



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 Hearing Aid Benefit (Indemnity & Health Net)	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	For Contract Providers, \$1,000 per person, not to exceed \$2,000 per family. There is no Out of Pocket Maximum for Non-Contract Provider charges.
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% of Allowed Charges 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% of 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.
Hospital Emergency Room	\$50 per visit, waived if admitted to hospital.	\$50 per visit, waived if admitted to hospital.	Subject to deductibles and 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 Allowed Charge.
Physician Office Visits	\$20 per visit	\$20 per visit	Subject to deductibles and 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 out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
X-rays & Lab	No Charge	No Charge	Subject to deductibles and 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 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 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 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. The following benefits are subject to plan deductibles and are paid at 90% PPO or 70% Non-PPO: Adult physical limited to \$250. 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% of Allowed Charge 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 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 out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Outpatient	\$20 individual / \$10 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

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
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NOT YET ELIGIBLE FOR MEDICARE

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.		
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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.
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Outpatient	\$20 per visit; \$5 per visit for group visits.	\$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.
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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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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 out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
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BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
NOT YET ELIGIBLE FOR MEDICARE			
Short Term Therapy (Physical, Speech, Occupational)	\$20 per visit	No Charge	Subject to deductibles and 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. \$50 allowance per calendar year for Chiropractic Appliances.	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 out of pocket limits. PPO: paid at 90% Non-PPO: paid at 70%.
Durable Medical Equipment	No Charge	No Charge	Subject to deductibles and 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.
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 contract lenses: Paid in full, 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.

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
NOT YET ELIGIBLE FOR MEDICARE			
PRESCRIPTION DRUGS			
Retail Pharmacy	<p>\$10 for generic drug \$30 for formulary brand drug Prescriptions from Non-Kaiser providers (other than Dentists) are NOT covered. Maximum 100-day supply</p>	<p>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</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>\$10 for generic drug \$30 for formulary brand drug Maximum 100-day supply. Mail orders on re-order 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) is obtained. Hearing aids provided every 3 years. (Not subject to deductibles or out of pocket limits.)</p>

BENEFIT	KAISER	HEALTH NET	INDEMNITY PLAN
	NOT YET ELIGIBLE FOR MEDICARE		
Coverage Areas	See attached page for a zip code listing of covered areas.	See attached page for a zip code listing of covered areas.	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.

BENEFIT	HEALTH NET	INDEMNITY PLAN
MEDICARE COORDINATED		
Plan Selections	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.	An indemnity plan that provides supplemental benefits to Medicare.
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	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 \$100 deductible, Plan pays 20% of Allowed 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 Physician Office Visits. Covered if covered by Medicare.

BENEFIT	HEALTH NET	INDEMNITY PLAN
MEDICARE COORDINATED		
MENTAL HEALTH		
Inpatient	No Charge. Limited to 30 days per calendar year, combined benefit for mental health and alcohol & chemical dependency. *	See Hospital Services Benefit.
Outpatient	\$30 per visit * Limited to 20 visits per calendar year. Combined for mental health and alcohol and chemical dependency benefit.	See Physician Office Visits; covered if covered by Medicare.
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 Physician Office Visits 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 Hospital Services Benefit.
Outpatient	\$30 per visit Limited to 20 visits per calendar year. Combined for mental health and alcohol and chemical dependency benefit.	See Physician Office Visits; 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 Physician Office Visits on previous page for services covered by Part B of Medicare.
Skilled Nursing Facilities	No Charge. Limited to 100 days per calendar year	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.
Chiropractic	\$10 per visit Self-referral; limited to 20 visits per year. Must use network providers.	See Physician Office Visits. Benefits are only provided for Participant and Spouse only.
Durable Medical Equipment	No Charge	See Physician Office Visits.

BENEFIT	HEALTH NET	INDEMNITY PLAN
MEDICARE COORDINATED		
VISION BENEFITS		
Vision Exam	\$20 per visit	Vision exam through Vision Service Signature Choice Plan every 12 months after \$10 co-payment for exam.
Glasses and Contact Lenses	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: Paid in full, 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.
PRESCRIPTION DRUGS		
Retail Pharmacy	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.	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.
Mail Order	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.	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.

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/SENIORITY PLUS		
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
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.

BENEFIT	KAISER	HEALTH NET
MEDICARE SENIOR ADVANTAGE/SENIORITY PLUS		
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. \$50 allowance per calendar year for Chiropractic Appliances.	\$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
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. Visually necessary contact lenses: Paid in full, must use contract providers

BENEFIT	KAISER	HEALTH NET
MEDICARE SENIOR ADVANTAGE/SENIORITY PLUS		
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 Depend- net	Retiree & More than One Dependent
Delta Dental PPO Group #1533	\$39.00	\$69.00	\$115.00
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.
Allowed Charge	The dollar amount the Fund has determined it will allow for covered Medically Necessary services or supplies performed by Non-Contract Providers.

Kaiser Service Areas

90001-84	91046	91778	92274-78	92801-09	93599	94199	95020-21	95436
90086-91	91066	91780	92282	92811-12	93601-02	94203-09	95026	95439
90093-96	91077	91784-86	92284-86	92814-17	93604	94211	95030-33	95441-42
90101	91101-10	91788-93	92305	92821-23	93606-07	94229	95035-38	95444
90103	91114-18	91795	92307-08	92825	93609	94230	95042	95446
90189	91121	91801-03	92313-18	92831-38	93611-14	94232	95044	95448
90201-02	91123-26	91901-03	92320-22	92840-46	93616	94234-37	95046	95450
90209-13	91129	91908-17	92324-26	92850	93618-19	94239	95050-56	95452
90220-24	91182	91921	92329	92856-57	93623-27	94240	95070-71	95462
90230-32	91184-85	91931-33	92331	92859-61	93630-31	94244	95101	95465
90239-42	91188-89	91935	92333-37	92863	93636-39	94246-50	95103	95471-73
90245	91199	91941-47	92339-41	92865-71	93643-46	94252	95106	95476
90247-51	91201-10	91950-51	92344-46	92877-83	93648-54	94254	95108-13	95486
90254-55	91214	91962-63	92350	92885-87	93656-57	94256-59	95115-36	95487
90260-67	91221-22	91976-80	92352	92899	93660	94261-63	95138-41	95492
90270	91224-26	91987	92354	93001-07	93662	94267-69	95148	95602-05
90272	91301-11	92007-11	92357-59	93009-12	93666-69	94271	95150-61	95607-21
90274-75	91313	92013-14	92369	93015-16	93673	94273-74	95164	95623-26
90277-78	91316	92018-27	92371-78	93020-22	93675	94277	95170	95628
90280	91319-22	92029-30	92382	93030-36	93701-12	94279-80	95172-73	95630
90290-96	91324-31	92033	92385-86	93040-44	93714-18	94282-91	95190-94	95632-35
90301-10	91333-35	92037-40	92391-95	93060-66	93720-30	94293-98	95196	95638-41
90312	91337	92046	92397	93094	93741	94301-06	95201-13	95645
90401-11	91340-46	92049	92399	93099	93744-45	94309	95215	95648
90501-10	91350-62	92051-52	92401-08	93203	93747	94401-04	95219-20	95650-52
90601-10	91364-65	92054-58	92410-15	93205-06	93750	94497	95227	95655
90620-24	91367	92064-65	92418	93215-16	93755	94501-03	95230-31	95658-64
90630-33	91371-72	92067-69	92423-24	93220	93760-61	94505-31	95234	95667-74
90637-40	91376-77	92071-72	92427	93222	93764-65	94533-53	95236-37	95676-78
90650-52	91380-81	92074-75	92501-09	93224-26	93771-80	94555-83	95240-42	95680-83
90660-62	91383-87	92078-79	92513-19	93230	93784	94585-92	95253	95686-88
90670	91390	92081-85	92521-22	93232	93786	94595-99	95258	95690-98
90680	91392-96	92090-93	92530-32	93238	93790-94	94601-15	95267	95703
90701-03	91401-13	92096	92543-46	93240-43	93844	94617-24	95269	95722
90706-07	91416	92101-24	92548	93249-52	93888	94649	95296-97	95736
90710-17	91423	92126-32	92551-57	93261	94002	94659-62	95304	95741-42
90720-21	91426	92134-40	92562-64	93263	94005	94666	95307	95746-47
90723	91436	92142-43	92567	93268	94010	94701-10	95313	95757-59
90731-34	91470	92145	92570-72	93276	94011	94712	95316	95762-63
90740	91482	92147	92581-87	93280	94013-28	94720	95319-20	95765
90742-49	91495-96	92149-50	92589-93	93285	94030	94801-08	95323	95776
90755	91499	92152-55	92595-96	93287	94035	94820	95326	95798
90801-10	91501-08	92158-79	92599	93301-09	94037-44	94850	95328-30	95799
90813-15	91510	92182	92602-07	93311-14	94060-66	94901	95336-37	95811-38
90822	91521-23	92184	92609-10	93380	94070	94903	95350-58	95840-43
90831-35	91601-12	92186-87	92612	93383-90	94074	94904	95360-61	95851-53
90840	91614-18	92190-93	92614-20	93501-02	94080	94912-15	95363	95860
90842	91701-02	92195-99	92623-30	93504-05	94083	94920	95366-68	95864-67
90844	91706	92201-03	92637	93510	94085-89	94922-25	95376-78	95894
90846-47	91708-11	92210-11	92646-63	93518-19	94101-05	94927-31	95380-82	95899
90848	91715-16	92220	92672-79	93531-32	94107-12	94933	95385-87	95903
90853	91722-24	92223	92683-85	93534-36	94114-34	94937-42	95391	95961
90895	91729-35	92230	92688	93539	94137	94945-57	95397	
91001	91737	92234-36	92690-94	93543-44	94139	94960	95401-07	
91003	91739-41	92240-41	92697-98	93550-53	94140-47	94963-66	95409	
91006-12	91743-50	92247-48	92701-08	93560-61	94151	94970-79	95416	
91016-17	91752	92252-56	92711-12	93563	94156	94999	95419	
91020-21	91754-56	92258	92728	93581	94158-64	95002	95421	
91023-25	91758-59	92260-64	92735	93584	94172	95008-09	95425	
91030-31	91761-73	92268	92780-82	93586	94177	95011	95430-31	
91040-43	91775-76	92270	92799	93590-91	94188	95013-15	95433	

Kaiser Medicare Service Areas

90001-84	91003	91601-12	92134-40	92427	93030-36	93636-39	94229-30	95008-09	95385-87	95798-99
90086-91	91006-12	91614-18	92142-43	92501-09	93040-44	93643-46	94232	95011	95391	95811-38
90093-96	91016-17	91701-02	92145	92513-19	93060-66	93648-54	94234-37	95013-15	95397	95840-43
90101	91020-21	91706	92147	92521-22	93094	93656-57	94239-40	95020-21	95401-07	95851-53
90103	91023-25	91708-11	92149-50	92530-32	93099	93660	94244	95026	95409	95860
90189	91030-31	91715-16	92152-55	92543-46	93203	93662	94246-50	95030-33	95416	95864-67
90201-02	91040-43	91722-24	92158-79	92548	93205-06	93666-69	94252	95035-38	95419	95894
90209-13	91046	91729-35	92182	92551-57	93215-16	93673	94254	95042	95421	95899
90220-24	91066	91737	92184	92562-64	93220	93675	94256-59	95044	95425	95903
90230-32	91077	91739-41	92186-87	92567	93222	93701-12	94261-63	95046	95430-31	95961
90239-42	91101-10	91743-50	92190-93	92570-72	93224-26	93714-18	94267-69	95050-56	95433	
90245	91114-18	91752	92195-99	92581-87	93230	93720-30	94271	95070-71	95436	
90247-51	91121	91754-56	92201-03	92589-93	93232	93741	94273-74	95101	95439	
90254-55	91123-26	91758-59	92210-11	92595-96	93238	93744-45	94277	95103	95441-42	
90260-67	91129	91761-73	92220	92599	93240-43	93747	94279-80	95106	95444	
90270	91182	91775-76	92223	92602-07	93250-52	93750	94282-91	98108-13	95446	
90272	91184-85	91778	92230	92609-10	93261	93755	94293-98	95115-36	95448	
90274-75	91188-89	91780	92234-36	92612	93263	93760-61	94301-06	95138-41	95450	
90277-78	91199	91784-86	92240-41	92614-20	93268	93764-65	94309	95148	95452	
90280	91201-10	91788-93	92247-48	92623-30	93276	93771-80	94401-04	95150-61	95462	
90290-96	91214	91795	92253	92637	93280	93784	94497	95164	95465	
90301-10	91221-22	91801-03	92255	92646-63	93285	93786	94501-03	95170	95471-73	
90312	91224-26	91901-03	92258	92672-79	93287	93790-94	94505-31	95172-73	95476	
90401-11	91301-11	91908-17	92260-64	92683-85	93301-09	93844	94533-53	95190-94	95486	
90501-10	91313	91921	92270	92688	93311-14	93888	94555-83	95196	95487	
90601-10	91316	91931-33	92276	92690-94	93380	94002	94585-92	95201-13	95492	
90620-24	91319-22	91935	92282	92697-98	93383-90	94005	94595-99	95215	95602-05	
90630-33	91324-31	91941-47	92305	92701-08	93501-02	94010-11	94601-15	95219-20	95607-21	
90637-40	91333-35	91950-51	92307-08	92711-12	93504-05	94013-28	94617-24	95227	95623-26	
90650-52	91337	91962-63	92313-18	92728	93510	94030	94649	95230-31	95628	
90660-62	91340-46	91976-80	92320-22	92735	93518-19	94035	94659-62	95234	95630	
90670	91350-62	91987	92324-26	92780-82	93531-32	94037-44	94666	95236-37	95632-35	
90680	91364-65	92007-11	92329	92799	93534-36	94060-66	94701-10	95240-42	95638-41	
90701-03	91367	92013-14	92331	92801-09	93539	94070	94712	95253	95645	
90706-07	91371-72	92018-27	92333-37	92811-12	93543-44	94074	94720	95258	95648	
90710-17	91376-77	92029-30	92339-41	92814-17	93550-53	94080	94801-08	95267	95650-52	
90720-23	91380-81	92033	92344-46	92821-23	93560-61	94083	94820	95269	95655	
90731-34	91383-87	92037-40	92350	92825	93563	94085-89	94850	95296-97	95658-64	
90740	91390	92046	92352	92831-38	93581	94101-05	94901	95304	95667-74	
90742-49	91392-96	92049	92354	92840-46	93584	94107-12	94903-04	95307	95676-78	
90755	91401-13	92051-52	92357-59	92850	93586	94114-34	94912-15	95313	95680-83	
90801-10	91416	92054-58	92369	92856-57	93590-91	94137	94920	95316	95686-88	
90813-15	91423	92064-65	92371-78	92859-61	93599	94139-47	94922-25	95319-20	95690-98	
90822	91426	92067-69	92382	92863	93601-02	94151	94927-31	95323	95703	
90831-35	91436	92071-72	92385-86	92865-71	93604	94156	94933	95326	95722	
90840	91470	92074-75	92391-95	92877-83	93606-07	94158-64	94937-42	95328-30	95736	
90842	91482	92078-79	92397	92885-87	93609	94172	94945-57	95336-37	95741-42	
90844	91495-96	92081-85	92399	92899	93611-14	94177	94960	95350-61	95746-47	
90846-48	91499	92090-93	92401-08	93001-07	93616	94188	94963-66	95363	95757-59	
90853	91501-08	92096	92410-15	93009-12	93618-19	94199	94970-79	95366-68	95762-63	
90895	91510	92101-24	92418	93015-16	93623-27	94203-09	94999	95376-78	95765	
91001	91521-23	92126-32	92423-24	93020-22	93630-31	94211	95002	95380-82	95776	

Health Net Commercial HMO Service Area

90000-102	91340-46	92247-48	93093-94	93673-75	95290	95645	96274	96619
90111	91350-62	92252-56	93100-99	93700-99	95301	95648	96276-77	96621
90118	91364-67	92258	93201-08	94001-03	95303-04	95650-53	96280	96630
90141	91370-72	92260-64	93210	94005-06	95307	95655	96282	96637
90172	91375-77	92268	93212	94010-12	95312-13	95658	96286-87	96650-52
90174	91380-88	92270	93214-27	94014-31	95315-17	95660-64	96290	96654
90176-77	91390	92274	93230-32	94035	95319-20	95667-68	96292	96656
90185	91392-96	92276-78	93234-35	94037-45	95322-24	95670-73	96298	96658-59
90200-02	91399-649	92282	93237-45	94059-67	95326	95677-84	96301-03	96680
90209-13	91651-99	92284-86	93247	94070-71	95328-31	95686-88	96305	96685
90220-24	91701-02	92292	93249-52	94074	95333-34	95690-91	96311	96690
90230-33	91706	92301-03	93254-58	94080-83	95336-37	95693-98	96315	96692
90239-42	91708-11	92305-18	93260-63	94085-91	95339-44	95700-01	96319	96699
90245	91714-16	92320-22	93265-68	94096-99	95348	95703-04	96323-24	
90247-51	91718-20	92324-27	93270-72	94203-531	95350-58	95709	96327-28	
90254-55	91722-24	92329-31	93274-80	94533-53	95360-61	95712-14	96331	
90260-67	91729-35	92333-37	93282-83	94555-83	95363	95717	96333-36	
90270	91737	92339-50	93285-88	94586-776	95365-69	95722	96338	
90272	91739-41	92352-62	93290-92	94778-915	95374	95726-27	96340-41	
90274-78	91743-50	92365	93300-91	94920	95376-78	95736	96343-44	
90280	91752	92367-78	93399	94922-31	95380-82	95741-43	96346	
90290-96	91754-56	92380-83	93427	94933-34	95384-88	95746-47	96351	
90300-612	91758-78	92385-88	93429	94937-42	95391	95757-59	96356	
90620-24	91780	92390-427	93434	94945-57	95400-09	95762-63	96358	
90630-33	91784-86	92500-23	93436-38	94960	95412-13	95765	96361	
90637-40	91788-93	92530-32	93440-41	94963-66	95416	95776	96366-67	
90650-65	91795	92536	93454-58	94969-99	95419	95798-99	96369-71	
90670-71	91797-874	92539	93460	95001-03	95421	95800-91	96397	
90680	91876-99	92543-46	93463-64	95005-11	95425	95893-99	96401	
90701-04	91901-03	92548-57	93501-05	95013-21	95430-31	95924	96404-05	
90706-07	91905-06	92561-64	93510	95026	95433	95937	96408	
90710-17	91908-17	92567	93516	95030-33	95436	95945-46	96411	
90720-21	91921	92570-72	93518-19	95035-38	95439	95949	96431-32	
90723	91931-35	92581-87	93523-24	95041-42	95441-42	95959-60	96434-35	
90731-34	91941-48	92589-93	93531-32	95044	95444	95975	96438	
90740	91950-51	92595-96	93534-39	95046	95446	96202	96455	
90742-899	91962-63	92599	93543-44	95050-56	95448	96208-10	96460	
91001-03	91976-80	92601-07	93550-53	95060-67	95450	96212-13	96468	
91006-12	91990-91	92609-10	93560-61	95070-71	95452	96218	96483	
91016-17	91994	92612-35	93563	95073	95462	96220-21	96488	
91020-21	92001-14	92637	93581-82	95076-77	95465	96224-25	96501-03	
91023-25	92016-75	92640-70	93584-86	95100-99	95471-73	96230-31	96515	
91030-31	92077-86	92672-81	93590-91	95201-13	95476	96235-36	96519	
91040-43	92088-93	92683-88	93596	95215-20	95480	96239	96528	
91046	92100-99	92690-94	93599	95227	95486-87	96244-45	96545	
91050-51	92201-03	92697-98	93601-16	95230-31	95492	96248	96553	
91066-77	92210-11	92700-899	93618-22	95234	95497	96251	96555-58	
91100-99	92220	93001-16	93624-31	95236-37	95602-21	96259	96570-71	
91301-13	92223	93020-24	93634-54	95240-42	95623-28	96261	96601-02	
91316	92230	93030-36	93656-57	95253	95630-39	96263-64	96605	
91319-31	92234-36	93040-44	93660-62	95258	95641	96266	96610-15	
91333-37	92240-41	93060-67	93664-70	95267-69	95643	96270-71	96617	

Health Net's Medicare/Seniority Plus Service Area

90001-84	90895	91499	92078-79	92385-86	92877-83	93539	94060-66	94586-92	95227
90086-89	90899	91501-08	92081-86	92391-95	92885-87	93543-44	94070	94595-98	95230-31
90091	91001	91510	92088	92397-98	92899	93550-56	94074	94601-15	95234
90093-96	91003	91521-23	92090-93	92401-08	93013-14	93558	94080	94617-24	95236-37
90099	91006-07	91526	92096	92410-15	93067	93560-63	94083	94649	95240-42
90101	91008-12	91601-12	92101-24	92418	93101-03	93581	94085-89	94659-62	95253
90103	91016-17	91614-18	92126-32	92423-24	93105-11	93584	94101-05	94666	95258
90189	91020-21	91701-02	92134-40	92424	93116-18	93586	94107-12	94701-10	95267
90201-02	91023-25	91706	92142-43	92427	93120-21	93590-92	94114-34	94712	95269
90209-13	91030-31	91708-11	92145	92501-09	93130	93596	94137	94720	95296-97
90220-24	91040-43	91714-16	92147	92513-19	93140	93599	94139-47	94801-08	95304
90230-33	91046	91722-24	92149-50	92521-22	93150	93602	94151	94820	95307
90239-42	91066	91729-35	92152-55	92530-32	93160	93605-09	94153-54	94850	95313
90245	91077	91737	92158-79	92536-46	93190	93611-13	94156	94922-23	95316
90247-51	91101-10	91739-41	92182	92548-49	93199	93616	94158-64	94926-28	95319-20
90254-55	91114-18	91743-50	92184	92551-57	93203	93618-22	94171-72	94931	95322-23
90260-67	91121	91752	92186-87	92561-64	93205-06	93624-28	94177	94951-55	95326
90270	91123-26	91754-56	92190-99	92567	93210	93630-31	94188	94972	95328-30
90272	91129	91758-59	92201-03	92570-72	93215-16	93634	94199	94975	95336-37
90274-75	91182	91761-73	92202-03	92581-87	93220	93640-42	94203-09	94999	95350-58
90277-78	91184-85	91775-76	92210-11	92589-93	93222	93646	94211	95001-03	95360-61
90280	91188-89	91778	92220	92595-96	93224-26	93648-52	94229-30	95005-11	95363
90290-96	91199	91780	92223	92599	93234	93654	94232	95013-15	95366-68
90301-12	91201-10	91784-86	92225-26	92602-07	93238	93656-57	94234-37	95017-21	95376-77
90401-11	91214	91788-93	92230	92609-10	93240-43	93660	94239-40	95023	95378
90501-10	91221-22	91795	92234-36	92612	93245	93662	94244-50	95026	95380-82
90601-10	91224-26	91797	92239-42	92614-20	93249-52	93664	94252	95030-33	95385-87
90620-24	91301-11	91801-04	92247-48	92623-30	93255	93667-68	94254	95035-38	95391
90630-33	91313	91896	92252-56	92637	93263	93675	94256-59	95041-42	95397
90637-40	91316	91899	92258	92646-63	93268	93701-12	94261-63	95044	95401-07
90650-52	91321-22	91901-03	92260-64	92672-79	93276	93714-18	94267-69	95046	95409
90660-62	91324-31	91905-06	92267-68	92683-85	93280	93720-30	94271	95050-56	95412
90670-71	91333-35	91908-17	92270	92688	93283	93740-41	94273-74	95060-67	95416
90680	91337	91921	92274-78	92690-94	93285	93744-45	94277-80	95070-71	95419
90701-04	91340-46	91931-35	92280	92697-98	93287	93747	94282-91	95073	95421
90706-07	91350-57	91941-48	92282	92701-08	93301-09	93750	94293-99	95076-77	95425
90710-17	91361-62	91950-51	92284-86	92711-12	93311-14	93755	94301-06	95101	95430-31
90720-21	91364-65	91962-63	92292	92725	93380-90	93760-61	94309	95103	95433
90723	91367	91976-80	92301	92728	93427	93764-65	94401-04	95106	95436
90731-34	91371-72	91987	92304-05	92735	93436-38	93771-80	94497	95108-13	95439
90740	91376	92003-04	92307-18	92780-82	93440-41	93784	94501-03	95115-36	95441-42
90742-49	91380-88	92007-11	92320-27	92799	93460	93786	94505-07	95138-41	95444
90755	91390	92013-14	92329	92801-09	93463-64	93790-94	94509-31	95148	95446
90801-10	91392-96	92018-30	92331-42	92811-12	93501-02	93844	94533-53	95150-61	95448
90813-15	91401-13	92033	92344-47	92814-17	93504-05	93888	94555-57	95164	95450
90822	91416	92036-40	92350	92821-23	93510	94002	94560-61	95170	95452
90831-35	91423	92046	92352	92825	93516	94005	94563-66	95172-73	95462
90840	91426	92049	92354-59	92831-38	93518-19	94010-11	94568-72	95190-94	95465
90842	91436	92051-52	92363-66	92840-46	93523-24	94013-28	94575	95196	95471-73
90844	91470	92054-61	92368-69	92850	93527-28	94030	94577-80	95201-13	95476
90846-48	91482	92064-72	92371-78	92856-57	93531-32	94035	94582-83	95215	95480
90853	91495-96	92074-75	92382	92859-71	93534-36	94037-44	94585-92	95219-20	95486-87

Self-Pay Rates Effective January 1, 2010

Non-Medicare Retiree	Retirement Effective Date	Cost of Coverage	Health Net				Cost of Coverage	Kaiser				Cost of Coverage	Indemnity			
			Less than 10 years of Service	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service		Retiree Self Pay if Years of Service:					Less than 10 years of Service	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service
								Less than 10 years of Service	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service					
Surviving Spouse Retiree Only	Pre 7/1994	\$949.94	\$950	\$950	\$950	\$950	\$823.43	\$824	\$824	\$824	\$824	\$770.79	\$771	\$771	\$771	\$771
	8/94 - 12/2008		N/A	\$553	\$509	\$465		N/A	\$477	\$439	\$400		N/A	\$424	\$386	\$347
	1/1/2009 or later		N/A	\$604	\$566	\$527		N/A	\$477	\$439	\$400		N/A	\$424	\$386	\$347
Retiree One Dependent			Health Net					Kaiser					Indemnity			
Without Medicare	Pre 7/1994	\$1,899.87	\$1,016	\$928	\$839	\$751	\$1,646.86	\$884	\$807	\$731	\$654	\$1,528.47	\$765	\$688	\$612	\$535
	8/94 - 12/2008		N/A	\$1,105	\$1,016	\$928		\$960	\$960	\$884	\$807		N/A	\$841	\$765	\$688
	1/1/2009 or later		N/A	\$1,213	\$1,137	\$1,060		N/A	\$960	\$884	\$807		N/A	\$841	\$765	\$688
With Medicare	Pre 7/1994	\$1,271.09	\$695	\$637	\$579	\$522	\$1,545.56	\$915	\$852	\$789	\$725	\$1,060.26	\$531	\$478	\$425	\$372
	8/94 - 12/2008		N/A	\$753	\$695	\$637		\$978	\$978	\$915	\$852		N/A	\$584	\$531	\$478
	1/1/2009 or later		N/A	\$795	\$742	\$689		N/A	\$1,070	\$1,017	\$964		N/A	\$584	\$531	\$478
With Risk	Pre 7/1994	\$1,248.37	\$698	\$643	\$588	\$532	\$1,156.02	\$627	\$574	\$521	\$468	N/A	N/A	N/A	N/A	N/A
	8/94 - 12/2008		N/A	\$753	\$698	\$643		\$680	\$680	\$627	\$574		N/A	N/A	N/A	N/A
	1/1/2009 or later		N/A	\$773	\$720	\$667		N/A	\$680	\$627	\$574		N/A	N/A	N/A	N/A

Self-Pay Rates Effective January 1, 2010

Non-Medicare Retiree More than One Dependent	Retirement Effective Date	Cost of Coverage	Health Net				Cost of Coverage	Kaiser				Cost of Coverage	Indemnity			
			Less than 10 years of Service	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service		Retiree Self Pay if Years of Service:					Less than 10 years of Service	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service
								Less than 10 years of Service	10 - 20 Years of Service	20 - 25 Years of Service	More than 25 Years of Service					
No Dependent with Medicare	Pre 7/1994	\$2,752.53	\$1,472	\$1,343	\$1,215	\$1,087	\$2,329.10	\$1,448	\$1,360	\$1,272	\$1,184	\$1,763.13	\$882	\$794	\$706	\$618
	8/94 - 12/2008		N/A	\$1,600	\$1,472	\$1,343		\$1,536	\$1,536	\$1,448	\$1,360		N/A	\$970	\$882	\$794
	1/1/2009 or later		N/A	\$1,960	\$1,872	\$1,784		N/A	\$1,536	\$1,448	\$1,360		N/A	\$970	\$882	\$794
One Dependent With Medicare	Pre 7/1994	\$2,123.75	\$1,150	\$1,053	\$955	\$858	\$2,227.80	\$1,343	\$1,254	\$1,166	\$1,077	\$1,294.92	\$648	\$583	\$518	\$454
	8/94 - 12/2008		N/A	\$1,248	\$1,150	\$1,053		\$1,432	\$1,432	\$1,343	\$1,254		N/A	\$713	\$648	\$583
	1/1/2009 or later		N/A	\$1,542	\$1,477	\$1,412		N/A	\$1,646	\$1,581	\$1,516		N/A	\$713	\$648	\$583
One Dependent With Risk	Pre 7/1994	\$2,101.03	\$1,153	\$1,058	\$964	\$869	\$1,838.26	\$1,124	\$1,052	\$981	\$909	N/A	N/A	N/A	N/A	N/A
	8/94 - 12/2008		N/A	\$1,248	\$1,153	\$1,058		\$1,195	\$1,195	\$1,124	\$1,052		N/A	N/A	N/A	N/A
	1/1/2009 or later		N/A	\$1,520	\$1,455	\$1,390		N/A	\$1,257	\$1,192	\$1,127		N/A	N/A	N/A	N/A
More than One Dependent with	Pre 7/1994	\$1,588.84	\$959	\$896	\$833	\$769	\$2,264.88	\$1,465	\$1,465	\$1,465	\$1,445	\$1,262.55	\$632	\$569	\$506	\$442
	8/94 - 12/2008		N/A	\$950	\$879	\$808		\$1,406	\$1,406	\$1,311	\$1,215		N/A	\$695	\$632	\$569
	1/1/2009 or later		N/A	\$1,022	\$959	\$896		N/A	\$1,698	\$1,635	\$1,572		N/A	\$695	\$632	\$569
More than One Dependent with Risk	Pre 7/1994	\$1,543.42	\$885	\$819	\$753	\$687	\$1,485.80	\$856	\$793	\$730	\$666	N/A	N/A	N/A	N/A	N/A
	8/94 - 12/2008		N/A	\$951	\$885	\$819		\$919	\$919	\$856	\$793		N/A	N/A	N/A	N/A
	1/1/2009 or later		N/A	\$976	\$913	\$850		N/A	\$919	\$856	\$793		N/A	N/A	N/A	N/A

Self-Pay Rates Effective January 1, 2010							
Medicare Retiree	Medicare Effective Date	Health Net		Kaiser Plus Surcharge*		Indemnity	
		Cost of Coverage	Medicare Retiree Self Payment	Cost of Coverage		Cost of Coverage	Medicare Retiree Self Payment
Surviving Spouse		\$321.15	\$322	\$823.43	\$824	\$297.08	\$298
Retiree Only	Pre 1/1/2009	\$321.15	\$174	\$823.43	\$672	\$297.08	\$149
	Post 1/1/2009		\$174		\$676		\$149
Retiree Plus One Dependent		Health Net		Kaiser Plus Surcharge*		Indemnity	
Without Medicare	Pre 1/1/2009	\$1,271.08	\$695	\$1,646.86	\$1,121	\$1,054.76	\$528
	Post 1/1/2009		\$745		\$1,121		\$528
With Medicare	Pre 1/1/2009	\$642.30	\$350	\$1,545.56	\$1,069	\$586.55	\$294
	Post 1/1/2009		\$350		\$1,254		\$294
With Risk	Pre 1/1/2009	\$619.58	\$328	\$1,156.02	\$851	N/A	N/A
	Post 1/1/2009		\$328		\$864		N/A
Retiree Plus More than One Dependent		Health Net		Kaiser Plus Surcharge*		Indemnity	
No Dependent with Medicare	Pre 1/1/2009	\$2,123.74	\$1,150	\$2,329.10	\$1,615	\$1,289.42	\$645
	Post 1/1/2009		\$1,480		\$1,685		\$645
One Dependent With Medicare	Pre 1/1/2009	\$1,494.96	\$829	\$2,227.80	\$1,496	\$821.21	\$411
	Post 1/1/2009		\$1,085		\$1,818		\$411
One Dependent With Risk	Pre 1/1/2009	\$1,472.24	\$832	\$1,838.26	\$1,278	N/A	N/A
	Post 1/1/2009		\$1,063		\$1,429		N/A
More than One Dependent with	Pre 1/1/2009	\$960.05	\$557	\$2,264.88	\$1,465	\$788.84	\$395
	Post 1/1/2009		\$567		\$1,872		\$395
More than One Dependent with Risk	Pre 1/1/2009	\$914.63	\$521	\$1,485.80	\$1,028	N/A	N/A
	Post 1/1/2009		\$521		\$1,092		N/A

*(Eligible for Medicare but for what ever reason have not assigned Part A and/or Part B to Kaiser) (Premium Rates same as Non-Medicare PLUS SURCHARGE.)

[Self Pay Rate equals full cost of Non-Medicare, Plus Surcharge, MINUS the Risk subsidy. Surcharge added to these numbers manually by Benefit Services because of the numerous combinations of possibilities.]

Self-Pay Rates Effective January 1, 2010

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		\$298.44	\$299	\$332.59	\$333	N/A	N/A
Retiree Only	Pre 1/1/2009	\$298.44	\$151	\$332.59	\$181	N/A	
	Post 1/1/2009		\$151		\$185		
Retiree Plus One Dependent Without Medicare							
			Health Net		Kaiser		Indemnity
	Pre 1/1/2009	\$1,248.37	\$698	\$1,156.02	\$630	N/A	
	Post 1/1/2009		\$722		\$630		
With Medicare	Pre 1/1/2009	\$619.59	\$328	\$1,054.72	\$578	N/A	
	Post 1/1/2009		\$328		\$763		
With Risk	Pre 1/1/2009	\$596.87	\$305	\$665.18	\$360	N/A	
	Post 1/1/2009		\$305		\$373		
Retiree Plus More than One Dependent No Dependent with Medicare							
			Health Net		Kaiser		Indemnity
	Pre 1/1/2009	\$2,101.03	\$1,153	\$1,838.26	\$1,124	N/A	
	Post 1/1/2009		\$1,457		\$1,194		
One Dependent With Medicare	Pre 1/1/2009	\$1,472.25	\$832	\$1,736.96	\$1,005	N/A	
	Post 1/1/2009		\$1,063		\$1,327		
One Dependent With Risk	Pre 1/1/2009	\$1,449.53	\$835	\$1,347.42	\$787	N/A	
	Post 1/1/2009		\$1,040		\$938		
More than One Dependent with Medicare	Pre 1/1/2009	\$937.34	\$544	\$1,774.04	\$974	N/A	
	Post 1/1/2009		\$544		\$1,381		
More than One Dependent with Risk	Pre 1/1/2009	\$891.92	\$499	\$994.96	\$537	N/A	
	Post 1/1/2009		\$499		\$602		