



Carpenters Health & Welfare Trust Fund for California

Retiree Plan Comparison - Medicare Coordinated

BENEFITS AT A GLANCE

This summary is a brief description of Carpenters Health and Welfare Plan benefits. In all cases, the Plan Rules and Regulations, including any amendments, will be the basis for the payment of any benefits.

► When to Contact the Trust Fund Office	
When you have questions about: Eligibility, Benefits, COBRA	Direct line: (510) 633-0333 Toll Free: (888)547-2054 Email: benefitservices@carpenterfunds.com Web: www.carpenterfunds.com
► Dental Benefit Contact	
Delta Dental (PPO) (800) 765-6003, Web: www.deltadentalins.com DeltaCare USA Customer Relations (800)422-4234	
► Who to contact if you have questions about your Kaiser Plan	
Kaiser Member Services (800) 464-4000, Web: members.kp.org	
► Who to contact if you have questions about your Indemnity Medical Plan	
Claims	Direct line: (510) 633-0333 Toll Free: (888) 547-2054 Email: benefitservices@carpenterfunds.com Web: www.carpenterfunds.com
Hearing Aid Benefits	
Finding a contract provider	Anthem (800) 810-2583 Web: www.anthem.com
Finding a CT scan, imaging, MRI contract provider, help comparing cost and quality at facilities in your neighborhood.	Benefit Advisors (844) 437-0488
24 hour online doctor visit	LiveHealth Online: www.livehealthonline.com
For assistance with non-emergency medical questions	Anthem 24/7 NurseLine (800) 700-9184
Review Organization for Required Pre-Authorizations–In or Outside California	Anthem Blue Cross (800) 274-7767 (Physicians Only)
Prescriptions	Express Scripts (800) 939-7093 Web: www.express-scripts.com Fund Office: (888)547-2054
Vision Benefits	Vision Service Plan (VSP) (800) 877-7195 Web: www.vsp.com

Healthcare Reform: Carpenters Health and Welfare Trust Fund for California Indemnity Medical Plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that certain consumer protections of the Affordable Care Act that apply to other plans that may not be required. 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 265 Hegenberger Rd., Suite 100, Oakland, CA 94621. You may also contact the Employee Benefits Security Administration, 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.

► Your Choice of Plans

Kaiser

MEDICARE SENIOR ADVANTAGE:

A Health Maintenance Organization (HMO) that provides prepaid medical, drug, vision and hearing aid benefits to Participants enrolled in this Plan with a guaranteed payment of these benefits. Participants must live within the service areas.

Indemnity Medical Plan

MEDICARE COORDINATED:

An indemnity plan that provides supplemental benefits to Medicare.

► Coverage Areas

Kaiser

MEDICARE SENIOR ADVANTAGE:

See attached page for a zip code listing of covered areas.

Indemnity Medical Plan

MEDICARE COORDINATED:

PPO/Contract facilities available throughout California and the U.S. Call (888) 547-2054 (In California) or (800) 232-2527 (Outside California) to verify contract facilities.

► Choosing Physicians

Kaiser

MEDICARE SENIOR ADVANTAGE:

Members choose a Physician on staff at a Kaiser Permanente facility located in their service area. Routine, preventive, and specialist care are provided at Kaiser Permanente facilities or by Kaiser contract providers.

Indemnity Medical Plan

MEDICARE COORDINATED:

Members may utilize the providers of their choice.

► Annual Deductible

Kaiser

MEDICARE SENIOR ADVANTAGE:

None.

Indemnity Medical Plan

MEDICARE COORDINATED:

\$128 per person

► Annual Out of Pocket Limits

Kaiser

MEDICARE SENIOR ADVANTAGE:

None.

Indemnity Medical Plan

MEDICARE COORDINATED:

None.

► Copayments

Kaiser

MEDICARE SENIOR ADVANTAGE:

Shown for each service

Indemnity Medical Plan

MEDICARE COORDINATED:

Hospital Services Benefit: Plan pays the Medicare Part A deductible for the first 60 days of each Medicare benefit period. Supplemental Medical Benefits for services for which benefits are provided by Part B of Medicare. For Services other than Outpatient Hospital or Facility Services: After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits. For Outpatient Hospital or Facility Services: Plan pays remainder of Medicare allowable charge after Medicare's payment, subject to Plan's \$128 deductible.

MEDICAL & PRESCRIPTION DRUG ANNUAL MAXIMUM BENEFIT

Kaiser

MEDICARE SENIOR ADVANTAGE:

None

Indemnity Medical Plan

MEDICARE COORDINATED:

None

GENERAL BENEFITS

► Hospital Services

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge

Indemnity Medical Plan

MEDICARE COORDINATED:

Plan pays the Medicare Part A deductible for the first 60 days of each Medicare benefit period. Supplemental Medical Benefits for services for which benefits are provided by Part B of Medicare.

► Hospital Emergency Room

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$50 per visit, waived if admitted to hospital.

Indemnity Medical Plan

MEDICARE COORDINATED:

For Outpatient Hospital or Facility Services: Plan pays remainder of Medicare allowable charge after Medicare's payment, subject to Plan's \$128 deductible.

► **Physician Office Visits**

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$20 per visit

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **Surgical Services**

Kaiser

MEDICARE SENIOR ADVANTAGE: No

Charge for inpatient surgery; \$20 per procedure for outpatient surgery

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **X-rays & Lab**

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **Allergy Testing and Treatment**

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$20 per testing visit; \$3.00 per injection visit.

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **Ambulance**

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **Home Health Care**

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge

Indemnity Medical Plan

MEDICARE COORDINATED:

See Physician Office Visits on previous page for services covered by Part B of Medicare.

► **Skilled Nursing Facilities**

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge; Limited to 100 days per benefit period.

Indemnity Medical Plan

MEDICARE COORDINATED:

See Hospital Services Benefit on previous page. Plan pays Medicare Part A deductible for first 60 days of each Medicare benefit period. No other supplemental benefits are provided.

► **Short Term Therapy (Physical, Speech, Occupational)**

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$20 per visit

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **Chiropractic**

Kaiser

MEDICARE SENIOR ADVANTAGE:

Self-referral; must use network providers; \$10 per visit, up to 30 visits per year. \$50 allowance per calendar year for Chiropractic Appliances.

Indemnity Medical Plan

MEDICARE COORDINATED:

See Physician Office Visits. Benefits are provided for Participant and Spouse only.

► **Acupuncture**

Kaiser

NON-MEDICARE AND

MEDICARE SENIOR ADVANTAGE:

Available with referral

Indemnity Medical Plan

MEDICARE COORDINATED:

Not available.

► **Podiatry**

Kaiser

NON-MEDICARE:

\$20 per visit

Indemnity Medical Plan

MEDICARE COORDINATED:

After the Plan's \$128 deductible, Plan pays 20% of Allowed Charges or 20% of Medicare's allowable charges if the provider accepts the Medicare assignment of benefits.

► **Durable Medical Equipment**

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge

Indemnity Medical Plan

MEDICARE COORDINATED:

See Physician Office Visits.

► **Vision Benefits**

Kaiser

MEDICARE SENIOR ADVANTAGE:

Exam: \$20 per visit Must use Kaiser Optical.

Glasses & Lenses: Must use Kaiser Optical.

Maximum allowance of \$150 for glasses or contact lenses.

Benefit renews every 24 months.

Indemnity Medical Plan

MEDICARE COORDINATED:

Exam: Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 copayment for exam.

Glasses & Lenses: Covered through Vision Service Signature Choice Plan after \$25 co-payment for materials. Provides one pair of lenses every 12 months and frames every 24 months. Frame Allowance is \$150 and \$170 for “featured frame brands”. Costco frame allowance is \$80. Visually necessary contact lenses paid in full when provided by a VSP doctor. For other elective contact lenses, plan pays up to a \$105 allowance for professional fees and materials.

► **Hearing Exam & Hearing Aids**

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$20 per visit; \$2,500 maximum for each hearing aid.

Hearing aids are provided every 36 months.

Indemnity Medical Plan

MEDICARE COORDINATED:

Maximum benefit limits: 100%, up to \$800 maximum for each ear, including the exam only if the hearing aid(s) is obtained. Hearing aids provided every 3 years. (Not subject to deductibles or out of pocket limits.)

PRESCRIPTION BENEFITS

Kaiser

MEDICARE SENIOR ADVANTAGE:

Retail Pharmacy

\$10 for generic drug

\$20 for formulary brand drug Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.

Maximum 100-day supply

Mail Order Pharmacy

\$10 for generic drug

\$20 for formulary brand drug Maximum 100-day supply.

Mail orders on reorder prescriptions only.

Call your local Kaiser Pharmacy for further details or see Kaiser's website at members.kp.org

Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.

Indemnity Medical Plan

MEDICARE COORDINATED:

A deductible of \$360 must be satisfied before the following copayment rates apply:

Medicare Part D Initial Stage

Generic Drugs:

\$10 - 31-day supply (retail)

\$30 - 90-day supply (retail)

\$20 - 90-day supply (mail order)

Preferred Drugs:

\$40 - 31-day supply (retail)

\$120 - 90-day supply (retail)

\$80 - 90-day supply (mail order) **Non-**

Preferred Drugs:

\$60 - 31-day supply (retail)

\$180 - 90-day supply (retail)

\$120 - 90-day supply (mail order)

Medicare Part D Coverage Gap Stage: You pay 35% for Brand drugs or 44% for Generic drugs.

Medicare Part D as Catastrophic Coverage Stage :

Generic Drugs: You pay the greater of a

\$2.95 minimum copay or 5% coinsurance. All

other drugs: You pay the greater of a

\$7.40 minimum copay or 5% coinsurance.

► ***Prescription Drug Terminology***

Generic: A drug identified by its chemical name - an equivalent version of a brand name drug whose exclusive patent has expired.

Multi-Source Brand: A brand name drug that has a generic equivalent.

Single Source Formulary Brand: A brand name drug that has no generic equivalent and is placed on a list of preferred formulary drugs by the pharmacy benefit manager.

Non-Formulary Drug: A drug that is NOT on a list of preferred formulary drugs.

► Dental Benefits – Voluntary Plan for Retirees Who Choose to Purchase Coverage

Premium Rates	Retiree Only	Retiree & One Dependent	Retiree & More than One Dependent
Delta Dental PPO Group #10294 Available nationwide	\$47.00	\$84.00	\$139.00
DeltaCare USA (Pre-paid dental HMO plan) Group #00907 Available in California Only	\$29.00	\$47.00	\$65.00

PREVENTIVE CARE

► Adult Physical Exam

Kaiser MEDICARE SENIOR ADVANTAGE: No Charge	Indemnity Medical Plan MEDICARE COORDINATED: See Physician Office Visits. Covered if covered by Medicare.
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► Well Child Care/Routine Physicals for Dependent Children

Kaiser NON-MEDICARE: No Charge	Indemnity Medical Plan NON-MEDICARE: Not covered
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► Immunization (Dependent Children)

Kaiser NON-MEDICARE: No Charge (Adults and Children)	Indemnity Medical Plan NON-MEDICARE: Not covered
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MENTAL HEALTHCARE

► *Mental Health Care: Inpatient, Partial and Day Treatment*

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge, limited to lifetime maximum of 190 days as covered by Medicare. Thereafter, up to 45 days per calendar year

Indemnity Medical Plan

MEDICARE COORDINATED:

See Hospital Services Benefit.

► *Mental Health Care: Outpatient*

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$20 per visit for individual or \$10 for group therapy.

Indemnity Medical Plan

MEDICARE COORDINATED:

See Physician Office Visits; Covered if covered by Medicare.

► *Alcohol & Chemical Dependency Treatment – Inpatient*

Kaiser

MEDICARE SENIOR ADVANTAGE:

No Charge for prescribed residential rehabilitation, up to 30 days per calendar year. \$100 per admission for transitional residential recovery services, up to 60 days per year, not to exceed 120 days in any 5 consecutive calendar years.

Indemnity Medical Plan

MEDICARE COORDINATED:

See Hospital Services Benefit

► *Alcohol & Chemical Dependency Treatment – Outpatient*

Kaiser

MEDICARE SENIOR ADVANTAGE:

\$20 per visit; \$5 per visit for group visits.

Indemnity Medical Plan

MEDICARE COORDINATED:

See Physician Office Visits; covered if covered by Medicare.

**NORTHERN CALIFORNIA SERVICE AREA
ZIP CODE RANGES
FOR KAISER PERMANENTE
NON-SENIOR ADVANTAGE (NON-KPSA)**

The Service Area is that portion of Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties within the following ZIP codes:

93230	93786	94239-40	94820	95115-36	95366-68	95632-35
93232	93790-94	94244	94850	95138-41	95376-78	95638-41
93242	93844	94247-50	94901	95148	95380-82	95645
93601-02	93888	94252	94903-04	95150-61	95385-87	95648
93604	94002	94254	94912-15	95164	95391	95650-52
93606-07	94005	94256-59	94920	95170	95397	95655
93609	94010-11	94261-63	94922-31	95172-73	95401-07	95658-64
93611-14	94014-28	94267-69	94933	95190-94	95409	95667-74
93616	94030	94271	94937-42	95196	95416	95676-78
93618-19	94035	94273-74	94945-57	95201-15	95419	95680-83
93623-27	94037-44	94277-80	94960	95219-20	95421	95686-88
93630-31	94060-66	94282-85	94963-66	95227	95425	95690-98
93636-39	94070	94287-91	94970-79	95230-31	95430-31	95703
93643-46	94074	94293-98	94999	95234	95433	95722
93648-54	94080	94301-06	95001-03	95236-37	95436	95736
93656-57	94083	94309	95005-11	95240-42	95439	95741-42
93660	94085-89	94401-04	95013-15	95253	95441-42	95746-47
93662	94102-05	94497	95017-21	95258	95444	95757-59
93666-69	94107-12	94501-03	95026	95267	95446	95762-63
93673	94114-34	94505-31	95030-33	95269	95448	95765
93675	94137	94533-53	95035-38	95296-97	95450	95776
93701-12	94139-47	94555-83	95041-42	95304	95452	95798-99
93714-18	94151	94585-92	95044	95307	95462	95811-38
93720-30	94158-61	94595-99	95046	95313	95465	95840-43
93737	94163-64	94601-15	95050-56	95316	95471-73	95851-53
93740-41	94172	94617-24	95060-67	95319-20	95476	95860
93744-45	94177	94649	95070-71	95322-23	95486-87	95864-67
93747	94188	94659-62	95073	95326	95492	95894
93750	94203-09	94666	95076-77	95328-30	95602-05	95899
93755	94211	94701-10	95101	95336-37	95607-21	95903
93760-61	94229-30	94712	95103	95350-58	95623-26	95961
93764-65	94232	94720	95106	95360-61	95628	
93771-79	94234-37	94801-08	95108-13	95363	95630	

**NORTHERN CALIFORNIA SERVICE AREA
ZIP CODE RANGES
FOR KAISER PERMANENTE
SENIOR ADVANTAGE (KPSA)**

The Service Area is only that portion of Alameda, Amador, Contra Costa, El Dorado, Fresno, Kings, Madera, Marin, Mariposa, Napa, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Solano, Sonoma, Stanislaus, Sutter, Tulare, Yolo, and Yuba counties within the following ZIP codes:

93230	93764-65	94232	94801-08	95115-36	95363	95630
93232	93771-79	94234-37	94820	95138-41	95366-68	95632-35
93238	93786	94239-40	94850	95148	95376-78	95638-41
93242	93790-94	94244	94901	95150-61	95380-82	95645
93261	93844	94247-50	94903-04	95164	95385-87	95648
93601-02	93888	94252	94912-15	95170	95391	95650-52
93604	94002	94254	94920	95172-73	95397	95655
93606-07	94005	94256-59	94922-31	95190-94	95401-07	95658-64
93609	94010-11	94261-63	94933	95196	95409	95667-74
93611-14	94014-28	94267-69	94937-42	95201-13	95416	95676-78
93616	94030	94271	94945-57	95215	95419	95680-83
93618-19	94035	94273-74	94960	95219-20	95421	95686-88
93623-27	94037-44	94277-80	94963-66	95227	95425	95690-98
93630-31	94060-66	94282-91	94970-79	95230-31	95430-31	95703
93636-39	94070	94293-98	94999	95234	95433	95722
93643-46	94074	94301-06	95002	95236-37	95436	95736
93648-54	94080	94309	95008-09	95240-42	95439	95741-42
93656-57	94083	94401-04	95011	95253	95441-42	95746-47
93660	94085-89	94497	95013-15	95258	95444	95757-59
93662	94102-05	94501-03	95020-21	95267	95446	95762-63
93666-69	94107-12	94505-31	95026	95269	95448	95765
93673	94114-34	94533-53	95030-33	95296-97	95450	95776
93675	94137	94555-83	95035-38	95304	95452	95798-99
93701-12	94139-47	94585-92	95042	95307	95462	95811-38
93714-18	94151	94595-99	95044	95313	95465	95840-43
93720-30	94158-61	94601-15	95046	95316	95471-73	95851-53
93737	94163-64	94617-24	95050-56	95319-20	95476	95860
93740-41	94172	94649	95070-71	95322-23	95486-87	95864-67
93744-45	94177	94659-62	95076	95326	95492	95894
93747	94188	94666	95101	95328-30	95602-05	95899
93750	94203-09	94701-10	95103	95336-37	95607-21	95903
93755	94211	94712	95106	95350-58	95623-26	95961
93760-61	94229-30	94720	95108-13	95360-61	95628	

**JANUARY 1, 2018 CARPENTERS HEALTH & WELFARE RETIREE
RETIREMENTS BEFORE 01/2009 RETIREE SELF-PAY RATES**

	Retiree Only	Dependent without Medicare	Dependent with medicare	Dependent with Risk	No Dependent with Medicare	1 Dependent with Medicare	1 Dependent with Risk	More Than 1 Dependent with Medicare	More than 1 Dependent with Risk
MEDICARE ADVANTAGE (RISK) RETIREES:									
KAISER	\$204	\$804	N/A	\$416	\$1,575	N/A	\$1,166	N/A	\$681
MEDICARE COORDINATED RETIREES:									
INDEMNITY	\$194	\$720	\$379	N/A	\$881	\$541	N/A	\$508	N/A
NON-MEDICARE RETIREES: LESS THAN 10 YEARS PENSION ELIGIBILITY CREDITS: IF RETIRED BEFORE 07/01/94									
KAISER	\$589	\$1,188	N/A	\$801	\$1,960	N/A	\$1,572	N/A	\$1,065
INDEMNITY	\$537	\$1,063	\$723	N/A	\$1,224	\$884	N/A	\$851	N/A
10	10 TO 19 YEARS PENSION ELIGIBILITY CREDITS: IF RETIRED BEFORE 07/01/94								
KAISER	\$536	\$1,082	N/A	\$728	\$1,838	N/A	\$1,483	N/A	\$980
INDEMNITY	\$484	\$957	\$650	N/A	\$1,102	\$795	N/A	\$766	N/A
IF RETIRED ON OR AFTER 07/01/94									
KAISER	\$643	\$1,294	N/A	\$873	\$2,083	N/A	\$1,660	N/A	\$1,151
INDEMNITY	\$591	\$1,169	\$795	N/A	\$1,347	\$972	N/A	\$937	N/A
20	20 to 25 YEARS PENSION ELIGIBILITY CREDITS IF RETIRED BEFORE 07/01/94								
KAISER	\$482	\$976	N/A	\$656	\$1,716	N/A	\$1,395	N/A	\$895
INDEMNITY	\$430	\$851	\$578	N/A	\$980	\$707	N/A	\$681	N/A
IF RETIRED ON OR AFTER 07/01/94									
KAISER	\$589	\$1,188	N/A	\$801	\$1,960	N/A	\$1,572	N/A	\$1,065
INDEMNITY	\$537	\$1,063	\$723	N/A	\$1,224	\$884	N/A	\$851	N/A
25	25 OR MORE YEARS PENSION ELIGIBILITY CREDITS IF RETIRED BEFORE 07/01/94								
KAISER	\$428	\$869	N/A	\$584	\$1,593	N/A	\$1,307	N/A	\$810
INDEMNITY	\$376	\$744	\$506	N/A	\$857	\$619	N/A	\$596	N/A
IF RETIRED ON OR AFTER 07/01/94									
KAISER	\$536	\$1,082	N/A	\$728	\$1,838	N/A	\$1,483	N/A	\$980
INDEMNITY	\$484	\$957	\$650	N/A	\$1,102	\$795	N/A	\$766	N/A

