



TO: All Eligible Retired Participants and Their Dependents
RE: Comparison of Medical-Hospital Plans - Effective March 1, 2021

The Laborers Health and Welfare Trust Fund for Northern California (“Fund”) offers three (3) Medical-Hospital Plans (“Medical Plan”) to Retired Participants and their eligible dependents who have satisfied the eligibility requirements of the Retired Laborers Plan (“Plan”). As a Retired Participant, you are allowed to: (1) initially enroll in one of the three Medical Plans listed below, and (2) change Medical Plans up to a maximum of two times per calendar year.

- 1. Laborers Direct Payment Plan (provides medical and prescription drug coverage)** - for both Non-Medicare and Medicare eligible individuals. This Medical Plan provides 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. Anthem Blue Cross Medicare Preferred PPO Plan (provides medical coverage only) - for Medicare eligible individuals only.** This is a Medicare Advantage plan that 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 Plan but any Non-Medicare individual in your family must enroll in the Laborers Direct Payment Plan. Prescription Drug coverage is provided under the Laborers Direct Payment Plan if you choose **Anthem Blue Cross Medicare Preferred PPO Plan**.
- 3. Kaiser Permanente Plan (provides medical and prescription drug coverage)** - for both Non-Medicare and Medicare eligible individuals. This is a **Health Maintenance Organization (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. If you choose Kaiser, you and your dependents, with or without Medicare, must all enroll in Kaiser.

Enclosed is a Comparison and Summary of Medical Plans that describes in summary the type of service, how much each Medical Plan covers and your out-of-pocket cost (see pages 3 – 7). The Comparison has been designed to help you understand the difference of the three 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 and the Monthly Self-Payment Rates **before** selecting a Medical Plan (see page 2). Again, you are allowed to switch Medical Plans no more than twice per calendar year. To switch to another Medical Plan, request a Medical Plan Election form from the Fund Office, your Local Union or go to our website, www.norcalaborers.org, to print or order the form. If you are eligible to enroll in the optional 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**. 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 required forms to enroll in a Medical Plan must be mailed back directly to the Fund Office at the above address – **do not mail any of the forms directly to Kaiser Permanente or Anthem Blue Cross**.

It is important that you notify the Fund Office immediately if the following event occurs: (1) you or any of your enrolled dependents become eligible for Medicare, or (2) you want to delete an existing dependent from or add a new dependent to your Medical Plan such as your spouse or child. If you fail to notify the Fund Office of a change to Medicare eligibility or dependent status, it may result an overpayment or underpayment of your medical claims and/or monthly premium that you pay for coverage. 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, calling the Fund Office to request a form be mailed to you or printing 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 2/4/2021

- MEDICAL PLAN (including Prescription Drug benefits)** - The Fund offers the following 3 Medical Plans: (1) **Laborers Direct Payment Plan**, (2) **Anthem Blue Cross Medicare Preferred PPO Plan** and (3) **Kaiser Permanente Plan**. 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's Medicare Preferred PPO Plan, but the Non-Medicare individual must enroll in the Laborers Direct Payment Plan. If you both have Medicare, you are allowed to split Medical Plans, meaning you may enroll in Anthem's Medicare Preferred PPO Plan and your spouse in Laborers Direct Payment Plan (or vice versa). You pay 100% of the rate shown in the table below for the Medical 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 Fund offers the following 2 Dental Plans: Anthem Blue Cross Dental Complete and DeltaCare USA.
 - VISION PLAN** - The Fund offers the following 2 Vision Plans: Anthem Blue Cross Blue View Vision and Kaiser Vision Essentials
- IMPORTANT:** Self-Payment Rates are subject to change every March 1. The Subsidy **does not apply** to Dental and Vision Plans.

TYPE OF COVERAGE	Medical Plan (including Prescription Drug benefits)				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 (subject to Subsidy) for the Medical Plan that you elected.	
One Medicare	\$375	\$319		\$357	Regardless of family size, the monthly premium is the same.	Regardless of family size, the monthly premium is the same.
Two Medicare	\$734	\$637		\$714		
	\$694 (one is enrolled in Laborers Plan and the other one is enrolled in Anthem Blue Cross Medicare Preferred PPO Plan)				Anthem Blue Cross \$63	Anthem Vision \$10
One Non-Medicare	\$1,176		\$1,196			
Two Non-Medicare	\$2,349		\$2,393		DeltaCare USA \$47	*Kaiser Vision \$5
One Medicare and One Non-Medicare	\$1,551	\$1,495 (Non-Medicare individuals must enroll in Laborers Direct Payment Plan)	\$1,553			
One Medicare and Two Non-Medicare			\$2,548			
Family (3 or more) If your family mix is different from above, call the Fund Office for the specific rates.	\$2,349 Non-Medicare Family		\$3,387 Non-Medicare Family	\$357 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.





General Information	LABORERS Direct Payment Plan <i>for Non-Medicare Individuals</i>	Kaiser Permanente <i>for Non-Medicare Individuals</i>	Kaiser Permanente Senior Advantage <i>for Medicare Individuals</i>
<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 Plan have the same level of coverage as follows: 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>			
<p>MEDICAL-HOSPITAL BENEFITS</p>			
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.	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 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 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.	
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 calendar year.	
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.	None.	

General Information	LABORERS Direct Payment Plan for Non-Medicare Individuals	Kaiser Permanente for Non-Medicare Individuals	Kaiser Permanente Senior Advantage for Medicare Individuals
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.	For Services subject to the maximum, you will not pay any more Cost Share for the rest of the calendar year if the Copayments and Coinsurance you pay for those Services add up to the following amount: for any one Member = \$1,500 per calendar year.	
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%* of 1st \$10,000 and 100% thereafter of allowed charges. * - 90% if emergency admission or patient resides outside California.	Hospital inpatient care (including room and board, drugs, imaging, laboratory, other diagnostic and treatment Services, and Plan Physician Services): No charge.	
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.	Outpatient surgery and outpatient procedures (including imaging and diagnostic Services) when performed in an ambulatory surgery center or in a hospital operating room, or any setting where a licensed staff member monitors your vital signs as you regain sensation after receiving drugs to reduce sensation or minimize discomfort: \$10 per procedure.	
Skilled Nursing Facility/ECF	Same as Medical/Surgery above.	Skilled nursing facility services up to 100 days per benefit period: No charge.	
Alcohol and Substance Abuse	Same as Medical/Surgery above.	Inpatient detoxification: No charge. Individual outpatient substance use disorder evaluation and treatment: \$10 per visit. Group outpatient substance use disorder treatment: \$5 per visit.	
Utilization Review	Automatic part of Plan procedures. Required for most hospital stay. Up to \$2,000 penalty for non-compliance if admitted to Non-PPO Hospital.	Automatic part of Plan procedures.	
Medical Care Outpatient Hospital	Subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Outpatient surgery and certain other outpatient procedures: \$10 per procedure.	
Emergency Room Outpatient Hospital	Subject to Deductible. \$25 copayment each for visits 1, 2 and 3, \$50 each visit thereafter per calendar year whether PPO or Non-PPO Hospital is used. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges. Copayment waived under certain circumstances.	\$50 copayment per visit. Copayment waived if admitted.	
Urgent Care Facility Services	Not subject to Deductible. PPO Hospital - 90% of negotiated rates. Non-PPO Hospital - 70% of allowed charges.	Urgent Care visits: \$10 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
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.	Outpatient surgery and certain other outpatient procedures: \$10 per procedure.	
Ambulatory Surgery Center	Subject to Deductible. PPO Facility - 90% of negotiated rates. Non-PPO Facility - \$500 Maximum Plan Allowance	Outpatient surgery and certain other outpatient procedures: \$10 per procedure.	
Home Health Care	Subject to Deductible. 90% of covered charges. Only upon referral by Case Management.	Home health care Services (Up to 2 hours maximum/visit, up to 3 visits maximum/day, up to 100 visits maximum/year): No charge.	
Hospice Care	Subject to Deductible. 90% of covered charges. Only upon referral by Case Management.	No charge.	
Physician Fees: Office Visits	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	\$10 per visit.	
Electronic/On-line Telehealth	Including medical, mental health and substance abuse exams. You must use a physician through LiveHealth Online Service. 100% of allowed charge, no Deductible and Copayment.	Telehealth Visits – Interactive video visits or scheduled telephone visits: Primary Care Visits and Non-Physician Specialist Visits – No charge. Physician Specialist Visits – No charge.	
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 per procedure.	
Emergency Room Physician	Subject to Deductible. PPO Physician - 90% of negotiated rate. Non-PPO Physician - 90% of allowed charge.	Emergency Department Visits: \$50 per visit.	
Physical Exam and Well Baby	Not subject to Deductible and Physician Office Visit copayment. Maximum Plan Allowance: Participant or Spouse - \$300 per exam. Child older than 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.	Routine physical exams, including well-woman and preventive exams for Members age 2 and older: \$10 per visit. Well-child preventive exams for Members through age 23 months: \$5 per visit.	Annual Wellness visit and the “Welcome to Medicare” preventive visit: No charge.
Immunizations Inoculations	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Immunizations (including the vaccine) administered to you in a Plan Medical Office: No charge.	

General Information	LABORERS Direct Payment Plan for Non-Medicare Individuals	Kaiser Permanente for Non-Medicare Individuals	Kaiser Permanente Senior Advantage for Medicare Individuals
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. 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.	Screening and counseling Services when provided during a routine physical exam or a well-child preventive exam, such as obesity counseling, routine vision and hearing screenings, alcohol and substance abuse screenings, health education, depression screening, and developmental screenings to diagnose and assess potential developmental delays: No charge.	
Substance Abuse Outpatient	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% of negotiated rate. Non-PPO Physician - 70% allowed charge.	Inpatient detoxification: No charge. Individual outpatient substance use disorder evaluation and treatment: \$10 per visit. Group outpatient substance use disorder treatment: \$5 per visit.	
Mental Health Outpatient	Subject to Deductible and \$15 copayment per visit. PPO Physician - 100% negotiated rate. Non-PPO Physician - 70% allowed charge.	Inpatient psychiatric hospitalization: No charge. Individual outpatient mental health evaluation and treatment: \$10 per visit. Group outpatient mental health 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.	
Lab Test, X-Ray, MRI, CT Scan	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	No charge.	
Chiropractic 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 covered.	
Physical Therapy	Subject to Deductible. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Outpatient physical, occupational, and speech therapy: Individual \$10 per visit, Group \$5 per visit. Physical, occupational, and speech therapy provided in an organized, multidisciplinary rehabilitation day-treatment program: \$10 per day.	
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.	
Durable Medical Equipment	Subject to Deductible. Rx required from a physician. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge.	Covered durable medical equipment for home use: No charge.	
Ambulance	Subject to Deductible. Air ambulance covered if life threatening condition. PPO Provider - 90% of negotiated rate. Non-PPO Provider - 70% of allowed charge or 90% if life threatening condition.	No charge.	
Hearing Aids Device	Subject to Deductible. Maximum Plan Allowance: \$1,200 per ear/device per 36 months.	Hearing aid(s), including, fitting, counseling, adjustment, cleaning, and inspection: Not covered. Hearing exams with an audiologist to determine the need for hearing correction: \$10 per visit.	

LABORERS Direct Payment Plan <i>for Medicare and Non-Medicare Individuals</i>	Kaiser Permanente <i>for Non-Medicare Individuals</i>	Kaiser Permanente Senior Advantage <i>for Medicare Individuals</i>
PRESCRIPTION DRUG BENEFITS		
<p>OptumRx benefits provided through Fund whether you use a Contracting or Non-Contracting Pharmacy.</p> <p>CONTRACTING PHARMACY: You pay the copayment per prescription below.</p> <p>Retail 30 day supply maximum per prescription: Generic - \$10 * Formulary Brand Name - \$20. Non-Formulary Brand Name - \$30.</p> <p>Mail Order 90 day supply maximum per prescription: Generic - \$20 * Formulary Brand Name - \$40. Non-Formulary Brand Name - \$60.</p> <p>Mail Order is mandatory for maintenance drugs after 3 fills.</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>Maximum: \$20,000 maximum payable per individual, per calendar year for combined retail and mail order.</p> <p>Out-of-Pocket Maximum for Contracting Pharmacy only \$3,000 per person up to \$6,000 per family, per calendar year. 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.</p> <p>NON-CONTRACTING PHARMACY: You pay the full cost and submit a Reimbursement Form to OptumRx. 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.</p>	<p>You pay the copayment per prescription below at Kaiser Permanente pharmacies; up to a 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>Prescriptions written by non-Kaiser physicians are not covered.</p> <p>At a Kaiser Pharmacy</p> <p>Generic: \$5 for up to 30 day supply. \$10 for 31 - 60 day supply. \$15 for 61 - 100 day supply.</p> <p>Brand Name and specialty drugs: \$10 for up to 30 day supply. \$20 for 31 - 60 day supply. \$30 for 61 - 100 day supply.</p> <p>Mail Order</p> <p>Generic: \$5 for up to 30 day supply. \$10 for 31 - 100 day supply.</p> <p>Brand Name and specialty drugs: \$10 for up to 30 day supply. \$20 for 31 - 100 day supply.</p>

 **Telephone Numbers and**  **Website Addresses**

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

Anthem Blue Cross Medicare Preferred PPO Plan: 1-833-848-8729 * www.anthem.com/ca * When calling, refer to Group Number CAEGR010

Kaiser Permanente: 1-800-464-4000 (English) or 1-800-788-0616 (Spanish) * www.kaiserpermanente.org * When calling, refer to Group Number 603307

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 Retired Laborers Direct Payment Plan's Rules and Regulations, Anthem Blue Cross Medicare Preferred PPO or Kaiser Permanente's contract.