



Laborers Health and Welfare Trust Fund for Northern California
220 Campus Lane * Fairfield, California 94534-1498
Telephone: (707) 864-2800 Toll-Free: (800) 244-4530
Website: www.norcalaborers.org

TO: ALL RETIRED LABORERS AND THEIR ELIGIBLE DEPENDENTS COVERED UNDER THE RETIRED LABORERS PLAN EFFECTIVE MARCH 1, 2019

The Trust Fund offers Retired Participants and their eligible dependents three (3) Medical-Hospital and Prescription Drug plans, see below. You are free to change Medical-Hospital and Prescription Drug Plan twice in a calendar year. To change Plans, request a Retired Plan Application Form from the Fund Office, your Local Union or go to our website, www.norcalaborers.org, to print or order the form.

- 1. Laborers Direct Payment Plan (provides medical and prescription drug coverage)** - a traditional fee-for-service plan for both Non-Medicare and Medicare eligible individuals. This plan provides traditional fee-for-service benefits and you may use any provider or hospital, however, using participating providers (PPO) may lower your out-of-pocket costs.
- 2. Anthem Blue Cross Medicare Preferred PPO (provides medical coverage only)** - a Medicare Advantage plan *for Medicare eligible individuals only*. This plan uses a network of health care providers but gives you the freedom to use providers outside of their network. The Medicare eligible individual in your family may enroll in Anthem's Medicare Preferred PPO but if there's a Non-Medicare individual, he/she must enroll in the Laborers Direct Payment Plan. Prescription Drug coverage will be provided under the Laborers Direct Payment Plan.
- 3. Kaiser Permanente Plan (provides medical and prescription drug coverage)** - a Health Maintenance Organization (HMO) plan for both Non-Medicare and Medicare eligible individuals. Kaiser provides benefits at either no cost to you or with limited copayments; however, Kaiser limits your choice of physicians and facilities. If you elect Kaiser, your entire eligible family members must also enroll in Kaiser.

The enclosed Comparison and Summary of Benefits (see pages 3 to 6) is designed to help you choose a medical plan that suits your entire family's health care needs. We urge you to review the Comparison and the Monthly Self-Payment Rates (see page 2) *before* selecting a plan. You are allowed to change your plan no more than twice per calendar year. For enrollment in the Dental and Vision Plans, see pages 7 and 8.

Whether you select the Laborers, Anthem or Kaiser Plan, **you must complete a Laborers Retired Plan Application Form**. You must also complete a **Kaiser Permanente Senior Advantage (KPSA) election form** or Anthem Blue Cross Medicare Preferred PPO Enrollment Election Form for each Medicare eligible individual enrolling in Kaiser or Anthem Medicare Plan. All forms that require completion must be mailed to the Trust Fund Office at the above address – **do not mail any of the forms directly to Kaiser or Anthem**.

Please remember to notify the Trust Fund Office if you or any of your enrolled dependents become eligible for Medicare. If there is any change in your dependent status, you must complete and submit a new Enrollment Form. For example, if you want to add your dependent spouse or children, complete a new Enrollment Form and submit the required proof of relationship document as listed on the Enrollment Form. If you want to delete a dependent, you must also submit a new Enrollment Form. If you fail to notify the Trust Fund Office of a change to Medicare eligibility or dependent status, it may result payment errors of your claims or your monthly premium for coverage. Enrollment Forms are available at your Local Union, the Trust Funds' web site or call the Trust Fund Office to obtain one.

If you need more information or have any questions, please do not hesitate to contact the Trust Fund Office. The staff will be happy to assist you.

Sincerely,

BOARD OF TRUSTEES

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LABORERS HEALTH AND WELFARE TRUST FUND FOR NORTHERN CALIFORNIA

MONTHLY SELF-PAYMENT RATES EFFECTIVE MARCH 1, 2019

Medical-Hospital and Prescription Drug Plan Only – The Trust Fund offers 3 Medical-Hospital and Prescription Drug Plans. Please note that the **Anthem Blue Cross Preferred PPO is for Medicare eligible individuals only**. If only you or your spouse has Medicare and the other is Non-Medicare, the Medicare eligible individual may elect Anthem Blue Cross Medicare Preferred PPO but the Non-Medicare individual must enroll in the Laborers Direct Payment Plan. If you have both Medicare, you are allowed to split Plans, meaning you may enroll in Anthem Medicare Preferred PPO and your spouse in Laborers Direct Payment Plan (or vice versa). You pay 100% of the rate shown in the table below for the Plan coverage that you elected unless you are entitled to a 25% or 50% Subsidy based upon the following criteria:

50% Subsidy (you pay 50% of the rate shown) – If you are age 55 or over (age 55 means the month following your 55th birthday) and earned 25 Years of Credited Service, or regardless of age and Years of Credited Service, you were approved a Disability Pension based on a Social Security Disability Award, or regardless of Years of Credited Service, you are age 70 (age 70 means the month following your 70th birthday)

25% Subsidy (you pay 75% of the rate shown) – If you are age 55 or over and earned 10 - 24 Years of Credited Service

Dental Plan - The Trust Fund offers 3 Dental Plans: Anthem Blue Cross Dental Complete, DeltaCare USA and PrimeCare Dental (Union Dental)

Vision Plan - The Trust Fund offers 2 Vision Plans: Anthem Blue Cross Blue View Vision and Kaiser Vision Essentials

The 25% or 50% Subsidy **does not apply** to Dental and Vision Plans.

TYPE OF COVERAGE	Medical-Hospital and Prescription Drug Plan Only				Dental Plan	Vision Plan
	Laborers Direct Payment Plan	Anthem Blue Cross Medicare Preferred PPO (Medicare only)	Kaiser Permanente (Non-Medicare)	Kaiser Permanente Senior Advantage (Medicare)	You pay 100% of the rate shown below PLUS the rate for the Medical-Hospital and Prescription Drug Plan that you elected.	
One Medicare	\$394	\$342		\$376	Regardless of family size, the monthly premium is the same.	Regardless of family size, the monthly premium is the same.
Two Medicare	\$775	\$684		\$753		
	\$736 (one is enrolled in Laborers Plan and the other one is enrolled in Anthem Blue Cross Medicare Preferred PPO Plan)				Anthem Blue Cross \$67	Anthem Vision \$11
One Non-Medicare	\$1,018		\$1,113			
Two Non-Medicare	\$2,033		\$2,225		DeltaCare USA \$48	*Kaiser Vision \$5
One Medicare and One Non-Medicare	\$1,412	\$1,360 (Non-Medicare individuals must enroll in Laborers Direct Payment Plan)	\$1,489			
One Medicare and Two Non-Medicare			\$2,416		PrimeCare Dental (Union Dental) \$65	
Family (3 or more) If your family mix is different from above, call the Fund Office for the specific rates.	\$2,033 Non-Medicare Family		\$3,152 Non-Medicare Family	\$376 per Medicare person, Non-Medicare individuals may enroll in Kaiser Non-Medicare Plan		* - if you are enrolled in the Laborers Direct Payment Plan, you are not allowed to choose Kaiser Vision.

**RETIRED LABORERS HEALTH AND WELFARE PLAN
COMPARISON AND SUMMARY OF BENEFITS - EFFECTIVE MARCH 1, 2019**

GENERAL INFORMATION	LABORERS Direct Payment Plan for Non-Medicare Individuals	Kaiser Permanente for Non-Medicare Individuals	Kaiser Permanente Senior Advantage for Medicare Individuals
<p>IMPORTANT for Medicare Eligible Individuals: The Medical-Hospital Benefits described in the column "LABORERS Direct Payment Plan for Non-Medicare Individuals" are for Non-Medicare individuals only under the Laborers Direct Payment Plan. For individuals with Medicare, the Laborers Direct Payment Plan and Anthem Blue Cross Medicare Preferred PPO Plans have the same level of coverage as follows: the Plan will pay 100% of the Medicare Part A (Hospitalization) deductible and/or coinsurance; 100% of the Medicare individual's responsibility under Part B provided the expenses are covered by the Plan. If you have Medicare and you elect Anthem Blue Cross Medicare Preferred PPO Plan, any eligible member in your family without Medicare MUST enroll in the Laborers Direct Payment Plan.</p>			
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 providers.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area.	Care is provided through physicians or medical staff at a Kaiser Permanente facility located in the member's service area. Medicare will not pay for or provide benefits for services received outside the Kaiser's Medicare Program.
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 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 physicians result in lower out-of-pocket expenses.	Each member may use any 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.	
Outside Network	You select any specialist.	An outside specialist requires 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. 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.	None.	
Lifetime Benefit Maximum	\$750,000 per individual, \$2,000 reinstatement per Plan Year.	None. Some restrictions apply. \$1,500 maximum out-of-pocket per individual up to \$3,000 per family per year.	

GENERAL INFORMATION	LABORERS Direct Payment Plan for Non-Medicare Individuals	Kaiser Permanente for Non-Medicare Individuals	Kaiser Permanente Senior Advantage for Medicare Individuals
Inpatient Hospital Medical/Surgery Mental Health	Not subject to Deductible. Anthem Blue Cross Hospital: 85% of 1st \$10,000 and 100% thereafter of negotiated rates. Non- Anthem Blue Cross Hospital: 65% of 1st \$10,000 and 100% thereafter of allowed charges. Exception: For emergencies and members residing outside California – 85%)	100% for all covered benefits and services at Kaiser Permanente medical facilities.	100% 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.	Same as Medical/Surgery above.	Same as Medical/Surgery above.
Skilled Nursing Facility/ECF	Same as Medical/Surgery above.	100% for up to 100 days per benefit period when authorized by a Plan physician.	100% for up to 100 days per benefit period when authorized by a Plan physician.
Alcohol and Substance Abuse	Same as Medical/Surgery above.	100% for detoxification and rehabilitation services when authorized by a Plan physician.	100% for detoxification and rehabilitation services when authorized by a Plan physician.
Utilization Review	Automatic part of Plan procedures. Required for most hospital stay. Non-PPO elective admissions only - 20% penalty of first \$10,000 of allowed charges for non-compliance.	Automatic part of Plan procedures.	
Outpatient Hospital Care	Subject to Deductible. Anthem Blue Cross - 90% of negotiated rates. Non-Anthem Blue Cross – 90% of allowed charges.	\$10 copayment per visit for most outpatient services.	
Emergency Room Hospital	Subject to Deductible. Anthem Blue Cross - 90% of negotiated rate after a \$25 copayment. Non-Anthem Blue Cross - 90% of allowed charges after a \$50 copayment. Copayment waived under certain circumstances.	\$50 copayment per visit. Copayment waived if admitted.	
Ambulatory Surgery Center	Subject to Deductible. Anthem Blue Cross - 90% of negotiated rates. Non-Anthem Blue Cross - \$500 max per day.	100% at a Kaiser Permanente medical facility, subject to a \$10 copayment.	
Home Health Care	90% of covered charges - only upon referral by Case Management.	100% when authorized by a Plan physician for part-time intermittent care.	
Hospice Care	90% of covered charges - only upon referral by Case Management.	100% when selected as alternative to traditional services and authorized by a Plan physician. For Non-Medicare members: Up to 100 visits per Accumulation Period.	
Ambulance	Subject to Deductible. 75% of Allowed Charge*	100% per trip	
Physician Fees: Office Visits	Subject to Deductible. 75% of Allowed Charge*, less \$20 copayment per visit.	100% after \$10 copayment per visit.	100% after \$10 copayment per visit.

GENERAL INFORMATION	LABORERS Direct Payment Plan for Non-Medicare Individuals	Kaiser Permanente for Non-Medicare Individuals	Kaiser Permanente Senior Advantage for Medicare Individuals
Electronic/On-line Medical Evaluation	Not subject to Deductible. You must use a physician through LiveHealth Online Service. 100% of allowed charge after \$10 copayment per visit.	N/A	N/A
Surgery	Subject to Deductible. 75% of Allowed Charge*	Inpatient - 100%. Outpatient - 100% after a \$10 copayment.	Inpatient - 100%. Outpatient - 100% after a \$10 copayment.
Physical Exam	Not subject to Deductible and Physician Office Visit copayment. Retirees and spouse: \$300 maximum per Plan Year; children older than 2 years old: \$200 maximum per Plan Year.	100% after a \$10 copayment.	100% after a \$10 copayment.
Emergency Room Physician	Subject to Deductible. 75% of Allowed Charge*	Inclusive with hospital charges – see Emergency Room Hospital.	Inclusive with hospital charges – see Emergency Room Hospital.
Immunizations Inoculations	Subject to Deductible. 75% of Allowed Charge*	100%.	
Outpatient Substance Abuse Treatment	Subject to Deductible. 75% of Allowed Charge*	Individual Therapy: 100% after \$10 copayment per visit. Group Therapy: 100% after \$5 copayment per visit.	
Mental Health Outpatient	Subject to Deductible. 75% of Allowed Charge*, less \$20 copayment per visit.	Individual Therapy: 100% after \$10 copayment per visit. Group Therapy: 100% after \$5 copayment per visit.	
Lab Test, X-Ray, MRI, CT Scan	Subject to Deductible. 75% of Allowed Charge*	100%.	
Chiropractic Benefits	Subject to Deductible. \$40 per visit up to 20 visits per Plan Year. X-rays limited to \$100 per Plan Year.	Not covered.	
Physical Therapy	Subject to Deductible. 75% of Allowed Charge*	100% after a \$10 copayment per visit.	
Durable Medical Equipment	Subject to Deductible. 75% of Allowed Charge*	100% when prescribed by a Plan physician and in accordance with Health Plan DME Formulary guidelines.	
Hearing Aids Device	Subject to Deductible. \$1,200 maximum per ear/device per 36 months.	No hardware appliances are covered. Only testing or exam is covered.	
Vision Care	IMPORTANT: TO ALL MEDICARE & NON-MEDICARE INDIVIDUALS ENROLLED IN THE LABORERS DIRECT PAYMENT OR ANTHEM MEDICARE PREFERRED PPO PLAN: Vision care expenses such as eye exam, frames and lenses are not covered under the Medical-Hospital Benefits. For vision care coverage, you have an option to elect Anthem Blue Cross Blue View Vision for an additional monthly cost - see Comparison and Summary of the Vision Plans on page 8 for more information. You must pay for vision care coverage for a minimum of 6 months .	Kaiser’s medical plan provides for an eye exam only at 100% after a \$10 copayment. For complete vision care coverage, you have an option to elect Anthem Blue Cross Blue View Vision or Kaiser Vision Essentials for an additional monthly cost - see Comparison and Summary of the Vision Plans on page 8 for more information. You must pay for vision care coverage for a minimum of 6 months and allowed to change plans every March 1.	Kaiser’s <i>Senior Advantage</i> provides up to \$150 eyewear allowance every 24 months. For complete vision care coverage, you have an option to elect Anthem Blue Cross Blue View Vision or Kaiser Vision Essentials for an additional monthly cost - see Comparison and Summary of the Vision Plans on page 8 for more information. You must pay for vision care coverage for a minimum of 6 months and allowed to change plans every March 1.

GENERAL INFORMATION	LABORERS Direct Payment Plan for Non-Medicare Individuals	Kaiser Permanente for Non-Medicare Individuals	Kaiser Permanente Senior Advantage for Medicare Individuals
Prescription Drugs	<p>OptumRx benefits provided through Fund whether you are enrolled in the Laborers Direct Payment Plan or Anthem Blue Cross Medicare Preferred PPO Plan.</p> <p><u>Retail</u> - You pay the copayment per prescription below. 30 day supply maximum per prescription: Generic - \$10 Formulary Brand Name - \$20 Non-Formulary Brand Name - \$30</p> <p><u>Mail Order</u> - You pay the copayment per prescription below. 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.</p> <p><u>Maximum</u> - \$20,000 per individual, per calendar year combined retail and mail order.</p> <p>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.</p>	<p>You pay the copayment per prescription below at Kaiser Permanente pharmacies; 100 day supply of generic or medically necessary prescribed brand name drugs in accordance with Health Plan Formulary guidelines.</p> <p>Generic - \$5 Brand Name - \$15</p>	<p>You pay the copayment per prescription below for covered drugs in accordance with Health Plan Formulary guidelines.</p> <p><u>At a Kaiser Pharmacy</u> Generic: \$5 for up to 30 day supply. \$10 for 31 - 60 day supply. \$15 for 61 - 100 day supply. Brand Name: \$10 for up to 30 day supply. \$20 for 31 - 60 day supply. \$60 for 61 - 100 day supply.</p> <p><u>Mail Order</u> Generic: \$5 for up to 30 day supply. \$10 for 31 - 100 day supply. Brand Name: \$10 for up to 30 day supply. \$20 for 31 - 100 day supply.</p>
DENTAL PLAN BENEFITS			
<p>Three optional Dental Plans are available for an additional monthly cost (see Comparison and Summary of the Dental Plans on page 7 for more information) whether you are enrolled in the Laborers Direct Payment Plan, Anthem Blue Cross Medicare Preferred PPO Plan or Kaiser Permanente:</p> <ol style="list-style-type: none"> 1. Anthem Blue Cross Dental Complete 2. DeltaCare USA 3. PrimeCare Dental (Union Dental) <p>You must pay for dental care coverage for a minimum of 6 months. You are allowed to change dental plans every March 1.</p>			
Toll-Free Numbers			
<p>Laborers Direct Payment Plan (Trust Fund Office): 1-800-244-4530 Anthem Blue Cross Medicare Preferred PPO Plan: 1-833-848-8729 Kaiser Permanente: 1-800-464-4000 (English) * 1-800-788-0616 (Spanish) Refer to Group Number 603307 when calling.</p>			

***Allowed Charge – 75% of the negotiated rate for Anthem Blue Cross providers or 75% of allowed charge for non-Anthem Blue Cross providers.**

This Comparison and Summary 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 Plan to Plan. The contents of this comparison are not to be construed or accepted as a substitute for the provisions of the Retired Laborers Direct Payment Plan’s Rules and Regulations, Anthem Blue Cross Medicare Preferred PPO or Kaiser Permanente’s contract.



LABORERS HEALTH AND WELFARE TRUST FUND FOR RETIRED PLAN PARTICIPANTS COMPARISON AND SUMMARY OF THE DENTAL PLANS EFFECTIVE MARCH 1, 2019

Plan Features	Anthem Blue Cross (ABC) Dental Complete	PrimeCare (Union Dental)	DeltaCare USA
<i>Monthly Premium</i>	\$67 regardless of family size	\$65 regardless of family size	\$48 regardless of family size
<i>Type of Plan</i>	Traditional Fee-for-Service Dental Plan.	Pre-paid HMO Dental Plan.	Pre-paid HMO Dental Plan.
<i>Choice of Dentists</i>	You may select any dentist. Your out-of-pocket costs is greater if you use a non-ABC dentist. Emergency dental care outside USA are covered under International Emergency Dental Program.	All services and referrals must be provided by a PrimeCare dentist. No benefits will be paid if dental services are performed by other than a PrimeCare dentist.	All services and referrals must be provided by a DeltaCare dentist. No benefits will be paid if dental services are performed by other than a DeltaCare dentist.
<i>Area Covered</i>	Any dentist within USA. ABC dentists located within California. Outside California, dentists participate in Anthem Blue Cross Blue Shield dental network.	Dental offices within Northern California.	Dental offices within Northern California.
<i>Annual Deductible</i>	\$50 per person, \$150 per family. Preventative and diagnostic services are NOT subject to the Deductible.	None	None
<i>Annual Maximum</i>	\$2,500 per person	No maximum	No maximum
<i>Participant Coinsurance Copayment</i>	0% for preventive & diagnostic services; 30% for major services.	No copayments	Varying copayments
<i>Orthodontic Benefits</i>	Not covered	Member Copayments: Start-Up Fee Adult: \$200 Start-Up Fee Child: \$100 Treatment Adult: \$3,400 Treatment Child: \$1,350	Member Copayments: Start-Up Fee: \$350 Treatment Adult: \$1,800 Treatment Child: \$1,600
<i>Phone No. & Website</i>	1-877-567-1804 anthem.com/ca/mydentalvision	1-866-998-3944 primecaredental.net	1-800-422-4234 deltadentalins.com

THIS IS NOT A COMPREHENSIVE LISTING OF ALL COVERED DENTAL SERVICES AND OTHER LIMITATIONS AND EXCLUSIONS MAY APPLY.



**LABORERS HEALTH AND WELFARE TRUST FUND
FOR RETIRED PLAN PARTICIPANTS
COMPARISON AND SUMMARY OF THE VISION PLANS EFFECTIVE MARCH 1, 2019**

Direct Payment Plan Participants – Vision coverage is provided through Anthem Blue Cross Blue View Vision Plan. The Trust Fund **does not** offer other vision plans to Retired Participants who are enrolled in the Direct Payment Plan. If you want to change to Kaiser Vision Essentials Plan, you have to switch your Medical-Hospital and Prescription Drug Plan first to Kaiser Permanente.

Kaiser Permanente Plan Participants – Vision coverage is provided through Kaiser Vision Essentials Plan, however, Retired Participants who are enrolled in the Kaiser Permanente Plan are allowed to switch between Kaiser Vision Essentials Plan and Anthem Blue Cross Blue View Vision Plan every annual open enrollment period (December 1 - February 15 for a March 1 effective date).

Anthem Blue Cross Blue View Vision - Premium Rate - \$11 per month (regardless of family size)

Covered Benefit and Frequency Limitation	IN-NETWORK PROVIDER		NON-NETWORK PROVIDER
	Plan Allowance	Your Copayment	
Routine Eye Exam <i>Every 12 months</i>	Covered in full	\$10	\$37 allowance only
Eyeglass Frame <i>Every 12 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	\$10 (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 - Premium Rate - \$5 per month (regardless of family size)

Covered Benefit and Frequency Limitation	AT KAISER PERMANENTE OPTICAL CENTERS		
	Plan Allowance	Your Copayment	Notes
Routine Eye Exam <i>No limit</i>	Covered in full	\$10	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 12 months</i>	\$120	You pay the balance after \$120 allowance	Order refills online at kp2020.org/noca

THIS IS NOT A COMPREHENSIVE LISTING OF ALL COVERED VISION SERVICES AND OTHER LIMITATIONS AND EXCLUSIONS MAY APPLY.