

COMPARISON OF BENEFITS AND COSTS – 2014
Operating Engineers Public Employees Health and Welfare Trust Fund Plan C
vs PERS CHOICE and PERS SELECT PPO Plans

Benefit	Operating Engineers Public Employees Plan C	PERS CHOICE / PERS SELECT
Calendar Year Deductible	\$750 Individual / \$2,250 Family per calendar year Does not apply to PPO or out of area physician office visits, PPO preventive care, hospital emergency room charges for emergencies or outpatient facility charges for surgery.	\$500 Individual / \$1,000 Family per calendar year Does not apply to PPO outpatient physician visits or PPO preventive care.
Hospital Admission Deductible	None	None
Emergency Room Deductible	None	\$50 per visit (waived if admitted)
Annual Out of Pocket Limit	\$6,000 Individual / \$12,700 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.	\$3,000 Individual / \$6,000 Family; applies to PPO providers only.
Annual or Lifetime Maximum	None	None
<u>Plan Benefits:</u>		
Physician Office Visit, Primary Care and Specialist	\$15 copay per visit, PPO and out of area only PPO: 100% after copay, no annual deductible Non-PPO: 60%, after annual deductible Out of Area: 80% after copay, no annual deductible	\$20 copay per visit, PPO providers only PPO – 100% after copay, not subject to deductible Non-PPO – 60%, subject to deductible
Diagnostic X-Ray / Lab Imaging (CT/PET scans, MRIs)	Subject to \$750 annual deductible PPO and Out-of-Area – 80% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% .

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Inpatient Hospital	<p>Subject to \$750 annual deductible PPO and Out-of-Area – 80% Non-PPO – 60%</p> <p>Covered bariatric surgery must be performed at a contract provider Center of Medical Excellence.</p>	<p>Subject to \$500 annual deductible Choice PPO – 80% Select PPO - 80% Tier 1; 70% Tier 2 hospitals Non-PPO – 60%</p> <p>Hip and Knee joint replacement surgery limited to \$30,000 per procedure.</p>
Inpatient Surgeon / Anesthesiologist	<p>Subject to \$750 annual deductible PPO and Out-of-Area: 80% Non-PPO: 60%</p>	<p>Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%</p>
Inpatient Physician Visits	<p>Subject to \$750 annual deductible PPO and Out-of-Area: 80% Non-PPO: 60%</p>	<p>Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%</p>
Hospital Emergency Room	<p>Emergencies (no annual deductible): PPO and Non-PPO – 80%</p> <p>Non-Emergencies, subject to \$750 annual deductible: PPO and Out of Area – 80% Non-PPO – 60%</p>	<p>\$50 copay per visit (applies to hospital emergency room charge only)</p> <p>Emergencies: 100% after copay for hospital emergency room charge only; 80% PPO and Non-PPO for other services such as physician, x-ray, lab, etc.)</p> <p>Non-Emergencies: (Payment for physician charges only; emergency room facility charge is not covered.) PPO – 80% Non-PPO – 60%</p>

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Ambulance	Subject to \$750 annual deductible PPO and Non-PPO – 80%	Subject to \$500 annual deductible PPO and Non-PPO – 80%
Outpatient Surgery Facility (e.g., Ambulatory Surgery Center ASC) and Physician/Surgeon fees	Facility Fee, subject to \$750 annual deductible: PPO and Non-PPO – 80% Physician/Surgeon Fee, subject to \$750 annual deductible: PPO and Out of Area – 80% . Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% 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.
Preventive Care/ Screening/ Immunizations	PPO – 100% for services required by Health Reform, not subject to deductible <u>Non-PPO:</u> Adult physical exam: 100%, up to \$150 per calendar year, not subject to deductible. Routine mammograms covered under X-ray/Lab benefit, subject to deductible. Adult Immunizations: 80% out-of-area, 60% in-area, subject to deductible Well Child Care: After copay, 80% out-of-area (no deductible); 60% in-area (subject to deductible); paid for children age 16 and younger for routine exams and laboratory services. Immunizations covered at all ages.	PPO – 100%, not subject to deductible Non-PPO – 60%, subject to deductible
Mental Health and Substance Abuse	Paid on the same basis as hospital and physician benefits for medical conditions.	Paid on the same basis as hospital and physician benefits for medical conditions.

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Chiropractic	<p>Subject to \$750 annual deductible</p> <p>PPO and Out-of-Area – 80%</p> <p>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 – 80%</p> <p>Non-PPO – 60%</p> <p>Limited to 15 visits per calendar year, combined with acupuncture benefit.</p>
Acupuncture	<p>Subject to \$750 annual deductible</p> <p>PPO and Out-of-Area – 80%</p> <p>Non-PPO – 60%</p> <p>Limited to 1 visit per week and 12 weeks per diagnosis.</p>	<p>Subject to \$500 annual deductible</p> <p>PPO – 80%</p> <p>Non-PPO – 60%</p> <p>Limited to 15 visits per calendar year, combined with chiropractic benefit.</p>
Physical Therapy (outpatient)	<p>Subject to \$750 annual deductible</p> <p>PPO and Out-of-Area – 80%</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>PPO – 80%, subject to maximum annual copayment</p> <p>Non-PPO – 60%</p> <p>Limited to 24 visits per calendar year, combined with occupational therapy.</p>
Skilled Nursing Facility	<p>Subject to \$750 annual deductible</p> <p>PPO and Out-of-Area – 80%</p> <p>Non-PPO – 60%</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 – 80% first 10 days, 70% next 90 days, subject to maximum annual copayment</p> <p>Non-PPO – 60%</p> <p>Up to 100 days per calendar year.</p>

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Home Health Care	Subject to \$750 annual deductible PPO and Out-of-Area – 80% Non-PPO – 60% Limited to 1 visit per day and up to 60 visits per calendar year	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60% Up to 45 visits per calendar year.
Durable Medical Equipment and Prosthetic Devices	Subject to \$750 annual deductible PPO and Out-of-Area – 80% Non-PPO – 60%	Subject to \$500 annual deductible PPO – 80% Non-PPO – 60%
Prescription Drugs Participating Retail Pharmacy	Per 34-day supply: <u>Generic</u> - \$20 copay * <u>Brand Name</u> - \$40 copay (plus difference in cost between brand name and generic drugs when a generic is available)	Your Copay Per 30-day supply: <u>Generic</u> - \$5 <u>Preferred Brand</u> - \$20 <u>Non-Preferred Brand</u> - \$50
Prescription Drugs Mail Order Program	Per 90-day supply: <u>Generic</u> - \$40 copay * <u>Brand Name</u> - \$80 copay (plus difference in cost between brand name and generic drugs when a generic is available)	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.	

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Premium Rates	Operating Engineers Public Employees Plan C – 1/1/2014	PERS CHOICE 1/1/2014	
Medical and Rx Only	<u>Medical & Rx Only</u>	<u>Bay Area Region</u>	<u>Sacramento Region</u>
	Single \$ 567	Single \$ 690.77	Single \$ 665.99
	Two-Party 1,134	Two-Party 1,381.54	Two-Party 1,331.98
	Family 1,531	Family 1,796.00	Family 1,731.57
		PERS SELECT 1/1/2014	
		<u>Bay Area Region</u>	<u>Sacramento Region</u>
		Single \$ 661.52	Single \$ 637.85
		Two-Party 1,323.04	Two-Party 1,275.70
		Family 1,719.95	Family 1,658.41

Notes:

1. Comparison does not include all pre-certification requirements.
2. For both plans, covered expense for Non-PPO Providers is based on plan's allowed charges.
3. PERS Choice and Operating Engineers plans use the Anthem Blue Cross provider network.
4. PERS Select plan uses the Anthem Blue Cross network with Tier 1 and Tier 2 hospitals.