



Carpenters Health & Welfare Trust Fund for California Retiree Plan Comparison

QUICK REFERENCE	
Information Needed:	Contact the Following:
Eligibility, Benefits, COBRA or Disability	Fund Office (510) 633-0333 or Toll Free (888) 547-2054
Claims: Indemnity Medical Plan Indemnity Hearing Aid Benefit	Fund Office (510) 633-0333 or Toll Free (888) 547-2054 www.carpenterfunds.com
Contract Provider Program – In California (Indemnity Medical Plan)	Fund Office (510) 633-0333 or Toll Free (888) 547-2054 www.anthem.com/ca
Contract Provider Program – Outside California (Indemnity Medical Plan)	BlueCard (800) 810-2583 www.bluecares.com
Review Organization for Required Pre-Authorizations – In or Outside California (Indemnity Medical Plan)	Anthem Blue Cross (800) 274-7767 Prudent Buyer Plan (for physicians only)
Prescription Drug Benefits (Indemnity Medical Plan)	Medco (800) 939-7093 www.medco.com Fund Office (888) 547-2054
Vision Service Plan (Indemnity Medical Plan)	(800) 877-7195 www.vsp.com
Kaiser Foundation Health Plan	(800) 464-4000 http://my.kp.org/ca/carpenterfunds/index.html
Health Net	(800) 638-3889 www.healthnet.com
Dental Delta Dental (PPO) PMI Customer Relations	(800) 765-6003 (800) 422-4234

Please note: 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.

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
	NOT YET ELIGIBLE FOR MEDICARE		
Plan Selections	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 Area.	A Health Maintenance Organization (HMO) that provides prepaid medical, drug, and vision benefits to Participants enrolled in this Plan with a guaranteed payment of these benefits. Participants must live within the Service Area.	The Indemnity Plan is a comprehensive benefit plan with an annual deductible and a limit on your annual out of pocket covered expenses. After the out of pocket limit is reached each year, the Plan will pay 100% of covered expenses for the remainder of the calendar year.
Choice of Physicians	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.	Members choose a primary care physician from Health Net participating medical group (PMG) or an individual practice association (IPA). The primary care physician manages the member's routine and preventive care and refers patients to specialists as needed.	Members may use the providers of their choice. To receive maximum benefits, members must use PPO/contract providers.
Annual Deductible	None	None	Calendar Year - Per person PPO: \$100 Non-PPO: \$200 Maximum - Per family PPO: \$200 Non-PPO: \$400
Annual Out of Pocket Limits	Limit on co-payments: Per person - \$1,500 Per family - \$3,000	Limit on co-payments: Person - \$1,500 Per family of 3 or more - \$4,500	Out of Pocket Limits Per person - PPO: \$1,000 Non-PPO: \$2,000 Maximum Per family - PPO: \$2,000 Non-PPO: \$4,000
Co-Payments	Shown for each service	Shown for each service	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% C&R (Customary and Reasonable) for all benefits unless otherwise indicated.

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
	NOT YET ELIGIBLE FOR MEDICARE		
Plan Lifetime Maximum	None	None	\$250,000, with up to \$10,000 annual reinstatement
Hospital Services	No Charge	No Charge	Subject to deductibles and annual out of pocket limits. Benefits reduced by 25% if utilization review is not obtained. PPO: Paid at 90%, Non-PPO: Paid at 70% C&R, 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 C&R charges.
Hospital Emergency Room	\$50 per visit, waived if admitted to hospital.	\$50 per visit, waived if admitted to hospital.	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%, however, if there was no choice in the hospital used due to an Emergency, the benefit is 90% of C&R charges.
Physician Office Visits	\$20 per visit	\$20 per visit	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Surgical Services	No Charge for inpatient surgery; \$20 per procedure for outpatient surgery	No Charge	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
X-rays & Lab	No Charge	No Charge	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Maternity	\$5 per visit for scheduled prenatal care and first post partum visit	Co-payments for physician visits, hospital and surgery apply.	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Sterilization Benefits	Co-payment required	Co-payment required	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
NOT YET ELIGIBLE FOR MEDICARE			
Ambulance	No Charge	No Charge	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 90%
PREVENTIVE CARE			
Adult Physical Exam	\$20 per visit	\$20 per visit for a periodic health evaluation when recommended by the primary care physician. Annual routine physical exams are not covered (for example: examinations required by an employer or for school admission).	For Retiree and Spouse only, one exam in any 12-month period. The following benefits are subject to plan deductibles and are paid at 90% PPO or 70% Non-PPO: Adult physical limited to \$250 each year. Out of pocket limits do not apply to charges in excess of the benefit limits. Colonoscopy, Sigmoidoscopy, Mammograms and PSA test for Participants age 50 and over are covered at 90% of contract rates for PPO or 70% C&R for Non-PPO.
Well Baby Care	\$5 per visit age 0-23 months; \$20 per visit after age 2	\$20 per visit	Not covered
Female Routine Exam	\$20 per visit	\$20 per visit	See "Adult Physical Exam" above. Mammograms - PPO: paid at 90%. Non-PPO paid at 70%.
Immunization (Dependent Children)	No Charge (Adults and Children)	No Charge	Not covered
Allergy Testing and Treatment	\$20 per testing visit; \$3.00 per injection visit.	Allergy Testing - No Charge Allergy Injection - No Charge Allergy Serum - Not Covered	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
MENTAL HEALTH			
Inpatient	No Charge, up to 45 days per calendar year.	No Charge; limited to 30 days per calendar year, combined with alcohol and chemical dependency benefit.	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
	NOT YET ELIGIBLE FOR MEDICARE		
Outpatient	\$20 per visit for individual visits, \$10 per visit for group visits. Limited to 20 visits per year.	\$30 per visit; Limited to 20 visits per year, combined with alcohol and chemical dependency benefit.	Not covered
Severe Mental Illness	The mental health co-payments and visit/day limits shown above do not apply to Severe Mental Illness or Serious Emotional Disturbance of a Child - services for these conditions are covered on the same basis as a medical condition. Exception: Health Net office visit copayment for severe conditions is \$15 per visit.		

ALCOHOL & CHEMICAL DEPENDENCY TREATMENT

Inpatient	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.	No Charge; limited to 30 days per calendar year, combined with inpatient mental health days.	Benefits are limited to two treatments per individual. 100% for first treatment, 80% for second treatment. Must use PPO provider or no benefits are payable. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums.
Outpatient	\$20 per visit	\$30 per visit; Limited to 20 visits per year, combined with mental health benefit.	Maximum of \$2,500 for treatment received from a Non-Contract Facility if no outpatient program available from a Contract Facility in the Preferred Provider Service Area. Included in the above two treatment maximum. Subject to deductibles. Out of pocket limits do not apply to charges over maximums.

OTHER MEDICAL SERVICES

Home Health Care	No Charge; up to 100 visits per calendar year	\$20 per visit; Co-payment begins on 31st day of service	Subject to deductible and annual out of pocket limit. PPO: paid at 90% Non-PPO: paid at 70%. Up to 70 days per period of confinement.
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BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
NOT YET ELIGIBLE FOR MEDICARE			
Skilled Nursing Facilities	No Charge; Limited to 100 days per benefit period.	No Charge; Limited to 100 days per calendar year.	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Short Term Therapy (Physical, Speech, Occupational)	\$20 per visit	No Charge	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Chiropractic	Self-referral; must use network providers; \$10 per visit, up to 30 visits per year	Self-referral; must use network providers; \$10 per visit, up to 20 visits per year	Maximum payment of \$25 per visit and 20 visits per calendar year. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums. Benefits are payable for Participant and Spouse only.
Acupuncture	Available with referral	Contact Health Net's Well Choices Department 1(888)793-7746 for a listing of providers that offer a discount. (This is not a benefit).	Maximum payment of \$35 per visit and 20 visits per calendar year. Subject to deductibles. Out of pocket limits do not apply to charges over plan maximums.
Podiatry	\$20 per visit	Not Covered	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Durable Medical Equipment	No Charge	No Charge	Subject to deductibles and annual out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
VISION BENEFITS			
Vision Exam	\$20 per visit; Must use Kaiser Optical	\$20 per visit; Must use contract provider.	Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 co-payment for exam.

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
NOT YET ELIGIBLE FOR MEDICARE			
Glasses and Contact Lenses	Must use Kaiser Optical. Maximum allowance of \$125 for glasses or contact lenses. Benefit renews every 24 months.	Lenses and Frames provided every 24 months up to a maximum allowance of \$60 for frames. Contact lenses provided in lieu of eyeglasses every 24 months up to a maximum allowance of \$100. Visually necessary contact lenses: \$250 allowance. Must use contract providers.	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. 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 if from a VSP doctor, subject to \$10 exam copayment.

PRESCRIPTION DRUGS

Retail Pharmacy	\$10 for generic drug \$30 for formulary brand drug Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. Maximum 100-day supply	Retail contract pharmacies only. \$10 for generic drug \$35 for formulary brand drug \$50 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. 30-day supply	Contract pharmacies only. 30-day supply. \$10 for formulary generic drug \$10 PLUS cost difference between generic and brand for multi-source brand \$40 for single source formulary brand. \$60 for non-formulary - Certain non-formulary drugs are not covered without prior authorization. All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year.
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BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
	NOT YET ELIGIBLE FOR MEDICARE		
Mail Order	<p>\$10 for generic drug \$30 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 http://my.kp.org/ca/carpenter-funds/index.html Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.</p>	<p>\$20 for generic drug \$70 for formulary brand drug \$100 for non-formulary drug 90-day supply Prescriptions from Non-Health Net providers, including Dentists, are NOT covered.</p>	<p>\$20 for formulary generic drug \$20 PLUS cost difference between generic and brand for multi source brand \$80 for single source formulary brand \$100 for non-formulary - certain non-formulary drugs are not covered without prior authorization. 90-day supply All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year.</p>
Hearing Exam & Hearing Aids	<p>\$20 per visit; \$2,500 maximum for each hearing aid. Hearing aids are provided every 36 months.</p>	<p>\$20 per visit; Hearing aids covered under the Indemnity Plan.</p>	<p>Maximum benefit limits: 100%, up to \$800 maximum for each ear, including the exam only if the hearing aid(s) are obtained. Hearing aids provided every 3 years. (Not subject to deductibles or out of pocket limits.)</p>
Coverage Areas	<p>See attached page for a zip code listing of covered areas.</p>	<p>See attached page for a zip code listing of covered areas.</p>	<p>PPO/Contract facilities available throughout California and the U.S. Call 1(888) 547-2054 (In California) or 1(800) 232-2527 (Outside California) to verify contract facilities.</p>

BENEFIT	HEALTH NET	INDEMNITY PLAN
	MEDICARE COORDINATED	
Plan Selections	<p>A Health Maintenance Organization (HMO) that provides prepaid medical, drug, and vision benefits to Participants enrolled in this Plan with guaranteed payment of these benefits. Provider network limited. Participants must live within the Service Area.</p>	<p>An indemnity plan that provides supplemental benefits to Medicare.</p>

BENEFIT	HEALTH NET	INDEMNITY PLAN
MEDICARE COORDINATED		
Choice of Physicians	Members choose a primary care physician from Health Net participating medical group (PMG) or an individual practice association (IPA). The primary care physician manages the member's routine and preventive care and refers patients to specialists as needed.	Members may utilize the providers of their choice.
Annual Deductible	None	\$100 per person
Plan Lifetime Maximum	None	None
Co-Payments	Shown for each service	Inpatient Hospital 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 \$100 deductible, Plan pays 20% of covered customary and reasonable charges if the provider does not accept the Medicare assignment of benefits; or 20% of Medicare's allowable charges if the provider does accept 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 \$100 deductible.
Hospital Services	No Charge	
Hospital Emergency Room	\$50 per visit, waived if admitted to hospital.	
Physician Office Visits	\$20 per visit	
Surgical Services	No Charge	
X-rays & Lab	No Charge	
Ambulance	No Charge	
PREVENTIVE CARE		
Adult Physical Exam	\$20 per visit for a periodic health evaluation when recommended by the primary care physician. Annual routine physical exams are not covered (For example: Examinations required by an employer or for school admission)	See Supplemental Medical Benefits. Covered if covered by Medicare.
MENTAL HEALTH		
Inpatient	No Charge. Limited to 30 days per calendar year, combined benefit for mental health and alcohol & chemical dependency. *	See Inpatient Hospital Benefit
Outpatient	\$30 per visit * Limited to 20 visits per calendar year. Combined for mental health and alcohol and chemical dependency benefit.	See Supplemental Medical Benefits; covered if covered by Medicare.

BENEFIT	HEALTH NET	INDEMNITY PLAN
MEDICARE COORDINATED		
Severe Mental Illness	*The mental health co-payments and limits shown above do not apply to Severe Mental Illness or Serious Emotional Disturbances of a Child - services for these conditions require the same co-payments as a medical condition. Exception: Health Net office visit copayment for severe conditions is \$15 per visit.	See Supplemental Medical Benefits on previous page. Covered if covered by Medicare.
ALCOHOL & CHEMICAL DEPENDENCY TREATMENT		
Inpatient	No Charge. Limited to 30 days per calendar year, combined benefit for mental health and alcohol & chemical dependency.	See Inpatient Hospital Benefit
Outpatient	\$30 per visit Limited to 20 visits per calendar year. Combined for mental health and alcohol and chemical dependency benefit.	See Supplemental Medical Benefits; covered if covered by Medicare.
OTHER MEDICAL SERVICES		
Home Health Care	\$20 per visit; Co-payment begins on 31st day of service	No supplemental benefits provided for services covered by Part A of Medicare (i.e., the first 100 visits following a qualifying stay in a hospital or skilled nursing facility). See Supplemental Medical Benefits on previous page for services covered by Part B of Medicare.
Skilled Nursing Facilities	No Charge. Limited to 100 days per calendar year	See Inpatient Hospital 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.
Chiropractic	\$10 per visit Self-referral; limited to 20 visits per year. Must use network providers.	See Supplemental Medical Benefits. Benefits are only provided for Participant and Spouse only.
Durable Medical Equipment	No Charge	See Supplemental Medical Benefits
VISION BENEFITS		
Vision Exam	\$20 per visit	Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 co-payment for exam.

BENEFIT	HEALTH NET	INDEMNITY PLAN
MEDICARE COORDINATED		
Glasses and Contact Lenses	<p>Lenses and Frames provided every 24 months up to a maximum allowance of \$60 for frames. Contact lenses provided in lieu of eyeglasses every 24 months up to a maximum allowance of \$100. Must use contract providers.</p> <p>\$250 allowance for Visually Necessary contact lenses</p>	<p>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. 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 if from a VSP doctor, subject to \$10 exam copayment.</p>
PRESCRIPTION DRUGS		
Retail Pharmacy	<p>30-day supply \$10 for generic drug \$35 for formulary brand drug \$50 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered.</p>	<p>Contract pharmacies only. 30-day supply \$10 for formulary generic drug \$10 PLUS cost difference between generic and brand for multi-source brand \$40 for single source formulary brand. \$60 for non-formulary - Certain non-formulary drugs are not covered without prior authorization. All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year.</p>
Mail Order	<p>90-day supply \$20 for generic drug \$70 for formulary brand drug \$100 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered.</p>	<p>90-day supply \$20 for formulary generic drug \$20 PLUS cost difference between generic and brand for multi-source brand \$80 for single source formulary brand \$100 for non-formulary - certain non-formulary drugs are not covered without prior authorization. All prescription drug benefits limited to a maximum payment of \$75,000 per eligible individual per calendar year.</p>

BENEFIT	HEALTH NET	INDEMNITY PLAN
	MEDICARE COORDINATED	
Hearing Exam & Hearing Aids	\$20 per visit Hearing aids covered under the Indemnity Plan.	100%, up to \$800 maximum for each ear, including the exam only if the hearing aid(s) are obtained. Hearing aids provided every 3 years. (Not subject to deductibles or out of pocket limits.)
Coverage Areas	See attached page for zip code listing of covered areas.	Providers covered by Medicare.
Where to go for more information	1(800) 638-3889 www.healthnet.com	Trust Fund Office 1(888) 547-2054 or 1(510) 633-0333 www.carpenterfunds.com

BENEFIT	KAISER	HEALTH NET
	MEDICARE SENIOR ADVANTAGE	
Plan Selections	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 Area.	A Health Maintenance Organization (HMO) that provides prepaid medical, drug, and vision benefits to Participants enrolled in this Plan with a guaranteed payment of these benefits. Participants must live within the Service Area.
Choice of Physicians	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.	Members choose a primary care physician from a Health Net participating medical group (PMG) or an individual practice association (IPA). The primary care physician manages the member's routine and preventive care and refers patient to specialists as needed.
Annual Deductible	None	None
Co-Payments	Shown below for each service	Shown below for each service
Plan Lifetime Maximum	None	None
Hospital Services	No Charge	No Charge for inpatient; \$20 per visit for outpatient services
Hospital Emergency Room	\$50 per visit, waived if admitted to hospital.	\$50 per visit, waived if admitted to hospital. \$20 per visit for Urgent Care Center.
Physician Office Visits	\$20 per visit	\$20 per visit
Surgical Services	No Charge for inpatient; \$20 per procedure for outpatient surgery.	No Charge inpatient; \$20 per visit to an ambulatory surgical center or outpatient hospital facility
X-rays & Lab	No Charge	No Charge
Ambulance	No Charge	No Charge
	PREVENTIVE CARE	
Adult Physical Exam	\$20 per visit	\$20 per visit

BENEFIT	KAISER	HEALTH NET
MEDICARE SENIOR ADVANTAGE		
Allergy Testing and Treatment	\$20 per allergy testing visit; \$3.00 per injection visit	Allergy Testing - No Charge Allergy Injection - No Charge Allergy Serum - Not Covered
MENTAL HEALTH		
Inpatient	No Charge, limited to lifetime maximum of 190 days as covered by Medicare. Thereafter, up to 45 days per calendar year	No Charge; limited to lifetime maximum of 190 days.
Outpatient	\$20 per visit for individual or \$10 for group therapy.	\$20 per visit.
ALCOHOL & CHEMICAL DEPENDENCY TREATMENT		
Inpatient	No Charge for prescribed residential treatment - limited 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 years.	No Charge for prescribed residential treatment.
Outpatient	\$20 per individual visit; \$5 per group therapy visit	\$20 per visit
OTHER MEDICAL SERVICES		
Home Health Care	No Charge	No Charge for Medicare-covered visits
Skilled Nursing Facilities	No Charge Up to 100 days per benefits period	No Charge Up to 100 days per benefit period
Short Term Therapy (Physical, Speech, Occupational)	\$20 per visit	No Charge
Chiropractic	\$10 per visit, up to 30 visits per year when using American Specialty Health Plans chiropractic plan or \$20 per visit for Medicare-covered visits.	\$10 per visit, up to 20 visits per year when using Chiropractic Network; or #20 for each Medicare-covered visit.
Acupuncture	Available with referral	Contact Health Net's Well Choices Department 1(888)793-7746 for a listing of providers that offer a discount. (This is not a benefit).
Durable Medical Equipment	No Charge	No Charge
VISION BENEFITS		
Vision Exam	\$20 per visit Must use Kaiser Optical	\$20 per visit

BENEFIT	KAISER	HEALTH NET
MEDICARE SENIOR ADVANTAGE		
Glasses and Contact Lenses	Must use Kaiser Optical. Maximum allowance of \$150 for glasses or contact lenses. Benefit renews every 24 months.	Lenses and Frames provided every 24 months up to a maximum allowance of \$100 for frames, no charge for lenses. Contact lenses provided every 24 months up to a maximum allowance of \$100. Must use contract providers. No charge for glasses or contact lenses after cataract surgery.
PRESCRIPTION DRUGS		
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	\$10 for generic drug \$20 for formulary brand drug \$35 for non-formulary brand drug Prescriptions from Non-Health Net providers, including Dentists, are NOT covered. 30-day supply
Mail Order	\$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 http://my.kp.org/ca/carpenterfunds/index.html Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered.	\$10 for generic drug \$20 for formulary brand drug \$35 for non-formulary drug 90-day supply Prescriptions from Non-Health Net providers, including Dentists, are NOT covered.
Hearing Exam & Hearing Aids	\$20 per visit; \$2,500 allowance for each hearing aid. Hearing aids are provided every 36 months.	\$20 per visit; Hearing aids covered under the Indemnity Plan.
Coverage Areas	See attached page for a zip code listing of covered areas.	See attached page for a zip code listing of covered areas.
Where to go for more information	1(800) 464-4000 http://my.kp.org/ca/carpenterfunds/index.html	1(800) 638-3889 http://www.healthnet.com

DENTAL BENEFITS
VOLUNTARY PLAN FOR RETIREES WHO CHOOSE TO PURCHASE COVERAGE

	Retiree Only	Retiree & One Dependent	Retiree & More than One Dependent
Delta Dental PPO Group #1533	\$37.00	\$66.00	\$110.00
DeltaCare/PMI (Pre-paid dental HMO plan) Group #00907-0001	\$27.00	\$43.00	\$59.00

DEFINITIONS

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.
C&R	Customary and Reasonable

Kaiser Zip Codes

90001-84	90895	91510	92081-85	92418	93040-44	93618	94232	95044	95425
90086-89	90899	91521-23	92090-93	92423	93060-66	93619	94234-37	95046	95430
90091	91001	91526	92096	92424	93093	93623-27	94239	95050-56	95431
90093-96	91003	91601-12	92101-24	92427	93094	93630	94240	95070	95433
90099	91006-12	91614-18	92126-40	92501-09	93099	93631	94244-50	95071	95436
90101-03	91016	91701	92142	92513-19	93203	93636-39	94252	95101	95439
90189	91017	91702	92143	92521	93205	93643-46	94254	95103	95441
90201	91020	91706	92145	92522	93206	93648-54	94256-59	95106	95442
90202	91021	91708-11	92147	92530-32	93215	93656	94261-63	95108-13	95444
90209-13	91023-25	91714-16	92149	92543-46	93216	93657	94267-69	95115-36	95446
90220-24	91030	91722-24	92150	92548	93220	93660	94271	95138-41	95448
90230-33	91031	91729-35	92152-55	92551-57	93222	93662	94273	95148	95450
90239-42	91040-43	91737	92158-79	92562-64	93224-26	93666-69	94274	95150-61	95452
90245	91046	91739-41	92182	92567	93230	93673	94277-80	95164	95462
90247-51	91066	91743-50	92184	92570-72	93232	93675	94282-91	95170	95465
90254	91077	91752	92186	92581-87	93238	93701-12	94293-99	95172	95471-73
90255	91101-10	91754-56	92187	92589-93	93240-43	93714-18	94301-06	95173	95476
90260-67	91114-18	91758	92190-99	92595		93720-30	94309	95190-94	95486
90270	91121	91759	92201-03	92596		93740-41	94401-04	95196	95487
90272	91123-26	91761-73	92210	92599		93744	94497	95201-13	95492
90274	91129	91775-76	92211	92602-07	93250-52	93745	94501-03	95215	95602-05
90275	91131	91778	92220	92609	93261	93747	94505-31	95219	95607-21
90277	91182	91780	92223	92610	93263	93750	94533-53	95220	95623-26
90278	91184	91784-86	92230	92612	93268	93755	94555-83	95227	95628
90280	91185	91788-93	92234-36	92614-20	93276	93760	94585-92	95230	95630
90290-96	91188	91795	92240	92623-30	93280	93761	94595-99	95231	95632-35
90301-13	91189	91797-99	92241	92637	93285	93764	94601-15	95234	95638-41
90397	91191	91801-04	92247	92646-63	93287	93765	94617-25	95236	95645
90398	91199	91841	92248	92672-79	93301-09	93771-80	94649	95237	95648
90401-11	91201-10	91896	92252-56	92683-85	93311-14	93784	94659-62	95240-42	95650-52
90501-10	91214	91899	92258	92688	93380-90	93786	94666	95253	95655
90601-10	91221	91901-03	92260-64	92690-94	93501	93790-94	94701-10	95258	95658-64
90612	91222	91908-17	92268	92697	93502	93844	94712	95267	95667-74
90620-24	91224-26	91921	92270	92698	93504	93888	94720	95269	95676-78
90630-33	91301-11	91931-33	92274-78	92701-12	93505	94002	94801-08	95296	95680-83
90637-40	91313	91935	92282	92725	93510	94005	94820	95297	95686-88
90650-52	91316	91941-47	92284-86	92728	93518	94010	94850	95304	95690-98
90659-62	91319-22	91950	92292	92735	93519	94011	94901	95307	95703
90670	91324-31	91951	92305	92780-82	93531	94013-28	94903	95313	95722
90671	91333-35	91962	92307	92799	93532	94030	94904	95316	95736
90680	91337	91963	92308	92801-09	93534-36	94035	94912-15	95319	95741
90701-03	91340-46	91976-80	92313-18	92811	93539	94037-44	94920	95320	95742
90706	91350-65	91987	92320-22	92812	93543	94060-66	94922-31	95323	95746
90707	91367	91990	92324-26	92814-17	93544	94070		95326	95747
90710-17	91371	92007-11	92329	92821-23	93550-53	94074	94933	95328-30	95757-59
90720	91372	92013	92331	92825	93560	94080	94937-42	95336	95762
90721	91376	92014	92333-37	92831-38	93561	94083	94945-57	95337	95763
90723	91377	92018-30	92339-41	92840-46	93563	94085-89	94960	95350-58	95765
90731-34	91380-88	92033	92344-46	92850	93581	94101-12	94963-66	95360	95776
90740	91390	92037-40	92350	92856	93584	94114-47	94970-79	95361	95798
90742-49	91392-96	92046	92352	92857	93586	94150-56	94998-99	95363	95799
90755	91399	92049	92354	92859-71	93590	94158-64	95002	95366-68	95811-38
90801-10	91401-13	92051	92357-59	92877-83	93591	94171-72	95008	95376-78	95840-43
90813-15	91416	92052	92369	92885-87	93599	94175	95009	95380-82	95851-53
90822	91423	92054-58	92371-78	92899	93601	94177	95011	95385-87	95860
90831-35	91426	92064	92382	93001-07	93602	94188	95013-15	95391	95864-67
90840	91436	92065	92385	93009-12	93604	94199	95020	95397	95887
90842	91470	92067-69	92386	93015	93606	94203-09	95021	95401-07	95894
90844-48	91482	92071	92391-95	93016	93607	94211	95026	95409	95899
90853	91495-97	92072	92397	93020-22	93609	94229	95030-33	95416	95903
90888	91499	92074	92399	93030-36	93611-14	94230	95035-38	95419	95961
	91501-08	92075	92401-08		93616		95042	95421	
		92078-79	92410-15						

Kaiser Senior Advantage Service Areas - Northern California

Alameda, Napa, SF Counties and Greater Fresno Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan includes Alameda and San Francisco Counties and portions of the following counties in the ZIP Codes listed:

- Fresno: 93242, 93602, 93606–07, 93609, 93611–13, 93616, 93618–19, 93624–27, 93630–31, 93646, 93648–52, 93654, 93656–57, 93660, 93662, 93667–68, 93675, 93701–12, 93714–18, 93720–30, 93741, 93744–45, 93747, 93750, 93755, 93760–61, 93764–65, 93771–80, 93784, 93786, 93790–94, 93844, 93888.
- Kings: 93230, 93232, 93242, 93631, 93656.
- Madera: 93601–02, 93604, 93614, 93623, 93626, 93636–39, 93643–45, 93653, 93669, 93720.
- Mariposa: 93601, 93623, 93653.
- Napa: 94503, 94508, 94515, 94558–59, 94562, 94567, 94573–74, 94576, 94581, 94589–90, 94599, 95476.
- Tulare: 93238, 93261, 93618, 93631, 93646, 93654, 93666, 93673.

Central Valley and SClara and Solano Counties Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan includes San Joaquin, Solano, and Stanislaus Counties and portions of Santa Clara County in the following ZIP Codes: 94022–24, 94035, 94039–43, 94085–89, 94301–06, 94309, 94550, 95002, 95008–09, 95011, 95013–15, 95020–21, 95026, 95030–33, 95035–38, 95042, 95044, 95046, 95050–56, 95070–71, 95076, 95101, 95103, 95106, 95108–13, 95115–36, 95138–41, 95148, 95150–61, 95164, 95170, 95172–73, 95190–94, 95196.

Contra Costa County Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan is Contra Costa County.

Greater Sacramento and Sonoma County Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan includes Sacramento County and portions of the following counties in the ZIP Codes listed:

- Amador: 95640, 95669.
- El Dorado: 95613–14, 95619, 95623, 95633–35, 95651, 95664, 95667, 95672, 95682, 95762.
- Placer: 95602–04, 95626, 95648, 95650, 95658, 95661, 95663, 95668, 95677–78, 95681, 95692, 95703, 95722, 95736, 95746–47, 95765.
- Sonoma: 94515, 94922–23, 94927–28, 94931, 94951–55, 94972, 94975, 94999, 95401–07, 95409, 95416, 95419, 95421, 95425, 95430–31, 95433, 95436, 95439, 95441–42, 95444, 95446, 95448, 95450, 95452, 95462, 95465, 95471–73, 95476, 95486–87, 95492.
- Sutter: 95626, 95645, 95648, 95659, 95668, 95674, 95676, 95692, 95837.
- Yolo: 95605, 95607, 95612, 95616–18, 95645, 95691, 95694–95, 95697–98, 95776, 95798–99.
- Yuba: 95692, 95903, 95961.

Marin and San Mateo Counties Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan is Marin and San Mateo Counties.

Kaiser Senior Advantage Service Areas - Southern California

Inland Empire and San Diego County Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan includes portions of Riverside, San Bernardino, and San Diego Counties in the following ZIP Codes:

- Riverside: 91752, 92201-03, 92210-11, 92220, 92223, 92230, 92234-36, 92240-41, 92247-48, 92253, 92255, 92258, 92260-64, 92270, 92276, 92282, 92292, 92320, 92324, 92373, 92399, 92501-09, 92513-19, 92521-22, 92530-32, 92543-46, 92548, 92551-57, 92562-64, 92567, 92570-72, 92581-87, 92589-93, 92595-96, 92599, 92860, 92877-83.
- San Bernardino: 91701, 91708-10, 91729-30, 91737, 91739, 91743, 91758, 91761-64, 91766, 91784-86, 91792, 91798, 92305, 92307-08, 92313-18, 92321-22, 92324-26, 92329, 92331, 92333-37, 92339-41, 92344-46, 92350, 92352, 92354, 92357-59, 92369, 92371-78, 92382, 92385-86, 92391-95, 92397, 92399, 92401-08, 92410-15, 92418, 92423-24, 92427, 92880.
- San Diego: 91901-03, 91908-17, 91921, 91931-33, 91935, 91941-47, 91950-51, 91962-63, 91976-80, 91987, 92007-11, 92013-14, 92018-27, 92029-30, 92033, 92037-40, 92046, 92049, 92051-52, 92054-58, 92064-65, 92067-69, 92071-72, 92074-75, 92078-79, 92081-85, 92090-93, 92096, 92101-24, 92126-40, 92142-43, 92145, 92147, 92149-50, 92152-55, 92158-79, 92182, 92184, 92186-87, 92190-99.

Kern County Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan is portions of Kern County in the following ZIP Codes: 93203, 93205-06, 93215-16, 93220, 93222, 93224-26, 93238, 93240-41, 93243, 93250-52, 93263, 93268, 93276, 93280, 93285, 93287, 93301-09, 93311-14, 93380-90, 93501-02, 93504-05, 93518-19, 93531, 93536, 93560-61, 93581.

Los Angeles and Orange Counties Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan includes Orange County and portions of Los Angeles County in the following ZIP Codes: 90001-84, 90086-89, 90091, 90093-96, 90101-03, 90189, 90201-02, 90209-13, 90220-24, 90230-32, 90239-42, 90245, 90247-51, 90254-55, 90260-67, 90270, 90272, 90274-75, 90277-78, 90280, 90290-96, 90301-13, 90397-98, 90401-11, 90501-10, 90601-10, 90623, 90630-31, 90637-40, 90650-52, 90659-62, 90670-71, 90701-03, 90706-07, 90710-17, 90723, 90731-34, 90744-49, 90755, 90801-10, 90813-15, 90822, 90831-35, 90840, 90842, 90844-48, 90853, 90888, 90895, 91001, 91003, 91006-12, 91016-17, 91020-21, 91023-25, 91030-31, 91040-43, 91046, 91066, 91077, 91101-10, 91114-18, 91121, 91123-26, 91129, 91131, 91182, 91184-85, 91188-89, 91191, 91199, 91201-10, 91214, 91221-22, 91224-26, 91301-11, 91313, 91316, 91321-22, 91324-31, 91333-35, 91337, 91340-46, 91350-57, 91361-65, 91367, 91371-72, 91376, 91380-81, 91383-88, 91390, 91392-96, 91399, 91401-13, 91416, 91423, 91426, 91436, 91470, 91482, 91495-97, 91499, 91501-08, 91510, 91521-23, 91601-12, 91614-18, 91702, 91706, 91709, 91711, 91714-16, 91722-24, 91731-35, 91740-41, 91744-50, 91754-56, 91759, 91765-73, 91775-76, 91778, 91780, 91788-93, 91795, 91801-04, 91896, 93243, 93510, 93532, 93534-36, 93539, 93543-44, 93550-53, 93560, 93563, 93584, 93586, 93590-91, 93599.

Ventura County Plan (*for persons who live in this plan's service area and have Medicare Parts A and B*). The service area for this plan is portions of Ventura County in the following ZIP Codes: 90265, 91304, 91307, 91311, 91319-20, 91358-62, 91377, 93001-07, 93009-12, 93015-16, 93020-22, 93030-36, 93040-44, 93060-66, 93093-94, 93099, 93252.

Health Net's Medicare HMO Service Area 2009

Alameda	Fresno Cont.	Los Angeles	Los Angeles Cont.	Los Angeles Cont.	Orange Cont.
94514	93648 - 93652	90001 - 90084	91040 - 91043	91744 - 91750	92861 - 92871
94550	93654	90086 - 90089	91046	91754 - 91756	92877
94557	93656 - 93657	90091	91066	91765 - 91773	92885 - 92887
94596	93660	90093 - 90096	91077	91775 - 91778	92899
94706 - 94708	93662	90099	91101 - 91110	91780	Placer
94501 - 94502	93664	90101 - 90103	91114 - 91118	91788 - 91793	95602 - 95604
94536 - 94546	93667 - 93668	90189	91121	91795	95631
94551 - 94552	93675	90201 - 90202	91123 - 91126	91797	95648
94555	93701 - 93712	90209 - 90213	91129	91799	95650
94560	93714 - 93730	90220 - 90224	91131	91801 - 91804	95658
94566	93740 - 93741	90230 - 90233	91182	91841	95661
94568	93744 - 93745	90239 - 90242	91184 - 91185	91896	95663
94577 - 94580	93747	90245	91188 - 91189	91899	95677 - 95678
94586 - 94588	93750	90247 - 90251	91191	93510	95681
94601 - 94615	93755	90254 - 90255	91199	93532	95701
94617 - 94627	93759 - 93762	90260 - 90267	91201 - 91210	93534 - 93536	95703
94643	93764 - 93765	90270	91214	93539	95713 - 95715
94649	93771 - 93780	90272	91221 - 91222	93543 - 93544	95717
94659 - 94662	93782	90274 - 90275	91224 - 91226	93550 - 93563	95722
94666	93784	90277 - 90278	91301 - 91311	93584	95736
94701 - 94705	93786	90280	91313	93586	95746 - 95747
94709 - 94710	93790 - 93844	90290 - 90296	91316	93590 - 93591	95765
94712	93888	90301 - 90313	91321 - 91322	93599	Riverside
94720	Kern	90397 - 90398	91324 - 91331	Orange	91752
Contra Costa	93203	90401 - 90411	91333 - 91335	90620 - 90622	92201 - 92203
94506 - 94507	93205 - 93206	90501 - 90510	91337	90624	92210 - 92211
94509	93215 - 93216	90601 - 90610	91340 - 91346	90632 - 90633	92220
94511	93238	90612	91350 - 91357	90639	92223
94513	93243	90623	91361 - 91362	90680	92225 - 92226
94516 - 94531	93220	90630 - 90631	91364 - 91365	90720 - 90721	92230
94547 - 94549	93222	90638	91367	90740	92234 - 92236
94553	93224 - 93226	90640	91371 - 91372	90742 - 90743	92239 - 92241
94556	93240 - 93241	90650 - 90652	91376	92602 - 92607	92247 - 92248
94561	93249 - 93251	90659 - 90662	91380 - 91388	92609 - 92610	92253 - 92255
94563 - 94565	93255	90670 - 90671	91390	92612	92258
94569 - 94570	93263	90701 - 90704	91392 - 91396	92614 - 92620	92260 - 92264
94572	93268	90706 - 90707	91399	92623 - 92630	92270
94575	93276	90710 - 90717	91401 - 91413	92637	92274 - 92276
94582 - 94583	93280	90723	91416	92646 - 92663	92282
94595	93283	90731 - 90734	91423	92672 - 92679	92292
94597 - 94598	93285	90744 - 90749	91426	92683 - 92685	92320
94800 - 94808	93287	90755	91436	92688	92324
94820	93301 - 93309	90801 - 90810	91470	92690 - 92694	92331
94850	93311 - 93314	90813 - 90815	91482	92697 - 92698	92501 - 92509
Fresno * NEW	93380 - 93390	90822	91495 - 91497	92701 - 92712	92513 - 92519
93245	93501 - 93502	90831 - 90835	91499	92725	92521 - 92522
93618	93504 - 93505	90840	91501 - 91508	92728	92530 - 92532
93620	93518 - 93519	90842	91510	92735	92536
93210	93523 - 93524	90844 - 90848	91521 - 91523	92780 - 92782	92539
93234	93528	90853	91526	92799	92543 - 92546
93242	93531	90888	91601 - 91612	92801 - 92809	92548 - 92549
93602	93554 - 93555	90895	91614 - 91618	92811 - 92812	92551 - 92557
93605 - 93613	93558	90899	91702	92814 - 92817	92561 - 92564
93616	93560	91001	91706	92821 - 92823	92567
93619	93561	91003	91709	92825	92570 - 92572
93621 - 93622	93581	91006 - 91012	91711	92831 - 92838	92581 - 92587
93624 - 93631	93596	91016 - 91017	91714 - 91716	92840 - 92846	92589 - 92593
93634		91020 - 91021	91722 - 91724	92850	92595 - 92596
93640 - 93642		91023 - 91025	91731 - 91735	92856 - 92857	92599
93646		91030 - 91031	91740 - 91741	92859	92860

Health Net's Commercial HMO Service Area 2009

Alameda	Fresno Cont.	Los Angeles Cont.	Madera Cont.	Orange Cont.	Riverside Cont.	San Bernardino Cont.
94082	93660	90280	93610	90742 - 90743	92383	92321 - 92322
94500 - 94502	93662	90290 - 90296	93614	92601 - 92610	92387 - 92388	92324 - 92327
94536 - 94546	93664	90300 - 90612	93636 - 93639	92612 - 92635	92390	92329
94550 - 94552	93667 - 93668	90637 - 90638	93643 - 93645	92637	92395 - 92396	92333 - 92337
94555	93675	90640	93653	92640 - 92670	92500 - 92523	92339 - 92342
94557	93700 - 93799	90650 - 90665	93669	92672 - 92681	92530 - 92532	92345 - 92347
94560	Kern	90670 - 90671	Marin	92683 - 92688	92536	92350
94566	93203	90701 - 90707	94900 - 94915	92690 - 92694	92539	92352
94568	93205 - 93206	90710 - 90717	94920	92697 - 92698	92543 - 92546	92354
94577 - 94580	93215 - 93217	90723	94924 - 94925	92700 - 92859	92548 - 92557	92356 - 92359
94586 - 94588	93220	90731 - 90734	94929 - 94930	92861 - 92876	92561 - 92564	92365
94600 - 94799	93222	90744 - 90899	94933 - 94934	92884 - 92899	92567	92368
Contra Costa	93224 - 93226	91001 - 91003	94937 - 94942	Placer	92570 - 92572	92369
94504	93238	91006 - 91007	94945 - 94950	95602 - 95604	92581 - 92589	92371 - 92378
94506 - 94507	93240 - 93241	91009 - 91012	94950	95631	92590 - 92593	92382
94509	93243	91016 - 91017	94956 - 94957	95648	92595 - 92596	92385 - 92386
94511	93249 - 93255	91020 - 91021	94960	95650	925860	92391 - 92394
94513 - 94514	93263	91023 - 91025	94963 - 94966	95658	92877 - 92883	92397 - 92427
94516 - 94531	93268	91030 - 91031	94969 - 94971	95661	Sacramento	93562
94547 - 94549	93276	91040 - 91043	94973 - 94974	95663	94203 - 94299	San Diego
94553	93280	91046	94976 - 94979	95668	95608 - 95611	91901 - 91903
94556	93283	91050 - 91051	Merced	95677 - 95678	95615	91905 - 91906
94561	93285	91066 - 91077	93620	95681	95621	91908 - 91917
94563 - 94570	93287 - 93288	91100 - 91299	93635	95701	95624	91921
94572	93300 - 93391	91301 - 91313	93661	95703 - 95704	95626	91931 - 91935
94575	93399	91316	93665	95713 - 95714	95628	91941 - 91948
94582 - 94583	93501 - 93505	91321 - 91337	95301	95717	95630	91950 - 91951
94593 - 94598	93516	91340 - 91346	95303	95722	95632	91962 - 91963
94800 - 94899	93518 - 93519	91350 - 91357	95312	95736	95638 - 95639	91976 - 91980
94881 - 94899	93523 - 93524	91364 - 91367	95315	95746 - 95747	95641	91990 - 91991
El Dorado	93527	91370 - 91372	95317	95765	95652	91994
95613 - 95614	93531	91375 - 91376	95322	96145	95655	92001 - 92014
95619	93560 - 93561	91380 - 91388	95324	Riverside	95660	92016 - 92075
95623	93581 - 93582	91390	95333	91718 - 91720	95662	92077 - 92086
95633 - 95636	93596	91392 - 91396	95339	91752	95670 - 95671	92088
95643	Kings	91399 - 91649	95340 - 95344	91760	95673	92090 - 92093
95651	93202	91651 - 91699	95348	92201 - 92203	95680	92100 - 92199
95664	93204	91702	95365	92210 - 92211	95683	San Francisco
95667	93212	91706	95369	92220	95690	94100 - 94199
95672	93230 - 93232	91711	95388	92223	95693	96202
95682	93239	91714 - 91716	Napa	92230	95700	96208 - 96210
95684	93245	91722 - 91724	94508	92234 - 92236	95741 - 95743	96212 - 96213
95709	93266	91731 - 91735	94515	92240 - 92241	95757 - 95759	96218
95726 - 95727	Los Angeles	91740 - 91741	94558 - 9459	92247 - 92248	95763	96220 - 96221
95762	90000 - 90102	91744 - 91750	94562	92253 - 92255	95800 - 95899	96224 - 96225
96157	90111	91754 - 91756	94567	92258	San Bernardino	96230 - 96231
Fresno	90118	91765 - 91778	94574	92260 - 92264	91701	96235 - 96236
93210	90141	91780	94576	92270	91708 - 91710	96239
93234	90172	91788 - 91793	94581	92274	91729 - 91730	96244 - 96245
93242	90174	91795	94599	92276	91737	96248
93602	90176 - 90177	91797	Nevada County	92282	91739	96251
93605 - 93609	90185	91799 - 91899	95712	92292	91743	96259
93611 - 93613	90200 - 90202	93510	95924	92302 - 92303	91758 - 91759	96261
93616	90209 - 90213	93532	95945 - 95946	92306	91761 - 91764	96263 - 96264
93619	90220 - 90224	93534 - 93539	95949	92320	91784 - 91786	96266
93621 - 93622	90230 - 90233	93543 - 93544	95959 - 95960	92330	91798	96270 - 96271
93624 - 93631	90239 - 90242	93550 - 93553	95975	92343 - 92344	92252	96274
93634	90245	93563	Orange	92348 - 92349	92256	96276 - 96277
93640 - 93642	90247 - 90251	93584 - 93586	90620 - 90624	92353	92268	96280
93646	90254 - 90255	93590 - 93591	90630 - 90633	92355	92277 - 92278	96282
93646	90260 - 90267	93599	90639	92360 - 92362	92284 - 92286	96286 - 96287
93648 - 93652	90270	Madera	90680	92367	92301	96290
93654	90272	93601	90720 - 90721	92370	92305	96292
93656 - 93657	90274 - 90278	93604	90740	92380 - 92381	92307 - 92318	96298

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Non-Medicare Retiree	Retirement Effective Date	Health Net				Kaiser				Indemnity			
		Cost of Coverage	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service	Cost of Coverage	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service	Cost of Coverage	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service
Surviving Spouse Retiree Only	8/94 - 12/2008	\$939.57	\$940	\$940	\$940	\$821.36	\$822	\$822	\$822	\$689.63	\$690	\$690	\$690
	1/1/2009 or later		\$630	\$595	\$561		\$512	\$477	\$443		\$380	\$345	\$311
Retiree One Dependent													
Without Medicare	8/94 - 12/2008	\$1,879.13	\$1,084	\$995	\$907	\$1,642.72	\$1,028	\$960	\$891	\$1,368.65	\$753	\$685	\$616
	1/1/2009 or later		\$1,264	\$1,196	\$1,127		\$1,028	\$960	\$891		\$753	\$685	\$616
With Medicare	8/94 - 12/2008	\$1,228.39	\$710	\$652	\$594	\$1,521.36	\$954	\$891	\$828	\$930.95	\$513	\$466	\$419
	1/1/2009 or later		\$811	\$764	\$717		\$1,104	\$1,057	\$1,010		\$513	\$466	\$419
With Risk	8/94 - 12/2008	\$1,178.63	\$683	\$628	\$573	\$1,126.10	\$709	\$662	\$615	N/A	N/A	N/A	N/A
	1/1/2009 or later		\$761	\$714	\$667		\$709	\$662	\$615		N/A	N/A	N/A
Non-Medicare Retiree More than One Dependent													
No Dependent with Medicare	8/94 - 12/2008	\$2,723.40	\$1,571	\$1,443	\$1,314	\$2,324.24	\$1,544	\$1,457	\$1,370	\$1,583.53	\$871	\$792	\$713
	1/1/2009 or later		\$2,011	\$1,932	\$1,853		\$1,612	\$1,533	\$1,454		\$871	\$792	\$713
One Dependent With Medicare	8/94 - 12/2008	\$2,072.66	\$1,197	\$1,099	\$1,002	\$2,202.88	\$1,407	\$1,318	\$1,229	\$1,145.83	\$631	\$573	\$516
	1/1/2009 or later		\$1,558	\$1,500	\$1,443		\$1,689	\$1,631	\$1,574		\$631	\$573	\$516
One Dependent With Risk	8/94 - 12/2008	\$2,022.90	\$1,170	\$1,075	\$980	\$1,807.62	\$1,165	\$1,094	\$1,022	N/A	N/A	N/A	N/A
	1/1/2009 or later		\$1,509	\$1,451	\$1,394		\$1,293	\$1,235	\$1,178		N/A	N/A	N/A
More than One Dependent with Medicare	8/94 - 12/2008	\$1,514.93	\$876	\$805	\$734	\$2,219.90	\$1,361	\$1,266	\$1,170	\$1,123.43	\$618	\$562	\$506
	1/1/2009 or later		\$1,010	\$954	\$898		\$1,715	\$1,659	\$1,603		\$618	\$562	\$506
More than One Dependent	8/94 - 12/2008	\$1,415.41	\$823	\$757	\$691	\$1,429.38	\$879	\$818	\$757	N/A	N/A	N/A	N/A
	1/1/2009 or later		\$910	\$854	\$798		\$924	\$868	\$812		N/A	N/A	N/A

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Medicare Retiree	Medicare Effective Date	Health Net		Kaiser		Indemnity	
		Cost of Coverage	Medicare Retiree Self Payment	Cost of Coverage	Medicare Retiree Self Payment	Cost of Coverage	Medicare Retiree Self Payment
Surviving Spouse		\$288.83	\$289	\$700.00	\$700	\$242.19	\$243
Retiree Only	Pre 1/1/2009	\$288.83	\$155	\$700.00	\$548	\$242.19	\$122
	Post 1/1/2009		\$169		\$580		\$122
Retiree Plus One Dependent		Health Net		Kaiser		Indemnity	
Without Medicare	Pre 1/1/2009	\$1,228.39	\$652	\$1,521.36	\$1,062	\$921.22	\$461
	Post 1/1/2009		\$769		\$1,062		\$461
With Medicare	Pre 1/1/2009	\$577.65	\$309	\$1,400.00	\$923	\$483.52	\$242
	Post 1/1/2009		\$337		\$1,159		\$242
With Risk	Pre 1/1/2009	\$527.89	\$285	\$1,004.74	\$700	N/A	N/A
	Post 1/1/2009		\$287		\$764		N/A
Retiree Plus More than One Dependent		Health Net		Kaiser		Indemnity	
No Dependent with Medicare	Pre 1/1/2009	\$2,072.66	\$1,098	\$2,202.88	\$1,489	\$1,136.10	\$569
	Post 1/1/2009		\$1,506		\$1,636		\$569
One Dependent With Medicare	Pre 1/1/2009	\$1,421.92	\$755	\$2,081.52	\$1,350	\$698.40	\$350
	Post 1/1/2009		\$1,074		\$1,734		\$350
One Dependent With Risk	Pre 1/1/2009	\$1,372.16	\$732	\$1,686.26	\$1,126	N/A	N/A
	Post 1/1/2009		\$1,024		\$1,338		N/A
More than One Dependent with	Pre 1/1/2009	\$864.19	\$461	\$2,098.54	\$1,298	\$676.00	\$338
	Post 1/1/2009		\$527		\$1,761		\$338
More than One Dependent with	Pre 1/1/2009	\$764.67	\$413	\$1,308.02	\$850	N/A	N/A
	Post 1/1/2009		\$427		\$971		N/A

Rates Effective January 1, 2009

Medicare Risk Retiree	Medicare Effective Date	Health Net		Kaiser		Indemnity	
		Cost of Coverage	Medicare Retiree Self Payment	Cost of Coverage	Medicare Retiree Self Payment	Cost of Coverage	Medicare Retiree Self Payment
Surviving Spouse		\$239.07	\$240	\$304.74	\$305	N/A	N/A N/A
Retiree Only	Pre 1/1/2009	\$239.07	\$119	\$304.74	\$153	N/A	
	Post 1/1/2009		\$119		\$185		
Retiree Plus One Dependent		Health Net		Kaiser		Indemnity	
Without Medicare	Pre 1/1/2009	\$1,178.63	\$628	\$1,126.10	\$666	N/A	
	Post 1/1/2009		\$719		\$666		
With Medicare	Pre 1/1/2009	\$527.89	\$285	\$1,004.74	\$528	N/A	
	Post 1/1/2009		\$287		\$764		
With Risk	Pre 1/1/2009	\$478.13	\$237	\$609.48	\$304	N/A	
	Post 1/1/2009		\$237		\$368		
Retiree Plus More than One Dependent		Health Net		Kaiser		Indemnity	
No Dependent with Medicare	Pre 1/1/2009	\$2,022.90	\$1,075	\$1,807.62	\$1,094	N/A	
	Post 1/1/2009		\$1,456		\$1,241		
One Dependent With Medicare	Pre 1/1/2009	\$1,372.16	\$732	\$1,686.26	\$955	N/A	
	Post 1/1/2009		\$1,024		\$1,338		
One Dependent With Risk	Pre 1/1/2009	\$1,322.40	\$708	\$1,291.00	\$731	N/A	
	Post 1/1/2009		\$974		\$943		
More than One Dependent with	Pre 1/1/2009	\$814.43	\$437	\$1,703.28	\$903	N/A	
	Post 1/1/2009		\$477		\$1,366		
More than One Dependent with Risk	Pre 1/1/2009	\$714.91	\$377	\$912.76	\$455	N/A	
	Post 1/1/2009		\$377		\$575		