

COMPARISON OF BENEFITS AND COSTS

Operating Engineers Public Employees Health and Welfare Trust Fund Plan A vs PERS CARE PPO Plan

2014

Benefit	Operating Engineers Public Employees Plan A	PERS CARE
Calendar Year Deductible	None	\$500 Individual / \$1,000 Family per calendar year. Does not apply to preventive care, office visits.
Hospital Admission Deductible	None	\$250 per admission
Emergency Room Deductible	None	\$50 per visit (waived if admitted)
Annual Out of Pocket Limit	\$1,500 Individual / \$3,000 Family (out-of-pocket limit on coinsurance); does not apply to Non-PPO providers within the PPO Provider service area. ACA Limit on Cost Sharing: \$6,350 Individual; \$12,700 Family. The ACA Limit on Cost Sharing includes participant payments required to be accumulated under Health Care Reform. This Limit applies to PPO providers only; except that emergency services in a Non-PPO emergency room are included.	\$2,000 Individual / \$4,000 Family; applies to PPO providers only.
Annual or Lifetime Maximum	None	None
<u>Plan Benefit:</u>		
Physician Office Visit, Primary Care and Specialist	\$10 copay per visit PPO – 100% after copay Non-PPO – 60% after copay Out of Area – 90% after copay	\$20 copay per visit – PPO only PPO – 100% after copay, not subject to annual deductible Non-PPO – 60%, not subject to annual deductible
Diagnostic X-Ray / Lab Imaging (CT/PET scans, MRIs)	PPO and Out-of-Area – 90% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 90% Non-PPO – 60%

COMPARISON OF BENEFITS AND COSTS

Operating Engineers Public Employees Health and Welfare Trust Fund Plan A vs PERS CARE PPO Plan

2014

Benefit	Operating Engineers Public Employees Plan A	PERS CARE
Inpatient Hospital	PPO and Out-of-Area – 90% Non-PPO – 60% Covered bariatric surgery must be performed at a contract provider Center of Medical Excellence.	Subject to \$250 deductible per admission PPO – 90% Non-PPO – 60% Hip and Knee joint replacement surgery limited to \$30,000 per procedure.
In-Patient Surgeon / Anesthesiologist	PPO and Out-of-Area – 90% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 90% Non-PPO – 60%
In-Patient Physician Visits	\$10 copay per visit PPO – 100% after copay Non-PPO – 60% after copay Out of Area – 90% after copay	Subject to \$500 annual deductible PPO – 90% Non-PPO – 60%
Hospital Emergency Room	Emergencies: PPO and Out of Area – 90% . Non-PPO – 80% Non-Emergencies: PPO and Out of Area – 80% Non-PPO – 60%	\$50 copay per visit (applies to hospital emergency room charge only) Emergencies: 100% after copay for hospital emergency room charge only; 90% PPO and Non-PPO for other services such as physician, x-ray, lab, etc.) Non-Emergencies: (Payment for physician charges only; emergency room facility charge is not covered.) PPO – 90% Non-PPO – 60%
Ambulance	PPO and Non-PPO - 80%	PPO and Non-PPO - 80% , subject to \$500 annual deductible

COMPARISON OF BENEFITS AND COSTS

Operating Engineers Public Employees Health and Welfare Trust Fund Plan A vs PERS CARE PPO Plan

2014

Benefit	Operating Engineers Public Employees Plan A	PERS CARE
Outpatient Surgery Facility (e.g., Ambulatory Surgery Center ASC) and Physician/Surgeon fees	<p><u>Facility Fee:</u> PPO and Out of Area – 90% Non-PPO – 80%</p> <p><u>Physician/Surgeon Fee:</u> PPO and Out of Area – 90% . Non-PPO – 60%</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 90% Non-PPO – 60%</p> <p>Limitations: colonoscopy limited to \$1,500 per procedure; cataract surgery limited to \$2,000 per procedure; arthroscopy limited to \$6,000 per procedure. ASC benefit limit of \$350 per day for Non-PPO providers</p>
Preventive Care/ Screening/ Immunization	<p>PPO – 100% for services required by Health Reform</p> <p><u>Non-PPO:</u> Adult physical exam: 100%, up to \$150 per calendar year; routine mammograms covered under X-ray/Lab benefit. Adult Immunizations: 90% out-of-area, 60% in-area Well Child Care: 90% out-of-area; 60% in-area; paid for children age 16 and younger for routine exams and laboratory services. Immunizations covered at all ages.</p>	<p>PPO – 100%, not subject to deductible Non-PPO – 60%, not subject to deductible</p>
Mental Health and Substance Abuse	<p>Paid on the same basis as hospital and physician services for medical conditions.</p>	<p>Paid on the same basis as hospital and physician services for medical conditions.</p>
Chiropractic	<p>PPO and Out-of-Area – 90% Non-PPO – 60%</p> <p>Limited to 40 visits per calendar year, combined with Physical Therapy.</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 90% Non-PPO – 60%</p> <p>Limited to 20 visits per calendar year, combined with acupuncture benefit.</p>

COMPARISON OF BENEFITS AND COSTS

Operating Engineers Public Employees Health and Welfare Trust Fund Plan A vs PERS CARE PPO Plan

2014

Benefit	Operating Engineers Public Employees Plan A	PERS CARE
Acupuncture	<p>\$10 copay per visit</p> <p>PPO – 100% after copay</p> <p>Non-PPO – 60% after copay</p> <p>Out-of-Area – 90% after copay</p> <p>Limited to 1 visit per week and 12 weeks per diagnosis.</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 90%</p> <p>Non-PPO – 60%</p> <p>Limited to 20 visits per calendar year, combined with chiropractic benefit.</p>
Physical Therapy (outpatient)	<p>PPO and Out-of-Area – 90%</p> <p>Non-PPO – 60%</p> <p>Limited to 40 visits per calendar year, combined with Chiropractic.</p>	<p>Subject to \$500 annual deductible</p> <p>80% (PPO and Non-PPO)</p>
Skilled Nursing Facility	<p>PPO and Non-PPO – 90%</p> <p>Up to 180 days per calendar year. Admission must be within 14 days of discharge from a hospital.</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 90% first 10 days, 80% next 170 days</p> <p>Non-PPO – 60%</p> <p>Up to 180 days per calendar year.</p>
Home Health Care	<p>PPO and Non-PPO – 90%</p> <p>Limited to 1 visit per day and up to 60 visits per calendar year.</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 90%</p> <p>Non-PPO – 60%</p> <p>Up to 100 visits per calendar year.</p>
Durable Medical Equipment and Prosthetic Devices	<p>PPO and Non-PPO – 80%</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 90%</p> <p>Non-PPO – 60%</p>

COMPARISON OF BENEFITS AND COSTS

Operating Engineers Public Employees Health and Welfare Trust Fund Plan A vs PERS CARE PPO Plan

2014

Benefit	Operating Engineers Public Employees Plan A	PERS CARE
Prescription Drugs Participating Retail Pharmacy	Your Copay Per 34-day supply: <u>Generic</u> - \$10* <u>Brand Name</u> - \$15 (plus difference in cost between brand name and generic drugs when a generic is available)	Your Copay Per 34-day supply: <u>Generic</u> - \$5 <u>Preferred Brand</u> - \$20 <u>Non-Preferred Brand</u> - \$50
Prescription Drugs Mail Order Program	Your Copay Per 90-day supply: <u>Generic</u> - \$5* <u>Brand Name if No Generic Available</u> - \$10 <u>Brand Name if a Generic is Available</u> - \$25	Your Copay Per 90-day supply: <u>Generic</u> - \$10 <u>Preferred Brand</u> - \$40 <u>Non-Preferred Brand</u> - \$100
	*Exception for Prescription Contraceptives: No charge for generic drug or for a brand drug if generic is medically inappropriate; applies to both retail and mail order.	

Notes:

1. Comparison does not include all pre-certification requirements.
2. Both plans offer PPO network through Anthem Blue Cross.
3. For both plans, covered expense for Non-PPO Providers is based on plan's allowed charges.

Premium Rates	Operating Engineers Public Employees Plan A – 1/1/2014	PERS CARE - 1/1/2014	
Medical and Rx Only	<u>Medical & Rx Only</u>	<u>Bay Area Region</u>	<u>Sacramento Region</u>
	Single \$ 723	Single \$ 720.04	Single \$ 694.26
	Two-Party 1,446	Two-Party 1,440.08	Two-Party 1,388.52
	Family 1,952	Family 1,872.10	Family 1,805.08