



Carpenters Health & Welfare Trust Fund for California Retiree Plan Comparison – Non-Medicare 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

NON-MEDICARE:

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

NON-MEDICARE:

A comprehensive benefit plan with an annual deductible and a limit on your annual out of pocket for covered PPO expenses. After the out of pocket limit is reached each year, the Plan will pay 100% of PPO covered expenses for the remainder of the calendar year.

► Coverage Areas

Kaiser

NON-MEDICARE:

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

Indemnity Medical Plan

NON-MEDICARE:

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

NON-MEDICARE:

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

NON-MEDICARE:

Members may use the providers of their choice. To receive maximum benefits, members must use PPO providers.

► Annual Deductible

Kaiser

NON-MEDICARE:

None.

Indemnity Medical Plan

NON-MEDICARE:

Calendar Year –
Per person - PPO: \$128
Non-PPO: \$257
Maximum - Per family PPO: \$256
Non-PPO: \$514

► **Annual Out of Pocket Limits**

**Kaiser
NON-MEDICARE:**

Limit on co-payments:
Per person - \$1,500
Per family - \$3,000

**Indemnity Medical Plan
NON-MEDICARE:**

For Contract Providers, \$1,289 per person, not to exceed \$2,578 per family. **There is no Out of Pocket Maximum for Non-Contract Provider charges.**

► **Copayments**

**Kaiser
NON-MEDICARE:**

Shown for each service

**Indemnity Medical Plan
NON-MEDICARE:**

Once annual deductible has been satisfied and until the out of pocket limit is met, the Plan pays: PPO at 90% of contract rates, Non-PPO at 70% of Allowed Charges for all benefits unless otherwise indicated. Allowed Charge: The dollar amount the Fund has determined it will allow for covered Medically Necessary services or supplies performed by Non-PPO Providers. Providers must be registered with the Centers for Medicare and Medicaid Services (CMS) to determine rate. Out-patient Non-CMS provider services are limited to a maximum payable of \$100 per appointment.

MEDICAL & PRESCRIPTION DRUG ANNUAL MAXIMUM BENEFIT

**Kaiser
NON-MEDICARE:**

None

**Indemnity Medical Plan
NON-MEDICARE:**

None

GENERAL BENEFITS

► *Hospital Services*

Kaiser
NON-MEDICARE:
No Charge.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductibles and annual out of pocket limits.
PPO: Paid at 90%
Non-PPO: Paid at 70%, of the Allowed Charge, however, if there was no choice in the hospital used due to an Emergency and if admitted from the Emergency Room, the benefit is 90% of Allowed Charge.
Maximum of \$30,000 is paid for facility fees associated with a knee or hip replacement surgery.

► *Hospital Emergency Room*

Kaiser
NON-MEDICARE:
\$50 per visit, waived if admitted to hospital.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductibles and out of pocket limits.
PPO: Paid at 90%
Non-PPO: Paid at 70% of Allowed Charge, however, if there was no choice in the hospital used due to an Emergency, the benefit is 90% of Allowed Charge.

► **Physician Office Visits**

Kaiser

NON-MEDICARE:

\$20 per visit

Indemnity Medical Plan

NON-MEDICARE:

Subject to deductibles and out of pocket limits.

PPO: Paid at 90%

Non-PPO: Paid at 70% of Allowed Charge

On-line physician visits are free of charge when you use www.livehealthonline.com.

► **Surgical Services**

Kaiser

NON-MEDICARE:

No

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

Indemnity Medical Plan

NON-MEDICARE:

Subject to deductibles and out of pocket limits.

PPO: Paid at 90%

Non-PPO: Paid at 70% of Allowed Charge

If a hospital is used instead of an Ambulatory Surgery Center, there is a maximum payable of:

\$6,000 for arthroscopies

\$2,000 for cataract surgery

\$1,500 for colonoscopies

\$1,000 for endoscopies

► ***X-rays & Lab***

Kaiser
NON-MEDICARE:
No Charge.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductibles and out of pocket limits.
PPO: Paid at 90%
Non-PPO: Paid at 70% of Allowed Charge

► ***Maternity***

Kaiser
NON-MEDICARE:
\$5 per visit for scheduled prenatal care and first post-partum visit

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductibles and out of pocket limits.
PPO: Paid at 90%
Non-PPO: Paid at 70% of Allowed Charge

► ***Sterilization Benefits***

Kaiser
NON-MEDICARE:
Copayment required.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non-PPO: Paid at 70% of Allowed Charge

► ***Allergy Testing and Treatment***

Kaiser
NON-MEDICARE:
\$20 per testing visit; \$3.00 per injection visit.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non- PPO: Paid at 70% of Allowed Charge

► **Ambulance**

Kaiser
NON-MEDICARE:
No Charge.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non- PPO: Paid at 90% of Allowed Charge

► **Home Health Care**

Kaiser
NON-MEDICARE:
No Charge.
Up to 100 visits per calendar year.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and annual out of pocket limit.
PPO: Paid at 90%
Non-PPO: Paid at 70% of Allowed Charge

► **Skilled Nursing Facilities**

Kaiser
NON-MEDICARE:
No Charge.
Limited to 100 days per benefit period.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non-PPO: Paid at 70% of Allowed Charge
Up to 70 days per period of confinement.

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

Kaiser
NON-MEDICARE:
\$20 per visit

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non- PPO: Paid at 70% of Allowed Charge

► **Chiropractic**

Kaiser
NON-MEDICARE:
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
NON-MEDICARE:
Maximum payment of \$25 per visit and 20 visits per calendar year. Subject to deductible. Out of pocket limits do not apply to charges over plan maximums. Benefits are payable for Participant and Spouse only.

► **Acupuncture**

Kaiser
NON-MEDICARE:
Available with referral.

Indemnity Medical Plan
NON-MEDICARE:
Maximum payment of \$35 per visit and 20 visits per calendar year. Subject to deductible. Out of pocket limits do not apply to charges over plan maximums.

► **Podiatry**

Kaiser
NON-MEDICARE:
\$20 per visit

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non- PPO: Paid at 70% of Allowed Charge

► **Durable Medical Equipment**

Kaiser
NON-MEDICARE:
No Charge.

Indemnity Medical Plan
NON-MEDICARE:
Subject to deductible and out of pocket limits.
PPO: Paid at 90%
Non- PPO: Paid at 70% of Allowed Charge

► **Vision Benefits**

Kaiser
NON-MEDICARE:
Exam: \$20 per visit; Must use Kaiser Optical.
Glasses & Lenses: Maximum allowance of \$125 for glasses or contact lenses. Benefit renews every 24 months.

Indemnity Medical Plan
NON-MEDICARE:
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
NON-MEDICARE:
\$20 per visit; \$2,500 maximum for each hearing aid. Hearing aids are provided every 36 months.

Indemnity Medical Plan
NON-MEDICARE:
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

NON-MEDICARE:

Retail Pharmacy

\$10 for generic drug

\$30 for formulary brand drug

Specialty drugs have a 20% co-payment, not to exceed \$150 per 30-day supply.

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

Maximum 100-day supply

Mail Order Pharmacy

\$10 for generic drug

\$30 for formulary brand drug

Specialty drugs have a 20% co-payment, not to exceed \$150 per 30-day supply.

Maximum 100-day supply.

Mail orders on reorder prescriptions only. Call your local Kaiser Pharmacy for further details or see Kaiser's website at www.members.kp.org.

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

Indemnity Medical Plan

NON-MEDICARE:

Retail Pharmacy

Contract pharmacies only. 30-day supply.

\$15 for formulary generic drug

\$15 PLUS cost difference between generic and brand for multi-source brand

\$53 for single source formulary brand.

\$80 for non-formulary

In general, the Plan will pay for all new brand name medications approved by the FDA at 50% for the first 24 months following FDA approval.

Certain drugs are not covered without prior authorization. ***Maintenance medications: Plan allows 2 fills of medication at retail then additional fills must be submitted by mail order.***

Mail Order Pharmacy

\$26 for formulary generic drug

\$26 PLUS cost difference between generic and brand for multi-source brand

\$106 for single source formulary brand

\$133 for non-formulary – Certain drugs are not covered without prior authorization. In general, the Plan will pay for all new brand name medications approved by the FDA at 50% for the first 24 months following FDA approval.

► 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

NON-MEDICARE:

No Charge

Indemnity Medical Plan

NON-MEDICARE: For Retiree and Spouse only.
Subject to deductibles and out of pocket limits.

PPO: Paid at 90%

Non- PPO: Paid at 70% of Allowed Charge

Health Dynamics Physical Exam: A comprehensive physical exam with Health Dynamics at no charge to you and/or your spouse and participate in a health coaching session; or

Enroll with Trestle Tree and have the medical claims/data be reviewed by Trestle Tree and their health coaches will reach out to you and/or your spouse.

Call Health Dynamics at 866-443-0164 to make an appointment.

► *Well Child Care/Routine Physicals for Dependent Children*

Kaiser

NON-MEDICARE:

No Charge.

Indemnity Medical Plan

NON-MEDICARE:

Not covered.

► *Immunization (Dependent Children)*

Kaiser

NON-MEDICARE:

No Charge.

(Adults and Children)

Indemnity Medical Plan

NON-MEDICARE:

Not covered.

MENTAL HEALTHCARE

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

Kaiser

NON-MEDICARE:

No Charge, up to 45 days per calendaryear.

Indemnity Medical Plan

NON-MEDICARE: Subject to deductibles and out of pocket limits.

PPO: Paid at 90%

Non- PPO: Paid at 70% of Allowed Charge

► *Mental Health Care: Outpatient*

Kaiser

NON-MEDICARE:

\$20 individual

\$10 group visits

Limited to 20 visits per year.

Indemnity Medical Plan

NON-MEDICARE:

Subject to deductibles and out of pocket limits.

PPO: Paid at 90%

Non- PPO: Paid at 70% of Allowed Charge

ALCOHOL & DEPENDENCY TREATMENT

► *Alcohol & Chemical Dependency Treatment – Inpatient*

Kaiser

NON-MEDICARE

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

NON-MEDICARE:

Benefits for inpatient and outpatient treatment are limited to two treatments per individual.

PPO: First Treatment: 100%

Subsequent Treatment: 90%

Non-CMS registered providers are not covered under the Plan. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums.

Non-PPO: Paid at 70% of Allowed Charge

► *Alcohol & Chemical Dependency Treatment – Outpatient*

Kaiser

NON-MEDICARE:

\$20 per visit

\$5 per visit for group visits

Indemnity Medical Plan

NON-MEDICARE:

Benefits for inpatient and outpatient treatment are limited to two treatments per individual.

PPO: First Treatment: 100%

Subsequent Treatment: 90%

Non-CMS registered providers are not covered under the Plan. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums.

Non-PPO: Paid at 70% of Allowed Charge

**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

