Group outpatient mental health treatment: $7 per visit.
Substance Abuse Visits Outpatient	Subject to Deductible and $15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Subject to Deductible. Individual outpatient substance use disorder evaluation and treatment: $15 per visit. Group outpatient substance use disorder treatment: $5 per visit.
Smoking Cessation	Subject to Deductible and $15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Individual counseling during an office visit related to smoking cessation. No Charge.
Physical Exam and Well Baby	Not subject to Deductible and Physician Office Visit copayment. **Maximum Plan Allowance:** Participant or Spouse - $300 per exam. Child age 2+ - $200 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 through age 23 months - $0 copayment per visit.
Preventive Services	Preventive Services or procedures as identified by Patient Protection and Affordable Care Act of 2010. PPO Providers only - No cost sharing (Deductible, Copayment and Coinsurance) by the Participant, 100% payable. Preventive Services such as Physical Exam, Well Baby, Laboratory or Radiology by Non-PPO Providers will be paid at normal Plan benefits level with cost sharing by the Participant.	Not subject to Deductible. Preventive care/screening/immunization. Preventive X-rays, screenings, and laboratory tests as described in the Evidence of Coverage: $10 per encounter.
Immunizations, Injections and Inoculations	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. Most immunizations (including the vaccine): No Charge.

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Laboratory and Pathology Tests	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. Outpatient Services – Most X-rays and Laboratory tests: $10 per encounter.
Radiology: X-Rays, MRI, CT Scans	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. Outpatient Services – Most X-rays and Laboratory tests: $10 per encounter. Outpatient Services – MRI, most CT, and PET scans: 10% Coinsurance up to a maximum of $50 per procedure.
Physical and Occupational Therapy	Subject to Deductible. Subject to medical review for therapy in excess of 30 visits. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. $15 copayment per visit.
Chiropractic Care Benefits	Subject to Deductible. **Maximum Plan Allowance:** Up to 20 visits per Plan Year. PPO Provider - 100% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. Services provided by American Specialty Health (ASH) Participating Providers: Chiropractic office visits (up to a total of 20 visits per 12-month period - $5 per visit X-rays and laboratory tests that are covered Chiropractic Services – No charge. Chiropractic supports and appliances – Amounts in excess of the $50 Allowance.
Acupuncture	Subject to Deductible. Subject to medical review and number of visits per condition. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Subject to Deductible. Acupuncture Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain: Non-Physician Specialist Visits – a $15 Copayment per visit. Physician Specialist Visits – a $15 Copayment per visit.
Nutritional Health Dietary Counseling	Subject to Deductible. Subject to $15 Physician Office Visit copayment if billed as office visit. PPO Provider - 90% of negotiated rate. 100% for office visit. Non-PPO Provider - 70% of allowed charge.	Covered health education programs, which may include programs provided online and counseling over the phone: No Charge.
Ambulance	Subject to Deductible. Air ambulance covered if due to a life threatening condition. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge or 90% if due to a life threatening condition.	Subject to Deductible. 10% Coinsurance.
Durable Medical Equipment	Subject to Deductible. Prescription from attending doctor is required. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Not subject to Deductible. DME items as described in the Evidence of Coverage: 10% Coinsurance.
Hearing Aids Device	Subject to Deductible. Prescription from a physician is required. **Maximum Plan Allowance:** $1,200 per ear/device per 36 months.	Not subject to Deductible. $1,000 maximum allowance per aid/device per 36 months.
Home Health Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	Not subject to Deductible. Home health care (up to 100 visits per Accumulation Period): No charge.
Hospice Care	Subject to Deductible. 90% of negotiated rate. Must be pre-authorized by Anthem Blue Cross of California.	Not subject to Deductible. No charge.

LABORERS Direct Payment Plan	Kaiser Permanente
PRESCRIPTION DRUG BENEFITS	
CarelonRx benefits provided through Fund whether you use a Contracting or Non-Contracting Pharmacy. **CONTRACTING PHARMACY**: You pay the copayment per prescription below. **Retail** 30 day supply maximum per prescription. Generic - $10 Formulary Brand Name - $20 Non-Formulary Brand Name - $30 **Mail Order** 90 day supply maximum per prescription. Generic - $20 Formulary Brand Name - $40 Non-Formulary Brand Name - $60 Mail Order is mandatory for maintenance drugs after 3 fills. If a generic equivalent is available but you prefer brand name, you will pay for the difference in cost between the generic and brand name drug. **Out-of-Pocket Maximum for Contracting Pharmacy only** $3,000 per person up to $6,000 per family, per calendar year. Out-of-pocket maximum does not apply to prescription drugs that are excluded by the Plan and penalties for non-compliance with the Plan's Utilization Review Program. **NON-CONTRACTING PHARMACY:** You pay the full cost and submit a Reimbursement Form to CarelonRx. You will be reimbursed based upon the contract rate for a Contracting Pharmacy less the applicable copayment and other costs described above. NO OUT-OF-POCKET MAXIMUM.	You pay the copayment per prescription below for covered drugs in accordance with Health Plan Formulary guidelines. 30 day supply maximum for certain drugs. Prescriptions written by non-Kaiser physicians are not covered. **At a Kaiser Pharmacy** Generic: $10 for up to 30 day supply. $20 for up to 100 day supply. Brand Name: $20 for up to 30 day supply. $40 for up to 100 day supply. **Mail Order** Generic: $20 for up to 100 day supply. Brand Name: $40 for up to 100 day supply.

☎ Telephone Numbers and 🌐 Website Address

Laborers Direct Payment Plan (Laborers Fund Administrative Office): 1-800-244-4530 or 1-707-864-2800 * www.lfao.org

Kaiser Permanente: 1-800-464-4000 (English) or 1-800-788-0616 (Spanish) * www.kaiserpermanente.org
When calling, refer to Group Number 603306 for Active Plan or Group Number 603308 for Special Plan

This Comparison and Summary of Medical Plans 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 Plan to Plan. The contents of this Comparison are not to be construed or accepted as a substitute for the provisions of the Active and Special Active Laborers Direct Payment Plans' Rules and Regulations or Kaiser Permanente's contract.